

Pre-registration Nursing students' perceptions of a community clinical placement internship model: A qualitative descriptive study

Abstract

Background

District nursing vacancies are recognised as excessively high in comparison to many other nursing specialities. The role is often considered as an option for nurses after a period of registration as a nurse which may be informed by multiple factors.

Objectives

The objectives of the study were to explore barriers to district nurse employment from the perspective of undergraduate nurses.

Design

A descriptive qualitative design was employed using focus groups as the method of data collection. Study approval reference no: 21/NAH/006, 30/03/23. Participants were recruited from the current undergraduate nursing programme (n=60).

Method

Thematic analysis was chosen as a flexible method of qualitative data analysis.

Results

The study produced themes relating to role ambiguity, personal preferences, educational opportunities and recruitment and employer engagement.

Conclusion

The experiences provided an insight into the barriers to recruitment of student nurses into district nursing upon qualification. Increased engagement from community nurse providers, are required to inform the role and perhaps incentivise this as a career option. Educational strategies that support community career pathways are required moving forward to ensure a balanced view of nursing roles.

Keywords

District nurse, community placement, employment, challenges

1. Introduction

The District Nurse (DN) has often been described as central to the care of patients in the community, delivering high quality, holistic care to meet the needs of an ever-ageing population with complex health needs (Queens Nurse Institute (QNI), 2015, NHS Long Term Plan, 2019). A recognition of the burden on community services over the years has brought a commitment to invest in primary medical and community health services, with an estimated spend for services of greater than £4.5 billion within five years (NHS, 2019). It has been acknowledged that despite best efforts DN services face staffing challenges in the form of recruitment and retention, which look to compromise the policy objectives and threaten the delivery of safe care (Drennan et al, 2018, QNI, 2016a).

This paper describes the design and implementation of a district nursing clinical placement internship pathway, of a United Kingdom (UK) Higher Education Institute

(HEI) and presents the qualitative findings from a study that explored students' perceptions and barriers to joining employment at a partner NHS community Trust.

2. Background

A search strategy included databases, CINAHL, ProQuest health research premium, Medline, Pubmed and EBSCOhost. Key terms were searched within the library catalogue and databases to base this study on and interpret results.

Peer reviewed articles which were published 10 years or less were included, the subject was refined to nursing, and nurse education, initially using the terms, 'District nurse' AND 'employment' AND 'undergraduate nurse'. Of the 6 results no articles were suitable. Further truncated search terms included 'undergraduate nurse' AND 'employment' AND 'community nursing*' yielding 31 articles. None directly related to DN but rather community nursing. Further search terms were used narrowing this down to 12 articles with only 2 directly referring to DN. 'Student nurse and DN workforce' gave 118 results, with 5 relevant. 'District nurse AND workforce AND student nurse' search produced 308, many had been reviewed in previous searches and new material was saturated. This has led to the understanding that there are gaps in the knowledge pertaining to the subject, more specifically UK studies and those with a DN focus. The reference lists of the articles were hand searched to increase the likelihood of capturing more articles. Google scholar was also searched to ensure no other articles were overlooked in the process and produced 7.

In 2020, 29,740 students accepted places onto pre-registration nursing courses in England, this represented a 25 percent rise compared to 2019, and signalled an

increase of over 6000 students in one year (The Kings Fund, 2021). It is difficult to quantify how many students join the DN workforce direct from qualification, but it is known that the number of district nurses has declined by 45% since 2009 (The Kings Fund, 2018). NHS Digital data (2022) in England reported, 226,677 FTE (full time equivalent) Hospital & Community Health Service vacancies as of March 2022, a 2.4% increase than the previous year indicating the workforce crisis continues. The Kings Fund, (2018) 'The healthcare workforce in England: make or break?' document pre-empted and supported strategies to shape a sustainable workforce, as outlined in the NHS long term plan (2019). The plan aims to boost out of hospital care and seeks to dissolve a historic division between primary and community services to provide an integrated and collaborative workforce. Health Education England (HEE) now has lead responsibility for the NHS workforce and a role in shaping new roles and pathways for the future (NHS, 2019). The plan includes Higher Educational Institutions in its vision of providing enough people, with the correct skills and experience for clinical roles. Nevertheless, global student nurse attrition rates are concerning, and other potential solutions point to the redesign of undergraduate nursing programmes to increase student engagement and the nursing workforce (Chan et al 2019). Specific to DN, making the role more attractive to undergraduates and challenging misconceptions about the breadth and depth of career options has been highlighted as an urgent measure (NHS England 2019, QNI 2014).

The goal of undergraduate nursing education is the development of confident, empathic and competent healthcare professionals (van der Riet, Levett-Jones, Courtney-Pratt, 2018), who meet the standard for registration. Programmes and practice placements should prepare student nurses to practise effectively in any area of the nursing workforce and students should feel supported and ready to achieve this

upon registration. Therefore, the purpose of the study is to explore barriers to joining DN employment from the perspective of undergraduate nurses, to establish robust recommendations and develop changes in practice.

2.1 Objectives

The objectives of the study were to understand the perceived challenges and barriers that pre-registration BSc (Hons) Nursing students had specifically to moving into a career in DN. The research aimed to gain an understanding of these barriers to improve opportunities and experiences for student nurses who wish to enter into the pathway of DN. The research would enable the programme and practice partner team to analyse and develop support strategies, to improve awareness of student difficulties and enhance collaborative engagement with community practice partners.

3. Methods

3.1 Design

The design was qualitative, and the method of data collection was focus groups. These groups were undertaken virtually using Microsoft Teams, recorded, and transcribed with the consent of all participants. The benefit of using the virtual focus group was that its accessibility for students who are at different stages in their programmes, working in placement areas or studying. Virtual methodologies have the potential to enhance demographic recruitment and geographically diverse participants and conducted with few technological issues (Halliday et al, 2021). Focus groups are thought to pose some unpredictability due to the interaction and the discussion that can occur, however, the subject group, even though related to nursing practice, was

not expected to raise any personal or traumatic issues (Sim and Waterfield, 2019). Yet as part of the ethics process there were mitigations in place should any areas of distress were to happen.

3.6 Ethical considerations

Ethical approval was granted through the Higher Educational Institution that the research took place in, approval reference no: 21/NAH/006, 30/03/23. Ethical research in nursing is important to cultivate professional values, maintain standards and uphold the fundamental ethical codes (Toumova et al, 2021). This also ensured adherence to the Nursing and Midwifery Council (NMC) (2015) code of professional conduct and participants were assured that confidentiality and anonymity would be maintained.

3.2 Participants

Students were invited to participate if they were studying on the pre-registration BSc (hons) adult nursing programme at a large UK HEI, of which there were approximately 1600 students. Mental health and child field students were excluded because they did not fit the criteria to apply for a DN post on qualification based on current person specifications. In total 60 students participated in the study. The scale of the project was important to capture the wider experiences of the group across varying years of study.

3.3 Data Collection

The sample was recruited using a purposive technique from the undergraduate nursing programme. Campbell (2020) describes transferability, credibility, dependability, and confirmability as key concepts in purposive sampling, such outcomes were anticipated from the study. The use of purposive sampling supports a depth of understanding of the student experience. Nine focus groups were undertaken

until the team identified a saturation of the main themes. Guest, Namey and McKenna (2017) challenge the notion of a recommended number of focus groups supporting saturation as a key determinant, whilst suggesting that key themes can be established over as little as three focus groups. However, the study was based across all three years of undergraduate nurses and therefore the team adopted a strategy to obtain a larger sample size, based on the hypothesis that a cross section of the students' views, and ideas would be more significant (Robinson, 2014).

3.5 Methodological considerations and limitations

As outlined, there was a sample size of 60 participants. Focus groups are perceived as yielding a rich and in-depth data, highlighting both agreements and inconsistencies (Goodman and Evans, 2015). However, the virtual methodology and lack of face-to-face interaction may have had impacted participation and interaction. Literature identifies virtual methods are not the same as in-person engagement and as such require thoughtful, and deliberative approaches to mitigate risks, and prevent the researcher from becoming distanced (Newman, Guta and Black, 2021, Gregory, 2020). A limitation of the study circled around recruitment; the study took place over a period of 6 weeks. This took place during the students' theory blocks, practice placements, and annual leave entitlement for students, which is unavoidable when researching across the nursing year and cohorts of an undergraduate nursing programme. Therefore, unless we approached this by allocating a focus group per cohort which would have been easier to manage, we could not get around this. Yet, we decided against this as we wanted to variety of experiences and students in each focus group.

3.4 Data analysis:

The analysis of the study would contribute to the wider internal agenda to raise the profile of DN within the faculty. The qualitative method of thematic analysis was chosen for data analysis, which is a familiar method not associated with a specific theoretical perspective yet supports the generate of meaningful information from the data extracted (Nowell et al., 2017, Braun and Clarke, 2013). The themes were coded and interpreted using the six-step framework until a higher order of themes were identified, and key quotes were written verbatim and cross referenced to individual participants (Braun and Clarke, 2006).

4. Results

The results demonstrated that a wide range of students participated from different years. Data from the 9 focus groups n=60.

4.1

Only six of the students were male. Five separate cohorts of students participated ranging from the most recent cohort January 2022 cohort to March 2020. The cohorts correlate to the date they had started their nurse education.

First year students comprised of those within the first 6 months of their programme 10%, students who were over half way through their first year made up the largest percentage of all participants at 47%. Students during the first 6 months into their second year were 3% and those in the final stage of their second year comprised of 27%. Students who were entering the final 6 months of their adult nursing programme made up 13% of participants. All but one focus group had a mix of students from differing cohorts.

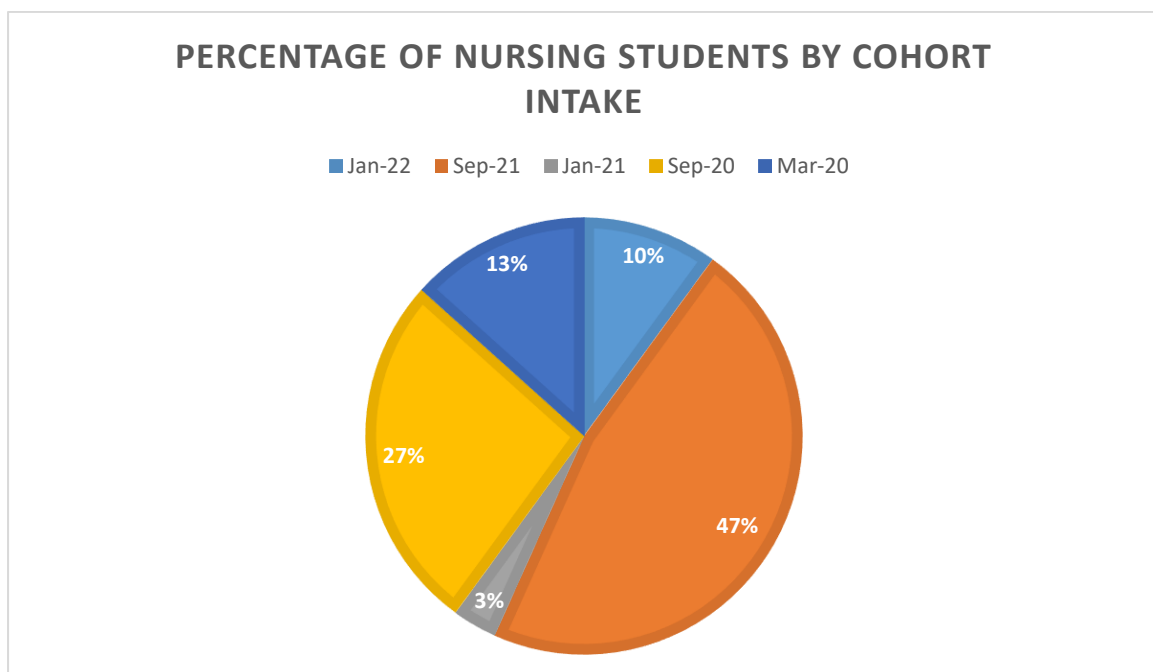
Data for 34 first year students demonstrated 5 students had not had a community placement allocation, 25 participants had experienced 1 community placement

already. 4 students had already had 2 community placement opportunities. 2 students who had not been to a community placement also commented that they had district nursing allocated for their next placement area.

Data for 18 second year students demonstrated that 1 participant had never had a community placement, 10 students had experience 1 placement, 2 had 2 community placements, 1 had 3 placement opportunities. 4 students commented that their next placements were in community settings.

Data for 8 third year students demonstrated that 5 had opportunities for 1 community placement, 2 students had been to 2 and 1 student had experienced 3 community placements.

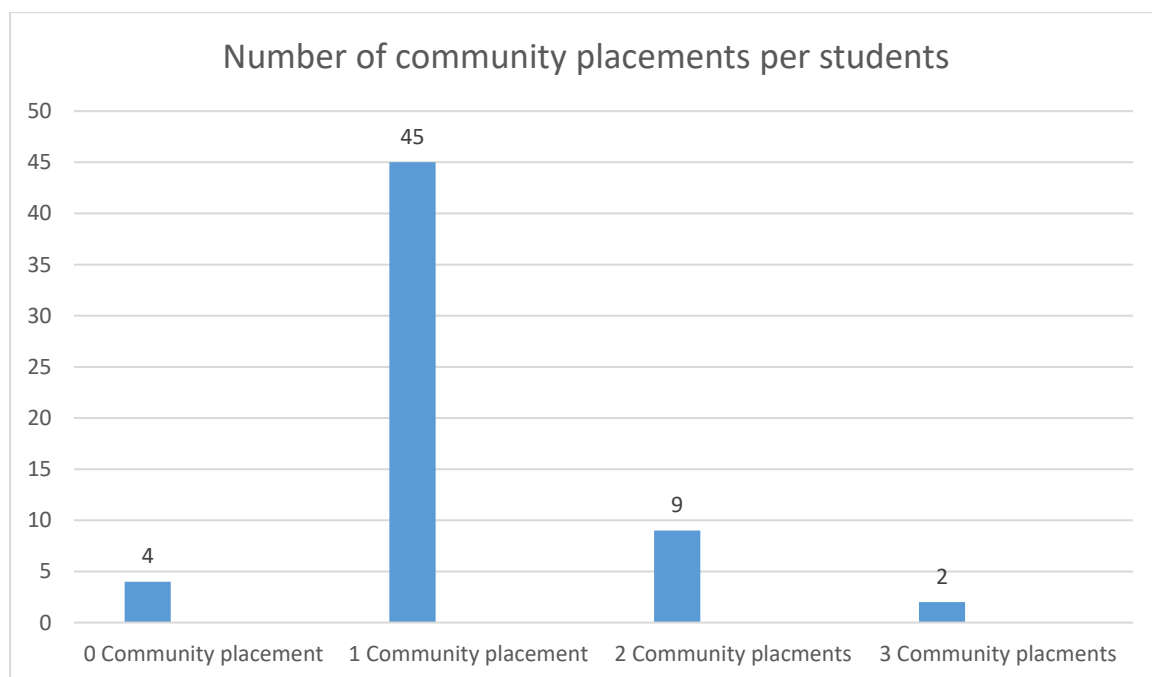
Figure.1 Chart demonstrating the percentages of nursing students represented by cohort



4.2

Question 2 referred to the total number of community placements students had attended at that current point in their education. No students across any cohort had experienced more than 3 community placements.

Figure 2. Graph demonstrating the number of community placements per student.



4.3

Discussion

This research study was designed to produce data about the barriers to DN employment for participants. The study produced themes and relating to role ambiguity, personal preferences, educational opportunities and recruitment and employer engagement. These themes and subthemes can be viewed in Table. 1.

Table.1 Theme and subthemes

Themes	Subthemes
Role ambiguity	Lack of understanding about role Professional myths
Personal preferences	Personal attributes Practical elements e.g., driving. Financial costs consisting of fuel, car maintenance. Clinical considerations e.g., decision making, Autonomy and confidence, lone working
Educational opportunities	Placement exposure Nursing programme content
Recruitment and employer engagement	Recruitment information Placement capacity

Role Ambiguity

A main theme was role ambiguity. Students recognised a lack of awareness of the role of the DN and needed a clearer understanding. The participants identified that community placements referred to out of hospital care and it was not always clear what these roles entailed. One student noted the placement they were on was 'a civic engagement one, which is classed as a community placement' (participant 9). Civic engagement placements provide opportunities for andragogical approaches to experiential learning and can structure community-based activities to connect students with activities within communities and link to academic study (Saltmarsh, 2010). Such arrangements may not enable students to observe or participate in nursing within the community environments or their traditional roles but still count as a community

placement. This was captured in some of the discussions, with participants highlighting gaps in their basic community nursing knowledge, asking questions specifically about topics such as shift patterns, requirements for driving in community roles and the wider team structure and preceptorship support. Community is therefore packaged into a genre which deserves its own spotlight, so students can understand their options and career trajectory within this. Roles exist within community nursing which can support career pathways and development toward other public health focussed roles such as health visiting, school nursing and a vast array of clinical specialities. However, the resources given to inform undergraduates is arguably not on par with that of secondary care and it is widely acknowledged that community careers must take action to raise the profile of roles in this sector to boost recruitment (NHS confederation, 2022).

Role ambiguity as a topic for DN's is not a new phenomenon. A previous DN education career framework existed, to illustrate career pathways, core skills and competence for the role, in addition to key DN service responsibilities (QNI, 2014, HEE, 2015).

Participants in the study acknowledged that it is an easier transition to enter secondary care on qualification, with one stating that students are,

'Exposed to same thing in hospitals so it's easier to go into on qualification' (participant 27)

Students also perceived they needed further qualifications before moving into DN and that they required 12 months experience in a secondary care setting such as a ward environment, with some even citing ward experience as a prerequisite to apply. Reynolds (2022) recognised this as a historic belief about DN, which aligns to five myths each feeding other professional myths. These were observed in the study and are underpinned by a lack of understanding of the DN role that other nurses perpetuate

(White, 2019). Such professional myths hold negative connotations of deskilling within the DN role, poor career progression and of a place to work leading up to retirement, and that a DN role is not true nursing, (Reynolds, 2022; White, 2019). The term 'deskilling' was prevalent in the study with participants highlighting negative opinions from ward nurses which focused on the subject of deskilling when moving into a DN role. One participant stated a negative aspect when considering a DN role was,

“Other people putting you off, and nurses from secondary care saying you will deskill if you go into the community” (Participant 5).

Personal attributes

Students stated that it was simply their personal preference to seek a job in the acute sector upon qualification. Multiple participants stated that students are used to the hospital and will go to where they are familiar and expressed if they are not given a variety of placement opportunities then they cannot feel confident to practice in other care environments. This has some correlation to professional identity, which reflects the attitudes, knowledge and skills shared with a professional group within an environment or place of work (Sabanciogullari and Dogan, 2015). Studies have described that the construction of professional identity and how nursing students perceive themselves professionally is important in their career trajectory and influenced by a myriad of factors (Mao et al, 2021, Zeng et al 2022). If students identify with and create a professional identity influenced by secondary care, it is likely they will choose a role

Lone working as a subtheme was prevalent within the narrative. Students felt there was an element of threat that came with delivering care in the community and were unaware of the support available to protect or keep them safe. It is known that workplace violence can influence nursing students' attitude toward the profession and their level of employment, with nearly half of UK students surveyed having experienced workplace violence (Tee, Özçetin, and Russell-Westhead, 2016). Solo domiciliary visits expose district nurses to risks associated with lone working because they are usually working in isolation from other team members (Duncan, 2019). Students must be educated on the safety mechanisms and processes in place to support DN's as lone workers, otherwise the additional perceived element of risk may dissuade them from DN roles.

Concerns regarding lone working were not merely linked to violence but also decision making in practice. Participants identified that on qualification they would need extra support to make decisions in care and had no idea of how they would be supported from a lone working perspective. Decision making, autonomy and confidence are important factors that new graduate nurses working in remote or isolated circumstances can experience (Calleja, Adonteng-Kissi and Romero, 2019). Ewertsson et al, (2017) acknowledge that nursing students do not routinely have the ability to transfer knowledge between clinical settings and their development and identity is formed by personal experiences and authentic interactions between people and patients. This highlights the need for improved undergraduate understanding of DN roles, and placement exposure to support the development of qualities needed to practice independently.

To practice mobile working, DN's require their own transport which incurs further costs to the nurse. The subtheme of 'practical elements' included fuel costs, the cost of running a car and not having a driving licence. Participants were quoted as saying, "*can't afford it*" (Participant 17), "*can't afford lessons*" (Participant 18), "*I looked at the posts and one of the essential criteria is to be able to travel*" (Participant 25).

In terms of practicality this is a difficult problem to solve. NHS England (2022) 'delivering a net zero National health service' paves the way to consider alternative modes to service delivery. It promotes active travel such as walking and cycling, electric bikes, and the infrastructures to support them. Its goals are to increase access to electric vehicles and incentivise staff to use greener options. DN teams could therefore have a diverse set of resources within the team to deliver care according to the demographics if community teams are carefully considered in its implementation. Moreover, the introduction of electronic records and use of technology can enable accessibility to patients virtually and in real time. It can also reduce travelling time for DN's and improve efficiency within community nursing practice whilst positively influencing the patient experience (Turner, 2015). This information requires disseminating to students and links to the wider themes of role ambiguity and recruitment and employer engagement.

The costs of living as a student nurse and the burden of student debt is thought to correlate with both a decreased satisfaction in nursing programmes and nursing careers (Meyer, Shatto, and Kuljeerung, 2021). Not only has this resulted in shortages in key healthcare professions such as nursing but it has also made financial hardship a key issue within these groups (Council of Deans, 2015). This may be a cause of apprehension and discouragement for nursing students, particularly due to the

additional financial costs associated with being a DN which have surfaced recently. The QNI (2022) explored the impact of rising fuel costs on DN's in the UK and found difficulties can arise when attempting to reimburse frontline staff for their losses without impacting taxes, employment terms and conditions. Paradoxically, pay and rewards are identified as key areas for action for the health and care workforce (Kinds Fund, 2019).

Educational opportunities

Nursing programme content and a potential bias towards the acute environment and secondary care pathways of service delivery were acknowledged by some students. Participants highlighted,

‘There is a perception that the be all and end all is the wards’ (Participant 33) and *“I think it’s there a lot of focus on hospitals and wards, so they maybe need a little more focus on community nursing.”* (Participant 25).

However, the focus groups provided clear benefits for students once on a community placement, as they cited that their experience was enhanced by other nursing individuals as assessors and supervisors. This cements the importance of role modelling within the community as identified by Meeley (2021), which is thought to be enhanced by the pace of care delivered and the close proximity of the practice ‘mentor’ relationship.

Universities must seek to provide nursing students with the knowledge, skills and understanding of working in community care through curriculum structure and content to inspire a desire and confidence to seek employment on graduation (Calma, Halcomb, and Stephens, 2019). Further to this a hidden curriculum in nursing education may play a part, this incorporates a set of ethics and learned

values which are integral to creating a professional identity and is thought to be an overlooked topic (Kelly 2020; Raso et al, 2019). Orgün, Özkütük, and Akçakoca, (2019) describe a hidden curriculum as being apart of a culture created by organisations such as HEI's which can be transferred consciously or unconsciously. They identify that in nurse education the values, hierarchy, traditional classroom structures and political socialisation is influenced by students and instructors. Therefore, if HEIs are affiliated with teaching hospitals or educational staff are predominantly from secondary care backgrounds, this may adversely influence the agenda, which in this occasion could have a negative impact on developing community nurse education.

Nurse educators may need to inquire deeper into the learning process, in order to understand the connections between students and the inherent organisational structure and institutional culture which medicine and nursing aligns itself to (Hafferty, 1998).

The results of this study discovered less community placement availability than in secondary care, which is already known, and as such resulted in reduced exposure to community practice. The study did, however, capture the data of students across all years of study, meaning some students had more community placement opportunities due to the duration of their programme. It was apparent that the chance of a community placement had no pattern to its allocation. Morris (2017) identified that supportive practice placements for students must be structured and underpinned by a contemporary framework for education and professional development to provide a clear career pathway in a compassionate and attractive environment (HEE, 2015).

Recruitment and employer engagement

Placement capacity was a theme and given that the study data demonstrated low numbers of community placements, the concerns by students centred on lack of opportunities during the programme. One student expressed that having more community placement experiences would “*open their eyes to what it’s like out there*” (Participant 1).

Employer engagement with students could support wider experiences to spoke out to specialist services whilst on community placements. The clinical learning environment requires structure for students so they can saturate all opportunities open to them. This is important because structured approaches such as mentoring models are known to have an impact on student motivation and decisions with regards to the future workplace (Arkan, Ordin, and Yilmaz, 2018). Williamson, Kane and Bunce (2020) study acknowledges historic concerns with increasing placement capacity and difficulties for staff to facilitate practice learning for students. They highlight that increases in student numbers in placement can actually reduce the risk of adverse patient incidents. This is thought to be in part due to extra numbers of student nurses in the system, and whilst they remain supernumerary in the UK, student nurses are still aspirant registrants learning, developing skills, peer reviewing and escalating possible patient safety issues (Williamson, Kane and Bunce, 2020).

Student nurses also expressed a need for recruitment information from employers and communications regarding vacancies, application processes and the content of preceptorship and support packages. Nurse preceptorship teams are common support mechanisms in practice for novice nurses, (Sherrod, Holland, and Battle, 2020) but the existence of this support must be communicated to students considering any employment on qualification to improve the allure.

Recommendations

Recommendations for future studies are that the discussions and invitations to participate must be part of a more concentrated, face to face recruitment drive. This is to ensure the aims of the study and available times for focus groups are more widely disseminated. It also provides the opportunity for potential participants to ask questions that they may not otherwise ask as part of an online forum.

CONCLUSION:

To conclude, the literature recognises that workforce gaps, the aging workforce and a growing population with complex care needs are placing increasing demands on DN services. This study explores barriers to DN employment from the perspective of undergraduate nurses by using a descriptive qualitative design. The themes generated refer to role ambiguity, personal preferences, educational opportunities and employer engagement, to provide an important insight into the recruitment barriers faced upon qualification. Moving forward it is clear that collaborative engagement is required between community health care and education providers to inform the role and incentivise DN as a career option. Educational and governmental strategies that support community career pathways are required to promote a balanced view of nursing roles and ensure career opportunities are provided to sustain the DN workforce.

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