



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

Template 1 - Nursing Career Development Framework (Hickey et al., 2012a)
<p>Macrosystem</p> <ul style="list-style-type: none"> Government policies Accreditation and scope of practice Global nursing shortages Socio-economic climate Metropolitan/ rural culture <p>Exosystem</p> <ul style="list-style-type: none"> Job vacancies Marketing forces Cross faculty relationships Curriculum requirements Industry requirements and relationships Staff and resource shortages <p>Mesosystem</p> <ul style="list-style-type: none"> Family & work Family & university Neighbourhood & university Family & romantic/ lifelong partners Work & university <p>Microsystem</p> <ul style="list-style-type: none"> University Neighbourhood Family Work Romantic/ lifelong partners <p>Student</p> <ul style="list-style-type: none"> Motivation Prior experiences of healthcare settings Academic history Age Gender
Template 2 - Healthcare areas (van Iersel et al., submitted 2017a)
<p>General hospital</p> <ul style="list-style-type: none"> Positive Negative Neutral <p>Community care organisation</p> <ul style="list-style-type: none"> Positive Negative Neutral (etcetera) <p>Nursing home and/or home for elderly</p> <p>Mental health institution</p> <p>Rehabilitation center</p> <p>Institution for the mentally handicapped</p>

Fig. 1. Templates used for data analysis.

Caregiving
<ol style="list-style-type: none"> 1. Variety and diversity 2. Challenges 3. Improving people's health 4. Collaboration
Student characteristics
<ol style="list-style-type: none"> 5. Role models 6. Patient- or environment-based perceptions 7. Self-efficacy 8. Immediate vicinity

Fig. 2. Underlying factors grouped in eight main themes.

as described above. A summary of the results was sent to the participants to verify the findings (member check). A third researcher/author (CL) not included in the analysis assessed the final code tree and formulated themes, quotes and conclusions.

3. Results

3.1. Factors Determining Students' Perceptions

The results of the analysis generated a number of factors that determined students' perceptions of the six healthcare areas. These factors were grouped in eight main themes, of which four related to caregiving, to wit (1) variety and diversity, (2) challenges, (3) improving people's health and (4) collaboration. The other four themes, which related to student characteristics, were (5) role models, (6) patient- or environment-based perceptions, (7) self-efficacy and (8) immediate vicinity (see Fig. 2).

(1) Variety and diversity

Variety in work was an important incentive for the students and was mainly judged positively. Students link 'variety' to diversity in patients, diseases, wards, and caregiving, while they see the hospital as the only environment that represents all these elements. Variety in diseases and patients were also mentioned and appreciated as an essential part of community nursing. According to the students, variety in care for older people is lacking.

'And especially because I really like the idea of doing lots of different things and that, you know, you have a whole bunch of short tasks. So in Emergency Care, for example, someone comes in and you help them and then... they go to an inpatient unit (Focus group [FG]4).'

'Yes, I think that it [elderly care] is pretty much the same thing every day. Help people out of bed and into the shower, go for a short walk or a game of bingo – and then back to bed (FG3).'

(2) Challenges

Students seek achievable challenges in nursing practice. They attribute these challenges to speed, brief contacts, accuracy, action, technical nursing skills, and devices. Students expect the fast-paced working environment of the hospital setting to provide all these challenges. Community care was viewed as a field where caregiving mainly consists of assistance in daily living, which was seen as non-medical and therefore uneventful.

'You simply have more equipment and more options in hospital. It sounds a bit odd, but I think it's a tad more exciting to work there as well, because it's just, say, more intense than working in home care (FG1).'

'When I think of home care, I think of listening to folks complain, which makes me feel that – aside from providing a listening ear – I'm not really doing anything of use (FG1).'

(3) Improving people's health

The overall motivation to improve people's health was often mentioned. This motivation was reflected in statements about receiving gratitude from patients, as well as in the visible positive results of caregiving. The participants felt that these aspects were best achieved in a rehabilitation setting and a hospital. In contrast, community care was associated with quality of life instead of health improvement.

'I do find it difficult to imagine how I'd feel if I were unable to achieve any results with a patient. I wonder if I would still be able to find satisfaction in my work (FG4).'

'With older patients or home care, the story is pretty much always the same: you help them, but you're not going to make it better. So you're

helping simply to make their lives easier (FG1).'

(4) Collaboration

Working in a team was stated to be a prerequisite, because colleagues nearby are easily accessible for questions and support, while teamwork gives the students a sense of belonging and safety. Too much individual responsibility was viewed as a barrier, which increased the desire to work in a team. Working in a team is associated with mental healthcare and the hospital, while community care is negatively viewed as individualistic with a great deal of responsibility.

'Oh, they ran into some trouble there [in hospital]. And they all worked together to try and resolve it. At that point, I thought to myself: I'd like to be part of that, too...(FG3).'

'Home care? You're there all alone with the patient, and if something happens you think: what do I do now? So you usually just kind of, you know, do it your own way (FG3).'

(5) Role models

The participants mentioned parents and other family members working in care, along with lecturers in their programme, as influential. Personal stories from daily experiences in caregiving are considered appealing. The students mostly referred to positive examples, but unpleasant experiences of family members working in care emerged as well. Students also linked negative experiences gained in connection with their grandparents to their perceptions of caregiving to older patients.

'They [the lecturers] talk about [rehabilitation] with quite a bit of enthusiasm. So then you start thinking, from a nursing perspective, maybe that's something I'd like to do (FG4).'

'My mother works in elderly care. Sometimes, I hear stories from her job and I think, yeah, no thanks (FG3).'

(6) Patient- or environment-based perceptions

Participants sometimes based their opinions on perceptions of the physical working environment, sometimes including the characteristics of the patient. With regard to the hospital, the environment played a central role and was perceived as interesting due to the availability of medical equipment. In addition, 'having your patients close by' was seen as a practical advantage. In community care, working in the patient's own home was appreciated when the focus was on the personal atmosphere and disfavoured when the focus was on the limited ergonomic and/or hygienic conditions of the working environment. In contrast, the patient population was key in students' mostly negative perceptions of mental healthcare and elderly care. The participants referred to older people as boring, lonely or grumpy people, and to psychiatric patients as scary and difficult to understand.

'Something else I think would be nice is working in the same hospital every day – just that bit of stability (FG2).' *'The fact that, in a care facility, you have certain things ready at your fingertips. And you can be absolutely sure that it's all clean (FG3).'*

'Every private home is different; you'll run into houses where it smells really bad and where things are quite filthy. Yeah, that doesn't strike me as terribly appealing, to be honest (FG3).' *'There are also homes with lots of thresholds or changes in floor height. So then you have to move the patient from one corner of the house to the other, and it takes you half an hour – and that's before you can get started with what you came for (FG3).'*

(7) Self-efficacy

There was a difference between areas in the extent to which participants discussed the question 'Do I have the required skills to function

properly in this specific area?’ Students mentioned the difficulty of communicating with suicidal patients in mental health and felt that they were not ready to meet these problems. By contrast, the rules and procedures within the structured environment of hospital caregiving were seen as helpful. In all other areas, the topic of required capabilities – and the extent to which students expected to possess them – was not addressed.

‘A hospital is the most realistic option because it has the most instructions available: if I learn them all, I’ll at least be able to function at a basic level. And in the other fields, those “operating instructions” might be less clear or non-existent, meaning I’d have to more or less find my way on my own (FG1).’

(8) Immediate vicinity

The participants’ perceptions were almost entirely based on information from their immediate vicinity, with the consequence that relatives working in healthcare and personal experiences in the role of patient or caregiver occupied an important place within the discussion. The further from the student a determining factor was, the less it was mentioned; as a result, variables in the exosystem and macrosystem such as government policies and job vacancies barely received any attention (see code tree).

4. Discussion

The key aim of this study was to explore factors that informed baccalaureate nursing students’ perceptions of healthcare areas. The findings in this study demonstrate that students often rely on information from people in their vicinity at home and at school, as well as on experiences with caregiving in a student job or in the role of patient. They barely consider aspects beyond their inner circle and base their perceptions either on the characteristics of the patient or on the perceived context of the caregiving. Doubts about their own capacities can be all-important in one healthcare area, while this aspect may be overlooked in another area. Finally, students consider variety, challenge, visible care results, and collaboration important in caregiving.

The fact that students early in their education do not have a full understanding of the diversity of nurses’ roles is not surprising, given that the profession is often represented by the media in an outdated and stereotypical way (Jubas and Knutson, 2012; Dante et al., 2014; McKenna et al., 2017). Many students receive their information from family members employed in nursing, who are seen to play a key role as informants (Hickey et al., 2012b; Dante et al., 2014). The participants in this study not only referred to stories from family members working in care, but also linked personal experiences with their grandparents to perceptions of care to older people, in the sense that perceived communication barriers and a lack of common interests negatively influenced their perceptions of elderly care in general. Many nursing students have stereotypically negative perceptions of older people as a group (Stevens, 2011; Liu et al., 2013) and characterise them as ‘only old’ (Koh, 2012), even though this finding was not reported in earlier studies.

An important motivation to choose the nursing profession is the desire to care for people (Mooney et al., 2008; Phillips et al., 2015; Ten Hoeve et al., 2016; McKenna et al., 2017). Phillips et al. (2015) found that students early in their programme focus on caring for the physical needs of people. This study revealed that students see two dimensions of caring: the opportunity to ‘improve people’s health’, with visible care results, versus ‘helping and guiding people’ in their daily life. Improving people’s health had a positive connotation and was mainly attributed to the hospital setting. Guidance in daily life received a lower valuation and was seen as the main aspect of community nursing, elderly care or mental healthcare. ‘Variety in care’ is valued by students, as it is considered to be educational, especially in technical nursing skills (Happell, 1999) and in the patient population (Kloster et al., 2007;

Mooney et al., 2008). In our study, the participants also related variety to diseases and wards, while they linked challenges to speed, action, and brief contacts. All of these characteristics were attributed to the hospital.

Furthermore, students seek ‘collaboration’ with their mentor and other colleagues to receive appropriate support in their development (Björk et al., 2014; Gillespie, 2017) and to join the nursing ‘community of practice’ (Murphy et al., 2012). The participants in this study linked the individualistic character of community care to the negative perception of a high level of responsibility, whereas they mentioned the hospital as a safe place in which colleagues are easily accessible for questions and support. The presence of rules and protocols in the hospital made an additional contribution to this sense of safety.

4.1. Implications for Nurse Educators

This study focusses on determining what contributes to a better understanding of the type of curriculum that would be effective in creating a better-informed and ultimately more positive and realistic perception of community nursing. Its results permit the formulation of four recommendations, linked to the aforementioned themes.

First, considering the fact that role models are influential, a close collaboration between schools and community care organisations is a precondition for ensuring that students work alongside a mentor with an appropriate level of education. This person acts as a source of inspiration, but also creates a safe and structured learning environment both for beginning and for more advanced students. Switching professional roles between nurses and lecturers is also useful: lecturers can deepen their knowledge with a short placement in the field, while nurses can act as a role model for students by being a guest teacher in class and presenting appealing patient cases that are based on their actual professional practice (Themes 5 and 7).

Second, curriculum designers can highlight the challenges and variety of community nursing more prominently in the knowledge/theory part of the curriculum. Students see variety and challenges as important, on the condition that they are well balanced and contribute to their learning and development (Gillespie, 2017). To this end, it is important to present in-depth knowledge about aspects of community nursing that are less prominently visible to students without experience in the field (e.g. cultural diversity in patients, population-based prevention, and working in healthcare networks). The undervaluation of ‘guidance in daily life’ – based on a blind spot concerning the complexity of this activity – can be countered with knowledge of the requirements for self-management in the patient’s own home, often in collaboration with their social system. This approach can also constitute a first step in developing a vision of health improvement, other than just the improvement of physical functioning (Themes 1, 2, 3 and 4).

Third, curriculum designers can also present a more balanced and nuanced picture of the diversity in different healthcare areas in the theory. With regard to students’ focus on the patient or on the context, it is helpful to present images, stories and patient cases that contrast with stereotypical views commonly held in the media and society. For example, students often base their perceptions on the care setting where they wish to work. Despite the unpopularity of working with older people, however, they do not realise that the patient population in their favourite choice – the hospital – is generally older as well (Bleijenberg et al., 2012). The curriculum should also pay attention to the required capabilities in every field. Although students may be almost oversensitive to their performance in mental health, the hospital also presents difficult/emotional situations of which they are unaware and for which they are possibly unprepared. Discussing this topic can be a part of placement preparation and play a role in the mentor’s guidance regarding the professional practice (Themes 6 and 7).

Fourth and finally, it will be useful if nursing schools, preferably in collaboration with representatives from the professional practice, organise meetings where developments in healthcare, politics and the

labour market are discussed, also for students early in their education. This aspect will increase awareness of these issues, broaden the students' perspectives and – ultimately – contribute to making well-informed career decisions further in their education (Theme 8).

4.2. Study Strengths and Limitations

The participants included in this study represent a general, representative population of nursing students in terms of age, gender, and background. However, some problems limit the findings and interpretation of the study. First, the number of students that volunteered for participation was relatively low. Whereas recruiting more students for extra focus group meetings would have taken a longer period of time, the choice was made to plan the meetings early in the course year in order to minimise curriculum influences. As perceptions develop constantly, later measures might have yielded different outcomes. In that respect, saturation was not feasible, so the time frame was decisive. However, despite the relatively small sample, the results of the four groups taken together showed many similarities.

Second, the students were invited by the moderators to discuss only a limited number of healthcare areas. Even though they were given the opportunity to address other interests as well, the limited choice may have prevented some students from providing other information.

5. Conclusion

The findings in this study demonstrate that first-year students have clear ideas about the characteristics which they consider important in professional practice; to wit variety, challenge, visible care results, and collaboration. However, their perceptions of healthcare areas do not necessarily reflect the actual situation: students expect the hospital to possess all desired characteristics, while community nursing seems to be undervalued. In order to counteract the students' misconceptions, curriculum redesign strategies were formulated, based on collaboration between school and care organisations as well as on themes related to in-depth knowledge within the educational programme. These interventions will potentially help to strengthen the focus on – and the support for – the community care field, which in turn may lead to more graduates choosing to work in this area.

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Conflict of Interest

The authors declare that there are no conflicts of interest.

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Appendix A. Supplementary data

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