

“We Thought We Would Just Be Following the District Nurse Around”: Innovation in Australian Student Nursing Placements in Rural Primary Health Care

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Abstract

To understand primary health care practice, student nurse education requires opportunities to engage in authentic, person-in-environment interaction. This paper reviews an innovative student nurse placement model developed in rural Australia through a multidisciplinary partnership between a rural health service, a university, and the state governmental Department of Education and Training. Semi-structured interviews were conducted with a purposive sample of 12 student nurses at placement completion. Themes drawn out of the data collected were grounded in the participants' opinions and experiences. The interview findings were grouped into six themes surrounding: (1) placement model, (2) identity, (3) autonomy, (4) interpersonal skills, (5) primary care, and (6) young people. Overall, student nurses gave positive feedback about the placement model and felt the experience contributed to their professional identity and autonomy as they transition to graduate roles. They self-reported strong indications that learning about the nuances and complexity of primary health care contributed to their practice skills. Investing in placement models such as the one presented in this paper is important to build capacity in the nursing workforce. Enabling an adaptable, responsive nursing profession is a critical area for further nurse education research and evaluation.

Keywords: student placement, primary care, nurse education, school nurse, rural nursing.

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Introduction

In a complex health and social care system, the nursing profession has an ever-expanding role in influencing individual, community and population health across the continuum of promotion, prevention, early intervention, treatment, and management (Holmes & Warelow, 2000; Mazhindu et al., 2016; Mitchell, 1996; Zardosht, 2020). The training of student nurses has therefore become an intense academic undertaking enhanced by provision of real-world learning experiences, a challenge in this world of increasing virtual teaching and learning (Atakro et al., 2019; Copley et al., 2007). In Australia, student nurse experiential learning is undertaken as multiple industry placements involving core skill areas such as medical, surgical, pediatrics, and—the focus of this paper—primary health care (Carrigan, 2012; Nolan, 1998; Taylor et al., 2015). During placement, students are exposed to important aspects of clinical practice along with an opportunity to develop their professional identity and interpersonal skills (Armitage & McMaster, 2000; Killam & Carter, 2010; Mazhindu et al., 2016; Wei et al., 2021).

Our study focused on student nurse experiential learning in rural primary health care in Australia. The study involved a review of an innovative student nurse placement model that provided an upstream experience for student nurses through a research project and interactive activities with children and youth in a rural community. This paper presents the short-term outcomes of this placement model, exploring student nurses' experiences and opinions and providing ideas for improvement and model replication.

Literature Review

Conventional placement approaches are often health service based, where the focus is on treatment and management rather than contextually relevant promotion and early intervention as recognized in primary health care (Lewis & Kelly, 2018; McInnes et al.,

2015; Ndateba et al., 2015). A comprehensive primary health care approach is a whole-of-society strategy that seeks to equitably maximize the level and distribution of people's health and wellbeing needs and preferences (Irwin & Scali, 2005; Wilkinson & Marmot, 2003). It occurs at the community level and considers the effects of structural and institutional barriers and the impacts of inequality (Bennett et al., 2013; Golden et al., 2015). Previous research indicates there is confusion with the teaching and learning of primary health care in nurse education, indicating a need to further explore this critical area (Bennett et al., 2013; Brommelsiek & Peterson, 2020; Orsborn, 2009).

A challenge for experiential learning within primary health care is in distinguishing between primary health care as a philosophy and system on the one hand, and, on the other, the *how* of operationalizing it into practice through implementation strategies and actions, such as health promotion activities to influence health behaviour and improve health literacy in the community (Keleher, 2001; Kidd et al., 2008). To support realistic learning in primary health care, the experience must provide active participation for the student nurse that engages with the social determinants of health of where people live, grow, work, and age (Golden et al., 2015).

In the rural context, primary care health workforce preparedness requires an understanding of the health inequalities facing rural communities and the ability to make connections to primary care practices (Cosgrave et al., 2019; Mortimer et al., 2019). Rural services face challenges attracting and retaining health professionals, and thus experience chronic workforce shortages (Cosgrave et al., 2018; Killam & Carter, 2010; WHO, 2010). This results in critical gaps in health care provision that adversely impact health outcomes. As such, rural communities have poorer health compared to their metropolitan counterparts (Cosgrave et al., 2019; Reid et al., 2019), reinforcing the need to promote primary care nursing in rural regions.

Rural health professionals face physical, social, and professional isolation (Malatzky et al., 2020; Redford, 2019). This impacts services' abilities to attract and retain skilled workers. Rural health workforce recruitment is plagued by negative connotations; for example, the rural space is seen as "less skilled" and the workforce's perceived scope of practice is often limited to treatment of the elderly (O'Sullivan et al., 2021; Redford, 2019). Remuneration and career advancement is another factor as rural communities have limited resources in terms of political power and economic stimulation. This causes economic disparities for the rural workforce (Humphreys & Wakerman, 2018; Martiniuk et al., 2019). Applicants may also be deterred by their peers' perception of rural health practice as less valuable than other areas of health practice. Further, retention of health professionals is affected by high workload due to the maldistribution of health services and workers relative to rural population health needs (Bourke et al., 2014; Wakerman et al., 2019). This has impacts on rosters and on-call requirements, which in turn affects workers' wellbeing, family, and social life (Cosgrave et al., 2019; Malatzky et al., 2020).

Methods

This paper is based on original qualitative research that examined student perceptions of a primary health care placement model. Semistructured, audio-recorded interviews were undertaken with a purposive sample of 12 student nurses (the total cohort) who took part in the placement model. Participation was voluntary with signed consent and was independent of placement assessment (undertaken by the site educator). The interview questions sought student nurses' views about the placement experience generally, as well as their perspectives and understanding of primary health care specifically related to the placement activities, the degree to which they found it useful to apply the activities to practice, and their feedback the

placement to identify areas for improvement. Effectiveness was measured through analysis of student nurses' subjective experiences and opinions on the primary health care specialization.

The placements occurred in a rural area of Victoria, Australia, in 2018. The area faces significant disadvantage as evidenced by low income, high unemployment, and low educational attainment (ABS, 2020). There is also high prevalence of multiple health risks factors such as obesity, high rates of smoking, and poor vegetable intake. The area has additionally been adversely affected by climatic events including floods and drought.

The 12 student nurses, one male and 11 females ranging in age from 23 years to 52 years, were all undertaking the final placement component of their bachelor of nursing degree. The student nurses completed a two-week block in three rotation groups of four students per block. Students' placement project activities were coordinated and supervised by two of the authors, Carol Reid from the University Department of Rural Health (UDRH) and Leigh Stanbrook from the regional Department of Education and Training (DET). Supervision at the health service placement site was undertaken by the allied health and nurse clinical educators.

The placement model was developed through a partnership between the local rural health service (placement site), the UDRH, the School Nurse Program within the regional DET, and five rural primary and secondary schools. Previous relationships existed between the schools and the health service through an ongoing health promotion initiative. The aim of the placement model was as an innovative approach for experiential student nurse learning in rural primary health care skills and practice. The study had ethics approval from the University of Melbourne's Human Ethics Advisory Group (ID: 1852383.1).

The model involved internal experiences within the health service primary care department and external experiences through a student-nurse-led research project with local schools. Internal health service activities included student nurse involvement in the Meals on

Wheels service whereby hot meals are delivered to socially isolated and mobility-limited people living in the local community. Student nurses additionally attended and supported health promotion events including days to raise awareness about heart and mental health and to encourage early years reading.. The health services' community connections enabled interactive activities to enhance student nurse understanding of people and place. For example, each student nurse group was invited to a tour and training evening with the local state emergency service (SES) to understand the work the SES volunteers do when responding to local emergencies. In another example, a representative from the local historical society gave each student nurse group a walking tour of the township.

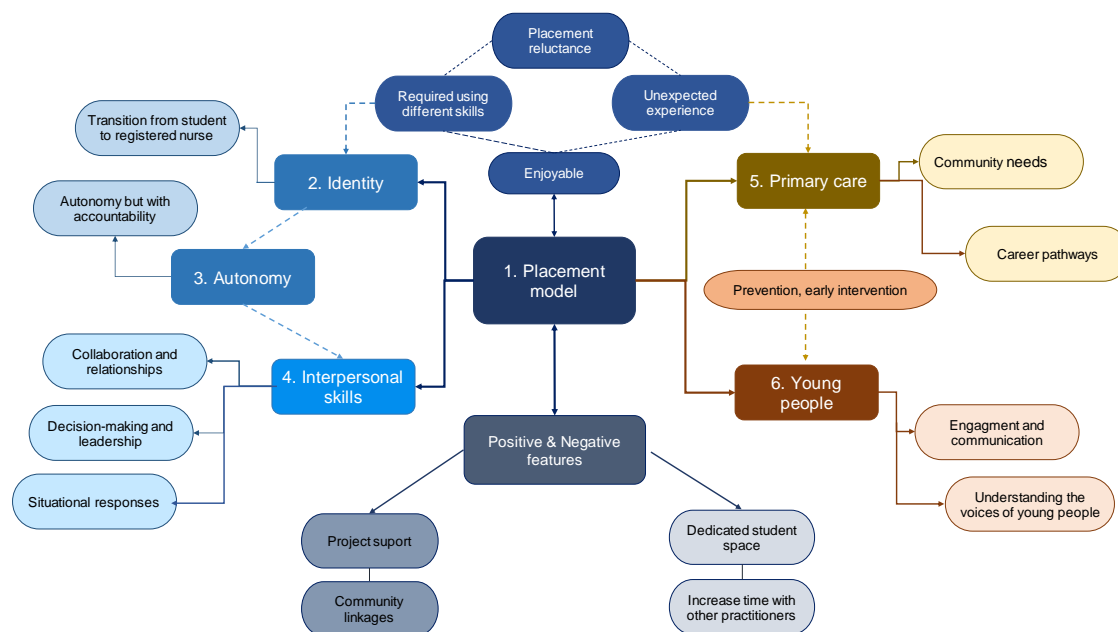
The external activity was to research and develop an interactive activity for school students around the topic "What is health?" The student nurses were provided with a project brief and scheduled (supervised) opportunities to interact with three classes of Grade 5 students and three classes of Grade 9 students. In total, student nurses interacted 92 rural school students. The student nurses were supported to develop and facilitate the classroom activity themselves.

Findings

Interview transcripts were analyzed using the stepped thematic analysis method outlined by Clarke and Braun (2015). This involved two authors (Carol Reid, Leigh Stanbrook) independently reading and rereading transcripts, looking for patterns, and generating basic codes to then compare and agree on the emerging categories (Maguire & Delahunt, 2017). Categories were then organized through discussion between these two authors into significant themes (see Figure 1). Six major themes (the placement model, identity, autonomy, interpersonal skills, primary care, and young people) and associated subthemes were identified from the analysis of the interview data. The themes are explored

below with quotes from the student nurse interviews. The interviews are coded with student nurse numbers (SN#) to maintain confidentiality.

Figure 1. Concept map of themes and subthemes



The Placement Model

The student nurses' views on the placement model were important. As demonstrated in the quote used in the title of this paper—"We thought we would just be following the district nurse around" (SN08)—they had preconceived expectations on what a primary care placement could involve. The interviews indicated student nurses were hesitant about the placement prior to commencement. For example, one student nurse said, "I wasn't particularly looking forward to this placement" (SN07). They acknowledged it was unlike other placement experiences as "it was so different to just being on the wards" (SN011). In terms of their overall assessment of the placement, the student nurses' opinions ranged from acceptance ("It was good, it was a different placement than anything I have ever done" [SN04]) to full embracement ("I enjoyed it thoroughly" [SN06]; "Loved it, loved it, it was great" [SN01]).

When discussing strengths and weaknesses of the placement, student nurses suggested that it would have been helpful if their university had prepared them more; specifically, they felt underequipped in their understanding of what primary care entails. They raised the point that the health service had limited space to accommodate students and was consistently noisy and busy, highlighting the need to provide student nurses with a quiet space for project work. However, they felt the placement model was well planned and designed to help them get the most out of the placement. In the interviews, the student nurses mentioned that the written project brief, regular weekly project meetings, and cultural competency training were useful.

Identity

The student nurses commented on the importance of their last practice placement and noted that this phase helped consolidate their identity as an emerging professional:

Definitely a placement like this, involvement in project research, it's been really beneficial. I actually would have liked to put it on my application for my [postgraduate appointment] but I have already done it. (SN08)

The idea of being an emerging practitioner was captured by one student nurse, who highlighted that this placement—their last—was a transitional phase between the completion of core training and becoming a qualified nurse:

Well, it's my last placement so, having that transition from student to registered nurse. So that's been great. (SN04)

Autonomy

The placement model encouraged autonomy as a key part of becoming an effective, self-sufficient, and responsible practitioner. As one student nurse said, “We appreciated it was our own directed learning” (SN09). Placement can be demanding for student nurses but independence was increased through this innovative model as opportunities were provided for students to take responsibility for their own placement outcomes:

I always feel quite stressed on placement. This way we have put the responsibility on ourselves and we have done quite well. I am pretty proud of our efforts. I think that’s shown us, as a group, that we can [succeed] without someone pressuring us and pushing us along. So it’s been good to see that we have been able to do it by ourselves. (SN01)

The notion of autonomy with accountability was a strong subtheme. The quote below demonstrates the reflective process a student nurse undertook toward becoming a responsible practitioner:

Definitely a lot of responsibility in this project. I think we found that even today when we came to you and asked permission to go to lunch and that next step to not having to be told every step, learning you are reliable for yourself...it’s that next step-up into being responsible and yes you are still accountable but yes take that next step. (SN04)

A particular highlight of the placement model from the student nurses’ perspective was the focus on developing their autonomy as emergent health professionals. They stated that they enjoyed and learned from the opportunity to take ownership of the “What is

health?” research project. They specifically noted the professional development they accrued by working through the challenges of collaborating to develop and facilitate the school classroom session and learning from the children and young people’s responses and discussion.

Interpersonal Growth

The student nurses all noted that the placement helped enhance their teamwork and relationship-building skills. Practice placements seek to increase skills in both areas to contribute to interprofessional collaboration, which is essential for health care teams to deliver high-quality care. As one student nurse said:

It was good working in a group. Being such a big nursing class I didn’t even know these girls so we had free time together. (SN12)

The students acknowledged that working as a team is critical in professional settings and this placement provided another way to experience collaboration and develop their interpersonal skills, particularly through organization and facilitation of the “What is health?” student-nurse-led research project. In the words of one student, “It gives you that real experience, another experience of working in a team” (SN07).

It was also an avenue for recognizing a multidisciplinary approach where different knowledge and skills are brought together:

I really enjoyed the most working as a team and collaborating on our different ideas. As we said [our research project involved]

acknowledging our different skills and bringing them to the group.

(SN05)

Although teamwork was seen as challenging at times—for instance, if a group member was “bossy” (SN10)—this was tempered through the acknowledgement that “someone had to make decisions” (SN08). Exposure to low-level conflict around group decision-making offered additional opportunities to practice interpersonal skills.

The student nurses identified that placement opportunities that allowed them to interact with nursing professionals and other stakeholders in the community were particularly beneficial for supporting interpersonal growth. They highlighted the value of working closely with community members and volunteer organizations as a helpful way of getting to understand local contexts. Responding to their interaction with local SES, one student nurse explained the value of

thinking and learning about what they do in the community, and then linking all that back into a community placement and care needs of the community. (SN06)

Despite identifying positives around engaging with the community and receiving support from staff in the health service, one student nurse felt that some of the health service staff were judging them for not being in the wards “working” (SN09). Another commented:

We felt like a burden sometimes to staff when we asked for stuff.

There was a lot of rude reactions. (SN11)

The student nurses were interested in spending more time with professional staff who worked within the partner organizations (i.e., the regional DET and local schools) who helped develop the placement model and they highlighted the learnings they gained from interactions with these professionals. In particular, they suggested it would be useful to spend more time with the school nurses, the unit manager from the School Nurse Program, and the health service health promotion officer.

Primary Care

Primary care included the subthemes of community needs and career pathways. The placement model sought to enhance students' understanding of primary care as a social model of health with a focus on prevention of ill health:

With health promotion and prevention, they don't really teach a lot about primary health care nurses [as part of university course]. We get a tiny little snapshot of what it is. That's why when we saw we were coming here for primary health care placement we all thought, we don't even know what that means. [The university course does] focus a lot on skills in clinical settings and acute settings and illness but not prevention. We don't really talk about prevention in nursing. We were just talking about that as a group; it's blown our minds that it's something we were not fully aware of, we didn't know how big and important it is. I think that's something [that] as a group has surprised us. (SN03)

Similarly, to learn about primary care and prevention, the placement model intended to immerse the student nurses in the community and to engage them in nonclinical environments. In terms of the subtheme of “community needs,” one student nurse highlighted:

I liked that you were in the environment...even that first day when we had that meeting with everyone, hearing what a primary and secondary school nurse is and even the education department and learning about other things. Like, you do hear about other things in the community and to be able to relate that back. But this was like we are doing...research and health promotion in schools. (SN08)

Developing the placement in partnership with the regional DET was an opportunity to expose the students to future career pathways in the primary care setting. As one student nurse said, “I think it exposed us to other options we can go into with nursing, which are just different when you think about being a nurse rather than just being on the ward” (SN01). The experience also gave them an appreciation of the depth of primary care work:

Have I thought any more about what a primary health care nurse is?
Yes, 100%. I didn't even understand there was school nurses. I just thought they would be doing first aid, clinical skills. Don't get me wrong, I knew there were primary health care nurses out there, but there is way more than I anticipated. Like they are not on the floor but there is a lot of behind-the-scenes work. (SN03)

Young People

The partnership approach with the regional DET and local schools enabled the placement model to provide the student nurses with an avenue to engage and communicate with children and young people in a nonclinical setting. Additionally, the setting (schools) was the young people's "turf" where they felt more confident to engage with the student nurses. Importantly, and in contrast to their other placements, this approach gave the student nurses opportunities to interact with young people who were healthy. The student nurses felt it gave them more insight into how to speak to and engage with different age groups:

This definitely gave me a lot of insight, in communicating with [young people] and learning what they think. If you are working in a hospital and somebody comes in and they are trying to explain to you what they need, you might have a bit more insight into what they might know. For example, to lower your big words but not to talk down to them. So it will help me for sure. (SN02)

It did provide more insights, just around how children best engage as opposed to another method. Do you use paper-based or do you use online when thinking about engaging? I have got that insight from this placement and that little bit of extra information, in a sense. (SN10)

It was good to see people, how people naturally are and in their environment and able to contribute. As opposed to, you might have a patient come in and they are unwell and children are unwell, you don't get a feel for what they are normally. (SN11)

The placement model also sought to give the student nurses an opportunity to listen to young people, which is essential in tailoring early intervention to the individual in primary care. The model used a no-wrong-answer approach. Student nurses were instructed not to lecture to rural school students, but to learn from their opinions and their understandings of what health entails:

It was just interesting to see, initially, how they engaged with us, and secondly, seeing what their answers actually were. (SN07)

Asking questions and listening more to them. And taking on board their opinion that they know everything about their situation and we don't know, but we can engage with them...find the gaps and fill them in. But not lecturing them but just asking questions around that so then we can fill in the gaps that way. (SN06)

When asked about working within schools during the placement, the student nurses offered some insights. They felt it was beneficial to work with children and young people of different age groups, some in primary school and some in secondary. They noted that they would have liked to work with a greater number of children. As already noted, this research project involved the student nurses working with 92 students over five rural schools—already quite a significant engagement. The fact that the student nurses asked for more suggests the student nurses found the interactions with schools and students to be valuable and enjoyable learning opportunities.

Discussion

The findings from this study highlighted the importance of providing student nurses with experiential learning in primary health care, promoting professional identity, and assisting emerging practitioners to develop autonomy and independence, as well as building interpersonal skills. The interviews with the 12 student nurses who participated in this innovative placement model provided evidence that these elements can be integrated into placement experiences through multidisciplinary group projects and research work, not only via clinical placement modalities.

The student nurses acknowledged that, in their transition from students to registered practitioners, this placement experience gave them an opportunity for professional independence, but with accountability. Professional identity is a process where profession-related knowledge, skills, norms, and values are learned and internalized, and then reflected in attitudes and behaviour (Mao et al., 2020; Stephens & Ormandy, 2018; Walker et al., 2014). There are correlations among professional identity, feelings of self-worth in work autonomy, and workforce retention in the nursing field (Jiang et al., 2020; Mao et al., 2020). This is important as health workforce retention is critical in rural areas.

The placement model sought to provide a learning experience of rural primary health care as a social model of health where service provision connects to the needs of the community (Ndateba et al., 2015). It was important for the placement to increase student nurses' understanding of the social determinants of health within everyday contexts (Golden et al., 2015). As clinical placements are limited in providing experiential learning and critical reflection on the broader impact of life circumstances on health (Parry et al., 2018), placements in primary care hold a special niche.

The placement model aimed to reduce the power imbalance inherent in clinical settings. It highlighted that primary care perceives people as the experts in their lives, noting that the way people view their world will impact their health understandings (Bennett et al.,

2013; Mitchell, 1996). The model provided opportunities for the student nurses to experience this through the research activities in an upstream situation where they could listen to young people. The student nurses reflected that this experience of talking to young people and asking them, “What is health?” would influence their future practice and how they will engage and communicate with young people. One student nurse commented that they “will talk to them rather than at them” (SN06).

Issues regarding health service staff attitude were noted by the student nurses, including feelings that some of the staff treated them as a burden and were rude. Students on placement may be seen as an additional burden for time-poor supervising staff; hence, they are expected to be an extra set of working hands and cannot be seen as idle (Cleak & Zuchowski, 2019; van de Mortel et al., 2020). This negative attitude toward placement students has been identified in previous nurse education research, where students were not treated respectfully, and staff culture was poor (Carrigan, 2012; Ryan et al., 2018). Lack of staff interest and poor role modelling adversely affect student learning experiences and can impact the development of professional identity and career planning (Walker et al., 2014; Wei et al., 2021). This contributes to the stress student nurses can feel on placement. As one student nurse identified, the expectation is “that you have to give 100%” (SN02). This highlights the need to work together to inform and include staff to ensure that student nurses are supported to learn and have positive placement experiences.

Seeking to ameliorate the impact of this, the placement model was designed around student-nurse-led group work to provide the student nurses with support from their fellow students and reduce the stress of placement. As suggested by the literature, being part of a group builds a sense of belonging and increases self-confidence (Walker et al., 2014). This further emphasizes the innovative nature of the placement model and highlights opportunities

to include existing staff who have developed their professional practice in the clinical context and have less experience in the community preventative space.

Despite the successes of the placement model in the study setting, several limitations must be acknowledged. The most obvious of these is the lack of longitudinal follow-up built into the study scope to consider student nurses' career trajectories and implementation of primary care skills learned on placement. Secondly, this study involved a small participant cohort and one rural health service site. It would be valuable to implement the placement model at several sites across a wider student nurse participant group. Lastly, to add to the evidence base and knowledge of nurse education and primary care practice, a comparison to urban health services sites may reveal other areas of professional identity and practice skills important to building capacity in the rural nurse workforce.

Conclusion

This study examined 12 student nurses' perceptions of the effectiveness of an innovative student nurse placement model. The placement model sought to unpack primary health care practice, showing it to be more than "just following the district nurse around" (SN08). The model emphasized experiences to support the student nurses in learning that improving individual, community, and population health through actions such as health promotion must be codesigned with the individuals, communities, and populations for whom they are intended. As well as contributing to student nurses' ability to reflect on community capacity and build awareness of context sensitivity, the placement model enhanced student nurses' confidence around entering the workforce as emerging practitioners by strengthening their professional identity, autonomy, and interpersonal skills.

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