The Nursing Students Perception of the Community Health Nursing Training: A Grounded Theory Study

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Abstract: The aim of this study was to explain the nursing students' perception regarding the community health nursing training. A grounded theory design was used. Through purposeful sampling, 14 baccalaureate students of nursing of 5th and 8th semesters were selected from a Nursing & Midwifery Faculty. Data were collected by means of semi-structured interviews. The interviews were tape recorded and later transcribed verbatim. The Strauss and Corbin's method was used for data analysis. Data analysis revealed one main category and two subcategories. The main category was the students' perception, and the subcategories included: mentality about the training (limiting the training to vaccination; rest and entertainment opportunity and lightness and easiness of the task) and medical-oriented vision (position of community health nursing and no need to learning the training, its efficiency would be low and the nursing graduates would not be gaining the competence to fulfill the requirements of the health care delivery system. The findings of this study can help the nursing instructors to modify and improve the community health nursing training programs.

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Introduction:

Providing health care to people has shifted from treatment centers such as hospitals to community centers. Therefore, the training procedures of the nursing students should be community-oriented. This would allow the system to educate skilled nurses who would be able to fulfill the requirements of the health system (Mtshali, 2009; O'Shea, 2009). In Iran, the nursing graduates are not capable of performing well outside the hospital (Heidary, Mazlom, & Ildarabadi, 2012). The community health nursing training is one of the fields with a major role in education system and any study in this area would contribute to the problem solving aspect regarding the mentioned problems.

Community health nursing training is different from other trainings in hospitals. The trainees of community health nursing training may have contradicting views on their training schedules that can promote or demote their learning. The first step in applying a successful interaction in training is being aware of the ideas, viewpoints and prejudgments of the trainees. It would facilitate students rotation from clinical training to the community health nursing training; therefore, recognition and management of the above mentioned elements are necessary (Karimi Moonaghi, Dabbaghi, Oskouie, & Vehviläinen-Julkunen, 2009; Leh, 2011; Sandra Kundrik Leh, 2006).

Students who believe the training is interesting, important and worthy become involved in meta-cognition, apply more cognitive strategies, and are more advanced in their education (Valizadeh, Fathi, & Zamanzadeh, 2007). For effective teaching, students' perception should be assessed, analyzed, and proper measures should be applied (Sandra Kundrik Leh, 2007). Before an individual can participate in a learning process, we should be confident about two things: A) whether what we say makes him/her interested, and what is the need felt by him/her? B) What is the perception or thought about what we discuss with him/her? If we do not pay due attention to this issue, we cannot establish any education process. Also we should be aware of the attitudes of students, which can be of great importance. By knowing their attitudes, their behavior can be predicted and thus controlled (Karimi, 2008; Shaffii & Azargashb, 2008). An

insufficient understanding on students' perception may end up in misleading and have a negative effect on the training schedule. The nursing instructors must be aware of the students' perception before the training begins (Leh, 2011).

Though some studies have been conducted in this field worldwide, the scientific findings in Iran on this issue are very low. It could be said that the complication of the community health nursing training has not been revealed yet. The findings in countries, which have dealt with this issue, indicate different sentiments regarding the training aspect. In some studies, the trainees have reported stressful and nervous training atmosphere, unreal expectations and predetermined ideas prior to the training process (Baglin & Sue, 2010; Dalton, Aber, & Fawcett, 2009; Eswi & El Saved, 2011; Murphy, Rosser, Bevan, Warner, & Jordan, 2012). Also insecurity, losing control, being isolated, anticipating a change of pace and interpreting the value of community health nursing were reported in Leh's findings (Sandra Kundrik Leh, 2006); However in some studies, positive sense, enjoyment, satisfaction and attraction, increase in self-confidence and comfort have been prevailed (Dalton et al., 2009; Eswi & El Sayed, 2011; Simpson et al., 2002; Webster et al., 2010).

Review of the literature indicates that information about students' perception of community training in Iran is inadequate. Therefore, it seems that conducting qualitative studies would provide the necessary knowledge for the instructors, students, planners and all the others involved in this endeavor. This study provides in-depth information about the community health nursing training and promotes its quality. This would lead to having competent and skilled community health nurses.

Aim

The aim of this grounded theory study was to explain the nursing students' perception regarding the community health nursing training.

Materials and Methods

A grounded theory approach was used to conduct this study. Grounded theory is a qualitative study method which was first introduced by Glaser and Strauss (1967), and is rooted in the symbolic interaction (Hossein Karimi Moonaghi, Dabbaghi, Oskouie, & Binaghi, 2010). It is used when little research has been done and in-depth information of the phenomenon are needed to be described (Mtshali, 2009). This method was thus appropriate in the present work because there are few researches about the perception of students on the community health nursing training.

Here 14 BSc students of nursing at the 5th and the 8th semesters were selected from the Nursing

& Midwifery Faculty of University of Medical Sciences. Their age range was 20-25 years. Half of the participants were at 5th semester and the other half were at 8th semester. The male-female ratio was 1:1. Three participants were married. The students of both semesters have been trained in vaccination, motherchild care, midwifery and environmental health units. The semester 8 students, in addition to these trainings, had served in health centers and passed training sessions at schools, homes and factories. The training period for the 5th semester and 8th semester students was 2 and 5 weeks, respectively.

The Ethics Committee of University of Medical Sciences approved the study (Jan 2011, License No. 89429). The participants were assured of the confidentially, informed consent, right to exit from study at any time, and to select the time and place of interview by the agreement with the participants, and anonymity. Before the interview, the participants were informed about the oral and written information about the study's objectives, and their consent was obtained.

The data required were gathered through semi-structured interviews during 2010-2011. The participants who had at least one course of the community health nursing training were selected. They had adequate information on the issue and were seeking to enrich their knowledge by sharing it with the researcher and devoting time to the task. On the last day of the community health nursing training, the researcher made a visit to the centers where the trainees were assigned to and did interview based on purposive and theoretical samplings. The researcher used probing questions to discover deep data. The probing questions such as: "Can you explain more about this?" and "When you say ... what do you mean?" All interviews were recorded by a digital recorder and then transcribed verbatim. The interviews lasted 45-60 minutes and the sampling was continued until data saturation.

As the analysis of the data was advancing, theoretical sampling for obtaining the subsequent data was done. Theoretical sampling includes data gathering process in a manner that the analyzer would be able to analyze and code the data simultaneously, and to decide what other data should be collected for the next stage and where from, in order to develop and introduce a theory (Boswell & Cannon, 2007; Salsali, Fakhr Movahedi, & Cheraghi, 2007). Here, in accordance with the usual concept of grounded theory, data gathering and data analysis were done simultaneously.

In this study, the data obtained were analyzed through constant comparative method, open coding, axial coding, and selective coding according to Strauss and Corbin's method. In order to obtain the similarities and differences, the open codes of each interview were compared with those of other interviews. In axial coding, the coding paradigm is applied. This paradigm concentrates on the casual conditions of phenomena, intervening conditions, action/interaction, and consequences that create a conjunction among the categories (Creswell, 2007; Mtshali, 2009; Salsali et al., 2007). At this stage, the similar codes were set in one category and a connection was made between the categories and subcategories. At the selective coding stage, the perception of students was emerged as the main category. The use of MAXqda software helped the researcher to organize the textual data into codes and facilitate the management of a large volume of texts.

For increasing the rigor and trustworthiness of the data, the following methods were adopted: Prolong engagement with the data by reading the data for many times, member check by discussing the semantic results with the participants in order to determine whether these descriptions reflected their experiences or not, peer debriefing by the colleagues, determining how to selection the participants, and complete explanation on the study stages.

Results

The perception of students was emerged as the main category after analysis of the data, and the related subcategories were obtained (Table 1).

The Mentality About the Training

The category of mentality about the training includes the following 3 subcategories: limiting the training to vaccination, Rest and entertainment opportunity, and lightness and easiness of the task.

Limiting the Training to Vaccination. The trainees believed that the community health nursing training is limited to the vaccination unit and it would be the area where they would spend most of their time. They had good mentality about the vaccination unit. Here are a few comments on the issue by the trainees: *Well, for me health care is merely the vaccination unit; go to other units like midwifery, family heath and alike. (A male Student 3)*

Our perception was that we go there and do only vaccination. (Student 4)

Prior to training, the students should be equipped with the perception that the community health nursing training is not limited to vaccination only; otherwise, the response to the question: "What did you do?" would be. "We just did vaccination", that's all. (Student 5)

The first day we went, we knew that vaccination is good. (Student 3)

Rest and Entertainment Opportunities. The students perceived the training as a rest and

entertainment opportunity. Here is a comment on the issue by one of the trainees:

Training was very good; we thought it would provide a good opportunity to relax and get ready for the next training that was very hard. (Student 10)

Before training, the students believed that they would have much free time and could study for preparing to MSc exam. The comments of two students are as follows:

We found free time for studying for MSc exam. (Student 7)

Every student likes the community health nursing training because it is very comfort. (Student 8)

Lightness and Easiness of the Task. To the trainees, this program seems light and easy; therefore, it is not dealt with seriously. Here are a few comments on the issue by the trainees:

The themes are very easy and sometimes, even funny. For example, how high the class ceiling in a school should be! (Student 8)

The community health nursing training is the easiest comparing to other trainings programs. (Student 9)

The community health nursing training in the health centers is not as heavy as the training we get in the CCU, ICU and Dialysis centers. (Student 14)

The new group of the trainees asked questions from the previous groups regarding the program and this had an effect on their perception. In this respect, the following statement tells the whole story;

I asked the senior students about the community health mursing training; the answer was that this would be the easiest training course in all of your life, and I entered the training course with this belief. (Student 11)

The Medical-Oriented Vision

This category contains 2 subcategories: The position of community health nursing and no need to learning the training subjects due to their non-applicability.

The Position of Community Health Nursing. Most of the participants had the opinion that nursing does not have any position in the public health centers, but it has some position in the hospitals. They separated nursing from health care:

The role of nurses in the health care center is not fixed yet; they have no role over there. (Student 11)

We are nurses, and now we do belong neither to the health care nor to the health assistance groupings. (Student 1)

The nurse mainly works in urban hospitals, and there is no such a position for him/her in rural areas. (Student 2) No Need to Learning the Training Subjects Due to Their Non-Applicability. Data analysis indicated that the subjects covered in the community health nursing training are of no use in the trainees' future career as nurses for working in hospitals. Here are a few comments on the issue by the trainees:

The texts of health we read in the university will not be useful in the hospital. (Student 13)

I was telling myself that since you are not going to work here, then there is no use to ask the clients: What has happened? Or is this common in your family? I did not have any motivation to learn well because this is not my place in the future. (Student 10)

I do not think that there would be a need in public health for my services. (Student 1)

I do not need this much information because I am not a midwife; if I get as much knowledge about this as a pregnant women gets in the mother and child health course. (Student 11)

Accordingly, they believe that they do not need to get the community health nursing training. One student said:

We have concluded that there is no need for this, because it is not our job. (Student 1)

Discussion

The findings of this study revealed that nursing students have an incorrect attitude towards the community health nursing training. It was also found that only the perception on vaccination has been positive, and they all considered it as an important element in their training. The positive attitude and interest to vaccination were the reinforcement factors for gaining competency in vaccination in Nikula's findings too (Nikula, Rapola, Hupli, & Leino-Kilpi, 2009). Although positive mentality causes responsibility in the students, and increases their effort for learning vaccination, but in contrast, in other aspects of the training like home visit. rural area visit, mother-child care. environmental health, etc; the potential of learning would be low among the students.

The students in this work found the community health nursing training as an opportunity for rest and entertainment. Such a viewpoint influences their reflection, behavior, efforts for learning, and participation in services delivery. This mentality makes them passive trainees that would not have high motivation in the training and would not fulfill the aims of the training; therefore, the productivity of the training would be low (Heidary et al., 2012; Sandra Kundrik Leh, 2007). Similar to a report by Leh (2011), this training schedule was very light and easy compared with other nursing trainings in the hospital, and the students did not believe in the

seriousness of the community health nursing training. It was found that even the medical society did not value the community health nursing (Leh, 2011). The findings of this study support Happell's findings where the trainees considered the program as a static and not a worthy one (Happell, 1998). However, in Murphy's study, no difference was observed between the hospital trainings and the community health training, though health visiting had low score in comparison with other training courses (Murphy et al., 2012).

The students, contrary to the curriculum of nursing, believed that nursing's position belongs only to the hospital. In other words, the curriculum of nursing is community- oriented, but in practice, nursing students are medical-oriented vision, which contradicts with the philosophy of nursing (Heidary et al., 2012). In Vaismoradi's study, the students reported that they have to pass community courses but there is not any community health nurse in the health system (Vaismoradi, Salsali, & Ahmadi, 2011). Usually the nursing students have the opinion that only those nurses who serve in hospitals are the real ones (Baylor, 2009; Valaitis, Rajisic Christinal, & Cohen. 2008). Most students enter this field with a medical oriented vision (Hart, 2011). The findings of O'shea, Happell and Valaitis indicated that nursing students do not value the community health nursing: rather they prefer to serve in hospitals, and their advance in their career is only achieved through serving in a hospital (Happell, 1998; O'Shea, 2009; Valaitis et al., 2008). Mtshali's results express that the curriculum of nursing field is based on biomedical model with a major concentration on the treatment aspect rather than preventive (Mtshali, 2009). Such an attitude causes the nursing students not to have holistic view in health care delivery to the clients; this reduces the enthusiasm for learning, leading to an incomplete competency in this field, which is detrimental for the society as a whole.

According to the results obtained from this study, the students believed that it is not necessary for them to learn the community health nursing training subjects because they are not useful in the future for the career advancement. In this respect, the results of Saberian's study indicated that 20.51% of the participants believed that there is no relation between community health nursing and the nursing profession (Saberian, 2003). The finding of Hart showed that, the students claimed that they do not need to take the community health nursing training, because it is tiresome and unyielding (Hart, 2011). When they do not understand the importance of health training in their future carrier, it would be hard for them to begin to learn seriously.

Conclusion

The inappropriate perception regarding the community health nursing training among the nursing students would lead to a decrease in its productivity and the nursing graduates would not be gaining the competence to fulfill the requirements of the health delivery system. Therefore, the authorities and the instructors in charge must find different approaches like group discussions, classes and workshops for justification of the issue at hand in order to resolve this predicament and make the issue vivid and transparent in the students' perception.

Implications

The findings of this study could help the nursing training educators to devise methods to improve the perception of the students towards the community health nursing training and promote their enthusiasm in this respect. Without positive experience and concrete outcome thereof, the potential for having professional community health nurses who would serve the purpose is slim. Also the concepts emerged in this study can be capital for searching in this area in the future.

One of the limitations of this study was that unlike the 8^{th} semester nursing students, those in the 5^{th} semester did not have any experience regarding the health homes and the health visit.

Table 1: The main category and the subcategories of the students' perception of the community health nursing training		
Main category	Subcategories 1	Subcategories 2
	The mentality about the	Limiting the training to vaccination
	training	Rest and entertainment opportunity
		Lightness and easiness of the task
Students' perception	The medical-oriented vision	The position of community health nursing
		No need to learn the training subjects due to
		their non applicability

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