



## Research paper

# Description of community health nursing education process during training and field training courses: A qualitative study

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## ABSTRACT

**Introduction:** The performance of community health nurses depends on a comprehensive collection of scientific and practical competencies that can be acquired through training courses in the nursing curriculum.

**Aim:** The present study is an attempt to describe the process of community health nursing education during the training and field training courses.

**Material and methods:** This study was conducted using a grounded theory approach. In total, 14 undergraduate nursing students, 13 employees in health centers and 10 faculty member instructors participated in this study. The population was sampled through purposeful and theoretical sampling. The data were collected through semi-structured interviews through January to December 2019. Data analysis was conducted using Strauss and Corbin (1998) approach and by the Maxqda software.

**Results and discussion:** The theory of ‘dichotomy of motivation’ which includes four main concepts namely: professional identity, educational atmosphere, accountability and efficiency, was extracted from the data. Professional identity and educational atmosphere provided the ground for dichotomy of motivation in participants. These concepts were followed by a spectrum of accountabilities which led to a different spectrum of efficiency in the training courses.

**Conclusions:** The theory of dichotomy of motivation, described the nursing training process in the training courses and the role of training in the field of community health. Professional identity, educational environment and accountability, are important concepts that affect this process. This study revealed the problems and obstacles in the health training courses for managers, instructors and employees so that the necessary measures may be taken to improve the efficiency of training courses.

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## 1. INTRODUCTION

Despite the importance of community health training, studies show that the students, instructors, employees and relevant training environments are facing various challenges, some of which are only superficially dealt with.<sup>1</sup> These challenges include the low efficiency of the field training courses to gain holistic and community orientated attitudes in nursing,<sup>2</sup> poor close communication with community resources and families in particular, during field training,<sup>3</sup> lack of community health nursing role assignments to the students<sup>4</sup> the gap between theoretical courses, training and clinical services<sup>4</sup> students' mentality towards the community health training that can promote or demote learning by affecting their ideology, behavior and attitudes<sup>5</sup> occurrence of negative emotions such as stress and anxiety in students during training courses<sup>6,7</sup> the limited ability of graduates in provision of health care services outside hospitals,<sup>8</sup> ineffective clinical instructors and training implementation managers,<sup>4</sup> poor pre- and post-training skills,<sup>9</sup> inadequate communication, instructor orientation<sup>10</sup> and lack of support for students by the instructors.<sup>11</sup> These problems affect the future of nursing profession and make it necessary to study and recognize the current trends in the community health and nursing field training courses.<sup>12,13</sup> However, despite what was said on the importance of this subject matter, studies show that community health nursing education has rarely been studied in Iran, very few studies have been published in this field and its complexities have not yet been revealed. Therefore, the grounded theory approach was selected in the present study to answer the following question: What is the process of community health nursing education followed in training and field training courses?

## 2. MATERIAL AND METHODS

The present grounded theory-based Qualitative study was conducted from January 2019 to December 2019. The research area included three urban health centers covered by the Health Center No. 3 in the city of Mashhad, two health houses covered by Shandiz and Torghabeh' Health Center and School of Nursing and Midwifery at university of Mashhad. In this study, observation was conducted through participant observation that is both the researcher and participants attended the research areas and observed the processes. In other words, in some cases, the researcher acted as the students' instructor and was responsible for education of students all day long. With longer presence in the environment, The Researcher attempted to neutralize the effect of his presence on the participants. Participants included 10 instructors in the School of Nursing and Midwifery, Department of Health,<sup>14</sup> undergraduate nursing students and 13 experienced employees of health centers and health houses where community health nursing education sessions were held. Due to the small number of instructors in the Department of Health at the School of Nursing and

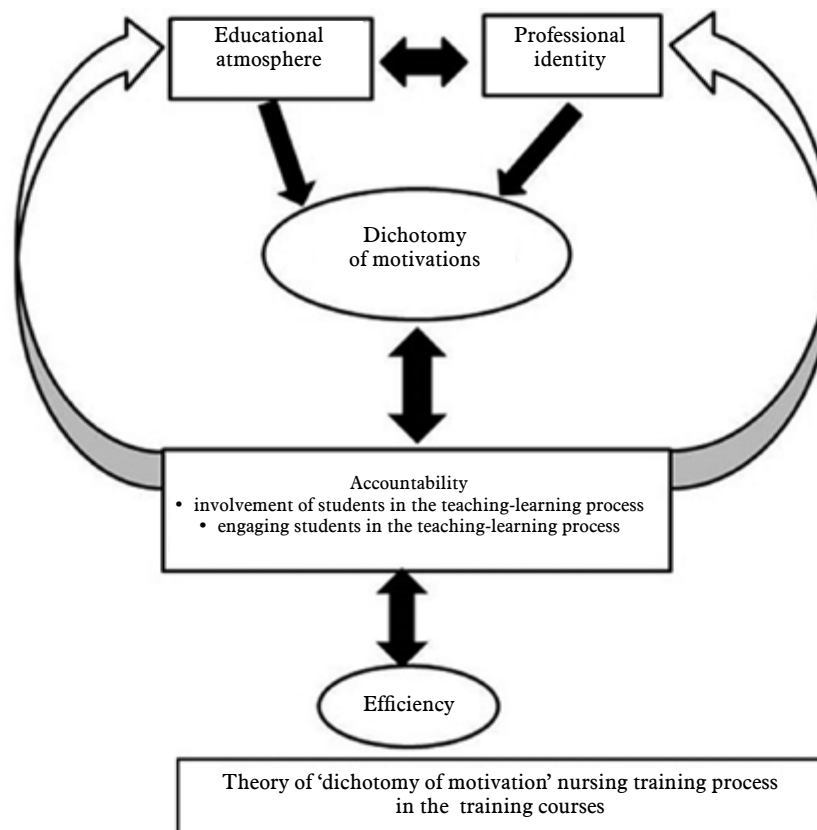
Midwifery, 6 instructors of nursing schools from Razavi, North and South Khorasan were selected as participants of the study. Nursing students were 20–25 years old and their mean age was 22.2 years. The instructors were 26–58 years old, and their mean age was 43 years. The employees were 26–45 years old and their mean age was 22.3 years.

The study started by purposive sampling and continued by theoretical sampling with maximum diversity. The inclusion criteria included: tendency to participate in the study, students' participation in at least one community health nursing education and at least one year of work experience at the community health nursing field education (for employees and instructors). The exclusion criteria included the participants' reluctance to participate in the study during the interview or after that. In order to observing the maximum diversity, attempts were made to select participants who were different in terms of age, experience and place of employment. Sampling continued until data saturation and duplication was reached. The data collection was conducted through individual, telephone, and in person interviews as well as semi-structured observations. At the beginning of the interview, some questions about personal characteristics were orally asked. After that the interview was conducted with open-ended questions such as: What do you do on a typical day of community health nursing education? What did it feel like when you were informed about the Community Health education Program? Please narrate a pleasant or unpleasant experience associated with community health nursing education that you will never forget. In addition, probing questions were used if necessary.

In this study, data analysis was performed through the method proposed by Strauss and Corbin 1998 that consisted of three steps: open coding, axial coding and selective coding. All the three steps were conducted simultaneously and continually together with data collection.<sup>12</sup> To relate the classes to the central class. MAXQDA 12 (VERBI Software Sozialforschung GmbH, Berlin, Germany) was used for data management. In this study, the validity and robustness of the findings were evaluated by Guba and Lincoln's four criteria namely credibility, transferability, dependability and conformability<sup>12</sup> long-term involvement and continuous observation, review by colleagues, review by members and triangulation techniques were used to determine the credibility of the findings. In order to fulfill the criteria of transferability, the researcher has provided rich descriptions of the participants in research environments so that other researchers can easily evaluate the findings applications in other areas.

## 3. RESULTS

Analysis of data collected from the participants in this study led to extraction of four main classes namely: (1) professional identity, (2) educational atmosphere, (3) accountability, and (4) efficiency: as well as 21 subclasses each partly describing



**Figure 1. The relationship between the main classes based on the paradigm.**

the overall process of the community health nursing education. According to the paradigm model these classes can be demonstrated as causal conditions, practical/interactive strategies, consequences and mediating circumstances.

### 3.1. Causal conditions: Professional identity

The professional identity class includes 5 subclasses namely role description, lack of specific positions for nurses in health care centers, enthusiasm, unclear philosophy of training and recognition of nursing profession. The class leads to motivation or lack of motivation in participants. In other words, there was a dichotomy here. Some subclasses of this class are described in the following section.

#### Role description

The results showed that undergraduate nursing students are not provided with enough information and training about their tasks, roles, capabilities, positions and the services they can provide as a nurse at the community level. One of the students stated that: 'first of all, the objectives of this training course are not clear, and no one explains these objectives in advance.' The employees in different units of health centers were not familiar with the nursing profession and were not provided with the necessary information in this regard, so that they were even unaware of the objectives, programs and contents of the community health nursing education courses. One of the employees stated that: 'currently I am unaware of the training courses' objectives.'

#### The lack of a specific position for nurses in health centers

The majority of participants stated that nurses have no position in rural and urban health centers and no organizational position is considered for nurses in these centers. One of the instructors stated: 'there is no nurse in the health centers, and health technicians or experts usually work in these centers, as if there is no place for nursing organizational chart in these centers.'

#### The unclear philosophy of training courses

The philosophy of health training courses was unclear for the students and employees. Neither students nor the employees didn't know why students should attend training courses at health centers. In this regard, one of the students stated that: 'the fact that nurses have no specific position in these centers is really shocking. If they don't have any position here, why should they come here? Why are these training courses held here? We have to pass these courses, while we have no specific role or position in these centers.'

### 3.2. Mediating conditions: Educational atmosphere

In this study, the educational atmosphere was investigated according to 9 subclasses including: medical-orientation, reception of students by the employees and parents, adequacy of resources, deficiency of prerequisites, planning problems, satisfaction, unwillingness to cooperate, passivity and time-wasting, fear and anxiety.

### **Medical orientation**

According to the data obtained from the study, the students and employees who followed the biomedical model were medical-oriented. They focused mainly on medical aspects of health care and paid less attention to prevention and health promotion. One of the students said: ‘the main task of nurses is to partly restore patients’ health through clinical activities, training, or anything else. In hospitals, they are supposed to restore health mainly through health care, medication or speech-language pathology...’

### **Reception of students by the employees and parents**

The results indicated a contradiction in relation to reception of students by the employees and clients. In other words, there was a dichotomy in this regard. Based on the findings, some employees were delighted to see students in health centers, some were indifferent, which means they felt neither happy nor sad. In this regard, one of the employees stated: ‘their presence in these centers doesn’t make any difference for us, because in any case they will come here and we will tell them what to do. Their presence here is neither delighting nor irritating.’

### **Planning problems**

The results show the planning and management of the health training courses are associated with some problems. In the community health education courses, the environmental conditions, programs and coordination were so poorly planned that the plans could undergo disruptions at any moment created and the instructors and practitioners were forced to change their plans. In this regard, one of the instructors said: ‘You cannot have any careful planning. Plans depend on the number of clients, your chances, and the weather.’

### **Satisfaction**

The findings indicated that there was a dichotomy in terms of students’ satisfaction with health training courses. Their satisfaction with the training courses ranged from full satisfaction to dissatisfaction. Although students attend health training courses in the 5<sup>th</sup> and 8<sup>th</sup> semester, they seemed to have no experience of intramuscular and subcutaneous injection to infants and children. Thus, these injections practices were enjoyable for them. One of the students stated that ‘we practiced vaccine injection for the first time and it was really enjoyable.’ Contrary to the above descriptions, some other data indicated dissatisfaction of students with the health training courses. They felt that during the training courses, they didn’t provide the clients with any important services and therefore felt unhelpful. One of the student said: ‘I didn’t feel to be helpful at all, rather I believed that the services I provided to people were so poor.’

### **Unwillingness to cooperate**

The findings of the study showed that the health care centers’ employees were not willing to engage students in pro-

viding services to clients and to assume responsibility for training the students. Such that, sometimes the students were willing to learn some points but the employees were not willing to teach them: one student said: ‘We went to the employees to ask some questions, but we were not received by them. In general, they were not much willing to help us.’

### **3.3. Interactive- Practical Strategies: accountability**

In this study, the accountability was investigated under 4 subclasses: employees’ enthusiasm, lack of support, involvement of students in the teaching-learning process, and engaging students in the teaching-learning process. The accountability level of the employees, instructors and students differed based on their motivation status, therefore they showed different behaviors. In other words, they behavior lied on a spectrum with behaviors resulting from accountability on the one extreme and the behaviors resulting from lack of accountability on the other extreme. Each of these classes will be explained in the following section.

#### **Employees’ enthusiasm**

Employees’ enthusiasm is one of the accountability facilitating factors. Health care workers liked to assume responsibility for training the students by adopting appropriate behavior toward the students and providing the ground for their satisfaction, so that In addition to learning, the students may develop good feelings about the employees. One of the employees said: ‘I would love to have the same positive points I have always wanted my instructors to have, so that the students can at least have good feelings about us.’

#### **Engaging the students in the teaching-learning process**

The results of the study indicated that the employees and instructors showed ambivalent behaviors while training the students. In other words, some of them didn’t engage students in the teaching-learning process, while some other did. This subclass consists of four other classes, including educational discipline, fitness of educational programs, cooperation fitness and the multiplicity of teaching methods.

#### **Educational discipline**

According to the findings, during the training courses, the instructors and employees considered specific rules, regulations, duties and obligations for students, and students were required to observe them. For example, consideration of negative points for the absent students. Carefulness the observance of principles while conducting different affairs are other examples of these rules and obligations in this regard. One of the teachers stated that ‘training that must be given to the mothers are of greatest importance here. In other words, the necessary training must be given to parents after their child is vaccinated, in addition parents must be informed of the possible vaccination complications as well as the acetaminophen dosage that should be given to children. Training should be given to parents at the same time vac-

ination is being done and mothers must not be discharged before receiving the necessary training.’

### 3.4. Implication: efficiency

This category refers to the failure to take efficient and full advantage of the capacity and training hours of the community health nursing education and includes four subcategories (attitude, poor efficiency, incomprehensive learning, and feeling of hatred) are. The efficiency of community health nursing education courses lies on a spectrum with imperfect efficiency at one extreme and perfect efficiency at the other.

#### Poor efficiency

At the end of the training courses, some students believed that the community health nursing education courses have not been helpful. In this regard, we can cite one of the students: ‘this was one of the most unhelpful training courses I have ever experience.’

#### Incomprehensive learning

According to the findings, during the training courses, the students got to know about the process, tasks and roles of various units in the health system of the country, such as provincial health centers, urban and rural health centers, health posts and health houses, in maintaining and promoting community health. In this regard, one of the students stated that: ‘The instructor spoke to us, and we got to know about the health center a little bit.’ The findings of the study showed that due to the fact that female students could attend sectors such as mother and child and midwifery and provide the clients with services such as contraception, growth and development of children and prenatal care that could be of great use to themselves in the future, the efficiency of these courses was higher for female students. One of the instructors said: ‘these training courses are mostly related to what ladies usually do and are satisfied with, because they learn lessons that come in handy in their own life and experience many other things.’

#### Hatred

Hatred is a consequence of efficiency. When the training courses come to an end and students understand that they have no learned many useful things, have not been much helpful, and have just wasted their own time, they develop a feeling of hatred. One of the instructors argued that: ‘on the last day of training course I asked students to write down their comments candidly. Some of the students wrote: I hope health nursing would be omitted from the nursing curriculum, because this course is just a pain in the neck. We didn’t learn anything during this course.’

#### Phenomenon: Dichotomy of motivation

According to the findings, the motivation among participants, especially the students and employees lied in a spectrum with motivatedness at one end and motivelessness at the other. The participants could be placed at different parts

of the spectrum. In other words, motivation dichotomy was evident in participants’ experiences. Many factors such as role description, lack of specific positions for the nurses in health centers, students enthusiasm, unclear philosophy of training courses, recognition of nursing profession, medical-orientation, reception of students by the employees and parents, adequacy of resources, deficiency of prerequisites, planning problems, satisfaction, unwillingness to cooperate, passivity and waste of time, as well as fear and anxiety led to dichotomy of motivation. This dichotomy was more prevalent among students as compared to the employees and more prevalent among the employees as compared to the instructors. As one of the students said: ‘I didn’t have any motivation (for example hope to work at this center) to learn and master the lessons during this course.’ However, disinterest and motivelessness of the students also reduced the employees and instructors’ motivation and effort for teaching the students during the training course. But they don’t seem to be interested in learning these lessons and this makes me lose my motivation to teach the health courses: ‘When I’m talking about tuberculosis, for example, they just look at me as if they are quite indifferent, and that’s why I stop teaching.’

Contrary to the foregoing information, other findings indicate motivatedness of students, employees and instructors in this regard. Students’ efforts and activities reflect their motivatedness. The following sentences indicate the interest in the students: ‘I have liked all the training courses so far; in fact I have always been positive about all the training courses before participating in them and tried to take good care of everything to prevent bad memories and take full advantage of the courses.’ In addition, according to some findings, disinterest and motivelessness of students have not affected students and employees motivation whatsoever. They have tried in every situation in engage students in learning and providing services to clients in different sectors. The words of two employees and instructors can prove this: ‘the students disinterest doesn’t make me any excuse for inaction; I try my best to teach the disinterested students during as many training courses as possible...’; ‘I didn’t feel obliged to make the disinterested students learn the lessons, because the interested students always give me motivations, even if 2 in every 10 students are interested.’

#### Research hypothesis

Professional identity is the main concern of students, employees and instructors (participants) in community health nursing education courses and can be regarded as a social problem. This phenomenon leads to recognition of the nursing profession. Motivation of participants is variable. Depending on their professional identity status or level of familiarity with the nursing profession. In other words, there is a bilateral relationship between professional identity and dichotomy of motivation. Accountability that emerges as a result of dichotomy of motivation is the participants’ strategy to deal with this problem. Efficiency is the resultant of this strategy depending on the impact of educational atmo-

sphere (as facilitating or hindering factor) on professional identity and dichotomy of motivation, may range from sufficient to insufficient.

## 4. DISCUSSION

In this section the main classes and the central class that constitute the community health nurse education in the training and field training courses will be discussed.

### 4.1. Professional identity

The findings of the present study showed that the students were not given adequate training on various nurse roles, tasks and their status. The training courses in the nursing schools were medical-centered and mainly focused on the medical roles. Conducted by Nikbakht and Nasrabadi (2006) also reported that the nursing curriculum in Iran is mainly focused on the biomedical model rather than caregiving or humanistic approaches.<sup>13</sup> The results of Mtshali (2009)<sup>10</sup> and Ildarabadi (2013)<sup>14</sup> also confirm this point. In the present study, lack of specific position for nurses in the health centers was extracted from the data as one of the factors affecting the formation of nursing identity. In the Adib-Haj Bagheri (2013) the participants stated that they work in hospitals, have no official role in the community and the Ministry of Health has defined no specific position for them in hospitals.<sup>15</sup> The results of O'Shea (2009) also showed that students usually undervalue the community health nursing and prefer to work in hospitals.<sup>16</sup> Such an attitude causes students to ignore some health aspects in providing services to clients and this causes numerous problems in community health securement. Currently, the majority of Iranian nurses work in hospitals and their role in the health system is limited to provision of acute care.<sup>17</sup>

### 4.2. Educational atmosphere

According to the findings of this study, the health centers and health houses have no proper atmosphere for learning. Lack of trust, non-reception of students by the employees and clients, inappropriate attitudes and communication, disruption in employees work and their unwillingness to cooperate were some of the problems in these centers which decreases the motivation of students, employees and instructors. In the Cheraghi (2008) inappropriate clinical learning environment was one of the classes extracted from the data.<sup>18</sup> Nicolas (2009), emphasized on favorable educational environment as an important factor affecting the students' performance and learning. Cooperation of the employees in assigning tasks to students and the large number of clients are the most important factors in learning. The results of Nicolas study showed that good social environment and friendly, pleasant, as well as a supportive positive atmosphere are among the competence reinforcement factors.<sup>19</sup>

### 4.3. Accountability

The results of the present study indicated dichotomy of accountability among employees, instructors and students. The motivation of individuals can determine their accountability. Therefore, depending on the individuals' accountability, their cooperation and activity types varied in the teaching-learning process. The instructors and employees considered certain rules and regulations like impermissible absence, mandatory training classes, submission of assignments and reports. Khademal Hosseini (2009) reported a dichotomy of educational discipline in the results of his study.<sup>20</sup> This difference can probably be attributed to the fact that students in the present study did not have the necessary motivation and enthusiasm and the, instructors and employees may have intended to prevent the passivity of students in this way.

### 4.4. Efficiency

Efficiency was the consequence of community health nursing education during training and field training courses. Efficiency was high in some sectors, such as vaccination and mother and child, but in other sectors such as health, diseases combating, obstetrics, visits and villages, efficiency was low. Therefore, in such circumstances, students failed to fully acquire the knowledge, attitudes and skills required for the nursing profession. In Mtshaly (2009) the community-based educations in South Africa led to graduation of people who were not able to meet the needs of most people in the community.<sup>10</sup> In Delaram (2011), the efficiency in the five domains of clinical education was moderate from the viewpoints of students.<sup>21</sup> Limitations of the present study include low number of instructors in Department of Health, School of Nursing and Midwifery, in Mashhad and lack of appropriate facilities for interview conduction. In addition, the influence of researcher on the behavior of participants cannot be ignored in this regard.

## 5. CONCLUSIONS

The results of the present study showed that the ongoing process of community health nursing education during training and field training courses needs to be improved. Since the target population in community health nursing is the general public, it is essential to hold educational programs to better communicate with the public. Also, due to the wide range of community health nursing missions, it is necessary to implement integrated and holistic programs to better cover its goals.

### Conflict of interest

None declared.

### Funding

None declared.

## Ethics

Ethical principles in this research include letter of introduction, written consent of participants for recording interviews with observance of anonymity and confidentiality while allowing the participants to leave the study by their own accord.

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