

**Baccalaureate Nursing Students' Perceptions of Community
Health Nursing as a Career**

Maame Akyaa Duah, RN, BScN

Thesis submitted to the

Faculty of Graduate and Postdoctoral Studies
In partial fulfillment of the requirements
for the degree of Masters of Science in Nursing
Program

University of Ottawa

© Maame Akyaa Duah, Ottawa, Canada, 2015

Abstract

Background: There has been an increasing shift in patient care from the acute hospital setting to the community. Nurses play an essential role as part of the community health care workforce; however, only a limited number of baccalaureate nursing students tend to choose a career in community health nursing after graduation. There is currently a gap in knowledge surrounding nursing students' perception of a career in Community Health Nursing and the issues influencing their career choice upon graduation.

Purpose: To explore issues that influence career choice in community health nursing from the perspective of baccalaureate nursing students.

Research Methodology: The study was guided by a descriptive qualitative research approach. Individual semi-guided interviews and focus groups were conducted with 11 nursing students and a group of key stakeholders to share their thoughts on pursuing a career in community health nursing and the factors that enabled or hindered their decision making. Thematic analysis of the interview and focus group data generated relevant themes.

Findings: Five major themes were revealed from study. These are 1) defining community health nursing, 2) the clinical practicum experience, 3) stereotypes of community health nursing, 4) societal trends and expectations, and 5) issues influencing career choice in community health nursing.

Discussion and Implications: The personal and contextual factors influencing the perceptions and attitudes of students towards pursuing community health nursing were discussed. Existing literature was integrated into the discussion of the many factors that both motivated and hindered baccalaureate nursing students from pursuing community health nursing. The underrepresentation of new graduates in community health nursing calls for directed efforts by community health nursing organizations and the university to improve the situation. Conscientious efforts need to be made to provide students with knowledge and information surrounding the roles of community health nurses and the opportunities for nursing students and nurses in community health nursing settings.

Conclusion: There is a need to increase awareness about community health nursing in order for nursing students to understand the importance and impact it has on the health status of communities and healthcare delivery infrastructure. Nursing education programs would be an ideal platform for this awareness-raising and facilitate student nurses decision to pursue community health nursing as a career.

Keywords: community health nursing, career choice, undergraduate nursing, students

Dedication

This thesis is dedicated to my wonderful husband, Wilfred and my beautiful children, Myra Ami and George Mevado III, my greatest sources of motivation. Thank you for your love, support, patience, and the sacrifices you made throughout my academic career.

Wilfred, I cannot possibly thank you enough for all of your support, and encouragement over the years. I am eternally grateful... I love you, always.

As well, to my parents, none of this would have been possible without you, I will forever be thankful.

Acknowledgements

Foremost, I would like to thank the nursing students who participated in the study. Their time is well appreciated and their stories have shed new light into current understanding of why baccalaureate nursing students may or may not choose a career in community health nursing. I would like to express my sincere gratitude and appreciation to my Thesis Supervisor Professor Josephine Etowa for her continuous support throughout my Master's research. Throughout the research and thesis writing she believed in me, and provided me with sound advice, motivation, encouragement and patience. I could not have imagined having a better supervisor and mentor for my Master's study.

I would like to thank my thesis committee members Dr. J. Craig Phillips and Ms. Esther Moghadam for their insightful comments that positively guided me in the right direction. Your knowledge and expertise were abundant and indispensable.

Most importantly, my deepest gratitude to my parents, who supported and encouraged me throughout my entire Master's program. None of this would have been possible without you. My heartfelt gratitude to, my husband, Wilfred Agbenyikey and our children, Myra Ami and George Mevado III, thank you for being my biggest inspiration and motivation to get me where I am today. My sincere gratitude to my siblings, Kate, Akua, Kofi and PJ who did all they could to assist me along the way including assisting with transcription! This has truly been a family project, and I would be forever grateful to you all.

I would also like to *thank God*, whose many blessings have made me who I am today.

Table of Contents

Abstract	ii
Dedication.....	iii
Acknowledgements	iv
Chapter One: Introduction	1
Research Purpose	2
Significance of the Study	3
History of Community Health Nursing in Canada	4
Current Trends in Healthcare	5
Canadian Community Health Nursing Practice Standards	7
Values and Beliefs of Public Health Nursing	9
Situating the Researcher	11
Chapter Two: Literature Review.....	13
Key Challenges Surrounding Community Health Nursing	13
Community Health Nursing Curriculum in Canada	15
Preconceptions of Nursing Students about Community Health Nursing Clinical Practicum	16
Global Recruitment and Retention Issues in Community Health Nursing.....	18
Chapter Three: Research Methodology.....	22
Research Setting.....	24
Sampling Method	24
Demographic Profile of the Participants.....	26
Data Collection Methods	27
Individual interviews.	27
Focus Groups	29
Data Analysis	30
Ethics and Protection of Human Rights	31
Trustworthiness of Data	32
<i>Dependability:</i>	32
<i>Credibility:</i>	33
<i>Transferability:</i>	33
<i>Confirmability:</i>	33
Chapter Four: Findings.....	35
Defining Community Health Nursing.....	37
The Clinical Practicum Experience.....	40
Lived up to nobody's expectations.	40
"Non-nursing" tasks and "non-nurse" preceptors.....	41
Meaningful engagement.....	42
Stereotypes of Community Health Nursing.....	44
"Pearls and pump nurses" in community.....	44
Community Health Nursing: "Not really nursing".....	45
Ambivalence in career choice.	46
The Easy Way Out:.....	47
Community Health Nursing: For the older generation:	47
Societal Trends and Expectations.....	48
Hospital nursing as the "norm."	48

"ICU or ER nurses are cool." This subtheme	49
NCLEX preparation and content/ nursing graduate guarantee initiative opportunities.....	49
Issues Influencing Career Choice in Community Health Nursing.....	50
The nature of nursing work: community vs. acute care. This subtheme.....	51
Job accessibility and incentives.....	55
Supportive working environment.....	56
Personal interests and family oriented lifestyle.	56
Pedagogy of teaching.....	57
Summary of Findings.....	64
Chapter Five: Discussion.....	65
Students' Definitions of Community Health Nursing.....	66
The Clinical Practicum Experience and Decision Making.....	69
Stereotypes and decision making.....	75
Societal trends, expectations and decision making	78
Pedagogy of teaching and decision making.....	80
Nursing skills and decision making	82
Nature of Nursing Work and its effects on Decision Making.....	85
Implications for Nursing Research.....	87
Implications for Nursing Practice.....	88
Implication for Nursing Education	89
Implications for Organizational Policy	95
Limitations	96
Conclusion	97
References	99
Appendix A-RECRUITMENT POSTER.....	114
Appendix B - INTERVIEW GUIDE.....	115
Appendix C- INTRODUCTION TO STUDY	116
Appendix D - PARTICIPANT DEMOGRAPHIC INFORMATION SHEET.....	117
Appendix E - INTERVIEW CONSENT FORM	118
Appendix F - FOCUS GROUP CONSENT FORM	121
Appendix G - ETHICS APPROVAL CERTIFICATE.....	124

List of Tables

Table 1 Cornerstones of Public Health Nursing.....	11
Table 2 Demographic Information of Participants.....	27
Table 3 Overview of Research Findings.....	35
Table 4 Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Student.....	73

Chapter One: Introduction

There has been a shift in patient care from the acute care setting to the community as a result of shortened hospital lengths of stay, our aging population needing specialty care and the growing number of people living with chronic illnesses requiring interventions and monitoring (MacLeod, 2010). Nurses play an essential role as community health care providers; they serve as an interface between acute and community care, using their skills and competencies in the delivery of continuous care. The role of community health nurses, however, still remains invisible in various arenas. Anecdotal evidence suggests that this invisibility may have an impact on the attitudes of baccalaureate nursing students towards pursuing careers in community health nursing upon completion of their program.

Furthermore, community health nursing is facing particular challenges in the education, recruitment, and retention of nurses (Med-Emerg Inc., 2006). Though the demands of community health nursing are growing, the training and preparation to meet this demand is not; students are not receiving adequate training in the preparation for community health nursing (Schofield et al., 2011). The Regulated Canadian Nursing Trends report from 2007-2011 highlights that 12.7% of regulated nurses work in community health nursing in Canada with 13.6% in the province of Ontario (Canadian Institute for Health Information, 2012). One key finding from the 1997-2007 National Community Health study from Underwood et al. (2009) was that community health nurses on average were older than the rest of the nursing professionals and fewer younger nurses were entering community health nursing. An emphasis has been placed on promoting community health nursing as a desirable and fulfilling career in order to meet the growing demands of community health care and to attract and retain nurses in the field. Schofield et al. (2011) re-iterate that because the community nursing workforce is

growing closer and closer to retirement, it is necessary to create an atmosphere that fosters the commitment of nurses currently working in community health nursing and appeal to and recruit students to work in community health settings.

This study explored the issues that influence career choice in community health nursing from the perspective of baccalaureate nursing students. In this chapter, the research purpose and its significance are first discussed. Second, a brief history of community health nursing in Canada is provided along with the current trends in healthcare as well as a description of the Canadian Community Health Nursing Practice Standards. This short history is followed by a recount of the values and beliefs that underpin public health nursing practice and the implications of these values and beliefs for community health practice. Lastly, the researcher is situated in the study.

Research Purpose

The purpose of this study was to explore issues that influence career choice in community health nursing from the perspective of baccalaureate nursing students. The study implored a qualitative research approach to explicate both personal and contextual factors that may influence the decision of the students to choose community health nursing.

The following research objectives were used to address various aspects of the study's purpose: a) to learn about the perceptions, knowledge, and attitudes of baccalaureate nursing students about a career in community health nursing; b) to understand the issues that influence the interest in and the choice of baccalaureate nursing students to pursue community health nursing; and c) to identify ways that increase motivation and awareness of community health nursing among undergraduate student nurses.

Significance of the Study

There is currently a gap in knowledge surrounding the perception that students have of a career in community health nursing. This study contributes to this knowledge gap. It has been reported that students and novice nurses are scarce in the community health nursing field (Cohen and Gregory, 2011; Schofield et al., 2011; MacLeod, 2010; Underwood et al., 2009). Further anecdotal evidence suggests that students show a lack of interest in community health nursing in both theory and clinical course placements (J. C. Phillips, Personal Communication, August 3, 2014). To date, however, there is no national, provincial, or regional study in Canada pertaining to the viewpoints of student nurses in regards to pursuing a career in community health nursing. It is beneficial to the profession to understand the personal and contextual factors that surround the decision to pursue community health nursing. As patient care increasingly shifts from hospital to community-based care, the demand for community health nurses is growing. Community health nurses are demonstrating a vital role in optimizing health, improving access to care and reducing the cost to the health care system. In order to meet the future demands for community health nurses, it is important to understand the factors that hinder or enable the attraction that students feel toward the field of community health nursing.

Results from this study can lead to further inquiry and could serve as a platform to start dialogue between community health nurse managers, policy-makers, educators, and nursing students or graduate nurses on this issue. The results from this study are not only useful in Canadian contexts, but also in international settings. Recruiting and attracting graduate nurses to community health nursing has been a challenge in many countries (Zahner et al., 2011; Happell, 1998; Cohen & Gregory, 2007). This study provides vital information to inform curriculum development, clinical placements, policy making, and recruitment planning.

History of Community Health Nursing in Canada

Community health nurses have made significant contributions to the development of the health system in Canada over the last century. To begin, the roots of a formalized system of community health nursing in Canada dates back to 1896, when Lady Ishbel Aberdeen identified emerging health and social needs and provided innovative services to help meet those needs (Victorian Order of Nurses [VON], 2009). In the late 1890s in Canada, there was a desperate need for doctors, nurses, and hospitals in remote areas and developing towns and cities where people were dying due to the lack of health services (VON, 2009). In order to resolve this issue, Lady Aberdeen formed the Victorian Order of Nurses to travel to these areas and provide care to those in need (VON, 2009). Another community health nursing leader was Janet Neilson, who became the first visiting nurse in Toronto in 1907. She cared for patients with Tuberculosis in their homes, school, and work areas. She also taught families how to care for their sick loved ones (Archives of Ontario, 2011). Provincial governments recognized the need for nurses to help meet the needs of their communities and the first provincial public health nursing service was established in Manitoba in 1916 by five nurses. British Columbia, Alberta, and Saskatchewan were among the first provinces to appoint a public health nurse. The main focus in these western provinces were child health stations in rural areas and the major cities as well as conducting home care nursing (Russell, 1925; Ruddy & Sullivan, 2010). In the 1930s, maternal death was the second most common cause of death of women of childbearing age and many children died before age one (Archives of Ontario, 2011). Through home visits, public health nurses in Ontario played a major role in educating new parents on healthy lifestyle choices and how to care for their new babies (Archives of Ontario, 2011). These are a few examples of the essential

contributions community health nurses have made to the development of Canada's health system and the variety of nursing and health services that are offered in communities across Canada.

Current Trends in Healthcare

The focus of health care services used to be entirely on hospital based care; however, there has been a shift from hospital services to the community. Advancements in the healthcare system such as the creation of community care clinics and outpatient clinics (where day surgeries and additional treatments or diagnostic testing are offered outside the hospital) have led to a reduction in hospital stays and in an increase in the necessity for community health nurses. There has also been the development of new practise and work settings for nurses. Traditional work places have shifted to include diverse settings such as community health centres, schools, street clinics, youth centres, shelters and nursing outposts. As well, the existence of diverse partners in these multiple settings is common to ensure that the health needs of specific populations can be met (Canadian Public Health Association [CPHA], 2010).

The dichotomy between community health nursing as a speciality and as a philosophy has been an ongoing debate. In Finland and Ireland, community health nursing refers to the work of public health nurses providing both curative care and primary prevention for different individuals. In countries such as the United Kingdom, United States, and Canada, on the other hand, educators and nursing organizations are determined to clarify the differences between public health nursing and community nursing (Leahy-Warren, 1998). Community health nursing needs to be well defined and illustrated in order for it to be well recognized as a specialty. For instance, there are nurses working in the community who do not even see themselves as community health nurses. This challenge needs to be addressed so that the role of community

health nurses becomes well recognized and understood (J. C. Phillips, Personal Communication, August 3, 2014).

A key component of community health nursing is primary health care. Primary health care is defined as "essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community. It is through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (World Health Organization [WHO], 1978). Primary health care is considered both a philosophy and an approach to the way health care services are delivered (McIntyre, 2003). It includes health promotion, disease prevention, curative services, rehabilitative care, and palliative care (Canadian Nurses Association [CNA], 2005). It involves a system where all healthcare professionals are knowledgeable and skilled in providing evidence-based care in order to improve patient outcomes.

Currently in Canada, little has been done within healthcare to plan for the evolving demographics of the population. The focus of social and health system policy have been placed on illness-based care. In turn, less focus is placed on the care of older persons living healthy lives at home, the aim of which is to prevent, delay, or manage chronic conditions and complications (Registered Nurses Association of Ontario [RNAO], 2014). It is therefore imperative to place focus on health promotion and continue to strengthen community care.

The healthcare delivery system is likely to continue experiencing major financial cuts in healthcare funding. This is in part due to the federal government failing to renew the Health Accord, which is anticipated to create additional burden on already constrained provincial funding. Nursing-led patient care in the community may be the most cost-effective use of limited

resources in this scenario.

The Action Plan for Health was introduced in January, 2012, by the Minister of Health and Long-Term Care in Ontario, which entailed “better client care through better value from our health care dollars” (Ministry of Health and Long-Term Care [MHLC], 2012). In short, this action plan calls for a shift of care towards the community. Along with changes in the population demographics of Ontario, care requirements are changing and becoming more complex; the strain placed on the health system and public resources will challenge sustainability of the health system in Ontario (MHLC, 2012). Studies have shown that receiving care at home is less expensive (Commission on the Reform of Ontario’s Public Services, 2012). In addition, clients prefer to receive care at home where they experience outcomes comparable to or even better than when cared for in institutional settings such as hospitals (Corwin et al., 2005; Leff et al., 2009). It is estimated that caring for seniors at home costs 67% less than care provided in a long-term care facility and 95% less than care provided in a hospital (Northeast LHIN, 2011). Nonetheless, despite the cost-effectiveness and the strong preference of the public towards non-institutionalized care, only 6% of the health budget of Ontario is dedicated to community-based care, while 34.7% is dedicated to hospitals and 7.7% to long-term care homes (MHLC, 2012).

Canadian Community Health Nursing Practice Standards

In 1985, Ontario was the only province to have developed its own Community Health Nursing Practice standards. At that time, there were no national community health nursing practice standards. In 1999, Community Health Nurses of Canada (CHNC) and the Community Health Nursing Initiatives Group of Ontario (CHNIG) collaborated to develop national standards for community health nursing practice. It took over 2 years to develop what is known today as the Canadian Community Health Nursing Practice Standards. The standards development process started with a national panel of expert community health nurses, followed by extensive

consultation with almost 1000 community health nurses across Canada (Community Health Nurses of Canada [CHNC], 2008).

The Canadian Community Health Nursing Practice Standards define the scope and expectations for the practice of community health nurses. The standards of practice allow for safe, ethical care, and support the ongoing development of community health nursing. They also demonstrate community health nursing as a specialty, provide a foundation for certification as a clinical specialty with the Canadian Nurses Association, and inspire excellence in and commitment to community health nursing practice. The community health nursing standards of practice include promoting health, building individual and community capacity, building relationships, facilitating access and equity, and demonstrating professional responsibility and accountability.

Today, because of such national standards, community health nursing is recognized as a specialty, and certification assures the public and other professionals that certified Registered Nurses (RNs) have mastered a unique set of knowledge and skills for community practice. The Canadian Nurses Association Community Health Nursing speciality certification exam is a test open to RNs with at least two years' experience in their area of specialty of nursing practice. This exam started in April, 2006 and is an exam based on credential (not course based). The relatively young age of this nursing specialty certification may be contributing to the lack of awareness amongst baccalaureate nursing students.

Many definitions of community health nursing exist. Mosby's (2009) Medical Dictionary, for example, defines community health nursing as a field of nursing blending primary health care and nursing practice with public health nursing. Community health nursing is also an umbrella term that encompasses home health care, primary health care, and public health

nursing practice. The terms 'community health nurse' and 'public health nurse' tend to be used interchangeably. Community health nursing involves nurses providing continuing and comprehensive practice that is curative, preventative and rehabilitative. The philosophy of care is based on the belief that care directed to the individual, family, and the group contributes to the healthcare of the population as a whole (Mosby, 2009). Community health nursing provides oversight of health care needs for individuals, families, or groups in neighbourhoods, schools, workplaces, and homes. This oversight includes the provision of health assessments, interventions, monitoring, and evaluation of care in order to promote health and prevent problems associated with an illness, injury, treatment or social condition. Community nursing practice also includes working with vulnerable populations and advocating to reduce inequities in health status and improving access to health services.

Unique to community health nursing is the role to develop healthy public policy, building collaborative initiatives and establishing a network of relationships and partnerships with other professionals and organizations (e.g. peer outreach workers, daycares, community health and resource centres, and police). Community health nurses partner with people where they live, work, learn, meet, and play to promote health and well-being of populations (CHNC, 2009). In Ontario, health promotion, illness prevention, and health protection are defined as the core services and functions of the Public Health Nurse required under the Ontario Public Health Standards.

Values and Beliefs of Public Health Nursing

The Cornerstone of Public Health Nursing Framework (Keller, Strohschein & Schaffer, 2011) is a synthesis of both public health and nursing values and beliefs. It was used to inform the research on defining public health nursing and its values and beliefs. The core concepts of the

Framework are outlined in Table 1. These concepts help define public health nursing and each have an impact on community health nursing practice and client outcomes.

Public health nursing is a blend of both Nursing and Public Health disciplines. Public Health contributes the following beliefs to public health nursing: social justice, population focus, reliance on epidemiology, health promotion and prevention, the greater good, and long-term commitment to the community. Nursing contributes the following values and beliefs: caring and compassion, holistic and relationship-centered practice, sensitivity to vulnerable populations, and independent practice. These values and beliefs that guide public health nursing practice are embedded in the framework (Table 1).

Table 1 Cornerstones of Public Health Nursing

Public health nursing practice:

- Focuses on health of entire population
- Reflects community priorities and needs
- Establishes caring relationships with communities, systems, individuals, and families
- Grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable
- Encompasses mental, physical, social, spiritual and environmental aspects of health
- Promotes health through strategies driven by epidemiological evidence
- Collaborates with community resources to achieve those strategies, but can and will work alone if necessary
- Derives its authority for independent action from the Nursing Act

Note. Adapted from [Cornerstones of Public Health Nursing, 2011].

Situating the Researcher

My background had a strong influence on my interest in this research topic. I always hoped to use a nursing degree to return to my hometown in Ghana, West Africa and other low to middle income countries to assist in community capacity building, creating healthy environments for the people through community development, policy changes, providing basic care, and education on health promotion and illness and injury prevention.

I believe that community health nurses play an important role in promoting health. Disease and injury prevention and helping individuals make important lifestyle changes is very important to me. To be able to travel to communities and educate the public is something that I would take joy in doing. Teaching youth about sexually transmitted infections such as HIV, and

about the effects of tobacco and second-hand smoke, as well as educating young women about the importance of pap smears, are all areas of interest to me. Also, I believe social justice is a core nursing value and the foundation of community health nursing; social justice implies there is a fair and equitable distribution of resources in a society. I believe that there are many social injustices and disparities affecting specific populations (i.e. the poor, minority groups, women and children). It is important to know why these inequalities exist and what we can do to change them since social justice is a nursing responsibility.

To add, one of the community health nursing competences is leadership. Nurses have leadership roles and must use their position as leaders to advocate for patients and public health policy.

I have always wanted to pursue community health nursing as a consolidation choice in my undergraduate or nursing graduate guarantee position; however, due to limited spaces, I did not receive my top choice (*Healthy Mother Healthy Baby Program*) and ended up doing consolidation on a medical unit. I have not yet been able to make the transition from hospital nursing to community health nursing. Despite my interest and passion for community health nursing, it was not a popular choice among many of my colleagues. I have often wondered why my peers were not interested in this particular field of nursing and why those who have an interest do not have the experience necessary to pursue community health nursing as a career. Conducting this study helped me address these and other personal questions.

Chapter Two: Literature Review

A literature review was conducted to find information relating to the perceptions of nursing students about pursuing community health nursing as a career. Electronic databases used to find various sources of literature included PubMed, CINAHL, PSYCINFO, and MEDLINE (OVID). Search terms and phrases included: community health nursing, public health nursing, nursing students, career choice, and decision making. Organizations such as Community Health Nurses Association of Canada were also used as primary sources for information as well as reviewing the reference lists of the articles used in the literature review. This literature review is presented under the following categories: the key challenges surrounding community health nursing, community health nursing curriculum in Canada, the preconceptions of nursing students about community health nursing clinical practicum and global recruitment and retention issues in community health nursing. The chapter begins with the key challenges facing community health nursing. Second, the community health nursing educational curricula in Canada is presented. Third, the preconception of nursing students about community health nursing clinical practicum will be addressed. The chapter will then conclude with global recruitment and retention issues in community health nursing.

Key Challenges Surrounding Community Health Nursing

In a discussion paper, Canales and Drevdahl (2014) expressed some key issues that affect community health nursing or community/public health nursing as it was called in the paper. The authors explained a variety of personal, educational, and social factors that affect the future of the community health nursing specialty that without any change, could lead to a potential loss of the specialty altogether. They pointed out that one of the major challenges surrounding community health nursing is the never ending debate on defining and naming this specialty area

of practice - “community health nursing” versus “public health nursing.” Confusion and disagreement about the purpose and meaning of this field date back to the 1920s when researchers attempted to differentiate between public health nurses and visiting or bedside nurses (Buhler-Wilkinson, 1985). Canales and Drevdahl (2014) also illustrated the vast decline of Masters and Doctor of Nursing Practice programs with community health nursing options across the United States and the effect this decline could have on the future of the specialty.

In a discussion paper exploring the merits of a centre of excellence for public health nursing, key challenges were identified that prevent public health nurses from properly fulfilling their role. The authors argued that if the challenges are not met, public health nursing will become increasingly invisible in the health care system (Health Canada, 2009). Some examples of these challenges include lack of clarity regarding the role of public health nurses, recruitment and retention issues, and challenges of properly educating students for practice. They project that the number of public health nurses in the public health workforce could decline due to a) employers reacting to economic pressures and replacing public health nurses with less expensive and less qualified workers, b) new graduates experiencing increasing frustration implementing the role resulting in them leaving the field, c) large numbers of public health nurses retiring, and d) attracting nurses to public health nursing becoming increasingly difficult. They further discussed that society will experience increased rates of injury, communicable diseases, absence of the voice of public health nurses in health care discussion, among many other challenges. Nurses play a central role in community health nursing and these issues need to be addressed in order to shape the future of community health nursing and improve health for all Canadians.

Community Health Nursing Curriculum in Canada

There is little literature about comprehensive Canadian approaches to undergraduate community health clinical education. In 2004, the Canadian Association of Schools of Nursing (CASN) formed a task force to ensure baccalaureate nursing graduates met the Canadian Community Health Nursing Standards of Practice and core competencies put forth by the Community Health Nurses Association of Canada (CHNC, 2008). This taskforce identified many factors challenging community health nursing education across Canada including scarcity of community placements due to increase in demand, lack of qualified and skilled preceptors available to teach and mentor students in community health nursing clinical placements, lack of protected time for preceptors, as well as significant variation in community health nursing clinical courses offered across Canada (CASN Task Force on Public Health Education, 2006). A preceptor in nursing clinical placement is the nurse responsible for the student while doing a clinical rotation. The preceptor serves as a teacher, leader, evaluator and role model for the student.

Cohen and Gregory (2007) presented findings of a survey for community health clinical education in 24 Canadian baccalaureate nurse training programs. Results from their study suggested the need for a national dialogue and consensus building regarding the curriculum content for community health nursing. One of the most interesting findings of the study was the span of community health practicum hours offered in Canadian programs, ranging from a low of 14 hours in one term to more than 300 hours over two terms. Diem and Moyer (2005) suggested that a minimum of 180 hours is required for students to carry out all the components of the community health nursing process. Diem and Moyer further stated that data obtained in their study suggest that the gold standard in Canadian baccalaureate nursing programs is two terms of

population-based community health clinical exposure to facilitate student knowledge and skill integration as novice community health nursing practitioners. These results suggest that students in most Canadian baccalaureate nursing programs are not receiving enough hours during the community health nursing practicum. This implies that students do not receive sufficient experience in the field to obtain a true understanding of what community health nursing entails, possibly affecting their interest in community health nursing as a career.

In addition to the number of clinical practice hours of baccalaureate nursing students, the timing of exposure of students to community health nursing content also needs a close and critical examination. Would nursing students exposed to community health nursing knowledge in first, second, third or fourth year of their baccalaureate nursing program fare differently? It would be interesting to examine the relationships between these variables quantitatively.

Zahner and Gredig (2005) surveyed public health nurses in the United States to determine how to improve public health nursing education. The results included more than one semester of public health clinical exposure, more hands-on field experience, more active student involvement and less observational experience, clinical activities including home visits with and without the preceptors, less focus on the individual and more focus on the broad spectrum, and more emphasis on public health concepts and working with a variety of community organizations and partners.

Preconceptions of Nursing Students about Community Health Nursing Clinical Practicum

Leh (2011) conducted a qualitative study in the United States that included 42 nursing students who identified their preconceptions about the community health nursing clinical rotation. Some students reported feeling insecure and unprepared about starting the community health nursing clinical. In an acute setting, students usually have time to research the disease

process of a client as well as study their care plans. Another issue that emerged from the study was the change of pace. Some students expressed looking forward to a “calmer” more relaxed setting as compared to an acute situation, whereas other students expressed feeling “bored” with all the downtime they would encounter in a community health nursing clinical setting.

Envisioning isolation was brought up in the study; students were worried that they would not have the same type of support and help otherwise found in a practicum in a hospital setting.

Students also voiced diverse opinions on the value of community health nursing and all agreed that community health nursing was not an area of nursing that is discussed among their peers.

They admitted that community health nursing is devalued among other nursing students and programs as well as the broader medical community. One student stated: “I don't think that

nurses or doctors take into consideration what happens when people leave the hospital” (Leh,

2011, p. 626). The author expressed the need for educators to properly prepare students for

transition during the community health nursing practicum and that understanding feelings and

thoughts of students towards community health nursing prior to community clinical placements

can be beneficial. She also expressed the need for curriculum changes that introduce community

health content early in the program to promote the value of community health nursing for

students.

Baglin and Rugg (2010) conducted a United Kingdom-based study involving six nursing students in their second year training program and their experiences in a 12 week community health nursing placement. The students were asked to log their opinions and thoughts prior to the placement as well as one week after their placement had begun and at the end of their placements. The results suggested that the expectations that students possess of their placement were affected by their understanding of what the community health placement was. The meaning

that students found in their placement was based on their learning experience, their relationship with their preceptor and the support provided, their learning goals, and type of their community health placement.

Dalton, Aber and Fawcett (2009) explored the experience of nursing students with home visits for their community health nursing placement in the United States. Though some students looked forward to a change of environment and new practice setting, a number of students reported feeling “anxious,” “alone,” and “unprepared” during their home visits. The author suggested the need for proper preparation through use of videos, workshops, and conferences in order to prepare students for this experience. Some participants reported feeling more comfortable with the presence and support from their clinical preceptor. This tangible support could explain why many students feel more comfortable working in a hospital setting prior to graduation; they appreciate having the support and confidence needed to build their expertise.

Prestia, Murphy and Yoder (2008) explored the perceptions of nursing students regarding home healthcare nursing and the idea of pursuing a career in this field in the United States. Results showed that participants felt home healthcare nursing was valuable to the future of nursing; nevertheless, none of the 19 participants were interested in pursuing a career in the field. Some participants referred to home healthcare nursing as a “low prestige area of nursing” (p. 499) and believed that home health nurses were “not well paid” (p. 499).

Global Recruitment and Retention Issues in Community Health Nursing

Recruitment of nurses in community health nursing is not only an issue in Canada; other nations such as the United States also experience problems with recruitment. In 2005, the Health Resources and Services Administration (HRSA) Public Health Workforce Study identified budget constraints, non-competitive salaries, length of time required to process new hires, and

lack of qualified candidates as the four primary factors that contributed to the public health nursing shortage (Health Resources and Services Administration, 2005). In this case, budget constraints were identified as the most important barrier to adequately staff personnel. As a result of the budget cuts, a large number of vacancies resulting from retirement or employee turnover have been frozen and not filled (American Public Health Association, 2006). In turn, extreme burden is placed on the existing workforce and the hiring of new staff, which otherwise could provide relief in the workplace, becomes even more difficult to achieve. In the private sector, however, the nursing shortage in other specialty areas has generated financial incentives including strategies such as sign-on bonuses, high base salaries, lucrative benefit packages, and flexible hours that challenge the ability of public health institutions ability to compete economically (HRSA, 2005).

Public health nursing in the United States is facing many challenges such as a lack of recruitment of newly graduated nurses in this field, and how to enhance recruitment (Zahner & Henriques, 2011; Larsen, Reif & Fraundeist, 2012). Larsen et al. (2012) for example surveyed a total of 354 nursing students in state universities and colleges in the Midwestern United States to explore interest in pursuing a career in public health nursing. When students were asked if they would consider a job in public health immediately following graduation, only 21.1% said they would be likely or very likely to consider this career choice. Another 26.4% of the students said they would be interested one year after graduation, and 35% of the students stated potential interest more than one year after graduation. These results suggest that students do not view community health nursing as an area of interest immediately upon graduation, but rather an area of nursing they can pursue later in their career.

In this same article (Larsen et al., 2012), many recruitment strategies were identified that

could increase interest in public health nursing among students including sign-on bonuses, minimal experience required (some states had jobs requiring only one year of experience in public health before being eligible to apply for a job), competitive wages and scheduling flexibility. It would be of interest to explore some of these strategies to assess their impact on increasing student recruitment to community health nursing.

Recruitment to community health nursing is also of concern in Australia (Happell, 1998; Happell, 1999). Happell (1999) surveyed 793 Australian first year undergraduate nursing students to determine career intentions in the beginning of their nursing program and their preference for working in various nursing areas. She found that midwifery, pediatrics, operating theater, critical care, and general surgery/medicine) consistently ranked as the top-five areas, while community health, psychiatric nursing, and working with the elderly remained consistently at the bottom of future employment choices. The author explained that the field of community health nursing will face challenges if the attitudes students have towards working in community health nursing are not addressed (Happell, 1998). No specific recommendations were given; rather the author reinforced the need for key stakeholders to take action to rectify the issue and acknowledge the perceptions of students to various aspects of nursing practice. One suggestion to address this issue is to explore the reasons for lack of interest in community health nursing from students directly and to ask for their suggestions on how to address the situation.

Happell (1998) conducted another study on nursing students in Melbourne and Victoria, Australia. The attitudes of students about a career in community health nursing were explored. She observed that 37% of the students were more interested in other areas, 51% preferred hospital-based nursing (which they perceived as more dynamic and hands-on) and 12% did not give a particular reason or did not respond. Students who provided feedback made comments

such as: “I don’t believe that community care nursing is a true form of nursing. It seems rather basic” (p. 277); “[I am] more interested in full-on nursing” (p. 277); “...doesn’t appear to be as ‘hands-on’ as other, preferred fields. It doesn’t seem as ‘personal’ or ‘one on one’” (p. 277); “Community health nursing seems the least interesting and also doesn’t involve nursing the way I would like to practice; it seems to be promoting health rather than physical caring” (p. 277). Health promotion is one of the core concepts reinforced in community health nursing and is needed to promote physical caring. Though nurses may not always have one-on-one interaction with patients or individuals in the community, the work they do contributes towards making individuals, families, communities and nations healthier.

Nursing students do not understand or have an interest in community health nursing at the beginning of their program because their lack of clinical expertise. Hospital settings tend to be favoured because the support for students and new nurses is generally better (Happell, 1998; Heslop, McIntyre, & Ives, 2001). This evidence suggests that perhaps new graduate nurses need assistance in transition from the student nurse role into a community health nursing role. Ensuring that proper programs are in place to help make this transition could benefit community health nursing agencies in recruiting and retaining newly graduated nurses. The lack of proper learning experiences during the clinical practicum could negatively impact a career choice in community health nursing (Latter, Speller, Westwood, & Latchem, 2003). Theory courses could therefore have an impact on the experiences involved in clinical placements; such courses build the foundation for clinical attachments and ensure that students grasp core concepts and are engaged in the learning process.

Chapter Three: Research Methodology

This study implored a qualitative descriptive design as described by Sandelowski (2000). When qualitative research design is implored, researchers are usually seeking meaning or understanding (Creswell, 2013). This approach is a good fit for this study, which explored the experiences of nursing students in their natural study environment. This qualitative inquiry occurring in natural settings is supported by Creswell (2013). Qualitative research has its strengths, including its inductive approach, its focus on specific situations or people, as well as its focus on words rather than numbers (Maxwell, 2005). The researcher played a key role as the main instrument for data collection, and performed all data collection (interviews, focus groups) and data analysis during the study under the guidance of a thesis supervisor or a more experienced researcher.

This chapter describes the research methodology used to guide this qualitative descriptive study, which explored the issues influencing career choice in community health nursing from the perspective of baccalaureate nursing students. It describes the methodological practices associated with this qualitative descriptive research study in the following order: research design, setting, sampling method, demographic profile of the participants, data collection methods - including interviews and focus groups - data analysis, and ethics protection and human rights considerations. The chapter concludes with a description of the trustworthiness of the data.

Research Design

This study implores Sandelowski's (2000) approach to qualitative descriptive design. Qualitative descriptive study is the research approach of choice when straight descriptions of phenomena are desired and are useful in obtaining straight answers to questions relevant to both health practitioners and policy makers (Sandelowski, 2000). Descriptive designs are useful for

describing phenomena or events where little is known; results from such studies can serve as a foundation for further research in an area (Dulock, 1993). As well, qualitative descriptive designs have been predominately used in nursing research to seek direct descriptions of phenomena (Sandelowski, 2000). In nursing research there are two main principles in line with qualitative descriptive studies: 1) learning from the participants and their descriptions, and 2) using this knowledge to influence interventions (Sullivan-Bolyai, Bova & Harper, 2005). Sullivan-Bolyai et al. (2005) explained that the goal of qualitative description is “not thick description (ethnography), theory development (grounded theory), or interpretative meaning of an experience (phenomenology), but rather a rich description of the experience depicted in easily understood language” (p. 128). In such a design, the researcher works close to the surface of the data where emphasis is placed on the descriptions obtained from the participants (Sandelowski, 2000). Given the limited available literature on the perceptions of baccalaureate nursing students on community health nursing as a career upon graduation in Canada, a qualitative descriptive design was well suited to conduct this study.

Naturalistic inquiry is the usual theoretical foundation for qualitative descriptive studies (Sandelowski, 2000). Naturalistic inquiry emphasizes that true understanding and meaning of a phenomenon are best portrayed by first-hand witness accounts by those living with or experiencing the phenomenon. There is not one truth and many realities exist, which are influenced by society and the environment. To really understand a phenomenon, how things work and are, it is best understood by seeking the direct source. It is these principles and perspectives that guided the researcher to investigate the topic and explore the perceptions and attitudes of nursing students towards pursuing community health nursing.

Research Setting

The study site was the University of Ottawa, School of Nursing. The University of Ottawa nursing program provides the basis for the baccalaureate entry-to-nursing practice requirements. According to statistics, 100% of baccalaureate nurses were employed within six months of graduating from the University of Ottawa, implying that nursing degree graduates are practically guaranteed employment upon graduation (University of Ottawa, 2011).

The semi-structured interviews took place in various mutually agreed upon private settings within the University of Ottawa Campuses (Roger Guindon Campus/Main Campus). As well, off-campus locations that were quiet and free from distractions were also chosen for the purpose of some interviews. The interviews were held in places where participants felt comfortable discussing the interview questions and related issues. Focus groups took place in a conducive environment within the University of Ottawa.

Sampling Method

The participants in the study were first and fourth year baccalaureate nursing students at the University of Ottawa. The reason for including both first and fourth year students was to explore if any patterns and trends over time or changes in viewpoints of students existed regarding a career in community health nursing upon completion of their undergraduate degree. The viewpoints of both levels were compared.

A study 'Recruitment Poster' (Appendix A) was developed and posted at strategic locations within the University of Ottawa-Roger Guindon campus with details of the research study. An 'Introduction to Study' letter (Appendix C) was provided to students during a brief presentation in a fourth year nursing class. In accordance with qualitative sampling, to obtain rich data on a specific phenomenon, the sample was derived purposely rather than randomly

(Mays & Pope, 1995). Purposive sampling and snowball sampling were used to recruit participants. Purposive sampling, a method commonly used in qualitative descriptive studies, fostered the attainment of maximal variation (Sandelowski, 2000). Maximal variation was achieved by including both male and female nurses at different years of the program, and including all ages and having no other limitations. Participants were given flyers to pass on to their peers who may also be interested in participating in the study. Some also passed on study information by word of mouth (snowball) to their peers. Those who participated in individual interviews were invited to participate in the focus group discussion as this also served as a forum for member-checking. Members from the Ottawa Community Health Nursing Leadership Network (OCHNLN) participated in a second focus group. OCHNLN focuses on key issues surrounding community health nursing and strategizes ways on targeting challenges and implementing change. The group is made up of members from diverse areas of community health nursing, such as, Ottawa Public Health, Paramed Home Health Care, Federal Government-Public Health Agency of Canada, Private sector-Canadian Family Practice Nurses Association, Community Health Centres-Centretown CHC and Academic institutions – University of Ottawa and its collaborative partners- Algonquin College.

Sample Size

The study hoped to recruit at least 6 to 12 participants for the semi-structured interviews, the recommended purposive sample size to achieve maximal variation of the data within a qualitative study (Guest, Bunce, & Johnson, 2006; Morse, 1995). Participants were recruited over a period of nine weeks from January to March, 2015. Fourteen participants were recruited through purposive sampling; however, only nine participants recruited through this method took part in the study. Contact was made on several occasions by all eligible participants who showed

interest in participating, but a remaining five other participants did not respond to the researcher. Four participants were recruited through snowball sampling, but only two of those made contact with the researcher. A total of eleven participants partook in the study, nine fourth year nursing students and two first year nursing students. More fourth year students were targeted during recruitment, since after speaking with the first year students, the researcher realized the first year students had less insight on career choice due to limited exposure to nursing. Nevertheless, much insight was gained through speaking with first year students as well. The final study sample size and progression of data collection was determined by data saturation. Data saturation (information redundancy) is the point where no new information is arising or nothing new is being presented or no new themes are emerging (Patton, 2002).

Demographic Profile of the Participants

Prior to the interview, participants were asked to fill out a 'Participant Demographic Information Sheet' (Appendix D) which included information on age, gender, ethnicity and race, current year of nursing, and previous experience in community health nursing. Participants were all students from the University of Ottawa Bachelor of Science in Nursing Program in either the first or fourth year of the program. The final participants were only females, representing two race/ethnicities (Caucasian, and Asian), ranging from ages 18-23. None of the 11 participants had previous experience working in community health nursing other than the community health nursing practicum (See Table 2).

Table 2 Demographic Information of Participants (N=11)

Variables	Frequency
Age of Participant	
18 years old	2
20 years old	1
21 years old	7
23 years old	1
Sex	
Female	11
Male	0
Race/Ethnicity	
Caucasian	10
Asian	1
Current Year of Nursing Program	
First Year	2
Fourth Year	9
Previous Experience in Community Health Nursing	
Yes	0
No	11

Data Collection Methods

The primary sources of data in the study were individual interviews and focus groups. Interviews and focus groups are the most common methods of data collection used in qualitative healthcare research (Gill, Stewart, Treasure & Chadwick, 2008). Consent was obtained prior to commencing interviews; a sample of the 'Interview Consent Form' can be seen at Appendix E.

Individual interviews. Semi-structured interviews were used so that the participants could share their thoughts on pursuing a career in community health nursing and provide insight into the factors enabling or hindering their decision making. A total of eleven participants were interviewed in this study. The essential purpose of conducting interviews was to collect data to generate extensive meaning of the phenomenon (Creswell, 2013). The use of interviews is

appropriate where little is known about a phenomenon or where detailed insights are required from participants (Gill et al., 2008). The use of semi-structured interviews allows researchers to obtain information required and give participants freedom to respond in their own words and provide as much detail as necessary (Polit & Beck, 2012). Semi-structured interviews additionally allow for discovery and elaboration of new information important to the participant that the researcher may not have deemed important (Gill et al. 2008). An 'Interview Guide' (Appendix B) using open-ended questions was developed to explore the perceptions of baccalaureate nursing students about a career in community health nursing after graduation. The interview guide was developed mainly from the literature review as well as course evaluation feedback that was received from a University of Ottawa community health nursing course. Questions were developed to align with the proposed research objectives namely, understanding the perceptions of students on a career in community health nursing, the issues that influence their interest in or (lack thereof) community health nursing, as well as ways of improving interest in community health nursing among undergraduate students. The first and fourth year students were asked the same questions in the interview guide to generate information on any trends or changes over time as the students enter university and progress to their final year. Probe questions were used to encourage participants to elaborate on ideas and to disclose more detailed and meaningful information. Examples of probing questions are: "Can you tell me more?" or "How did that make you feel?" The use of these kinds of probes was essential for successful interviews since they helped motivate participants, facilitated the interview flow, and elicited information (De Leon & Cohen, 2005). The interviews lasted approximately 35-50 minutes, for a total time of 473 audio recorded minutes. Field notes were taken post-interview and typed up

shortly after to ensure consistency and reduce the chance of error. All interviews were recorded and transcribed verbatim.

Focus Groups. Two focus groups took place. The first one occurred in May and consisted of five students who had participated in prior interviews. This focus group was held in a private setting on the University of Ottawa Roger Guindon Campus and lasted 42 minutes. Participants provided comments and feedback on the preliminary findings of the study. It also served as part of the member-checking process, whereby participants validated the interpretation of their stories. There was a second focus group that took place in May and consisted of members of the Ottawa Community Health Nursing Leadership Network. This focus group also took place on the Roger Guindon Campus of the University of Ottawa and lasted about 45 minutes. This focus group provided a forum-type environment for participants to comment and provide feedback on preliminary findings presented. One participant replied when asked for feedback on study findings: "I really liked how you captured the stigma associated with community health nursing; it really paints a clear picture of reality." Another participant stated: "Yes, you are right, clinical practicum really makes a huge impact on the choice students' choice. I think change should start there." Yet another participant explained that: "It is interesting to see some things have never changed, there has always been attraction towards technical focus in nursing."

Group dynamics in focus groups allowed for deeper and richer data through the use of social interaction as opposed to one-to-one interviews (Thomas et al., 1995). Consent to participate in the focus groups was obtained prior to commencement and a sample of the 'Focus Group consent form' can be found in Appendix F. The focus group discussion was guided by the preliminary themes from the interview. It captured key components such as the perceptions of

students on community health nursing, factors that influence career choice, and valuation of community health nursing, which are all addressed in the interview guide (Appendix B). The focus group discussion was tailored in a manner to ensure everyone had the opportunity to contribute to the discussion, allowing for a range of views and opinions to be expressed and discussed. Both focus groups were recorded and transcribed verbatim.

Data Analysis

The data analysis process began with the verbatim transcription of the audio recordings from each semi-structured interview as well as both focus groups. A verbatim transcription of the audiotaped interviews was performed and checked twice to ensure accuracy of transcription. The same procedure was performed for the transcription of the focus groups.

Data was analyzed using thematic analysis as described by Braun and Clarke (2006). Thematic analysis is described as a search for themes important to the description of the phenomenon (Daly, Kellehear, & Gliksman, 1997). It is a process in which emerging themes become the categories for analysis (Fereday & Muir-Cochrane, 2006). According to Braun and Clarke (2006) the thematic analysis method involves identifying, analyzing, and reporting patterns (themes) within data. These steps guided the data analysis and interpretation within this research study. Inductive approach is the recommended approach when there are no previous studies dealing with the phenomenon or knowledge is fragmented (Elo & Kyngas, 2008). Given how little is known about the issues surrounding the perceptions of nursing students on a career in community health nursing, an inductive approach to thematic analysis was most appropriate.

Analysis began with familiarisation of the data. The audio recordings were reviewed and data transcripts re-read several times to familiarise the researcher with the data and identify preliminary observations. Next, began the coding process, where data was analyzed and labels

(codes) were generated and applied to data that was relevant to both research question and topic at hand. The next step included analyzing the codes and searching for common patterns in search for themes. Preliminary themes were created and again analyzed, which allowed for new themes to emerge and some of the initial themes to become sub-themes. Next began the process of defining and naming each of the themes. Theme names were created in order to portray and capture a vivid story of participants. In vivo codes were used to create the title for some of the themes and sub themes. Random transcripts were provided to the researcher's supervisor to ensure the coding and analysis process was carried out correctly and matched the final emergent themes and sub themes; thereby establishing trustworthiness of the data.

Due to the nature of this study, participants were recruited from one local university, all from the Baccalaureate Nursing program so in order to maintain anonymity of the students a deliberate decision was made to avoid the use of individual identifiers throughout the thesis.

Ethics and Protection of Human Rights

The researcher obtained approval from the University of Ottawa Research Ethics Board. A copy of the 'Ethics Approval Certificate' can be found in Appendix G. Conduct of this research study strictly followed standard protocol and procedures for research required by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Consent was obtained prior to engaging in any interviews or focus groups. Important measures were taken to ensure the confidentiality and privacy of participants. For example, pseudonyms were assigned to the study files of participants to prevent the association between the data and collected information and the participant. All study materials were stored in a secured and locked cupboard in the office of the researcher's supervisor at the University of Ottawa. These materials will be destroyed five years after completion of the study following the

standard protocol at the University of Ottawa. Audio tapes, field notes, transcripts, and research codes with identifying information are each stored separately in a locked cabinet. A copy of the final report will be made available to participants at their request. Participants were reminded that the study was voluntary and they may leave at any time or agree not to participate. Although the study subject matter is not highly sensitive, study participants were provided contact information for the University of Ottawa student support and counseling services (See information on Appendix E in case they became emotionally distressed or upset during the interview. The potential benefits and risks of the study were reviewed with each student participant prior to each interview. Students were informed that they were unlikely to gain any direct benefits from participating in the study.

Trustworthiness of Data

Criteria developed by Lincoln and Guba (1985) guided the research process to ensure rigor and trustworthiness in this proposed study. These criteria include dependability, credibility, transferability, and confirmability.

Dependability: refers to the replicability of the study, meaning if the study were to be repeated in the same context with the same methods and with the same participants, similar results would be obtained. Dependability of this study was ensured by using data triangulation; this approach ensures validity of the research by using a variety of methods of data collection on the same topic. The multiple methods of data collection used in the study were the focus groups and interviews. In addition to multiple methods, a variety of different kinds of participants were recruited including both first and fourth year students as well as key stakeholders who were members of the Ottawa Community Health Nursing Leadership Network.

Credibility: refers to how reliable the study findings are from the perceptions of the participants. To ensure credibility, the researcher position was clarified; worldviews, opinions, comments on past experiences, and personal thoughts were presented. In addition to researcher position, use of thick description was incorporated from the thoughts of participants during the interviews and focus groups. Furthermore, the use of an audit trail enhanced the trustworthiness of the collected data. Thick descriptions of both the data collection and analysis process were provided. These methods will allow readers to reread and develop interpretations derived from data. Also, a detailed log and thick description of the content analysis process were kept in order to go back and confirm the emergent categories and themes.

The use of member-checking also ensured credibility. Member-checking is the process of verifying the information, findings, and interpretations using the targeted group and receiving their feedback on the information they provided. Lincoln and Guba (1985) state member-checking is the most critical technique for establishing credibility. Participants were provided with the study results, including analytical themes, interpretations, and conclusions and were asked for feedback on the results and to assess if representations were adequate.

Transferability: refers to the extent the findings of qualitative research can be transferred to other context or settings. Transferability was ensured by the use of rich and thick description within the study. Such description allows readers to form individual decisions regarding transferability. In other words, readers develop judgments regarding to what degree the findings presented could apply to other settings and contexts (Lincoln & Guba, 1985).

Confirmability: refers to the degree to which the results could be confirmed by others. Confirmability guarantees that the study findings are the experiences, words, and ideas of the participants and not of the researcher (Shenton, 2004). This criterion was ensured by

acknowledgement of the beliefs and predispositions of the researcher. Confirmability was also ensured by data-triangulation which, as mentioned previously, dictates that multiple data collection methods are used, as well as the use of an audit trail.

Chapter Four: Findings

The following chapter presents the findings of this descriptive qualitative study, which explored the perceptions of baccalaureate nursing students about community health nursing as a career choice. The stories of these students are described under five major themes, namely 1) defining community health nursing, 2) the clinical practicum experience, 3) stereotypes of community health nursing, 4) societal trends and expectations, and 5) issues influencing career choice in community health nursing. The chapter begins with an overview of these themes presented in a table format (Table 3). Descriptions of each theme are then presented in detail supported by quotations from the participants to illustrate the ideas represented in each theme. The chapter concludes with a summary of the findings.

Table 3: Overview of Research Findings.

Theme	Sub-theme	Examples of Quotes
Defining Community Health Nursing		Community health nursing is nursing in the community with healthy populations and vulnerable populations, with an overall effort to improve their health
		The level of interaction is different, where it involves community capacity building, looking at what a community needs to function properly, their specific living conditions that could be deterring their health, linking different community resources together and strengthening community
The Clinical Practicum Experience	Lived up to nobody's expectation	I feel like everyone had an idea of what community health nursing is and then we got put into that placement and it kind of lived up to nobody's expectations and we all kind of thought 'this sucks
	Doing 'non-nursing' tasks and non-nurse preceptors	I remember some students complaining about working on excel spreadsheets and say that what they are doing is business...they didn't go into nursing to start doing business"
	Meaningful engagement	we had a lot of trouble with our clinical placements, a lot of clinical placements students were given in community health nursing were irrelevant to nursing, so people would be frustrated with their clinical, referring to it as 'stupid'
Stereotypes of Community Health Nursing	"Pearls and Pump nurses" in Community Health	community Health nurses are 'pearls and pump' nurses, because they are the ones that can dress pretty, they are not the ones that are getting their hands dirty and doing all sorts of procedures

	Community health nursing: "Not really nursing"	When I tell people that I want to go into community health nursing, I feel like they think less of and I don't want to go into ICU and NICU...
	Ambivalence in career choice	I had always been interested in community health nursing but then with all the negative feedback I was getting, I asked myself 'is this really what I want to do?
	The easy way out	I have always been interested in community health nursing but at one point I was thinking people are going to thinking I am taking the easy way out
	Community health nursing: For the older generation	You hear so many reasons why students do not want to do community health nursing, but the most common ones I have heard are 'I want to go into Community later...when I am done doing shift work or when I run out of energy and I am ready to retire'...
Societal Trends & Expectations	Hospital as the "norm"	most people go into nursing because they want to work in the hospital, because that is seen as the 'norm
	"ICU and ER nurses are cool"	... ICU nurses are great, and they do all these IVs and all these cool procedures, students want to be doing work similar to ICU or ER nurses
	NCLEX preparation & content/Nursing Graduate Guarantee Initiative opportunities	Students believe because we have to prepare for the NCLEX now, we need to consolidate in the hospital so we can get more of this information to help with the exam
Issues Influencing Career Choice in Community Health Nursing	The Nature of Nursing Work: Community vs. Acute Care	Community was so boring and slow, it doesn't compare to the hospital... where you are always on your toes, always moving
	Job Accessibility & Incentives	I am currently searching for jobs in community health nursing, and I am not finding much jobs...this could be a negative aspect not drawing people
	Supportive Working Environment	In the hospital you have the support, especially being a new grad...you are just starting out and feel inexperienced, you want to be around people who will be able to help you...
	Family Oriented Lifestyle & Personal Interests	
		Whatever my interests are will be a huge factor for career choice...if I like oncology, I will go into that...

	Pedagogy of Teaching	People went to class but not with interest...they went to class because they needed to do well on the exams
		I just find the whole nursing program so oriented and focused on hospital nursing, there are so many more opportunities outside of going to be a floor nurse, some people want to be more than a floor nurse...
		The positive feedback about pursuing community health nursing was from the clinical instructors who did community, the hospital nurses/teachers I found really tried to sway me...

Defining Community Health Nursing

The definition that participants had for community health nursing varied from one person to another; however, most definitions touched on community-centered care as opposed to health care of the individual. One participant described community health nursing as “working with the community as a whole as opposed to just one client.” She indicated that it is an occupation where “a nurse is trying to improve the health of a whole community... kind of looking at the big picture and outcomes for a whole community, not just one person.” Another participant went on to say, “the level of interaction is different where it involves community capacity building, looking at what a community needs to function properly, their specific living conditions that could be deterring their health, linking different community resources together and strengthening community.” This participant touched on one of the Standards of Practice of community health nursing, *Building Individual and Community Capacity* as well as the social determinants of health, which can have a detrimental influence on health status and have a direct influence on people’s health. Another participant described community health nursing as “looking at the overall health of the community, deciding what is needed in order to improve the health of the individuals living in that specific area.” Community health nurses play a major role in helping decide and design services and programs and the infrastructures needed to promote and sustain healthy lifestyles in specific communities. Those who identify as vulnerable

populations are at risk for health disparities. Some community health nurses have assignments where they work with such populations as well as to healthy populations. One participant added that “community health nursing is nursing in the community with healthy populations and vulnerable populations, with an overall effort to improve their health.” Other participants referred to acuity when describing community health nursing. Many felt that the lesser acuity associated with community health nursing was an important factor in differentiating it from other nursing specialty areas. One participant explained:

Community health nursing is anything that is nurse or health-related that does not happen in an acute setting. It does not happen in a crisis. It is very much something that is not in a hospital, not an emergency situation, more of an ongoing process.

Another participant went on to add:

Community health nursing is nursing where you are continuing the care that you cannot get in the hospital, and it is designed for patients that are not acute...who can go to a community health centre or somewhere in the community to receive care other than the more acute places.

Working with individuals within a community for some participants meant working with individuals who still may require care, however, are not “serious enough” and may not require hospitalization. One participant explained that the “acuity levels in the community are not high at all; it is more dealing with individuals who have been discharged from the hospital and are receiving follow-up treatments and care that does not require hospitalization.”

Almost all participants described community health nursing using the concept of *Health Promotion*, which is the first Community Health Nursing Standard of Practice. This standard involves community health nurses employing principles of health promotion, disease and injury prevention, and health protection as well as health maintenance, restoration, and palliation. One participant explained that “community health nursing is focusing on potential problems but stopping them before they happen.” In this case, understanding the dynamics of an individual or

community, performing a needs assessment, or evaluation can determine what potential problems the individual and community are at risk for and finding ways to prevent them from occurring. Another participant added that “[community health nursing] involves a lot of programs that deal with health promotion, as well as disease prevention.” When asked what comes to mind when thinking of community health nursing, one participant explained:

Health promotion is one of the most important aspects of community health nursing. Nurses play a major role in teaching the public and communities about different outbreaks and ways they can protect themselves...for example, after the H1N1 outbreak and who needs to get the vaccine.

Another participant added that “it can involve symptom and pain management, you know with clients who are at home but receiving chemo treatment. Home health care nurses can go into their homes and ask ‘on a scale of 1-10 how would you rate your pain?’ or ‘how are you feeling?’” Many participants also described community health nursing as an educational profession. The teaching opportunities associated with community health nursing are endless. One participant described community health nursing as “a nursing job that is more educational; you have more opportunities to teach.” Another participant added when describing the role of community health nurses in health promotion: “You have the ability to teach people ways they can stay healthy and choose healthy lifestyle choices, you can teach about smoking cessation, or exercising to prevent type II diabetes, or teaching [about] sexually transmitted infections.” Another participant added that “when you go to those prenatal classes, community health nurses teach new parents so much on what to expect for the delivery of their baby, as well as how to care for the baby when they are at home.”

Other definitions of community health nursing touched on the nature of the working environment. For the most part, most participants associated community health nurses with working in several different environments that were not the hospital. Community health nursing

involved the process of going into communities and neighbourhoods or even the homes of clients they worked with. One participant explained: "It is nursing where you go into the patient's environment, not the patient is coming into your environment." Where another participant added:

The working environment of community health nurses can vary, like a school nurse whose primary place of work would be at elementary or high schools and taking care of sick students or a rural nurse who would be providing care in remote areas.

The Clinical Practicum Experience

The participants explicated their views on the clinical practicum experience in community health nursing as having a major impact on their decision about pursuing community health nursing as a future career. The clinical practicum is the sole opportunity students have to practice in this specialty area of nursing during their four year baccalaureate nursing program. During the focus group, one participant explained: "the clinical placement is your opportunity to practice nursing in that specific area, so if you realize you like it...and are good at it, it is probably somewhere you can see yourself working long term." The theme of the clinical practicum experience will be described under three subthemes, namely; 1) lived up to nobody's expectations, 2) doing "non-nursing" tasks and "non-nurse" preceptors, and 3) meaningful engagement. These subthemes will be used to describe the pertinence of the clinical experience and the effect it has on the career choice of students.

Lived up to nobody's expectations. This subtheme refers to the premeditated thoughts and opinions students had prior to doing the community health nursing practicum and how these thoughts and opinions became a reality post-clinical experience. One participant explained that community health nursing was a course comparable to mental health; many students lacked interest in it. She stated: "Many people this semester complained about doing our community health nursing clinical and compared it to our mental health clinical. They were both clinical placements we were not looking forward to." One participant said: "I feel like everyone had an

idea of what community health nursing is and then we got put into that placement and it kind of lived up to nobody's expectations and we all kind of thought 'this sucks.'"

Some participants explained that the practicum was not an experience that students looked forward to and "dreaded" having to attend the practicum for 12 weeks. Students typically look forward to beginning their clinical experience and it is usually one of the most exciting times of the nursing program. Being a course that falls in the final year of their undergraduate program, students positively anticipate opportunities to put their past few years of training to practice. When talking about the clinical practicum experience of a peer, one participant stated that "I had friends who worked in this clinic and they didn't even get to do injections ...and by fourth year you think that that is something you will be doing."

"Non-nursing" tasks and "non-nurse" preceptors. This subtheme refers to the roles students played in their practicum and the role models they had during their placements that helped them understand what community health nursing entails. Participants explained that the practicum did not really give them a chance to practice community health nursing to its full potential. Students felt they were accomplishing "non-nursing" tasks. For example, such activities included "sitting at a desk all day," "disciplining children," or "counting the number of people who walked into a clinic," and this played a role of forming the opinions of students regarding pursuing community health nursing in the future. One participant explained:

I was on a unit and I had the chance to make an orientation manual of procedures to follow ...for example 'who do you call when you cannot get something to work' ...it was not nursing and I know a lot of people had the same experience. They felt they were not doing things that were nursing.

Another participant added: "I remember some students complaining about working on Excel spreadsheets and saying that what they are doing is business...they didn't go into nursing to start doing business." Many felt the role they played in the community health nursing practicum was

more related with work that nurses did not want to do instead of performing the actual role of the community health nurse. One participant stated when describing her practicum experience that “I just feel like we were put in there as little fillers to do work the nurses did not want to do.”

Not only did students describe doing “non-nursing” tasks, some participants also explained they did not have the chance to work alongside actual nurse preceptors during their clinical placement. One participant added: “Some of my classmates for their clinical were sent to places that are not necessarily nursing related. There was not a single nurse in their placement.” Another participant explained that “many people did not want to do our community health nursing clinical and felt doing it was a drag. I think this was because the lack of placements or the lack of community health placements with community health nurses.” When describing the clinical experience of a peer, a participant stated:

Some of my classmates for their clinical were sent to places that are not necessarily nursing related. There was not a single nurse, so maybe those people had a negative experience about community health nursing. They did not get to see what community health nurses do.

Meaningful engagement. This subtheme refers to the process of involving students in nursing care activities that are of relevance to community health nursing. Participants suggested that the community health nursing clinical was an unsatisfactory clinical placement and they did not receive adequate exposure to true community health nursing. Participants felt the exposure they received during the community health nursing practicum gave students “the wrong idea of what community health nursing really is.” When addressing the lack of community health nursing practicum placements, one participant stated:

We have three nursing schools here in [name of city]. We all need to do a placement, so people are put in places that are not so great for the learning experience. For example, me and three other students were at a community health center that did not need students.

When describing her clinical experience, one participant explained: “we had a lot of trouble with our clinical placements. A lot of clinical placements students were given in community health nursing were irrelevant to nursing, so people would be frustrated with their clinical, referring to it as ‘stupid.’” Another participant added:

“The community health nursing clinical I honestly I found more of a joke than the course, I did not feel it was a nursing placement, I found it was very administrative. For me, I’m not looking into a career in community health nursing for an office job. I still want to do hands-on nursing and I feel like people in our program got the wrong idea of community health nursing because of that placement. We sat every Thursday for eight hours in an office and worked on a project for wherever you did your placement. We were not exposed to the community. It was maybe one or two hours that whole placement that we were able to interact with the community.”

One participant who had a placement in a Prenatal area suggested:

It would have been fun to get more opportunities or like to teach the class. We made one short five minute presentation to the class. We had the opportunity to watch one class and that was it...It would have been fun to attend multiple classes and eventually try and teach one entirely. That would be building our skills...I feel what we were doing did not build anyone’s skills.

When speaking about the experience learned through the practicum, another participant explained:

The most we really learnt was how to communicate with other professionals because we had to work in collaboration with our preceptors and we would have meetings with our clinical instructor, so I thought that was positive about it, to learn those skills, but actual community health nursing skills, I do not feel like we took much away.

Another participant added when speaking about the placement of a friend: “She told me the best part about her day was being able to spend hours a day on her phone using Facebook and social media during clinical.” This behaviour suggests that some students did not find their clinical experience sufficiently engaging and could be the reason most “dreaded” having to do this specific clinical.

However, despite the perceptions of all the other participants, there was one who explained she did have a positive experience. She explained that being in her community health nursing clinical and “working with a vulnerable population” was an “eye opener to seeing what

work community health nurses do and the impact it could have” on that specific population. She further stated that “knowing about that program was so cool and it was such a neat program...the more you learnt about the resources available to them; you realize there are all sorts of opportunities and resources out there.” She concluded by saying “I was very lucky. I always felt like I was gloating about my good experience with my community health nursing placement because some other students would say ‘I had to work on a pc [computer] for eight hours.’” This participant felt she was reveling in her experience when she talked to other students, knowing the negative experience most students equated with the community health nursing clinical practicum.

Stereotypes of Community Health Nursing

There are many stereotypes associated with community health nursing. As one participant stated: “stereotypes associated with community health nursing exist and these stereotypes play a major role in the decision of students to pursue community health nursing as a career.” The following sections will be used to describe these stereotypes. They include 1) “pearls and pump nurses” in community health, 2) community health nursing as “not really nursing,” 3) ambivalence in career choice, 4) the easy way out, and 5) community health nursing: for the older generation.

“Pearls and pump nurses” in community. This section refers to the mental picture people form when referring to community health nurses. Participants explained that people have envisioned this opinion of what community health nurses resemble, which is quite opposing from the opinion of a nurse working in a hospital setting. One participant explained:

There is this joke that community health nurses are ‘pearls and pump’ nurses, because they are the ones that can dress pretty. They are not the ones that are getting their hands dirty and doing all sorts of procedures.

During the focus group, a participant added: “I do not like to see blood...being able to work in the community, I do not have to worry about it.” One could suggest that the role of community

health nurses can be diminished by such a stereotype and that the dress attire a nurse wears in her or his working environment helps define the role and value of that nurse. Nevertheless, one participant contrastingly stated that when asked about what is appealing to her about community health nursing, she explained:

Community health nursing is a different perspective of nursing; it is not all about dressing up in scrubs, showing up at the hospital. It is a completely different type of nursing where you can help provide care for communities and populations on a different level.

Community Health Nursing: “Not really nursing”. This stereotype refers to the opinion that that community health nursing is not viewed as an actual nursing specialty. The stigma surrounding community health nursing and its existence as a part of the nursing profession is another stereotype which informs the decision of students in regards to pursuing community health nursing as a career. Some participants described being told that community health nursing is “not really nursing.” When discussing about her choice to pursue community health nursing, one participant mentioned:

I was really hesitant to tell students I wanted to go into community because I felt there was kind of a lesser association with community health nursing. There is a stigma around it that it is not really nursing and I did feel a lot of stigma around that...that I was choosing something that was not really nursing.

Another participant added, “When I tell people that I want to go into community health nursing, I feel like they think less of me and I don’t want to go into ICU and NICU and all the other intense nursing areas.” When speaking of the opinions of students regarding community health nursing, another participant added, “community health nurses have office jobs; having an office job is not considered nursing.” She went on to add that “many people associate nurses and the work nurses do with a hospital environment.”

Another participant however countered when describing home health that “you have the opportunity to do client flow sheets, narrative notes, and transcribe orders...that is all similar to

what you do in a hospital.” This description of tasks suggests that some of the responsibilities related to home health nursing are quite similar to the tasks in a hospital-based nursing position, which is more aligned with some of the conceptualizations of nursing students about community health nursing.

Ambivalence in career choice. This idea relates to the extent that some stereotypes could have on decision making and whether students decide to pursue a career in community health nursing. The stereotypes associated with community health nursing caused some participants to become reluctant about wanting to pursue community health nursing. When speaking of her decision to pursue community health nursing, a particular participant stated that “I remember at one point being really unsure about what I wanted to do...I had always been interested in community health nursing but then with all the negative feedback I was getting, I asked myself ‘is this really what I want to do?’” Another participant added that “when I tell someone I am considering community health nursing, they will tell you all the reasons why you shouldn’t pursue it.” When speaking of her career choice, another participant stated, “I don’t get the same respect that I want to go into public health nursing and that sucks and is discouraging.” Other participants added that “people try to sway you or change your mind when you are talking about pursuing community health nursing, and it makes decision making difficult.” Conclusively, the feedback received from others about wanting to pursue community health nursing plays a major role in decision making.

Fortunately, one participant explained a different story when she was considering her career:

People really try and change your mind when you tell them you want to do [community health or home health nursing]. They try and find all the reasons you should not do it. The main reasons I have heard to not pursue it is because you are on your own and there is tons of paper work and you cannot practice your skills...there is paperwork everywhere

and it's funny because the person who told me this was in ICU...In ICU you chart every 2 minutes, so you think I have lots of paperwork? And I get to use tons of 'hands on' skills.

The Easy Way Out: This stereotype refers to community health nursing being deemed as an easier specialty nursing area as opposed to other areas such as Intensive Care Unit (ICU) and Emergency Room (ER). Many participants heard that choosing community health nursing was considered "the easy way out." This opinion was in relation to the type of work community health nurses do, their work setting, and scope of practice. There was a participant who stated that "I have always been interested in community health nursing, but at one point I was thinking people are going to think I am taking the easy way out." Another participant added,

My preceptor was telling me that it really bothers her, people can come up to her and say 'community health nursing is easy, you do not do anything' and she defends herself by saying 'I do a lot of stuff'...I am not sure where people are getting this idea.

These ideologies surrounding the workload associated with community health nursing frames this stereotype associated with this area of the nursing profession.

Community Health Nursing: For the older generation: This section refers to the opinion some create that community health nursing is for older and experienced nurses. Many participants explained that students formed the idea that community health nursing is for the older population and seen as an area of nursing you could "retire" from. Students felt that when starting off your nursing career, one would like to be in an area where they could build on their nursing skills and build a solid foundation. One participant explained:

I think students have this fear that if they go into community health nursing first, then go into the hospital, it will be really hard and you may have forgotten everything like all your nursing skills so it is better to start off with acquiring those skills.

Another participant explained when speaking about the reasons why students did not want to enter community health nursing:

You hear so many reasons why students do not want to do community health nursing, but the most common ones I have heard are 'I want to go into community later, when I am ready to have kids' and 'I would love to do community when I am ready to settle down or when I am done doing shift work' or 'when I run out of energy and I am ready to retire.'

During the focus group, one particular student explained that "community health nursing is for older and mature nurses. It's the type of area you would like to work in when you are getting towards the end of your career." Another participant stated that "community health nursing is more acceptable if you are older and already did hospital nursing." This statement suggests that students felt there was an appropriate time and age during their careers where nurses should pursue community health nursing.

Societal Trends and Expectations

Trends and expectations in a society also play a major role in decision-making about pursuing a nursing career. The following sections explicate some of these societal trends and expectations including 1) Hospital nursing as the "norm," 2) "ICU or ER nurses are cool," 3) National Council Licensure Examination (NCLEX) preparation and content and nursing graduate guarantee initiative opportunities.

Hospital nursing as the "norm." This subtheme refers to the environment nurses typically work in and the trend many students follow. Many participants suggested students felt as if working in the hospital was seen as a normal trend as opposed to pursuing a community health nursing job. One participant stated that "most people go into nursing because they want to work in the hospital because that is seen as the 'norm.'" Students tend to follow trends that other nurses set; in this case, working in the hospital is where a nurse should work. In the words of a particular student: "when I think of nursing, I think of the hospital." When describing where her peers wanted to work one participant stated that, "I feel like a lot of my friends in the nursing program think that to be a nurse you have to be in the hospital and they do not really care about

community health nursing.” Another participant added that “I see [the] hospital [environment] more of a medical side of nursing and that is what I wanted to do when I got into nursing, working with the sick as opposed to working with the healthy.”

There was one participant, however, who suggested that she thought the focus of nursing was slowly reverting back to community health nursing:

I think that everything is going towards community health nursing because if you invest in community health nursing now, you are not spending the money later on and I think the government is finally starting to realize that so they are putting more money into public health nursing and public health nursing initiatives.

“ICU or ER nurses are cool.” This subtheme refers to the nursing specialty areas that tend to be the most popular career choices for students or new nurses. Participants suggested that there is a huge “technical focus” in nursing in the fast paced areas where they can accomplish a variety of procedures. New graduates are attracted to these areas of nursing. One participant mentioned that “in the 1900s, public health nursing was so popular. So the focus on what is cool and sexy in nursing has changed, and it is not public health nursing anymore.” Another participant added:

ICU or ER nurses are cool...ICU nurses are great, and they do all these IVs and all these cool procedures. Students want to be doing work similar to ICU or ER nurses.

These are the areas of nursing currently drawing increasing attention from students and new graduates.

NCLEX preparation and content/ nursing graduate guarantee initiative opportunities.

Some participants explained the nursing licensure exam plays a part in where students decide to consolidate. Consolidation is a four month clinical practicum experience that students decide to work in prior to the completion of their degree. One participant added: “students believe [that] because we have to prepare for the NCLEX now, we need to consolidate in the hospital so we can get more of this information to help with the exam.” This sentiment of

consolidating in hospital settings suggests that the perceived exam content relates to medications or hospital and patient scenarios, and that students could do well on such exams having hospital experience as opposed to a community health nursing background. Participants explained that students from previous years give others advice on how to prepare for the nursing licensure exam. They explained that “we [they would] hear from the upper years that if you want to do well on the NCLEX, consolidate in a general medical or surgical area.”

Several participants explained how the new initiatives guaranteed upon graduation are available in abundance in hospital settings. The Nursing Graduate Guarantee Initiative allows new graduate nursing students to receive a 6 month paid mentorship with a preceptor in an area of nursing of their choice. One participant explained that “if you consolidate in a general medicine or surgery area, you are most likely to get hired through the Nursing Graduate Initiative program.” This idea suggests that students tend to consolidate in areas where they know they will be able to get hired through the Nursing Graduate Guarantee Initiative program and that such positions are fewer in community health nursing settings.

One interesting comment made by a participant was:

Now that we have started our consolidation, there are some students who are currently consolidating in the hospital and...contacting other students to find out about doing the Nursing Graduate Guarantee Initiative at Ottawa Public Health. It is interesting because people are so quick to choose to consolidate in the hospital since it is a trend, but [then] realize that it is not for them and want to make a switch.

This could suggest that students are deciding to consolidate in hospital settings based on current trend, however, after spending weeks in consolidation, the students realize it may not be the best practice setting for them.

Issues Influencing Career Choice in Community Health Nursing

There were several motivators and barriers described by participants related to pursuing community health nursing. This section describes the motivators and barriers influencing career

choice. The topics included are 1) the nature of nursing work: community vs. acute care, 2) job accessibility and incentives, 3) family oriented lifestyle and personal interests, 4) supportive working environment, and 5) pedagogy of teaching.

The nature of nursing work: community vs. acute care. This subtheme refers to all the characteristics of the nursing job, including the description, tasks, and type of work. The nature of nursing work has a major impact on career choice, both as facilitators as well as barriers. Participants provided examples surrounding pace, holistic care, community health nursing skills, hospital nursing skills, teaching as a skill, as well as professional growth and development.

Pace. Some participants described community health nursing as a slow paced environment and “uninteresting.” One participant explained that “community was so boring and slow, it didn’t compare to the hospital, where you are always on your toes, always moving.” Another participant added when asked about what attracts them to hospital-based nursing that “working in the hospital, with your patient workload, you have your work cut out for you; you kind of have an idea of what to expect in your shift.” On the other hand, many participants explained that they enjoyed the “slow pace” in community health nursing. One participant explained when describing nursing work in a hospital based setting:

I realized I get overwhelmed by the acuity in the hospital. One patient is crying. One patient had IV antibiotics due an hour ago. One patient is going for a procedure...that is too much going on, too stressful, I cannot concentrate or do any critical thinking.

Another participant explained that “I find my peers think community health as easier in a sense because it’s weekday work with holidays and no shifts, less stress.” While another participant went on to say that “what I like more about community is there is less acuity, so I find it is not as stressful.” When describing her community health nursing placement, a participant mentioned: “I found when I started my community placement, it [was] very low stress.... I [felt] like the hospital, especially the patient nurse ratio, it seems like high stress on several floors.” Other

participants suggested that working in community health nursing enabled them to spend time speaking with clients. One participant described a scenario when taking care of a client with a lot of pain in a home setting and assessing pain management:

The client told me he was taking the Tylenol here and there...I told him he could take the Tylenol every four hours regularly even if there is no pain, to keep the pain under control, and also take ibuprofen...If I was in the hospital I would just give the Tylenol and ibuprofen...I do not even have time always to explain [why]. It appeals to me to be a guest in a client's home.

One participant touched on the fact that “[her] patients liked it more when I was just there and talking to them, rather than giving them something and leaving the room. I liked the aspect of just being there, but I couldn't be there when I have three or four patients.” The participant further described the value of spending quality time with clients:

I see a difference in the kind of care that you give when you have less patients, I do best with one on one and the patient gets more quality care out of it, if you have 6 patients on a night shift, you cannot provide the same kind of care as if you had only one patient.

Another participant added: “working in community health nursing is less stressful, maybe more laid back, but definitely a very important aspect to how healthcare works.” When speaking of the nature of the environment in community health nursing, one participant stated:

What really got me interested was the way you can organize your own schedule, that is what I noticed different about the hospital and different in community, being someone who is very organized, I like to work independently, and I found that as much as I like people and the hospital setting, you are very much on their time...versus in the community, you can have x number of patients and you're organizing your own time...and that really suited my personality.

Holistic care and professional growth. Some participants suggested that when you work in community health nursing and are working in the environment of the clients, nurses assess their needs and evaluate their care and progress better. One participant explained that “it's easier to see someone holistically. You can see the environment, see what they are doing...maybe someone is really stressed. You may say it is related to the illness, but really it's about her son

being caught by police smoking pot.” Another participant added that “people are more open to you when working with them in their community.” This idea suggests that individuals feel more comfortable confiding in nurses when they are working in their environment and building a positive rapport with them.

Professional growth allows you to advance your skills and expertise and work to your fullest potential. One participant mentioned how she enjoyed the flexibility and variety within community health nursing. When describing her practicum experience she stated:

There is so much variety in community health nursing...especially in public health. You can move around internally and it's just amazing...I found in hospital you go into a unit and you would kind of work with one general population, unless it is a split unit but you know you would choose obstetrics or pediatrics and you would kind of stick with that.... In community, especially in Public Health...I loved every department and you can overlap...me being in one department, I was still able to volunteer to do injections and other clinics.

Community health nursing skills vs. hospital skills. All the participants touched on the use of nursing skills and the major role it plays in pursuing a career in community health nursing. One participant explained that “originally when I went into nursing I thought of the hospital, doing injections and different procedures and working with patients.” Another participant added during the focus group that “I know a lot of people are interested in getting their nursing skills and that is another reason people are not starting off in community health nursing.” When describing her complex care practicum, one participant stated:

I was in cardiac surgery and I had a good experience, I inserted IVs, I did blood work.... Some of my friends did not have that opportunity, so I think maybe if I had not gotten as much skills-based as I did during my complex care practicum...I would have pursued a hospital-based career.

The statement this participant provided suggests that if students felt they did not have the chance to practice these ‘hands-on skills’ or develop the experience they needed, they would probably look towards medicine or surgery as a career choice. Another participant stated that, “the big

thing is you are going into community, you will lose your skills...I never really cared about that. If I want to go into community later, does it actually matter, for my end goal?" On the other hand, many explained that there were skills involved in community health nursing, which were not necessarily hands-on skills and "much harder to acquire." One participant stated:

In community health nursing, you are also acquiring an entirely different set of skills, things like communication and program development, those are much harder skills to acquire, you cannot really follow your textbook and learn how to do that, that is something that takes time.

Another participant explained:

It [is] a different kind of hands-on skills we use in community health nursing, like presentations, working within groups, a lot of teaching/health promotion, interventions...it is a set of skills that we need and use, it's just different from 'hands-on' skills.

Yet another participant added that "I was not really into learning all the 'hands-on' nursing skills that are out there...skills [are] not nursing." One participant when describing home health care mentioned:

You can do IV antibiotics through PICC line, start peripheral IVs, chemo symptom management, evaluate diet, also you can make calls to the physician to make changes to orders...maybe students do not know you can practice all these 'hands-on skills' in home health care because it was never discussed in class.

All these statements suggest that 'hands-on' nursing skills are subjective terms and nursing skills are in actuality found in any area of nursing.

Teaching as a skill. The ability to have time to teach in community health nursing was seen as a motivator to pursue community health nursing for many participants. One participant explained when describing her maternal health practicum:

There was an element of the maternity clinical I really enjoyed and that was the teaching... You go to be a teacher as well as a healer, so going into community health, a lot of it was prevention, bringing information to a community that is not sick yet...and I love community health nursing for that.

Another participant added:

I was very passionate about obstetrics and I found when I was doing teaching, it was my favorite part, and unfortunately I found there was not enough time to do the teaching in the hospital and that frustrated me and I heard community health/public health you do a lot of teaching and that was what I liked about nursing.

Yet another participant noted further that:

Throughout the program, when we were doing all our courses, I was always interested in the preventative end, and I feel like I was not getting that out of my hospital placements...so I knew I needed to go into public health, to be able to teach about prevention.

Job accessibility and incentives. Participants described job accessibility and salary as playing a role in decision-making for career choices. Participants suggested that some students made decisions for the future based on what is currently available in the job market. One participant explained during the focus group that “students do not want to go into community health nursing...they want to go to an area of nursing where they can get a job right away. Everyone knows hospital jobs are easily accessible and easy to get post-graduation.” Another participant added “I am currently searching for jobs in community health nursing, and I am not finding much jobs ... this could be a negative aspect not drawing people, since there are no jobs in community health nursing.” When asked how she will make a career choice, one participant stated that “I think the biggest thing is as soon as I graduate what types of jobs are available? Where I can work? Because I am not starting off with tons of experience, so whatever I can get, I will take.” One participant added that “a lot of students feel that if they go into a medicine or surgery area, they will have a safe set job right afterwards.” The sentiment of this participant suggests that students are making career choices upon graduation based upon the type of jobs that are available.

Salary and appropriate incentives play a major role as deciding factors when it comes to making career choices. One participant stated that “I think the wages in community health nursing may be less than hospital ...people want to start working right away, start making money

and be able to do things, pay off student loans, or purchase a car.” While another participant added: “hospital tends to pay more and provide different sign-on bonuses or better benefits.”

Supportive working environment. Another deciding factor in pursuing a career was the work environment, this served both as a facilitator and barrier in choosing community health nursing. One participant explained that “in the hospital you have the support; especially being a new grad...you are just starting out and feel inexperienced. You want to be around people who will be able to help you out.” While another participant described:

I just like working with people that I can actually communicate with...in the hospital some people may be really sick to the point where it is really hard for them to communicate and so I like that aspect of communicating with them.

Another participant added that “I like the hospital and all my placements there...but I love the idea of going into homes or the community setting, just a different environment.... I think in general, when you think hospital...it is not a very happy place.” When asked about what in community health nursing was appealing, one participant stated:

Everything that is community health nursing is more much more interesting and appealing to me personally. I like working at the hospital and I can do it but I find it more rewarding seeing the changes that community health nurses have on people. Even something simple as the community health nurses immunizing children and how much of a change that has made in our society and the health of our population...It is something so simple that I feel people forget about but it has made such a large impact and I think that a lot of the things [community health nurses] are doing are making a large impact but it just does not seem like it right away.

Personal interests and family oriented lifestyle. Personal interests were another driving factor in decision-making for future career choices. One participant explained that “whatever my interests are will be a huge factor for career choice ... if I like oncology, I will go into that or say I really enjoy pediatrics...that’s how I will make my decision.” When speaking of what attracts her to community health nursing, one participant explained:

To be honest, I always thought I would do ICU, like hospital nursing...I always wanted to do that. What swayed me was I did a research project in third year, I got a taste for

research, a kind of a different area of nursing, that I did not know existed...So I started looking into what I really enjoyed. I started looking into other areas of nursing that were similar to research, I started looking into public health...It touched on research in a sense that you needed to have a good foundation for whatever intervention you are going to do.

Alongside personal interests, participants also indicated that choosing a career that was in line with their future family goals played a role in the decision making process. One participant stated:

I worked shift work during the summer...It was difficult at times but it also had its advantages...but the type of schedule you can have in community is very appealing...especially as a woman and knowing that you want to eventually have a family, it would be ideal.

Another participant added:

Many students...expressed not wanting to do shift work for the rest of their lives and I think that is a big thing why they would choose a career in community health nursing and a huge factor attracting them to community health nursing later on, when they are older and maybe have settled and have families.

Pedagogy of teaching. The participants expressed the art of teaching and delivery of course material as having a major impact on decision making when it comes to pursuing community health nursing. The concepts of: 1) delivery of theory course, 2) curriculum development and clinical refinement, 3) access to role models, and 4) early exposure will be used to describe the impact teaching has on the decision making process.

Delivery of theory course. When asked if the theory course has an impact on future career choice, one participant expressed that "I think it definitely does, if you have a good professor, you would also feel motivated to learn and enjoy learning the subject. Also when someone is passionate about what they are teaching you also become passionate about what you are learning." Other participants suggested the theory Professor, as well as delivery methods had an impact on fostering interest in community health nursing amongst graduating students. One participant explained "students had extremely really negative views about it...but I am kind of in

the middle, because I feel like the Professor meant well, but the Prof was pretty much the reason I think that community health nursing is just a laughing thing among my graduating class.”

Another participant continued this sentiment as she explained that “the questions that the Prof asked, no one really felt like they were extremely relevant to community health nursing. A lot of people left the course and felt like ‘I don’t feel like I’ve learnt anything about community health nursing.’” One participant added:

We had a terrible experience with our theory course professor, exams were not relevant to teaching, exams were very specific situations to what you would find in the news, it was not a global image of community health nursing...It was just a very bad course, so we had a really bad experience with the course so people would say things like ‘all I learnt is that I am never going into community’...‘community is stupid’...‘I hate community.’

Other participants described exams within the theory course and felt “that there was no context to community health nursing and students would ask ‘why am I learning about this.’” Some went on to say that they “were not exposed to enough areas in community health nursing” or “it was only from the perspective of the Prof and what he had his interest in.” When describing the course content a participant explained that “the class was not really geared on the roles of community health nursing or what you can do in community health nursing. It was very much focused on socioeconomic factors, determinants of health, research.” Another suggested during the focus group that “people went to class but not with interest...they went to class because they needed to do well on the exams.” This implied that exam material was possibly only available by attending the theory classes and students felt that was “a way to eliminate absenteeism.” One participant explained:

There was actually this one time nobody went to [community health nursing theory] class and a p\Prof came to yell at us about the importance of going to class and necessary for our class requirements, after that more and more people also started going to class.

When speaking about the community health nursing class atmosphere, a participant described:

You would be sitting in that class and you would look at everyone's computer and they would be on Facebook or browsing the internet or whatever else they are doing...and no one really gave that teacher any respect, and I felt bad at times because I think the Prof meant well but the Prof did not convey the information well and people didn't care about it or have an interest in it.

Curriculum development and clinical refinement. In regards to fostering awareness and increasing interest in community health nursing, participants had much to say in relation to curriculum development and clinical refinement. When reflecting on the four year nursing program, one participant expressed that "I just find the whole nursing program so oriented and focused on hospital nursing. There are so many more opportunities outside of going to be a floor nurse...I wish the university would focus more on community health nursing." Another participant expressed that "the care you receive in the hospital isn't like the end-all be-all and community health nursing affects people's well-being too." She further suggested that other courses could incorporate community health nursing components into their curricula (i.e., maternal health). When referring to course content one participant expressed that "there was a lot of American content in the course and I feel like that it would be better to incorporate more Canadian context to our theory course."

Many participants suggested making major changes to clinical practicum placements could have an impact on decision making in career choices. One participant suggested that "I think revising the placement would a huge impact on people's interest in it because I like community health nursing and I did not like that placement very much." While another participant stated "by fourth year, you expect that you are just going to be doing more, it would have been more interesting to work with the community health nurses, not be like sitting at a desk and stuff." Participants felt having community health nursing preceptors take students into the field and allowing them to play the role of community health nurses could make changes and

inform the choice of students on pursuing community health nursing as a career. One participant mentioned that:

Clinical placement is a huge thing to get people motivated into what they are learning and nursing students are not like other students, where they are studying in the library 24/7...because you have placements and you have so much hands-on experience in this program and nurses enjoy being with people, so like the people who were on Excel spreadsheets for 12 weeks in the community health nursing, we want to be working with people...that's why we went into nursing, students want to interact with people, so placements need to be adjusted...and placements need to be more nursing oriented.

Another participant added that “we need to find clinical placements that are more engaging and can have an impact on our learning experience...not just placed in any type of clinical placement for the sake of doing clinical.” When describing ways to make changes to clinical practicum, a participant explained:

Perhaps even splitting up the days we go to clinical, instead of every Thursday, maybe there would be more placements opportunities on other days, like I know the program I was in was also offered on Wednesdays but because there was no placement that day, and this program is very limited. I am sure there would have been many more people that could have enjoyed it, maybe even have some kind of rotation that students have the opportunity to change placements throughout the semester and see different areas in community health nursing, which I know, would probably be very difficult.

Nonetheless, participants felt revamping clinical placement opportunities is vital in order to foster interest in the students during the nursing program.

Early Exposure: Participants suggested they could benefit from having early exposure to community health nursing within the nursing program. One participant explained in regards to fostering awareness in nursing students:

I think the university should start with awareness in the beginning of the program; we should be presented with the different jobs and specialties within nursing. There are so many jobs and different things you can do with the nursing degree, even in community health nursing, so I think if this is presented earlier on, students will have awareness and it could attract appeal and students could have interest in it right from the start.

Another participant expressed that “I did not know community health nursing existed until third, maybe even fourth year...community health nursing does not have to be a fourth year course.”

While another participant suggested “I think that when they decided to teach the theory [within the curriculum] it has an impact, because we were not exposed to [community health nursing] until fourth year, so people had already decided based on previous placements what their interests were.” Another participant suggested “I think it would be most beneficial to have the theory or placement earlier on, maybe second or third year because students would have a better idea of what community health nursing is and possibly have more interest in community health nursing.” One participant added:

When you think of the different areas of Nursing, community health nursing is not one of the first ones that come to my mind at all. So letting us know straight from the beginning of our nursing program and introducing us to community health nursing could create more interests in students in the long run.

A participant explained that perhaps more people could have possibly wanted to pursue community health nursing, at least for consolidation; the timing, however, of choosing consolidation fell just after a week or two after the start of the community health nursing clinical. She explained:

I think that because we had to pick our consolidation in September, we were not exposed to community health nursing enough to be able to decide whether we would want to pursue community health nursing for consolidation, I think it would benefit [us] if we were exposed to it earlier in the program.

One participant also touched on the amount of exposure to community health nursing. She stated:

Maybe we need to have more than one term of community health nursing, maybe we could do community health nursing rotations twice within our undergrad program, I know that would involve a lot of shuffling of current course sequence but I think early and sufficient exposure is necessary.

Having the opportunity to fully understand community health nursing and its principles, and having the time to appreciate this area of nursing could be achieved by changing the theory course from a final fourth year course. All participants expressed that early exposure could have

a major impact on both their learning experience as well as clinical experience. The timing of the course within the curriculum as a final fourth year course did not seem well situated as described by participants.

Access to role models: Another important factor informing the decisions of students was that of role models. One participant explained that “many of the perceptions of community health nursing come from the people higher up...like the professors, clinical instructors...those are the type of people that give the most influence in choices and where to go.” When trying to make a decision about career choices, one participant said:

I would tell my clinical preceptor [where I want to work] because they always ask ‘where do you want to go’ and I would tell them community health nursing, they would tell me ‘why would you do that, you are not going to get your nursing skills’...even other faculty members would tell you that.

Another participant expressed that “the positive feedback about pursuing community health nursing was from the clinical instructors who did community, the hospital nurses and teachers I found really tried to sway me or to change my mind.” This reality could suggest that some of the stigma arising from pursuing community health nursing is not originating from peers alone; nurses working in other areas also contribute to these ideologies. When describing her experience of speaking with a clinical instructor about her goals, a participant stated:

I had a favorite clinical instructor and I remember approaching her and she was really encouraging me to go into a certain area of hospital and I really respected her and looked up to her, I remember the last day during our evaluation, I opened up to her and told her I wanted to do community and she told me ‘well you would be really good in hospital...you know if you go into community you can never really come back’...so I was discouraged about that.

Another participant went on to describe the influence clinical instructors and preceptors had on her decision making:

[Clinical instructors and preceptors] say ‘you are good in this...maybe you should choose a career in this...and by the time the community health nursing placement comes

around, the students' thoughts have already been formed to a certain way...it is too late by then.

This student's statement suggests that the opinion of a role model is quite influential on the decision-making of students, alongside the timing of the clinical placement, as mentioned in the previous section. When speaking about finally making her decision to pursue community health nursing for both consolidation as well as a future career, one participant explained:

The school [University of Ottawa] actually has really good connections; we have a liaison nurse here and I got through the school the ability to talk to people, even though I found a lot of stigma surrounding community health nursing from faculty and staff, they were willing to give me resources to talk to people. I met over the phone with public health nurses; I think I spoke to five different departments, to different nurses—School Age Health Program, Healthy Learning, Health Baby Healthy Mothers Program...they got me in contact with nurses working in those areas and I got to talk to them. I asked 'What do you do?' 'What were the challenges of your job?' 'What are the advantages, your daily work routine and description?'...it was really helpful.

In regards to ways of increasing awareness and motivation to pursue community health nursing, many participants thought it beneficial to incorporate more guest lecturers during the theory course. One participant stated:

I think having a guest speaker come in and talk to us and say this is really what community health nursing is all about and this is what my day looks like...I think that it would inform a better understanding of community health nursing by having guest lecturer come in from different areas in community health nursing to show us what exists outside hospital nursing.

Another participant explained:

Attending the theory class you did not really get to see what community health nursing really is and then with placement you also do not get to see what community health nursing is, so people totally do not know what to expect, so I feel more opportunities to learn about the reality of community health nursing would be good from actual community health nurses.

Yet another participant suggested ways of fostering interest amongst undergraduate students in community health nursing:

Bring in people who are actually working in community health nursing, bring a nurse working with *Healthy baby, Healthy Mothers Program* to talk about her experience, bring in a nurse from the *Mental Health Outreach Program* or bring in a Communicable

Disease nurse... One thing I would have to say about this teacher that he did well is he brought in a nurse from the *Needle Exchange Program* that worked on the van and worked with giving out needles and after that class people were like 'I want to do that job, I want to do what she does.' That was the only class people were so involved in, so if you want to change the minds of the students, bring in more guest speakers who are actually community health nurses, there are so many areas in community health nursing, they can come in and tell their own stories, describe what they actually do.

When discussing the Nursing Job Fair held at the University that provides nursing students the opportunity to see what nursing employment opportunities exist, one participant suggested:

I think it's a good opportunity for community health nursing to be there and represent the type of jobs you can have, so when second or third year students go, they could have that early contact. I do not remember any community health nurses being there when I went in second year.

Summary of Findings

The results discussed in this chapter help inform the decision process of students when contemplating future career paths. Throughout this chapter, I have presented the voices of eleven baccalaureate nursing students on the issues that influenced their decision to choose or not to choose a career in community health nursing. These include the perceptions, attitudes, and knowledge that baccalaureate students possess in relation to pursuing community health nursing as a career choice. These have been captured in the five major themes that emerged from the research study: 1) defining community health nursing, 2) the clinical practicum experience, 3) stereotypes of community health nursing, 4) societal trends and expectations, and 5) issues influencing career choice in community health nursing. The next chapter will situate these findings within existing literature to highlight the unique contribution of this study to nursing and healthcare knowledge.

Chapter Five: Discussion

Healthcare delivery is changing at an unprecedented pace with a paradigm shift occurring from individual to population health and as a result more emphasis being placed on community healthcare (Martin, 2004). This change comes as a result of aging populations, increasing prevalence of chronic and lifestyle related diseases, advances in technology, and pressures to lower health care costs (MacLeod, 2010; Martin, 2004). Community health nurses play an important role in meeting these challenges. The roles for community health nurses are many, and the work they do is valuable in several ways; however, community health nursing as a specialty area of nursing continues to be undervalued and unrecognized (MacLeod, 2010; Schofield et al., 2008; Valaitis et al., 2008). Evidence suggests that nursing students and new graduates are scarce in community health nursing. To date, there has never been any regional, provincial or national study surrounding the perceptions of students, leading to the need to further investigate and initiate dialogue about their perceptions of community health nursing as part of nursing practice and the profession. There has also been hearsay that students show a lack of interest in community health nursing in both theory and clinical course placements. This qualitative descriptive study sought to explore the perceptions, attitudes and knowledge of baccalaureate nursing students surrounding a career in community health nursing as well as ways to foster their interest in community health nursing practice.

This is the first Canadian study on the topic and it has revealed that a number of students do lack interest in community health nursing despite the growing trend in community based health care. There are some students, however, who appreciate the unique qualities community health nursing has to offer as a specialty within nursing. Examining the unique perspectives of nursing students in this study has shed light on an area of nursing where little research has been

done previously. Students were able to speak first hand on experiences and opinions of both themselves and their peers in relation to pursuing community health nursing as a career. Being able to hear the stories, experiences and opinions of students brought a unique value to this area of research, because the students provided insight about their educational preparation and ways to initiate changes in these trends.

The findings from this study revealed a tremendous amount of personal and contextual factors surrounding nursing students pursuing a career in community health nursing. This chapter begins with an analysis of the definitions students gave of community health nursing. Secondly, an analysis of the most influential factors surrounding the major themes of the study findings are presented including, 1) the clinical practicum experience, 2) stereotypes in community health nursing, 3) societal trends and expectations and 4) issues influencing career choice in community health nursing and how these factors play a role in the decision making process of students. The chapter concludes with implications of the study findings for research, education, practice, and policy.

Students' Definitions of Community Health Nursing

The Canadian Public Health Association (2010) has defined public health and community health nurse as someone who: a) combines knowledge from public health science, primary health care (including the determinants of health), nursing science and the social sciences; b) focuses on promoting, protecting and preserving the health of populations; c) links the health and illness experiences of individuals, families and communities to population health promotion practice; d) recognizes that a communities health is closely linked to the health of its members and is often reflected first in individual and family health experiences; e) recognizes that healthy communities and systems that support health contribute to opportunities for health for

individuals, families, groups and populations and f) practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres, and nursing outposts, and with diverse partners, to meet the health needs of specific populations (CPHA, 2010).

Though some of the definitions of participants were vague in description, all definitions, for the most part, touched on elements of the definitions brought forth by the Canadian Public Health Association. When participants were asked to describe the work of community health nurses, interestingly many key concepts specific to community health nursing did not come up including social determinants of health, primary health care, critical thinking, and advocacy; though some participants made mention of these concepts indirectly. The definitions of participants were divided into four themes: 1) community centered care, 2) health promotion, 3) nature of nursing work and 4) acuity.

All participants related community health nursing to either caring for individuals within a community based setting or providing care where the focus is on the community or working with the needs of vulnerable populations within a community to promote health. This is in line with key concepts from Keller et al. (2011) Cornerstone of Public Health Nursing Framework used to describe public health nursing practice which include, but not limited to, focusing on the health of entire populations, reflects community priorities and needs as well as establishes caring relationships within communities, families and individuals. One participant described community health nursing involving “community capacity building” and “looking at what a community needs to function properly, their specific living conditions...linking different community resources together and strengthening community”. This participant touched on one of the Standards of Practice of community health nursing, *Building Individual and Community Capacity* as well as the social determinants of health. The social determinants of health are the

social and economical factors that influence the health of people. Health inequities are often common where those living in poverty have negative health consequences and those living well-off in well-off regions tend to have better overall health (CPHA, 2012). Community health nursing practice considers the broad determinants of health in planning approaches and activities (CPHA, 2010).

Health promotion was also used by almost all participants when describing community health nursing. *Health Promotion* is the first Community Health Nursing Standard of Practice. Health promotion is a positive, empowering, and unifying concept used as a mediating strategy between people and their environments (CHNC, 2008). Similar to what participants were stating, the concept of promoting health is one of the key characteristics of community health nursing in the definitions put forth by Canadian Public Health Association (CPHA), as well as, Community Health Nurses of Canada (CHNC). The work of community health nurses focuses on promoting, protecting and preserving the health of populations; this could include the implementation of programs, policies and events geared towards creating healthy lifestyles for communities. Other definitions of participants touched on community health nursing as an educational profession with relation to health promotion. Participants described the countless opportunities community health nurses have on educating the public in diverse areas, such as “how to stay healthy and choose healthy lifestyle choices... smoking cessation or exercising to prevent type II diabetes.”

The nature of nursing was also a common theme in the definitions given by the participants. Participants felt that community health nurses worked in diverse settings outside of the traditional hospital based setting, such as homes of clients, neighbourhoods, elementary

schools and rural areas. This is similar to the characteristics described by CPHA as the various settings community health nurses can work.

Interestingly, the concept of acuity was a central theme that many participants thought vital to defining community health nursing. In the definitions brought forth by PHAC, as well as other definitions defined earlier in this study (CHNC), the concept of acuity is not mentioned. Participants felt the work of community health nurses often involved working with clients and in situations where there was “less acuity.” Participants thought the “acuity” was an important factor in differentiating community health nursing from other specialities.

The Clinical Practicum Experience and Decision Making

All but two of the students in this study had already completed their community health nursing placements and were well underway with their consolidation (four month clinical placement in the area of their preferred specialization). These students were capable of providing in-depth descriptions of the impact their clinical placements had on their desire to pursue community health nursing. Satisfaction in the clinical placement was one of the top factors that students suggested had an impact on their choice of community health nursing for their final consolidation placement. This idea is supported by Pappa, Markannen and von Bonsdorff (2003) who discussed that a good clinical learning environment is established through good co-operation between the school and the clinical staff; the school should provide students with a suitable clinical learning environment, so that theory and practice would complement each other. Similarly, Edwards, Smith, Finlayson and Chapman's (2004) study to determine the relationship between the location of clinical placements and competence and preparedness for practice from the perspective of the nursing students revealed that graduate nurses are more likely to apply for work in settings where they had positive experiences during undergraduate

clinical placements. Courtney, Edwards, Smith and Finlyason's (2002) study of final year baccalaureate nursing students suggested that fostering a positive clinical placement environment could be beneficial for the future of community health nursing. Furthermore, the World Health Organization (2010) document *Framework for Community Health Nursing Education*, emphasizes the importance of students needing to be "actively involved in actual activities of community clinical work during their practice" as part of their nursing education (p. 23). With the descriptions some of the participants provided, the clinical learning environment may not have been fitting for students to grasp and appreciate the dynamics of community health nursing.

As well, participants had expressed that some students were placed in clinical settings where preceptors or clinical instructors were not present. This sentiment propagates the concept that clinical instructors need to be present in order to enhance student learning. This idea is supported by Dana and Gwele (1998) who indicated that clinical instructors have a huge impact on student learning; availability of supervision brings a sense of security to the student.

Negative views by nursing students are usually associated with clinical placement settings that are outside the hospital (Happell, 2002; Prestia, Murphy & Yoder, 2008; Robinson & Cubit, 2007; Skaalvik, Normann & Henriksen, 2011). Bjork, Berntsen, Brynildsen and Hestetun's (2014) study on the perceptions of Norwegian students of their clinical learning environment in placements outside traditional hospital settings negates this negative view. The study used the Clinical Learning Experience Inventory to measure students' perceptions and results suggested that students were fairly content with the learning environment during clinical placements in mental health, home care and nursing homes. The authors explained that a significant difference in the overall contentment was also related to the age of the students; older students (> 29 years) scored as much as 11 points higher than younger students (< 25 years) and

in other studies, the higher level perception in older students has not been reported (Ip & Chan 2005; Midgley 2006; Perli & Brugnonli 2009; Smedley & Morey, 2010). The authors further speculate that the reason for this finding may be attributed to the fact that older students are more motivated to learn than younger students. As well, older age means more maturity, which makes it easier to tackle challenges in the various clinical practice settings. The study findings from the University of Ottawa nursing students (this current study) concur that community health nursing may be a more acceptable and desirable career for older nurses. Though participants from the Bjork et al., study (2014) reported overall contentment in community health care practicum settings, the authors added that the focus should be placed on improving clinical learning environments in order to have a positive influence on the views of students about a future career in community health nursing.

Murphy, Rosser, Bevan, Warner and Jordan (2011) surveyed 440 nursing students in Wales, UK using the Clinical Learning Experience Inventory tool. The results suggested that students have a preference for specific nursing areas, preferring higher acuity community practice such as district nursing over health visiting and older adult community placements. This study suggests that the type of community health nursing practicum setting makes a significant difference in perception of community nursing practice. The perceptions of students about community health nursing practice may be largely influenced by a community health practicum that includes clinical opportunities to practice and master clinical skills and work more closely with a mentor.

Dietrich Leurer et al. (2011) outlined guidelines for ensuring quality community health nursing clinical placements for baccalaureate nursing students. The guidelines and

characteristics, which were approved by the Canadian Association of Schools of Nursing Board of Directors in 2010, can be viewed in Table 4 below.

Table 4- Guidelines for Quality Community Health Nursing Clinical Placements for Baccalaureate Nursing Students

Guidelines	Essential	Preferred
1) Community Health Nursing Identity	<p>Faculty advisor/clinical instructor has knowledge of the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences, and nursing science.</p> <p>Faculty advisor/clinical instructor is able to translate the community placement experience so that students can understand the community health nursing role.</p>	<p>Faculty advisor/clinical instructor has current community health nursing practice experience.</p>
2) Community Health Nursing Scope of Practice	<p>There is potential for students to work with clients at group and/or community levels.</p> <p>There is potential for exposure to broad determinants of health, citizen engagement, population health, and primary health care principles.</p> <p>There is exposure to multiple community health nursing strategies e.g. Building healthy public policy; Developing personal skills; Strengthening community action; Creating support environments;</p> <p>There are opportunities for practical experience where students can see the results of their actions and move toward independent practice.</p> <p>There are opportunities to develop collaborative relationships/ partnerships.</p>	<p>There are opportunities for the student to engage in practice with community as client</p> <p>Students will experience being part of an interprofessional and potentially intersectoral team.</p> <p>Rural, remote and international placements are available.</p>
3) Competent Well-prepared Preceptor	<p>There are organizational supports to precept, especially in the form of time to effectively support students.</p> <p>The preceptor has a positive attitude toward preceptorship and life-long learning</p> <p>The preceptor has experience working in and/or with communities.</p> <p>The preceptor has the ability to help students apply theory into practice.</p>	<p>Formal preceptor orientation is provided collaboratively by the community organization and the academic institution e.g. preceptor workshop or module</p> <p>The preceptor is a nurse with community health nursing experience and knowledge of the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences and nursing science.</p>
4) Supportive Environment for Student Learning	<p>In a preceptored learning situation, there is ongoing, regular</p>	<p>In a preceptored learning situation, there is verbal communication at</p>

	<p>communication between faculty, preceptors and students, with at least one verbal contact.</p> <p>The community placement setting has a caring and welcoming attitude towards student mentoring.</p> <p>Student orientation to the placement setting is provided.</p> <p>Attention is paid to student safety.</p>	<p>least at the beginning, middle and end of the experience involving faculty, preceptors and students.</p> <p>Student preference in placement choice should be given consideration.</p>
5) Community-Academic Partnership	<p>Formalized agreements (e.g. Memorandum of Understanding, signed contract) exist between the community organization and the academic institution.</p> <p>Clearly defined roles and expectations are agreed to by the community organization and the academic institution.</p> <p>Formal recognition of preceptor contribution is provided.</p>	<p>Formalized cross-appointments exist between the community organization and the academic institution.</p>

Note. [Developing guidelines for ensuring quality community health nursing clinical placements for baccalaureate nursing students, 2011].

Guideline 2, *Community Health Nursing Scope of Practice*, has characteristics that echoed what participants revealed in the findings of this current study. It states it is essential for students to work in a clinical setting where they have access to work with clients either at a group or community level. Clinical settings should provide students with the opportunity to be exposed to broad determinants of health, citizen engagement, population health and primary health care principles. Also, students should have practicum experiences where they can see the results of their actions. Through the descriptions of the students, many of these clinical settings did not meet the essential requirements of the guidelines. In guideline 3, *Competent Well-prepared Preceptor*, one of the preferred requirements is that the preceptor be a nurse with experience in community health nursing and knowledgeable of the Canadian Community Health Nursing Standards of Practice, primary health care principles, public health sciences and nursing science. Similar to the results from the Murphy et al., (2011), this study found that lack of a

nurse preceptor had a major impact on the perceptions of students of their community health nursing practicum, as students felt they were not able to fully engage in the role of an actual community health nurse. It would be of interest to explore whether making this component an essential requirement as opposed to a preferred requirement would make a difference in the students perceptions of their clinical practicum experience.

Stereotypes and decision making

Stereotypes can have a negative impact on the decisions, attitudes and behaviors of the people they affect. Students described community health nurses as “pearl and pumps” nurses because they are not uniformed and not doing all sorts of clinical procedures with their clients. One could argue, however, that the types of jobs and tasks community health nurses have are as demanding as the role of a hospital-based nurse. This study’s findings suggested that students perceive community health nursing as an area of nursing better suited for older and experienced nurses, which is one reason we need to foster and create interest in community health nursing among undergraduate and new nurses. Community health nursing is not age specific and could be a desirable working opportunity for any nurse to start a career. Another point that participants suggested is that community health nursing is not deemed as real nursing. Community health nurses work in diverse environments and settings, which could contribute to the negative views associated with community health nursing. As one participant explained, “there is lesser associated with community health nursing,” that it is not “real” nursing and it is not comparable to hospital based nursing. These negative views could devaluate the importance of the type and extent of work associated with community health nursing.

One participant mentioned not wanting to pursue nursing to end up in “an office job.” This participant wanted to be in an area of employment where she could utilize “hands on” skills,

however nurses in administrative positions, including the ones in hospital settings and the ones doing “office jobs” are vital to the nursing profession. Nursing administrative roles are where the most important work is carried out to ensure that a quality practice environment exists to support nurses’ practices, the education of students and the conduct of research, all ultimately support patient-centred care (Ferguson-Pare, 2003). It cannot be underestimated the power and influence such leadership roles have on the nursing profession. Further work needs to be done to offer guidance to students about the importance of these administrative roles. A question that students could be challenged with would be to ask them to imagine a world without nursing leadership. Who would be entrusted to serve in the role of nurse leader? What effects would this have on patient safety, quality, and health outcomes? What does nursing bring to the table for discussions about achieving optimal health for populations? One could imagine if we were to do away with such positions what would happen to patient care? These questions are also important for society and communities to contemplate.

There are few studies that have explored students’ perceptions of pursuing community health nursing as a career in international settings (Happell, 1998; Larsen et al., 2012, Prestia, Murphy & Yoder, 2008). There are, however, many studies on the perceptions of students in regards to pursuing mental health nursing as a career choice (Björkman, 2008; Charleston & Happell, 2006; Halter, 2008; Happell & Gough, 2007; Hayman-White & Happell, 2005; Hoekstra, van Meijer & van der Hooft-Leemans, 2010; Ross & Goldner, 2009; Stevens & Crouch, 1995; Stevens, Browne & Graham, 2013; Ward et al., 2003). Many of the participants in this study revealed that community health nursing and mental health nursing were quite similar in such that their peers had little interest in pursuing either areas as a career choices during their undergraduate training program. Hoekstra, van Meijer and van der Hooft-Leemans

(2010) explained that nursing students have stereotypes and negative perceptions surrounding psychiatric patients and mental health care and these perceptions strongly influence their future professional choices. They further note that if schools offering baccalaureate of nursing programs do not sufficiently counsel and inform students about mental health care, students will leave school with their stereotypes and negative perceptions of mental health care intact. The same conceptualizations can be applied to the perceptions of students and their attitudes toward community health nursing.

This study revealed that many nursing students associated community health nursing and mental health nursing based on their preconceived notions about these specialty areas of nursing. Participants reported that community health and mental health were two clinical placements that students did not look forward to attending. Many of them attributed this perception to what they had heard from the “upper years” about the courses and clinical experiences, as well as, perceptions and attitudes they had surrounding these nursing areas before entering their professional training program. A stereotype is a cognitive structure containing the knowledge and beliefs of the perceiver about a social group and its members (Hamilton, Sherman & Ruvolo, 1999, p.36). It includes integrated collections of trait concepts purportedly descriptive of the social group (Dijksterhuis & Bargh, 2001). As targets of stereotypes, people may alter their behavior in anticipation of being perceived in a stereotypical way (Steele & Aronson, 1995). The findings of this study suggested that community health nursing was a less favoured career choice amongst graduating students. Stigma and stereotypes associated with community health nursing, for the most part, were major factors in deciding on community health nursing as a career choice, and in some cases, stigma and stereotyping left students with feeling ambivalent about pursuing a career within this specialty area. Stereotypes influence how people think about

others, how they feel about them, and how they act and react to others (Biernat & Dovidio, 2000). Participants expressed that the stereotypes people have about community health nurses are the cause for the devaluation of this nursing specialty and may perpetuate the stigma associated with community health nursing.

Societal trends, expectations and decision making

“Going with the flow” and following in the steps of other nurses was another major factor that influenced decisions about where students wanted to work post-graduation. This study’s findings suggested that past nursing students and in some cases, former faculty members, clinical preceptors, instructors and other nurses play a major role in helping inform the choice of students on where they want to work. Participants suggested that whichever nursing specialty area was the focus at the time, was where students wanted to work. Currently that focus is a more technical and technologically enhanced aspect, including working in hospital based environments and in areas such as ICU and ER, where nurses are working in fast-paced environments with all sorts of unique and highly specialized equipment. Stevens, Browne and Graham (2013) studied the interest of students in pursuing mental health nursing, which revealed that nursing students continue to graduate believing that work in areas associated with the manipulation of technology and specialized equipment are high status and rewarding areas of the nursing profession. This is an ongoing trend, as suggested through the findings of this current study. Kiger (1993) explored the image of nursing in 24 Scottish nursing students. One theme consistent with their views of nursing was that the medical-surgical environment represented ‘real’ nursing. This image is still an ongoing view of nursing, as suggested by the current study’s findings.

From the description of the views and perceptions of the participants of this study, there could be a social pressure for some nurses, upon graduation, to follow the trend and work in a hospital based environment, where all nurses want to work in. Social pressure causes people to change their perception of reality and leads them to conform to a situation that may be different from what they originally desired. Krumboltz, Mitchell and Jones explained (1976) that one category influencing career decisions is environmental conditions and events; these factors are outside the control of any individual and usually a result of social, economic, political or cultural factors. Smith (1993) explained the reasons why medical students did not choose to do their residency training in internal medicine. As a residency and clerkship director, Smith had the chance to speak with several medical students. One student who was very passionate about internal medicine explained that he felt obligated to choose another area of medicine because he would be letting his classmates down. Other students reported feeling a sense of peer pressure against choosing medical fields involving primary care and felt embarrassed to let their peers know of their interest. This situation is similar to the findings of this study, where participants suggested that many may have had an interest in community health nursing, but emphasis is placed on hospital nursing as the “norm” and the essence of being a “real” nurse was working in a hospital setting, not within the community.

Students also reported going into specific areas such as medicine and surgery for their four month consolidation placement in order to succeed on the nursing board exam, the National Council Licensure Examination (NCLEX). Students were told by peers from past years that in order to succeed on the exam, they should practice in such areas. Perhaps the students may have been referring to the Canadian Registered Nurse Exam (CRNE) which was the licensure exam previously used in Canada; the last administration of the CRNE was in October 2014. However,

now the exam being used is the NCLEX, which is provided by the National Council of State Boards of Nursing. This year's nursing graduates are the first set of graduates to use the NCLEX in Canada. Therefore, it would be difficult for prior students to weigh in on an exam that had not yet been used in Canada. However, the NCLEX is becoming more generalized as it is being used in more jurisdictions internationally.

The findings also suggested that students make career decisions immediately post graduation based on the nursing graduate opportunities that are available. Through the Nursing Graduate Guarantee Initiative program, students are offered fulltime employment opportunities for 6 months, usually in the areas where they consolidate. In the Nursing Graduate Guarantee Initiative program, new graduate nurses are linked to employers using the HealthForceOntario Nurses' Career Start Gateway. Funding is provided to create bridging positions to support new graduate nurses in finding full-time employment immediately upon graduation and to provide them with an orientation that will lead to permanent employment in many cases (HealthForceOntario, 2015). These employment opportunities are available to the hospital, long-term care, home care, mental health, public health, and primary care sectors. However, participants in the study suggested spaces in community based settings are limited and therefore, competitive.

Pedagogy of teaching and decision making

Findings additionally suggested that the teaching of theory and the active learning processes had an impact on the overall decision of students to pursue community health nursing as a career. Most of the participants felt that the course professors influenced the lack of interest in community health nursing amongst the students. The students felt that the style of teaching, including course materials and exam content, did not enhance their understanding of community

health nursing. One could argue that, assuming this is true and changes could be made to course delivery and content; however, the students' had prior (mis)perceptions surrounding community health nursing that may have negatively influenced their ability to engage in and learn during the course. This study revealed that students already had preconceived expectations about the community health nursing theory course and practicum, and these opinions could potentially be hindering the students from appreciating community health nursing. Overcoming these preconceived notions of community health nursing could have served as a difficult task for professors restricting their ability to promote community health nursing to a group of students who already lacked interest in the course prior to starting it. Nonetheless participants were able to provide insight and suggestions into ways to foster interest amongst their undergraduate peers.

Firstly, participants explained how the use of guest speakers would enhance the understanding and appreciation for community health nursing. The participants suggested the inclusion of more guest speakers within the curriculum. Guest speakers could bring significant value into the teaching environment; they are perfect role models to be able to teach students because they can draw upon their own personal experiences, perspectives, expertise and knowledge. Guest speakers have the potential to enhance the learning experience of students and can serve as a great tool for inspiration. There is great importance associated with bringing creativity to the class room environment (Fleith, 2000). Participants also stated that having access to role models could have a positive influence on the decision of students to pursue community health nursing as a career. This idea is supported by Gibson (2004) who explained that role models as vital in the decision making process when persons explore career options. Other studies have also shown a relationship between the influence of role models and career indecision (Perrone, Zanardelli, Worthington, & Chartrand, 2002), career aspirations (Nauta,

Epperson, & Kahn, 1998), and career choice (DeSantis & Quimby, 2004). Wright, Wong and Newill (1997) surveyed 146 medical students from McGill University to explore the relationship between clinical role models during medical school and the choice of clinical field for residency training. Results of the study suggested that the choice of residency training of students was strongly influenced by their role model. This correlation is supportive of what participants in the current study suggested on how role models could help foster interest in community health nursing amongst undergraduate students.

Secondly, participants suggested that the timing of the community health nursing course and practicum served as a barrier for students to pursue community health nursing. Almost all participants felt that the course, which is offered in the final year of the program, could have easily been introduced in the beginning years of their program. Having the course so late in the program did not allow for students to appreciate community health nursing. Branstetter, Faix, Humphrey and Schumann (2007) studied whether introducing radiology in first year of medical school had an impact on the attitudes or knowledge of medical students on the principles of radiology. Their findings suggested that early exposure to radiology in the first year of medical school improved overall impressions of radiology as a specialty and increased interests in choosing radiology as a career. It is possible that early introduction to community health nursing could have a positive impact on the interest of students in community health nursing, as well as, their choice in pursuing it as a career.

Nursing skills and decision making

Participants touched on how the degree to which students are exposed to “hands on” nursing could be a barrier towards pursuing community health nursing. For many participants, the ability to perform “hands on” nursing tasks was partially what defined being a “real” nurse.

Students felt they have spent four years of their education doing laboratories to practice and learn these nursing skills, therefore they expected to have the opportunity to apply the skills in practice. This perception leads to the question: Is the ability of using nursing skills and performing nursing tasks the only abilities nursing students take from the undergraduate nursing program? What about the core competencies learned throughout the program, as well as supporting and empowering through a diverse set of skills and abilities that nurses possess? A few participants described how community health nursing involved an entirely different set of nursing skills which are difficult to acquire and perfect, especially in one semester of a four year program. For example, a public health practitioner with post-secondary training in public health is expected to possess all 36 of the core competencies (PHAC, 2015). Some of the core competencies include but are not limited to: 1) implementing a policy or program or taking appropriate action to address a specific public health issue, 2) using skills such as team building, negotiating and conflict management and group facilitation to build partnerships, 3) interpreting information for professional, non-professional and community audiences, and 4) determining the meaning of information considering the current ethical, political, scientific, socio-cultural and economic contexts. These core competencies are clearly beyond the scope of entry level community health nurses. However, within the nursing profession there is recognition that all new nurses entering into clinical practice need a minimal set of competencies related to public and population health needs for all Canadian communities. These competencies have been articulated by the Canadian Association of Schools of Nursing (CASN, 2014). The entry-to-practice public health nursing competencies include five domains that all undergraduate nursing students are expected to exhibit upon completion of their nursing program. The five domains include: 1) public health sciences in nursing practice; 2) population and community health

assessment and analysis; 3) population health planning, implementation, and evaluation; 4) partnerships, collaboration and advocacy; and 5) communication in public health nursing. Within each domain are three to six indicators on which nursing students can be measured to determine whether they have met minimal levels of competency (CASN, 2014).

Emphasis on community and public health competencies is not to say that clinical nursing in acute care settings and the skills nurses in acute care settings possess do not have value. The focus, however, should not entirely revolve around “hands on” nursing. Keleher, Parker and Francis (2010) stated that nursing education has focused on preparing graduates for work in acute care settings. The Institute of Medicine (2010) reiterated similar statements and added the ways in which nurses were educated during the 20th century are not adequate for dealing with the realities of health care in the 21st century. Similar opinions were echoed in this current study as participants revealed parallel opinions expressing that the nursing program is designed in a way to prepare graduates for an acute care nurse position.

One participant revealed how the use of ‘hands on skills’ is not evident in homecare nursing, and perhaps more students would be interested in this field because of their desire to use the ‘hands on skills’ however students may not be aware of what it entails because they do not learn about it in school. A Canadian Nurses Association report predicted that in 2020, two-thirds of Canadian nurses will be working in the community (Villeneuve & MacDonald, 2006); changes to the way nurses are educated and supported to practice will need to occur (CNA, 2013). The report, *Optimizing the Role of Nursing in Home Health*, (CNA, 2013) expressed a lack of engagement and retention of new graduates in home health care due to unhealthy work environments, work-life imbalances and a medical approach to care that is prevalent in acute care hospital settings. The report further added that home health care is a challenging

environment as new graduates are not exposed to home health during their undergraduate program and as a result, they do not consider it as a career option; in most cases undergraduate nursing programs quite often focus on public health rather than home health in their community nursing courses.

Nature of Nursing Work and its effects on Decision Making

Participants expressed a distinct difference between the working environment of hospital based and community-based nursing. Some participants used terms such as “less stress” and “laid back” to describe the community health nursing practice environment. There have been numerous studies on stress related to workload, inadequate staff or time pressures (Hillhouse & Adler, 1997; Healy & McKay, 1999; Demerouti et al., 2000; McGowan, 2001; Stordeur et al., 2001) as well as shift work as a stressor (Demerouti et al., 2000; Healy & McKay, 2000), so it goes without saying that stress is a common occurrence in clinical nursing situations. Though an understudied area, there is also stress within community health nursing work environments; imagine the stress that could be accompanied with advocacy, community organizing, health education, and political and social reform. Boswell (1992) surveyed 84 community health nurses to establish a relationship between work stress and job satisfaction, which revealed quality of care, time to do one's job, and task requirements acted as stressors. Stewart and Arkalie (1994) additionally identified interactions among stress, support, satisfaction and burnout among 101 community health nurses in Nova Scotia were attributed to insufficient time for client care (i.e. too many non-nursing tasks required, such as clerical duties, and not enough staff to adequately cover the district); poor work environments (i.e. insufficient opportunity to express anger and frustration, unpredictable staffing and scheduling, and lack of value placed on work); and difficult clients (i.e. helplessness in the case of a family who fails to improve, watching a client

suffer, and having to deal with a particularly demanding, angry or depressed client). Perceived lack of support from supervisors and heavy workload, hazardous driving conditions, unclear role definitions, large numbers of programs, and conflict with other service providers also contributed to the nurses' stress and burnout experiences (Stewart & Arkalie, 1994).

Participants mentioned other factors influencing career choice in community health nursing such as personal interest and areas of nursing that would allow for a family oriented lifestyle. Personal interest plays a major role on the decisions about career choice of the students. Ko et al., (2007) explored the factors that influenced the career choices among 118 medical students, residents and physicians. Their study revealed that personal interests and previous experiences were identified as the most influential aspect in career choice. Also, students believed that a career in community health nursing would allow for a family oriented lifestyle. Greenhaus and Callanan (1994) identified five career development stages and suggested occupational choice is perhaps one of those most influenced by family concerns, both present and anticipated. Research by Okamoto and England (1999) revealed that when making choices surrounding occupations, young women took family responsibilities into account. Similarly participants in this study expressed how a career in community health nursing would be more appealing, as the hours of work would be more convenient for someone with a family, because it would be a typical "9-5 to job with no weekends, no shift work."

In summary, this study's findings identified factors that clearly resonated among the nursing students interviewed. These findings offer clues into the reasons surrounding the perceptions and attitudes of the students towards pursuing a career in community health nursing. These findings point to a number of issues that have implications for nursing research, practice, education and policy, which are described below.

Implications for Nursing Research

Globally recruitment and retention issues for community health nursing have been reported in countries including the United States and Australia. For example, in Australia, Happell (1998) indicated that community health nursing is one of the least favoured areas of nursing amongst students. Happell (1998) argued for the need to promote community health nursing from a clinical and a theoretical perspective, in order to increase interest amongst nursing school graduates. Similarly, in the United States, Moon, Henry, Connelly and Kirsch (2005) implemented a project to increase the number of students choosing a career in public health. They indicated a need for fostering interest in community health nursing because nursing care has shifted and is now concentrated on population-focused care rather than acute care. In their study, they observed that in the prior year, only 2 students had indicated interest in pursuing community health nursing, the following year after implementation of the project, 40% of students indicated an interest in a career in community health nursing. Their study suggested through adequate focus on public health nursing in the curriculum, as well as, strategically planned and managed clinical placements, a remarkable interest in public health nursing careers can be achieved. The findings from this study are similar to what was reported in the previous study in highlighting the need for proper education and revision of the nursing curriculum to place equal importance on all areas of nursing specialization throughout the program. Recommendations suggested in this study can not only be used nationally, but can be applied internationally to assist in fostering interest in community health nursing among new graduates. As well, it has been reported that students had similar negative views of mental health nursing. It is therefore possible that some recommendations from this study could also be applied to both community health and mental health nursing settings and/or contexts.

This study provides a foundation for further inquiry about the perceptions students on community health nursing curriculum and ways to influence student's choosing community health nursing as a career. This first of its kind study in Canada is important for the nursing and health research community as it allows the initiation of dialogue among those directly involved with the education and practice of community health nursing. In turn, this research can potentially help make the necessary changes to promote community health nursing as a desirable career. Presentations of findings have already been made at Ottawa Public Health and the International Journal of Arts and Science Conference in Toronto. Future presentations of this study's will be tentatively presented at conferences offered through the Canadian Nurses Association, Community Health Nurses of Canada and Canadian Association of Schools of Nursing.

Implications for Nursing Practice

Findings from this study suggest that nurses play a vital role in preparing students to enter the nursing profession. The literature relates the presence of having positive role models and the effect it may have on moulding the thoughts, perceptions and opinions of students. Funding for an additional 80,000 hours of nursing care is part of Ontario's provincial budget commitment for 2015. This commitment will increase investment in home and community care by more than \$750 million over the next three years (MHLC, 2015). It is important to foster community health nursing as a fulfilling career and an attractive environment for graduate nurses as it plays a vital role in the future of healthcare delivery in Canada.

Stigma and stereotypes surrounding the community health nursing specialty persist and are influencing the choices of students related to pursuing careers in community health nursing. The participants suggested that they hear these comments from other nurses working in different

areas. Community health nursing educators, leaders and workers are cognizant of the perceptions of the students; however community health nursing needs to be reinforced as a valuable profession. It is at a point where all nurses must come together as one discipline and have respect for the different kinds of work nurses do entirely or continue to work separately. In order for the respect for each different speciality within nursing to be given, one must remember their own journey to becoming a nurse and the paths they took to bring them where they are today. There were participants who expressed that they were discouraged by peers and others when they expressed their desire to pursue community health nursing because of the stigma associated with this choice of specialty. It is discouraging to be eager to begin a nursing profession and at the same time afraid to explore all the opportunities available to new nurses entering the profession, because of all the negative feedback given.

The same can apply to mental health, as students voiced opinions that suggested mental health and community health are given limited respect and are not highly valued. This needs to change because both these nursing specialties are essential to achieving the goals of optimal health status for all members of our community. People need to become educated and aware of the role of community health nurses and the value that community health nursing has for the achievement of optimal health for individuals, families, communities and neighborhoods.

Implication for Nursing Education

Students who participated in the community health nursing study expressed feeling unsatisfied with their clinical learning experiences. Some participants reported being placed in placements without a nurse as a clinical preceptor to guide them along the way and others perceived that they were doing non nursing tasks. In both cases, participants perceived these realities of their clinical placements as preventing them from enacting the role of an actual

community health nurse. Students are put into community health nursing placements, often with little surveillance and asked to design a project geared at creating an intervention to solve a specific community or population health issue without ever interacting with clients. Students are often unable to apply any value to their role because they do not feel like they are contributing anything in their placements. For many students, they feel they have an invisible role as a student nurse in these community placements. Walker et al. (2014) conducted a study in Australia that revealed that positive role models, belonging, peer support, critical thinking abilities and confidence, all play a role in how nursing students construct their nursing identity. In relation to baccalaureate nursing students, having a sense of belonging and positive role models to assist them along the way and show students that they are part of the team are all ways to help build their nursing identity. This strategy in turn could potentially change the way students view the role of community health nurses, if their placements allowed them to fully participate and feel like they are part of the community health care team. There are preconceived ideas and opinions students have before entering the community health nursing clinical placement, and students are then placed in clinical situations that may not have any impact on their learning or understanding of the role of community health nurses. Thus, there exists a need to re-evaluate and create clinical placements that allow students to properly enact the role of community health nurses and work alongside community health nurses, whether it is an opportunity to shadow a community health nurse prior to clinical or finding placements that are conducive to mastery of the competencies for entry to practice and mindful of the nature and quality of the learning experience.

Another important issue is that students were asked to do a project in the community health practicum by creating an intervention, without consideration to the rest of the nursing

process (Assessment, Diagnosis, Planning and Evaluation). What is being taken away from students through this process is not allowing students to apply the full nursing process during their clinical placements? Also, nursing has transitioned from a profession in which people are more attuned to the medical model and focusing on the intervention and what can be done to change a specific clinical situation to a profession that is concerned with the wellbeing of populations, not just individuals. Students' projects during the community health nursing clinical often focus on 'What intervention can I do to change this current situation?' This approach limits the abilities of students to recognize the elements of the nursing process in community health nursing and how they can serve within their full scope and as change agents to improve the health of the populations they serve in their community. Current clinical course assignments do not allow students to ask themselves 'What assessment skills do I need to apply and plan for an intervention?' This limits their ability to most effectively plan and implement interventions that are grounded in the needs and realities of the community they are called upon to serve during their clinical rotation. The role of community health nurses is multi-dimensional, and poses a challenge for teachers to convey the content to students in a way that students find engaging. Being able to apply the full nursing process would not only allow students to understand this multi-dimensional role, it could also be vital to their understanding of community health nursing and acquisition of the necessary competencies to enter practices once they complete their basic nursing training.

This brings up the next issue, the timing and amount of exposure of the community health nursing clinical practicum. Students were exposed to community health nursing in the final year of the program, first semester, 8 hours a day, once a week for a period of 12 weeks. Participants suggested early exposure as one of the factors that could foster interest in community health

nursing amongst undergraduate nurses. Secondly, perhaps having two semesters or more of community health nursing or changing the timing of the community health nursing theory and clinical courses is necessary to facilitate students' ability to fully understand the principles and foundations of community health nursing and allow them to fully apply the nursing process to clinical placements and integrate community and public health core competencies into their clinical practices. Whether community health nursing is introduced in the first, second or third year of nursing, the findings suggest that having the course in the final year could have negative impacts on pursuing this specialty area as a career.

The findings also revealed a possible lack of understanding surrounding community health nursing among students. Students reported the use of Excel during their community health nursing clinical placement and thought it was more a task for someone in the business profession. The students used Excel to document the number of people attending the clinic. However, these students lacked the insight and understanding that the use of Excel was merely a tool for documentation that is useful for carrying out monitoring/evaluation phases of the nursing process which is essential for nursing work. Yes, you could easily hire someone in the business field to take on the task; however there is value added when this task is performed by a nurse who has the skills and competencies to recognize when there are disconcerting trends that are emerging from the data that are entered into the Excel spreadsheet. It is not known why exactly they were documenting the number of clients who used the clinic; perhaps it was a means of finding out if the clinic is accessible or whether changes were to be made to the type of services being provided. Additionally, how different is the use of Excel for managing patient data than entering patient information in the Electronic Medical Record in acute care? Nonetheless, when applying the nursing process within the clinical placement, perhaps students are only exposed to

one aspect of the nursing process within an agency during their placement and do not have or have not recognized the full picture of the clinical agency to which they have been assigned for their clinical placement.

Not only do changes need to be made to clinical placements, curriculum development is also vital. Participants suggested lack of interest in their community health nursing theory course for several reasons, such as, the style of teaching including course delivery methods and exam content. It is possible that students lack the ability to align theory to practice and because of their preconceived notions about community health nursing are unable to open their minds to efforts to enlighten them about the linkages between community health nursing theory and community health nursing practice. Perhaps it is because their placements do not allow them to do so or possibly they do not understand the principles of community health nursing and therefore are not able to apply them to their community health nursing clinical practicum. The latter would be corrected by lengthening exposure to community health nursing, whether it is two terms or revamping the entire nursing curriculum so that other courses within the nursing program incorporate concepts such as the principles of primary health care and how those principles are essential elements to all aspects of nursing practice not just community health nursing. One participant suggested that the entire nursing program is geared towards hospital nursing. Perhaps it is time to change the schools nursing curriculum to include more emphasis on primary health care and preventive healthcare models and move away from a hospital-based sick care model of health care. Some nursing programs have traditional curriculums designed to instruct the student nurse to gain the nursing and clinical knowledge needed to pass licensure examinations and to care for the health needs of patient populations (Wood, 1998); perhaps it is this model of nursing education that needs to be revamped and changed?

Nurses entering the profession in the future could benefit from a nursing undergraduate program that integrates a primary health care model into the curriculum that will prepare them for the challenges that global health care reform initiatives pose for nurses and other health care providers working in healthcare delivery. Primary health care reflects the approach to service to community proposed by the World Health Organization's Alma Ata Declaration in 1978. It states:

Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world; It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care.

Primary Health Care remains essential and vital to health and wellness of all and this is where community health nurses can play a major role. Furthermore, the principles of primary health care help form the values and beliefs grounded in community health nursing practice (CHNC, 2008). The undergraduate nursing education currently revolves around acute care as opposed to community-based or community-integrated care. Changes must be made to the current curriculum including transitioning from task-based competencies to higher level competencies that would provide a foundation for care management knowledge and competencies in decision making skills under a variety of clinical situations and care settings (Institute of Medicine, 2010). These competencies include decision making, quality improvement, systems thinking, and leadership competencies. Nurses who work in twenty first century health care settings will be increasingly called upon to practice in ever more complex and globally connected and influenced health care delivery systems that require them to possess transferable skills and community and public health competencies even at entry-to-practice.

It is also vital for community health nursing leaders to take on teaching nursing students as future nurses as a professional obligation; there needs to be a more active and intentional role of community health nursing leaders in the delivery of theory course material, as well as, in clinical practice placements to optimize learning opportunities for nursing students.

Implications for Organizational Policy

The voice of community health nursing needs to be heard. Students suggested that community health nurses are scarce during the nursing job fairs hosted by the university. This underrepresentation of community health nursing should change; community health nursing organizations and the university should make conscientious efforts to provide students with knowledge and information surrounding the roles of community health nurses and the opportunities for nursing students and new nurses in community health nursing settings. Representatives from community health nursing organizations could provide insight into the type of tasks they perform, the challenges encountered in their work settings and the benefits of their profession. Once again, having role models to be able to explain their own personal experience has been demonstrated to have a positive experience on the nursing identity and is a factor on the decision making process for choosing a career path.

Another step, which may be more difficult to achieve, would be the flexibility in wages, sign on bonuses, lucrative benefit packages and other monetary methods to attract new nurses to community health nursing. This study's findings suggested that salary is a factor in making a career choice among undergraduate students.

Looking into creating more positions in the Nursing Graduate Guarantee Initiative within several different community health nursing environments would also be of interest to students and beneficial to community health nursing and community health nursing organizations.

Participants did mention that they were aware that there are some Nursing Graduate Initiative positions available in community health nursing settings; however they are quite limited and highly competitive. The types of jobs nurses can have in community health nursing are countless, so perhaps looking at more creative and exciting employment opportunities would be beneficial in the long run.

Many participants wanted to go into a hospital based setting post-graduation because they felt they have the necessary support from fellow nurses in those settings. It would also be beneficial if community health nursing organizations and employers offered mentorship programs that would allow new graduates to have the support they need in the first six months to one year after starting a new job.

Limitations

The majority of participants in the study had a strong interest in pursuing community health nursing, which could be the reason for their participation. Though they were able to provide insights on reasons why they would pursue community health nursing as a career option, they also provided much insight into what their peers who had no interest in community health nursing were saying about community health nursing. This is a limitation as some participants were giving perceptions about community health nursing that did not come from them directly but from what their peers were saying. It would have been of interest to have more participants who did not have a strong interest in community health nursing weigh in on the findings of this study.

The participants in this study were only women; it would have been of interest to obtain the perspective of male nursing students and to see if there were any gender-based differences

when it comes to career choice among nursing students interested in community health. This is a limitation as the study findings were reflective of female nursing students.

Also, this study is based on a single sample from the same cohort at the University of Ottawa. Though the results were comparative to international studies, it would have been of interest to have the perspective of students from other cohorts at the University of Ottawa or from other Universities either provincial or national to allow for temporal and geographical comparisons. Comparing the impact of different curriculums on the perceptions of students to community health nursing would be of interest. This is a limitation as it is reflective of one single sample and not different perspectives of nursing students across Ontario or Canada or nursing students that are not in their first or final year of their nursing program.

Conclusion

A gap in knowledge surrounding the perceptions and attitudes of nursing students towards pursuing community health nursing is what led to this descriptive qualitative study. It was suggested that baccalaureate students are scarce in community health nursing; however no national, provincial or regional data existed to confirm this finding. The findings of this study revealed several factors such as the nature of the work environment, meaningful clinical practicum engagements, societal trends and expectations and stereotypes in community health nursing, that both motivate and hinder students from pursuing community health nursing. Direct efforts by community health nursing organizations and the university are needed to improve the underrepresentation of new graduates in community health nursing. The primary target for initiating change should start with nursing education. Major revisions to curriculum, as well as, refinement of clinical placements could potentially alter the viewpoints and ideologies that students have surrounding community health nursing. Furthermore, emphasis needs to be placed

on reducing the stigma associated with working in community health nursing among other the nursing professionals and nursing students. Focus needs to be placed on increasing community health nursing awareness in order for people to understand the importance and impact it has on the health status of communities and healthcare delivery infrastructure. Clearly there is a need for further inquiry into evaluating recommendations suggested that will foster interest in, support and motivate students to become community health nurses.

Because of demographic changes, growing cost of acute care, aging population and the number of people living with chronic illnesses and needing special care, there is even more need for community health nurses, both in Canada and internationally. In order to meet these demands, there needs to be major changes in community health nursing education and practice in the 21st century.

References

- The American Public Health Association (2006). *The public health workforce shortage: Left unchecked, will we be protected?* Retrieved from, <http://www.apha.org/workforcebrief.pdf>
- Archives of Ontario. (2011). *Public health nurses: Bringing health home*. Retrieved from, http://www.archives.gov.on.ca/en/explore/online/health_promotion/health_home.aspx
- Baglin, M.R., & Rugg, S. (2010). Student nurses' experiences of community-based practice placement learning: a qualitative exploration. *Nurse Education in Practice, 10*(3), 144-52.
- Berg, M., Lehmann, S., & Mobily, P. (2008). Young nurse clinician programs: Geriatric, pediatric, and community health. *Nurse Educator, 33*(6), 273-276.
doi:10.1097/01.NNE.0000334794.30299.fa
- Biernat, M., & Dovidio, J. F. (2000). *Stigma and stereotypes*. In T. F. Heatherton, R. E. Kleck, M.R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 88-125) New York: Guilford.
- Bjork, I., Berntsen, K., Brynildsen, G., & Hestetun, M. (2014). Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing, 23*(19-20), 2958-67.
- Björkman, T. T. M. (2008). Attitudes towards people with mental illness: A cross-sectional study among nursing staff in psychiatric and somatic care. *Scandinavian Journal of Caring Sciences, 22*, 170-177.
- Boswell, C. A. (1992). Work stress and job satisfaction for the community health nurse. *Journal of Community Health Nursing, 9*(4), 221-227.

- Branstetter B., Faix L., Humphrey A., & Schumann, J. (2007). Preclinical Medical Student Training in Radiology: The Effect of Early Exposure. *American Journal of Roentgenology*, 188(1): W9-14.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brown J, Nolan M, Davies S, Nolan J & Keady J. (2008). Transforming students' views of gerontological nursing: realising the potential of "enriched" environments of learning and care: a multimethod longitudinal study. *International Journal of Nursing Studies* 45, 1214– 1232.
- Buhler-Wilkerson, K. (1985). Public health nursing: in sickness or in health? *American Journal of Public Health* 75(10), 1155–1161.
- Canadian Association of School of Nursing (CASN) Task Force on Public Health Education. (2006). Public Health Nursing Education at the Baccalaureate Level in Canada. Retrieved from, <http://casn.ca/wp-content/uploads/2014/12/1FinalReportPublicHealthSeptember2007.pdf>
- Canales, M.K., & Drevdahl, D.J. (2014) Community/public health nursing: is there a future for the specialty? *Nursing Outlook* 62(6), 448-58.
- Canadian Institute for Health Information. (2012). *Regulated nurses: Canadian trends, 2007 to 2011*. Retrieved from https://secure.cihi.ca/free_products/Regulated_Nurses_EN.pdf
- Canadian Nurses Association (CNA). (2005). *Primary Health Care: A summary of issues*. Retrieved from, http://www.cna-aiic.ca/~media/cna/page-content/pdf-en/bg7_primary_health_care_e.pdf?la=en

- Canadian Nurses Association (CNA). (2013). *Optimizing the role of nursing in home health*. Retrieved from, http://www.cna-aiic.ca/~media/cna/page-content/pdf-en/optimizing_the_role_of_nursing_in_home_health_e.pdf?la=en
- Canadian Public Health Association (CPHA). (2010). *Public health-Community health nursing practice in Canada*. Retrieved from, <https://www.chnc.ca/documents/PublicHealth-CommunityHealthNursinginCanadaRolesandActivities2010.pdf>
- Canadian Public Health Association (CPHA). (2012). *Frontline health-What are the social determinants of health?* Retrieved from, <http://www.cpha.ca/en/programs/social-determinants/frontlinehealth/sdh.aspx>
- Carr, S. M. (2001). Nursing in the community--impact of context on the practice agenda. *Journal of Clinical Nursing, 10*(3), 330-336.
- Cavanagh, S. (1997) Content analysis: concepts, methods and applications. *Nurse Researcher, 4*, 5-16.
- Charleston, R. & Happell, B. (2006). Recognising and reconciling differences: Mental health nurses and nursing students' perceptions of the preceptorship relationship. *The Australian Journal of Advanced Nursing, 24*, 38-43.
- Cohen, B., & Gregory, D. (2009). Community health clinical education in Canada: Part 1-"State of the Art". *Integration Journal of Nursing Education Scholarship, 6*(1): Article 1.
- Commission on the Reform of Ontario's Public Services (2012). *Public services for Ontarians: a path to sustainability and excellence*. Retrieved from, <http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf>

- Community Health Nurses Association of Canada (CHNC). (2008). *Canadian Community Health Nursing Standards of Practice*. Retrieved from, http://www.chnc.ca/documents/chn_standards_of_practice_mar08_english.pdf
- Community Health Nurses of Canada (CHNC). (2009). *Community Health Nursing Vision Statement and Definition of Practice in Canada*. Retrieved from, https://www.chnc.ca/documents/2009EnglishCHNDefinition_VisionStatement.pdf
- Community Health Nurses Association of Canada (CHNC). (2010). *A synthesis of Canadian community health nursing reports*. Retrieved from, <http://www.chnc.ca/documents/asynthesisofcanadiancommunityhealthnursingreports.doc>
- Corwin, P., Toop, L., McGeoch, G., Than, M., Wynn-Thomas, S., Elisabeth Wells, J., Dawson, R., Abernethy, P., Pithie, A., Chambers, S., Fletcher, L., & Richards, D. (2005). Randomised controlled trial of intravenous antibiotic treatment for cellulitis at home compared with hospital. *British Medical Journal*, 330(7483), 129-132.
- Courtney, M., Edwards, H., Smith, S., & Finlayson, K. (2002). The impact of rural placement on student nurses' employment intentions. *Collegian*, 9(1), 12-18.
- Creswell J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. (3rd Ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Dalton, J.M., Aber, C., & Fawcett, J. (2009). Students' perceptions of home visiting. *Home Healthcare Nurse*, 27(4), 253-61.
- Dana, N., & Gwele, N. S. (1998). Perceptions of student nurses of personal and academic development during placement in the community as a clinical learning environment. *Curationis*, 21(1), 58-64.

- Daly, J., Kellehear, A. & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.
- De Leon, J., & Cohen, J. (2005). Object and walking probes in ethnographic interviewing. *Field Methods, 17*(2) 200-204.
- Demerouti E., Bakker A., Nachreiner, F. & Schaufeli, W.B. (2000). A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing, 32*, 454–464.
- DeSantis, A.M., & Quimby, J. L. (2004). Self-efficacy as a mediator between contextual variables and career choice. Poster session presented at the 113th Annual Convention of the American Psychological Association, Washington, DC.
- Diem, E. & Moyer, A. (2005) *Community health nursing projects: Making a difference*. Philadelphia, PA: Lippincott Williams and Wilkins.
- Dietrich Leurer, M., Meagher-Stewart, D., Cohen, B., Seaman, P., Buhler, S., Granger, M., & Pattullo, H. (2011). Developing guidelines for quality community health nursing clinical placements for baccalaureate nursing students. *International Journal of Nursing Education Scholarship, 8*(1), Article 23.
- Dijksterhuis, A., & Bargh, J. A. (2001). The perception-behavior expressway: Automatic effects of social perception on social behavior. *Advances in experimental social psychology, 33*, 1-40.
- Dulock, H. (1993). Research design: Descriptive research. *Journal of Pediatric Oncology Nursing, 10*(4), 154-157.
- Edwards, H., Smith, S, Finlayson, K., & Chapman, H. (2004). The impact of clinical placement on nursing students' competence and preparedness for practice. *Nurse Education Today, 24*, 248-255.

- Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advance Nursing, 62*(1), 107-115
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 80-92.
- Ferguson-Pare, Mary. (2003). Administration: What is leadership in nursing? *Nursing Leadership, 16*(1), 35-37.
- Fleith, D. S. (2000). Teacher and student perceptions of creativity in the classroom Environment. *Roeper Review, 22*(3), 148.
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collections in qualitative research: Interviews and focus groups. *British Dental Journal, 204*, 291-295.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with date saturation and variability. *Field Methods, 18*(1), 59-82.
- Halter, M. J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric Nursing, 22*, 20–26.
- Hamilton, D., Sherman, S., & Ruvolo, C. (1990). Stereotypes-based expectancies: effects on information processing and social behavior. *Journal of Social Issues, 46*(2), 35-60.
- Happell, B. (1998). Student nurses' attitudes toward a career in community health. *Journal of Community Health, 23*(4), 269-279.
- Happell, B. (1999). When I grow up I want to be a...? Where undergraduate student nurses want to work after graduation. *Journal of Advanced Nursing, 29*(2), 499-505.
- Happell, B. (2002). Nursing home employment for nursing students: valuable experience or a harsh deterrent. *Journal of Advanced Nursing 39*, 529– 536.

- Happell, B. & Gough, K. (2007). Undergraduate nursing students' attitudes toward mental health nursing: Determining the influencing factors. *Contemporary Nurse, 25*, 72–81.
- Hayes, L. J., Orchard, C. A., Hall, L. M., Nincic, V., O'Brien-Pallas, L., & Andrews, G. (2006). Career intentions of nursing students and new nurse graduates: A review of the literature. *International Journal of Nursing Education Scholarship, 3*(1), 1-15.
- Hayman-White, K. & Happell, B. (2005). Nursing students' attitudes toward mental health nursing and consumers: Psychometric properties of a self-report scale. *Archives of Psychiatric Nursing, 19*, 184–193.
- Health Canada: Office of Nursing Policy. (2009). *Exploring the Merits of a Centre of Excellence for Public Health Nursing-A discussion paper*.
- HealthForceOntario. (2015). *Nursing graduate guarantee initiative*. Retrieved from, http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Strategy/Nursing_Graduate_Guarantee
- Health Resources and Services Administration (HRSA). (2005). *Public Health Workforce Safety*. Retrieved from, <http://bhpr.hrsa.gov/healthworkforce/supplydemand/publichealth/publichealthworkforce2005.pHH>]
- Healy C. & McKay M.F. (1999). Identifying sources of stress and job satisfaction in the nursing environment. *Australian Journal of Advanced Nursing, 17*, 30–35.
- Healy C. & McKay M.F. (2000). Nursing stress: the effect of coping strategies and job satisfaction in a sample of Australian nurses. *Journal of Advanced Nursing, 31*, 681–688.

- Heslop, L., McIntyre, M., & Ives, G. (2001). Undergraduate student nurses' expectations and their self reported preparedness for the graduate year role. *Journal of Advanced Nursing*, 36(5), 626-634.
- Hillhouse J.J. & Adler C.M. (1997). Investigating stress effect patterns in hospital staff nurses: result of cluster analysis. *Social Science and Medicine*, 45, 1781–1788.
- Hoekstra, H., van Meijel, B., & van der Hooft-Leemans, T. (2010). A nursing career in mental health care: choices and motives of nursing students. *Nurse Education Today*, 30(1), 4-8.
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Retrieved from, <http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/>
- Ip, WY., & Chan DSK. (2005). Hong Kong nursing students' perception of the clinical learning environment: a questionnaire study. *Journal of Advanced Nursing* 42, 665–672.
- Keleher, H., Parker, R., & Francis, K. (2010). Preparing nurses for primary health care futures: How well do Australian nursing courses perform? *Australian Journal of Primary Health*, 16(3), 211–216.
- Keller, L.O., Strohschein, S., & Schaffer, M.A. (2011). Cornerstones of public health nursing. *Public Health Nursing* 28(3), 249-60.
- Kiger, A. (1993). Accord and discord in students' images of nursing. *Journal of Nursing Education* 32(7), 309-317.
- Ko, H., Lee, T., Leung, Y., Fleming, B., Vikis, E., & Yoshida, E. (2007). Factors influencing career choices made by medical students, residents, and practising physicians. *British Columbia Medical Journal*, 49(9), 482-489.

- Krumboltz, J. D., Mitchell, A. M., & Jones, G. B. (1976). A social learning theory of career selection. *The Counseling Psychologist, 6*, 71-81.
- Larsen, R., Reif, L., & Frauendienst, R. (2012). Baccalaureate nursing students' intention to choose a public health career. *Public Health Nursing, 29*(5), 424-432.
doi:10.1111/j.1525-1446.2012.01031.x
- Latter, S., Speller, V., Westwood, G., & Latchem, S. (2003). Education for public health capacity in the nursing workforce: Findings from a review of education and practice issues. *Nurse Education Today, 23*, 211-218.
- Leahy-Warren, P. (1998) *Community Nursing-An International Perspective. A Report Prepared for the Commission of Nursing*. G. McCarthy (Ed.). Dublin: Gouvernement Publications.
- Leff, B., Burton, L., Mader, S.L., Naughton, B., Burl, J., Greenough, W.B., Guido, S., & Seinwachs, D. (2009). Comparison of functional outcomes associated with hospital at home care and traditional acute hospital care. *Journal of the American Geriatrics Society, 57*(2), 273-278.
- Leh, S. K. (2011). Nursing students' preconceptions of the community health clinical experience: Implications for nursing education. *The Journal of Nursing Education, 50*(11), 620-627.
doi:10.3928/01484834-20110729-01.
- Lincoln S. Y., & Guba E. G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.
- MacLeod, A. (2010). Where are the students and new graduates in community health? *Canadian Journal of Public Health, 101*(5), 427.
- Martin, M. (2014). Nursing during an era of change: A challenge and opportunity. *Journal of Nursing Education and Practice, 4*(1), 189-199.
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach*. Sage.

- Mays N, Pope C (1995). Rigour and qualitative research. *British Medical Journal*, 311, 6997, 109-112.
- McGowan B. (2001). Self-reported stress and its effects on nurses. *Nursing Standard*, 15, 33–38.
- Med-Emerg Inc. (2006). *Building the future: An integrated strategy for nursing human resources in Canada: Phase II Final Report*. Retrieved from http://www.cna-nurses.ca/CNA/documents/pdf/publications/Phase_II_Final_Report_e.pdf
- Midgley, K. (2006). Pre-registration student nurses perception of the hospital learning environment during clinical placements. *Nurse Education Today*, 26, 338–345.
- Ministry of Health and Long-Term Care (MHLC). (2012). *Ontario's Action Plan for Health Care*. Retrieved from, http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf
- Ministry of Health and Long-Term Care (MHLC). (2015). *Ontario Launches Home Care Plan to Improve Access and Expand Service*. Retrieved from, http://news.ontario.ca/mohlhc/en/2015/05/ontario-launches-home-care-plan-to-improve-access-and-expand-service.html?utm_source=ondemand&utm_medium=email&utm_campaign=p
- Moon, M. W., Henry, J. K., Connelly, K., & Kirsch, P. (2005). Public Health Nurses for Virginia's Future: A Collaborative Project to Increase the Number of Nursing Students Choosing a Career in Public Health Nursing. *American Journal of Public Health*, 95(7), 1102–1105. doi:10.2105/AJPH.2004.055368
- Morse, J. (1995). The significance of saturation. *Qualitative Health Research*, 5, 147-149.

- Murphy, F., Rosser, M., Bevan, R., Warner, G., & Jordan, S. (2012). Nursing students' experiences and preferences regarding hospital and community placements. *Nurse Education in Practice, 12*(3), 170-5.
- Nauta, M. M., & Kokaly, M. L. (2001). Assessing role model influence on students' academic and vocational decisions. *Journal of Career Assessment, 9*, 81-99.
- North East Local Health Integration Network. (2011). LHINfo Minute. Retrieved from: <http://www.nelhin.on.ca/WorkArea/showcontent.aspx?id=11258>
- Okamoto, D., & England, P. (1999). Is there a supply side to occupation sex segregation? *Sociological Perspectives, 42*(4), 557-582.
- Papp, I., Markkanen, M., & von Bonsdorff, M. (2003). Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today, 23*(4), 262-8.
- Patton, M. (2002). *Qualitative Evaluation and Research Methods*. London: Sage.
- Perli S & Brugnolli A. (2009). Italian nursing students' perception of their clinical learning environment as measured with the CLEI tool. *Nurse Education Today, 29*, 886-889.
- Perrone, K. M., Zanardelli, G., Worthington, E. L., & Chartrand, J. M. (2002). Role model influence on the career decidedness of college students. *College Student Journal, 36*, 109-113.
- Polit, D.F. & Beck, C.T. (2012). *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Prestia, M., Murphy, S., & Yoder, M. (2008). Nursing students' attitudes about home health nursing. *Home Healthcare Nurse, 26*(8), 496-501.

Public Health Agency of Canada. (2008). *Core competencies for public health in Canada*.

Retrieved from, / <http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

Registered Nurses Association of Ontario (RNAO). (2014). *RNAO's ECCO Report: Enhancing*

Community Care for Ontarians. Retrieved from, http://rnao.ca/sites/rnao-ca/files/RNAO_ECCO_2_0.pdf

Robinson A & Cubit K. (2007). Caring for older people with dementia in residential care:

nursing students' experiences. *Journal of Advanced Nursing*, 59, 255–263.

Ross, C. A. & Goldner, E. M. (2009). Stigma, negative attitudes and discrimination towards

mental illness within the nursing profession: A review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 16, 558–567.

Russell, E. (1925). Sanitary Inspectors' Association of Canada: Public health nursing in

Manitoba. *Public Health Journal*, 16(12), 589-592.

Rutty, C., Sullivan, S. (2010). *This is Public Health: A Canadian History*. Retrieved from,

http://www.cpha.ca/uploads/history/book/history-book-print_all_e.pdf

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing &*

Health, 23,334-340.

Schofield, R., Ganann, R., Brooks, S., McGugan, J., Dalla Bona, K., & al. (2011). Community

health nursing vision for 2020: Shaping the future. *Western Journal of Nursing Research* 33(8) 1047-1068.

Shenton, A.K. (2004). Press Strategies for ensuring trustworthiness in qualitative research

projects. *Education for Information*. 22(2), 63-75.

- Skaalvik, M., Normann, K., & Henriksen N. (2011). Clinical learning environment and supervision: experiences of Norwegian nursing students – a questionnaire survey. *Journal of Clinical Nursing* 20, 2294–2304.
- Smedley, A. & Morey, P. (2010). Improving learning in the clinical nursing environment: perceptions of senior Australian bachelor of nursing students. *Journal of Research in Nursing* 15, 75–88.
- Smith, L. G. (1993). Competitiveness, peer pressure, and career choice. *New England Journal of Medicine*, 329(17), 1281-1282.
- Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African-Americans. *Journal of Personality and Social Psychology*, 69,797-811
- Stevens, J. & Crouch, M. (1995). Who cares about care in nursing education? *International Journal of Nursing Studies*, 32, 233–242.
- Stevens, J., Browne, G., & Graham, I. (2013) Career in mental health still an unlikely career choice for nursing graduates: A replicated longitudinal study. *International Journal of Mental Health Nursing*, 22, 213-220.
- Stewart, M. J., & Arklie, M. (1993). Work satisfaction, stressors and support experienced by community health nurses. *Canadian journal of public health*, 85(3), 180-184.
- Stewart, R. F. (1997). Community health nursing: A challenging career. *Imprint*, 44(2), 44-46.
- Stordeur S., D'Hoore W. & Vandenberghe C. (2001), Leadership, organisational stress and emotional exhaustion among hospital nursing staff. *Journal of Advanced Nursing*, 35, 533–542.
- Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005). The use of qualitative description. *Nursing Outlook*, 53(3), 127-33.

- Thomas, L., MacMillan, J., McColl, E, Hale, C., & Bond, S. (1995). Comparison of examining patient satisfaction with nursing care. *Social Sciences in Health*, 1, 206-219.
- Underwood, J. M., Mowat, D. L., Meagher-Stewart, D. M., Deber, R. B., Baumann, A. O., MacDonald, M. B., ... & Munroe, V. J. (2009). Building community and public health nursing capacity: A synthesis report of the national community health nursing study. *Canadian Journal of Public Health*, 100(5), I1-I11.
- Valaitis, R., Rajsic, C., Cohen, B., Stamler, L., Meagher-Steward, D. & Froude, S. (2008). Preparing the community health nursing workforce: Internal and external enablers and challenges influencing undergraduate nursing programs in Canada. *International Journal of Nursing Education Scholarship*.5(1):Article 22.
- Victorian Order of Nurses (VON). (2009). *History-A century of Caring*. Retrieved from <http://www.von.ca/en/about/history.aspx> doi:10.1097/PHH.0b013e31824c60b7
- Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T., & Edwards, K. (2014) Constructing a nursing identity within the clinical environment: The student nurse experience. *Contemporary Nurse*, 49, 103-112.
- Ward, C., Bosco, A. & Styles, I. (2003). Student nurses' perceived goals and future career pathways within nursing: Are they realistic? *Australian Journal of Advanced Nursing*, 20, 37-42.
- World Health Organization (WHO). (1978). *Declaration of Alma-Ata*. Retrieved from, http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf?ua=1
- World Health Organization (2010). *Framework for community health nursing education*. Retrieved from http://apps.searo.who.int/PDS_DOCS/B4816.pdf?ua=1

- Wood, D. (1998). Effects of educational focus on a graduate nurse's initial choice of practice area. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 14(4), 214-219.
- Wright, S., Wong, A., & Newill, C. (1997). The impact of role models on medical students. *Journal of General Internal Medicine*, 12(1), 53-56.
- Zahner, S.J., & Gredig, Q.B. (2005). Public Health Nursing Practice Change and Recommendations for improvement. *Public Health Nursing*, 22(5) 422-428.
- Zahner, S. J., & Henriques JB. (2013). Interest in public health careers among undergraduate student nurses. *Journal of Public Health Management & Practice*, 19(1), 62-69.

Appendix A-RECRUITMENT POSTER



Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Are you a 1st year or 4th year nursing student?

Title of the study: Baccalaureate Nursing Students' Perceptions of Community Health Nursing as a Career

If so, I would like to speak with you about your perceptions, knowledge and attitudes about a career in Community Health Nursing. I am a Registered Nurse and a Master's student at the University of Ottawa conducting a qualitative research. If you or anyone you may know are interested in participating...

Please give me a call:

Maame Duah, RN, Master student

Tel: [REDACTED]

E-mail: [REDACTED]

Students will be selected on a first come/first serve basis.

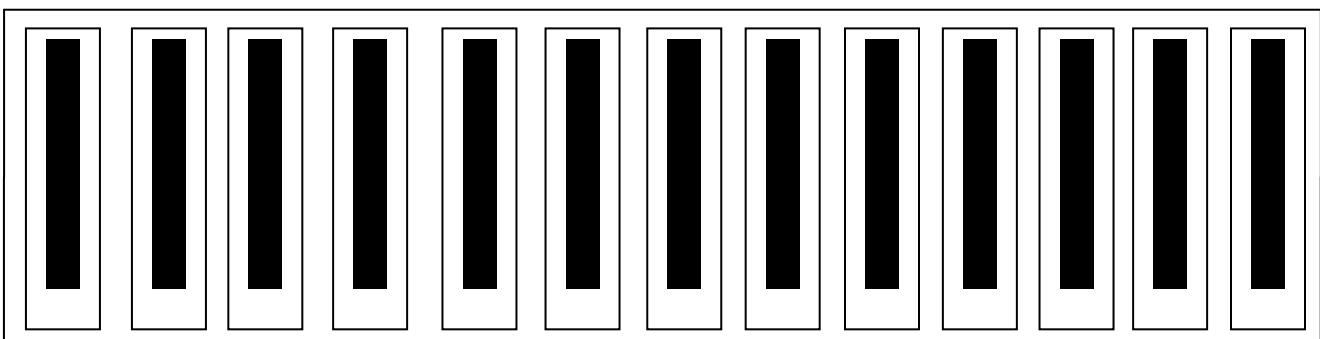
Thank you for your interest to participate!

Thesis Supervisor

Dr. Josephine Etowa

Tel: [REDACTED]

E-mail: [REDACTED]



Appendix B - INTERVIEW GUIDE**Université d'Ottawa · University of Ottawa**

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Title of the study: Baccalaureate Nursing Students' Perceptions of Community Health Nursing as a Career

**These following questions will be used during the interview.
The estimated length of interview is 60 minutes.**

1. From your perspective, what is Community Health Nursing, how would you describe it?
2. What is your current level of interest in a future career in Community Health Nursing (CHN)? Is this different from your peers' interest in CHN?
3. What interests you about CHN?
4. What factors influence your career choice?
5. Where are you doing your 4th year consolidation placement? Was this your first choice?
6. Do you believe that the teaching of the theory course had an impact on the clinical experience or choice?
7. What are your thoughts of less "hands on experience" when working in the Community Health Nursing field?
 - a. Does it have an impact on your career choice?
8. What are your suggestions for fostering interest in CHN as a career among nursing students?



Appendix C- INTRODUCTION TO STUDY



Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Title: Baccalaureate Nursing Students' Perceptions of Community Health Nursing as a Career

Are you a first year or fourth year Nursing student?

If yes, I would like to invite you to participate in a study that aims to understand nursing students' perceptions on a career in Community Health Nursing among undergraduate nursing students.

There is currently a gap in knowledge surrounding nursing students' perceptions of a career in Community Health Nursing. Information from this study will help us understand the issues that influence interest in and choice of Community Health Nursing, as well as, identify ways of increasing awareness of and motivation to become Community Health nurses among undergraduate student nurses. Information from the study may provide vital information to those involved in curriculum development, policy making and recruitment planning of Community Health Nurses.

You would be asked to meet with the researcher and participate in an interview lasting approximately 60 minutes. As well as, you will be invited to participate in a focus group consisting of other 1st year and 4th year nursing students which will also last approximately 60 minutes. Students will be selected on a first come/first serve basis.

If you are interested, please contact the researcher at [REDACTED] or by telephone at [REDACTED] to set up an appointment at a good time for you.

Sincerely,

Maame Duah (Student Researcher under the supervision of,
Dr. Josephine Etowa (Principal Investigator))

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Appendix D - PARTICIPANT DEMOGRAPHIC INFORMATION SHEET



Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Title of study: Understanding baccalaureate nursing students' perceptions on a career in community health nursing

Participant ID Number: _____ Date: _____

A. Personal Information

Age _____

Gender _____

Race/Ethnicity _____

B. Education

1. Current Year of Nursing _____
Year

C. Work/Volunteer History

1. Do you have any previous experience in Community Health Nursing?

2. Would you like a copy of the research report? Yes No

If yes, please provide the following contact information:
Email address or Home address:

Appendix E - INTERVIEW CONSENT FORM

Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Title of the study: Baccalaureate Nursing Students' Perceptions of Community Health Nursing as a Career

Student Researcher: Maame Duah, RN, MScN Student
School of Nursing
Faculty of Health Sciences
University of Ottawa
Email: [REDACTED]
Cell phone: [REDACTED]

Supervisor: Dr. Josephine Etowa PhD RN
Associate Professor, University of Ottawa
Loyer-DaSilva Research Chair in Public Health
School of Nursing/Faculty of Health Sciences
Email: [REDACTED]
Phone: [REDACTED]

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Maame Duah, for her Master's thesis, under the supervision of Dr. Josephine Etowa and committee members.

Purpose of the Study: The purpose of this proposed study is to explore issues that influence career choice in Community Health Nursing from the perspective of Baccalaureate Nursing students.

I understand a qualitative research approach will be used to answer the primary question of the study, "What are students' perceptions, knowledge and attitudes about a career in Community Health Nursing?" This question will help us understand the issues that influence interest in and choice of Community

Health Nursing, as well as, identify ways of increasing awareness of and motivation to become Community Health nurses among undergraduate student nurses.

Participation: I will participate in an initial interview of approximately **one-hour** (60 minutes). I will be asked to complete a demographic sheet providing some information, including age, gender, and year of nursing and previous experience in community health nursing. The interview sessions will be scheduled at a time and date mutually agreed to, by myself and the researcher, in-person at a location we mutually agree to. I may be asked to participate in a focus group at a later date/time.

Risks: My participation in this study will entail that I volunteer my perceptions, knowledge and attitudes about a career in Community Health Nursing, and that there are no anticipated risks associated with participation in this study. I understand that I will be volunteering a period of time to participate in the interviews and focus group, and have received assurance from the researcher that every effort will be made to minimize these risks by keeping interview times to the agreed length and allowing me to reschedule, withdraw or terminate the interview as I require.

Benefits: My participation in this study will give me a chance to talk about my perceptions, knowledge and attitudes about a career in Community Health Nursing to someone who is genuinely interested in this area and I understand some professionals find this to be a welcome, even rewarding, experience in itself. I will also have the satisfaction of knowing that my participation will contribute to new knowledge that may benefit my own professional practice and the practice of other graduate nursing students and other healthcare providers in Community Health Nursing. I also understand my participation may provide vital information to those involved in curriculum development, policy making and recruitment planning in Community Health Nursing.

Confidentiality and Anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for the purpose of this study that explores issues that influence career choice in Community Health Nursing from the perspective of baccalaureate nursing students. I also understand that my confidentiality will be protected by having me communicate directly with the researcher and his supervisors, and that once I am enrolled in the study I will be allocated a unique code number that will be used in the labeling of digital recordings, interview transcripts and any observational notes. Only members of the research team will have access to my information, although I understand that members of the Office of Research Ethics and Integrity, University of Ottawa, may audit the information, as it pertains to this study, for quality assurance. My **anonymity** will be protected through use of the unique code number, and I understand my name and other personal identifying information will not be used in any reports, presentations or publications. If results of this study are published, I will not be identified in any way.

Conservation of Data: The data collected, including digital recordings, electronic files, hardcopy interview transcripts and observational notes, will be kept in a secure manner. Digital information, such as recordings and electronic documents, will be protected with an encrypted security code, and computers used for work in this project will also be secured with user identification and password protection. All participant information obtained during the study will be kept secured in locked filing cabinets in the locked access Nursing Best Practices Research Centre in the Faculty of Health Sciences, at the University of Ottawa, where my supervisor's office is located. All data collected and participant information will be kept confidential as required or permitted by law, be kept on the University of Ottawa campus and will be destroyed after five (5) years after results of the study have been published.

Compensation: I understand no expenses are anticipated for me during the study, and there will be no payment for participation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw the study, I will have the choice to withdraw my data.

Acceptance: I, _____ (*Name of participant*), agree to participate in the above research study conducted by Maame Duah of the School of Nursing, Faculty of Health Sciences at the University of Ottawa, which is research under the supervision of Dr. Josephine Etowa.

If I have any questions about the study, I may contact the researcher or her supervisor (please refer to first page of consent for contact information).

If I have any questions regarding the ethical conduct of this study, I may contact;
Protocol Officer for Ethics in Research
University of Ottawa

Email: _____

There are two copies of the consent form, one of which is mine to keep.

I agree to my interview being audio recorded (please check): YES NO

Do you wish to be contacted to participate in focus group? YES NO
(Given the limited space in focus group, not all volunteers will be contacted)

Participant's name [printed]

Date [day/month/year]

Participant's signature

Researcher signature

Date [day/month/year]

_____ • _____

Appendix F - FOCUS GROUP CONSENT FORM

Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

Title of the study: Baccalaureate Nursing Students' Perceptions of Community Health Nursing as a Career

Student Researcher: Maame Duah, RN, MScN Student
School of Nursing
Faculty of Health Sciences
University of Ottawa
Email: [REDACTED]
Cell phone: [REDACTED]

Supervisor: Dr. Josephine Etowa
Associate Professor, University of Ottawa
Loyer-DaSilva Research Chair in Public Health
School of Nursing/Faculty of Health Sciences
Email: [REDACTED]
Phone: [REDACTED]

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Maame Duah for her Master's thesis, under the supervision of Dr. Josephine Etowa

Purpose of the Study: The purpose of this proposed study is to explore issues that influence career choice in Community Health Nursing from the perspective of Baccalaureate Nursing students.

I understand a qualitative research approach will be used to answer the primary question of the study, "What are students' perceptions, knowledge and attitudes about a career in Community

Health Nursing?" This question will help us understand the issues that influence interest in and choice of Community Health Nursing, as well as, identify ways of increasing awareness of and motivation to become Community Health nurses among undergraduate student nurses.

Participation: My participation will consist of attendance of one focus group. I will participate in a focus group discussion of approximately **one-hour** (60 minutes). During the focus group, I will participate in a discussion with key stakeholders on perceptions, knowledge and attitudes about a career in Community Health nursing. The focus group will be audio recorded.

Risks: My participation in this study will entail that I volunteer my perceptions, knowledge and attitudes about a career in Community Health Nursing, and that there are no anticipated risks associated with participation in this study. I understand that I will be volunteering a period of time to participate in the interviews and focus group, and have received assurance from the researcher that every effort will be made to minimize these risks by keeping interview times to the agreed length and allowing me to reschedule, withdraw or terminate the interview as I require.

Benefits: My participation in this study will give me a chance to talk about my perceptions, knowledge and attitudes about a career in Community Health Nursing to someone who is genuinely interested in this area and I understand some professionals find this to be a welcome, even rewarding, experience in itself. I will also have the satisfaction of knowing that my participation will contribute to new knowledge that may benefit my own professional practice and the practice of other graduate nursing students and other healthcare providers in Community Health Nursing. I also understand my participation may provide vital information to those involved in curriculum development, policy making and recruitment planning in Community Health Nursing.

Confidentiality and Anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for the purpose of this study that explores issues that influence career choice in Community Health Nursing from the perspective of Baccalaureate Nursing students. I also understand that my confidentiality will be protected by having me communicate directly with the researcher and his supervisors, and that once I am enrolled in the study I will be allocated a unique code number that will be used in the labeling of digital recordings, interview transcripts and any observational notes. Only members of the research team will have access to my information, although I understand that members of the Office of Research Ethics and Integrity, University of Ottawa, may audit the information, as it pertains to this study, for quality assurance. My **anonymity** will be protected through use of the unique code number, and I understand my name and other personal identifying information will not be used in any reports, presentations or publications. If results of this study are published, I will not be identified in any way. Due to the nature of focus groups, there will be limits to confidentiality because the researcher cannot grantee that other participants will maintain the confidentiality and anonymity of information you share during focus group. Therefore, you are encouraged to reserve sensitive information for individual discussion with the researcher.

Conservation of Data: The data collected, including digital recordings, electronic files, hardcopy interview transcripts and observational notes, will be kept in a secure manner. Digital information, such as recordings and electronic documents, will be protected with an encrypted security code, and computers used for work in this project will also be secured with user

identification and password protection. All participant information obtained during the study will be kept secured in locked filing cabinets in the locked access Nursing Best Practices Research Centre in the Faculty of Health Sciences, at the University of Ottawa, where the Supervisor's office is located. All data collected and participant information will be kept confidential as required or permitted by law, be kept on the University of Ottawa campus and will be destroyed after five (5) years after results of the study have been published.

Compensation: I understand no expenses are anticipated for me during the study, and there will be no payment for participation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be used to due to the nature of focus groups.

Acceptance: I, *(Name of participant)*, agree to participate in the above research study conducted by Maame Duah of the School of Nursing, Faculty of Health Sciences at the University of Ottawa, which is research under the supervision of Dr. Josephine Etowa.

If I have any questions about the study, I may contact the researcher or her supervisor (please refer to first page of consent for contact information).

If I have any questions regarding the ethical conduct of this study, I may contact;
Protocol Officer for Ethics in Research

[Redacted]
[Redacted]
[Redacted]
[Redacted]
Tel.: [Redacted]
Email [Redacted]

There are two copies of the consent form, one of which is mine to keep.

Participant's name [printed]

Date [day/month/year]

Participant's signature

Researcher signature

Date [day/month/year]

Appendix G - ETHICS APPROVAL CERTIFICATE

File Number: H09-14-11

Date (mm/dd/yyyy): 10/24/2014



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice
Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Josephine	Etowa	Health Sciences / Nursing	Supervisor
Maame Akyaa	Duah	Health Sciences / Nursing	Student Researcher

File Number: H09-14-11

Type of Project: Master's Thesis

Title: Understanding Baccalaureate Nursing Students' Perceptions on a Career in Community Health Nursing

<u>Approval Date (mm/dd/yyyy)</u>	<u>Expiry Date (mm/dd/yyyy)</u>	<u>Approval Type</u>
10/24/2014	10/23/2015	Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:

N/A