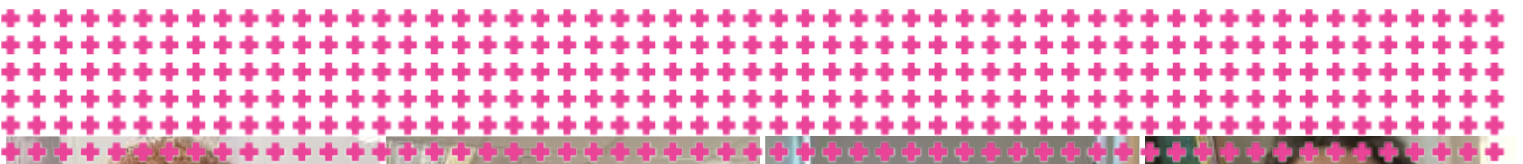


Pre-Registration Community Nursing Placements Survey Report



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‘With the move of more care into the community increasing year by year, it is essential that student nurses gain a wider range of learning experiences and are inspired to seek a post in the community when they complete their programme.’



Executive Summary

This report is an output of a project that commenced in 2021.

The aims of the project are to:

- Highlight the placement options available to students in the community
- Gather evidence about the variety of community placements pre-registration nursing students currently experience
- Identify what additional support students might need to gain the maximum benefit to learning from community placements
- Highlight the job opportunities in the community that are available for newly qualified nurses.

To date the project has involved a short online survey, a Facebook Live session, the creation of online resources on the QNI website, and an exploration of exemplary community student nurse placements.

The work has been guided by a student nurse project steering group composed of QNI staff, Queen’s Nurses, students and educators, meeting once every two months for the project duration.

This report outlines the findings of the online survey and the evaluation of the Facebook Live session and includes information from the QNI’s student nurse project steering group.

This survey was open to all pre-registration students in England and was publicised by the QNI via its website, press release to the nursing media, stakeholders, and social media channels.

Introduction

Student nurses value highly the experiences they gain whilst on clinical placements, and the registered nurse workforce have a duty of care to provide a good learning environment. Supporting student nurses on clinical placements encourages registered nurses to become role models for their students whilst providing and creating learning opportunities throughout. For many years the emphasis has been predominantly on learning in hospital placement settings, where student nurses gain experience in a range of inpatient and other hospital specialist areas.

However, with the move of more care into the community increasing year by year it is essential that student nurses gain a wider range of learning experiences and are inspired to seek a post in the community when they complete their programme. The need for providing excellent community and primary care placements has therefore never been more necessary.

The community is where 90% of all clinical contacts take place (Harvey et al., 2019). Many people with long term conditions are cared for in the community, including in General Practice and Care Homes, and it is where increasing numbers of newly qualified nurses (‘NQN’) will potentially select their first post upon registration.

The support provided as part of the learning experience whilst on clinical placement will impact

on how a student nurse will view their placement and frequently it is a deciding factor when considering whether they would choose to work in that area as an NQN. If learning and support has been demonstrated in a particular clinical placement, there is a greater chance that this will influence their first employment destination decision (Wareing et al., 2018).

Dr Crystal Oldman CBE, the Queen's Nursing Institute's Chief Executive states, 'There are enduring myths that newly-qualified nurses must work in a hospital before they consider working in the community. This is not the case, and we know of many nurses who, after experiencing a great community placement as a student nurse, go on to work in a community setting.' (QNI, 2021).

To dispel some of these myths and to understand what community placements can offer student nurses, Health Education England and The Queen's Nursing Institute have worked together to gather information, views, and experiences directly from pre-registration students. A Facebook Live session, hosted by the Journal of Community Nursing and aimed at student nurses took place in July 2021 and included a live question and answer session with nursing students, career highlights and personal experiences from senior nurses, case studies and anecdotes.

A short online survey directed at pre-registration student nurses was also developed and hosted on the SurveyMonkey platform. The latter was sent out via social media and university networks, aiming to reach pre-registration nursing students in England to seek their views and experiences about community placements.

Aim

The aim of the online survey was to gather more evidence about the kinds of community placements pre-registration nursing students currently experience and what additional support they might need to gain the maximum benefit from these placements.

Method

The survey comprised eleven questions with a mixture of closed and open-ended questions. The closed questions related to their field of nursing, their year of study and how many community placements they had experienced. The open-ended questions provided qualitative information regarding their experiences and gave them the opportunity to express their views on what other areas of nursing in the community they wished they had been given the opportunity to experience as a placement. The survey was open for 17 weeks (February – June 2021) and there were 1347 responses.

Sample

Probability sampling was utilised as it was accepted that not all pre-registration students would respond to the survey, but the sample received predicts the likelihood that it is representative of all pre-registration students in England.

Data Analysis

Responses were converted into nominal and ordinal scales and were shown as percentages or actual numbers. Following analysis, the open-ended questions were collated into key themes.

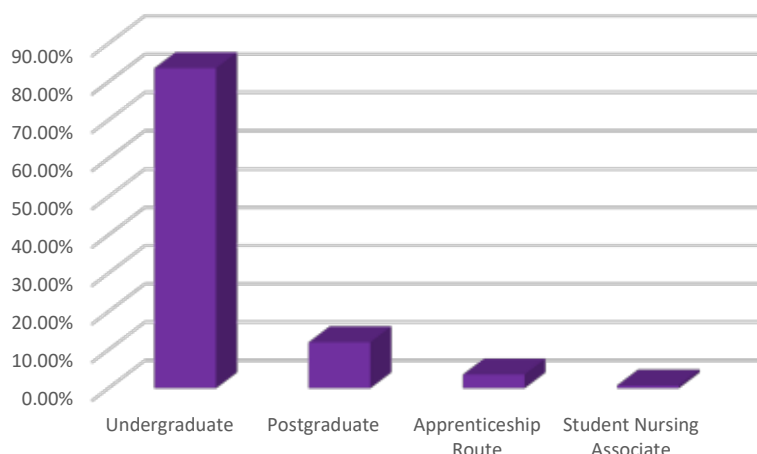
Results

The survey was anonymised so there was no way of identifying the location of the student. The first question asked whether they were a pre-registration nursing student in the UK and the response rate was 100% receiving 1347 responses. The following ten questions received 1056 responses, which indicates that the other 291 respondents that answered 'no' to question one did not go on to answer the following questions. Therefore, the survey findings are based on a response rate of 1056 pre-registration students. All percentages have been rounded to the nearest whole number and subsequently may not always add up to one hundred percent.

Undergraduate students made up 83.62% (n=883) of the responses with 12.0% (n=127) being

postgraduate students. Nurse Apprentices made up 4.0% (n=38) and student nurse associate numbers were just under 1.0% (n=8).

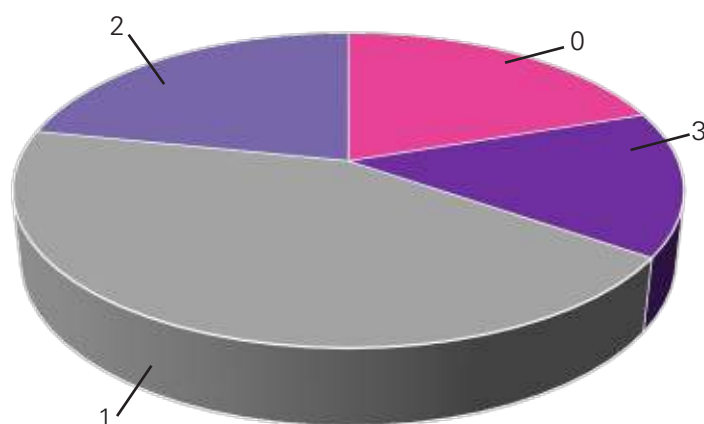
Figure 1.
Number of student responses by programme of study .



The survey asked the students what year of study they were in, and the greatest response came from students in year one of their pre-registration nursing programme.

A response of almost 42% (n=442) was received from first year students, just under 30.5% (n=320) from second year students, 28% (n=291) from third year students and less than 0.5% (n=3) from students in year 4. Having the highest number of responses from students in year one will have an impact on the number of community placements experienced to date. For example, almost 20% (n=201) of respondents reported that they had not yet had a community placement and only 15% (n=159) had undertaken three community placements. Experiencing one community placement received the largest response with 44% (n=465) and 22% (n=231) had experienced two community placements.

Figure 2.
The number of community placements students have experienced.



Participants were asked to identify their field of nursing, and this too may have an impact on the number of community placements that were available to them within their chosen field.



WELCOME

to the

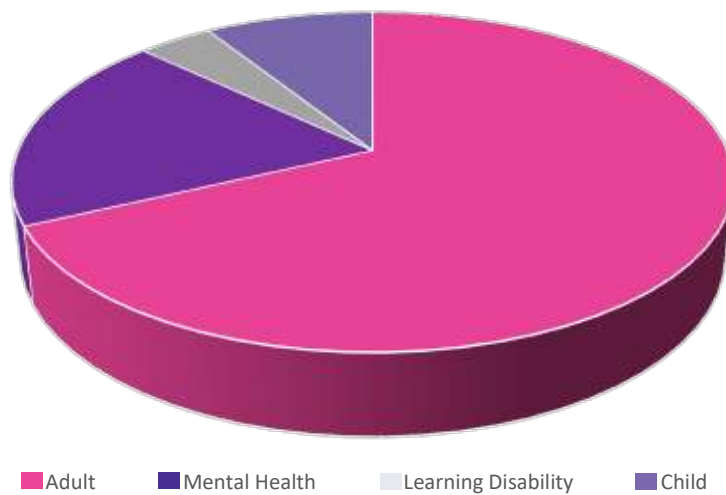
COMMUNITY

‘Some of the key themes identified by the students about potential learning opportunities centred on how community services interacted and shared information across agencies and the signposts that were used to support individuals receiving care.’



Adult and mental health had the largest number of responses with 68% (n=716) studying the adult field of nursing and almost 19% (n=200) studying the mental health field. There was a 9% (n=94) response rate from students studying the children’s field of nursing and just over 4.0% (n=46) from learning disability nursing students.

Figure 3.
Field of Nursing

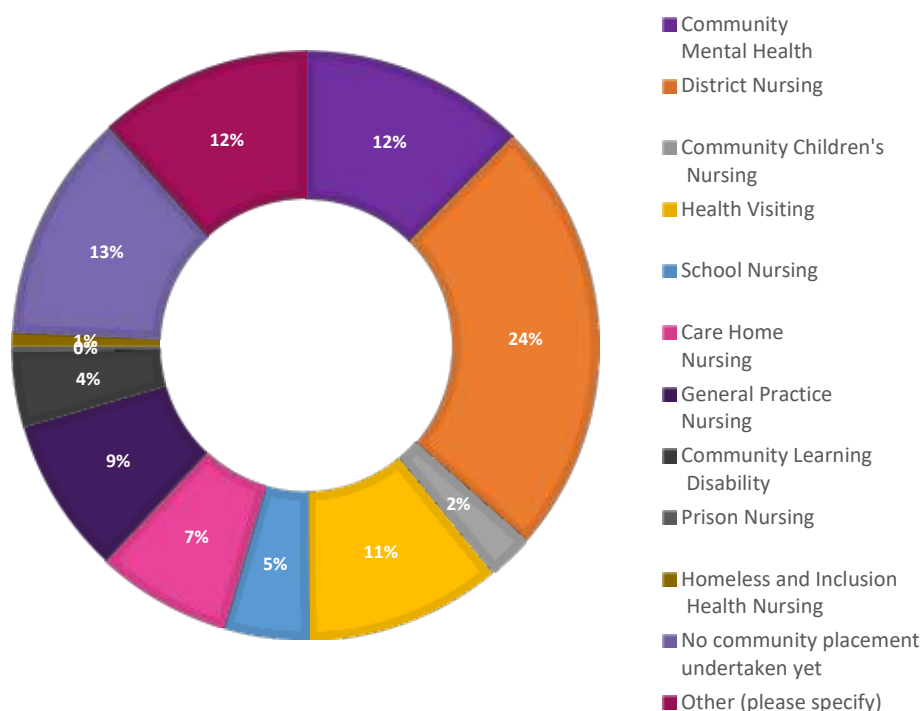


Diversity of community placements

The variety of community placements experienced also reflects the responses from the various fields of nursing mentioned above.

District Nursing services were identified as having the greatest number of students experiencing a placement with them: 36.5% (n=384) of respondents stated that they had experienced a placement with the District Nurse team and 19% (n=198) had been placed with a community mental health team. Community learning disability placements had only been experienced by 6.5% (n=67) and the Community Children’s Nursing team had been experienced by almost 4% (n=40) students. A variety of other community placements had also been offered to students:

Figure 4.
Community Placements experienced



Health Visiting – 16.5% (n=172)
 School Nursing – 7% (n=75)
 Care Home Nursing – 11% (n=118)
 General Practice Nursing – 13% (n=136)
 Prison Nursing – 0.5% (n=4)
 Homeless & Health Inclusion Health – 1.15% (n=12)
 Other community placements – 18% (n=186) (see Appendix A)
 No community placement yet - 20% (n=201)

Together with the placements shown in Figure 4, there were several additional community placements experienced by student nurses which demonstrate the diversity of community placements, as seen in Appendix A. It was important to explore what students felt was helpful to supporting their learning whilst they had been on their community placement and also what additional features might enhance their learning experiences on placement.

In relation to the latter, the survey directed the student to ten potential learning experiences to enhance a community placement. The ten suggested options were developed by the project steering group members. The responses are listed below in order of the number of positive responses received for each option:

1. Face to face or virtual multi-disciplinary team and Clinical Commissioning Group meetings to understand the barriers and enablers in the community – 65% (n=687)
2. Information on how to make services more inclusive and improve access to care – 58% (n=613)
3. Discussion about 'never' events or Datix to learn how systems reduce risks in the community – 54% (n=570)
4. Lived experience interviews on how pandemic impacted on community services (such as, witnessing reduced infection control, increased respiratory disorders, enhanced/breakdown of relationships & online working) – 54% (n=570)
5. Peer support from other learners – 51% (n=539)
6. Patient perspective and testimonials about care they or family have received 49% (n=522)

7. Lived experience interviews of community nurses working in homeless and other inclusion health settings – 45% (n=472)
8. Lived experience interviews of community nurses working in residential care settings – 44% (n=462)
9. Coaching and health creation/social prescribing – 40% (n=416)
10. Information from voluntary organisations – 28% (n=294).

A further 4% (n=43) responded with additional suggestions of learning experiences on placement which can be found in Appendix B.

Learning Experiences

Some of the key themes identified by the students about potential learning opportunities centred on how community services interacted and shared information across agencies and the signposts that were used to support individuals receiving care. This would have enabled them to develop a greater understanding of the health needs of the population in the placement locality. There was an opportunity to learn how community teams across the same region collaborated and in what ways this benefited the patient experience.

Overall, the responses to this question suggest an appetite among students for more knowledge about the community and population health management.

There were a small number of comments that highlighted where students had not had a positive experience on a community placement. The comments appear to demonstrate that some student nurses had not fully understood the psychosocial support work undertaken by the registered nurses, and the potential for learning about this whilst on their community placement, as seen below:

'Patients need more skilled nurses and not just people to talk to.'

'There needs to be less talking and more technical skills to prepare us for work.'

As this survey was completed during the Covid-19 pandemic, inevitably some of the community placements were challenged when having a student on placement with them. There were circumstances when student nurses were unable to travel in the car with the registered nurse or visit patients with the registered nurse supporting their learning. As a result, on some occasions, the student nurses remained in the office or clinic, providing them with an opportunity to research topics of interest relating to community services. Some students readily availed of this opportunity and other students felt disadvantaged.

Although 81% (n=855) of the respondents had experienced at least one community placement only 32% (n=330) stated that their level of knowledge relating to careers available to them as a registered nurse in the community was either good or very good. At the other end of the scale 22% (n=222) claimed that they had poor or very poor knowledge of careers available to them in the community and 48% (n=504) were cautious stating that their knowledge of this was average. This is a significant finding if more student nurses are to be supported to consider a post in the community as a NQN. Student nurses need to be fully informed about the vast array of career options available in the community when making their choices and these figures demonstrate there is much work still to be done to support learning about careers in the community.

A career in the community

When the students were asked if they would consider a career in the community 46% (n=490) commented that they would. This is positive as it is estimated that at least half of all registered nurses work in a role in a community setting. Almost 20% (n=207) said that they would not consider a career in the community and 34% (n=359) remained unsure. However, consideration should be given to the fact that 20% of respondents had not yet had a community placement and this could impact on these statistics.

WELCOME TO
THE
COMMUNITY

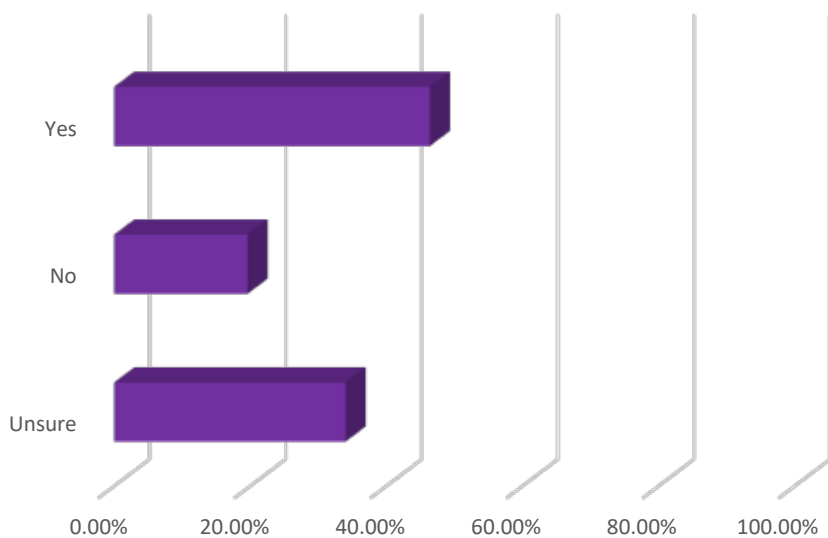
hello
Sandra



‘There was a time when community services were less visible than other health care services but the past 18 months has raised the profile of the excellent community services available.’



Figure 5.
Number of students considering a career in the community



The choice to work in the community

To understand what might attract students to consider a nursing career in the community, they were asked what features would be deemed attractive for them to pursue such a career. Almost 74% (n=776) stated community nursing that supported people and family in their homes and communities as the main attraction, together with the continuity of care at 64% (n=679).

Flexible working patterns appealed to 71% (n=745) and the diversity of roles, settings and career progression followed with 64% (n=679). The opportunity to specialise in a chosen field of practice or disease specific role was attractive to 60% (n=633) and being able to work as an autonomous and independent practitioner was important to 54% (n=568). Professional identity was of significance to 38% (n=392) and the relevance of salary was lowest on the list of responses with only 35% (n=369) stating that this was important when considering a career in the community. The survey also asked students if they were aware of The Queen’s Nursing Institute prior to responding to the survey. The response rate showed that 80% (n= 841) had not heard of the QNI and 20% (n=215) indicating that they had. This is not unsurprising as until this project work was undertaken, the QNI had not specifically targeted student nurses on social media, on its website or with signposting to its resources – all of which has been created for Registered Nurses.

Discussion

A key determinant of the quality of practice placement experience is the extent to which a student is able to adapt and develop a sense of ‘belongingness’, having established a working relationship with members of the nursing team (Wareing et al., 2018, Harvey et al., 2019). This was confirmed by the positive comments made by students in the survey, comments such as:

'The District Nursing Team were so supportive and the care they provided was so complex and varied.'

'I learnt so many practical skills with the General Practice Nurse.'

'I did not appreciate how much support the Health Visitor gives to families and children.'

'My time with the School Nurse was an eye opener – I had no idea their knowledge base was so extensive and the dedication to the children and adolescents was amazing.'

'As a mental health student nurse, I was able to see how the mental health needs of people in the community is the responsibility of so many health professionals.'

Many community nurses are excellent at contacting students prior to their placements, providing them with information about the area they were going to be placed in. Students may require additional information, such as transport connections, parking facilities, eating facilities and whether they need to bring their own lunch, working hours, uniform/dress code and suggestions for outer clothing. It is important to facilitate a smooth introduction to the community as being prepared potentially will prevent students being too daunted by their community placement (Gasston-Hale 2007).

There are numerous other factors that will assist students to prepare and get the most out of their community placement, such as researching the community profile and health professional team they will be placed with, availing of opportunities between visits and clinic appointments to reflect on what care has been given and what learning has been achieved. Some students reported that they had researched the community placement to which they had been allocated, but several students stated that they would have liked more information on what services were available in the community where they were placed. On most occasions when working in a community setting students will be working with one qualified nurse who will act as their mentor throughout the placement so it is important to 'keep asking questions and make the most of a learning experience they might never have again' (Gasston-Hale, 2007p. 61).

The findings of the survey recognised that the learning opportunities were plentiful where there were structured placements and other areas were ad hoc and focused on single service-related activity, not always considering the wider learning outcomes of the student. Nevertheless, there are many examples of excellent practice across England where the focus is on student learning and such examples should be showcased. One such area is the University of Roehampton where the adult nursing course was first launched in September 2019. The course focusses on primary care and community nursing, introducing student nurses to community nursing from the onset of their nursing career and showing the huge range of career options that are available to them upon qualifying. Their unique selling point (USP) is the focus on community and primary care, ensuring that a community perspective is covered in the theoretical component, simulation, and skills modules. Students have evaluated their experiences to date as extremely positive.

Unfortunately, due to the Covid-19 pandemic many adaptations had to be made to the student placements throughout the UK. At the onset of the pandemic some patients did not want an additional nurse visiting them, but over time the attitudes changed, and patients welcomed student nurses. This frequently meant that if a student had their own car they would travel separately and meet the community nursing team member at a patient's home, otherwise they would sit in the back of the community nurse's car, wearing a mask and with windows open to reduce any risk of transmission. Where student nurse placements could not be met, other opportunities were presented to them.

The respondents noted that the NHS mass vaccination campaign that was an ideal opportunity for them to be trained to administer the vaccinations. They were provided with training via simulation

and e-learning. This covered the processes and policies for administering vaccinations, reactions, anaphylaxis, and communication skills. Upon completion of time spent in the vaccination clinics, the students evaluated this experience and they reported that they had increased confidence, recognised the importance of policies and processes, their communication skills were greatly enhanced, and it also opened their eyes to wider multi-disciplinary teams and voluntary sectors. Overall students reported that they were pleased to be given this opportunity to be part of history and they felt valued.

Universities across England have also made adaptations to their community placements and have supported students to gain a deeper insight into community career opportunities.

There was a time when community services were less visible than other health care services (Harvey et al, 2019) but the past 18 months has raised the profile of the excellent community services available and it has been suggested that 'Your NHS Needs You' (NHS, 2020) marketing is one of the reasons for the increase in student nurse numbers.

Recommendations

Based on the information gathered through this survey and through engagement with student nurses in the associated work, the following recommendations and actions are proposed:

1. Continue to share knowledge of experiences, challenges and solutions to raise awareness about the opportunities for learning in the community for pre-registration nursing students and the career opportunities for newly qualified nurses.
Action: The QNI will continue to develop the QNI webpages and to gather stories and blogs from students and newly qualified nurses.
2. Use diverse media to engage with student nurses, particularly social media, to promote the placement and career opportunities in the community to ensure full appreciation of the opportunities available.
Action: The QNI will continue to maximise the use of diverse social media to share stories and blogs which showcase the opportunities for student nurses and newly qualified nurses in the community.
3. Invite feedback, blogs, case studies and stories from student nurses and newly qualified nurses, and ensure the most relevant ways of sharing experiences are utilised.
Action: The QNI will continue to send invitations out via our numerous networks and contacts to ensure stories, case studies and blogs continue to populate the QNI student webpages.
4. Invite student nurses and newly qualified nurses to participate in open QNI events and policy work, wherever relevant.
Action: The QNI will make clear on our website that student nurses and newly qualified nurses are invited to attend in all our open events, such as the annual QNI conference.
5. Share the work of the QNI with all student nurses through their universities.
Action: The QNI will work with the Queen's Nurse Regional Networks to offer opportunities for sharing and learning locally.

The QNI looks forward to working on these actions in partnership with student nurses and Queen's Nurses.



WELCOME
TO
THE
Community



Yvonne

‘It is overall a positive picture about the level of engagement of pre-registration nursing students with the community sector, and the high level of interest in working in a community nursing role.’



Conclusion

This report provides a useful snapshot of placements in community nursing that have been experienced by pre-registration nursing students.

Particularly given the impact of the pandemic in the past 18 months, it is overall a positive picture about the level of engagement of pre-registration nursing students with the community sector, and the high level of interest in working in a community nursing role.

The wider work of the QNI to raise awareness about the opportunities for learning in the community with pre-registration students is a new departure for the charity, which has historically focused on supporting the professional development of qualified nurses including post-registration specialist practitioner community qualifications.

The creation of new QNI website resources, hosting of social media events and involvement of pre-registration students in its steering group, has resulted in a rapid expansion of the charity's work in this area. The QNI has made a commitment that this resource be sustained and regularly updated beyond the life of the funded project, becoming 'business as usual' in the QNI portfolio of work.

Many Queen's Nurses and others who are part of the QNI's professional networks are themselves educators and as such there is a clear link between these professionals and their pre-registration, as well as post-registration students.

In developing the charity's core mission of excellent nursing care in the homes and community, there are tangible benefits to engaging with pre-registration students and giving them a national perspective on the exciting and growing career opportunities that exist in the community. There are clear benefits to challenging the workplace myths that still exist in some quarters about the need to work on a hospital ward, or the perceived hierarchy of hospital and community nursing. Community nursing is diverse, it is growing, and it is moving rapidly as new models of care emerge in integrated provider organisations, and yet there are also continuing staffing challenges.

Community placements can open up the possibilities to the next generation of nursing graduates, whatever their chosen route, providing them with flexible and dynamic career pathways, and supporting the national policy agenda around delivering high quality care closer to home.

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Appendix A

Community placements cited by respondents and not listed in the report:

<p>Adult</p> <ul style="list-style-type: none"> Crisis response Home Treatment Team Rapid Response Intermediate Care Complex Acute Care at Home (not listed as a DN placement) Triage – Home treatment team (not listed as community nursing) Unscheduled Care Urgent Care Services Rehabilitation Community Hospital Rehabilitation Unit Hospice at Home Cardiac Nurse – COPD Heart Failure Nurse Stroke Rehabilitation Neuro rehabilitation in Community Enhanced Care at Home Community Matron Community Respiratory Team Tissue Viability Virtual placement – Online Treatment Room (not listed as GPN) Medical Nurse Practitioner (not list as GPN, DN, CM) **Clinical Assessment Unit (community or hospital based) 	<p>Mental Health</p> <ul style="list-style-type: none"> Mental Health Acute Day Care Forensic Team Older persons Community Mental Health Team Psychiatric Liaison – Accident & Emergency Assertive Outreach Team (AOT) **Admiral Nurses (Adult or mental health) **Dementia Unit (Adult or mental health) **Residential Nursing Home (Adult, MH, LD) **Care Home Support Team (Adult, MH, LD) <p>Hospital placements (used as community placement)</p> <ul style="list-style-type: none"> Recovery Unit – Theatre Day Surgery Acute Ward Outpatients Coronary Care Unit Endoscopy Unit Dialysis Unit
<p>Child</p> <ul style="list-style-type: none"> Early Intervention Transformation Programme (EITP) Children & Young People Unit Pre-natal unit Community Midwife Child Development Centre Paediatric Specialist Nurse 	<p>*Placements that potentially could cover all fields of practice</p> <ul style="list-style-type: none"> *Eating Disorder Clinic *Diagnostics, Assessment & Access to Rehabilitation & Treatment (DAART) *Minor Injuries Unit *Community Emergency Department *Supported Living *Diabetes Team *Walk in Centre *Continence Service, Bladder & Bowel Service *Sexual Health Unit *Infection Control Unit *Firefighter’s charity
<p>Learning Disability</p> <ul style="list-style-type: none"> Day Centre – Learning Disability Community Epilepsy Centre Special Needs School 	

Appendix B

Additional survey response comments suggesting what would be helpful to support student learning about community nursing while on placement.

- Understand how the whole community area works.
- How is a community defined?
- Signposting to what is needed.
- Lived experience of palliative care nurses in the community.
- Experience of working with other members of the MDT and understanding their roles.
- To understand the health needs of the community.
- Introduction to third party organisations.
- Understanding how external agencies collaborate with NHS MDT teams.
- Self-study.
- A better mileage tracking system that is not complicated.
- Improvements for alternative placement when a student is unable to visit a patient in their own home.
- Improved hub and spoke placements.
- Provide more learning opportunities and activities.
- More community placements.

Appendix C

Full list of survey questions

Survey for Pre-registration Student Nurses 2021

QNI Survey for Pre-registration Student Nurses 2021

* 1. Are you a pre-registration nursing student in the UK?

Survey for Pre-registration Student Nurses 2021

* 2. Please indicate your nursing student route.

* 3. Which year of your course are you currently in?

* 4. What is your Field of Practice?

* 5. Please indicate the number of community placements you have had in your course so far, including any you are undertaking currently.

* 6. Please tick any community settings that you have experienced on placement.

- Community Mental Health
- District Nursing
- Community Children's Nursing
- Health Visiting
- School Nursing
- Care Home Nursing
- General Practice Nursing
- Community Learning Disability
- Prison Nursing
- Homeless and Inclusion Health Nursing
- No community placement undertaken yet
- Other (please specify)

* 7. What would be helpful to support your learning about community nursing while on placement? (tick all that apply)

- Peer support from other learners
- Patient perspectives/testimonials about care
- Information from voluntary organisations
- Coaching on health creation/social prescribing
- Face to face or virtual MDT and CCG meetings to understand barriers and enablers to care in the community
- Discussions about never events or datix to learn how systems minimise risk in the community
- Lived experience interviews on how the pandemic impacted the community (e.g. infection control, increased responsibilities, relationships, online working)
- Lived experience interviews of community nurses in residential care settings
- Information on how to make services more inclusive and improve access to care
- Lived experience interviews of community nurses in homeless and other inclusion health settings
- Other (please explain)

* 8. How would you describe your level of knowledge of the range of nursing careers available to you as a registered nurse in the community?

* 9. Are you considering working in the community when you qualify?

* 10. What features would attract you to a nursing career in the community? Click all that apply.

- Career progression
- Diversity of roles and settings
- Supporting people and families in the community
- Continuity of care
- Autonomous practice and independence
- Opportunity to specialise
- Professional identity
- Flexible working patterns
- Salary
- Other (please specify)

* 11. Had you heard of the Queen's Nursing Institute (QNI) before taking this survey?

Survey for Pre-registration Student Nurses 2021

Thank you for completing the survey.

The QNI has many resources to help with community placement learning and assignments. Click here for more information: <https://www.qni.org.uk/students/>

Click here: <https://www.qni.org.uk/news-and-events/newsletters> to sign up for email news from the QNI. You can unsubscribe at any time and your details will not be shared.



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Patron HM The Queen
Founded 1887

