

Stimulating nursing students' interest in community care through curriculum-redesign

Despite increased healthcare extramuralisation, related to increased elderly patients living at home, most nursing students still see the hospital as career favourite. This is problematic, because of the widespread labour-market shortages in community care in many Western countries. At the Amsterdam University of Applied Sciences, the bachelor nursing programme was redesigned to stimulate students' interest in community-care. The effect of this 'community-oriented' curriculum on students' perceptions and placement preferences was then investigated.

To measure both, the Scale on Community Care Perceptions (SCOPE) was used. The intervention group (170 students graduating in 2018), followed the new curriculum and was compared to a historic control group (477 students) that followed the older, more 'hospital-oriented' curriculum (three cohorts graduating 2015-2017). Both groups were compared on placement preferences, and multiple regression was used to investigate the effect of the curriculum-redesign on their perceptions of community care.

The redesign consisted of an integrative approach based on the influence of lecturers, placement experiences, and the introduction of new educational elements in the curriculum. Goal was to broaden students' views, showing that nursing is more than hospital care. While the curriculum was scrutinised on how patient cases were presented, more than 60 of the 110 cases were located in the hospital, compared to four in community care. Thus, this aspect of the 'hidden curriculum' was adjusted. Five new themes related to community nursing were integrated in the 'generalist' programme in years 1 and 2, namely: (1) fostering patient self-management, (2) shared decision-making, (3) collaboration with the patients' social system, (4) healthcare technology, and (5) care allocation. A community care week was organised in year 2, in which all students visited a community nursing team. In the last two years of study, a 'paved way' to community care was created in the form of an interesting minor programme 'Complex Community care' in year 3, a well-organised 30-week placement in year 4, and a concluding case study from their own practice (Fig. 1.)

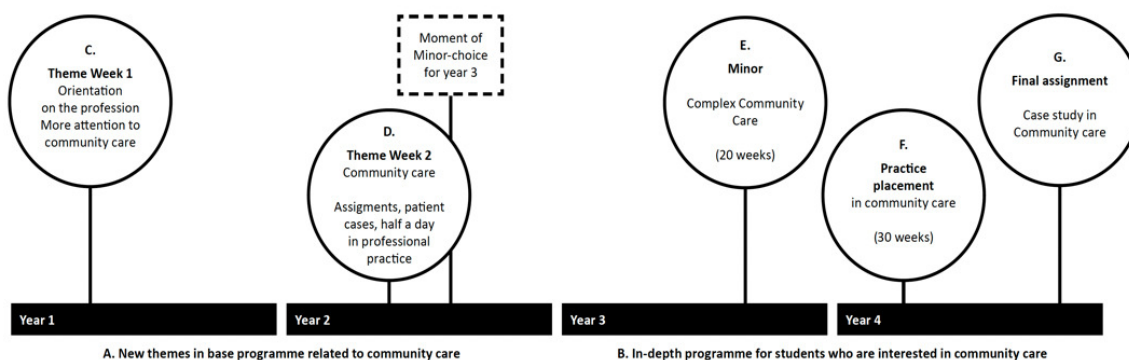


Fig. 1. Curriculum-redesign to stimulate interest in community care.

A comparison between the historic control and intervention group on perceptions of community care and placement preferences, measured with SCOPE, showed no significant positive results in both outcomes. The model in the regression analysis, predicting students' perceptions from the type of curriculum (historic/intervention), showed no statistically significant result, $F(1,635) = .021$, $p = .884$, and a low explained variance $R^2 = < .001$. A preference for a placement in community care decreased from 9.2% in the historic control group to 8.2% in the intervention group. However, the regression analysis revealed that two variables, in contrast with the curriculum, had a significant influence, to wit 'belonging to a church/religious group' and 'working/has been working in community care'.

Though described in the literature as the only effective way, this study showed that curriculum-redesign was not effective, despite its holistic approach. A combination of factors might explain this result. Other pathways in the curriculum may have strongly competed. Disappointing experiences during placements, leading to 'bad-mouthing between peers, may also be a reason. Finally, highly publicised workforce problems leading to shortages of higher-educated role models may have played a role.

As in this study, the effect of the curriculum as a whole is measured, more research is needed on the effect of separate more powerful curriculum interventions, for example the theme-week in year 2. A well thought-out large-scale strategy that mostly appeals to young people aiming to promote positive perceptions of community care could be a valuable supplement.

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