

ORIGINAL ARTICLE

Preparing Baccalaureate Nursing Students for Community/Public Health Nursing: Perceptions of Nurse Educators and Administrators

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ABSTRACT

Background: Educational preparation of baccalaureate nurses remains entrenched in yesterday's health care, hospital-centric environment. A culture change among nurse educators and in nursing education is needed to prepare competent practitioners capable of practicing from a health promotion/ disease prevention, community/ population focused construct. **Objective:** This study utilized a qualitative phenomenological research design to determine the belief systems and values of baccalaureate nurse educators and administrators in preparing baccalaureate nursing students for community/public health nursing. **Population:** Thirteen nurse educators and six nurse administrators from two urban baccalaureate university schools of nursing participated in the study.

Methods: An in-depth semi-structured interview based on Kotter's 8-Step Change model was conducted.

Results: Six distinct belief systems and five personal and professional values emerged from analysis of the data. The six belief systems were: health care is really changing, nursing curriculum needs to change, nursing care begins in the community, nursing continues to be a growing and emerging profession, the baccalaureate nursing degree needs to be the entry level degree for nursing practice, and the motivation for being a nurse is to help others. The five values were: professionalism, compassionate care, collaborative practice, community service, and honesty, integrity, and credibility. Change, conflict, and challenge emerged as the major themes. Interpretation: A need for re-envisioning nursing education and practice to improve patient care and promote patient health and wellness from a community and population focused perspective is prompting the need for nurse educators and administrators to re-define and prepare a new nursing workforce for the 21st century. For a change in the educational approach to preparing baccalaureate nursing students to occur, it is critical that baccalaureate nurse educators and administrators acknowledge the role their belief systems and values play in preparing baccalaureate nursing students for practice in the changing national and global societal and health care environment.

Conclusion: Further research is needed to determine the best curricular approach for preparing baccalaureate nursing students for community/public health nursing practice.

Keywords: Community/public health nursing; belief systems; values; baccalaureate nursing education.

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Introduction:

Preponderant influences affecting nursing education systems and the health care organizations in which nurses practice arise from the practical needs of the current health care system, contemporary health care issues, and funding and reimbursement availability (Feenstra,2000; Stanhope and Lancaster, 2006). In the current national and global environment, the driving forces behind these influences are the shortage of nurses, the shortage of specialty trained nurses, and the changing demographics of the United States and global populations (Amos, Green, and McMurray, 2003; Moon, Henry, Connelly, and Kirsch, 2005; Rice and Fineman,2004; Stanhope and Lancaster, 2006,2008). These factors, coupled with the career aspirations of nursing students today, have created a shortage of community and public health nurses. The unprecedented acuity levels of patients being treated both in inpatient acute care settings and in outpatient community/public health-based settings are impacting the health care environment (Maurer and Smith, 2009; Stanhope and Lancaster, 2006).

Health care and its delivery system are in a state of chaos (Bartels,2005; McNeil, Elfrink, and Pierce, 2004; Meservey,1999; Pruitt and Epping-Jordan, 2005). Current diseases affecting health care resources and the economics of health care are the direct result of lifestyle behaviors such as obesity, diabetes, cancer, heart disease, stroke, and stress related disorders including mental illness and substance abuse and dependency disorders. These conditions are chronic, progressive, and costly in terms of treatment and maintenance, yet many are preventable (Maurer and Smith, 2009; Pruitt and Epping-Jordan, 2005; Stanhope and Lancaster, 2006). Because of advancements in technology, patients are living longer and with multiple and chronic conditions. Neither the nation as a whole nor the medical community has prepared for the extreme life extension into the 80's, 90's, and even 100 years of age (Maurer and Smith, 2009; Rice and Fineman,2004; Stanhope and Lancaster, 2006).

National and global issues impacting the delivery of health care new to this millennium include an increase in devastating and destructive natural disasters, domestic terrorism and the threat of bio- terrorism, and increasing environmental health hazards (Maurer and Smith, 2009; Ellis and Hartley, 2004). An unstable economy, escalating unemployment, domestic violence,

and violence occurring at very early ages place daunting pressures on the current health care delivery system. Additional stresses on the health care system include rising divorce rates and the changing definition and structure of the social institution of family, unwed and/or teen pregnancies, infant anomalies, increasing numbers of people who are either un-insured or under-insured, and illegal immigrants(Catalano,2006; Health Issues Brief, 2001; Maurer and Smith, 2009; Stanhope and Lancaster, 2006).

Additional challenges affecting health care in the new millennium include the rising rates of disability, the need to contain costs without compromising the quality of health care delivery, and the pervasive belief that health and health care is a right. The United States has been a nation focused on the medical model of care instead of disease prevention and health promotion. But now societal trends and changes, along with the predicated needs of the health care system, indicate that there is an increasing demand for health care professionals who can competently and effectively meet the health care needs of populations and communities (Fisher Robertson, 2004 Maurer and Smith, 2009).

The trend in nursing education is not just to increase the Bachelor of Science in Nursing (BSN) students' experience working outside the hospital but to prepare nurses who are competent in population focused and community-based care. In these settings, the focus is on working with individuals and their families and on nursing care that stresses community as the client (American Association of Colleges of Nursing, 2002; Association of Community Health Nursing Educators, 2000; 2008; Feenstra, 2000; Maurer and Smith, 2009; Stanhope and Lancaster, 2006). The World Health Organization (WHO) has recommended that BSN curriculum emphasize community health practice that prepares future registered nurses to identify populations at risk and assess their health practices. This curriculum would enable new Registered Nurses (RNs) to plan, implement, and evaluate strategies to preserve, protect, and maintain the health and wellness of people living in communities while preventing disease, disability, and injury (Feenstra, 2000; Harkness and DeMarco, 2012).

This recommendation is mirrored in the statement put forth by the Association of Community Health Nursing Educators (ACHNE) (1993, 2000, & 2008). BSN curriculum should contain community

health nursing clinical content that reflects nursing care related to primary, secondary, and tertiary prevention strategies in promoting the health and well-being of individuals, families, and communities (American Association of Colleges of Nursing, 2008; Feenstra, 2000; Institute of Medicine, 2001, 2008, 2010).

Baccalaureate nursing education must begin to respond to the fact that the majority of illnesses and conditions in the 21st century are the direct result of preventable lifestyle behaviors (Bartels, 2005; Long, 2004; Maurer and Smith, 2009; Potter, 2007; Pruitt and Epping-Jordan, 2005; Stanhope and Lancaster, 2006). Baccalaureate nursing students need to be adequately prepared to identify health promotion programs focused on prevention (Maurer and Smith, 2009; Stanhope and Lancaster, 2006). They need to understand the origins of lifestyle behaviors before they can assist the community in identifying health issues and then developing health and wellness promotion programs. For some, the behaviors occur due to lack of knowledge (Donley, 2005). For others, the disease occurs due to a lack of early detection (Donley, 2005).

The foundational framework for this study is predicated on the premise that a relationship exists between the belief systems and values of baccalaureate nurse educators and administrators and the preparation of baccalaureate nursing students for Community/Public Health Nursing (C/PHN). This study is further predicated on the premise that if baccalaureate nurse educators and administrators do not believe in or value the paradigm shift from hospital based care to community/public health based care then there will be no change in the current preparation of baccalaureate nursing students regardless of the regulatory mandates and consumer/societal demands.

Creating new values and changing belief systems among baccalaureate nurse educators and administrators to adequately prepare baccalaureate nursing students for C/PHN requires significant change (Kotter, 2008). This change will require creating a new organizational culture grounded in the philosophical principle of health promotion and disease prevention. This is a sharp deviation from the historical and traditional structured medical model grounded in illness, diagnosis, and treatment from which nursing education has been and continues to be based.

Though the literature clearly supports the need for a change in the preparation of baccalaureate nursing

students, it is not known if nurse educators and administrators believe in this need to change curriculum. The literature is lacking in studies that evaluate the effect of a standard baccalaureate nursing curriculum that offers one C/PHN course on preparing nursing students to meet the community/public health care demands of the 21st century. No studies or articles have been conducted or written on the existence of a BSN curriculum that eliminates the standard C/PHN course and clinical rotation and replaces it with C/PHN concepts and clinical experiences integrated throughout the curriculum.

In addition, no studies could be found in the literature nor was data available among baccalaureate nursing programs, state boards of nursing, or professional nursing organizations that attempted to elucidate the role of baccalaureate nurse educators and administrators in preparing baccalaureate nursing students for C/PHN in either a standard or modified BSN curriculum. Therefore, the purpose of this qualitative research study was to analyze the belief systems and values of baccalaureate nurse educators and administrators in relationship to preparing baccalaureate nursing students for C/PHN.

Methodology:

In this study, a naturalistic investigation via in-depth, semi-structured interviews of baccalaureate nurse educators and administrators who are currently employed in two urban university baccalaureate schools (UBS) of nursing was conducted. One school offered the traditional C/PHN and community clinical courses (UBS 1). The other baccalaureate school of nursing eliminated the traditional C/PHN and community clinical courses and replaced them with a C/PHN concepts and community clinical experience integrated curriculum (UBS 2). Kotter's model of change (1990, 1996, 2002, & 2008) was used as the conceptual framework for this study examining the belief systems and values of baccalaureate nurse educators and administrators to determine its relationship to preparing baccalaureate nursing students for C/PHN. The focus of this qualitative research study was directed at the following four research questions.

- What are the belief systems and values of baccalaureate nurse educators and administrators in relationship to preparing baccalaureate nursing students for Community/public health nursing?
- How do the belief systems and values of baccalaureate nurse educators and administrators reflect the

paradigm shift in health care delivery and nursing practice for the 21st century?

- How are the belief systems and values of baccalaureate nurse educators and administrators reflected in their teaching and administrative duties in relationship to preparing baccalaureate nursing students for Community/public health nursing?
- How do baccalaureate nurse educators and administrators believe they incorporate the values of Community/public health nursing in their baccalaureate nursing curriculum?

This study was approved by Capella University's Institutional Review Board (IRB).

Sampling Design

A convenience sample was used which included baccalaureate nurse educators and administrators employed in urban university baccalaureate schools of nursing in the city of Philadelphia. Seven baccalaureate nurse educators and three baccalaureate nurse administrators from an urban university baccalaureate school of nursing in Philadelphia, Pennsylvania that offered the traditional C/PHN course and community clinical course were interviewed. Six baccalaureate nurse educators and three baccalaureate nurse administrators from an urban university baccalaureate school of nursing that eliminated the traditional C/PHN course and community clinical course and replaced it with a C/PHN concepts and community clinical experience integrated curriculum were interviewed. A total of nineteen subjects were interviewed.

Baccalaureate nurse educators who were actively teaching at least one baccalaureate nursing course were eligible for participation in this study. Baccalaureate nurse educators and nurse administrators had to be currently employed in the traditional baccalaureate school of nursing or in the baccalaureate school of nursing offering a C/PHN integrated curriculum to be eligible to participate in this study. The nurse administrators had to be in a position that directs baccalaureate nursing curriculum development and implementation, responsible for the oversight of curriculum development and implementation, and/or responsible for actually developing baccalaureate nursing curriculum.

The demographic analysis revealed that the study participants came from diverse educational, clinical, and ethnic backgrounds. Three participants began their nursing career as diploma prepared RNs, five start-

ed as associate degree prepared nurses, and eleven began as baccalaureate prepared nurses. However, at the time of the study, ten of the participants had achieved their doctoral degrees in nursing while nine were actively enrolled in doctoral programs. The age of those in the study ranged from 40-80 years of age with seven participants between 40-50 years of age, nine between 51-60 years of age, and one being seventy-three years old. The years of nursing experience among those in the study ranged from a minimum of 14 years to 50 years.

None of the study participants from UBS 2 began their nursing career in the specialty area of community and public health nursing. Only one nurse educator and one nurse administrator from UBS 1 began and have continued their clinical practice in community and public health nursing. In addition, these same two individuals, along with one nurse educator/administrator from UBS 2 maintain an active clinical practice in a nurse run public health setting outside their university roles and responsibilities. Of the nineteen study participants, all but one was female. All but two of the study participants were Caucasian. The remaining two individuals were African American and both were female.

Data Collection

The researcher developed and field-tested the interview protocol tool. Revisions were made to this tool in response to the comments received from those who participated in the field test. The researcher obtained written permission from all study participants prior to conducting interviews. The participants agreed to being interviewed and having their interview audio-taped. All interviews involved the researcher asking questions from the designated interview protocol tool in a semi-structured format. The interviews were audio-taped by the researcher and then transcribed by a professional transcriptionist.

A conceptual thematic analysis of the interview data was developed. Two doctoral-prepared qualitative researchers were consulted to review the transcripts and they provided their proposed thematic analysis. Their analysis was compared to the researcher's thematic analysis to ensure legitimacy and accuracy of the researcher's study findings and interpretations.

Results:

In the analysis of the data, six distinct belief systems and five personal and professional values

emerged. The six belief systems of the nurse educators and administrators in this study that emerged from the data collected were:

- Health care is really changing.
- Nursing curriculum needs to change.
- Nursing care begins in the community.
- Nursing continues to be a growing and emerging profession.
- The BSN degree needs to be the entry level degree for nursing practice.
- The motivation for being a nurse is to help others.

The values shared among these nurse educators and administrators were focused on components of standards of nursing practice that they considered essential in providing nursing care and being a member of the nursing profession. The five values of nurse educators and administrators in this study that emerged from the individual interviews were:

- Professionalism.
- Compassionate care.
- Collaborative/Partnership practice.
- Community service.
- Honesty, integrity, and credibility.

Within the transcripts, change, conflict, and challenge emerged from the data as the major themes. However, it is change that prevailed as the overarching theme throughout the interviews, threaded through every participant's responses.

Research Question 1:

During the singular interviews of nurse educators and administrators, all nineteen study participants believed that community is where nursing practice and health care delivery is and will be occurring. Nurse educators from both UBS 1 and 2 voiced the need for students, as well as all health care practitioners, including themselves, to learn about the people to whom they provide health care. There is a need for nurses to learn and understand how people view health, illness, and death,

and how they view it through their religions, cultures, and rituals.

Another affirmation supporting the belief in community and societal changes impacting nursing and nursing care can be seen in the commitment among the study participants that the nursing curriculum needs to change. The crux of baccalaureate curriculum change is for students to learn about the people they care for in the hospital, where they came from and where they return. This was clearly evident in the following statement voiced by a nurse educator from UBS 1

"I believe all nursing is public health nursing. I think we need to get out of the hospital. The trend of what's happening and will continue to happen through the coming years is out of the hospital and into the community."

The nurse educators interviewed in this study expressed the need for baccalaureate nursing students to perform community service.

All persons interviewed believed in the need for a BSN degree as the basic entry level for nursing practice, regardless of the area in which nursing is practiced. Finally, one of the strongest beliefs and convictions among all the educators and administrators in this study was expressed by the following interviewee. This nurse administrator and educator from UBS 2 stated, "We have the ability to change nursing to what it should be."

As a nurse educator from UBS 2 points out, "What should be more important is that students learn what professional nursing means. And, not just as it relates to patient care, but to the unit, the health care institution, the community, and to the nursing profession itself." The administrator and educator from UBS 2 further concluded that, "We are not teaching skills for a job, but a profession, which incorporates knowledge, skills, compassion, ethics, and professionalism."

Research Question 2:

The second research question for this study was designed to determine how the belief systems and values of baccalaureate nurse educators and administrators reflect the paradigm shift in health care delivery and nursing practice for the 21st century. Many of the nurse educators addressed the growth in nursing science. Today, nursing research, evidence-based practice, advancements in technology and pharmacology, and a changing

profession is beginning to be threaded throughout baccalaureate nursing curriculum. As one nurse educator from UBS 2 noted, the changes and challenges to teaching nursing include how the information will be conveyed to students reflecting the move to “a classroom of discourse (student involvement in their own learning) rather than a classroom of power points or lecture.”

For many of the study participants, technology was not part of their initial nursing education or even part of their graduate and continuing education. In fact, for some, technology was not part of their nursing practice. However, for all those interviewed, technology is now an integral part of their roles as nurse educators, administrators, clinical faculty, and practitioners. The majority of nurse educators interviewed believe that nursing students need to be shown, as explained by one nurse educator from UBS 1, “how to do a holistic approach to patient care by approaching the client not as an individual but as a member of the family and community and greater society.” The study participants stressed “students have to be prepared to go out to the community because this is where the patient care is going to be.”

Finally, it is the belief systems and values shared by an administrator from UBS 1 that epitomizes how the belief systems and values of those interviewed reflect the paradigm shift in health care and nursing practice as she states

“Money’s not following where the need is and that has been a historical issue. There is a constant increase in the use of emergency departments as primary care providers for urban residents who are overwhelmingly minority. I’ve also seen a decrease in acute care hospitals and with a shift toward the demand for more and better care in families at a community and public level. But I have not seen a comparable corollary increase of reimbursement for the delivery of wellness services, lifestyle management, change in behaviors, etc. or services to follow where the needs go. Reimbursement still goes to acute care with other areas still struggling to manage how to keep people well. And so there’s an increasing gap between the dollars going to acute care when the health care needs are moved much more towards the push to eliminate smoking, decrease obesity levels, manage sexually transmitted diseases, HIV, of all those things. We’re living in a modernist health care environment, but the real world is living in a post-modern environment, and health care has not caught up to the post modern people.”

Research Question 3:

The third research question for this study was to determine how the belief systems and values of baccalaureate nurse educators and administrators are reflected in their teaching and administrative duties in relationship to preparing baccalaureate nursing students for C/PHN. Many felt comfortable sharing their belief systems and values with their students as part of their curriculum and clinical rotations due to their experiences overcoming numerous challenges and obstacles throughout their career. The importance of ethics as a personal and professional value and belief was a unifying bond among all 19 study participants.

A study participant, who is both an administrator and an educator from UBS 2, believes that students need to learn how to take “...those basic concepts of patient care, patient education, and health promotion, and help adjust that framework (of nursing practice) from an inpatient setting to a home setting.”

The educator with a dual administrative role in UBS 1 echoes a belief and value of many of the study participants that “patients are people first, whether you are looking at a client as a population or the client as an individual, they’re still people first and you have to take that perspective.” She, as do many of her colleagues, reflect this belief in their teaching by first role modeling this belief as a behavioral response in their interactions with students. The educators interviewed stressed they do this by treating students as people who have lives, families, and jobs outside the school setting that can and often do impact their ability to be students. The intent is that the students will then assimilate this behavior and belief and interact with patients and the community likewise.

Research Question 4:

The fourth and final research question for this study was to determine how baccalaureate nurse educators and administrators believe they incorporate the values of C/PHN in their baccalaureate nursing curriculum. A nurse educator from UBS 2, when asked if she is promoting C/PHN in her courses responded by saying:

“I think so because the other thing I do is I’m a SNAP (Student Nurses Association of PA) advisor and we do a lot of community pieces. But the other thing I always try and emphasize to students is it doesn’t matter what you do for the patient in the hospital, if you send

them back home in their community and they're not able to care for themselves or meet their health needs, they'll be right back in. So it's very important that we follow through, whether it's their discharge planning, or whatever. We also do a lot for health promotion in the community with health fairs and screenings and we work with children in community homes."

When an administrator at UBS 1 was asked if she promotes C/PHN in the nursing curriculum she confidently reveals:

"We promote it (community/public health nursing) so much more than any other nursing school. Our work here has been modeled after the National Innovative Model set forth by AHRQ (Agency for Healthcare Research and Quality) which garnered more than twenty million dollars of external funding. We have a living model in our nursing run public health clinic. We have a national leader in public health, a Robert Wood Johnson Fellow. We have put our money towards promoting primary prevention, primary care, and community based settings driven by the community needs."

Thematic Analysis:

The nurse educators and administrators articulate a conflict between the changes that are occurring in nursing and health care and the continual quest for a respected identity as a practice and profession. One of the most prominent changes in nursing education and practice identified by the study participants deals with the increasing prevalence of technology in the classroom and clinical setting and the demand for evidence-based practice which seems to them a clear step forward for nursing. Those interviewed also discussed that the health care demands of the 21st century require nursing to focus on lifelong wellness and prevention of disease in the home and in the community which they say some of their students see as a step backward.

Beliefs and values of the baccalaureate nurse educators and administrators interviewed in this study, can be categorized into five sub-themes as they relate to the three overarching themes of change, conflict, and challenge. Sub-themes are:

- Nursing (Practice and the Profession).
- Baccalaureate Curriculum.
- Baccalaureate Nursing Students.

- Nursing Education.
- Community.

Nursing (Practice and the Profession):

An unexpected response to the research questions, in light of the fact that the majority of study participants were initially diploma or associate degree prepared nurses, was the strongly and repeatedly emphasized belief of all those interviewed that a bachelor's degree in nursing has to be the minimum entry level for nursing practice. Each participant had their own reservations regarding the BSN program in its current format and its and their ability to prepare nurses for the new model of health care practice in the 21st century.

A nurse educator from UBS 1 identified that "technology is totally different for nurses and nursing education." She stated:

"I think one downside of technology is that students and probably practicing nurses tend to rely heavily on the technology and therefore, may not use their own senses as much as they might have in the past as far as physical assessments and really listening to the patient and asking the right questions. They may just be looking at the machinery."

Many of the study participants reflected on the change in nursing practice from when they first became a nurse and throughout their nursing practice until this point in their nursing career. A cultural movement over the years has led to an evolution of nursing whose practice is evidence-based, collaborative, and autonomous. To do this, the participants believe a basic entry-level into nursing practice, the BSN degree, must be agreed upon.

Baccalaureate curriculum:

Technology and simulation are integral to student learning in the 21st century. All those in the study voiced similar comments that technology has its place in accessing information and in assisting in providing and improving patient care. However, the concern that was expressed by all study participants is their lack of expertise in technology, how and what technology should and needs to be incorporated in the curriculum, and the challenge of ensuring that the focus for the students does not become more about technology than caring for people.

All those interviewed unknowingly shared a belief that student learning no longer is the sole responsibility of the educators. Today, nursing education, as one nurse educator from UBS 2 stated, "... must involve active student learning; student centered learning with a greater emphasis on the student taking responsibility for their learning."

At UBS 2, the belief systems and values of the nurse educators and administrators were rooted in community and public health. The baccalaureate curriculum integrates community concepts and clinical experiences throughout the entire two year upper level division and the one year accelerated BSN course work. However, all educators and administrators interviewed from UBS 2 voiced that this community integrated curriculum is not a flawless design. They shared concerns that community concepts and community clinical experiences need to be bolstered throughout the curriculum and in each individual course.

In UBS 1, the nurse educators and administrators interviewed shared similar strong beliefs and values regarding the significance of a community health nursing concepts and community clinical integrated curriculum. However, they believed it needs to be in addition to the traditional baccalaureate curriculum that includes a formal community health nursing theory course and a community health nursing clinical course.

Finally, it became evident during the interviews that all supported the need to provide opportunities within the baccalaureate nursing curriculum for positive transformation of students related to community service, their understanding of the community, and their responsibilities in caring for people.

Baccalaureate nursing students:

During the interviews focused on the challenges of the students entering the nursing profession and the reasons for them entering the profession, the nurse educators and administrators in this study lamented, as did a nurse administrator from UBS 2, that "many of our students are known as being much more self-serving in their orientation so it becomes a challenge to foster a culture of helping others. The motivation for being a nurse is to help others."

One of the primary concerns of those interviewed related to the change in attitude of nursing students towards nursing and patients. The study partici-

pants, as did one nurse administrator from UBS 1, referred to an attitude change among nursing students noting

"...a change from choosing to be a nurse because you want to help others to choosing nursing because it is a secure and stable job that pays well in an unstable economy, choosing areas of practice that distance the nurse from the patient with minimal direct patient contact or care as opposed to choosing areas of practice that involve direct patient care and contact."

Nursing education:

Attention in the media and in this study has been given to the nursing shortage and how the profession, health care, and society can address this national and global issue. Those interviewed addressed the fact that the preparation of nurses into practice is varied, diverse, and being accomplished in a shorter and quicker period of time. Other challenges that emerged during the study related to nursing education were: increase in the number of students in the classroom, increase emphasis on technology, and the increased prevalence of cheating and plagiarism. Many of the nurse educators interviewed from both UBS 1 and UBS 2 addressed the fast tracked approach to educating nurses by presenting their observations of how students obtain nursing knowledge. As a result, as one nurse administrator from UBS 2 stated:

"The size of nursing textbooks have enlarged in response to the increased knowledge in nursing and health care. There is increased information students need to know yet there is a decrease in the available time in the classroom and out in clinical which continues to be decreased each year it seems and a decrease in available space in the curriculum to master this knowledge. So the solution to this has been and continues to be add-on content to an already overburdened curriculum and to place materials not covered in class on the online course board and in learning modules."

As perceived by the study participants, despite advancements in nursing, the profession continues to respond to publicized shortages through traditional approaches such as lowering educational learning time frames and add-on curriculum that must be processed in a shorter period of time.

Community:

All of the study participants had expressed

similar responses to that of a nurse educator from UBS 1 who stated that "Nursing care begins in the community." The community clinical rotation is, "...how a nurse uses that cultural sensitivity in relation to patient care." Another belief of a nurse educator at UBS 2 is that despite the integration of community concepts throughout the curriculum, "not enough emphasis is placed towards population health issues and family issues or on health promotion and disease prevention. Patient adherence is no longer a dictate from health experts; it is a collaborative partnership with the patient and the community."

The study participants made it very clear that there has been, and is, an *urgency* related to the fact that they *see* that health care is really changing and that health care is moving towards out-of-hospital experiences. They all voiced that it is no longer all about taking care of sick people, but rather, about helping people to take care of themselves. The recognition that society and the world are changing their ideas about health and healthy lifestyles and, as noted by one nurse educator from UBS 1, that "the only way to seriously impact the health of the general population is prevention" were two beliefs articulated by many of the participants that provided additional rationale for urgent change in how nursing students are to be prepared for practice in the 21st century.

Obstacles facing UBS 2 have been many despite their vision to incorporate community concepts and community clinical opportunities throughout the curriculum. One of the most significant of these obstacles is the fact that the coalition or nursing leadership team originally created to develop this new curriculum proposal are no longer employed by the school of nursing. There also seemed to be a considerable gap in plausibility regarding the reality that community was being taught in every course by every nurse educator throughout the baccalaureate nursing curriculum. This belief was shared by many participants not just at UBS 2, but also at UBS 1 where they have the traditional community course and community clinical (but have recently adopted the non-traditional community integrated concepts and community clinical curriculum approach to preparing baccalaureate nurses for C/PHN).

Many of the nurse educators identified a belief similar to that voiced by a nurse educator in UBS 2:

"The problem with the concept of integrating a particular topic like community, geriatrics, etc. throughout the courses in the curriculum is that it often falls

through the cracks-everyone assumes everyone else has it in their course and what we later learn is it isn't in any course, though we are working hard to make sure that no longer happens."

Though the obstacle was clearly presented by some participants and thinly veiled by others, the obstacle to sharing the vision of change was the same and two-fold. The first aspect of the obstacle to sharing the vision of change in the paradigm shift in health care delivery is a lack of clinical and educational expertise in the area of C/PHN. The second aspect of this obstacle is the fact that these nurse educators and administrators have been and still are a part of an academic curriculum and university center with economic and powerful decision-making affiliations with a major acute care hospital health system. As the dean of UBS 2 denounced:

"I think we continue to live in this nursing education world in which the hospital predominates. And when the hospital predominates, then rules, procedures, obedience, subservience, those cultural norms continue to be conveyed in our education. We still spend a lot of time talking about following doctor's orders. We haven't shifted the focus of our nursing education programs to rest on the patient. We still have it resting on the tasks that need to be done to ensure that orders are met, and that issue, I'm passionate about. It is incumbent on us to begin to disconnect the almost exclusive relationship that baccalaureate nursing programs have with acute care hospitals! But if you have 75-90% of your curriculum in a hospital, we are not preparing baccalaureate people to be able to think outside the box of hospital care. Health care is moving towards out of hospital experiences....we cannot continue to place students almost exclusively for their clinical experiences in acute care hospitals. That's not where the action is and it's certainly not where the action will be in the imminent future."

An additional obstacle to nurse educators in both schools of nursing was identified by one nurse educator who also had administrative duties from UBS 1. She stated, "There are pockets where you find there is resistance and more of a proprietary mode." Another obstacle was the economy and its role in limiting available and needed resources. Repeatedly, the study participants cited that their workload was becoming increasingly challenging. All recognized the nursing shortage and need to prepare more nurses. They also voiced that to remain fiscally viable, student enrollment was the number one source of revenue for their academic institu-

tion. However, due to the economy, nurse educators were expected to take on more students, take on more work associated with preparing those students for the changes in nursing and health care delivery, and do it in the same amount of time as before with less available resources.

Both urban university baccalaureate nursing schools in this study and their respective nurse educators and administrators have demonstrated a commitment to change in nursing curriculum and the organizational/educational culture of preparing baccalaureate nursing students for C/PHN.

Discussion:

In this qualitative phenomenological research study, nineteen nurse educators and administrators from two urban university baccalaureate schools of nursing (UBS 1 and UBS 2) were interviewed about their belief systems and values regarding their preparation of baccalaureate nursing students for Community/public health nursing. Community integrated curriculum in pre-licensure university baccalaureate schools of nursing is in its infancy. Every study participant valued their commitment to people, to nursing, to the community, to readying the next generation of professional health care providers, and to preparing professional community committed nurses for practice in the 21st century.

These participants discussed their concerns regarding the change from when they entered nursing, practiced nursing, and even when they began teaching nursing, where the focus was on a desire to help those in need. Despite the belief systems of the study participants, their students want their initiation into nursing practice to be in critical care units in the hospital. As one nurse educator from UBS 1 states, "The myth still exists that community and public health nursing is not really nursing." Therefore, UBS 1 believed there is a need to incorporate a community integrated curriculum, in addition to maintaining the community theory and clinical courses offered at the end of the nursing program. The nurse educators and administrators from UBS 2 also made similar observations about students and their disinterest in community nursing. Their solution was to eliminate the community nursing and clinical courses and to rely solely on the integration of community concepts and clinical opportunities throughout the curriculum.

The conflict, however, is that the nurse educators and administrators from both UBS 1 and UBS 2 readily admit that they believe when something is integrated, it has a tendency to get lost. The majority of the nurse educators interviewed had reticence about integrating community and public health nursing in the curriculum because no template exists for integrating C/PHN throughout the curriculum.

Finally, these nurse educators and administrators value the need for BSN students and practicing RNs to demonstrate an understanding, appreciation, and acceptance of the relationship of nursing practice and patient care to health prevention, screenings, and patient education and a collaboration and partnership with other health care providers and the community. All study participants valued and believed in the need for incorporating C/PHN into the curriculum. They also valued and believed that they were actively and will continue to actively incorporate C/PHN into their respective BSN curriculum. However, all individually reconciled that an uncertainty exists as to the reality of what, how much, how effective, and/or how accurately C/PHN was being incorporated when currently no objective evidence exists to support their beliefs.

All those in the study believed that nursing curriculum needs to change. Some of the study participants believed that when a curriculum offers just one community theory and one community clinical course (and not until the final semester of the nursing program), the student fails to see how community relates to any other aspect of nursing practice, particularly hospital based care (where the majority of their clinical nursing rotations occurs). Thus, in their opinion, community needs to be integrated throughout the curriculum. However, many (including those nurse educators in both UBS 1 and 2 who have community expertise) suggested that though integration of community concepts seems to be the most logical alternative to this dilemma, they believe when a topic that needs attention in the curriculum is designated for integration it "usually ends up getting dropped or slipping through the cracks."

The Institute of Medicine (IOM, 2010) reports a high turn-over rate for new nurses and sees residency programs as a solution for solidification of practice skills and employment retention in hospital and Community/public health settings. However, this approach

is still not addressing the inequities of nursing education in preparing professionals capable of meeting the complicated health care needs of patients. In response, the IOM identified requisite competencies that nurses need to acquire prior to practice to deliver safe and quality care to all patients in all practice settings. They suggested that nursing curriculum include competencies in "...leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content area including community and public health and geriatrics" (IOM, 2010).

Leading the list of concerns of the study participants related to the BSN students was the fact that, for the most part, students entering their nursing programs were doing so because of the economy and the need for job stability in an unstable economic environment. The new motivation to become a nurse, to earn an income, versus the past motivation to become a nurse, to care for others, was quite troublesome to those in the study. Another issue the study participants found with the nursing students was the students' inability to be present both in the classroom and with their patients in their clinical rotations.

All study participants remarked about the growing student enrollment with upwards of 150 students per pre-licensure program. Each participant shared their ethical dilemma in preparing that number of students adequately for a lifelong commitment to the profession of nursing and caring for others.

Other areas impacting nursing education as noted by the study participants included the acknowledged fact that there are technology deficits among the nurse educators and administrators. They all also expressed that they are continuing to improve their level of comfort and expertise in technology use as a way to engage students in the learning process.

Patient adherence is no longer a dictate from health experts but a collaborative partnership with the patient and the community. The community, nationally and globally, is changing its ideas of health and healthy lifestyles. The promotion of health, prevention of disease, and the self-management of chronic illness and health is the new model of health and health care. As one participant stressed, "It is no longer about taking care of sick people; it is about helping people learn how to care for themselves by looking at health care through the lens of the person needing the care."

The study participants expressed concern related to the bureaucratic, political, and economic culture of their affiliated hospitals that oftentimes impedes their ability to make changes in preparing nurses for C/PHN while their hospitals remain entrenched in the medical model focused on pathology and acute care. The study participants believe this hospital infrastructure and mode of health care practice influences the career choices of their BSN students resulting in a disregard for C/PHN as a significant direction and foundation of health care delivery and nursing practice. This, coupled with the rapid advancement of technology, the expressed concerns about the inexperience of nurse educators related to incorporating technology to enhance student learning (what to use, how to use it, when to use it), and the voiced inexperience of teaching C/PHN concepts and practices, serve as obstacles to consolidating change among the study participants and the nursing profession.

Finally, in the evaluation of the study findings it became apparent that change has been and is continuing to occur in both schools of nursing. However, these changes have been and are continuing to occur without evidence-based studies to support if the changes were needed, what changes should be implemented, outcomes desired and if those outcomes were achieved. No studies have been performed to determine what, if any, effect the curricular changes and belief systems and values of those proposing and/or implementing these changes have on their BSN students who are expected to practice nursing from a C/PHN perspective while being nursing students and then as a graduate and practicing RN. Thus, as the nurse educators and administrators of this study have concluded, change continues to occur, but in reality, nothing has significantly changed with regard to nursing and its historical approach to making major change in both the practice and the profession.

Conclusions:

This study examined the belief systems and values of nurse educators and administrators in preparing baccalaureate nursing students for C/PHN and how those belief systems and values reflect the paradigm shift in health care delivery and practice. Articulated in the direction each nurse administrator and their nurse educators proposed for curriculum and program development was the belief in the paradigm change in health care delivery and the need for baccalaureate educated nurses to be prepared to function from a C/PHN perspective.

All study participants noted that the RN student needs to be able to articulate C/PHN, but there still exists the question as to what level this should occur. There are three curricular approaches to preparing BSN students for C/PHN: (a) community theory and community clinical as two separate stand alone courses offered towards the end of the BSN program, (b) community concepts and community clinical integrated curriculum, or (c) a combined approach that offers a community theory and community clinical course offered towards the end of the BSN program in addition to integrating community concepts and community clinical throughout the curriculum. Study results revealed that none of the study participants in either UBS 1 or UBS 2 know exactly how to make the changes in their curriculum to address the paradigm shift in health care, but all believe they need to do it and all were supportive of the need to change. Determining which if any, is the best approach to preparing baccalaureate nursing students for C/PHN practice needs to be further researched.

Another direction for future research would be to consider surveying students before and after completing a community didactic and community clinical course to determine what, if any, effect these courses had on baccalaureate nursing students' understanding of the new model of health care and C/PHN practice and/or their career choice.

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