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When Academia meets Practice- A New Hybrid Role in Community Nursing

Abstract

It cannot be disputed that the NHS is under considerable pressure, with the nursing workforce struggling to meet increasing demands. As the current government is focusing on care closer to home, community nursing needs to consider how it is going to maintain provision of care and attract more staff, particularly newly qualified nurses. Often pre-registration programmes do not focus adequately on community nursing in both curriculum content and placement availability and this needs to be addressed. In addition, once qualified, community nurses often struggle to embrace evidence-based practice for a number of reasons which can leave them feeling undervalued and frustrated. The author has been appointed to a unique post, being employed by both a Higher education Institute (HEI) and a foundation trust in East London. It is anticipated that this hybrid role will provide insight into the challenges in both these areas of concern, and strategies can be put in place to address them.

Key Words

- ❖ Community nursing, student nurses, evidence-based practice, senior lecturer, challenging misconceptions

Key Points

- There is a current crisis in meeting the demands of the healthcare system by the nursing workforce in the community
- For pre-registration nurses, there is often a lack of focus on community nursing within their programmes, which needs to be addressed.
- It is essential for Higher Education Institutes to endorse community nursing careers, particularly as first post destinations
- To maintain the integrity of the community nursing workforce, a learning community is essential to ensure evidence-based practice is implemented.

The notion of delivering care to individuals in their own homes is not a new concept and it features highly in the priorities of the latest government, with an ambition to grow the share of funding in community and preventive services (Kings Fund, 2024). However, developing the workforce in the right location to support this growth seems to be behind the curve. The Universities and Colleges Admissions Service (UCAS) has identified that applications for student nurse numbers in general has fallen by more than a fifth during the last three years (Church, 2024) with adult nursing feeling the brunt of this (Council of Deans, 2024).

Juxtapose this with the staggering numbers of nurses leaving the profession, particularly within 10 years of entering the register (Royal College of Nursing, RCN 2024) and it is evident we have a crisis. With the plan to provide thousands of additional nurses working in local communities outside hospitals, it is clear that there are challenges ahead.

Therefore, we need to think of innovative, smart and effective approaches to both attract newly qualified nurses to the profession and also maintain the current workforce. To influence the student nurse population at a time before they are making their career plans is

vital and to ensure that they are aware of their options is key. Many of the undergraduate programmes are rather 'hospital centric' and it remains challenging at times to promote the concept that hospital care may not be the essence of all nursing (Van Lersel et al 2022) with public perceptions often being misguided (Lavery & Henshall, 2022). However, there are opportunities to highlight the plethora of community career options, by broadening views and increasing knowledge, if one can create the avenues for promotion. There is some evidence to suggest that a curriculum with more community content can influence the perspectives of the students and that knowledge is instrumental in helping manage expectations and preparation for the professional workforce (Lavery & Henshall, 2022). There is a clear role here for lecturers within Higher Education to integrate community nursing education into the pre-registration curriculum from its conception and continue to be positive role models to minimise any ambiguity.

The author has just taken a new role within Higher Education that is based fifty percent of the week with City St Georges University and the remaining time with East London Foundation Trust (ELFT). Whilst having adult community nurses as part of the pre-registration team is not a new concept, indeed many of them do this part time to enable them to work clinically. However, having a role that straddles both establishments, where the latter does not sit within Practice Education, is quite unique.

Raising the profile of community nursing in the pre-registration programme

Part of the remit of this post is to ensure that evidenced-based community health is integral to programmes and modules at City St George's University and that community career options are promoted at every opportunity, particularly as first destination posts. This focus is more relevant now than ever before with district nurse numbers falling and their position

being potentially undervalued, yet the government focusing on delivering care closer to home (The King's Fund, 2024). The workforce of the future will need to be supported by some of the newly qualified nurses, so strategic plans for this need to be in place sooner rather than later, to ensure that a community nursing career is attractive and subsequently retaining a diverse nursing workforce (While, 2024).

Often a community nursing or primary care presence within the staff can be sometimes rather diluted so one needs to be creative and persistent to ensure the message can be conveyed. There has been a drive to increase community education into the curriculum for at least a decade, but this is achieved in some institutions better than others. At best, community nursing pathways are recognised as a field in their own right within pre-registration nursing but there is a palpable sense throughout the nursing world that community nursing may seem less valued than nursing in a hospital (Reynolds, 2022). This is a myth that needs to be dispelled and there are multiple ways to address this, and a key objective of this current role is to increase the availability of community and primary care placements. With the authors new appointment, it is hoped that this will present opportunities to place students in areas that might not have previously been considered, but also to hopefully streamline processes. As the Queen's Nursing Institute (QNI, 2022) states, the opportunity for students to have a wider range of experiences in the community, with an effective learning environment and inspiring role models is essential and without exposure, students are unlikely to appreciate what a community nursing career can offer them. However, as Lavery and Morrell-Scott (2024) highlight, one must be cautious of the terminology and categorisation of community placements, as not all 'out of hospital settings' are actually nursing based and whilst these are vital to provide a holistic perspective, it is not always the best way of promoting community nursing career pathways.

It is also important for students to experience a diversity of placements where nurses work, to showcase the range of advanced roles available and the skills and knowledge that are required to deliver these services. This may include prisons services, cardiac rehabilitation services, telehealth, homeless health services, care homes and general practice. Regardless of the placement setting, one important route to success is how the student is both welcomed and integrated into the community which will enhance their sense of belonging; it is also imperative that assessors and supervisors are dedicated to being community ambassadors (Carr et al, 2018). It is anticipated that being part of the University and the NHS trust, the author will be able to develop these pathways with the practice education team and placement experience facilitators, by participating in the relevant governance meetings and being part of scoping discussions.

Prep for practice

One other aspect of this new hybrid role is to enhance the preparation for practice elements within the pre-registration programme. Whilst it is clear that students should be adequately prepared for practice placements (Nursing and Midwifery Council, NMC, 2018), the nature of this 'preparation' lacks clarity and is mostly left open to interpretation by the Approved Education Institutes (AEIs). In essence, preparation for clinical practice should start within the University and then streamline into the induction in the clinical area (Norman and Meszaros, 2021). Often this preparation will include information relating to professional behaviour and raising concerns but also more practical information around shift patterns, safety guidance and the practicalities of assessments. Many of the students may have had no exposure to community nursing at all and may have a lack of awareness that they will be

in supportive environments with committed staff (Carr et al, 2018). It is of the upmost importance that reassurance is provided to reduce anxieties, but more importantly that students are emotionally prepared to navigate the context of practice and the reality of what they are going to experience, and opportunities for learning regardless of the clinical setting (Mackay et al 2021). The author is hoping to develop this programme as part of her new role alongside the existing link lecturer provision. It is anticipated that having a visual presence in both environments will be both reassuring and inspiring for the students involved.

The importance of Community based simulations

For those students who are not fortunate enough to have community nursing placements or that do undertake them but have struggled to embrace the learning opportunities and transfer their skills, then community simulations are the perfect solution to this. Students generally find community simulations inform them of community health roles and deepen and broaden their understanding (Matsuda et al, 2022).

One other important benefit of community simulations is that they can help improve the reputation of community nursing and clarify the misunderstandings that are often in circulation suggesting that the community 'de-skills' the nurse, that there is poor skill progression and that it is somewhere that nurses go to retire (Lavery and Morrell-Scott, 2024; McBride, Kilgore & Oozageer Gunowa, 2024). It is imperative that we expose students to these experiences at the earliest opportunity to help inspire them to pursue a community nursing career. It is also important to consider the fidelity of the simulations. As Reynolds et al (2018) suggest 'fidelity' often gets aligned with the use of technology and manikins but should really describe how close it is to real life.

The scenarios should build on students' prior knowledge and the debrief itself should triangulate the learning. The environment needs to be realistically challenging and represent the complexities that exist when delivering care outside of the hospital setting; without compromising student safety. The facilitators for these simulations require a working knowledge and experience of delivering nursing in the community to add value to the preparation and debriefing discussion. As Norman and Meszaros (2021) outline, often community simulations require collaborative working between the University and practice partners to ensure that relevant learning outcomes are incorporated, and the setting maintains its authenticity. As the author occupies roles in both these settings, it is anticipated that she can bring a sense of credibility and realism to these community simulations and create opportunities for community clinicians to help facilitate these experiences.

Uniqueness of the role

One of the aspects of the authors new hybrid role is that it facilitates having an overview of the curriculum that is delivered to the students but also an awareness of how the community teams work and the nuances of their geographical area which helps contextualise the setting for students prior to their placements. This ensures that any misunderstandings are dealt with at an early stage and that role ambiguity is clarified (Lavery and Morrell-Scott, 2024), but also that the students are helped to develop their sense of professional identity and can envision a career outside of a hospital environment and are aware of the support that will be on offer. From the authors perspective, there should be multiple opportunities to influence curriculum structure, not only in content but also embracing the current political landscape.

Developing Evidence based Practice within the community workforce

One of the areas that the author has been asked to develop is evidence-based practice within the community health services with a particular focus on the community nursing workforce. Evidence based practice should be incorporated into the delivery of care throughout and is a recognised approach that integrates the best evidence available, clinical expertise and patient preference when making decisions about care (Giesen et al, 2024). To develop this initiative, for it to be beneficial and for the current nursing staff to see the value, a scoping exercise has been commenced. This involves working alongside all of the clinicians as they deliver patient care, whether this be in a home or clinic setting and to fully understand the challenges they face with their patient populations and how they might experience barriers to implementing evidence-based practice. To date, some of the issues raised relate to the skill mix of the workforce on any given shift which has been identified in other geographical areas (While, 2024), but also a lack of time for personal research, and writing for publication and a lack of knowledge and resources, which is not a new phenomenon (Giesen et al, 2024). In addition to this, the author will be working alongside the very established Practice Education team to develop their existing portfolio of teaching. One area that currently highlighted for potential development the delivery of palliative and end of life care; with a focus on maintaining competencies and gaining confidence, that can be supported through simulation. Having a grounding in undergraduate education will help with the planning, resourcing and delivery of this.

It is anticipated that having an academic within the wider community team with access to educational resources and the expertise to offer support that these new initiatives will develop and increase the confidence and profile of the learning community. Generally,

nurses are motivated to use EBP principles within their work and have a positive attitude but often require role modelling and some changes to the team culture (Giesen et al, 2024). Positive outcomes often relate to nurses having increased ownership and participating in working groups but also promoting self-efficacy and outcome expectancy (Hoegen et al, 2014). In order to address these concerns a Community of Practice (CoP) group is under development, where it is anticipated that the gap between research, education and nursing practice will be bridged. It is well documented that CoPs are a strategy for sharing and managing knowledge exchange, where individuals learn from each other, which may in turn facilitate clinical improvement practices or implementation of evidence-based practice (Brooks et al, 2024). A working group will be developed to ensure that the CoP is delivered in the most useful way to maximise engagement and attendance and make it meaningful and informative.

What this will do for community nursing and who will benefit?

The benefits of this hybrid post are multidimensional; some of which will be realised in a short time frame and other that will feel like more of a 'slow burner'. In essence the main objective is to raise the profile of community nursing as a career option but to achieve that, the focus will be on building placement capacity, initiating some further practice partnerships, engaging with local communities and inspiring students to achieve what they might not have thought previously possible. This will require a structured approach to implement new ideas and develop relationships. For community nurses already employed in the trust, this hybrid role will open opportunities to support their professional development and personal growth and create new ways of strengthening the learning culture, thus sustaining the advancing workforce for the future to meet increasing political demands.

Challenges of the role

Without a doubt, new positions will always incur a degree of scepticism and curiosity from the established workforce and not having 'somebody else's shoes' to step into can be both a blessing and a curse. There is a constant drive to prove that one is adding value to the organisations that one is being employed by, whilst dealing with the challenges of 'imposter syndrome'. In both aspects of the post, the author recognises there will be an emphasis on dispelling myths and changing the mind-set and perspectives of others whilst navigating those with heavy workloads, time pressures and possible resistance to what might seem like a 'top down' approach.

Developments for the future

Going forward, the author has great ambitions to enhance the profile of community nursing and inspire the next generation to take this forward as a first destination career post.

However, goals and objectives need to be measurable, realistic and achievable and to add value to what is already in existence. One next step could be to explore avenues to liaise with 6th form colleges to engage with school leavers who are planning their further education choices. This work is already in progress in other geographical areas as there are a variety of educational strategies being utilised to increase the uptake of undergraduate nurse education programmes by school-leavers (Clipstone & Ambrosio, 2024). This could be an effective way of engaging the local communities within East London to consider healthcare careers.

Conclusion

This new hybrid role presents a unique opportunity to bridge the gap between education and practice, preparing a sustainable workforce for the future to enable the delivery of care for service users and patients within their own homes. Going forward it will facilitate engagement between clinicians of all disciplines and academics, to drive service improvement and embed evidence-based practice in a seamless way using innovative ideas. There are difficulties ahead, particularly with challenging current misconceptions and refocusing the mindset and perspectives of key individuals, however community nursing will always be at the heart of all discussions and collaborations!

Reflective Questions:

- What is the community focused content of the pre-registration programme in your university?
- How are community placements in your area maximised for student nurses?
- How do you ensure that your nursing practice remains evidence based?
- How does your practice area ensure a learning culture is maintained?

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