

Research Article

Use of nursing homes in Baccalaureate nursing education

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Abstract

Although the use of nursing homes in nursing education has been described in the published research, no current report exists outlining guidelines for faculty if they desire to use nursing homes for their undergraduate nursing courses. Thus, the purpose of this paper is to identify courses that are best taught in nursing homes and the approaches faculty can implement when using nursing homes for student experience. The use of nursing homes for the courses in fundamentals, leadership and management, research and community health is discussed. A step-by-step approach for faculty to initiate the use of nursing homes for undergraduate teaching is also provided. The nature of the faculty, the characteristics of nursing home settings and the characteristics within the community will affect students' learning experiences and effectiveness. Thus, it is important to consider nursing homes as appropriate for certain types of learning needs.

Key words

Baccalaureate nursing education, gerontological nursing, nursing homes, undergraduate teaching.

INTRODUCTION

Although the use of nursing homes in nursing education has been described (Kovner & Schore, 1998; Rosenfeld *et al.*, 1999), no current reports outline specific step-by-step guidelines for faculty if they desire to use nursing homes for their undergraduate nursing courses. Thus, the purpose of this paper is to answer two questions for the consideration of using nursing homes for courses in the Baccalaureate of Science in Nursing (BSN) programs. The questions are:

- (1) What undergraduate nursing courses are best taught in nursing home settings?
- (2) What approaches should faculty take if they want to use nursing homes for their BSN nursing courses?

Nurse educators have made efforts to disseminate knowledge and experiences regarding the use of nursing homes in nursing education. One area addressed in earlier research was the impact of nursing home placement on students' attitude toward the elderly (Cook & Pieper, 1985; Heller & Walsh, 1976). In recent reports, the relationship between use of nursing homes as clinical sites and nursing curri-

culum design was examined (Johnson & Connelly, 1990; Matzo, 1994; Oneha *et al.*, 1998; Philipose *et al.*, 1991; Tagliareni, 1991). Further, based on a comprehensive review of published research findings, the specific use of nursing homes in clinical teaching was documented in the areas of basic skills (Barrett & Metz, 1981; Everett & Hooks, 1985; Hartley *et al.*, 1995; La Mancusa, 1981; Wall-Haas *et al.*, 1983), leadership and management (Gass & Tarr, 1986; Karam & Nies, 1994), research (Matzo, 1994; Mezey *et al.*, 1997), and community health (Hogstel, 1988; Kraft & Nelson, 1988; Robertson, 1988).

WHAT COURSES ARE BEST TAUGHT IN NURSING HOME SETTINGS?

Nursing home settings can provide opportunities for students to learn various aspects of nursing through providing care to nursing home residents and applying the nursing body of knowledge. More specifically, it has been suggested that nursing homes are appropriate and effective clinical settings for beginning undergraduate nursing students (Hartley *et al.*, 1995). Nursing home settings provide beginning students opportunities to practice a greater variety of learned nursing interventions due to the wide spectrum of client needs and scheduled routine care. Learning objectives for beginning students in nursing home settings could focus on basic psychomotor skills, commu-

nication skills, physical and psychosocial assessment, safety concerns, patient education and the development of positive attitudes about the aging process. Students in nursing homes are also able to better apply nursing theory and intervention, as nurses are more often the decision makers in a nursing home. In addition, opportunities exist to follow a single client for a longer period of time due to a stable census. Due to the characteristics of nursing home residents, the nursing home is an excellent environment for students to learn how to care for the residents at the end of lives (Ersek *et al.*, 1999) and residents with specific health problems such as pressure ulcers, urinary incontinence, functional decline, changes in appetite or weight, safety issues or falls, social isolation and withdrawal, memory loss and sleeping problems. Common mental health issues in the care of elders such as depression, anxiety and dementia are also valuable learning additions to students' clinical experience. Students have increased confidence because of their placement in nursing home settings and are better prepared to enter acute care settings for subsequent clinical experience (Wall-Haas *et al.*, 1983).

Flexible and creative learning activities can be used to reinforce and enhance what students have learned in their didactic administration and leadership courses. Nursing home settings offer a variety of learning opportunities for BSN students to prepare for the care manager role. The focus of this administrative learning experience is on interdisciplinary coordination of care for individuals with long-term care needs. In nursing home settings, students can learn how to collaborate with nursing personnel and other health-care professionals to provide quality care for residents. According to Tagliareni (1991), the slow pace of the nursing home environment provides opportunities for collaborative activities and for students to learn about working together. In fact, students in Tagliareni's study reported that the nursing home clinical experience was their very first real collaborative experience with peers or assistive personnel. The students specifically related opportunities to practice situational leadership skills and delegate selective nursing interventions to other nursing personnel, particularly nursing assistants. The main learning activity reported by this group of students was collaboration with licensed practical nurses in developing care plans and with nursing assistants in organizing basic care delivery to nursing home residents. Learning to collaborate with others and make decisions will aid in communication and leadership skills pertinent to nursing care, and meet the objectives of nursing leadership and management courses. In addition, for health policy and issues courses,

nursing homes are a natural environment to experience clinical projects about policy and issues, regulations, patients' rights and end-of-life issues.

The continuum of care is aimed at quality, ease of access and lower cost. One of the strategies necessary to reach these goals is to conduct research studies. The stability of nursing home populations provides BSN students with opportunities to become involved in clinically-based nursing research and to identify areas for further study. Participating in research projects with faculty, nursing home staff and multi-disciplinary teams, students observe the integration of nursing research and practice in clinical settings. To enhance students' involvement in the conduct of research for aging populations, they must participate in the process (Matzo, 1994; Mezey *et al.*, 1997). Recognizing and experiencing collaborative work with multiple disciplines can also increase students' interest in the pursuit of research on aging with various professional groups (Walsh & Wilhere, 1988). A didactic approach is commonly used for teaching research skills in BSN programs. With the belief that students must take part in the process of conducting research to actually appreciate the value of research, Matzo (1994) developed an effective group research project for senior BSN students by using two days of their clinical rotation in nursing home settings. She further suggested that research should be integrated into long-term care clinical experiences since the experiential component brings meaning and value to the research process and application of findings (Matzo, 1994).

The concept of using nursing homes for community nursing clinical courses in BSN programs lies in equating 'nursing homes' with the residents' 'homes'. Many nursing homes are developing assisted living wings or units that enhance community aspects. Robertson (1988) described her experience in using a 150-bed, skilled and intermediate nursing care center for Baccalaureate students enrolled in a community health nursing clinical course. In her experience, the long-term care facility offered students the opportunity to validate community health nursing theory and to practice a systems approach to the assessment of the individual, family and community. A similar conclusion was drawn by Wall-Haas *et al.* (1983). The use of nursing homes for community health clinical courses can enhance students' awareness of the multifaceted needs of residents and provide opportunities to analyze all relevant factors which allow the residents to maintain themselves and their independence in the community. These factors include health needs, mental status, family and community support systems, appropriate housing, safety and finances. Clini-

cal experiences in nursing homes can also enhance students' understanding of older adults as individuals with complex health needs in a community-based environment.

WAYS TO BEGIN

The decision to use or not use nursing homes for Baccalaureate nursing education should be based on the philosophy and program outcomes of each school of nursing. For example, the Baccalaureate nursing program of the University of Tennessee College of Nursing at Knoxville is based on the belief that nursing has equal concern for the prevention of illness, the promotion of health and the care of the sick. General education courses, nursing courses and cognates are organized to promote and develop creative thinking and other cognitive, effective and psychomotor processes that are essential for effective nursing practice. Specific program outcomes for this particular undergraduate curriculum are to: (i) apply and synthesize knowledge from the natural, behavioral and nursing sciences to promote, maintain and restore health within individuals, families, aggregates and communities through the use of the nursing process; (ii) integrate knowledge of current and changing technology and global health systems into clinical practice; (iii) provide sensitive, individualized, culturally and age-appropriate care; (iv) implement high-quality and cost-effective nursing practice in a variety of traditional and non-traditional settings; (v) apply professional nursing standards and ethical and legal principles to the delivery of care; (vi) demonstrate collaborative skills and leadership in the management of care in health promotion, maintenance and restoration; (vii) demonstrate critical thinking in independent and interdependent decision making; (viii) assume responsibility for independent learning and professional growth and (ix) participate in systematic inquiry and incorporate findings in the refining and extending of nursing practice. As discussed above, the nursing home environment provides valuable opportunities to prepare students for the achievement of these particular program outcomes. It is also very important to closely examine the match between written course objectives and the opportunities provided at nursing homes. If the task is to choose a suitable clinical site, careful consideration must be given to whether the course objectives can be achieved in nursing home settings. It is the faculty's responsibility to ensure that the course objectives can be met in a nursing home setting. Competencies best taught in nursing homes as listed by Tagliareni (1991)

are performing physical assessments, practicing rehabilitation nursing skills, managing the living arrangement and exhibiting management skills.

After examining the philosophy, program outcomes, and course objectives for their congruence with long-term care, the qualifications and willingness of the faculty should then be considered. Faculty members who have knowledge and experience in gerontological nursing and demonstrate a strong interest and belief in the utilization of nursing homes in clinical teaching, are ideal for mentoring students in nursing home settings. In general, faculty with advanced practice degrees and doctorates will be needed to educate nursing professionals to meet the challenges in the new health-care delivery systems where the transition of health care services from acute inpatient care to outpatient, home care and community care settings occur (Dumpe *et al.*, 1998). More specifically, faculty with preparation in the field of gerontological nursing are greatly needed to ultimately increase the quality of care provided for elder adults and also to enhance health promotion, disease prevention, assessment and diagnosis, treatment, rehabilitation, continuing care and palliative care (Higginson & Victor, 1994).

The next step is to assess whether specific nursing homes are able to provide opportunities and resources to meet the stated course objectives. A systematic screening of nursing homes must be done to make the final decision. Selection criteria for choosing a nursing home as a teaching site should include the opportunity to achieve learning activities, the level of the learner, degree of control by faculty, compatibility of philosophies, availability of role models for students, geographical location, physical facilities, staff relationship with teachers and learners, orientation needs, opportunities for interdisciplinary activities, agency requirements, agency licensure and accreditation and cost. Detailed descriptions of these criteria are well discussed by Gaberson and Oermann (1999). To help protect nursing home residents, the USA federal laws and regulations have established minimum standards of nursing home care and conduct. Therefore, each certified nursing home undergoes a government inspection survey on a regular basis to assess the facility's compliance with nursing home laws and regulations. Thus, the findings of government inspection surveys for certified nursing homes has become a common tool used by the public for choosing a nursing home and by nursing faculty in choosing teaching and learning sites. When the quality provided by the interested nursing homes is uncertain, the official USA government Internet site for Medicare information (<http://www.medicare.gov>) can

provide nursing home resident data and the latest state inspection results, and can be a useful tool in the site search process.

Another important step is student preparation, which is essential for a positive learning experience in the nursing home environment. Students will be more focused and learn more effectively if they know what to expect ahead of time. An orientation program specific for nursing home settings may include: (i) how the selected nursing homes will accomplish the course objectives; (ii) what are the nurses' roles and responsibilities; (iii) types of services commonly provided in the selected nursing homes; (iv) what a typical day at a nursing home looks like from the students' perspective and (v) nursing home residents' rights. It is also important to allow time for students to address any of their concerns and ask questions during the orientation. This is the best time to assess students' perceptions and attitudes toward the elderly and the nursing home environment. Positive role modeling by the faculty becomes essential to eliminate negative clinical experiences. In our experience of using a nursing home for our Fundamentals of Nursing course, one clinical day was reserved for orientation needs. Our experience with this group of students told us it was worthwhile.

CONCLUSION

In conclusion, the nature of the faculty, the characteristics of nursing home settings and the characteristics within the community will affect students' clinical learning experiences and effectiveness. It is important to consider nursing homes as appropriate for certain types of learning needs. Nursing homes are very likely to be environments where students can practice holistic and individualized nursing care for older adults. These students will have increased confidence in providing nursing care to their future clients because of their experience in nursing home settings, where they learn to be healers who create a therapeutic environment for the residents, health promoters who orient their thinking and care planning toward health maintenance and advocates who assist the residents to regain and maintain maximal functional status to enhance their quality of life.

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