

## Teaching Community Health Nursing Partnerships in Public Health Nursing as an Effective Promote Health Services in Schools

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### Abstract

Healthcare staff educates nursing students during their clerkships at community health nursing programs. Their teaching methods play an important role in nursing students' acquisition of competencies; however, these methods have not been studied thoroughly. Thus, this study aims to describe, interpret, and understand the experiences of healthcare staff's teaching methods in clerkships at a community health nursing program. It takes a village to raise a child and if we want to improve health services in schools, we need to bring together a variety of constituencies: community, educators, health professionals, universities and politicians, to name a few. We need partnerships. Partnerships are not a new concept in the profession of nursing. In fact, partnerships in nursing education are a well-established practice since the 18th and 19th centuries. What seems to be new is a shii, in the past decades, from a model of partnerships that was focused on building workforce to a model that aims at supporting advocacy reports to improve health services for children, their families and communities.

**Keywords:** Clinical clerkship; Community health nursing; Content analysis; Staff; Teaching

### Introduction

In general, these recent partnerships in nursing initiatives include three main pillars. Collaboration that seeks to identify and meet health care needs of community members based on respect, social justice and human rights; Engagement with students in some of the most critical issues and societal needs of our times promoting student's empathy and ability to meet the health care needs of vulnerable/ underserved populations; Development through critical analysis and reflection for individual civic identity as well as the means to construct a new social reality [1-3]. Based on these three pillars, it is easy to see how partnerships in public health nursing, when done right, are a win-win situation for individuals and communities, even in times of budgetary restraints. He savings resulting from providing nursing services in schools included medical procedure costs, teachers' productivity loss costs, and parent's productivity loss. To these benefits, we may add other indirect benefits or externalities associated with educational attainment such as reduced absenteeism, school dropout and higher grade promotion. He challenges to improve health care services in the U.S. are deeply entangled with situations of disparities in income, education, race, gender and many other social problems including allocation of public resources [4]. In addition, schools also have to respond to increasing complex care needs among children and new situations of possible pandemics. In this scenario, supporting and complementing the work of school nurses while shiing the focus from the health of the individual to the health of the community, is critical. It is a shii that proposes a new approach of integrated reports between academia and community in the form of stable partnerships. Examples of successful models that could provide strategies to the creation of long term partnership of Public Health Nursing programs with underserved schools nationwide includes the Stanford Youth Diabetes Coaches Program (SYDCP). He SYDCP is an innovative approach to train high school students to become diabetes self-management coaches for their diabetic family members and friends provided by medical residents [5-8]. It has been proved to be of value to both children and families, to physician trainees.

### Methods

This qualitative study used content analysis, which is the process of understanding, interpreting, and conceptualizing meanings in the qualitative data of the participants. Content analysis is useful for the investigation of phenomena that have not been studied in-depth. This study investigated the staff's experiences with teaching methods in clerkships of community health nursing courses in healthcare centres in 2011 to 2012. The current study was conducted in urban healthcare centers in Mashhad, Torghabeh, and Shandiz, Iran. The inclusion criteria were at least 1 year of educational experience and a willingness to participate in the study. The participants were 13 healthcare staff working in vaccination, maternal-neonatal, midwifery, environmental health, and rural healthcare centers [9]. They were married, aged 40 to 50 years (mean age, 43.6 years), with an average of 18.4 years working experience. The sampling method was purposive. A semi-structured interview was conducted for 45 to 60 minutes with each participant. The interview began with the general question: "How do you teach your students?" Subsequent questions focused on more specific issues, such as "How do you teach vaccinations?" The in interviews were taped using a digital recorder in the participants' workplace and then they were transcribed. The participants were encouraged to express their experiences and feelings freely about teaching students. Probing questions were used to gain a deeper understanding of the information, and included questions such as, "Could you explain more on this issue?" or "What do you mean when you say\_\_\_?" Sampling continued until data saturation was achieved. The data were analysed using thematic analysis. The steps of the analysis were open coding, and

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developing classifications and abstractions. The interviews were read thoroughly several times, line by line, to extract the primary codes, which were then classified in the same group. Reviewing group codes led to forming initial categories, in which similarities, differences and main categories were identified [10-11]. The categorization designates the meaning of phenomena to improve understanding and to produce knowledge. After data coding and categorization agreement were completed, each category was studied for saturation. After a prolonged immersion in the data through several readings, the participants (staff members) checked the extracted data to verify that it matched their experiences. Peer debriefings were used as a method to ensure the rigor and the trustworthiness of the findings. The approval for this study was obtained from the School of Nursing and Midwifery. One of the study's researchers described the study objectives to the participants before obtaining their written consent forms.

## Discussion

The lecture was the dominant method for teaching. The staff lectured students on theoretical issues when they were free and not engaged in doing clinical activities on the units. The results support the findings of the studies by Mtshali and Darvish Ghadimi and Roudbari [12]. The lecture is a teacher-centered method and does not facilitate comprehensive learning in students who are often passive and do not acquire the necessary competencies. However, the other methods, including demonstration, doing, and visits and field trips, directly involved students in the practical issues of the client. In the student-centered approaches, learners actively participate in the process to acquire critical thinking, self-directed learning, communication, and teamwork skills. Nursing students prefer and are satisfied with teaching methods that involve them actively in the learning tasks.

## Conclusion

It takes a village to raise a child and if we want to improve health services in schools, we need to bring together a variety of constituencies: community, educators, health professionals, universities and politicians, to name a few. We need partnerships. Partnerships are not a new concept in the profession of nursing. In fact, partnerships in nursing education are a well-established practice since the 18th and 19th centuries. What seems to be new is a shift, in the past decades, from a model of partnerships that was focused on building workforce to a model that aims at supporting advocacy reports to improve health services for children, their families and communities?

## Conflict of Interest

The authors declared that there is no conflict of interest.

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