Educational Implications of “Real-Life” Community Health Care Delivery to Underserved Elders by RN Baccalaureate Nursing Students

Elizabeth K.W. Tanner, PhD, RN, and Dona J. Lethbridge, PhD, RN

The purpose of this project was to involve RN baccalaureate nursing students in a community service mission by collaborating with a health care coalition to determine and meet the needs of homebound elders in a rural, underserved area. Many elders in the rural southern United States who are struggling to live independently are in great need of health care services but are invisible to the health care system. With advancing age, health-promoting interventions along with the management of chronic health problems become essential elements for maintaining independent living and minimizing use of costly health care services. In this project, students have the opportunity to meet needs that would not be addressed otherwise, while learning the skills of working with aggregates.

There have been similar approaches used in other areas of the country and discussion of the advantages to students of working in more “real-life” settings, but all differ from this particular approach. This project has been based on several strategies used by others to meet community needs, including use of a coalition or groups of community members, assessment of factors found to be important to the health of elders, and providing students experience in actually meeting community needs as part of their educational program. However, an important aspect of this current project is the use of a team of multidisciplinary health care providers and citizens who work with students to address identified community and individual elders’ needs.

Community coalitions have been beneficial. A large project in which citizen coalitions have been instituted in two areas has been found to be empowering to citizens in addressing the health needs of their communities (Flynn & Ray, 1994). However, this work is well-funded, with coalitions being formed with the help of mayors and other government agencies. Another approach has students working with community groups to do community assessments and problem identification. Kelley (1995) described an example where nursing students worked with high school students, and the need for drug awareness was identified. Students formulated a solution and worked with an aggregate of children. In this approach, students work with a group on a transitory basis, but the importance of citizen participation in problem identification and solutions has been shown to be important. This community health teaching approach has not been evaluated in previous studies regarding its impact on student learning and attitudes.

A program to assess elders for risk factors that greatly impact morbidity and mortality is described by Ploeg et al. (1994). They concentrated on safety issues and the risk of falls. In this case, public health nurses assessed elders in their homes using a locally designed instrument and taught elders about their risks and necessary changes. However, actual interventions were performed by the elders themselves, and their compliance was evaluated by telephone. There was not a significant difference in safety changes compared to those made by a control group, suggesting elders may often need help in making household alterations to enhance their safety.

Finally, there is some discussion in the literature on the impact of students’ working with actual problems. One school found students felt they learned more when they actually participated in care rather than merely observed (Baillie, 1993). Another, where students had experience with the delivery of community mental health care, found clients valued students’ participation in their treatments if the clinical experience was long enough for them to get to know and trust the students (Richards, 1993). Another school examined the use of clients in evaluating students’ performance and found clients often found students extremely competent and in some cases felt more comfortable talking with them than with community health nurses (Twine, 1994). Another program takes students into very rural communities, immersing them in the culture to design community projects, while working with an interdisciplinary team at their college (Erkel, Nivena, & Kennedy, 1995).

This is an elective course and necessitates students being able to leave their homes for 5-week periods. Evaluation data for 11
Loneliness was reported overwhelmingly by students as the greatest problem among this elderly cohort.

Several strategies were used to identify homebound clients by introducing them to case workers through the local Area Agency on Aging. Although these clients were identified through formal agencies, students found many of these elders had no other links with social services or health care networks. As the project continues, case-finding strategies are being formulated to identify those underserved elders who are truly isolated from all services.

After local service agencies obtained permission for clients to be visited by students, faculty selected student caseloads based on the proximity of clients to students’ geographical locations. This is important because in a rural area most students travel several hours just to attend the university, with some students traveling as long as 3½ hours to get to classes. Caseloads varied from as few as 3 to as many as 10 clients because of attrition, with an average of 5.8 clients. A few clients and families did not understand the purpose of the visits and were, therefore, suspicious of nurses delivering services in the home free of charge. Institutionalization and death accounted for some loss of clients, as well.

Students worked in pairs to make home visits to the elders. Over the course of a semester, students scheduled an average of four to six visits as needed to complete the screening and interventions. Students were encouraged to plan for termination as the initial contracting with clients was formulated. Faculty predicted strong bonds would form between students and their elder clients; therefore, attempts were made to prepare students in advance to form meaningful relationships with appropriate levels of attachment.

Screening was conducted by students using a needs assessment instrument developed by faculty to determine existing risks for known leading causes of morbidity, mortality, and institutionalization within this rural aggregate (Badger; 1993; Cannon & Marshall, 1993; Commodore, 1995; Elston, Koch, & Swissett, 1991; Howe, 1994; Kelman, Thomas, Kennedy, & Cheng, 1994; Kiel, 1994; Ploeg et al., 1994; Wagner et al., 1994). This instrument was developed to be culturally sensitive with regard to client characteristics such as local language patterns and literacy levels. The following areas were included in the instrument:

- Screening for undetected and/or untreated cardiovascular diseases and hypertension, including symptomatology and physical parameters.
- Self-report of medication-taking practices and medication history.
- A home environmental safety assessment.

As the project has evolved over the years, additional areas of screening have been included as follows: vision, hearing, depression, mental status, and perceived social support.

On completion of the health screening, RN students analyzed and compiled the aggregate data using data-coding instruments designed by faculty. Examples of some aggregate findings include (Tanner, 1997):

- Medical problems such as untreated hypertension, both diagnosed and undiagnosed.
- Diabetes mellitus.
- Arthritis.
- Chronic obstructive pulmonary disease.
- Pneumonia.
- Other infections.

Students estimated 96% of the clients' problems were moderate to severe. Serious medication-taking problems were also identified. Environmental risk factors included:

- Home safety hazards (e.g., lack of grab bars for toilets and tubs, lack of indoor plumbing and bathrooms, poor lighting, excessive heat or cold, inadequate locks on doors).
- Fall hazards (e.g., clutter, pets under foot, scatter rugs, loose floor boards, no hand railings at entrances or exits, dangerous stairways).
- Fire hazards (e.g., faulty wiring, heating with gas ovens and kerosene heaters, lack of smoke detectors and fire extinguishers, inaccessible exits).
Loneliness was reported overwhelmingly by students as the greatest problem among this elderly cohort. During the course of each semester, periodic seminars were conducted with students, faculty, and members of the coalition as a mechanism for communicating findings and determining interventions. All elder participants were in need of health education and/or referral for services which were arranged by students. Students working in clinical groups divided tasks and developed all educational materials at appropriate literacy levels. These materials then were printed by the coalition members so necessary teaching could be accomplished. Examples of teaching materials included illustrated and informative booklets on topics such as crime prevention, correct medication taking, home safety tips, fall prevention, available community resources, and emergency procedures. Referrals were made to provide the following services:

- Eye, dental, and medical care.
- Mental health services.
- Homemaker services.
- Friendly visitors and telephone reassurance.
- Home repairs.
- Transportation.
- Financial assistance.

Interventions made by students were beneficial in meeting both client needs and student learning needs. Although the ultimate purposes of the project were to determine the needs of this vulnerable and underserved population and to familiarize the students with nursing care of aggregates, perhaps the most significant benefit to both students and elders was found in the relationships which formed during the course of a semester.

**Evaluation of Students’ Learning**

An ongoing evaluation of the project has been conducted to understand the effectiveness of using real-life community problems for teaching community-based nursing. The RN student population to date has been 89% female, ranging in age from 21 to 55 with a mean age of 36, with 85% obtaining their initial nursing preparation from associate degree programs. Work experience has been diverse, ranging from 0 to 31 years with an average of 10.1 years. Nineteen percent had only 3 years experience or less, while 15% had 19 or more years of work experience. However, like many RN students, experience in community settings was quite different. Only 30% had any community experience at all, with the average among the entire group being less than 1 year. Although traditionally RN students do not feel positively about community experiences, 60% of this cohort anticipated a letter grade of an A in the course (33% did attain an A).

Likert scale items developed to evaluate the RN educational experiences related to perceptions of the value of community health nursing for meeting the needs of homebound elders and to satisfaction with a coordinated community care approach for meeting educational needs of RNs. Of the total cohort of students, 92.8% valued the independent, autonomous learning experience, and 92.6% viewed the project as beneficial for meeting the needs of elders. Some expressed frustration at the lack of structure in addressing real client problems within the home setting when necessary services were not readily available. Although all RN students indicated the community health nursing role is important in meeting the needs of elders, 62.9% felt nurses in general are not prepared to serve as case managers within the community. Several correlations of interest were found. A significant relationship was identified between the belief the CHEERS project was helpful in meeting the needs of elders and students’ satisfaction with the learning experience (r = .47; p < .0001). Students’ beliefs that involvement in the project helped them understand the role of community health nurses correlated positively with both satisfaction with a real-life clinical learning experience (r = .37; p < .0001) and students’ estimate of the community health nurses’ ability to meet the needs of elders (r = .50; p < .0001). The perceived value of the real-life clinical experience was inversely correlated with the number of clients followed by students (r = -.45; p = .001). As the client caseload increased, students may have been more likely to have clients for whom resources were not available, resulting in student frustration. Students’ anticipated grade was positively correlated with number of clients followed (rho = .39; p = .009). As student caseload increased, perhaps more learning opportunities were presented. Estimates of the value of the coordinated community care experience for students correlated positively with both years of work experience and age (r = .34; p = .01; and r = .27; p = .05, respectively). More experienced nurses and those nurses who were older may have experienced more comfort with this independent role which required collaboration with a variety of influential health care and social service professionals within the community.

**Discussion**

This educational experience in which RN students worked with community agency representatives to meet pressing social needs in an area of abject poverty has been meaningful. Home visiting to these homebound elders has been an eye-opening experience which has enhanced a sense of cultural sensitivity among the predominately White, female RN student population. Yet, there have been some difficulties that remain to be addressed as the project continues.

First, certain student factors impact the degree of success of the project. Each student cohort’s availability for only one semester of the year is a problem which affects continuity of care for clients. Frequently, students complain about the frustration of terminating with clients and feelings of desertion after working so hard to develop trust. In addition, rural travel for clinical experiences when students already travel long distances to school from home impacts the ability to follow clients in isolated areas where help is needed most.

A lack of flexibility in hours because almost all RN students are working full-time is also limiting. This is particularly a problem...
because students must visit clients during hours in which community agencies are in operation and while clinical faculty are on call, in case of urgent needs.

Despite faculty attempts to prepare students, termination issues arise for both students and clients. At the end of each semester, students make a final presentation for coalition members. At this time, while role-playing their experiences, students frequently can be seen with tears in their eyes as they talk of their last visit. One 94-year-old woman offered to cook a meal for two students, if only they would return one more time. She hadn’t cooked a meal in 20 years. Another student wrote a poem in which she expressed quite emotionally the meaningful nature of the experience for her.

Safety is always a concern for faculty and students alike, and although faculty can only visit with students in priority areas, they carry pageres at all times. Apprehension is not uncommon when making home visits to elders, and sometimes it is the elders themselves who are unaccustomed to home visits and are apprehensive, particularly when two male students visit together. Adjusting to cultural and social class gaps also challenges students. Often students and clients do not agree initially on what changes are needed. In one situation, when students suggested an elderly woman take up her loose scatter rugs and put them onto the walls for decoration, the woman thought the idea absurd.

Conclusion

It is difficult for students to truly value the importance of gathering aggregate data to support the need for social change when the needs of individuals are so pressing. Because previous student experience has been almost solely oriented to individual clients, the complex idea of aggregate care is challenging. Additionally, students are inexperienced with data collection and notation. This makes data analysis (conducted by nursing graduate students) difficult because of occasional gaps and lost data. Nevertheless, identification of innovative educational strategies to prepare nurses for community-based practice, especially with underserved populations such as the elderly, is imperative. This project represents one unique teaching strategy in which nursing faculty are attempting to prepare RNs for newly developing roles within the community.

References