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Faculty Perceptions of Preparing Bachelor of Science in Nursing-Registered Nurse Students for Primary Health Care

Gloria J. Hopkinson
Walden University

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Walden University

College of Health Professions

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Gloria J. Hopkinson

has been found to be complete and satisfactory in all respects,
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Walden University
2021

Abstract

Faculty Perceptions of Preparing Bachelor of Science in Nursing-Registered Nurse
Students for Primary Health Care

by

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MSN, Walden University, 2017

MHA, Governor State University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Healthcare systems rely on nurses to provide essential healthcare services in primary healthcare settings. However, few nursing school graduates seek careers in primary healthcare (PHC). The purposes of this exploratory, qualitative study guided by the patient-centeredness theory were to explore the beliefs and attitudes of nursing faculty who teach Bachelor of Science in nursing level PHC courses, how they incorporate PHC into the nursing curriculum, and what strategies they use to promote student interest in PHC. Participants of this study included seven faculty who teach PHC courses at two universities in the Midwest. The interviews were audio recorded, transcribed, and analyzed using Saldana's thematic analysis method. Nine themes emerged from the analysis with three specific to each of the research questions associated with the three manuscripts contained in this dissertation. The three themes from Manuscript one were: PHC as a holistic approach, the essence of primary care, and consistency in nursing education. For Manuscript two, themes identified were concept-based curriculum, increasing clinical experience, and formation of partnerships. Manuscript three themes were connecting individuals to life experience, evidence-based practices, and collaboration and partnership with the community. The findings of this study may offer insight into strategies that improve curricula and increase student interest in PHC careers. Positive social change may result as new graduate nurses seek careers in PHC, thus improving access to care for patients in PHC settings. Future research is recommended to survey faculty and students to gain a broader insight into faculty practices and student choices for PHC.

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Dedication

I would like to dedicate this dissertation to my best friend, and husband James Hopkinson for supporting me throughout this journey. I would encourage and empower my children Alyza and Luke to conquer all their dreams in achieving the highest level of education. To my granddaughter Azyla, who inspires me every day to reach for the stars. Also, to my mother, Oreal who encouraged me every day to keep moving forward. Thank you for all of your love and support.

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Part 1: Overview

Introduction

The 21st century health care environment is drastically changing how individuals find services and receive them (Wojnar & Whelan, 2017). One of the main changes facing the healthcare environment is the reliance on primary health care (PHC) to provide secondary and tertiary services (Bodenheimer & Bauer, 2016). The increased support for PHC has resulted in an increased demand for personnel and resources to meet the population's diverse healthcare needs (Barton, 2017; Needleman, 2016). The World Health Organization (WHO, 2019) stated that PHC was crucial for increasing healthcare access, improving healthcare services, enhancing early identification of adverse health conditions, promoting health, and preventing diseases. The desire for healthy living and longevity is driving the demand for PHC services, yet challenges exist. Challenges include the increase in the aging population and the growing demand for accessible services for medically complex patients who were at high risk for developing chronic illnesses (Bodenheimer & Bauer, 2016; Holland et al., 2019; Ritchie, 2012).

To further challenge the delivery of accessible healthcare services, PHC has a shortage of healthcare personnel who could offer medical services (Hawkins et al., 2018). While physicians previously provided healthcare services at the PHC levels with minimal assistance from nurses, those nurses are now the essential staff who fulfill PHC care delivery (Needleman, 2016). Nurses have promoted health, prevented diseases, and offered patient education when dealing with chronic illnesses. With the nursing shortage, fewer nurses pursued primary care careers, and PHC continued to face critical healthcare

shortages (Ritchie, 2012; Swan et al., 2015). Improving the training that nursing students received in a 4-year baccalaureate program would help bridge the gap and alleviate the deficit in healthcare services of PHC (Barton, 2017; Hawkins et al., 2018).

Few nursing schools sufficiently prepare baccalaureate nursing students to take roles in PHC; although recommendations from research indicate that Bachelor of Science in nursing (BSN) students need to know the concepts, best practices, and the expectations associated with providing PHC services (Barton, 2017; Needleman, 2016; Rasella et al., 2014). There is a need to change the curriculum to fit the demands of PHC services to encourage students to prepare for PHC careers through didactical and clinical practices. However, the evidence showed that those goals go unmet (Holland et al., 2019; Missen et al., 2014; Missen et al., 2015; Spector et al., 2015). Filling the curriculum gap would address PHC preparation for nursing students; this study included a primary exploration of PHC by interviewing faculty who taught PHC in a nursing baccalaureate program. I aimed to examine PHC nursing faculty beliefs and attitudes about PHC, learn the strategies that faculty incorporated into the curriculum to encourage and teach PHC, and understand how the faculty promoted student interest in PHC careers.

Background

In a literature review I examined published studies on primary care, primary care nursing, and nursing education for primary care for BSN students. To conduct the literature review, I used electronic databases that included Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus with full text, Medline Plus with full text, ERIC, ProQuest, PubMed, and Education Source. The inclusion criteria for the searches

were peer-reviewed scholarly journals in English with publication dates between 2014 and 2020. Also included were seminal works before 2014 that provided primary concepts and models considered for the study. I used the following keywords: *primary healthcare and nursing education, primary healthcare, and baccalaureate nursing programs, BSN programs, nursing student, nurse, nursing education, nursing curriculum, primary care curriculum, higher education, primary healthcare and faculty perceptions, attitudes, beliefs in nursing, and preparation and readiness for careers in PHC*. I reviewed the reference lists in articles that met the inclusion criteria for additional articles, which led to literature saturation.

The literature review section began with research on primary care and preparing students for primary care roles, followed by nurse educators in PHC. Next, I focused on the interdisciplinary team and collaboration in PHC, the primary care shortage, and the nursing curriculum. In addition, I discussed faculty beliefs and attitudes about primary care. The last section of the review focused on the student's knowledge of PHC and a presentation of the theoretical framework of patient-centeredness. There was a lack of articles addressing the baccalaureate nursing programs in primary care, so I included preparing nurse practitioners in the literature review. Also, only a few articles were on the beliefs and attitudes of faculty who taught PHC.

Preparing Students for Roles in Primary Health Care

Despite the successful assimilation of nursing programs into primary care, substantive challenges continue to the suitability of the baccalaureate nursing degree in preparing the students for roles in PHC (Coburn et al., 2018; Holland et al., 2019;

Richard et al., 2018; Ritchie, 2012). The changing healthcare landscape required that nursing schools prepare students to undertake primary healthcare roles effectively and competently. The rapid change in healthcare includes an emphasis on the quality of PHC. Using ambulatory care as an example of PHC, only a few undergraduate nursing programs provided the experience needed to work in PHC. Coburn et al. (2018) highlighted the growing need for RNs in PHC and the necessity of changing the curriculum to prepare undergraduates for careers in PHC.

The role of RNs in the primary care environment has received increased attention as an area of health workforce development and in discussions surrounding the expansion of the nursing curriculum (Barton, 2017; Bouchaud et al., 2017; Norful et al., 2017; Vanhook et al., 2018). Preparing student nurses for primary care roles after graduation is crucial, especially given the goal to have 80% of students learn about primary care in the baccalaureate curriculum. To meet the goal requires nursing school leaders to recognize the need to add PHC to the curriculum and to prepare the faculty to teach the PHC content (Wojnar & Whelan, 2017).

Nurse Educators in Primary Health Care

Bouchaud et al. (2017) emphasized the changing nature of nursing careers in the 21st century and the need to develop the proper and relevant education framework to prepare students for future roles. Nurse educators have a critical role in responding to healthcare changes by ensuring that the students graduating have the necessary skills and experience to handle primary care challenges and demands. The problems limited the provision of high quality, productive, and satisfying health services. Vanhook et al.

(2018) showed that nurses were essential elements in delivering high-quality PHC. The recommendations encouraged nursing leadership and nurse associations to promote BSN-RNs into the primary care teams to ensure adequate access to health care. Learning from effective ambulatory practice model was a recommended best practice that the BSN-RN could use to coordinate care. Nurse educators have a crucial role in educating PHC students in the prevention and management of chronic conditions. The education aims are for the BSN-RNs to establish skills to work autonomously in the community setting where their skills would benefit the patients the most; studies have indicated that the nurses can provide quality care in PHC (Vanhook et al., 2018). Organizations that use BSN-RNs in PHC have recorded reduced readmissions, diminished use of the ER, enhanced quality of care, lowered healthcare costs, increased staff satisfaction, and positive patient outcomes (Ritchie, 2012; Vanhook et al., 2018).

Interdisciplinary Team and Collaboration in Primary Health Care

Nursing practice is also facing significant challenges of nurses entering in the PHC workforce. Researchers have shown that interdisciplinary collaboration is an essential component of providing PHC (Fulmer, 2016; Lancaster et al., 2015; Nance-Floyd et al. 2018). However, most nurses continue to perceive the physician as the leader in team collaboration. The most crucial benefit of cooperation is the creation of teamwork that is vital to achieving success for patients and families, that promotes patient satisfaction for the care provided. Fewster-Thuente (2015) and Nance-Floyd et al. (2018) posited that interdisciplinary collaboration is critical to encouraging nurses to be involved in patient care through active and shared decision-making. The clinical nurse leader role

is essential at the microsystem level (point of care). The encouragement of evidence-based practice is useful in developing interventions, evaluating outcomes, and change management as a member of the interdisciplinary team (Nance-Floyd et al., 2018).

Collaborations are critical in providing quality care to patients in healthcare systems, especially in PHC (Fewster-Thuente, 2015). Healthcare providers working in partnership should understand that they share common objectives of providing the best quality care to patients despite their diverse backgrounds and variety of professional training. Nursing school graduates may lack the skills necessary for effective functioning in primary care interdisciplinary collaborations. Primary care nursing students' training should be focus on enhancing nurses' competency to work in professional teams that deliver healthcare to community-based settings (Nance-Floyd et al., 2018).

Despite the theoretical understanding of interdisciplinary collaborations, healthcare systems continue to face significant barriers to coordinating interdisciplinary care partnerships' benefits (Fawaz et al., 2018). One obstacle was the lack of a shared belief of responsibilities in PHC and the need for coordinated efforts in multidisciplinary PHC practice. Nursing school programs must participate in interdisciplinary care delivery in PHC and include opportunities for students to practice PHC among other disciplines (Fawaz et al., 2018). In addition to collaborations in practice, an increasing reliance on health information technology for PCH requires practitioners, nursing schools, and students to establish ways to develop skills for using new technologies (Fawaz et al., 2018). Therefore, the nursing graduate is expected to have the knowledge and skills to deliver care to patients in an interdisciplinary team utilizing emerging technologies.

Primary Health Care Shortage and Nursing Curriculum: Didactic/Clinical

The Josiah Macy Jr. Foundation (Bodenheimer & Mason, 2016; Wojnar & Whelan 2017) emphasized the changing nature of primary care and the urgent need to transform the curriculum to meet the demand for primary care nurses. Wojnar and Whelan (2017) proposed that nursing programs expand and develop primary care content and interprofessional education in the primary care curriculum. Nursing schools that have incorporated PHC content into their curriculum find a lack of qualified educators for teaching the content, making teaching PHC challenging. Preparation for faculty is needed to ensure they are prepared to teach PHC (Fawaz et al., 2018; Landeen et al., 2016).

Nurse leaders and faculty in academia need to collaborate with clinicians to emphasize didactic content and clinical learning experiences that embody nursing programs to enhance the care in PHC. Holland et al. (2019) proposed an intervention called the *Rural Primary Care Scholars Initiative*, which involved the inclusion of PHC courses on top of the average nursing program curriculum. The program targeted enhancing access to primary care in rural areas. Ritchie (2012) introduced a chronic theory course into a 4-year baccalaureate program to prepare students to provide direct care to medically complex, chronic patients.

Nursing faces many challenges in care, such as an increasingly elderly population, a more significant amount of critically ill patients, healthcare costs that exceed inflation rates, and a shortage of nursing students entering the field (Fawaz et al., 2018; Landeen et al., 2016). The faculty's experiences and knowledge could transform the curriculum's quality, affecting the nursing students' quality of educational services. There is a lack of

adequate preparation of PHC among the graduates, resulting in insufficient knowledge regarding the program's development, planning of the courses, evaluation of the program. However, for the PHC curriculum development process to be successful, there had to be enough faculty members with extensive knowledge in PHC education (Iwasiw et al., 2015).

Researchers have also highlighted the significance of continuous modifications of the nursing curricula to balance learning with the rapid evolution of practice (Fawaz et al., 2018; Holland et al., 2019; Landeen et al., 2016). The need for the BSN-RNs to pursue primary care roles, once called *general practitioners*, further highlights the importance of curriculum development on PHC. Landeen et al. (2016) investigated the impact of a kaleidoscope curriculum on students' clinical outcomes in their final year. The study used 25 nursing faculty who had supervised BSN students during their clinical placements before and after the curriculum's modifications. The inquiry established that faculty was well-positioned to distinguish the learning outcomes among students who reported positive changes regarding their preparedness for practice. However, the faculty did not see any differences in the students' ability to use the gained knowledge in informed decision making. This study's findings showed changes in the curriculum that placed the patient at the center were essential in helping learners retain the approach after graduating. The patient-centered approach is an integral component of primary care as it involves critical contact between healthcare professionals and patients at the most accessible level.

Experiences, Beliefs, and Attitudes of the Faculty

To understand the deficiencies in baccalaureate nursing programs, it was essential to understand the experiences, beliefs, and attitudes of the faculty who taught primary care courses in the universities. Researchers have tried to establish the faculty members' perceptions regarding the nursing curricula and how it influences the students joining primary care careers (Botma & MacKenzie, 2016; Filho et al., 2017; Landeen et al., 2016; Phafoli et al., 2018). In the study by Filho et al. (2017), looked at 310 students and 51 teachers, and results revealed that 91.43% of students and 100% of the teachers supported primary care as a fundamental pillar of education.

Phafoli et al. (2018) investigated preceptors' and nurse educators' beliefs about the significance of PHC clinical placements in Lesotho. The findings showed that the preceptors found that placement was essential in providing nursing graduates with the necessary experience to complete the roles in PHC. Most significantly, the study results showed that students were more willing to work in PHC settings after the clinical experience. The preceptors also pointed to PHC placement's relevance as an essential part of continuous education (Phafoli et al., 2018). Constant modification of nurse education programs is vital for enhancing patient-centered nursing care (Landeen et al., 2016). However, Fawaz et al. (2018) argued that the challenges nursing education faces using continuous modification in a patient-centered approach were energy-consuming for the nurse educators.

Fawaz et al. (2018) also found that developing faculty members is a crucial for nursing programs as enrollment decreases and primary care education challenges

increased. The authors posited that offering quality education was dependent on the competency and training of nurse educators. However, many faculty members believed that developing educators who taught PHC was demanding (Fawaz et al., 2018; Landeen et al., 2016). Also, Bvumbwe (2016) agreed with the assessment and included such factors as low pay, the increasing nonacademic opportunities outside the university setting, and the nursing students' decrease in enrollment as some of the challenges that lead to low faculty development. Nurse educators who taught PHC required practice experience to incorporate theory into practice by synchronizing the themes with practice-related courses (Fawaz et al., 2018). Such expertise allowed the faculty to equip the learners with the appropriate skills required for the 21st century nursing demands. As a result, most universities required that faculty members have the expertise needed to practice an advanced practice nurse's role, which is the current recommended level for practicing in primary care roles.

Student Nurses' Knowledge and Primary Health Care

Student nurses who receive training in PHC learn through structured experiences that result in their interest to return to practice in PHC clinics once they graduate from their nursing program (Botma & MacKenzie, 2016). Botma and MacKenzie (2016) studied the perceptions of nursing students on the transfer of knowledge within facilities delivering PHC. They found that a supportive work setting promoted professional integration and socialization into practice. In their study, Botma and MacKenzie interviewed four groups of students to gain the students' viewpoints of the facilitators who included the role models of clinicians in the training facilities. Through this study,

the researchers understood how the student's clinical role model facilitated student interest in PHC as a profession. Notably, the authors found that learners do not consistently utilize the skills and knowledge gleaned from their respective training programs (Botma & MacKenzie, 2016).

Conceptual Framework: Patient-Centered

The design of the patient-centered medical home (PCMH) model is to help patients improve and manage chronic illness (O'Loughlin et al., 2017). The conceptual framework applies to PHC. The components associated with a chronic disease are high cost and readmissions to the hospital. The six elements that were detrimental to the PHC setting were lack of patient engagement, absent or inadequate communication, lack of collaboration within the interdisciplinary healthcare team, limited follow-up or absence of monitoring, lack of care coordination, and gaps of care (Hirschman et al., 2015). The design of the medical home is to support the concept of patient-centeredness based on human needs. The medical home provides health education for chronic illnesses and same-day appointments for continuity of care. The goal of the model is to improve healthcare on the elements of work efficiency and cost-effectiveness (Quan et al., 2011).

The conceptual framework aligned with the research questions by emphasizing faculty beliefs of how nursing students could be prepared for future roles in primary care. A qualitative study approach was useful to examine the underlying faculty beliefs and attitudes about the undergraduate nursing curriculum and student readiness for primary care roles. Woods et al. (2015) highlighted nurses' perceptions of how the curricula

prepared them to meet the skill sets in PHC. The assessment of the faculty's perceptions of the curricula changes was a needed critical approach.

Delaney (2018) investigated patient-centered care as a technique to improve healthcare in Australia. Delaney (2018) ascertained that healthcare delivery had advanced from applying traditional-based paternalistic approaches of “doctor knows best” to patient-centered care techniques. In the traditional paternalistic tactic, healthcare practitioners could instruct and prescribe treatment with restricted input from families and patients. Richards et al. (2015) also made a similar argument that patient-centered care was imperative to the mission of care; however, traditionally, the patients could voice their opinions on the care they received in PHC. Scholars have recognized the vitality of the patient-centered care approach in PHC (Delaney, 2018).

Bokhour et al. (2018) studied healthcare organizations to learn how to apply the patient-centered care framework because of a large-scale cultural change. In the study, the authors affirmed that healthcare organizations were progressively focusing on providing patient-centered care and not disease-focused care. They noted a move from traditional, provider-driven, paternalistic, and disease-centered techniques to healthcare systems, which ensured that patients fully integrate all phases, including medical consultations, treatments, and follow-ups. The patient-centered care technique empowered patients, illuminated the patient-provider relationship, and enabled providers to establish partnerships with patients to attain their respective goals. Notably, research in PHC had demonstrated efficacious innovations to improve patients' experiences, quality, trust, and management and outcomes of chronic illnesses (Bokhour et al., 2018).

The patient-centered approach is essential for PHC providers as it focuses on involving the patient in their three broad needs, physical, sociological, and emotional. PHC has various components for approaching chronic illness, including prevention, management, and treatment. The nurses practicing primary care focus on health promotion by teaching community members how to live a healthy lifestyle by embracing better eating habits, exercising, and having 8 hours of sleep (Alligood, 2017). The nurses in PHC also seek to provide safety for the patients and promote their adherence to the medication regimen and interventions to ensure effective management and positive health outcomes. The critical element is that the BSN nursing curricula equip the learners with the appropriate skills to perform these functions.

Engaging the patient is an essential part of reinforcing healthcare and its respective outcomes in the United States and globally. Patients are equal partners with scholars to shape and conduct research (Levy et al., 2017). The shift, fueled by the Patient Protection and Affordable Care Act, resulted in the establishment of the Patient-Centered Outcomes Research Institute (Levy et al., 2017). The beliefs held by medical practitioners and patients might be similar. These viewpoints were not identical in all the healthcare aspects. Some studies have depicted that patients prioritize availability, communication, and medical care accessibility more than healthcare workers.

Summary

PHC is an essential part of delocalizing healthcare services through its practitioners' ability to engage with the local communities. Some of the critical goals of PHC are to promote health and reduce the incidences and adverse effects of chronic

illnesses. The community relies on nursing professionals who supply primary care services to chronic populations. However, evidence has shown low numbers of nursing students pursuing careers in PHC upon graduation. The studies reviewed have shown that most healthcare systems are actively seeking how to enhance nurse-led PHC services. For various reasons, such as the aging population and the increase in the number of people suffering from chronic illnesses, healthcare systems have resorted to using nurses as PHC providers.

The nurse-led PHC is also facing significant challenges. The successful implementation of nurse-led PHCs relies on the structure of a sufficiently trained workforce. The number of entry-level nurses joining primary care service is small, and I examined the study to find some of the explanations for the observed trends. Advanced nurse practitioners have sufficient training to tackle primary care roles. Still, at the BSN level, challenges such as inadequate resources, faculty skills, and lack of role models continued to hinder the number of BSN graduate nurses pursuing primary care careers (Coburn et al., 2018). The literature showed that the evidence included the curriculum's deficits on how the nurses could advance in PHC settings and the scarcity of qualified faculty to teach PHC in the baccalaureate nursing programs. Various researchers have shown a need to continuously modify the nursing curricula for nurses to understand and be competent in primary care services. For the changes needed in the curricula, the faculty's experiences, beliefs, and attitudes must be assessed to understand their contribution towards PHC and the possible solutions to the challenges facing nurse-led PHC. In this study, my intent was to understand how the current curricula prepared

nursing students for the roles in PHC and the significance of the modification of the nursing curricula towards helping learners pursue successful careers in PHC.

Overview of the Manuscripts

These manuscripts present an examination of the experiences, beliefs, and attitudes of the faculty teaching primary care, assessed faculty perceptions of curriculum didactically and clinically, and faculty perceptions of student readiness to start a career in primary care. The study filled the gap in evidence-based literature on PHC nursing education. The inquiry was an exploration of faculty's feelings of teaching the content of primary care, the curriculum they use to teach concepts in primary care, and how well the students are prepared to practice primary care. Providing qualitative research of faculty experiences with teaching PHC may help nurse educators implement didactical and clinical strategies to increase PHC in the curriculum of baccalaureate nursing programs. Moreover, the results of this study may reveal strategies that faculty may use to promote student interest and readiness for practice in PHC settings.

Manuscript 1

PHC content is necessary for the nursing curriculum for baccalaureate-prepared nurses (Barton, 2017; Needleman, 2016; Wojnar & Whelan, 2017), yet programs do not consistently offer PHC. There is little published literature on the impact of the faculty beliefs of PHC in influencing curriculum content. Understanding the instructors' experiences, beliefs, and attitudes about teaching PHC in an undergraduate nursing program was necessary for administrators and course developers in curriculum development and preparing faculty to teach PHC. Barton (2017) showed that a profound

and broad focus on the nursing curriculum on PHC was an essential requirement among the entry-level programs in nursing education. Wojnar and Whelan (2017) published findings from a survey investigating the barriers and facilitators of curricula focused on primary care among BSN entry-level and RN-to-BSN students. However, entry-level programs denoted the significant obstacles were lack of faculty, inadequate resources, and insufficient registered nurse role models. The development of the nursing faculty is vital to enable the teachers to be competent in PHC. The creation of joint appointments for the nurses based in the community and functioning as registered nurses would enhance students' exposure to relevant role models (Needleman, 2016; Wojnar & Whelan, 2017).

Lestari et al. (2018) conducted a study to understand the attitudes of teachers who instruct healthcare professionals regarding education and the interprofessional healthcare collaboration in an Asian country. Lestari et al. (2018) contended that faculty members performed significant roles as learning facilitators for an efficacious interprofessional education. The faculty attitudes can be a hindrance to the effective implementation of the interprofessional education initiatives in healthcare education. It is necessary to investigate the faculty's feelings, beliefs, and experiences regarding PHC.

Research Question

RQM1: What are the experiences, beliefs, and attitudes that nursing faculty have related to PHC?

Nature of the Study and Design

I conducted a qualitative study and interviewed faculty to assess their current experiences, beliefs, and attitudes on PHC. This research method best assessed the concepts under study. I interviewed seven faculty using Zoom.

Sources of Data

To collect the primary data, I conducted semistructured interviews with faculty who teach in the undergraduate nursing program at two universities that promote primary care in the nursing curriculum. The faculty from these two nursing programs provided a broader perspective of the recent experiences of teaching PHC than would have been attained using only one university setting. During the in-person interviews, I recorded field notes to document references of behaviors, activities, events, and other observed features of the scenario. The purpose of taking field notes is to allow the researcher to reference them to promote meaning and understanding of any culture, social situation, or phenomenon under scrutiny (Robert Wood Johnson Foundation, 2008).

Analytical Strategies

A thematic analysis identified and interpreted themes in the data (see Ravitch & Carl, 2016). To further process the data, I recorded all interviews and transcribed them using Rev.com (n.d.), a transcription service. After the completion of all transcriptions, I looked for similar patterns and themes using the process described by Saldana (2016), which begins with the researcher becoming familiar with the data. The second step was to reduce vast amounts of transcribed data into small manageable and meaningful data, sort the data into codes and then into themes using an Excel spreadsheet.

Manuscript 2

There is a shortage of BSN graduates pursuing primary nursing care after graduation from nursing programs. The phenomenon of the workforce shortage and deficiencies in the curriculum is among the most notable factors. The deficit is problematic in rural settings, where there is limited access to quality PHC. With more than 44% of the population living in a rural setting, the need for PHC services in rural settings is critical (Holland et al., 2019).

An increased rate of lifestyle diseases, including obesity, hypertension, and other behaviors such as tobacco use, leads to an increased need for PHC services. Holland et al. (2019) and Nance-Floyd et al. (2018) proposed training nursing students for specific duties associated with PHC. Furthermore, Nance-Floyd et al. (2018) provided a new course focused on training inter-professional teams for enhancing discipline collaboration across graduate students in social work, pharmacy, medicine, public health, and nutrition. The intervention involved the enrollment of primary nurse practitioners into a Rural Primary Care Scholars Initiative.

Clinical nurse leader (CNL) students collaborated with pharmacy, medicine, and social work. These strategies working with other disciplines helped with receiving extra content related to PHC. Despite these interventions, few studies have focused on examining the perceptions of nursing faculty on the extent to which the 4-year nursing curricula prepared the students for roles in the PHC setting (Holland et al., 2019).

Research Question

RQM2: What didactic and clinical strategies do nurse faculty incorporate into the nursing curriculum to teach PHC?

Nature of the study and design. I conducted a qualitative study and interviewed faculty who taught in two different university nursing programs with PHC included in the curriculum. The focus was to understand the strategies that faculty used in the nursing curriculum to address PHC in the classroom or clinical setting. The qualitative method was suitable in providing a depth of understanding about the strategies used by nursing faculty in teaching PHC (Gray et al., 2017). The topics explored are strategies that were working well in the classroom and content who the faculty could incorporate clinically into the curriculum.

Sources of Data

Qualitative data came from seven interviews conducted with faculty who teach in a BSN nursing program where PHC was in the curriculum. The interviewed faculty taught community health, primary care, health promotion, and health politics at the community level.

Analytical Strategies

A thematic analysis identified and interpreted themes in the data (Ravitch & Carl, 2016). To further process the data, I recorded all interviews and transcribed them using *Rev.com*, a transcription service (Rev.com, n.d.).

After completing of all transcriptions, I looked for similar patterns and themes using the process described by Saldana (2016), which begins by becoming familiar with the data. The second step was to reduce vast amounts of transcribed data into small

manageable and meaningful data and then sort the data into codes, then into themes using an Excel spreadsheet.

Manuscript 3

This study aimed to explore the strategies who faculty use to promote students' interest in careers in PHC and courses used to encourage students' interest in seeking employment in PHC. PHC organizations partnered with universities for clinical support helped promote awareness in PHC. Clinical awareness and PHC best practices enable the student preparedness to provide safe nursing care (Kumm et al., 2016). Various researchers have investigated students' preparedness to enter PHC (Beauvais et al., 2014; Bodenheimer et al., 2015; Rusch et al., 2019; Sollami et al., 2018). Williams and Webb (2015) contended that one of the best practices in PHC healthcare was based on collaborative partnerships. Creating a proper educational model would focus on a collaborative approach to ensure that students were adequately prepared for professional collaboration.

Some students experienced a transition shock, which described reactions to the significant changes that occurred once they graduated. The shock resulted from the difference between the graduate's expectations and the amount of responsibility given to new nurses (Järvinen et al., 2018). The transition shock was associated with the low retention of nurses in the profession in a study conducted by Holfer and Thomas (2015). One of the biggest challenges facing the nursing profession included the reduced rates of retention of nurses (Holfer & Thomas 2016). New nurses joining PHC were likely to leave if they were not prepared to face the demands placed upon PHC nurses. Spector et

al. (2015) showed that the United States had critical programs that helped nurses transition into PHC. However, graduate nurses still face some significant challenges when transitioning to the practice environment. Furthermore, research had to determine whether the students leaving academia upon graduation with a BSN degree were sufficiently prepared to meet the demands of PHC.

Research Question

RQM3: What strategies have the nursing faculty used to promote student interest and readiness for practice in primary care settings?

Nature of the Study and Design

This study was qualitative. I conducted interviews with nursing faculty, which provided detailed information on strategies that faculty used to raise awareness of PHC as a career option and to promote student interest and readiness to practice in PHC settings.

Sources of Data

Qualitative data came from seven interviews conducted with faculty who teach in a BSN nursing program where PHC was in the curriculum. The interviewed faculty taught community health, primary care, health promotion, and health politics at the community level.

Analytical Strategies

A thematic analysis was used to analyze and interpret the data from the interviews (see Ravitch & Carl, 2016). I recorded all interviews, then transcribed them using *Rev.com*, a transcription service (Rev.com, n.d.). The transcription service returned all transcribed files.

After completing all transcriptions, I looked for similar patterns and themes using the process described by Saldana (2016), which begins by becoming familiar with the data. The second step was to reduce vast amounts of transcribed data into small manageable and meaningful data and then sort the data into codes, then into themes using an Excel spreadsheet.

Significance

This study provided information to fill the literature gap on faculty experiences teaching primary care in a baccalaureate nursing program and students' readiness after taking PHC courses. The insights of this study increased the understanding of the factors associated with primary care, knowing if there were faculty experiences, beliefs, and attitudes teaching PHC, examining the PHC curriculum, and examining the student's readiness to enter future careers in PHC. Interviewing faculty on their experiences, attitudes, and beliefs about teaching PHC and assessing the curriculum for improvements and recommendations may help the next generations of nurses learn about PHC. The preparedness and readiness of nurses to apply the concepts of PHC in the community may promote positive healthcare outcomes by increasing the number of nurses who are skilled in PHC nursing practice. Incorporating content on PHC into the nursing curricula and training nurses to choose careers in PHC would affect positive social change by providing the nursing student opportunities to practice and apply the concepts learned in an educational setting, which would improve their preparation to use PHC in their nursing careers (Knowlton & Angel, 2017; Lestari et al., 2018).

Summary

This study examined the experiences, beliefs, and attitudes of faculty from two different universities that taught primary care in a nursing program. Data gathering included interviews with seven faculty members. A lack of literature specifically addressed the experiences, beliefs, and attitudes of faculty that teach primary care. Many researchers indicated that baccalaureate nursing students who are taught primary care would be empowered to select careers in the community setting (Filho et al., 2017; Holland et al., 2019; Nance-Floyd et al., 2018).

The research study offered an overview of the problem, background, and need for this study. Also, the study provided a broad issue, theoretical framework, and an overview of the manuscripts. The study described the specific problem addressed by the research question and design. Furthermore, the study provided a summary of the results, implications for social change, recommendations on utilizing the findings, and implications for further research.

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Part 2: Manuscripts

**Manuscript 1: Faculty Perception of Preparing Bachelor of Science in Nursing-
Registered Nurse Students for Primary Health Care**

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Outlet for Manuscript

The target journal for the manuscript about primary care and faculty perceptions, attitudes, and beliefs about primary care will be *Nursing Outlook*. The journal focuses on nursing education, practice, administration, and research. The study will provide insight into faculty experiences, beliefs, and attitudes of primary care taught in the undergraduate nursing program. The formatting expectations of the journal are APA formatting with an abstract of 50 to 70 words and a maximum number of 12 keywords. There is also a requirement of highlights of three to five bullet points with a maximum number of 85 characters including spaces.

Abstract

Background: There is a shortage of Baccalaureate prepared nurses entering primary health care (PHC).

Purpose: The purpose was to examine the experiences, beliefs, and attitudes of nursing faculty teaching PHC.

Method: This was a basic qualitative study using Saldana's approach for analysis.

Findings: Three themes emerged from the analysis, PHC as a holistic approach, the essence of PHC, and consistency in nursing education.

Discussion: The results of this study provide insights from nursing faculty who teach PHC.

Keywords: *faculty perceptions, beliefs, attitudes; baccalaureate nursing programs, teaching PHC, PHC curriculum.*

Introduction

The number of nurses entering primary healthcare (PHC) as a career has decreased over the past 10 years (Wojnar & Whelan, 2017). Various researchers have explored the reason behind the decline in primary care practice after graduation from the Bachelor of Science in Nursing (BSN) programs (Bodenheimer & Mason, 2016; Wojnar & Whelan, 2017). One of the factors found changing the choice of PHC practice after graduation was the inefficiencies created in the nursing curricula at the BSN level (Fawaz et al., 2018; Filho et al., 2017; Landeen et al., 2016), which resulted in a deficit of PHC content including the expectations and the dynamic role of the PHC nurse. With few new graduate nurses entering the field of PHC, this lack of structured PHC preparation in the undergraduate curriculum may be contributing to the declining interest in PHC nursing practice after graduation (Botma & MacKenzie, 2016; Fawaz et al., 2018; Landeen et al., 2016).

Vanhook et al. (2018) observed that nurses must perform other functions beyond their traditional nursing care roles in PHC, while nursing education programs focus primarily on acute care preparation. Barton (2017) found that community healthcare settings expected nurses to have sufficient training to handle the requirements of PHC in addition to mastering the traditional concepts of nursing, including patient safety and effective care delivery. However, most nurses entering practice after their baccalaureate nursing degrees have little knowledge of PHC and lack understanding of healthcare expectations in primary care (Botma & MacKenzie, 2016; Iwasiw et al., 2015).

Addressing the need for PHC curricular changes in BSN programs would require that faculty have adequate preparation to teach the content and expectations of PHC (Barton, 2017; Bouchaud et al., 2017). The need for awareness in the healthcare environment matched to PHC needs has created challenges for administrative faculty planning curricula for BSN programs (Chung et al., 2016). The faculty could influence the development of PHC through their own experiences and beliefs (Barton, 2017). Understanding the experiences, beliefs, and attitudes of the faculty who taught PHC is necessary to develop an effective curriculum that has useful content to prepare the students for the primary care roles.

Significance/Importance

In the pursuit of understanding the challenges facing students and the shortage of nursing graduates practicing primary healthcare, this study addressed the attitudes and beliefs of faculty who teach in the PHC courses in BSN programs. Faculty perceptions, beliefs, and attitudes toward the curriculum significantly influences the content delivered to the nurse students for PHC practice (Bouchaud et al., 2017). Coburn et al. (2018) contended that the healthcare landscape focused on providing quality primary healthcare. There was a need to change the curriculum at the undergraduate level to allow BSN graduates to have sufficient skills to provide PHC services.

Patient-centered medical home (PCMH) is the core of healthcare organizations that focus on holistic care and positive patient outcomes (Guglielmi et al., 2014). Consistent with patient-centered care, a holistic approach requires that PHC practitioners in care delivery consider a perception of the individual as a complex, environmentally

influenced system. A holistic approach's benefit may include the integration of health promotion, wellness, and disease prevention in the primary care model (Fortier et al., 2015; Padykula, 2016). Educational institutions that implement measures to help nursing students develop an interest in patients' needs and preferences consistent with the PCMH are more likely to provide culturally competent care (O'Loughlin et al., 2017).

The PCMH model, through its care delivery system, is used to establish a healing bond between the care providers, the patients, and their families. The care delivery system of PCMH is based on the professional practice of the staff. In the holistic nursing approach, the framework provides care for the body, mind, and spirit (Nordby, 2017; Padykula, 2016). All these fragments that support the care delivery system and patient-centered approach could be sufficient when communication occurs between the nurses, patients, and families. Graduating nurses entering into practice must be proficient and have a level of professionalism in the community setting where they provide PHC. This study addressed the experiences, beliefs, and attitudes of faculty regarding the effectiveness of teaching PHC.

Relevant Scholarship

There was limited research and evidence on the experiences, beliefs, and attitudes of nursing faculty teaching at 4-year baccalaureate nursing programs on the appropriateness and effectiveness of the PHC curricula (see Fawaz et al., 2018; Filho et al., 2017; Landeen et al., 2016). Researchers have found that PHC is an essential component of healthcare systems, although there are critical difficulties in aligning the curriculum's outcomes and community health expectations. Filho et al. (2017)

established that the nursing faculty considered PHC essential to the entire healthcare continuum as it allowed enhanced contact between the undergraduates and the community. While published research had focused on medical students (see Chen et al., 2014; Chung et al., 2016) as opposed to nursing students, similar results were found in a few nursing studies (see Fawaz et al. 2018; Landeen et al., 2016), which have shown that nurse educators perceived the development of the curriculum to include primary care as an essential requirement for the nurses in the 21st century.

Fawaz et al. (2018) established that the change in the curriculum was tedious. The authors found that baccalaureate nursing students who took PHC courses were more knowledgeable about PHC concepts and inclined to pursue a career in the field. For such students, the studies showed that their interest was more likely to remain in the PHC program leading to successful graduation (see Bodenheimer and Bauer, 2016; Botma & MacKenzie, 2016; Thomas et al., 2018). While evaluating the growing demand for healthcare in the primary care setting, Bodenheimer and Bauer (2016) discussed the need for teaching PHC in the curriculum so there will be a significant focus on nursing education and training. The authors indicated that effective teaching was essential in shaping the attitudes, perceptions, and knowledge of the requirements for PHC. Bodenheimer and Bauer (2016) provided further evidence of the faculty's significance in mentoring and encouraging the students to join PHC after graduation by emphasizing the available career opportunities. However, this study did not include evaluating the faculty's experiences, beliefs, and attitudes about the significance of PHC in the nursing curriculum.

The literature review did not yield substantive studies related to nurse educators' perceptions, beliefs, and attitudes towards the teaching of PHC. With limited evidence provided in the literature, the faculty's experiences, beliefs, and attitudes about teaching primary care were few. The full scope of the curriculum in the nursing programs had not been addressed. Thus, further investigation of the relationship was warranted.

Research Question and Design

This qualitative, exploratory study addressed the following research question:

RQM1: What are the experiences, beliefs, and attitudes that nursing faculty have related to PHC?

Methods

Participants and Context

Seven faculty were recruited from two Midwestern U.S. universities that taught primary care in 4-year nursing programs. The sample included faculty that taught community health, primary care, health promotion, and health politics at the community level. Three faculty members from University A and four from University B participated. I sent the study's invitations to the Dean of Nursing to each school, and she invited the appropriate staff that met the criteria for the study. The faculty were recruited through emails starting in February 2020, with the last interview in March 2020. I reached out to 20 faculty members at both schools, sending another email request at the beginning of March as a reminder. To be eligible for the study, faculty members were required to have an MSN or a Ph.D. in nursing, be English-speaking, and have at least 1 year of experience teaching in PHC.

Instrumentation

A semi structured interview questionnaire with open-ended questions was used to guide the conversations (see Appendix). The interview questions addressed topics involving experiences, attitudes, and beliefs related to PHC. The primary source of data for this study was a recording of the interviews with the participants. The program Zoom was utilized to conduct the interviews with the qualified interviewees.

Data Collection

The interviews began with a statement of the study's objectives to ensure that participants had a complete understanding of what would be asked of them. The interview questions focused on the faculty's experiences, beliefs, and attitudes regarding the curriculum and PHC. To prepare the participants, the interview questionnaires were sent 1 week before the actual interviews. The strategy allowed respondents to prepare for the interviews and the various aspects of the study (see Goodenough & Waite, 2012).

The Zoom interviews were conducted at the time each participant was available. Each interview took between 30 and 40 minutes, which was sufficient for each participant to respond in depth to the questions. Time was allowed for the participants to make further clarifications after the initial interview questions. The interviews' in-depth nature was essential to create an open atmosphere where the respondents and I shared information.

Data Analysis

A transcription service transcribed the interviews of the audio recordings and provided the transcripts in a text file format. The transcribed data were transferred to an

excel spreadsheet for coding. A thematic analysis was used to find patterns that explained a phenomenon or response to a research question (Vaismoradi, Turunen, & Bondas, 2013). While conducting the thematic analysis, I viewed the text in both a logical and analytical manner instead of approaching it only as descriptive data (Vaismoradi et al., 2013).

I used Saldana's (2016) thematic analysis framework. The first step was to become familiar with the data, which involved reading the transcribed text. Interpretation of the transcripts and narrative notes was the first phase. Coding started with a representation of simple words, phrases, or sentences to capture the data's meaning. According to Saldana (2016), the coding process is enduring sorting, synthesizing, and theorizing.

I conducted my analysis by reading and rereading the transcripts, highlighting the initial codes or common words and phrases that helped me provide a systematic organization of the data. The step was essential in reducing vast amounts of transcribed data into small manageable and meaningful chunks (Saldana, 2016).

The second phase included putting all the codes into groups for similarities and differences of conceptual meanings. I coded the data line by line to find the themes. It was critical to sort words into themes to complete the coding process (Saldana, 2016). In this phase, I explained the essence of the identified themes represented, what the themes communicated, and how the themes answered the research question.

Trustworthiness/Validity

Trustworthiness in qualitative research has several components, including credibility, transferability, and confirmability. Credibility ensured the study's complexities and patterns could be proven (Ravitch & Carl, 2016). One method to obtain credibility was triangulation that includes member checking. After completion of all the transcriptions, a copy of the individual response went to that participant. Sending the documents to the interviewees allowed the individual to check for accuracy and add more about their perspective to the transcript.

The study's transferability involved making certain similar tests performed in another setting, which would produce the same results (Brinkmann, 2014). To achieve transferability, a study must include detailed descriptions of the data and the content.

Confirmability was one method to show the truth, accuracy, and validity of the research study. Techniques used to support confirmability include implementing triangulation strategies, using reflexivity processes, and performing external audits (Ravitch & Carl, 2016). To support confirmability, reflexivity was necessary to prevent researcher bias and prejudices when analyzing the data. An audit of the data results supported confirmability. I audited the data by listening to the audiotapes after the interview to take notes and reviewed each interview's transcriptions.

Furthermore, when performing qualitative research, reflexivity relies upon finding and reflecting on the influence exerted upon the research by the investigator's position in life and the environment that influenced them while growing up (Ravitch & Carl, 2016). Journaling was used to record thoughts and reflected on individual decisions.

Establishing the validity of collected data was achievable by validating the respondents and triangulating the data. Data triangulating involved combining various methods of studying the findings (Brinkmann, 2014).

Results

For school administrators and curriculum developers to prepare faculty to teach PHC, it was necessary to utilize the instructors' experiences, beliefs, and attitudes about teaching PHC in an undergraduate nursing program. The study revealed three key aspects of teaching PHC in an undergraduate nursing program. PHC must be used as a holistic approach in healthcare, there is an essence to PHC that must be understood, and there has to be consistency in nursing education.

Execution

I examined the experiences, attitudes, and beliefs among nursing faculty taught in two Midwestern universities. Seven faculty members teaching PHC in a baccalaureate nursing program participated in the study. Walden's IRB provided approval on Dec 26, 2019 (IRB approval number was 12-26-19-0542564). I received IRB approval from University A, IRB in January 2020, and from University B in February 2020 (no IRB number was assigned, an approval letter was sent from both universities).

Results of the Study

Participants' demographics (Table 1) included participant education level, the number of years teaching, gender, the course taught, and whether it was a didactic or clinical class. To be interviewed for the study, participants were required to have an MSN or a Ph.D. in nursing and have a minimum of one year of teaching experience. All the

interviewees had a minimum of 10 years' experience in education. Participants were primarily female, with only one male faculty member taking part in the study. All participants had experience with teaching PHC. The course taught was critical to identify the PHC curriculum content in each of the programs.

Table 1

Participants' Demographics

Participant	Education level	Years teaching	Gender	Course taught	University taught	Didactic/clinical
1	MSN Nursing Education	10	Female	Introduction to Primary Care	A	Clinical
2	PhD Public Health	20	Female	Community Health Nursing Health Policy Introduction to	B	Both
3	MSN Nursing Education	30	Female	Community Care Health Policy Health Promotions	B	Didactic
4	PhD in Public Health	30	Female	Community Health Nursing Health Assessment in the	A	Didactic
5	MSN Nursing Education	10	Female	Community Population Health	B	Both
6	PhD Nursing Education	20	Female	Epidemiology Population Health	B	Didactic
7	PhD Nursing Education	15	Male	Epidemiology Population Health Case Management	A	Both

Data were analyzed using thematic analysis to answer the research question.

Three themes emerged from the analysis. The themes were PHC as a holistic approach, the essence of PHC, and consistency in nursing education. Results are listed in Table 2,

which summarize the central themes regarding the nursing faculty's experiences, attitudes, and beliefs toward PHC.

Thematic Analysis

Interview extract	Codes	Themes
<p>1. ^{P2} You must look at the population as a whole, whether pediatric or an adult. ^{P1} “Holistic, health promotion, body, mind, and spirit, aim to promote the health of the population.” ^{P5} “Prevention and education will help promote holistic health.” ^{P7} I believe that community health and primary care are the foundation for developing health education to the community. Education will promote a holistic approach to individuals and the community for individuals to live a healthy lifestyle. ^{P6} “I said population health, is to promote a holistic approach such as health promotion.” “Health promotion includes prevention and education to help promote holistic health.” ^{P4} Holistic care is based on age, gender, culture, and geography or institutionalism. ^{P1} “Primary care and primary health can be differentiated between curative versus curative.”</p>	<p>a. View the community as a whole b. Promote healthy communities</p>	<p>PHC as a. Holistic Approac h</p>
<p>2. ^{P6} “I believe that our future is leaning towards population health. The essence of population health is prevention and chronic care.” “Also, the essence of population health is patient empowerment.” ^{P2} I also believe that, for the most part, we're in the post-hospital area era where the goal is to keep patients out of the hospital and keep them in the community; you know, promote their health and prevent the development of chronic diseases. ^{P4} “Population health is providing healthcare services to a defined population.” ^{P3} “Primary care/community care issues impact larger aggregates of population focusing on prevention in health and health promotion.”</p>	<p>a. Prevention, prevention, prevention b. promote health c. keep patients out of the hospital d. prevent the development of chronic diseases</p>	<p>The Essence of Populatio n Health</p>

Table 2 *Thematic analysis* (continued)

<p>3. ^{P5} Religious efforts in the community define and encompass a community. Community outreach is within the school of nursing. Population health has a focus on vulnerable populations. ^{P4} I find it would be unfathomable to believe that we were sent a bachelor-prepared nurse into the community without proper educational preparation. ^{P4} “Talk about volunteerism and a need to be a health department volunteer.” ^{P6} Consistency in education needs to look through a new lens. “Give students tools and resources to promote community outreach for a health needs assessment.”</p> <p>^{P2} “Volunteering is something that I brought into the curriculum.”</p> <p>Consistency in clinical hours: ^{P2} “Seven to eight days of clinical at other institutions, you will need more credit hours. Some universities have 50 hours that the students need to get in, and others have five days.” ^{P3} Consistency in education, I think, is multifaceted through the course content. “We spend six or seven different specialties in the community.”</p>	<p>a. Community outreach within the school of nursing b. Involvement in volunteerism for the community and underserved. c. Consistency in clinical hours.</p>	<p>Consistency in Nursing Education is Necessary for PHC</p>
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Theme 1: Primary Health Care as a Holistic Approach

The first theme that emerged from research question one was the PHC as a holistic approach to the meaning of PHC. Of the seven faculty participants that were interviewed, three faculty members discussed primary care as a holistic approach. The participants implied that community care should involve all five wellness domains including intellectual, spiritual, physical, emotional, and social well-being, as depicted in the interview transcripts below.

P2 said, “Holistic, health promotion, body, mind, and spirit aim to promote the health of the population.” P1 described PHC as “a whole-of-society approach to health and well-being centered on the needs and performance of individuals, families, and

communities.” Five of the seven faculty members said they had changed the curriculum to reflect the teaching’s holistic approach. Participants also said that PHC involves promoting healthy communities and educating individuals on the holistic approach of mind, body, and spirit.

P7 said, “I believe that community health and primary care are the basic foundation for promoting basic health education to the community. It provides the tools necessary for everyone in the community to live a healthy lifestyle.” Other points of view and beliefs of PHC from the interviews included lifelong care, as well as being not only curative, but preventative. For instance, two participants, P5 and P6, noted that PHC should entail: “Prevention and education to help promote holistic health.”

My study’s findings showed that the nursing faculty focused on the community as a fundamental building block of the concept of holism. The study participants described the need to have PHC education in the baccalaureate programs that follow a holistic approach defined as healing the mind, body, and spirit of individual patients within the community. All faculty members mentioned the holistic approach and the involvement of the students having clinical experiences within the community. This finding is consistent with the current popularity of community-oriented curriculum in many nursing schools. Van Iersel et al. (2020) reported that the extramuralisation in healthcare has led to redesigns in teaching approaches to incorporate themes related to primary care. Changes in the PHC curriculum have had a positive impact among the students, but they still prefer careers in the hospital setting (Van Iersel et al. 2020).

Theme 2: The Essence of Primary Care

The second theme that I identified in my analysis was the essence of PHC. The key elements were prevention and promotion to prevent long-term health issues. P6 stated that “The future is going to focus on population health; population health is the essence of prevention.”

The respondents said that community health should focus on substantial populations or aggregates. P6 discussed the veteran community, looking at the population to promote health and educate on prevention. In this population, improving mental healthcare is essential to prevent depression and post-traumatic stress. P2 discussed health promotion in underserved communities and providing access to care in vulnerable people. P3 discussed health promotion to promote student involvement in community projects to learn about vulnerable populations.

The participants insisted that the main goal of PHC was to educate individuals on disease prevention and health promotion to allow the community to lead a healthy lifestyle and to have better health outcomes. PHC focuses on all primary health needs of the populations that are treated for certain disease entities. Valaitis et al. (2020) attributed the soaring need to the burden of chronic diseases and the longevity of individuals increasing in numbers such as the elderly. Calma et al. (2019) revealed that the community health focus is desirable because of better health outcomes associated with a whole-of-society approach. One of the populations discussed by faculty was the veterans, who need the resources of PHC to help with physical war injuries and mental issues such as post-traumatic stress (PTS). The veterans that live in the community tend to be

overlooked for physical and mental concerns. Proper medical care and interventions are needed to avoid chronic illness, depression, and PTSD.

Overall, the respondents indicated that community health is about caring for the larger aggregate of the population. In particular, the interviewees indicated that PHC entails providing nursing care for a defined group of people, but not individuals in acute care settings. P5 stated that “Care about the vulnerable population’s beliefs and perceptions need to represent other populations, such as the underserved. I feel like we’ve got a long way to go to provide for the underserved.” P6 was committed to living the university mission regarding health prevention and health promotion, saying that: “The university looks at primary care as focusing on the promotion of health, disease prevention, health maintenance. In my opinion, the most important component that students have is the ultimate patient education.”

Theme 3: Consistency in Nursing Education

The third theme that appeared from the transcribed interviews’ analysis was consistency in nursing education across universities. Five out of the seven participants suggested making the PHC course more consistent in teaching the class’s didactic and clinical portions. P4 said, “I believe it would be unfathomable to believe that we sent a bachelor-prepared nurse out into the community without proper educational preparation.” P5 said, “I think some preparation in acute care, long-term care to an extent, but the PHC can be limited. I believe that you need time in the acute care setting. I think I am strongly opposed to nurses graduating and going directly into home health nursing.” Another topic discussed was the faculty’s belief that more consistency in nursing education was needed

in clinical. Examples of the need to increase clinical education included: P2 said, “Seven to eight days of clinical at other institutions, the student will need more credit hours.” P1 said, “Some universities have 50 hours that the students need to get in, and others have five days.”

The participants stated that consistency in nursing education was necessary for teaching PHC practitioners. The thoughts on the need for harmonization are consistent with a widely acknowledged fact that the nursing role in PHC is developing at differing rates across the globe (Freund et al., 2015). Maijala, Tossavainen & Turunen (2016) highlighted a need for consistency in training the PHC nursing workforce as one of the elements needed to ensure the success of practitioners receiving clients in PHC. There were differences in how PHC was taught, even though participants recognized the need for consistency in the nursing curriculum.

Discussion

The following section provides an interpretation of the results of the study. The results will be discussed through the lens of the theoretical framework of patient-centered care and include the findings as supported or refuted by the literature on PHC as a holistic approach, the essence of primary care, and consistency in nursing education.

Interpretation of the Findings

Theme 1: PHC as a Holistic Approach

The findings of this study support the position that a holistic approach to education for PHC is important in nursing education. The view is widely recognized, with Povlsen and Borup (2011) revealing that PHC should be approached through a

perspective that prioritizes the community as a whole. Povlsen and Borup (2011) emphasized the importance of empowering people within their communities to take charge of their health, a proposition linked to the finding of PHC as a holistic approach as discussed by the participants. Moreover, Povlsen and Borup (2011) asserted that health promotion shifted from risk factor intervention to a whole-school change through community-wide intervention.

The need to address special needs among vulnerable subsets of the population was also evident in the assertion that the veterans needed special attention. The finding is supported in the design of a community-based healthcare system, where Povlsen & Borup (2011) emphasize it should reflect the needs of all individual members. Zamanzadeh, Jasemi, Valizadeh, Keogh, and Taleghani (2015) also stressed the individual by asserting that holism referred to recognizing an individual as a whole and appreciating the interdependence of the spiritual, social, psychological, and biological aspects that contributed to their well-being.

Theme 2: The Essence of Primary Care

The findings of my study revealed that the educational preparation of nurses has shifted to population health, an extramural model of care that revolves around preventive and promotive services (Shahzad et al., 2019). PHC nurses are optimal in terms of balancing between changing health care needs and resource consumption. Baccalaureate nursing education is also shifting toward community programs to ensure professionals have the confidence and skills to deliver care closer to where people live and work.

Having the change in direction from acute care to PHC focused care needs a strong PHC workforce. Nursing faculty must become engaged in preparing students to work in PHC settings (Ralph, Birks, Chapman, & Francis, 2014). PHC will give essential care to communities and individuals using acceptable, sustainable, and available resources to prevent diseases and promote health. The significance of PHC, as a critical aspect of the healthcare system, has the primary function of disease prevention and the avoidance of unnecessary hospitalizations (Padoveze & Fortaleza, 2014). One of the participant's responses was, "the essence of population health is prevention, prevention, prevention, the goal of PHC is to keep patients out of the hospital." This response echoes the findings of Demaio, Nielsen, Tersbol, Kallestrup, and Meyrowitsch (2014), who showed that PHC targets the complex nature of illness and diseases, including comorbidities, and intervention through a prevention approach to disease management is essential, especially for chronic diseases.

Theme 3: Consistency in Nursing Education

Although the study confirmed the holistic meaning of PHC, there were mixed views on consistency in nursing education. Only three of the seven faculty participants implying that community care should spread across intellectual, spiritual, physical, emotional, and social wellbeing domains. The lack of harmony is supported by ongoing appraisals of the PHC curricula in nursing schools. For instance, policy analyses have highlighted the need for a clear definition of holistic care and how it relates to PHC training. Ali, Snowden, Wattis & Rogers (2018) highlight the lack of ontological integration, phenomenological understanding, curriculum structure, and unprepared

faculties as setbacks in ensuring nursing is fundamentally based on an ethos of holistic care. Ali, Snowden, Wattis & Rogers (2018) emphasized the need for conceptual clarity and articulation, noting that preparing nurses to address spiritual and existential issues will facilitate holistic care. The proposition put forward by Ali et al. (2018) confirms the finding of the study, where participants upheld that defining PHC and the components of PHC will help not only educators but also students understand the purpose of PHC and its importance to the community. The observation is based on a view that is preparing nurses per the holistic nursing paradigms will make practitioners feel competent and confident in providing person-centered care. Hutchison (2020) revealing how the example of the subject of spirituality by the international research for the last decade has culminated to an elective for the BSN curriculum across the globe.

Dussault, Kavar, Castro Lopes, and Campbell (2018) also supported the concept of consistency in education by describing the bridging of the gap between primary education, in-service programs, and continuing training. The need to structure nursing education beyond just the relief of pain among patients is a longstanding concept in the literature, with the evidence supporting the students' preparation in baccalaureate programs from the perspective of the whole person. Bice & Bramlett (2019) stated the teaching of students should be delivered on topics that master the environmental, psychospiritual, physical, and sociocultural contexts in the nursing practice. The proposal underlies the proposal by participants that undergraduate volunteerism can yield positive results in health programs. Moreover, Rovers, Japs, Truong, and Shah (2016) revealed that students tended to show a strong preference to work in underserved minority areas

through volunteer programs, an attitudinal aspect also echoed by the findings where community volunteer programs were vital to impart students with the needed competency in volunteering, thus creating a culturally informed PHC workforce.

Limitations

The study's limitations, as a qualitative study, is guided by structured questions rather than allowing the participants to freely discuss their experiences (Benoot et al., 2016). Few university nursing programs taught PHC courses, which limited the number of qualified participants. Lastly, the study's sample was small and from one area in the United States, which limits transferability.

Implications

Preparing nurses to feel competent and confident in providing PHC has become the subject of a growing body of knowledge. The research is focusing on the content gaps in the curriculum. Like this study, a key aspect is ensuring the educational programs train on essential elements for nurses before they can start working in PHC settings. Another benefit of assessing the preparation of nurses and the curricula is to ensure that practitioners receive a focused education that is efficient, high-quality care, and cost-conscious, aspects that are integral to person-centered holistic care (Nies & McEwen, 2019).

The second significant implication of this study was elucidating holistic approaches to community health, an emerging area that is still surrounded by many controversies. The study highlights differences in general training and subspecialty of the primary care nurses, with the main objective being highlighting a need for harmonizing

education and nursing practice. The inquiry of how holistic care relates to a person, including physical, psychological, economic, social, and emotional well-being of individuals thus extends the knowledge of enhancing the quality of education and contents of the curriculum, making the study have far-reaching social value in promoting evidence-based practices in primary care.

Recommendations

There is a need for more studies on PHC among nursing faculty, which could include a quantitative study to assess the perceptions and beliefs in teaching PHC. Further research should occur based on models of measuring health professionals' attitudes or beliefs towards training PHC nurses and focus on specific areas, such as the role of PHC in rural areas. The proposal is based on the fact that PHC needs are diverse for the different populations in this country, where each geographic area or population center is unique, and the needs of the individuals in each group.

Conclusion

To help understand factors contributing to the declining numbers of new nursing graduates pursuing a career in PHC, this study explored the attitudes and beliefs of faculties teaching PHC in BSN programs. Central themes showed the need to perceive PHC as a holistic paradigm, understanding the essence of PHC, consistency in nursing instruction, curriculum design, and teaching strategies. The lack of content in PHC delivery in the baccalaureate nursing curriculum was among the challenges barring appropriate instruction contributing to the decline in nursing graduates' in PHC practice. To energize a holistic approach to PHC, universities must craft a community-based

approach to primary care instruction involving students at the grassroots level, engaging them with individuals through class and community activities.

Future research should focus on different aspects of PHC, such as the role of PHC within specific areas like rural communities. The healthcare needs of the rural population are different from the healthcare needs of urban communities. Rural residents tend to have unique health needs, and resources are scarce; research could focus on how the curriculum can be shaped to prepare PHC practitioners to meet those needs.

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**Manuscript 2: Didactically and Clinically Addressing Primary Health Care Nursing
Education Strategies**

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Outlet for Manuscript

The journal for the manuscript on didactic and clinical strategies to improve primary care health in the nursing curriculum will be *Nurse Education in Practice*, <https://www.sciencedirect.com/journal/nurse-education-in-practice>. The journal requires a maximum amount of 6,000 words, which include in-text references, an abstract, keywords, and references. The journal also requires APA formatting with 12-point font, double spaced with wide margins at least 2.5 cm, and numbered pages. The journal requires a 200-word maximum abstract with three to four keywords.

Abstract

The purpose of this qualitative exploratory study was to investigate the didactic and clinical strategies nursing faculty incorporate into the nursing curriculum to teach primary health care (PHC). Implementing and optimizing teaching strategies in PHC-related subjects may improve healthcare delivery when students enter the field. The seven nursing faculty interviews revealed three themes: concept-based curriculum, increased clinical experience, and partnerships promote PHC interest among nursing students. The interviewees related opportunities for clinical experience, practicums; prominently mentioned were didactic and clinical strategies for enhancing PHC teaching with frequent training. Teaching PHC leads to better patient outcomes and contributes to patient safety. Increased interest in PHC affects the decisions, planning, and actions that could be implemented to improve health outcomes and prevent illness.

Keywords: concept-based curriculum, didactic, clinical, primary health patient-centered care, nurse preparedness, teaching strategies.

Introduction

The lack of interest among nursing students to pursue primary healthcare (PCH) has left a significant population segment with limited access to PHC services. Holland et al. (2019) and Nance-Floyd et al. (2018) found that the challenges were significant when the population was rural. Thus, there was an increased demand for nurses to work in PHC. There is a demand for PHC education to enhance nursing best practices to meet the increasing demands of patient care in the community and produce a larger population of competent PHC practitioners (Coburn et al., 2018). While the campaigns for increased recruitment of nurses have led to notable success in general practice, the impact has not occurred in PHC. Nursing students have traditionally considered the acute care setting as being that of pure nursing practice, they have not begun to realize the full impact and benefits of PHC in the community setting, students do not consider it “real nursing” (Cooper, Cant, Browning, & Robinson, 2014, p.68).

The attitudes nursing students have concerning the profession affects their career intentions of joining PHC (Bloomfield et al., 2015). Calma et al. (2019) pointed out several reasons for the stereotypes revolving around competency-based programs such as training. Könings et al. (2019) found that training was a significant influencer of graduate students' preference and willingness to join preventative care. The authors asserted that curriculum design remained a significant factor that impacts graduate nurses' motivation to join preventive medicine. Lack of competency resulted from education programs and the general belief that PHC had a record of inconsistencies in integrating the curriculum's useful content (Könings et al., 2019). Moreover, nursing students often perceive clinical

and didactic experiences as disconnected, leading to dissatisfaction with the profession (Flood & Robinia, 2014).

Traditional instruction strategies create conflict between the actual ideals of PHC and theory (Ajani & Moez, 2011). The authors stated that changes in the nursing curriculum were necessary to improve the understanding of PHC issues among students. There is a need to integrate primary nursing curriculum care with chronic care; the present design of the nursing curriculum does not address primary care needs, especially regarding the sophisticated needs of people suffering from chronic diseases. Additional content on PHC in nursing education allows baccalaureate nursing students to understand it and consider it for employment (Ritchie, 2012).

Significance/Importance

Educators need to prepare nursing students to recognize and fulfill their roles in the PHC setting. Several researchers have highlighted the need to revise nursing curricula to reflect changes and improvements in nursing education (Fawaz et al., 2018; Holland et al., 2019; Landeen et al., 2018). Engaging the nursing students to take extra courses in PHC would help them focus on learning about the content relevant to primary care services. Fawaz et al. (2018) argued that the increasing technological advancements necessitate that nursing students be familiar with technology to improve patients' health. While some have mentioned the difficulties of constant curriculum changes (Landeen et al., 2016) regarding the time and effort required to implement the changes, positive results have been realized in evaluating the impact of enhancing the 4-year nursing program with PHC concepts.

The proper integration of PHC content into the nursing baccalaureate program was essential to investigate the faculty's strategies to ensure the preparation of Bachelor of Science in nursing (BSN) graduates to meet the demands of PHC. The findings of this inquiry would have critical relevance to the practice of PHC. The faculty's beliefs and experiences would inform this inquiry's recommendations about the required curriculum amendments to make the 4-year nursing program more accommodating to the PHC needs. Moreover, this study's findings reported institutional policy to ensure that the baccalaureate program's teaching sufficiently equips the students with the ability to perform the PHC functions. The study highlighted the challenges faced by the faculty and proposed solutions. Finally, the research would highlight the most effective didactic and clinical strategies used to unravel the best practices to inform and drive the curriculum change.

Relevant Scholarship

Various researchers have sought to find the effect of the BSN nursing curriculum on students' preparedness to perform their tasks after graduation (Holland et al., 2018; Kent et al., 2016; Nance-Floyd et al., 2018; Phafoli et al., 2018; Ritchie, 2012). Despite the progress towards creating partnerships between healthcare providers and clients suffering from chronic illnesses, the nurses' educational preparation was deficient (Holland et al., 2018; Nance-Floyd et al., 2018; Ritchie, 2012). The studies acknowledged that the sophistication of the healthcare system demands sufficiently prepared nurses. The researchers further argued that the complexity in the PHC was attributed to the increasing incidence of chronic illnesses.

This research addressed the didactic and clinical strategies that nurse faculties incorporated into the PHC nursing curriculum. Holland et al. (2018) proposed a program to improve PHC access to rural areas called *Rural Primary Care Scholars Initiative*. The program benefits students enrolled in the initiative through such actions as mentoring from the faculty, receiving increased placement assistance with rural clinical providers, and training on PHC policy-related issues. Some of the policy-related issues were measures to increase access and affordability to healthcare, network opportunities, and develop professional qualities. Other techniques that had been useful were to increase the preparedness of the students to enter PHC roles. The preparedness included enhancing social media interactions of the faculty and the students using a Facebook page, which contained such information as scholarships, job opportunities, updates on practice, and costs associated with rural PHC practice. Holland et al. (2018) used this tool to enhance mentoring relationships and communication on matters relevant to rural access to PHC.

Ritchie (2012) tried to address students' learning needs for working in environments that required an understanding of chronically ill patients' needs by introducing a course in the third year of 4-year nursing programs. Ritchie's ideas touched on such factors as stigma, family caregiving, social isolation, and access to healthcare. Ritchie argued that the requirement to agencies that provided care to chronically ill patients gave them opportunities to learn critical thinking, ethical issues, and policy-related issues. The two strategies embraced both academic and clinical aspects of nursing.

PHC focused on including community members at the care site with decision-making about the nature of care. The concept of patient-centered care is an essential

aspect of delivering PHC (Alligood, 2017; Bokhour et al., 2018; Brown & Swan, 2017; Delaney, 2018; Levy et al., 2017). Ritchie's (2012) strategies for properly preparing nursing students included quality of life, body image, illness behavior, culture, powerlessness, self-care, and adaptation, which involved both didactic and clinical features. During the visit to the PHC, the students worked with patients and their families to develop care plans, which provided them with critical skills in providing the patients with the right to self-determination.

Health promotion was an essential part of PHC. Nursing students need to have the necessary skills to promote health in community-based settings (Botma & MacKenzie, 2016; Rasella et al., 2014; Smolowitz et al., 2015; Thomas et al., 2018; Wojnar & Whelan, 2017). Promoting health included the activities that lead to disease prevention, and the nurses providing health education helped reduce the need for hospitalization. Smolowitz et al. (2015) argued interventions helped nursing students transfer health education to the communities effectively to allow individuals to understand their diseases, develop prevention skills, and provide a guide to living a healthy lifestyle. Components and strategies need inclusion in nursing programs. Ritchie (2012) added strategies to realize health promotion, such as tobacco use and chronic illnesses, must be included in the program. Equally, the program involved content on nursing theories and models for changing health behavior. These strategies were essential in preparing BSN students for roles in PHC. Furthermore, a discussion of PHC components of health promotion had been in the literature review (Fawaz et al., 2018; Landeen et al., 2016; Nance-Floyd et al., 2018).

Ambulatory care was an essential part of primary care as it involved interacting with patients outside the confines of acute care (Coburn et al., 2018; Smolowitz et al., 2015; Thomas et al., 2018). The nature of healthcare is evolving, and nurses must undertake significantly different responsibilities from the traditional nursing roles within the hospital settings. BSN students should have exposure to a proper undergraduate education that will prepare the learners for the diverse demands of nursing care across the entire continuum (Coburn et al., 2018; Smolowitz et al., 2015). Coburn et al. (2018) proposed a new course for inclusion into the baccalaureate nursing program during the last semester of the 4-year program to extend and improve an earlier lesson on population health. The study on PHC was to help learners understand the relationships of illnesses within the acute, episodic, and chronic stages. The learners were then to use the gained knowledge to collaborate with clients and other healthcare personnel within diverse environments to meet their needs in PHC (Coburn et al., 2018).

Coburn et al. (2018) founded the didactic part that involved students learning the diverse aspects unique to primary care in the classroom setting. The intervention included a clinical piece where the students had to apply the ideas acquired from theoretical learning to establish how registered nurses can influence patients' outcomes in PHC settings. The course laid significant emphasis on reaching clinical experience as a core part of success in ambulatory care. Students taking this course required a detailed clinical experience. The students rotated through different areas, including primary care, oncology, ambulatory surgery, cardiology, women's health, and shared their experiences through interaction with the faculty and colleagues (Coburn et al., 2018).

Similarly, Seattle University had a BSN curriculum focusing on the community and PHC, where the students learned about ambulatory care (Jessie & Swan, 2017).

Fortier et al. (2015) and Jessie and Swan (2017) agreed that schools of nursing must reassess the curricula they offer to BSN students to acquire the necessary skills to serve beyond the traditional acute care settings. The research further provided that the faculty need increased training for preparing BSN students.

Various institutions had found ways to embrace the changes in PHC. Nurses need prerequisite knowledge and skills to perform multiple functions within diverse and multifaceted environments, including ambulatory care, community care, and primary health. Working in PHC demands that the baccalaureate 4-year nursing curriculum was reviewed to see whether it prepared the students with the necessary competencies required to perform PHC roles. Universities had implemented more courses that prepared the students for such positions. Most of the interventions established in this review showed the importance of designing the studies to include didactic and clinical components (Coburn et al., 2018; Smolowitz et al., 2015).

The focus on the significance of RNs was enhancing and coordinating the growing healthcare needs, especially in patients' chronic care needs (Coburn et al., 2018; Fortier et al., 2015; Jessie & Swan, 2017; Ritchie, 2012). RNs reaching out to this population to coordinate care is critical. However, for students to gain knowledge in PHC, the BSN program needs reassessment to ensure that it sufficiently prepares students for the roles in PHC. Thus, there was a need for more studies to address the faculties'

beliefs about the strategies that nursing schools used to prepare BSN students for roles in primary care.

The absorption and retention of PHC practitioners were among the crucial steps in addressing nursing shortages in PHC practice. There has been a shortage of nurses in primary care, with many students reported having low motivation to pursue careers in PHC (Ashley et al., 2018). This research showed motivation among nursing graduates to pursue career options in PHC linked to their beliefs of current flawed instruction strategies, as they had contributed to a theory-practice gap. Thus, the research proposed an innovative instruction technique that bridges this gap, which affects the demand and supply of the PHC workforce, building primary care practitioners' capacity to meet the high demand.

The challenges hindering graduate nurses' smooth transition into professional PHC practice had touched on the topic of the theory-practice gap (Alsaleh, 2016; Ashley et al., 2016; Gordon et al., 2014), which calls for a need to produce effective instruction techniques. Alsaleh (2016) asserted that there was a lack of adequate training methodologies for PHC. Lack of practical training revealed limited expert and scholarly guidance on the proper strategies educators could use to prepare graduate nurses with the necessary skills to smooth transition into PHC practice. Alsaleh (2016) argued that the definition for competency formed aspects such as attitudes, skills, and knowledge. However, nurses had voiced that they lacked the proper skills and knowledge related to several PHC issues that point towards flawed instruction systems (Alsaleh, 2016).

Most nursing curricula teach acute care (Albutt et al., 2013; Ali, Watson & Ali, 2011). Wojnar & Whelan (2017) and Bloomfield et al. (2015) asserted that 92.8% of graduate nurses had exposure to PHC during degree programs. Cooper et al. (2014) stated that many BSN students exposed to PHC did not think that it was necessary, and only a few wanted to pursue career paths in the field. Albutt et al. (2013) found the mode of delivering the PHC curriculum as a barrier. The authors specifically argued that the instruction techniques affect skill consolidation among learners. Cooper et al. (2014) further found that even though nursing graduates believed that laboratory practice somehow bridged the theory-practice gap, the program never successfully recruited learners into PHC.

Brussow et al. (2019) posited that the wave of change sweeping through the nursing practice calls for innovative teaching methods. A factor cited as critical was reasoning skills among nursing practitioners. Moreover, there was a need to bridge the practice-theory gap, thus needing a paradigm shift in instruction techniques and curriculum design. Brussow et al. argued that current instruction practices experienced a curriculum shift that institutions replaced traditional teaching models with a concept-based curriculum. Concept-based is due to the need to respond to the issues that have plagued nursing practice calling for bridging the gap between practice and academia. Lee & Wilson (2018) faulted traditional PHC instruction portraying the teaching process as one of the instructors lecturing students who have presented their learning information in a passive manner. The authors postulate that simple memorization exercises encourage

shallow learning processes; students in PHC need to develop critical thinking skills to provide the highest patient care.

Effective education created a balance between practical and theoretical experiences to help learners develop skills and competencies critical for their transition into professional practice (Coburn et al., 2018). Effective education was lifelong, as it contributes to a persons' long-term professional development throughout their career. Research in education revealed that learners require a proper learning setting to develop the needed competencies and skills. Moreover, knowledge was effective when acquired skills build providers' healthcare future tasks and supported by practices and policies at healthcare institutions. Since healthcare needs are diverse, education should prepare healthcare practitioners to function in several roles (Coburn et al., 2018; Smolowitz et al., 2015). Educators face many challenges in designing instructional programs for providers. However, these challenges vary from context to context. The lack of relevant practical experiences was familiar with many learning systems offering a lack of relevant practical experiences. In designing the curriculum, essential or core competencies determine the teaching methods, the content, learners' assessment strategies, and course materials.

Research Questions and Design

This basic qualitative explorative inquiry addressed the question:

RQM2: What didactic and clinical strategies do nurse faculties incorporate into the nursing curriculum to teach PHC?

I interviewed faculty members to explore and investigate topics in PHC. The research question entailed exploring the perceptions of PHC faculty's strategies taught in the PHC content and preparing students to enter PHC practice roles.

The study employed an exploratory research design. This type of study design does not seek to provide a final and conclusive answer to a research problem but helps better understand the issue under investigation (Saldana, 2016). This research formed the beginning step for a more conclusive inquiry into the didactic and clinical strategies of instruction that faculties could use to teach PHC. The inquiry involved interviewing the faculty from two universities to understand the strategy they used in teaching PHC and how suitable the tactics were in preparing BSN students for roles in PHC.

Methods

Participants and Context

The participants in this study were seven faculty members from two Midwestern U.S. universities that taught primary care in 4-year nursing programs. The sample included faculty staff that taught community health, primary care, health promotion, and health politics at the community level. Three faculty members from University A and four from University B took part. I sent email invitations to the Dean of Nursing of each school and 20 faculty members followed by one email reminder. The inclusion was that faculty members had to have an MSN or a Ph.D. in nursing, be English-speaking, and have at least 1 year of experience teaching in PHC. I interviewed faculty staff from February 2020 to March 2020.

Instrumentation

A semi structured interview questionnaire with open-ended questions was used to guide the conversations (see Appendix). The interview questions addressed topics involving experiences, attitudes, and beliefs related to PHC. The primary source of data for this study came from the recorded interviews with the participants. The program Zoom was used to conduct the interviews with the qualified interviewees.

Data Collection

The interview began with a statement of the study's objectives to ensure that participants had a complete understanding of what would be asked of them. The interview questions focused on the faculty's experiences, beliefs, and attitudes regarding the curriculum and PHC. The interview questionnaires were sent to the participants one week before the actual interviews to prepare the participants. The strategy allowed respondents to prepare for the interviews and be conscious of the various aspects of the study (Goodenough & Waite, 2012).

Each Zoom interview occurred when each participant was available and took between 30 and 40 minutes, which was sufficient for each participant to respond in depth to the questions. Time was allowed for the participants to make further clarifications after the initial interview questions. The interviews' in-depth nature was essential to create an open atmosphere where the respondents and I shared information.

Data Analysis

A transcription service transcribed the audio recordings' interviews and provided the transcripts in a text file format. The transcribed data were transferred to an excel

spreadsheet for coding. A thematic analysis was used to find patterns that explained a phenomenon or response to a research question (Vaismoradi, Turunen, & Bondas, 2013). While conducting the thematic analysis, I viewed the text in both a logical and analytical manner instead of approaching it only as descriptive data (Vaismoradi et al., 2013).

Using Saldana's (2016) thematic analysis framework for analysis, the first step was to become familiar with the data, which involved reading the transcribed text. Interpretation of the transcripts and narrative notes was the first phase. Coding started with a representation of simple words, phrases, or sentences to capture the participants' meaning in the data. According to Saldana (2016), coding includes enduring sorting, synthesizing, and theorizing.

While reading and rereading the text, the researcher highlighted the beginning codes or common words and phrases, which provided a systematic organization of the data. The step was essential in reducing vast amounts of transcribed data into small manageable and meaningful chunks (Saldana, 2016). Next, as the analysis progressed, grouping and regrouping the codes were necessary (Saldana, 2016).

The second phase was to put all the codes into groups based on the similarities and differences in conceptual meanings. Reviewing the transcripts line by line for coding, I found the themes. It was critical to sort words into themes to complete the coding process (Saldana, 2016). In this phase, I explained the essence of what the identified themes represent, what the themes communicated, and how the themes answered the research question.

Trustworthiness/Validity

Trustworthiness in qualitative research had several components, including credibility, transferability, and confirmability. Credibility ensured the study's complexities and patterns could be proven (Ravitch & Carl, 2016). One method to obtain credibility was triangulation that includes member checking. After completing all the transcriptions, a copy of the individual response was sent to that participant. Sending the documents to the interviewees allowed the individual to check for accuracy and add more about their perspective to the transcript.

The study's transferability involved making certain similar tests performed in another setting, producing the same results (Brinkmann, 2014). To achieve transferability, a study must include detailed descriptions of the data and the content.

Confirmability was one method used to show the truth, accuracy, and validity of the research study. Techniques used to support confirmability include implementing triangulation strategies, using reflexivity processes, and performing external audits (Ravitch & Carl, 2016). To support confirmability, reflexivity was necessary to prevent researcher bias and prejudices when analyzing the data. An audit of the data results supported confirmability.

Furthermore, when performing qualitative research, reflexivity, which relies upon finding and reflecting on the influence exerted upon the research by the investigator's position in life and the environment that influenced them while growing up, is used to reduce bias (Ravitch & Carl, 2016). Journaling was of use to record thoughts and reflect on individual decisions.

Establishing the validity of collected data was achievable by validating the respondents and triangulating the data. Data triangulating involved combining various methods of studying the findings (Brinkmann, 2014).

Results

Execution

I examined the experiences, attitudes, and beliefs among nursing faculty taught in two Midwestern universities. Seven faculty members teaching PHC in a baccalaureate nursing program participated in the study. Walden's IRB provided approval on Dec 26, 2019 (approval number 12-26-19-0542564). I received IRB approval from University A, IRB in January 2020, and from University B in February 2020 (no IRB number was assigned, an approval letter was sent from both universities).

Results

Three themes emerged from the analysis of the discussions, which were basic requirements/concept-based curriculum, clinical experience, and formation of partnerships (Table 1), which answered the research question:

RQM2: What didactic and clinical strategies do nurse faculties incorporate into the nursing curriculum to teach PHC?

Thematic Analysis

Interview extract	Code	Theme
<p>1. P⁷ History and we're talking about epidemiology in nursing. I teach historical things that had happened, worldwide, in nursing.” P¹ I changed the curriculum to reflect holistic care and healthcare throughout the lifespan. P¹ Taking care of the whole person regardless of what their health condition might exhibit. P¹ I teach healthcare policy & politics. The class always branches off into population health. Also, I teach the role of the community nurse. Vulnerable Populations a. PHC Concepts: The terminology community health and public health are interchangeable with these words. b. P³ Education is a social-economic factor that influences family's decisions. c. P⁴ Clinical and classroom activities are a priority for the students to attend. d. Introduction to all aspects of community health is important in PHC. e. P⁴ Community health curriculum requires a higher level of thinking conceptually and using the nursing process within a population. P⁵ Teaches a class in promoting healthy communities is introduced in PHC. a. Focus on epidemiology in PHC. b. Background of community health is addressed in PHC. c. History of the roots of community health is discussed in PHC.</p>	<p>1. a. History and the development of community health is addressed in PHC. b. Community Assessment is an exercise done in PHC. c. Epidemiology d. Population Health e. Health Care Policy</p>	<p>1. Concept-based Curriculum</p>
<p>2. P² We need more clinical experiences for students in working with the underserved, with poverty P² We need to start doing things within our community. Students need to see the impact that they're doing within their community. Volunteering is critical for teaching PHC. P³ Simulation Interdisciplinary for a richer discussion P⁵ Poverty simulation is taught in PHC. P⁴ We also have live actors come in class and live actresses come in to run through scenarios. We are doing a good job with simulation in our nursing lab.</p>	<p>2. a). Community Involvement b). Clinical Experience in Community c). Volunteering d). Simulation</p>	<p>2. Increasing Clinical Experience</p>

Table 1 Thematic Analysis (continued)

<p>3. P² County Narcan training, we're integrating that as part of clinical experience for healthcare providers to have that, you know, that experience of doing Narcan training and then being able to administer Narcan.</p> <p>P⁴ We have students participating with health departments to experience and learn the daily operations. Collaborating with other community organizations is critical as part of the education curriculum. Clinicals take place where we provide students as a one-day school nurse, shadowing home health, experience with a home health nurse, an inpatient hospital, and hospice. We also utilize a second day where students observe hospice in the community. We also partnered with the call of young hearts, this organization provides EKG screening for students in high schools. We ask students to go to department health meetings to identify who are the leaders at these departments.</p> <p>P⁵ Students follow around a school nurse, home health, hospice, and public health department employee, wherever they live, as part as the practicum experience.</p> <p>P⁵ There is a program that students are involved in called, "Feed Starving Children." Students attend to this program and help serve food at the pantry.</p>	<p>3. a. Partner with local health agencies for additional education 1). Red Cross 2), Northern Illinois Food Bank 3). Emergency & Response Disaster Planning 4). Home Health/Hospice/School Nursing/Public Health Depts</p>	<p>3. Formation of Partnerships</p>
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Theme 1: Concept-Based Curriculum

This first theme focused on the theoretical background behind the implementation of PHC from a nursing perspective. A comprehensive understanding of these concepts is vital as a rationale for when students apply these in actual healthcare practice (Missen et al., 2014).

- P^{2,3,4}: The history of epidemiology is always taught in PHC.

- P^{2,3,4,6}: Community health curriculum requires a higher level of conceptual thinking in order to develop critical thinking skills and be able to use the nursing process within a population.
- P^{1,2,5}: The curriculum needs to adopt a holistic approach and implement the concept of population-based medicine to monitor program performance.
- P¹: Branching off into population health helps develop students in PHC.
- P²: Teaching population health is the essence of primary care.
- P⁵: Population health needs to be taught into the curriculum for health promotion and health prevention.
- P¹: “I teach Healthcare Policy & Politics.”
- P^{3,5}: Teaching policy in PHC will empower students to change healthcare.

Theme 2: Increasing Clinical Experience

This theme highlights the need to integrate supervised community exposure to gain clinical experience and apply theories and concepts previously learned in the academic setting.

- P²: We must introduce more clinical experiences for students in working with the underserved, with poverty.
- P^{4,5}: Modified instructional strategies must be utilized in both clinical and didactic components.
- P⁵: The strategies that we utilize we try to include in our clinical experiences in as many different community activities as we can.

- P⁴: Second simulation is going into an elderly patient's home and pointing out what to look for to find out how that person is living.

Theme 3: Formation of Partnership

The role of health partnership cannot be understated, as the practice of medical care and public health are multidisciplinary sciences requiring the cooperation of multiple individuals, agencies, and stakeholders (Calma et al., 2019).

- P⁵: Participating with health departments helps with collaboration within the community.
- P^{5,7}: Partnering with community events such as food pantries and community assessment projects gave students an objective view of poverty.
- P³: We ask students to go to the department of health meetings to identify who's the thought leaders are at these departments.
- P¹: Students were going to the food pantry in order to serve the homeless and the poor individuals in the community.
- P⁶: Students were performing a community assessment of the neighborhoods. The students determine the community's needs and assessed factors for social, economic, and financial resources that people in the community can use for resources.

Discussion

The participants provided their perceptions of what they believed were the critical didactic and clinical strategies that faculty could incorporate into the nursing curriculum to teach PHC through the survey questions. The study demonstrated that several

interventions and strategies were perceived as important in improving the PHC curriculum.

Interpretation

Supervised clinical exposure, practical examinations, and frequent training emerged as didactic and clinical strategies for enhancing PHC teaching. Participants stated that focusing on clinical skills was critical in developing students for nursing practice in PHC. Additionally, modifying instructional techniques reflect different practice settings (such as acute care, chronic care, PHC) enhanced clinical decision-making and critical thinking skills.

The findings aligned with the patient-centered framework, which stressed integrating valued concepts and strengthening a student-patient-provider relationship, especially in primary care. There was a need to enhance collaborative synergies between learners, educators, and service recipients. Furthermore, the findings were an assertion of the concept of service-learning, incorporating practical ideas (intra-curricular experiential learning) in the instruction of PHC to impart among learners the hands-on skills required for effective PHC practice (Juniarti et al., 2019).

Theme 1: Concept-Based Curriculum

The study's participants expressed the need to modify the curriculum from a traditional nursing instruction approach towards a concept-based teaching model. They emphasized the need to include the history of PHC in the curriculum to understand its significance in nursing practice. PHC emphasizes the application of health promotion techniques and disease prevention in managing specific pertinent health issues in a

community. These findings supported those of Alsaleh (2016), Brussow et al. (2019), and Bloomfield et al. (2015), revealing a need for educators to emphasize concept-based PHC. Alsaleh (2016) stressed the significance of enhanced training, while Bloomfield et al. (2015) asserted enhancing learners' understanding. Students need exposure to PHC concepts in an academic setting to familiarize themselves with the required skills in the field (Bloomfield et al., 2019; Lee & Willson, 2018).

This study indicated that themes surrounding politics and academic policies were prominent issues in structuring the nursing curricula. This finding supports Laskaris and Morabia (2015) findings that revealed that policies and the political environment affected the community capabilities to meet their health needs. A need for policy change was also reported as the participants called for partnerships with non-profit medical organizations and increased clinical education as crucial strategies for improving the curricula. Partnerships in community health increased the chances of success in PHC initiatives (Shi et al., 2017).

Theme 2: Increasing Clinical Experience

The respondents also expressed a desire to integrate supervised clinical exposure in the curriculum; the hands-on experience gained by the student nurse will improve patient care, quality, and safety. It is an opportunity to implement acquired knowledge to real-world situations, collaborate in delivering care, participate in interprofessional care teams, and take part in initiatives for quality care (Peters, McInnes, & Halcomb, 2015). The findings of this research on PHC support those of Peters et al. (2015), which were that an increase in PHC education would bridge the gap between theory and practice.

These findings showed that practical approaches in increasing clinical experience in the community help with awareness in PHC. The findings are aligned with Patterson (2018), who revealed that increasing clinical experience was beneficial to nurses since it leads to high job satisfaction. Consequently, increasing community experience through community engagement and volunteering would help impart practical skills that would increase competent PHC nurse graduates.

Theme 3: Formation of Partnerships

Respondents from this study perceived partnerships as an important way of ensuring an integrated and effective teaching method. This assertion mirrored Beal (2012) that collaborating with other community organizations creates a service opportunity for academic partnerships. Partnerships ensure power and strength with setting mutual goals, increased visibility, resource maximization, and enhanced educational opportunities to ensure that educators stay current in practice. Academic service partnerships involve partnering with community health agencies, hospitals, nursing homes, public health agencies, government agencies, and schools. Those partnerships provide the potential for increased research productivity, positive student learning, and faculty satisfaction through that partnership. Academic partnerships benefit students because they can work with highly experienced PHC practitioners, which creates a synergistic experience. Teaching-learning synergies, practical teamwork, communication, and interpersonal collaboration were essential for enhancing the patient care experience, improving the health of the population, and reducing the cost of care (Bailie, Matthews, Brands, & Schierhout, 2013).

Limitations

The study's significant limitations, as with a qualitative study, is guided by structured questions rather than allowing the participants to freely discuss their experiences (Benoot et al., 2016). Another limitation of the study occurred when contacting universities. They did not specifically teach pure PHC courses and these limited choices in the choice of interview candidates. Lastly, the study's sample was small from one area in the United States.

Implications

New training strategies are required to equip graduate nurses with the appropriate skills for practice in public health. Traditional nursing education focuses on acute care and the hospital setting but determining areas for changes in the communities and gradually integrating them into the nursing curricula opens new avenues for study (Ali et al., 2011). Eventually, this could result in a new generation of nurses equipped for care in acute, chronic, and PHC setting, facilitating stronger partnerships between nursing faculties and local healthcare organizations. Overall, this could improve healthcare delivery systems using holistic approaches that are appropriate to the community and culture in question being served.

The quality of linkages and partnerships between different stakeholders (such as the government, public and private healthcare systems, and the general populace themselves) seeking to improve service quality and efficiency is a primary part of inter-organizational integration (Juniarti et al., 2019). A proposed course of action is

integrating practice settings and clinical exposures in the academic curriculum, thus improving the implementation of evidence-based PHC practice (Juniarti et al., 2019).

Recommendations

Future research needs to focus on determining optimum instruction techniques in PHC and the integration of primary care into the nursing curriculum. Shifting to a focus on primary care is necessary to prepare nursing students to gain knowledge and clinical skills in PHC. Moreover, student exposure to PHC facilitated by faculty members in an institution could lead learners to seek employment in primary care and public health settings (Mackey et al., 2018). It is also recommended that medical and allied health institutions invest in interdisciplinary collaboration; this involves studies to determine the specific needs of a community and efficient ways to manage them through a combined effort.

Conclusion

As healthcare systems shift from acute care approaches to preventative care, there is an increasing demand for PHC practitioners to address the nursing workforce shortage dilemma. There is a shortage of nurses in PHC, which may be due to a lack educational systems to sufficiently prepare graduate nurses. Findings from this research illustrate that the primary reasons that nurses do not enter PHC were due to a lack of instruction techniques and a traditional focus, which has been acute care (Ajani, & Moez, 2011). Thus, there is a need for innovation in motivating graduate nurses to consider a career in PHC and bridging the practice-theory gap rampant in current practice.

The research findings have implications regarding the need to improve the community health curriculum in nursing faculties (as well as the student body). A service-learning instruction technique bringing together real-life practice, academic research, community health nursing, and didactic training as a way of addressing the practice-theory challenge may be adapted and modified to suit the needs of individual partnerships and communities (Beal, 2012). Moreover, the study determined that nursing students desire to integrate community health, and current developments into the curriculum, which may be vital in developing a sense of belonging and realizing community health goals.

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**Manuscript 3: Nursing Student's Interest in and Readiness for Practice in Primary
Health Care**

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Outlet for Manuscript

The target journal for the manuscript preparedness and readiness for the practice among nursing students in primary care will be in *Nursing Outlook*. The journal's focus is on nursing education, practice, administration, and research. The study will provide insight into faculty perceptions of primary care that is taught in the undergraduate nursing program. The formatting of the journal is APA with an abstract of 50 to 70 words and a maximum number of 12 keywords. There is also a requirement of highlights of three to five bullet points with a maximum number of 85 characters, including spaces.

Abstract

Background: Newly registered nurses often encounter challenges of delivering competent healthcare services that result from the lack of primary health care (PHC) training.

Purpose: This study aimed to explore what strategies nursing faculty have used to promote student interest and readiness for practice in PHC.

Method: A qualitative study using Saldana's approach.

Findings: Three themes emerged connecting individuals to life experiences, evidence-based practices (EBPs), and partnership with the community.

Highlights:

- Encouraging graduate nurses to seek careers in primary care may decrease the workload and increase qualified primary health nurse providers.
- The teaching methods determine students' interest in working in PCH and their readiness to practice.
- Experiential learning enhances prepractice experience and confidence.
- Early learner exposure to actual PHC practice helps to eliminate transition shock.

Keywords: *primary health care, transition shock, nurse readiness, nurse preparedness, evidence-based practice (EBP), clinical practice/experience, emotional intelligence, collaborative healthcare.*

Introduction

Employers and nursing programs share a common goal of ensuring that student nurses are ready for practice once they graduate. Primary care organizational partners are concerned about student preparedness to provide safe nursing care (Kumm et al., 2016). Also, healthcare organizations and educational institutions, the consumers of health care, the patients, and their families are concerned that new nursing graduates enter the professional practice setting with competent skills to provide quality nursing care (Rusch et al., 2019). The challenge for new graduate nurses to reach the needed level of competency to practice in any setting for critical thinking, prioritizing interventions, clinical judgment, and the performance of nursing skills. Preparing students for the required skills and competencies is essential to address primary healthcare (PHC) (Hezaveh et al., 2014; Kumm et al., 2016; Missen et al., 2014). Preparing nurses academically and clinically to work in PHC settings is needed to assure competent PHC work.

Inadequate readiness and preparedness to undertake primary care roles for nursing students transitioning into practice have led to new graduates leaving the profession (Doerner & Swenty, 2019; Järvinen et al., 2018). Twenty percent of registered nurses quit the profession in the first year of practice. That figure grows to almost 33% within the first 3 years (Rusch et al., 2019).

Nursing students face many challenges when practicing in the PHC setting after graduating, with transition shock being one of the most significant impediments. Several studies have recommended strategies such as clinical practice, immersion programs, and

simulation experiences as essential in helping nursing students transition from student to PHC practice (Beauvais et al., 2014; Rusch et al., 2019). Missen et al. (2014; 2015) conducted a systematic review that found the transition programs effective and that transition programs lead to increased job satisfaction among new nurses. The review sought to understand the perspectives of graduate nurse coordinators on the students' readiness to transition into PHC and found that inadequate healthcare delivery increased due to the growing numbers of chronically ill patients. Chronically ill patients require that new nurses have the necessary skills to meet individuals' diverse treatment needs. However, Missen et al. (2015) found that many of the Bachelor of Science in nursing (BSN) graduating students did have sufficient preparation to practice PHC. In summary, effective strategies such as clinical practice, immersion programs, and simulation experiences could benefit the students seeking to pursue PHC.

The basis for the 21st century healthcare system is collaborative partnerships between various care providers in PHC, where the nurses are critical partners in a team. Students graduating from nursing schools with a BSN degree must have sufficient training to collaborate effectively with other healthcare practitioners in offering services to PHC (Williams & Webb, 2015). Unfortunately, research showed that new nurses were ill-prepared to collaborate with other care professionals and lacked the training to use technology to benefit patients. Llasus et al. (2014) explored BSN graduating students' knowledge of EBP skills and how they were implemented into practice. Results showed that many of the graduating students scored low in their EBP implementing behaviors. Students who are not sufficiently prepared to work in PHC may fail to collaborate,

exposing patients to the risks of unsafe nursing practices. Educational models such as *Learning from Effective Ambulatory Practices* funded by the Robert Wood Johnson Foundation (2012), allowed students to learn collaborative skills, which were crucial in preparing them for the new PHC challenges. The model proposed that learning institutions teach students to prepare to complete the challenging tasks of providing PHC. Instructors should use exercises that help develop critical thinking skills to provide the necessary tools required for graduate nurses to join the PHC workforce (Ladden et al., 2016).

Significance/Importance

Graduating nurses may be reluctant to pursue careers in PHC, a cause of concern for the healthcare system since there was an increased demand for PHC practitioners (Needleman 2016; Rasella et al., 2014). Schools of nursing that include PHC in the curriculum may decrease student reluctance when they offer strategies to improve student interest in the PHC setting. However, limited research was available on effective strategies to promote PHC interest among student nurses to address the declining numbers of BSN qualified nurses joining PHC. With this research I sought to cover this gap. This current study offers a knowledge base to inform practice concerning PHC instruction and the nurse graduates' preparation for a smooth transition into primary care.

I explored some of these strategies in the study and looked at how effective they were in supporting students in discovering successful development and careers in PHC. I examined existing policies and procedures for students' transitions to practice and developed recommendations on improving nurse retention in PHC. The study's focus was

on the strategies that faculty used in increasing student interest in PHC and the confidence of the graduate nurses entering PHC, including how student nurses were prepared to transfer their knowledge into practice. With this current inquiry I sought to fill the gap on the students' preparedness to take up roles in PHC settings (Heinen et al., 2013; Spector et al., 2015). I investigated the faculty's perspectives about the strategies they used to encourage students to pursue careers in PHC and the challenges the students faced after graduating. This provides practical suggestions helping students transition to practice and retain learned knowledge, enhancing the quality of primary care. Such recommendations looked towards instituting positive social change that would lead to students understanding the challenges of entering PHC. Faculty would also have evidence-based guidance on how to enhance nursing students' transition to PHC. This study further highlighted the significance of the patient-centered approach. Students graduating from BSN nursing schools must have the ability to understand the needs of patients. Knowledge of patients' needs comes with practical training to attain sufficient preparedness to pursue careers in PHC settings. The purpose of this study was to explore the different strategies that nursing schools and faculties used to promote student interest and readiness to pursue careers in PHC.

Relevant Scholarship

After graduating from 4-year baccalaureate nursing programs, student readiness towards professional practice is a subject that has attracted widespread attention. Many researchers have sought to understand the students' preparedness when graduating from a baccalaureate nursing program and joining the PCH practice environment (Beauvais et

al., 2014; Doerner & Swenty, 2019; Llasus et al., 2014; Rusch et al., 2019). The same researchers have acknowledged the growing difficulties of entering PHC practice after graduating from 4-year baccalaureate nursing programs. Doerner and Swenty (2019) found that nursing faculties had the motivation to prepare a curriculum that enables students to transfer the knowledge gained in classrooms to the PHC environment.

Both personal and educational factors influenced how nursing students transition from novice to expert practitioners. According to Järvinen et al. (2018), there are two professional components, professional competence and clinical practice, that help students transition from school to practice. The study concluded that some students felt qualified and ready to enter training, but other students felt they were not competent to enter PHC practice after graduating. Enhancing professional expertise requires students' exposure to extensive clinical practice. Such experience lasts long enough for students to master the desired skills. For nursing students entering PHC practice, immersion, and simulation experiences were essential in increasing PHC practice (Beauvais et al., 2014; Rusch et al., 2019). Additionally, Järvinen et al. (2018) believed in the need for the mastery of skills through clinical experience during BSN training to produce competent PHC nurses. Moreover, this same study revealed that students must have sufficient time to conduct personal learning to enhance their expertise.

Güner (2015) showed that students who had worked as nurse aides during their education were more confident when joining the work environment than those who did not have such experiences. Järvinen et al. (2018) looked at the personal aspect of readiness to enter practice that showed some students had negative feelings about their

willingness to enter PCH. Students felt there was no work-life balance, while others had positive feelings, excitement, and satisfaction. Indeed, both educational and personal factors influence students' willingness to enter PHC practice. Faculty teaching and mentoring of these students have a role in shaping both components to realize prepared nurses to begin practice.

The emotional intelligence of students affected their educational and academic success. Beauvais et al. (2014) found that graduate students who had higher emotional intelligence were sufficiently prepared to handle the challenges they met in their lives and concentrated on their studies. The findings showed that academic excellence for undergraduate students was not correlated with emotional intelligence. Ill-prepared undergraduate nursing students could not handle the sensitive information they encountered, leading to poor academic performance. Beauvais et al. (2014) concluded that nursing students' educational success boosts their confidence and readiness for practice. Poor academic performance and failure to handle the sophisticated information available in PHC settings affected the BSN students' competence and willingness to enter primary care practice. Comparable results about students' performance and its association with social and cognitive components were critical in determining the willingness to practice in PHC (Rusch et al., 2019). The lowest scores recorded were in the psychomotor domain, which measured such factors as time management skills, prioritizing interventions, and managing complex patients. Rusch et al. (2019) recommended that nurse educators should create new means of enhancing the quality of exposure to clinical practice and simulation experiences. As shown earlier, these simulation and clinical

practice experiences helped the students to master their skills and elevate their competence and confidence to handle the challenging roles of PHC. The curricula and faculties must address psychosocial and cognitive factors that affect nursing students' academic success pursuing PHC.

Developing an effective curriculum was one strategy that helped nursing students to develop the skills needed to work under pressure in diverse settings. Button, Harrington, and Belan (2014) found universities successfully used e-learning as an essential part of producing students with the capacity and competency to function in a local and global setting. The e-learning module's focus provided the nursing students with integrated face-to-face instruction and other multimedia platforms for guidance, including online learning. Students should have psychological and technological readiness to pursue e-learning (Button et al., 2014). The technology was an essential part of PHC. Learners' ability to use various types of equipment in practice is a crucial skill that needs teaching in nursing schools. It is necessary to prepare nurses to undertake sophisticated roles, included using technology-based equipment to prepare for practice.

Nursing students transitioning into PHC practice can experience a shock that affects their readiness and motivation to remain in nursing practice (Beauvais et al., 2014; Doerner & Swenty, 2019; Missen et al., 2015; Woods et al., 2015). Managing transition shock could occur with adequate preparation of students to increase confidence while transitioning to practice. Woods et al. (2015) found that the rising nursing students' readiness and confidence for practice could happen by increasing simulation experiences, adopting modern equipment, and having smaller clinical classes. Woods et al. (2015)

concluded that clinical placements were essential in increasing BSN students' readiness to practice in PHC settings after graduation.

Relying on EBP guidelines when providing healthcare was an essential competency expected of all PHC professionals. While the nursing faculty was aware of how critical it was to have EBP in the curriculum, Llasus et al. (2014) showed that most baccalaureate students graduating from nursing schools were less confident in applying gained EBP skills in practice. Llasus et al. (2014) investigated how graduating nursing students used EBP principles by interviewing faculty and nursing students. They found that most participating students scored low on their engagement on implementation behavior and knowledge. However, students reported moderate readiness to implement EBP (Llasus et al., 2014). The recommended modifications to the baccalaureate nursing education were to boost students' confidence in their competencies to increase engagement capacity

Research Questions and Design

This qualitative explorative study addressed the question:

RQM3: What strategies have the nursing faculty used to promote student interest and readiness for practice in primary care settings?

In this study, the interviews of faculty members explored topics in PHC. The research question entailed exploring the perceptions of PHC faculty's strategies teaching the PHC content and preparing students for readiness to enter in PHC practice roles.

The study used an exploratory research design. This type of study design does not seek to provide a final and conclusive answer to a research problem but helps to better

understand the issue under investigation (Saldana, 2016). This research formed the beginning step for a more conclusive inquiry into the didactic and clinical strategies of instruction that faculties could utilize to teach PHC. The inquiry involved interviewing the faculty from two universities to understand the strategy they used in teaching PHC and how suitable the tactics were in preparing BSN students for roles in PHC.

Methods

Participants and Context

This study's participants were seven faculty members from two Midwestern U.S. universities that taught primary care in 4-year nursing programs. The sample included faculty staff that taught community health, primary care, health promotion, and health politics at the community level. Three faculty members from University A and four from University B took part. I sent email invitations to the Dean of Nursing of each school and 20 faculty members, followed by one email reminder. The inclusion was that faculty members had to have an MSN or a Ph.D. in nursing, be English-speaking, and have at least 1 year of experience teaching in PHC. I interviewed faculty staff from February 2020 to March 2020.

Instrumentation

A semi structured interview questionnaire with open-ended questions was used to guide the conversations (see Appendix). The interview questions addressed topics involving experiences, attitudes, and beliefs related to PHC. The primary source of data for this study came from the recorded interviews with the participants. The program Zoom was used to conduct the interviews with the qualified interviewees.

Data Collection

The interview began with a statement of the study's objectives to ensure that participants had a complete understanding of what would be asked of them. The interview questions focused on the faculty's experiences, beliefs, and attitudes regarding the curriculum and PHC. The interview questionnaires were sent to the participants one week before the actual interviews to prepare the participants. The strategy allowed respondents to prepare for the interviews and be conscious of the various aspects of the study (Goodenough & Waite, 2012).

Each Zoom interview occurred when each participant was available and took between 30 and 40 minutes, which was sufficient for each participant to respond in depth to the questions. Time was allowed for the participants to make further clarifications after the initial interview questions. The interviews' in-depth nature was essential to create an open atmosphere where the respondents and I shared information.

Data Analysis

A transcription service transcribed the audio recordings' interviews and provided the transcripts in a text file format. The transcribed data were transferred to an excel spreadsheet for coding. A thematic analysis was used to find patterns that explained a phenomenon or response to a research question (Vaismoradi, Turunen, & Bondas, 2013). While conducting the thematic analysis, I viewed the text in both a logical and analytical manner instead of approaching it only as descriptive data (Vaismoradi et al., 2013).

Using Saldana's (2016) thematic analysis framework for analysis, the first step was to become familiar with the data, which involved reading the transcribed text.

Interpretation of the transcripts and narrative notes was the first phase. Coding started with a representation of simple words, phrases, or sentences to capture the participants' meaning in the data. According to Saldana (2016), coding includes enduring sorting, synthesizing, and theorizing.

While reading and rereading the text, the researcher highlighted the beginning codes or common words and phrases, which provided a systematic organization of the data. The step was essential in reducing vast amounts of transcribed data into small manageable and meaningful chunks (Saldana, 2016). Next, as the analysis progressed, grouping and regrouping the codes were necessary (Saldana, 2016).

The second phase was to put all the codes into groups based on the similarities and differences in conceptual meanings. Reviewing the transcripts line by line for coding, I found the themes. It was critical to sort words into themes to complete the coding process (Saldana, 2016). In this phase, I explained the essence of what the identified themes represent, what the themes communicated, and how the themes answered the research question.

Trustworthiness/Validity

Trustworthiness in qualitative research had several components, including credibility, transferability, and confirmability. Credibility ensured the study's complexities and patterns could be proven (Ravitch & Carl, 2016). One method to obtain credibility was triangulation that includes member checking. After completing all the transcriptions, a copy of the individual response was sent to that participant. Sending the

documents to the interviewees allowed the individual to check for accuracy and add more about their perspective to the transcript.

The study's transferability involved making certain similar tests performed in another setting, which would produce the same results (Brinkmann, 2014). To achieve transferability, a study must include detailed descriptions of the data and the content.

Confirmability was one method used to show the truth, accuracy, and validity of the research study. Techniques used to support confirmability include implementing triangulation strategies, using reflexivity processes, and performing external audits (Ravitch & Carl, 2016). To support confirmability, reflexivity was necessary to prevent researcher bias and prejudices when analyzing the data. An audit of the data results supported confirmability.

Furthermore, when performing qualitative research, reflexivity, which relies upon finding and reflecting on the influence exerted upon the research by the investigator's position in life and the environment that influenced them while growing up, is used to reduce bias (Ravitch & Carl, 2016). Journaling was of use to record thoughts and reflect on individual decisions.

Establishing the validity of collected data was achievable by validating the respondents and triangulating the data. Data triangulating involved combining various methods of studying the findings (Brinkmann, 2014).

Results

Execution

I examined the experiences, attitudes, and beliefs among nursing faculty taught in two Midwestern universities. Seven faculty members teaching PHC in a baccalaureate nursing program participated in the study. Walden's IRB provided approval on Dec 26, 2019 (approval number 12-26-19-0542564). I received IRB approval from University A, IRB in January 2020, and from University B in February 2020 (no IRB number was assigned, an approval letter was sent from both universities).

Results

Three themes emerged from the analysis of the discussions to answer the research question:

RQM3: What strategies have nursing faculty used to promote student interest and readiness for practice in primary care settings?

The themes were connecting individuals to life experiences, EBPs, and collaboration & partnership with the community (Table 1).

Thematic Analysis

Interview extract	Code	Theme
<p>1.</p> <p>P¹ I bring my connections or my community partners in the classroom. I share my experiences and research.</p> <p>P² I share my personal experiences with students because I am a primary care nurse. I would love to see students go to primary care clinics as part of their experiences.</p> <p>P² I share my personal experience, such as triaging calls, and educating patients when to go to MD offices versus the ER.</p> <p>P³ I make my experiences dynamic and contemporary for students to understand.</p> <p>P³ I share and give my students life experiences.</p> <p>P⁵ I talk about my background and the fact that I started in critical care. Also, that I loved home health and that was a career choice. I don't have any real specific example other than my enthusiasm.</p> <p>P⁷ Well, the students already have a basic interest in PCH. They're enrolled in the program, but faculty still need to focus on providing firsthand anecdotal accounts of our careers. Faculty have worked through PHC and share experiences of participating in community events.</p>	<p>1.</p> <p>a). Sharing experiences and stories about nursing</p> <p>b). Share career experiences such as job responsibilities</p> <p>c). Discuss and share research projects</p> <p>d). Anecdotal accounts of our careers</p>	<p>1.</p> <p>Connecting Individuals to Life Experience s</p>

Table 1 *Thematic Analysis* (continued)

<p>2. ^{P2} Evidence-based practice in class to show nurses regular practice in being successful. ^{P5} Research articles. ^{P6} References from books on population health are helpful.. ^{P6} Resources for Advanced Practice Nurse, Nurse Educators, Clinical Nurse Leaders. ^{P6} Scholarly journal articles on population health ^{P6} Research on Population Health Needs. ^{P7} Evidence-based articles on primary care and community health are beneficial to faculty and students.</p>	<p>2. 1). Resources for references on Community Care and Primary Care Books 2). Evidenced-based scholarly articles 3). Research for best practices with community partners</p>	<p>2. Evidence-Based Practices</p>
<p>3. ^{P1} I share my experiences and research. ^{P1} I bring my connections or my community partners in the classroom. ^{P2} I share my personal experiences with them, because I am a primary care nurse, I would love to see students go to primary care clinics as part of their experiences. ^{P1} I share my personal experience, such as triaging calls, educating patients when to go to MD offices versus the ER. ^{P3} I making experiences dynamic and contemporary as possible, talking about PHC. ^{P4} I share with students my life experiences in nursing. ^{P5} Talking about my background and the fact that I started in critical care and I loved home health, that was also a career. The path that I enjoyed is one, you know, PHC I don't have any real specific other than my enthusiasm.</p>	<p>3. 1). Partner also with community leaders 2). Learn at community events and activities such as food pantries, local physician's offices, civic and community centers, and shadow people in ambulatory care centers. 3). Participant in health meetings in the public health sector 4). Discussing government agencies best practices: Institute of Medicine, Healthy People 2020, WHO, & CDC</p>	<p>3. Collabora tion & Partnersh ip with the Commun ity</p>

Theme 1: Connecting Individuals to Life Experiences

The thematic analysis shows that nursing faculty used various strategies to connect learners to life experiences to foster the newly-registered nurses' readiness towards nursing practice. Six of the seven respondents agreed that sharing their life

experiences working in PHC helped students understand what it was like to work in a PHC setting. Sharing life experiences helped learners reflect and reconstruct the essence of critically thinking skills. The common belief was that sharing stories, projects, anecdotal accounts, and work experiences could motivate PHC students and introduce them to the profession in advance, equipping them with the competencies required to overcome transition shock. Respondents expressed their thoughts, as shown in the excerpts below.

- P¹: “I share my experiences and research about PHC.”
- P¹: “I bring my professional connections or my community partners in the classroom to present.”
- P²: “I share my personal experiences with them because I am a primary care nurse. I would love to see students go to primary care clinics as part of their experiences.”
- P²: “I share my personal experience, such as triaging calls, educating patients when to go to MD offices versus the ER.”
- P³: “I make classroom experiences as dynamic and contemporary as possible to stimulate discussions on PHC.”
- P⁷: “Sharing my nursing experiences helps students connect to the stories in PHC.”

Theme 2: Evidence-Based Practices

The thematic analysis showed that nursing faculty encouraged EBP in the preparation of learners towards nursing practice. All seven of the participants stressed the

importance of applying EBP in PHC instruction. The participants believed nursing students require specific knowledge and skills to make evidence-informed decisions. Also, learners should be competent in locating different sources, appraising evidence, and implementing patient-centered recommendations. Participant's views to support this theme were the following:

- P²: “Evidence-based practice in class is to show nurses regular practice in being successful.”
- P⁵: “Research articles are essential to share, so students learn the best practices and trends being used in primary care.”
- P⁶: “References from books on population health are shared, so students have evidence-based resources to look up information.”
- P³: “Resources for Advanced Practice Nurse, Nurse Educators, and Clinical Nurse Leaders should be used in the classroom to empower students to think about leadership capabilities.”
- P⁷: “I use scholarly journal articles on population health are referenced to the topics being taught, so students learn about nursing's best practices.”

Theme 3: Collaboration & Partnership With the Community

The thematic analysis results show that learners in nursing faculty were exposed to collaboration and partnership with the nursing community as strategies to encourage readiness to practice.

Five out of the seven respondents expressed their views on the importance of expanding learning to encompass community action and practice to introduce students to

PHC before transitioning to the workplace. Moreover, the faculty stressed the essence of working with government agencies and discussing their recommended ways with students. Their statements were the following:

- P³: “I can arrange a speaker to come to class and discuss a related topic on public health or policy.”
- P⁴: “I help organize meetings with the health department, so students can participate in community activities, witnessing events such as policymaking.”
- P⁵: “Collaborating with other community organizations is critical to the students learning.”
- P⁴: “I encourage students to attend seminars outside of the classroom to be involved in community events.”
- P⁷: “Encouraging students to partner with community stakeholders is critical for community involvement.”

Lastly, three participants out of the seven discussed their belief that community outreach programs and volunteerism needed similar focus and consistency throughout the nursing program in PHC education. P4 said, “Talked about volunteerism and the need to be a health department volunteer.” “Give students tools and resources to promote community outreach for a health needs assessment.” P2 said, “Volunteering is something that I brought into the curriculum.”

The findings of my study were also supported by the current stock of knowledge that community outreach is a component of the baccalaureate nursing education. The involvement of volunteerism within the community helped students become aware of the

needs in the practice care settings (Saylor et al., 2018). Students involved in community events benefit from the experience and understand the importance of PHC in providing healthcare to underserved neighborhoods. The findings revealed that techniques for training culturally competent PHC practitioners ensured reduced health disparities among underserved communities and also engaged undergraduate learners in promotion, screening, and health education outreach activities.

Discussion

The participants provided their beliefs about the nursing faculty strategies to promote student interest and readiness for practice in PHC settings. Based on the two questions asked about student interest and readiness for practice in a PHC setting, participants provided information on the ways faculty can motivate and encourage students to seek careers in PHC. The information included connecting the students with experienced faculty who have worked in PHC, obtaining and exploring evidenced based articles and materials on PHC care in the community, and finally, collaborating and partnering with PHC community agencies.

Interpretation

This study's findings revealed that the current nursing curriculum design does not provide adequate experience in PHC for nursing students. Participants suggested that nursing students PHC clinical practice opportunities and be exposed to collaborative communities early in their education. The participants also stated a need for the nursing curriculum to provide experiences for students in EBP and create community partnerships to initiate service-based learning. Exposure of nursing students early in their

years of study to experiential learning has been espoused as proven strategies for preparing nurse graduates to transition to the PHC profession (Järvinen et al., 2018).

Theme 1: Connecting Individuals to Life Experiences

During the interviews, participants discussed promoting student readiness and interest in PHC by creating a strategy that will ensure school connectedness.

Connectedness involved exposing the learners to the practical clinical environment to experience the challenges and approaches to nursing practices and have faculty members share their lived experiences. The faculty's support influenced both the perception and involvement of learner connectedness to the clinical practice (Christiansen & Bell, 2010).

Learners were more likely to succeed when they were related to the learning environment. Building relationships with students fostered learning and supported transition to the clinical setting (Bos, Silen, & Kaila, 2015; Christiansen & Bell, 2010).

This study's findings showing that sharing information about the educators' lived experiences are vital in encouraging learners to pursue PHC training is also shared in the literature presented in this paper. For instance, similar research has established that sharing professional experiences with learners helped build rapport and foster constructive feedback (Froneman, Du Plessis, & Koen, 2016; Younas, 2018). Having educators share their life experiences acts as a source of mentorship for learners (Younas, 2018).

Another essential topic that emerged was that educators should discuss and share research projects with their students to build their evidence-based skills. Mthiyane and Habedi (2018) asserted the educators' responsibility was to trigger active participation,

innovative thinking, and critical reasoning among learners. Furthermore, they stressed the importance of research-based teaching, using research projects, and encouraging nurse educators to stimulate critical thinking among nursing students. These concepts relate to the findings of this paper's research, where all seven respondents indicated the importance of EBP.

Participants also emphasized the importance of telling anecdotal stories to reveal their lived experiences to learners. Students had difficulties transitioning to clinical practice because they had difficulties applying theoretical knowledge to the practical field (Wrenn & Wrenn, 2009). Teachers have failed to bridge the gap between theory and practice in meaningful and relevant ways to the student. Students must practice what they have learned. The findings by Wrenn and Wrenn (2009) closely supports the results of this paper's investigation that practice helped learners build essential skills, acquire knowledge, build awareness, leading to increased confidence in their abilities. Similarly, the results of this paper's research related to the findings by Herman (2019), who argued that educators could use anecdotal stories to stress important messages about course materials and foster trusting relationships with students. Herman (2019) demonstrated that different ways exist that educators could utilize to influence learners in developing the skills needed to transition to nursing practice.

Theme 2: Evidence-Based Practice

Participants stressed the importance of making EBP a part of PHC instruction. Participants agreed it was necessary to use proven methods to guide PHC practice. Evidence-based resources included PHC books, scholarly articles, and journals.

Moreover, respondents emphasized the need to ensure that faculty partnered with community organizations to foster participation in learning the community culture.

My study findings showed that access to the various EBP resources is needed to enhance the culture of EBP; this same finding is also reported in other literature. Results from Charif et al. (2017) recommended that practitioners appraise the students' sources for their credibility. According to Charif et al. (2017), nursing faculty need to consult various sources of knowledge on EBP to enhance the transfer of such skills to the learners.

Theme 3: Collaboration & Partnership with the Community

Bahraminejad et al. (2015) revealed that PHC practitioners were involved in initiatives that required them to have the skills to empower people by enabling them to influence their health. However, the basis for empowering communities was on partnerships and mutual collaboration with community-level stakeholders. Community collaboration is an active area that widens the scope of learning for PHC students (Sollami et al., 2018). Bahraminejad et al. (2015) contended that fostering community action could happen by partnering with local leaders, community-based programs, local organizations, and social agency representatives. According to the Ontario Ministry of Health (2010), partnering with communities was beneficial because it leads to families getting the proper resources. Ellenbecker et al. (2017) stated that nurses were responsible for addressing the healthcare system's challenges and required to participate in health policy formulation processes. Engaging in partnerships allowed nurses to participate in

policy formulation, which helped impart the working knowledge of health policy development.

However, Richter et al. (2013) believed that the nursing faculty did not prepare their students to be policy developers in advance. As part of the preparation, the argument was that nursing faculty must arrange for their students to be involved in service-learning processes, attend meetings, and be involved in the community's health events. The research reported in the sources above reflects the diversity of views on community collaboration reported by the participants in this paper's study. Five of the seven participants expressed their views on the importance of collaboration with the community of practice and reported inadequate preparation of learners on community partnership and collaboration skills.

Limitations

The study's significant limitations, as with a qualitative study, is guided by structured questions rather than allowing the participants to freely discuss their experiences (Benoot et al., 2016). Another limitation of the study occurred when contacting universities. Some institutions did not specifically teach PHC courses, which limited the range of universities from which interview candidates could be selected. Lastly, the study's sample was small from one area in the United States.

Implications

It is essential to define a motivational process to guide career and academic trajectories and energize learning for PHC nursing students. Promoting interest could lead to a more motivated and engaged learning experience for students in PHC (Harackiewicz,

Smith, & Priniski, 2016). In cultivating interest among learners, nursing faculties had to make the learning process enjoyable and ensure that the transition to professional practice was smooth. To promote the quality of PHC and prevent staff shortage, nursing faculty should find the factors that affect nurses coping ability as they shift into PHC professional practice. PHC transition-related anxiety and stress negatively affected effectiveness and performance, resulting in isolation, job dissatisfaction, denial, and reduced motivation (Azimian, Negarandeh, & Fakhr-Movahedi, 2014). Wakefield (2018) stated that novice nurses need support networks to overcome transition shock, thereby allowing them to practice competently. Students need induction into the intricacies of PHC practice and the culture expected of them. The role of the faculty was to instigate professional socialization before the transition. My results proposed that faculties connect their students to lived experiences and use EBP in student instruction. There was also a need to connect learners with the community.

The findings of this research have implications for the discipline and practice of nursing and social change. Nursing practice requires competence that comes with experiential learning through exposure to the practice in the field. The lack of sufficient exposure to life experiences affects the preparedness of newly-registered nurses towards meeting the competence requirements in nursing practice. Inadequate preparation of the novice nurses lowers their satisfaction with work as they encounter real-life challenges in their practice for which they are not prepared. The changing demands in nursing and the emergence of new challenges necessitate updating the curricula, thereby affecting the nursing discipline. According to Fawaz et al. (2018), nurses encounter challenges

resulting from increased demand for senior care, the severity of illnesses, and insufficient staffing that necessitate revising the nursing curricula. Nursing preparedness also affects the patients' satisfaction and the communities served, thus creating exposure to experiential learning.

Furthermore, the methodological approach used in exploring the strategies used by faculties to address learner preparedness towards PHC practice has implications for future research. I used a qualitative research design to interview nursing faculty using a semi structured questionnaire, and then conducted a thematic analysis of the interview answers. The study interviewed seven faculty members from two universities, and the spreading of the sample participants across the two institutions helped increase generalization. There is the need to increase the sample size of the participants and the number of institutions from which the sample is drawn so that the results can best represent the general practice and perspective of faculties. However, the data analysis approach using thematic analysis to code themes enabled me to identify common themes in faculty responses.

Based on the abovementioned findings and methodological approaches to this research, there are implications for social change. The findings that nursing curricula have not fully addressed the need for graduates' preparedness call for the market to re-structure the syllabi of instruction to address the acquisition of competence in nursing practice. Novice nurses should be prepared enough to use life experiences to meet the expectations of patients and their families and confidently face the challenges associated with changing demands in the practice of nursing. Having curricula that address nurses'

competence and preparedness ensures the satisfaction of the nurses and patients, thereby motivating them to stay in their practice.

Recommendations

Based on the findings of this research that graduate learners of nursing are inadequately prepared when transitioning to their practice, it is recommended that educators mentor learners early enough to benefit from PHC training. Sharing life experiences and incorporating PHC training in nursing curricula can benefit learners by enabling them to manage transition shock and develop competencies necessary to start a career in PHC. The findings presented in this research that nursing curricula have not adequately addressed the needs of preparedness of the graduates imply that similar research should be conducted to assess the benefits of PHC training on graduate nurses' preparedness to transition to the practical field. While the participants in this study advocated for the need for PHC and evidence-based training, more information is needed to understand whether PHC training offers a beneficial advantage to novice nurses by studying learners that have undergone PHC training and are now entering the practical field.

Conclusion

I explored the role of PHC nursing faculty in preparing students for practice. The study addressed the strategies that faculties used to promote student interest and readiness to fit in PHC settings. Findings revealed the Baccalaureate nursing curriculum's acute care focus had produced graduate nurses who lack the necessary skills and interest in PHC practice. Six of the seven participants expressed the need to connect life experiences

as a source of mentorship for the learners, five of them explained the need to have a community collaboration and partnership as part of the PHC training, and all of them mentioned the importance of EBP as an important part of the training of nursing students. The findings showed a need for new curriculum design techniques and content delivery focusing on class learning and community practice. Primary reasons for disinterest in PHC among graduate nurses included inadequate course delivery techniques and flawed instruction methods. The recommendation is to adopt innovative instruction techniques, and proper training will elicit motivation and instill competencies and skills among learners. Some of the proposed strategies included narrative-based learning, evidence-based instruction, a holistic approach to teaching and learning, service-based learning, and community practice.

Moreover, the findings revealed a need to create a positive learning environment and an educational experience that provides nursing students with knowledge and skills about PHC so that they are prepared to enter practice in PHC. Additionally, faculties should expose students to community practice early enough, equipping them with the needed practical expertise to prepare and motivate them to pursue careers in PHC so that the skills they gain from PHC training and critical thinking will benefit the community they serve.

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Part 3: Summary

Integration of the Studies

The demand for PHC has increased as healthcare services' delivery has shifted from acute care to primary care settings, making healthcare accessible to a wider range of consumers who otherwise may not have access (Woolf & Laudan, 2013). Moreover, the demand for PHC also creates a need for nurses to fulfill new nursing roles with new ways of working, resulting in a larger population of competent PHC practitioners (Coburn et al., 2018). However, few nursing students who graduate from nursing education programs pursue careers in PHC. Fawaz et al. (2018) recommend the need for reassessment of both teaching curricula and strategies to address the changing needs of the nursing discipline. New nurses may not seek a career in PHC because there is a lack of clinical and didactic instructional strategies and curriculum designs in nursing education programs that contain experiences and content in PHC, resulting in negative beliefs and attitudes of learners towards PHC (Fawaz et al., 2018; Filho et al., 2017; Landeen et al., 2016).

To understand the attitudes and beliefs of faculty who teach in PHC and learn how faculty address the need for a curriculum that promotes PHC practice, I conducted interviews with nursing faculty from two baccalaureate schools of nursing. This study's findings showed that faculty see PHC education as a holistic model that offers opportunities for students to serve populations of consumers who might not otherwise have access to care. The findings further indicated that PHC instruction must focus on

four key areas, a holistic approach to education, partnerships, service-based learning, and evidence-based practice.

Two studies supported the findings of this current study showing that improvement in the training that nursing students receive in a 4-year baccalaureate program would help bridge the gap and alleviate the deficit in healthcare workers in PHC (Barton, 2017; Hawkins et al., 2018). An improvement in the curriculum would ensure that graduates have the appropriate skill sets to transition into a career in PHC.

The application of evidence-based instruction, innovation, mentoring, and hands-on learning helps reverse the shift of nursing students away from PHC. This study found that through innovation with a mixture of instruction techniques encompassing community clinical experiences, mentoring, and sharing experiences in teaching, it is possible to empower students to pursue careers in PHC (Holland et al., 2018; Kent et al., 2016; Nance-Floyd et al., 2018; Phafoli et al., 2018). Another finding was the need to develop a consistent nursing curriculum. A consistent nursing curriculum entails theory and practice alignment, which stresses the necessity for out-of-class learning, incorporating current practices, and evidence-based instruction (Dussault et al., 2018). Nursing graduates must enter the PHC workforce with adequate skills and techniques necessary to survive and provide individualized healthcare to communities while utilizing their newly gained critical thinking skills to overcome any obstacles that they may encounter.

Theoretical Context

The findings supported the tenets of the patient-centered model. The model emphasized integrating concept-based learning and the enhancement of a student-patient-provider relationship. The findings revealed a need to enhance collaborative relationships between service recipients, educators, and learners. Moreover, the results supported the concept of service-learning, which involves applying practical ideas in PHC instruction. A patient-centered model advocates the collaboration of caregivers with patients and families to help them with healthcare needs. Historically, patients have been recipients of healthcare services, yet the traditional healthcare approaches have primarily focused on the illness and where patients are passive participants. PHC forged a paradigm shift in care delivery, where the focus is on patient-centered care. Caregivers responded to patients' needs and care was delivered according to patients' preferences (Lateef & Mhlongo, 2020).

This research identified a need for the PHC model. It contributed to the extension of knowledge that caregivers should guide informed decisions for patients by providing information, friendly interactions, and shared decision-making. As a result, PHC practitioners seek to provide quality care that respects individual patients' values and preferences. PHC practitioners view patient care as a tenet made up of two primary approaches, a systematic approach and a process approach. The system approach focuses on building a patient-centered environment that meets individuals' fundamental healthcare needs (Lateef & Mhlongo, 2020). Healthcare as a process focuses on the competence of the caretaker by facilitating the career to deliver quality services.

Implications for Positive Social Change

This study's findings supported the importance of effectively providing PHC instruction to ensure a competent and motivated workforce that would help identify priority areas for improving public and community health, leading to positive social change. Effective instruction strategies ensure that graduates entering the nursing practice have the necessary skills appropriate for their profession. PHC training enhances the competence of the graduates to improve their ability to offer quality patient care and the ability to address dynamic demands in nursing practice.

Future Research

This dissertation focused on assessing the techniques of instruction and the contents of the teaching strategies and curricula. While the findings indicated the need for a PHC-based teaching approach, future research could focus on gathering evidence regarding the effectiveness of PHC-informed curricula. The research could focus on studying the workplaces of graduate students whose curricula have PHC content and compare the healthcare outcomes, satisfaction of patients, careers trajectories, and impact that having a PHC program or lack of it has on the quality of care. Conducting research investigating the influence of PHC competence of the nurses will confirm or reject the need for nursing curricula that have PHC content as part of the instruction program.

Lessons Learned

I learned from this research the importance of increasing the clinical hours for students to learn from members of the community. From this research, I learned the need to develop strategies for nursing instruction that prepare the graduates to address the

demands of nursing. Novice nurses need to be able to adapt to the changes in responsibility and demand in healthcare. Incorporating PHC instruction strategies and content in the teaching of nurses can equip learners with the necessary skills to address the growing needs of their profession.

Learning tends to be more effective when expected PHC outcomes build from existing skills, knowledge, and attitudes relevant to future practice. Thus, factors need consideration to ensure that students were competent in PHC skills and have the proper training on future PHC practice. I did not think about preparing students and introducing PHC to the students at the beginning of their nursing studies. Now, I have changed my teaching practice to introduce PHC to first-year students instead of seniors. Harackiewicz et al. (2016) asserted that learning more effectively required crafting motivational techniques to elicit interest. Student interest in PHC was influential in academic and career trajectories and would play a significant role in creating a smooth transition to the PHC setting.

Learners' professional development is a multistakeholder undertaking involving educators, practitioners, learners, and the community. The process progresses in a continuum through practicums in the community, service training, actual practice, and continuous learning throughout the professional career. Novice nurses need to balance between changing responsibilities from the school setting towards the PHC practice to prevent transitional shock in a new profession (Ten Hoeve et al., 2018).

Educators are responsible for preparing student nurses who are fit for professional practice and able overcome transitional challenges. I never thought about transition shock

until I started the research on this topic. Transition shock is a crucial element to consider, and further research is needed on how to help students feel more comfortable at their first job in PHC. The nursing faculty must bridge the gap between theory and practice, exposing students to PHC practice realities before the transition (Sollami et al., 2018; Ten Hoeve et al., 2018). Nursing faculties must initiate an integrated educational experience composed of balancing ideal and real concepts through adequate experience, socialization, and knowledge synthesis.

Conclusion

The acute care that focuses on the baccalaureate nursing curriculum has contributed to graduate nurses who lack the necessary skills and interest in PHC practice. New curriculum design and content delivery techniques are necessary, focusing on out-of-class learning and community practice. The content-based education curriculum that mainly entails memorization has failed to instill high-level thinking among learners. The participants in the interviews for this dissertation recommended adopting innovative instruction techniques and proper training to elicit motivation and instill competencies and skills among learners. This study identifies the strategies that nursing faculties use to promote PHC through evidence-based instruction, a holistic approach to teaching and learning, service-based learning, and community practice to encourage enrollment in PHC programs and prepare nurses for PHC practice.

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Appendix : Interview Questions

Parts of the Interview	Interview Questions
Introduction	<ul style="list-style-type: none"> • □Hi, my name is Gloria Hopkinson. I am a doctoral student at Walden University. Thank you very much for helping me with my dissertation. As you know, the purpose of this interview is to discuss primary care (PHC) in the nursing curriculum. The goal is to learn and implement strategies that will encourage students to enter in PHC roles. The interview should last 30-40 minutes. After the interview, I will be examining answers that will be written in the dissertation. However, your personal information will not be identified in my documents, and no one will be able to identify you by your answers. You can choose to stop this interview at any time. Also, I need to let you know that this interview will be recorded for transcription purposes. • Do you have any questions? • Are you ready to begin?

Perceptions, Attitudes, & Beliefs Question 1	<ul style="list-style-type: none"> • Tell me about your experience in teaching PHC? How did you start teaching PHC?
Question 2	<ul style="list-style-type: none"> • What are your beliefs about teaching PHC? How did you start teaching PHC at 4-year college?
Curriculum Question 3	<ul style="list-style-type: none"> • Share the definitions of PHC that were found in the research. How does the university define PHC?
Question 4	<ul style="list-style-type: none"> • Tell me about the PHC curriculum that you teach?
Question 5	<ul style="list-style-type: none"> • What interventions or strategies are currently being used in the PHC curriculum? Probe: What is the content that you feel needs to be changed, or you would recommend?
Question 6	<ul style="list-style-type: none"> • What are some of the resources you need to be successful in teaching PHC?
Preparedness & Readiness Question 7	<ul style="list-style-type: none"> • Tell me about how you promote interest for students to develop careers in PHC.

Parts of the Interview	Interview Questions
Close	Thank you for your answers. 1. Do you have anything else you would like to share? 2. Do you have any questions for me? I will email you your responses for clarification. 3. Thank you for your time. I appreciate your help! Goodbye
	1.