

Why you should read this article:

- To familiarise yourself with the use of non-clinical placements for nursing students
- To enhance your knowledge of interventions such as civic engagement placements
- To understand the benefits for nursing students of placements in community centres, youth initiatives and neighbourhood training centres

Implementing civic engagement placements for nursing students in community organisations: a pilot project

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Abstract

Non-clinical placements for nursing students may be beneficial in increasing placement capacity, preparing students for providing care in integrated environments and supporting a focus on health promotion [Q1 added sentence ok?]. This article discusses the benefits and challenges of implementing the Clinical Placement Expansion Programme (CPEP) using a long-arm supervision model. Non-clinical practice learning opportunities were developed in partnership with local community organisations, in a spirit of civic engagement. As a result of these placements, nursing students developed their understanding of health inequalities, vulnerable populations and the effects of asset-based community development, while contributing positively to the activities of the organisation through involvement in well-being initiatives. The placements also improved students' well-being, enhanced their knowledge of services and enabled them to experience alternative leadership models. To implement a civic engagement strategy for future healthcare professionals, further research is necessary to develop a sustainable framework for non-clinical placements. Additionally, universities will need to expand civic partnerships to affirm their role as anchor institutions for health in the community.

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Keywords

career pathways, clinical, clinical placements, education, health promotion, practice learning, professional, public health, students

Key points

- *There is a growing interest in using grassroots community organisations that contribute to improvements in population health as potential placements for nursing students*
- *To ensure future nurses can effectively contribute to improvements in population health, they will require a clear understanding of public health priorities, the wider social determinants of health and the role of community*

- *Civic engagement placements have raised the profile of nursing students in local communities, with students engaging with local people in community centres, youth initiatives and neighbourhood training centres*
- *Informal and written feedback from students on placement with local organisations that deliver well-being initiatives described how they had benefited from their placement learning, or shared information with family and friends*

UK healthcare policies, including the NHS (2019) Long Term Plan and the NHS Long Term Workforce Plan (NHS England 2023a), [Q2 ok as edited? (we have added the workforce plan here as it is mentioned later in the same context)] emphasise the need to expand numbers of nursing students by increasing placement capacity. However, there are several challenges to achieving this, including increased pressure on NHS services and the shortage of nurses available to provide supervision and assessment for students (Nursing and Midwifery Council (NMC) 2018a, 2018b, Morgan 2022, NHS England 2023a).

Simultaneously, healthcare is evolving and since the early 1980s there has been a shift in the focus of care, from secondary and acute services to community-based services and health promotion (NHS 2019). Similarly, there is a growing interest in using grassroots community organisations that contribute to improvements in population health as potential placements for nursing students. In this context, the authors suggest it may be worth considering a broader range of off-campus learning environments, to prepare nursing students for contemporary practice by working in an increasingly integrated environment.

Developments in healthcare provision

The NHS (2019) Long Term Plan signalled new pathways to achieve integrated service provision that puts people at the centre of services. The resulting integrated care systems in the UK have been formed to improve the lives of local people by bringing together a range of stakeholders from service providers, local authorities and the voluntary sector to develop a cohesive strategy for delivering local health and social care services. The new integrated care systems prioritise a place-based approach to promoting health and preventing ill health, with an emphasis on developing partnerships between health and social care providers (NHS Confederation 2020). This shift towards community partnerships to improve population health is a challenge to current clinical practice, which focuses on clinical care pathways and treatment.

There have been recommendations on the use of civic engagement in undergraduate healthcare professional education for some time, but these have not been widely implemented in practice. In the 1980s, the World Health Organization (WHO) recommended that healthcare professionals be immersed in the communities they will serve to better understand the needs of patients (Richards and Fülöp 1987). In 2013, the Institute of Health Equity identified the need for a fresh approach to future healthcare professionals' education, moving away from a focus on the treatment of acute illness to early intervention and the importance of community (Allen et al 2013). More recently, the WHO (2020) acknowledged the critical role the nursing workforce will have in achieving the United Nations' (2023) Sustainable Development Goals, for example by reducing health inequalities, addressing the upstream causes of ill health **and understanding the wider social determinants of health. These wider social determinants may affect individuals and/or communities, and can include financial or job insecurity, suboptimal housing and antisocial behaviour** [Q3 ok as edited?].

Marmot et al (2020) challenged the healthcare system to prioritise reducing health inequalities when rebuilding after the coronavirus disease 2019 (COVID-19) pandemic, in part by increasing the focus on the wider social determinants of health. To ensure future nurses can effectively contribute to improvements in population health they will require a clear understanding of public health priorities, the wider social determinants of health and the role of community. The updated Nursing and Midwifery Council (2018b) standards of proficiency for registered nurses include promoting health and preventing ill health.

These directives and policy changes require nurse educators to consider how to best prepare nursing students for this paradigm shift (Donaghy et al 2022a), which will include enhancing their understanding of care delivered in the home, social prescribing and community assets. **Social prescribing focuses on enhancing people's health and well-being by connecting them to community groups or agencies for practical and emotional support; for example, reducing an individual's social isolation through physical activity, cookery classes, weight loss clubs or mindfulness** [Q4 ok as edited?] (NHS England 2023b). Community assets may include community centres, leisure centres, libraries or faith centres and local organisations offering specific support for specific vulnerable populations. Research evidence from the US, Australia and Canada suggests that when students engage meaningfully in the work of community organisations they develop a greater understanding of their future role in health promotion (Donaghy et al 2022b).

In France, Service Sanitaire – a mandatory civic engagement placement – was introduced in 2018 for all healthcare students (Vaillant et al 2018). The French model is based on interprofessional active learning, with a multidisciplinary team of students

participating in local health promotion initiatives aimed at reducing health inequalities. It also assists in meeting placement capacity requirements (Vaillant et al 2018). An evaluation found that support from staff who were experienced in health promotion was essential for this model of civic engagement to deliver effective practice learning and for students to make positive contributions to local well-being initiatives (Haute Conseil de la Santé Publique 2021).

To achieve the aims of the NHS (2019) Long Term Plan it is important to develop placement learning opportunities outside of NHS clinical areas which challenge students' perceptions of healthcare and encourage them to reflect on the effects of the wider social determinants of health. These placements will also help higher education institutions (HEIs) to achieve sufficient placement capacity to expand student numbers in line with UK healthcare policies (NHS 2019, NHS England 2023a).

Implementing civic engagement placements

As a result of changes to the NMC standards for education and training in 2018, nursing students were required to be supervised and assessed by an NMC registrant (NMC 2018a). These changes adversely affected placement capacity as many private, independent and voluntary organisations, such as long-term residential care facilities, did not employ registered nurses.

In response to the need to address the shortage of nurses in the UK by increasing nursing student numbers, Health Education England (HEE) (2023) funded several pilot projects through the Clinical Placement Expansion Programme (CPEP) to understand how social care placement opportunities could be returned to the placement circuit for nursing and midwifery education. A long-arm supervision model was developed, whereby HEIs employed suitably prepared NMC registrants to supervise and assess nursing students on placements in non-clinical settings where no NMC registrant was available; further details on this model can be found in Knight et al (2022). HEI staff attended each placement area in person on multiple occasions, working closely with the private, independent and voluntary organisation staff and students and to complete the necessary assessments.

There were various logistical and time challenges, since many of the smaller voluntary organisations could only host one student at a time and the students were spread across a wide geographical area, but these were overcome through close communication and flexibility by all parties. During the CPEP pilot projects, HEE funding covered the additional staffing costs associated with the long-arm supervision model; however, a sustainable funding model will be required in the future to maintain the increased placement capacity created.

Only nursing students who had met their NMC proficiencies were eligible to undertake a civic engagement placement, with their professional values being evaluated by the practice assessor in partnership with staff from the host organisation.

Pilot project in north west England

The HEE CPEP pilot project in north west England included opportunities for nursing students to undertake civic engagement in community organisations. [Q5 just to clarify, how many universities were involved in the HEE CPEP pilot project in north west England? Was it only Liverpool John Moores University?].

Different universities used different models to implement long-arm supervision. In the approach taken by Liverpool John Moores University students were allocated a four-week civic engagement placement at the end of their second year as part of their programme. Initially numbers were limited by staff availability to provide the long-arm supervision, but over the initial 12-month pilot project up to November 2022 additional NMC registrants were recruited, with the potential to accommodate up to 50 students at any given time in the community. The host organisations were audited for suitability by Liverpool John Moores University staff, and they signed a placement contract with HEE which enabled them to claim placement tariff for hosting the student.

To identify local organisations involved in population health and well-being initiatives, the project leads (PD and MA) networked with charitable and voluntary sector associations, local public health leads, social prescribing networks, the regional social housing providers executive group and the student employability and volunteering team at Liverpool John Moores University. For example, attending one local authority event that had various organisations providing the holiday, activity and food programme resulted in ten local organisations that worked with young people signing up to the project. Networking via LinkedIn was also used to contact chief executive officers of local charities through private messaging. After the initial four-week placement, the project expanded through word of mouth locally in the voluntary sector, with more organisations offering to host students than there was capacity for.

This outreach and networking with smaller community organisations may be beneficial to the university's position as an anchor institution, enlarging its reach and developing broader civic partnerships to enhance local systems (NHS Confederation and Civic University Network 2021).

Benefits of civic engagement placements

Two research evaluations of the HEE CPEP pilot project in north west England are under review for publication, so this section will provide an overview of the benefits of civic engagement placements identified, including the opportunities they provide to develop nursing students' understanding of vulnerable populations and their broader reach for asset-based community development.

The feedback detailed in this section was collected verbally by the practice learning team during placement visits, in written format via student reflections on the placement experience, and from a meeting with several host organisations to evaluate the project. Further information and examples of students' experiences are available at: www.ljmu.ac.uk/microsites/plsu/civic-engagement-placements

Supporting participation in local health and well-being initiatives

During their four-week CPEP pilot placements, nursing students participated in health promotion initiatives, providing an opportunity for them to develop their skills and knowledge while contributing to the work of grassroots community organisations.

While on these placements the students helped local charities to connect with other specialist organisations, for example those delivering services for women, and produced legacy training materials (leaflets with links to free videos and online training) for staff on autism, dementia, young people's mental health and the menopause. They also conducted interviews with service users to understand how the support offered through social prescribing had affected their health and well-being. In addition, the students provided one-to-one coaching in English for Speakers of Other Languages sessions designed to improve the health literacy of women, specifically aimed at pregnant women or mothers with young children.

Through informal staff feedback it was identified that the organisations valued the nursing students' health-related knowledge and understanding of NHS provision, with some charities now considering employing a nurse to support their services as a result.

Promoting active participation in research activity

Several organisations asked students to review the literature on specific topics of interest to their organisation, with the aim of informing bid proposals for funding applications to develop services. These reviews were facilitated by the students' access to university library services. Based on informal and written feedback from the students involved, their active engagement in exploring evidence-based practice, service evaluation, service users' experience and bid writing improved their understanding of research methodology and the importance of evidence to inform funding applications and service delivery.

Widening participation in deprived areas

The NHS England (2020) People Plan recommends local recruitment and initiatives to expand the primary care and mental health care workforce. The civic engagement placements have raised the profile of nursing students in local communities, with students engaging with local people in community centres, youth initiatives and neighbourhood training centres.

Many nursing students at Liverpool John Moores University are from areas with high deprivation, which could enable them to share their experience of university education with young people from a peer's perspective. Civic engagement placements have the potential to raise local people's interest in careers in healthcare and increase the aspirations of people from deprived areas and vulnerable groups, encouraging them to consider pathways into higher education.

There is also a need to increase the recruitment of male and ethnically diverse students into the nursing profession, which requires positive role models and a change in how the profession is perceived by these communities, since at present many consider nursing to be a low-status caring role with a predominately white female workforce (Qureshi et al 2020). Having male and Asian nursing students interacting with local young people has the potential to improve recruitment from these underrepresented groups.

During the pilot project, nursing students were involved in coaching young people who were applying for NHS apprenticeships. They provided support with applications, managing expectations, giving advice and sharing their experience of university education and the role of nurses.

Developing students' well-being and knowledge of services

It is recognised that the prevalence of mental health issues is increasing among young people (House of Commons Health and Social Care Committee 2021). Therefore, it is important to improve nursing students' understanding of the services available in local communities that might contribute to their own and their family's well-being. Research from France reported that students who delivered a mental health and suicide awareness programme for schoolchildren as part of placement learning were better equipped to promote supportive behaviours and that their experience reinforced help-seeking behaviours (Wathelet et al 2023). Therefore, the authors believe that students' exposure to well-being initiatives may help to reduce crisis situations and reliance on student support services, reduce attrition and develop a more resilient workforce for the future (Stephens 2013). Studies have also shown that students' personal health behaviours may be positively influenced by participating in placements that focus on health promotion (Lepiller et al 2020, Chapron et al 2021).

Informal and written feedback from students on placement with local organisations that deliver well-being initiatives described how they had benefited from their placement learning, or shared information with family and friends who had subsequently accessed support. This included information on welfare rights, housing, training opportunities and well-being. For example, one student who was a single parent learned about the health benefits of gardening, forest bathing and mindfulness, as well as how to make fuel savings and cook on a budget. As a result, she said the placement had helped in her personal life in addition to the learning she had gained for her nursing practice.

Enhancing leadership skills

Nursing management has been shown to have a direct effect on the quality of patient care, with leadership styles influencing how teams function and determining levels of staff satisfaction, well-being, retention and burnout (West et al 2015). The NHS (2019) Long Term Plan acknowledges the need to develop a culture of compassionate leadership to drive system change.

Expanding placement learning could give students the opportunity to experience alternative leadership and management styles. For example, many organisations involved in the CPEP pilot project in north west England have won awards for service user engagement, inspirational leadership and staff well-being initiatives. Interaction with alternative management structures that **privilege** [Q6 Do you mean **'that enable or encourage'** such leadership? The meaning of 'privilege' as used here is obscure. Please rephrase to clarify.] collaborative leadership, as found in many private, independent and voluntary organisations, could help to evolve leadership styles and management structures in the NHS.

During their civic engagement placements, students have reported feeling valued and that they are having their voices heard, experiencing leadership and management structures which **challenge** [Q7 contrast with?] the **models they have experienced in the NHS** [Q8 how would these models in the NHS be described – for example using a top-down approach?]. For example, one student on placement with a charity described the hierarchy as 'flat', with service users having as much influence as staff in the organisation. Students have also reported that they were inspired by the active involvement and passion of senior management in community organisations, particularly in terms of how they listened to and engaged with staff and service users.

Future developments

Developing partnerships with social housing providers, charities and community organisations could strengthen integrated health and social care pathways and support greater interagency working. Based on their placement feedback, civic placements appeared to enrich the nursing students' vision of personalised care, develop their communication skills in health promotion and encourage them to reflect on their personal well-being and professional practice.

For civic engagement placements to be further developed, nursing students and placement organisations will need support to define learning objectives and to enhance their skills in community health needs assessment and providing health promotion activities. This would help to develop healthcare professionals who see themselves as having an important role in promoting social justice as a result of their experience with organisations that work to reduce social inequality (Mohammed et al 2014), and as health promotion champions in their future professional practice, while actively contributing to population health initiatives.

Staff in the community organisations believed the presence of nursing students and the HEE placement contract gave them greater legitimacy in the healthcare arena. The host organisations have expressed a desire to use civic engagement placements for nursing students as a catalyst for increased partnership working between local community initiatives and healthcare providers.

Nursing students' participation in **understanding** [Q9 assessing?] the resources available in a community and evaluating social prescribing could provide valuable knowledge to primary care teams. With challenges in recruitment to primary care roles, direct contact with school nurses, health visitors and other primary care practitioners could encourage nursing students to consider these roles in their future careers.

The authors recommend that primary care staff become increasingly involved in coaching, supervising and assessing students during civic engagement placements because this can provide an opportunity to develop local partnerships for population health and social prescribing and to connect communities, as part of the development of primary care networks.

Conclusion

It is important that nurses and other healthcare professionals view healthcare in the broader context of society, and this will require them to work with increasingly diverse organisations to deliver place-based solutions for reducing health inequalities. To achieve this paradigm shift in the way care is delivered, the authors suggest it is worth considering whether civic engagement should be mandatory for all nursing and healthcare students in the UK, as it is now in France.

To implement a civic engagement strategy for future healthcare professionals, including nurses, further research is required to develop a sustainable framework for non-clinical placements. Universities will need to expand civic partnerships to affirm their role as anchor institutions for health in the community and to meet the placement capacity challenges in the UK.

Health promotion needs to be a priority of future health and social care delivery to reduce inequalities and pressures on services. Therefore, the authors suggest that civic engagement placements could provide potential learning opportunities and mutual benefits for population health, and call on HEIs, professional regulatory bodies, the NHS and the government to invest strategically in this potential solution to the need for placement expansion.

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