

Defining children's nursing: are we any closer?

Dr Faith Gibson

Lecturer in Children's Nursing
Research

ICH/GOS/KCL



Ongoing debate.....



Distinguishing between the branches of nursing.....



Sphere of practice

Education

Registration

Avoiding distinguishing between types of nurses means that.....

- Sphere of practice is not articulated
- Shared and unshared knowledge is not made explicit
- Qualities and traits remain unexplored
- Differentiating between generalist and specialist within branches is difficult
- Identifying knowledge and skills that are complex, advanced and beyond the scope of initial preparation remains a challenge

Research aims.....

1. Can children's nursing be defined using competencies?
2. What are the competencies of a general children's nurse and specialist children's nurse?
3. What are the commonalities and differences between the generalist and specialist children's nurse?

Approaches to defining nursing.....



- Personal reflections (Peplau 1988, Orem 1991, Casey 1988)
- Classifications regarding what it is that nurses do (Martin and Scheet 1992, ICN 2001)
- Research based listings of nursing activities/tasks (Benner 1984, UKCC 1999)

Hypotheses.....

- Hypothesis 1: there is a significant common element in these two areas of nursing.
- Hypothesis 2: the differences between the general children's nurse and the specialist children's nurse are exclusively related to nursing and medical knowledge.

Concurrent data collection and data analysis.....

General
Children's Nurse

Descriptions
developed and
refined

Competencies of children's nurse

Specialist
Children's Nurse

Competencies
developed and
refined

Competencies of a children's
cancer nurse

Classification Developed

Comparison

Process and outcome of data collection.....generalist

- **Nominal group technique (n=6)**
List of prioritised statements about role of children's nurse and questions for focus groups
- **Focus groups with health care professionals (n=44)**
Themes extracted into an overview grid and questions for Delphi survey
- **Delphi Survey (1, n=87 2, n=84)**
Descriptive statistics and thematic coding
Content analysis of focus group and Delphi data
- **Focus group with 'experts' (n=7)**
Final refined list of competencies and descriptors

Process and outcome of data collection.....specialist

- ◆ **Nominal group technique (n=19)**
- ◆ List of competency statements about role of children's cancer nurse
- ◆ **Refining process**
- ◆ Produced assessment document to be used with ENB 240
- ◆ **Semi-structured interviews with ENB 240 students (6)**
- ◆ Refined list of competencies and competency statements
- ◆ **Focus group with 'experts' (n=9)**
- ◆ Final refined list of competencies

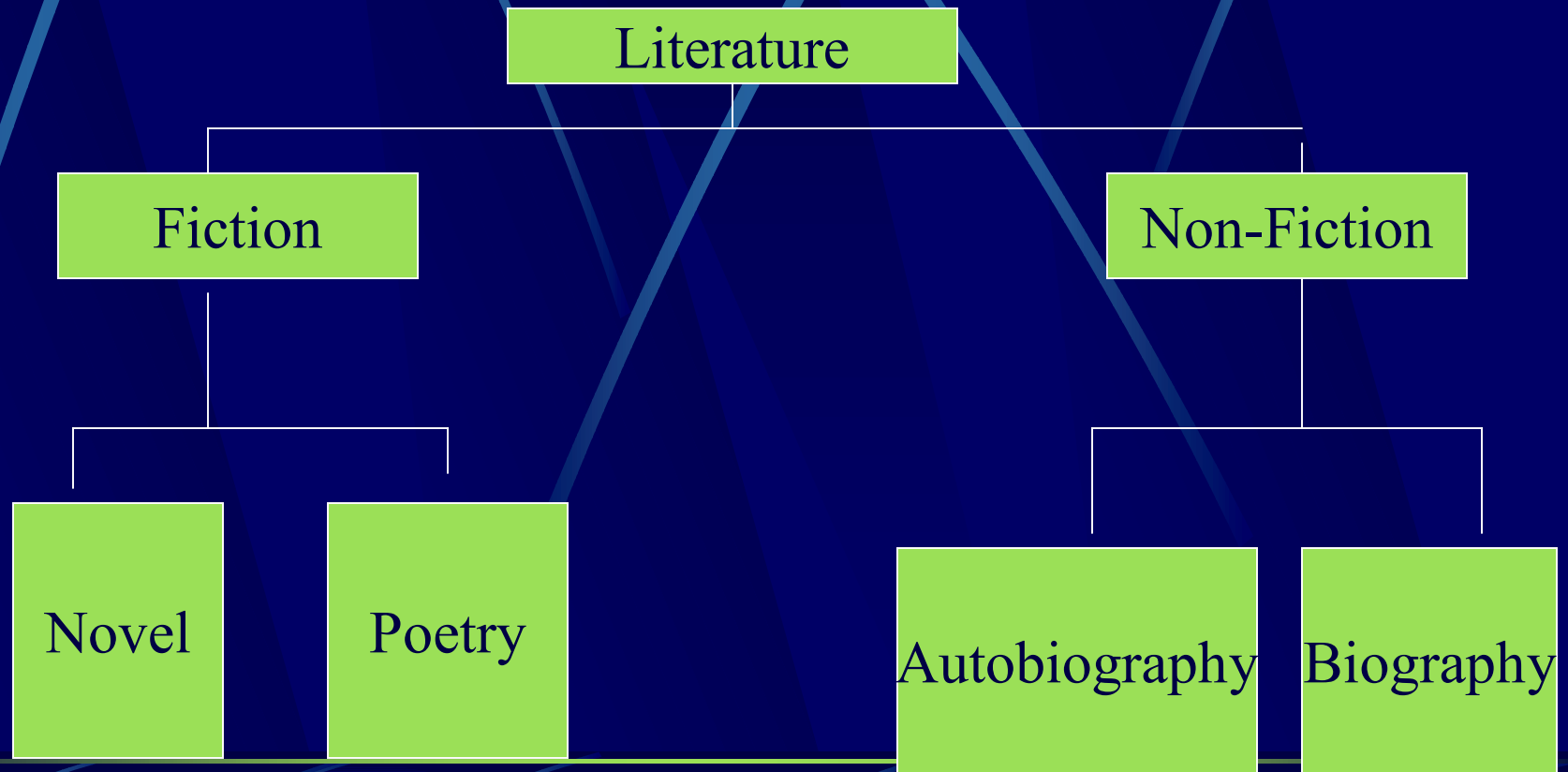
From data to competencies.....

- Priority lists of categories (NGT)
- Transcripts (Focus Groups and Interviews)
- Descriptive statistics and summary of comments (Delphi)
- Transcripts (Validating Focus Group)
- Categories became competencies and performance criteria (Specialist)
- Content analysis used to identify:
 - i. Human activity
 - ii. Attribute
 - iii. Outcome action
- Categories and descriptors detailed (Generalist)

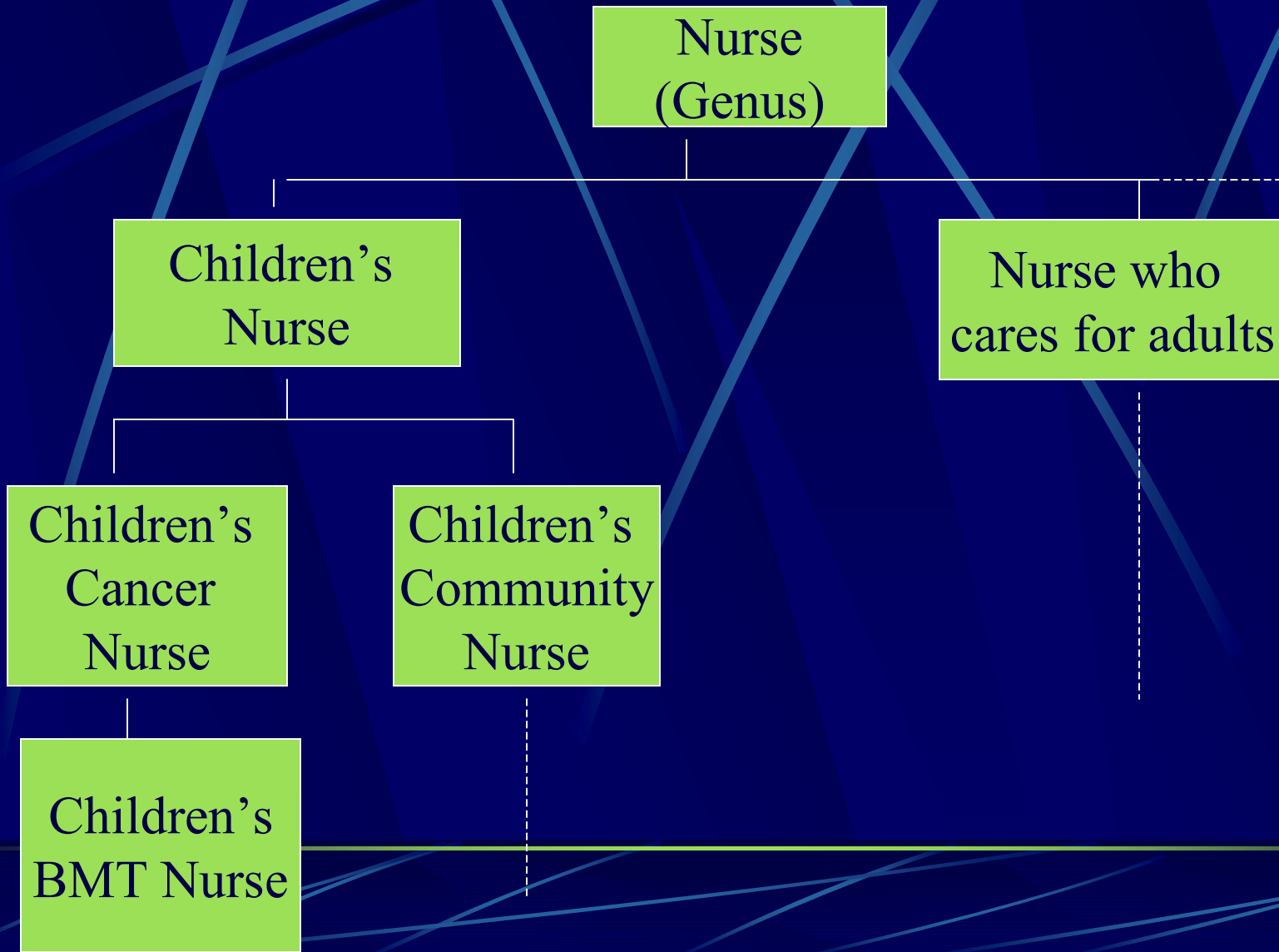
Theory of classification.....



Example of hierarchical classification.....



Conceptual framework...



Developing the classification.....

- Identify the concepts to be classified and agreed on the words to be used to express the concepts
- Grouped the concepts according to common characteristics
- Arranged the groups into a logical hierarchy, the classification
- Each competency statement and performance criterion transformed to represent one concept
- Inductive categorisation to develop competency types, classes
- Arranging each of the sub-competencies as a hierarchy for both types of nurse

Classes of competencies.....

- Decision-making
- Developing Practice
- Health education
- Interpersonal
- Knowledge about
- Knowledge how to
- Organising
- Practice/intervention
- Professional development
- Qualities
- Teaching
- Values

Classifying.....labelling and ordering

- Interpersonal competencies
 - IP competencies for team working
 - Maintaining professional boundaries
 - Advocacy
 - Working with the MPT
 - Dialoguing with doctors
 - Interfacing between medicine and nursing
 - Communicating with the MPT
 - Liasing with local services and the community
 - Liasing with other units
 - Challenging decisions (ChCN)
 - Dealing with conflict (ChCN)
 - Giving mutual respect (ChCN)
 - Using team skills (ChCN)

What did I find.....

- 23 shared competencies
- 196 sub-competencies
- 3 sub-competencies that were different
- More detail in the generalist competencies
- Nursing and medical knowledge distinguished the groups
- Core values and beliefs shared by both groups
- Qualities were considered important
- More levels of details would be needed to increase role clarification, further definition

Implications of the relationship.....

- There is a significant common element in these two areas of nursing practice;
- Generalist preparation is the foundation of specialist practice;
- Generalist knowledge and skills are furthered in specialist practice;
- There is evidence of speciality practice that is beyond the scope of general nursing practice.

Application of general knowledge and skills

- Interpersonal competencies
 - IP competencies for communicating and counselling
 - Empathising
 - Establishing trust
 - Establishing rapport
 - Listening
 - Assertions
 - Using diplomacy
 - Negotiating
 - Empowering families
 - Communicating on different levels
 - Communicating medical information to children/young people and their families
 - Communicating verbally and non-verbally (ChCN)
 - Facilitating bad news (ChCN)

Specialist skills built on generalist

- Teaching (T) competencies
 - Teaching competencies for delivering information
 - Individualising information
 - Responding to requests for information (ChCN)
 - Giving consistent information (ChCN)
 - Pacing information (ChCN)

Knowledge beyond the scope of general nursing practice

- Knowledge about (Ka) competencies
 - Ka for ongoing support of families of a child with cancer
 - Long-term follow-up (ChCN)
 - Quality of life issues (ChCN)
 - Roles within the family unit (ChCN)
 - Role of outreach nurse (ChCN)
 - Palliative care (ChCN)
 - Needs of family members (ChCN)
 - At diagnosis (ChCN)
 - At relapse (ChCN)
 - At palliation (ChCN)
 - Gender and cultural differences(ChCN)

Are we any closer..... in defining children's nursing?

- Definition of a children's nurse
- Relationship between children's nurse and children's cancer nurse clarified
- List of holistic competencies for both

Gibson F, Fletcher M and Casey A (2003)
Classifying general and specialist children's nursing competencies.
Journal of Advanced Nursing. 44(6) 591-602.

But can you trust it??????



- Identify elements missing from the definition
- Ensure it is complete
- Identify gaps or inconsistencies
- Explore the reasons for the gaps or inconsistencies
- Test final definition in the real world of practice