



Ready for practice: What child and family health nurses say about education



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SUMMARY

Background: Australia has a well-established universal child and family health service predominately staffed by specialist/qualified child and family health nurses. Two common and interrelated concerns are the need for nurses to be ready for practice after completing a nursing education program and the means to ensure ongoing nursing competence.

Objective: To investigate the readiness of CFH nurses to practise after qualification and their continuing engagement with learning.

Design: The study used an interpretive descriptive approach.

Setting: This paper presents data from four questions from a larger survey of child and family health nurses across Australia.

Participants: 1098 child and family health nurses responded to the survey.

Method: Qualitative survey responses from the four education questions were analysed using inductive thematic content analysis.

Results: Five significant themes were identified: hands-on experience (student clinical practice/placement); drawing on prior experience; learning on the job; learning (learning over time); and barriers to learning.

Conclusion: This paper provides insights into nurses' readiness for practice at the completion of a postgraduate child and family health nursing qualification and their maintenance of competence and specialist knowledge. It highlights: the need for clinical placement to be retained and enhanced; the significant contribution of more experienced child and family health nurses mentoring newly graduated child and family health nurses; the need for minimum education standards; the importance of reviewing education courses in relation to graduates' readiness for child and family health nursing practice; the importance of supporting ongoing professional development; and the removal of barriers to accessing education opportunities.

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Introduction

Australia has a well-established universal child and family health service predominately staffed by specialist child and family health (CFH) nurses (Grant, 2013; Schmied et al., 2014, 2010). In some Australian states they are called Maternal and Child Health nurses (M&CHN). These nurses are registered nurses with additional qualifications in CFH nursing. The international nurse equivalents are health visitors in the United Kingdom (Cowley et al., 2007); child health nurses

in Sweden (Fägerskiöld and Ek, 2003); and public health nurses in Canada (Canadian Public Health Association, 2010).

Two common and interrelated concerns for the nursing profession are the need for nurses to be ready for practice at the completion of an education program (Haddad et al., 2013; Wolff et al., 2010) and the means to ensure ongoing nursing competence (Ross et al., 2013). Knowledge and skill requirements are particularly amplified when nurses are employed in positions that are professionally and geographically isolated, as occurs in many community health services in Australia. The second issue is the continuing professional development to ensure ongoing competence and contemporary clinical practice when nurses have been employed for many years (Ross et al., 2013).

This paper draws on data from the Child Health: Researching Universal Service (CHoRUS) study. The CHoRUS study used a three-phased mixed method approach to investigate the feasibility of implementing a national approach to the provision of universal health

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services to children and families. This paper focuses on CFH nurses' readiness for practice and their continuing engagement with learning.

Background

Enhancing the health of infants and young children has become a high priority for governments (Woodhead, 2006). This commitment is partly due to population health programs that led to identification and early intervention to reduce child risks, improve educational outcomes and reduce adult health issues such as heart disease, diabetes and obesity (Center on the Developing Child at Harvard University, 2010).

Nurses have been and remain one of the key professionals to focus on child health and parenting. In Australia, as elsewhere, the promotion of child health and illness prevention is seen as crucial during infancy and early childhood (Oberklaid, 2013). Achieving positive outcomes for young children and families requires CFH nurses to have extensive knowledge and skills, including but not limited to: child health surveillance, assessment and early intervention; growth and development; infant and family nutrition; family support; perinatal and infant physical and mental health; health promotion and education (Nursing and Midwifery Office, 2011). Most Australian health jurisdictions require nurses to have an additional qualification in CFH nursing to ensure this knowledge (Kruske and Grant, 2012).

In Australia, CFH qualifications range from post-registration hospital-based certificates to masters degrees. Currently, all CFH nursing postgraduate qualifications require tertiary-level study. Yet, there is marked variation between CFH nursing qualifications in Australia: course length ranges from 12 months part-time (graduate certificate) to two years (graduate diploma or masters qualification), and clinical placement requirements vary from 40 to 320 hours (Kruske and Grant, 2012). This situation is likely to continue as there are no national requirements or provision for specialist nursing registration in Australia (Kruske and Grant, 2012), leaving the development of CFH nursing curriculum and its implementation unregulated. Thus health service employers are left to determine the acceptability of the CFH nursing qualification, resulting in employment of some nurses without CFH nursing qualifications (Grant, 2013).

The past decade has seen a significant shift from the promotion of an expert model of CFH nursing to a partnership approach for working with families and their young children, emphasising the co-production of knowledge (Fowler et al., 2012). CFH nurses have been required to upgrade their knowledge and skills in many areas to meet the demands of contemporary clinical practice such as child health, parental and infant mental health, and early brain development (Nursing and Midwifery Office, 2011). Incorporating additional content and ways of working within an already crowded CFH nursing curriculum is difficult, especially if administrators do not support increased course duration. This over-crowding is not unique to CFH nursing courses but is being experienced by most nursing courses (Dalley et al., 2008). Further challenges are limited availability of clinical placements that enable appropriate and authentic learning experiences to facilitate student readiness for beginning practice (Fowler et al., 2014; Smith et al., 2010). This scarcity can compromise the quality of the clinical placement (Hall, 2006) while placing additional pressure on CFH nurses to continually mentor or supervise students.

A minimum standard for continuing professional development requires nurses to take responsibility for their ongoing learning and nursing competence in order to maintain their registration status (Nursing and Midwifery Board of Australia, 2010). Work has commenced at a national and state level to develop standards to clearly guide CFH nurses, managers and educators in the minimum competency levels expected of CFH nurses (Grant, 2013; Guest et al., 2012; Nursing and Midwifery Office, 2011). There is little published information on how the current CFH nursing workforce perceives their preparation for practice or ongoing education needs.

Method

Aim

This study used survey data to investigate CFH nurses' views on their readiness to practise after qualification and about their continuing engagement with learning.

Design

The research was guided by an interpretive descriptive approach (Thorne, 2008). This approach acknowledges that human experience is context-bounded, while accepting that there are shared realities (Thorne et al., 2004). It does not prescribe a circumscribed sequence of steps that must be followed (Thorne, 2008); rather it enables the exploration and description of experience (Lasiuk et al., 2013; Thorne et al., 2004).

This paper uses qualitative data from a survey developed for the CHO_RUS study (Schmied et al., 2014). The survey was designed to examine the views of CFH nurses across Australia on wide-ranging issues identified in focus group data collected in phase one of the study (Psaila et al., 2014) and an extensive literature review (Schmied et al., 2008) and review of national and State policies. This was the first Australia-wide survey of nurses working in CFH and it included questions about education and practice-readiness from a large sample of Australian CFH nurses. A survey approach enables the collection of a range of data of a large number of participants that enables a snapshot at a given time (Kelley et al., 2003). Each survey item was reviewed for content validity by expert CFH nurses and other health professional members of the research team.

Participants

Overall 1098 CFH nurses responded to the survey, from all Australian States and Territories. This represents 25.3% of all Australian Registered Nurses working in CFH (Australian Institute of Health and Welfare, 2012).

Data Collection

Surveys were distributed to CFH nurses across Australia via their professional association (Maternal Child and Family Health Nurses Australia), either electronically via a web link to a dedicated CHO_RUS study page or via hard copy distributed at a national conference in 2011. The survey was available from May to October 2011. Online questionnaires entered data directly onto Qualtrix; data from questionnaires returned in hard copy were entered manually into Excel (Schmied et al., 2014).

This paper uses data from four education questions in the CHO_RUS survey (see below). The response rate for the responses to open-ended questions, varied in number (see Table 1).

Table 1
Education questions.

| Question | Number of Written Responses |
|---|-----------------------------|
| Q8. Which specific aspects of your Child and Family Health Nursing course do you feel most prepared you for your role? | 862 |
| Q9. Are there aspects of your role for which you were poorly prepared by your education in Child and Family Health Nursing? | 816 |
| Q10. What types of professional development or educational activity do you consider would assist you with your role? | 723 |
| Q11. Are there any barriers which prevent you undertaking professional development? | 481 |

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