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EDUCATION ISSUES

Using eDelphi to identify capability requisites for postgraduate certificate in Neonatal Intensive Care Nursing

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Abstract Specialty clinical areas, such as Neonatal Intensive Care (NIC), require proficient nurses with skills specific to the job who demonstrate "fitness of and for purpose" (Stephenson, 1998). Neonatal healthcare employs a global workforce and is an industry that is constantly transforming with new and evolving therapies and technologies. These characteristics require it to employ graduates *capable* of and effective in working in both familiar and unfamiliar contexts, and taking into account existing and emerging cultures, technologies and phenomena (O'Connell et al., 2014; Stephenson, 1998).

This paper will discuss the results of research exploring Stephenson's (1992) concept of capability. This heuristic research utilised the Delphi technique to identify *capability requisites* in students (qualified Registered Nurses and/or Midwives) enrolled any Postgraduate Certificate in Neonatal Intensive Care Nursing (PG Cert NICN) at any Tertiary Education Institution (TEI) in Australia.
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Introduction

Stephenson (1992) notes that capability is often easier to recognize than to measure; and as such tends to be simplified and measured via distinct competencies. O'Connell et al. (2014) maintain that capability is best considered within a holistic framework in which competence is viewed as only one aspect. Kenyon and Hase (2001) suggest that competencies merely measure present knowledge and skills, whereas capability embracing

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competence, is more forward looking, preparing students for changing and dynamic workplaces. A paradigm shift is therefore required in higher education (O'Connell et al., 2014; Stephenson, 1998) and specialist nursing to transfer the focus from competence to capability.

Currently there is no framework of capability for any NIC nursing course in Australia. The United Kingdom's (UK) most recent contribution to the education of neonatal nurses (Royal College of Nursing, 2015), although focussing on competences rather than capability, goes some way towards capturing the concept of capability. However, it does not inform the expected progression of students while *undertaking* postgraduate education in neonatal specialist nursing. This study aims to develop a capability framework for the PG Cert NICN where expected capability requisites are identified, at what stage in the programme the student is expected to have achieved these requisites. The final stage of this research will explore how the student evidences this in practice.

Delphi technique and eDelphi

Delphi is a multi-staged, iterative process used to achieve consensus where none has previously existed (Powell, 2003) on an important issue or where there is uncertainty or lack of empirical evidence on the issue under investigation (Keeney et al., 2011). The Delphi process is visionary, it attempts to identify "what could/should be" rather than what is (Miller cited in Hsu and Sandford, 2007).

The Delphi technique engages a panel of anonymous 'experts' (Keeney et al., 2011) who are able to explore and critique the issues under consideration (Delbecq et al., 1986). The panel can vary in size (10—500 people) according to the research problem and the available resources (Delbecq et al., 1986; Keeney et al., 2011; Powell, 2003). Homogenous panels often require smaller sample sizes (Hansen, 2006).

Classical (traditional) Delphi utilises an open first round questionnaire, where a question is posed to the panel of experts to elicit their opinion (Keeney et al., 2011). Information from this round is transcribed and the implications drawn inform the structure and content of the subsequent rounds (Northcote, 2006). The final round of the Delphi draws the panel towards a consensus by viewing feedback from the group and allowing individuals to reconsider their original response in light of the collective view of the expert panel (Keeney et al., 2011). Delphi technique has traditionally involved the distribution of consecutive questionnaires by post (Powell, 2003), but rounds can now be delivered on-line (eDelphi), a method that was used in this research.

Level of consensus and number of rounds

The purpose of Delphi is to reach a consensus through identifying the index of central tendency (most frequently agreed response to an item). This eDelphi used the median as the index of central tendency as it is seen as the most useful value (Keeney et al., 2011). Stability of responses between Round 2 (R2) and Round 3 (R3) were compared using the Wilcoxon signed-rank test, where group stability occurred if there was no significant difference between rounds.

The *consensus level* is represented by a percentage of respondents that reach a consensus, and is predetermined at the outset of the research (Keeney et al., 2011) with consensus usually achieved after three to five rounds (Hsu and Sandford, 2007). This study set a priori consensus at 70%, which it expected to be reached after three rounds.

Participant recruitment

The study was approved by the Tasmanian Social Sciences Human Research Ethics Committee (HREC) (H13429), and the Australian College of Neonatal Nurses (ACNN) agreed to facilitate recruitment. An invitation to participate in the research was emailed to all members of the ACNN ($n = 576$) along with the Participant Information Sheet and consent form. Potential participants were asked to return the signed consent form (by mail or email) to the researcher, indicating they met the inclusion criteria and were willing to participate in the study.

Demographics

Twenty five panel members responded in Round 1 (R1), mean age was 49.6 years with a cumulative total of 471 years with NICU qualification. 64% possessed either a Masters or Doctorate qualification. Seventy two percent of the participants worked with NIC students in the clinical environment; 52% were involved in education (24% as

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