



“A stressful and frightening experience”? Children's nurses' perceived readiness to care for children with cancer following pre-registration nurse education: A qualitative study



Elizabeth Jestico Senior Lecturer*, Teresa Finlay Senior Lecturer

Oxford Brookes University, Jack Straw's Lane, Oxford, OX3 0FL, United Kingdom

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ABSTRACT

Background: In the UK children with cancer are cared for by children's nurses in a variety of settings, specialist and non-specialist. Whilst post-registration specialist education is available to some nurses, many nurses rely solely on pre-registration education to competently care for these children. This study explores whether nurses perceive that this adequately prepares them.

Objectives: To explore the extent to which qualified nurses perceive that pre-registration nurse education prepares them to care for children with cancer; to consider the implications for children's nursing pre-registration curricula.

Design: A small-scale qualitative study was undertaken using an interpretivist approach.

Methods: Semi-structured interviews were conducted with six qualified children's nurses in two clinical areas - a specialist children's cancer inpatient ward, and a general children's ward where inpatients included children with cancer.

Results: Findings are discussed in relation to three emergent themes: Learning in Theory and Practice, Care of the Child and Family, and Resilience. Participants attached significance to the quantity and quality of practice experience. They reflected on barriers to specific and transferable theoretical learning and stressed the importance of integrating theory and practice. Understanding of family-centred care formed a significant part of their preparation. Preconceptions, communication with families and the emotional impact of this speciality were stressful. Improved pre-registration preparation may have developed participants' resilience.

Conclusion: The complexities of caring for children with cancer and their families require well-prepared nurses. Participants' perceptions of preparedness were influenced by aspects of pre-registration education. Their experiences suggest that curricula should be practice-focused and include a range of placements. Specialist theoretical content must be integrated with practice and transferability of knowledge and skills made explicit. Reflection and problem-based learning may foster coping mechanisms and resilience that will equip them to care for children with cancer.

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1. Introduction

Reflecting on her first experiences of caring for a child with cancer in the 1950s, Thompson (2004:xi) writes: “As nurses we were left caring for children with cancer without adequate knowledge and specific training, and this resulted in a stressful and frightening experience”. Since then children's nursing has developed, as have treatments of childhood cancers (Thompson, 2004) and nurse education has changed dramatically (Royal College of Nursing (RCN), 2012). Consideration of the potential

impact of these changes on children's nurses' perceptions about their readiness to care for children with cancer is thus opportune.

Although childhood cancer is rare, cancer accounts for 20% of deaths in children and the incidence of childhood cancer within the UK has increased by over 40% since the 1960s (Cancer Research UK, 2015). Nurses care for an increasing number of these children and provide care in a wide range of settings. Every child diagnosed with cancer in the UK is allocated to a principal treatment centre (PTC); here their care is co-ordinated by a specialist team delivering complex treatment. Each child is also assigned to a paediatric oncology shared care unit (POSCU) at a hospital closer to their home which manages the child's supportive care (NHS England, 2013). Nurses at both specialist and general paediatric wards care for these children.

* Corresponding author.

E-mail addresses: ejestico@brookes.ac.uk (E. Jestico), tmdfinlay@brookes.ac.uk (T. Finlay).

In the UK pre-registration nurse education is divided into four fields of practice (adult, mental health, learning disability, and children's) and is governed by the Nursing and Midwifery Council (NMC). The NMC sets standards for education (most recently in 2010) and all NMC-approved Higher Education Institutions (HEIs) must deliver programmes according to these standards. However, HEIs have flexibility in curriculum design (RCN, 2012), so students will qualify with varying experiences of practice and theory.

It has been claimed that specialist areas such as paediatric oncology require specialist nurses (Gibson and Hooker, 2004). Similarly, Hunt (2004) states that becoming a specialist nurse requires experience and post-registration education. The Willis Commission (RCN, 2012) asserts that nurse education must be driven by the population's health needs and the increasing incidence of childhood cancer suggests that many nurses from POSCUs and junior nurses at PTCs who lack post-registration experience and education, rely on pre-registration education to competently care for these children. In this study we seek to establish whether nurses perceive that pre-registration education adequately addresses National Institute for Health and Care Excellence (NICE, 2014) requirements for healthcare practitioners involved in caring for children with cancer to have adequate training.

2. Background Literature

UK literature, policies and guidelines largely focus on nurse education for children with cancer that is provided at post-registration level. Most literature relating to cancer education at pre-registration level is non-UK based so needs to be interpreted with the understanding that nursing curricula vary internationally. Findings from these studies are unlikely to be generalisable to UK pre-registration curricula. However, the literature highlights interesting issues related to this topic.

2.1. Practice/Theory Learning

The NMC (2010) states that learning must be equally divided between theory and practice. With regards to theory, O'Connor and Fitzsimmons (2005) and Tomlinson (2004) discuss the inconsistency of theoretical cancer content between UK HEIs. Only Tomlinson's article focuses on children's nursing (and even here the research focuses on post-registration education) but she does highlight that qualified nurses believe that more cancer content in pre-registration programmes would have helped their preparedness. Two studies (Dean et al., 2013; Vioral, 2011) conclude that students who gained practice experience were better prepared for a career in cancer nursing. Others suggest that oncology practice experiences should run concurrently alongside theoretical content (Savopoulou, 2001), and that practice is needed to consolidate theoretical learning (Musgrave, 1997). This sentiment supports the NMC's requirement that theory and practice learning must be integrated (NMC, 2010).

2.2. Generalist Versus Specialist

On-going controversy is woven throughout the literature regarding whether pre-registration nurse education should be preparing generalist or specialist nurses, and whether there is a place for learning about care of children with cancer within curricula. The NMC (2010) notes that newly qualified nurses cannot be expected to have specialist expertise, whilst acknowledging that nurse education must respond to changes in healthcare. Several studies suggest that increasing rates of cancer indicate a need for a more prepared nursing workforce (Lockhart et al., 2013; Savopoulou, 2001; Hermann et al., 2008; Mast, 2000), but there is recognition that there are many competing curricular demands which limit the depth to which any speciality can be studied (Longman et al., 1988; Lockhart et al., 2013). This has led to suggestions for incorporating specialist cancer care knowledge in a generic care

context by developing transferrable knowledge and skills (Tomlinson, 2004), but it remains unclear whether this prepares nurses adequately.

2.3. Stress

Stress associated with cancer nursing is explored by many including Rushton (1999) and O'Connor and Fitzsimmons (2005) who suggest that students may hear myths and misinformation about cancer care that are not dispelled without appropriate education. Mast (2000) and Tomlinson (2004) similarly argue that stress is caused by the complexity of oncology nursing; they suggest that improved education may reduce stress experienced by cancer nursing and misunderstandings about it.

No research has been found that specifically explores the extent to which nurses feel that their pre-registration education prepares them to care for children with cancer which is the aim of this study.

3. Methods

3.1. Design

A small-scale qualitative research project was undertaken to investigate whether nurses *perceive* that they are prepared, with an underlying concern that their confidence and experience may be affected by their perceptions. A qualitative design was chosen to enable participants to express their interpretations.

3.2. Participants

Participants were purposively sampled qualified children's nurses who had cared for children with cancer. They were recruited from a PTC and a POSCU. Involving both groups augmented the diversity of nursing practice and educational experiences. Also, participant inclusion was not limited by date of qualification or the HEI at which participants had studied (provided it was within the UK).

3.3. Data Collection

Face-to-face semi-structured interviews were conducted. A pilot interview and relevant literature aided the development of an interview guide which was used flexibly throughout. Interviews lasted between 30–60 min and were audio-recorded.

3.4. Ethical Considerations

Approval was obtained from a university research ethics committee and Research and Development Committees at the NHS Trusts. Letters of invitation and participant information sheets were sent to ward managers who were asked to disseminate these to staff who fitted the inclusion criteria. Written informed consent was obtained from all participants at interview. Participants have been allocated pseudonyms for confidentiality.

3.5. Data Analysis

Thematic analysis was undertaken adopting Braun and Clarke's (2006) 6-phase guide. An inductive approach was taken to coding the data where identification of codes was driven by the content of the data (Braun and Clarke, 2006). A coding framework was developed on the basis of reflexive discussion about the initial coding, and the data re-coded according to the framework. Analysis by EJ using the coding framework resulted in three themes when grouped. The thematic analysis was read by both authors, discussed with TF and finally refined by EJ.

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