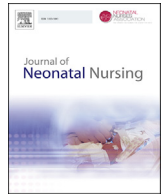




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Original Article

Capability: How is it recognised in student nurses undertaking postgraduate studies in neonatal intensive care?

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ABSTRACT

Historically, nursing practice has been evaluated by assessing competence. While competence is a necessary component of clinical practice it does not provide an holistic picture of performance in practice; Capability is more comprehensive. This paper presents the findings from research, using the iterative principles of grounded theory to gather qualitative data to elicit nuances implying Capability in neonatal nurses. Semi-structured interviews with experienced mentors of students enrolled in any Postgraduate Certificate in Neonatal Intensive Care (PG Cert NIC) in Australia were undertaken to clarify what it is that students demonstrate, which provides evidence of being Capable in practice. The implications drawn from these interviews is that Capability is evaluated through various verbal and non-verbal behavioural cues. Although this research focuses on registered nurses in Australia undertaking PG Cert NIC, ideally these findings could be applied internationally, to any post-registration qualification in the specialty area of neonatal intensive care nursing.

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Introduction

Assessing competence in nursing practice has long been problematic, often reduced to a tick-box system of performing certain tasks or competencies (Sasso et al., 2016). However, the research reported in this paper, suggests that rather than evaluating competence, the participants from clinical practice are actually appraising Capability¹ (Stephenson and Yorke, 2012). Capability:

... embraces competence but is also forward looking, concerned with the realization of potential ... Capability is an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts but in response to new and changing circumstance ... to take actions in uncertainty and to see initial failure as a basis of learning how to do better (Stephenson and Yorke, 2012).

The notion of Capability has become increasingly relevant in contemporary higher education (Hase, 2000) and nursing education (O'Connell et al., 2014). Capability is undeniably applicable to contemporary neonatal nursing where technology and new models

of care drive change in the neonatal setting (McKechnie, 2016). Twenty-first century neonatal nurses work in developed and less developed countries, where the context changes from high tech neonatal intensive care in a tertiary hospital setting to providing care in remote areas which requires problem-solving in unfamiliar environments.

Aim

This research aimed to contextualise and explicate the concept of Capability in students undertaking studies in a Postgraduate Certificate in Neonatal Intensive Care (PG Cert NIC) nursing in Australia through insights provided by mentors (the participants).

Methodology

Grounded Theory

This exploratory research uses the inductive principles of Grounded Theory (GT) to acquire new insights. GT is ideal for this type of research, it emphasises the voice of the participants (Hansen, 2006) and its inductive tenets generate theory from unfolding data (Straus and Corbin, 1998).

In this study, participants reflected on their experiences; sharing their impressions of students' language and behaviour in order to make meaning of Capability from those cues. The methodological concepts of symbolic interactionism and dramaturgical analysis

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¹ In this paper Capability is indicated with a capital 'C' as defined by Stephenson and Yorke (2012) and for the purpose of this study, specific to clinical practice in neonatal nursing.

informed this study through exploring the complex nature of verbal and non-verbal language (Charmaz, 2014).

Study rigour

The rigour of this study recognises the ‘trustworthiness’ of the research as most important in evaluating its worth (Lincoln and Guba, 1985). Trustworthiness includes the ‘credibility’, ‘transferability’, ‘dependability’ and ‘confirmability’ of the study.

Credibility implies truth of the findings; the study is undertaken in order that the findings will be both probable and convincing. *Transferability* indicates that the findings are applicable to other contexts. *Dependability* describes the plausibility of the study, while the findings, interpretations and conclusions are supported by the data. In social sciences, dependability indicates the method may be replicated with another population. *Confirmability* infers the degree of impartiality; findings are generated from the participants’ ideas with no covert researcher bias, and the data are approached with significant objectivity. In this study, purposive sampling (Babbie, 2011) was employed to select specific participants with particular qualities which supports the principle of transferability (Lincoln and Guba, 1985). Confirmability and dependability was provided through an audit trail, which included recorded information on sampling, rationale for the decisions made, and details of the analytical processes (Lincoln and Guba, 1985).

The research was approved by the Tasmanian Social Sciences Human Research Ethics Committee (H0013429) and all data were treated in a confidential manner with de-identified information and anonymity; pseudonyms have been used in this paper.

Recruitment

Participants were selected based upon their expertise, and ability to add value to the discussion (Hansen, 2006) of Capability. Criteria for participation included a neonatal intensive care qualification, ten years or more experience in NIC Nursery with responsibility for assigning patients to students undertaking the PG Cert NIC. Participants self-identified as either preceptor, team-leader, or clinical nurse educator. Experts of this kind were able to provide a more comprehensive evaluation of clinical performance (Govaerts et al., 2011).

Recruitment of participants was facilitated through the Australian College of Neonatal Nurses (ACNN). Initially four neonatal nurses (three female, one male) from three different states in Australia, returned the signed consent form, indicating they met the selection criteria and were willing to participate in the study. Participation criteria limited the sample population greatly. It was decided that as data were generated and analysed, decisions would be made regarding data saturation and the need for further recruitment (McCann and Clark, 2003).

Data generation

Data were generated through one-to-one semi-structured interviews with individual participants. The interviews, lasting between 2 and 3 h, were conducted and recorded via Skype™ and recordings were transcribed verbatim.

Interviews

Prior to the interviews the participants were emailed the NIC Capability Framework (Bromley, 2015) to contemplate the more tacit aspects of the Capability in NIC.

The interview questions were:

1. What is the evidence provided by the student that he/she has Capability?
2. When assigning patients to students undertaking the PG Cert NIC, what are the qualities you look for to match the student nurse to the patient?

During the interviews participants told their stories, reflected on experiences from work, and compared clinical episodes in order to contextualise Capability. This form of *story-telling* communicates participants’ realities (Wang and Geale, 2015). Even though the experiences are unique to the participant, in GT, it is possible to make meaning of these experiences through sharing common circumstances (McCann and Clark, 2003).

Data analysis

This method of inquiry generated large amounts of qualitative data (Carter et al., 2016). Content analysis for the interviews was undertaken through sequential stages of coding. Initial coding opened up ideas, axial coding found the interconnections between the data and finally selective coding developed the theoretical background (Charmaz, 2014). Theoretical data saturation was reached with four participants, and recognised when coding was exhausted and no new information was presented but enough to allow the study to be replicated (Fusch and Ness, 2015).

Respondent validation was used to confirm the researcher’s interpretations (Hansen, 2006). The interview transcript was returned to individual participants to confirm it was a true representation of their ideas.

Limitations of the study

Small participant numbers may limit the extent to which conclusions drawn can be applied to the wider population. However, if there is another population that has the same specific qualities as these four participants, and one is able to see similarities with this specific population, then the findings may be transferable to other contexts (Lincoln and Guba, 1985). Similarly, Braun and Clarke (2006) suggested that if the findings are comparable to similar research, this further enhances validity and reliability. As such, the findings of this research were mapped against studies exploring newly graduated registered nurses’ capacity for safe practice (Killam et al., 2010; Luhanga et al., 2008; Rittman and Osburn, 1995; Tanicala et al., 2011) as well as Scott et al. (2010) and Coetzee (2014) concepts of ‘graduateness’ (Table 1) providing evidence of alignment. Hence, while there is limited research on Capability in nursing, the results of this study drew parallels with other Capability research.

As the researcher was herself a neonatal nurse educator, it was important to minimise personal bias when exploring issues in neonatal nurse education. In GT the researcher recognises that their own values inform their judgments and it is impossible to be completely value-free. When researching the world in which you are working, it is essential to step back and critically analyse the emerging data, while drawing on past experiences and theoretical knowledge (Charmaz, 2014). GT methodology ensures the researcher is able to maintain an analytical distance (Streubert and Carpenter, 2003).

Findings

Stephenson and Yorke (2012) concept of Capability develops through an integration of knowledge, skills and personal qualities, used in familiar and unfamiliar contexts to; take effective and

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