The transition experiences and perceptions of newly qualified children’s nurses working as children’s community nurses.

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Presentation aims

To outline:

Study background
Theoretical context
Research design
Main findings
Key messages
Development of children’s community teams across each locality in England (Department of Health 2004)


Teams in local area employing newly qualified nurses for the first time.
Chick and Meleis define the concept of transition as:

“Passage from one life phase, condition or status to another, embracing the elements of process, time span and perception” (1986 p239).


Common processes, time span and perception that all newly qualified nurses experience
This study aimed to describe and analyse the transition experiences of newly qualified children’s nurses who work in children’s community nursing teams (in the North West of England).

- What is the meaning of role transition for newly qualified children’s nurses working as children’s community nurses in children’s community nursing teams?
- What are the conditions that facilitate or inhibit this role transition?
Research Design

• Qualitative descriptive study
• Purposive sample – eight newly qualified nurses working in expanding children's community nursing teams – generalist
• Ethics Approval
• Data Collection - participant observation and semi structured interviews
• Data analysis – qualitative thematic analysis
Findings

- Shadowing
- Visiting
- Into the Community as a children’s community nurse
Shadowing subthemes

- Protection versus overprotection
- Recognition /disregard of previous undergraduate experience
- Assessment of competence as a key milestone to lone visits
- The importance of choice in moving to lone visits
Shadowing

• **Protection versus overprotection**
Max described the benefits of the shadowing period:
“As we were coming up towards qualification there was kind of this big cloud stuck up here with the big word accountability written on it and that was quite scary. But to be honest when I did start work because of the induction process and because I was able to go out with more senior members of staff all the time it wasn’t that scary”.

• **Recognition/disregard of previous undergraduate experience**
Chris felt disappointed that the team did not recognise her experience:
“I’ve got this behind me I’ve done this and I think as well you’ve done like a year and half before you’ve even qualified of nursing experience I think a lot of people forget that when you go into your first job depending how much you put into your nurse training depends on how much you know and competence”.
Shadowing continued

• **Assessment of competence as a key milestone to lone visits**

Jesse described the type of supervision employed in the children’s community nursing teams:

“We have got to have observed, been taught and practised so it’s either your preceptor or somebody with experience”.

• **The importance of choice in moving to lone visits**

Max described the process of moving to lone visits:

“If I didn’t feel ready then I wasn’t rushed out, I only went out when I felt ready and when everyone else was confident that was able to do my job. I think the help is the support network you get and with everyone letting you take your time and not having to rush and feel rushed either, and panic”
Visiting subthemes

• Allocated visits and routine uncomplicated care
• The benefits and challenges of having a case load
• Continued support
• The move to independent decisions
Visiting

• **Allocated visits and routine uncomplicated care**

Themba described her experience of these allocated visits:

“You know a lot of our pathways, that we’ve done like the wound assessment and the eczema and the constipation. They are very quick, so it is literally tick boxes which you can do”.

• **The benefits and challenges of having a case load**

Y described her experience when caring for a child on her caseload:

“Good experiences are when you can help families, when you’re doing an eczema visit and I suggest like a different type of emollient or trying something else and then we go back in a week or two and it’s working and it’s helping and it’s making the child feel better and the mum feel better”.
Continued support

Lee described the fact that she continued to gain support:
“and even when that six weeks was up I’d see a child that had been on the caseload for a while and I’d go through it with someone before I left the office so I knew what I was doing”.

The move to independent decisions

Harley described her ability to make decisions:
“The difference between being able to go and change a wound and now knowing why you’re making those changes rather than just physically doing it. And being able to make those decisions if you need a change of a dressing and what that particular dressing would do for that wound in terms of stimulating the skin growth. So probably just my personal development and being able to make those decisions on my own I now feel competent in”.
Into the community as a children’s community nurse – subthemes

Lone working
The challenge of the car
Safety concerns
The arbiters of their own identity
Into the community as a children’s community nurse

• **Lone working**

Nasim described her experiences of lone working:

“But in the community I think it's responsibility over a patient and you've not got someone else there with you, so the only thing you can do is come back to the office and clarify with other nurses like I've been doing anyway”.

• **The challenge of the car**

“Chris described her experiences of travelling during the working day:

“I think days of utter stress, times when I've spent like a whole day in my car. I've not had hardly any patient contact and I just think give me a ward any day”.
Into the community as a children’s community nurse – continued

- **Safety concerns**

  Lee gave an example of a strategy to overcome safety concerns:
  
  “Some patients we have, where we have a two worker policy going on as well. And some areas as well, you think I’m not really comfortable round here, and if you’re not comfortable then don’t go. And we have areas that are no-go areas after certain times just for safety reasons. So it’s all minimising risk”.

- **The arbiters of their own identity**

  Jesse explained her perceptions of her identity:
  
  “I do feel a bit outnumbered. I don’t feel like I’m newly-qualified though, I just feel like a slightly less-experienced Band 5, but I don’t feel newly qualified any more”.
Key Messages

• A period of shadowing helped with knowledge, skill and confidence development, however this was inhibited by feeling overprotected and not having their previous experience recognised.

• Having the confidence and competence to choose to go on lone visits was seen as beneficial.

• They routinised their actions to help them cope with the cognitive demands of lone visiting.

• They were able to working independently as a children’s community nurse but they were still reliant at times on the support of others.

• Still to attain the identity of a children’s community nurse.
References


Greater Manchester, East Cheshire and Higher Peak Children, Young Peoples and Families’ Network (2006,) *Making it Better Reconfiguration of In-patient services for women, babies, children and young people in Greater Manchester, East Cheshire and High Peak Report for the Joint Committee of Primary Care Trusts*..


Thank you for listening

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