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Northern Child Health Network

Needs Analysis Report

January 2003

Rhonda Winskill - Paediatric Rural Outreach CNC

e-mail address: paedoutreach@hunter.health.nsw.gov.au

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Invitation:

Representatives of Northern Child Health Network Steering Committee may have suggestions which would better met the individual needs of nursing staff in their health service other than or in addition to those suggested in this report.. Please contact Rhonda Winskill, Paediatric Rural Outreach CNC, at paedoutreach@hunter.health.nsw.gov.au or telephone: (02) 49392354, mobile: 0438809688.

Acknowledgements:

I wish to thank the nurses who care for children and their families throughout the Northern Child Health Network who took the time during September, October and November 2002 to complete the need analysis questionnaire.

Also this project would not have been possible without the co-operation and support I received from Nurse Managers, Nurse Educators and Health Service Managers throughout the Northern Child Health Network who willingly distributed, and in some cases collected and forwarded the completed questionnaires onto myself.

Thank you.

Distribution:

Copies of this report have been sent to,

- ◆ NSW Health
 - Ms. Kathy Meleady
 - Mr. Bart Cavaletto

- ◆ Co-ordinator Northern Child Health Network
 - Ms. Leanne Crittenden

- ◆ Area Directors of Nursing
 - Hunter Health, Ms, Jenni West
 - New England Area Health Service, Ms, Garda Hemming
 - Mid North Coast Area Health Service, Mr. Chris Foster
 - Upper Hunter Health Service, Ms, Sue Ayre
 - Lower Hunter Health Service, Ms, Linda Cutler

- ◆ Northern Child Health Network Steering Committee Representatives –
 - Ms, Kay Wright
 - Ms, Helen Stevens
 - Dr. Peter Jones

 - Ms, Lee Davidson
 - Dr Robert Porter
 - Mr. Brett Thomson

 - Assoc. Professor Trish Davidson
 - Ms, Pat Marks
 - Ms, Margaret Piper

 - Adj. Professor Ms. Jennie Becker
 - Ms, Annie Dullow

- ◆ Northern Child Health Network rural partners who responded to the questionnaire. This includes nurses, nurse managers and nurse educators located at twenty-two (22) different sites throughout the network. These sites include: Kempsey Hospital, Macksville Hospital, Bellingen Hospital, Dorrigo MPS, Port Macquarie Base Hospital, Coffs Harbour Hospital, Gloucester Hospital, Taree Hospital, Glenn Innes Hospital, Moree Plains Hospital, Gunnedah Hospital, Tamworth Base Hospital, Inverell Hospital, Armidale Hospital, Singleton Hospital, Kurri Kurri Hospital, Cessnock Hospital, Merriwa Hospital, Murrurundi Hospital, Denman MPS, Scone Hospital and Muswellbrook Hospital.

Project:

Conduct a service-wide education needs analysis, targeting nurses who care for children and their families throughout the Northern Child Health Network, in order to plan relevant and clinically focussed paediatric continuing education initiatives.

The specific target group were registered and enrolled nurses who care for children and their families throughout the 42 hospitals within the 144,000 square kilometres, which make up the Northern Child Health Network.

Introduction and Background to the Project:

All children irrespective of where they live, and where ever they enter the health care system should have access to the care they need when they need it. In addition all paediatric health care professionals should be involved in the planning process of care, have access to information and be appropriately supported as they strive to provide optimal care to children and their families (Paediatric Services Networking Steering Committee 2002, p. 6).

Nurses who care for children and their families require specialist knowledge and skills. Children's needs are different from those of adults, this arises from the fact that children are growing and developing individuals with unique psychological, communication, emotional, developmental and cultural needs. The NSW Health Department document 'Guidelines for the Hospitalisation of Children' July 1998, p.13 states, 'those involved in the care of children should have special training to recognise and meet the special health, psychological and developmental needs of young children.' This document also states that 'relevant and ongoing staff development programs should be child-oriented rather than task-oriented.' Additionally the changing context of children's health care presents distinct challenges to nurses who care for them and their families. These specific issues include:

- ❑ The increase in the number of infants and children with chronic illness' and chronic health conditions
- ❑ The increase in survival rates for pre-term infants with life long health problems
- ❑ Caring for families and children with complex social and health needs and
- ❑ Shorter hospital stays for sick children with the added expectation on community nurses to provide care that was traditionally provided in hospitals.

Add to this the expectation in smaller organisations that nursing staff provide care to patient's across the entire age continuum it becomes apparent that nurses caring for children and their families require access to ongoing, clinically focussed paediatric nurse education initiatives which are timely, relevant and meet their specific work place needs (Senate Community Affairs Reference Committee 2002, p.188, 198, 194).

According to the 2002 Senate Community Affairs Reference Committee Report on the Inquiry into Nursing: The Patient Profession Time For Action, (2002, pp. 188-189, 170) nurses who are expected to work across both adult and children's health services believe they are unable cope with the demands of specialised paediatric care, it also mentions that this practice environment affects the nurse's job satisfaction. In addition this document also identifies rural and remote nurses as the recipients of 'fragmentation of developments in education and training'.

Clearly the contribution of the nursing workforce to the efficiency and effectiveness of the Australian health care system is significant, therefore, investing in the ongoing education and competence of nurses to sustain this quality of care is an investment in the future for all Australians. (Heath 2002, pp. 7, 81, Senate Community Affairs Reference Committee 2002, pp. 6-8, 166.). In the recently released National Review of Nursing Education it states that 'nursing education and nursing practice are interdependent' (Heath 2002, p. 12) and recommendation fifteen (15) suggests that the ongoing continuing clinical development of nurses at all levels be promoted and supported to maintain clinical currency in the workplace (Heath 2002, p.23). Findings from this needs analysis supports these previous research findings.

The Paediatric Rural Outreach Clinical Nurse Consultant position was established as an initiative of the three network partners, New England Area Health Service, Mid North Coast Area Health Service and the Upper and Lower Hunter Area Health Service. The aim of this position is to provide a paediatric resource and consultancy service. It also aims to facilitate and provide education and training to enhance best practice, by developing paediatric specific continuing education programs and train the trainer initiatives. The position is targeted to children and their families in regional, rural and remote areas. The prime objective is to provide access to education and training, coordinate clinical practice protocols along with advocacy for child health services and liaison between health providers as close to home as possible. It is anticipated that this will facilitate the delivery of quality paediatric services throughout the network, with an emphasis on quality hospital and community services being available at centres close to where families live.

A project, which identifies the education needs of nurses who care for children and their families can assist health service managers develop policies, protocols and education initiatives which deliver cost effective education and management strategies. The aim is to augment staff job satisfaction and reduce staff stress whilst facilitating the acquisition of new knowledge skills, and attitudes to promote optimal patient care. The net result would be a more competent, confident, stable nursing workforce that meets the needs of the community.

Thus to achieve the functions and responsibilities of the position the first important step in setting up the role was to undertake a network wide education need analysis to identify and determine the felt and normative need of nursing staff employed to care for children and their families (Hawe et. al. 2000, pp. 18-19). Therefore during September, October and November 2002 an education needs analysis was undertaken throughout the Northern

Child Health Network in an attempt to determine and plan ongoing nurse education initiatives. It is anticipated that this information will contribute to the development of thoughtfully planned and outcome oriented paediatric continuing education.

Project Goal:

During September, October and November 2002 identify the paediatric continuing education needs of nurses who care for children and their families in 50% of sites located throughout the Northern Child Health Network.

Project Objective:

To increase by 50% from December 2002 and January to July 2003 the proportion of nurses in the Northern Child Health Network who attend clinically relevant paediatric continuing education initiatives, to influence clinical practice.

Project Strategy:

To provide paediatric continuing education initiatives for nurses employed throughout the Northern Child Health Network to empower and enable them to make informed best practice decisions about the care they provide to children and their families (Hawe et al. 2000, pp. 43-45, 56).

Summary of the Results:

A return rate of 80% was achieved, this is a realistic response when you consider the, limited resources and the difficulties involved in getting the questionnaires out and into the hands of clinical nurses throughout the network of 144,000 square kilometres and 42 sites. Thus it is reasonable to conclude this return rate is indicative of nurse's desire and identified need for further paediatric education.

The greatest percentage of respondents were clinical nurses providing direct patient care to children and their families. Only 4 in 136 (3%) of respondents identified that they did not provide direct patient care at some time. Thus the specific target group for the project was surveyed and their needs, opinions and beliefs were identified.

Consistently, nurses in all three, area health services responded similarly to the questions asked. The respondents identified the same education topics that they believed would be necessary to enhance their clinical practice and improve their confidence and competence when caring for children and their families. For example, the subject category that received the majority of positive responses where nurses indicated a distinct need for further education was the category 'Assessment.' This category included the topics, assessing the sick child, pain assessment, fever assessment and hydration and fluid requirements. When respondents were asked if they felt confident when performing clinical assessments on sick children, 22% answered 'always', 76% answered 'sometimes', and 2% answered 'never.' Continuing education on resuscitation of the

paediatric patient also rated highly, particularly aspects of care that relate to advanced life support skills. Only 12% of respondents expressed confidence in their paediatric resuscitation skills and knowledge in all situations. Whereas 75% expressed confidence sometimes and 13% were never confident. Given the unexpected and unpredictable nature of having to provide this type of care and support, this response is anticipated. Interestingly only 65% of nurses identified that they were familiar with the current Australian Resuscitation Council Basic Life Support Guidelines, and only 40% were familiar with the Advanced Life Support Guidelines. This explains further why education and training in this area of paediatric care has been identified as a need.

Childhood growth and development and why children are different, two topic areas that are very similar, also rated highly and were identified as topic areas where further education is desired and required. Only 23% of respondents believed that they always have accurate knowledge and understanding of the differences between children and adults to guide their practice.

Only 29% of nurses providing direct patient care were familiar with the NSW Department of Health draft paediatric clinical practice guidelines. Whereas 64% of nurse managers and nurse educators identified that they were familiar with these guidelines.

Another notable area of expressed need was in the category 'working with families' (question 10). Nurses from all three, health services consistently rated dealing with anxious families as an area of need 73% of respondents expressed this. At the same time 40% of respondents stated that they would benefit from further education and training in family centred care practices (questions 7). These subject areas are directly related and historically family centered care is an area where little formal education and training has been given (Wright 1989, pp148-154). Research (Casey, A. 1988, pp. 67-68 & Palmer, S. 1993, pp. 185-191) has demonstrated that working collaboratively with families in a partnership model of care (family centered care) reduces parental anxiety and stress and encourages better communication between health care professionals and parents. Therefore a collaborative relationship in care facilitates the nurse's care of anxious, demanding families.

Respondents identified their preferred learning style as attending short in-service sessions, study days and workshops. This response is consistent with published research. Studies have indicated that nurses prefer the interactive nature that these education opportunities offer (White et al. 1998, pp. 147-153 & Bell et al. 1997, pp. 794-800). Nurse managers and nurse educators cited short in-service sessions only, as the most popular option for ongoing education to suit staffing and rostering purposes.

When you compare the responses of nurses from the three individual health services the Mid North Coast consistently rated higher and more favourably. Nurses in this health service expressed greatest confidence when caring for paediatric patients and greatest familiarity with all paediatric guidelines. This health service had the highest proportion of registered nurses and the fewest number of enrolled nurses who responded to the questionnaire.

Finally the specific limitation of this needs analysis were:

Not all sites returned the questionnaire, for example a total of 26 sites were requested to complete and return the questionnaire, however only 22 sites returned completed questionnaires thus only 86% of sites responded.

The questionnaire reveals the respondent's or nurse manager's/nurses educator's opinions of the needs not the nurse's actual knowledge or competence.

Recommendations and Discussion:

The results demonstrate and justify the need to provide continuing and relevant paediatric nurse education in the fundamental principles of nursing sick children and their families. Clinically current education that promotes best practice and focuses on the principles of paediatric care that can be applied to diverse clinical situations, promotes problem solving abilities and the ability to implement accurate nursing interventions.

Given the size of the service area and the number of sites where paediatric continuing education could be conducted, it is essential that any proposed education plan reflect a cost efficient, flexible, approach. The aim would be to maximize the number of attendances at each education session conducted: by advertising well in advance planned sessions, negotiating preferred times, formats and session durations with nurse managers and inviting nurses from numerous sites. Not only does this provide beneficial education but also valuable opportunities to promote networking and collaboration between nurses from different sites. Interactive education opportunities either as in-service sessions, workshops or study days would be the suggested format. It also recommended that videoconferencing opportunities be explored as an alternative strategy to delivering education opportunities other than the traditional face to face approach. This would provide opportunities for regular, frequent continuing education (for example, bi-monthly sessions) to a number of sites throughout the network. It would also present opportunities for nurses in the network to liaise with Paediatric Clinical Nurse Consultants, Nurse Educators and Clinical Nurse Specialist from John Hunter Children's Hospital directly and receive information and additional education about current nursing management and new trends in discipline specific conditions.

Initial suggested target topics on the basis of this needs analysis would be:

- Why Children are Different?
- Assessment of the sick child
- Paediatric Pain Assessment
- Fever in Children
- Hydration and Fluid Requirements in Children and Infants
- Family Centered Care Practices
- Basic Life Support and Advanced Life Support

Education initiatives have already been conducted, and further programs are planned for the beginning of 2003. These include:

- Two study days 'Contemporary Paediatric Nursing in the Rural setting' planned for the Lower and Upper Hunter for February and March, to be held at Muswellbrook and Cessnock Hospitals.
- A Paediatric Basic Life Support Train the Trainer Workshop at Gunnedah Hospital in February.
- Advanced Life Support Workshops scheduled for Coffs Harbour Health Campus in February and June.
- Advanced Life Support Workshops scheduled for Kempsey in March and June and Taree in March.
- Continuing education planned for Narrabri Hospital in February and proposed for Inverell in April and Macksville in May.

Education Initiatives that have been conducted to date on the basis on preliminary needs analysis findings were:

- Continuing education sessions conducted at Gunnedah, Moree, Scone and Taree Hospitals.
- Paediatric Basic Life Support Train the Trainer Workshops at Muswellbrook, Singleton, Cessnock, and Armidale Hospitals.

Another strategy to meet the identified education needs of nurses is through supernumerary clinical placements of nurses to John Hunter Children's Hospital or other paediatric facilities. Facilitation of this process requires careful identification of each individual nurse's specific education needs, facilitating appropriate preceptorship arrangements and providing relevant education support and assistance with the aim to maximize the seconded nurses placement. Clinical placement provides beneficial opportunities for nurses to review current best practice and current trends in care.

Finally with the release in the not too distant future of the 9 remaining NSW Health Department's paediatric clinical practice guidelines, a coordinated strategy will need to be considered to facilitate their distribution to nurses involved in direct patient care and their incorporation into current clinical practice throughout the network.

Methodology and Findings:

One method was utilised:

- A purpose-designed questionnaire was developed and circulated.

Purpose Designed Questionnaire

A total of 171 questionnaires were circulated to 26 different sites throughout the network. One hundred and thirty six (136) completed questionnaires were returned, this represents a return rate of 80% (please see appendix 1 for a copy of the questionnaire).

Throughout the network there are approximately 42 potential sites for distribution, by circulating the questionnaire to 26 sites an anticipated coverage rate of 62% was aimed for, however only 22 sites returned completed questionnaires therefore an actual coverage rate of 52% was achieved.

The questionnaire was circulated to hospital sites with different classifications and thus different facilities for children and their families. This was employed to obtain a representative sample of the vast and multifarious education needs of nurses working throughout the network. For example six (6) hospitals with designated children's wards were surveyed, a number of hospitals with 'swinging' children's beds were surveyed, as were hospitals, which provide acute accident and emergency services and no inpatient services to children.

The questionnaire was piloted at one Lower Hunter Hospital in late August 2002. All six questionnaires were returned and it was not necessary to make any alterations to the initial document, these six questionnaires are included in the final analysis. Subsequently the questionnaire was distributed throughout the network in September 2002. Hospitals with designated paediatric beds/wards were requested to distribute and return ten (10) completed questionnaires, hospitals with 'swinging' paediatric beds or only accident and emergency services were requested to compete and return five (5) questionnaires. In most cases the questionnaire was e-mailed to either a nurse manger or nurse educator at the participating hospital and they were requested to distribute the questionnaire to their staff. A few questionnaires were hand delivered to either a nurse manager or nurse educator to distribute.

The questionnaire used a simple multiple-choice format and in some cases invited further comment and explanation from the respondent. The questionnaire consisted of a total of 23 questions, response was anonymous and 8 weeks was allocated for respondents to return the questionnaire to the designated address on the questionnaire. For some questions respondents were requested to rate their response to the statement/question proposed. The following example of a question, explains this request.

Do you feel confident when performing clinical assessments on sick children?

- Always
- Sometimes
- Never

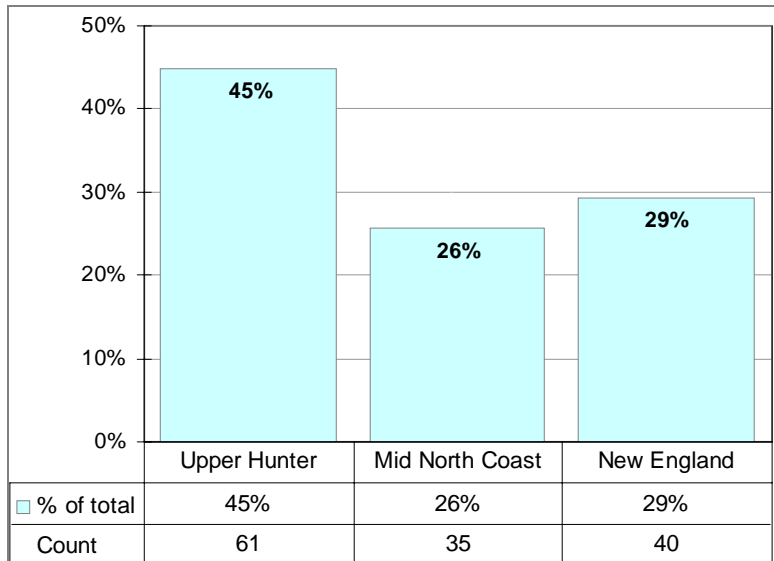
The purpose of these questions was to elicit the opinions and beliefs from the nurse's/nurse manager's/nurse educator's perspective concerning nurse's confidence and perceived competence when delivering care to children and their families. Other questions listed education topics under target or specific headings and were designed so that each respondent could indicate if they/or their staff required information and continuing education on these topics. These specific education topics were designed to further identify the opinions and beliefs about the respondents education needs.

In addition an analysis of preferred learning styles was catered for by requesting respondents to identify the format of education they preferred. Also a survey of nurse's familiarity with the Draft Paediatric Clinical Practice Guidelines was also undertaken.

On the following pages is an analysis of the data collected with an accompanying brief commentary.

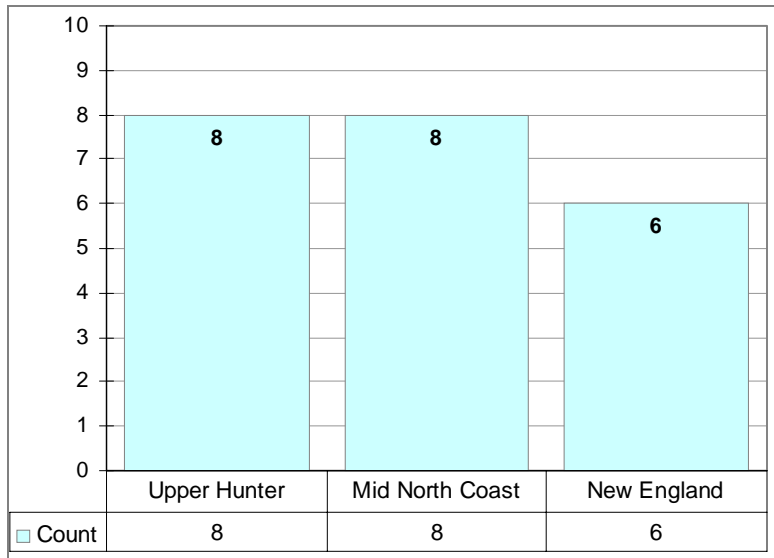
(In the following tables Upper Hunter refers to the Upper and Lower Hunter Health Service, excluding the Greater Newcastle Sector.)

Question 1. Which area health service are you from?



The greatest return rate to the questionnaire (almost 100% response rate) was received by employees within the Upper and Lower Hunter Area Health Service this could be explained by the fact that the incumbent CNC has worked within Hunter Health for a number of years in a paediatric nurse education position. Knowledge of this, by nurses in the Upper and Lower Hunter may alone have prompted a response.

Question 2. Sites represented.

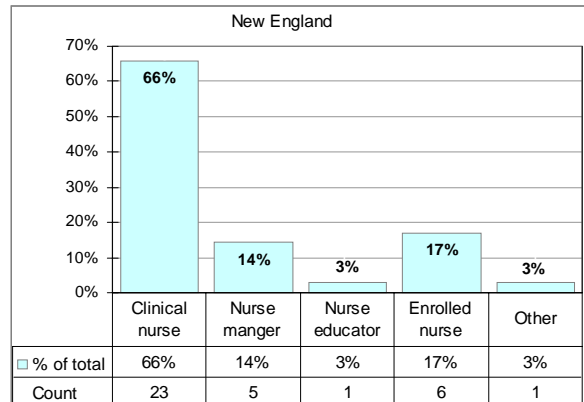
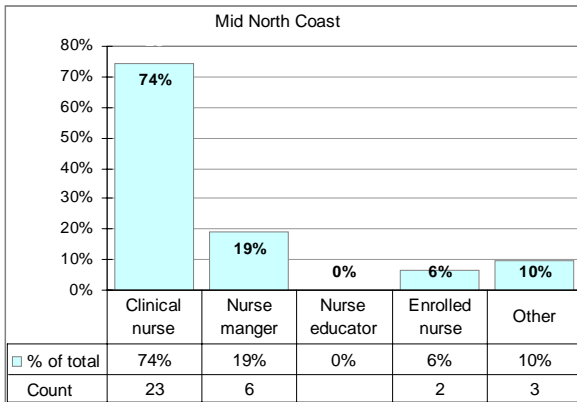
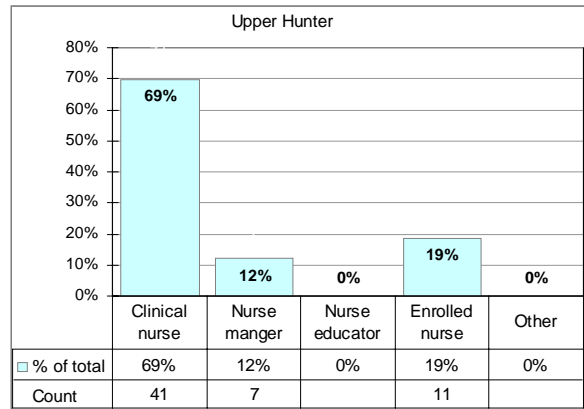
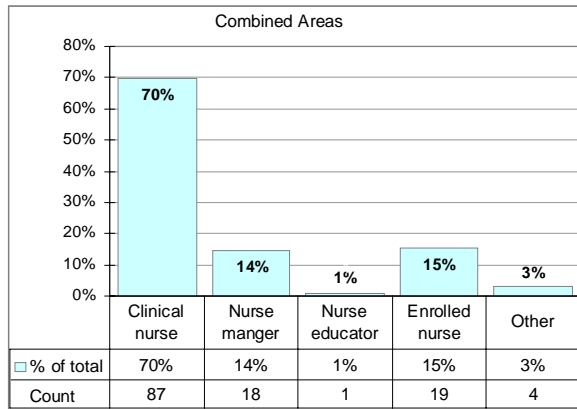


The questionnaire was circulated to a total of 26 sites, however only 22 sites responded to the questionnaire. Two sites in the Mid North Coast Area and 2 sites in the New England Area did not return any questionnaires. All Hunter Area Health Service sites returned completed questionnaires.

The questionnaire was distributed to 8 sites in the New England Area and completed questionnaires were received from 6 sites. In the Mid North Coast Area the questionnaire was distributed to 10 sites and 8 sites responded and in the Hunter the questionnaire was distributed to 8 sites and 8 sites responded.

Overall a reasonable return.

Question 3. What is your role?

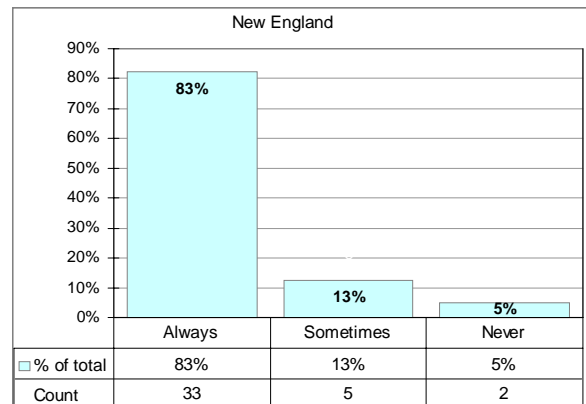
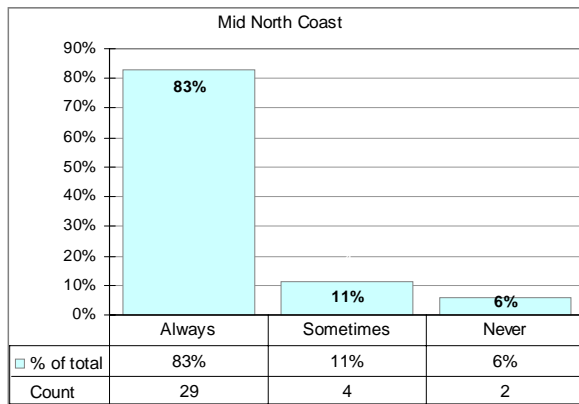
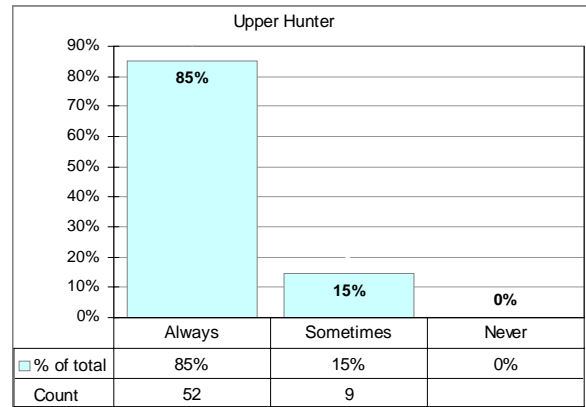
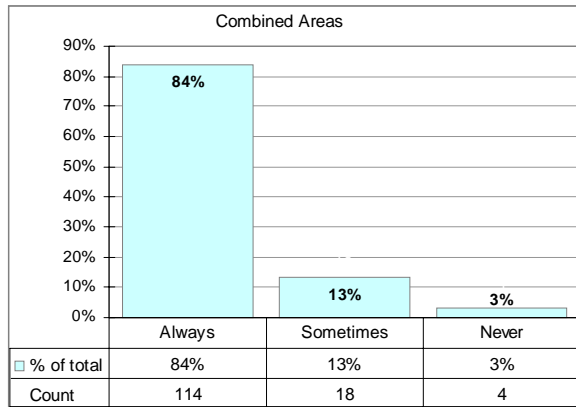


It can be seen from the above that the project goal and specific target group – clinical nurses caring for children and their families, was accomplished.

In each area at least 80% of respondents were either Registered Nurses or Enrolled Nurses.

In the Upper Hunter and New England Areas a larger proportion of respondents were Enrolled Nurses, 19% and 17% respectively.

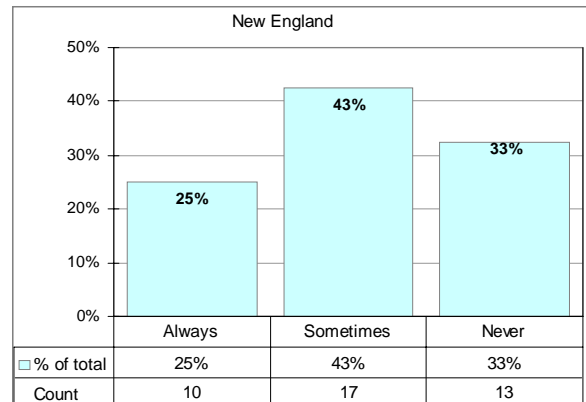
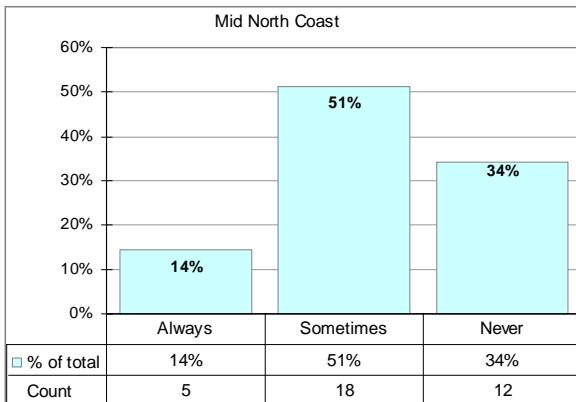
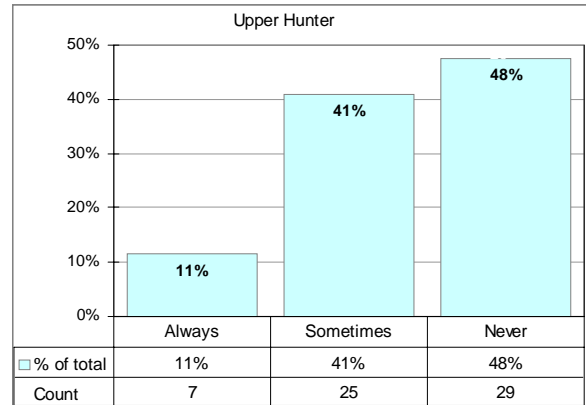
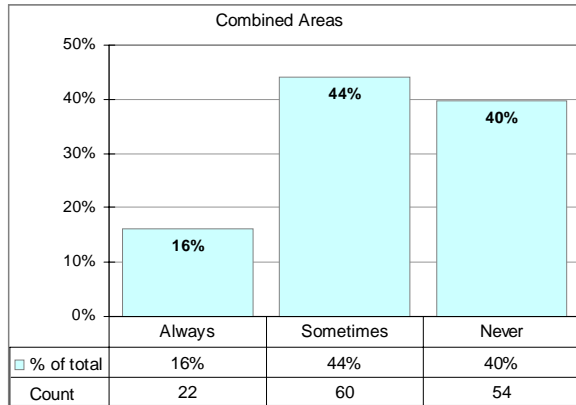
Question 4. Do you provide direct patient care?
 (please tick one)



As can be seen the majority of respondents identified themselves as clinical nurses involved in direct patient care. They have identified themselves in two main categories, either as a clinical nurse or as an enrolled nurse.

Overall, only 4 in 136 (3%) respondents did not provide direct patient care at some time, this again confirms that the projects specific target group was reached and surveyed.

Question 5. Are you in a management or education position?

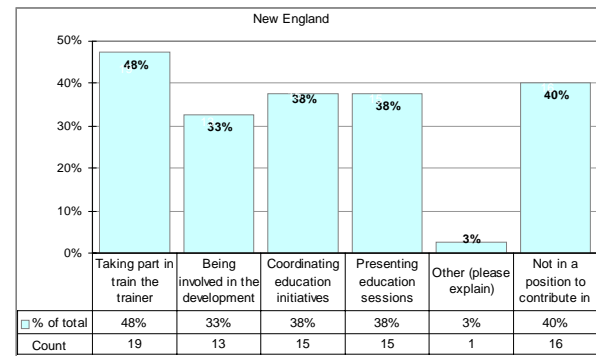
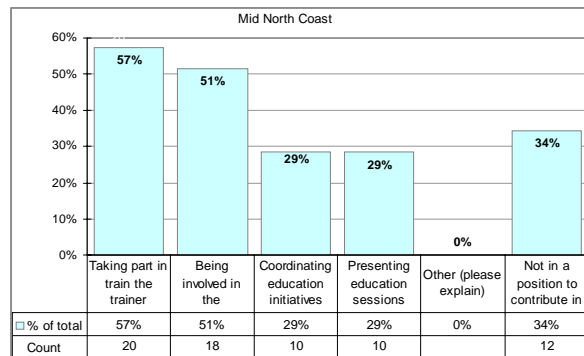
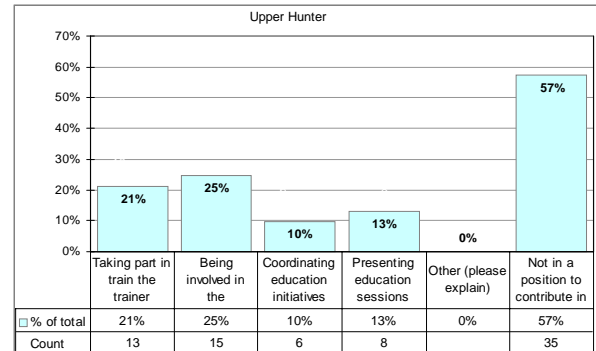
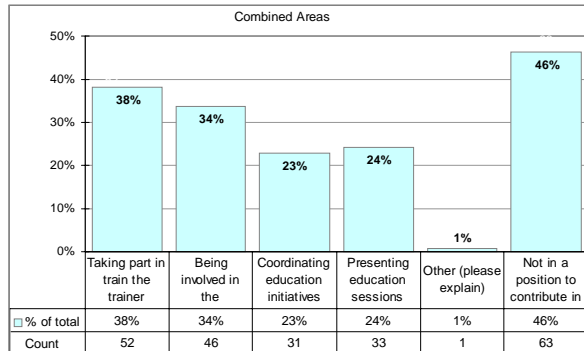


The purpose of this question was to clarify further the role and responsibilities of the respondents. The questionnaire was designed so that clinical nurses who always deliver direct patient care can identify their specific needs (felt need) and nurse managers and nurse educators who manage nursing resources can identify the education needs of their staff from their unique perspective (normative need). Provision was made in the questionnaire for this to be further identified and commented on (see questions 19-23).

It is interesting to note that the majority of respondent have dual roles. This may reflect the level of nursing experience amongst the respondents.

Since only 3% in total are never involved in direct patient care – at least 40% of respondents in each area are potentially involved in educating their fellow workers or parents.

Question 6. Are you interested in contributing to education initiatives by:
(you may tick more than one)



Respondents were asked if they were interested in contributing to education initiatives, by either presenting or coordinating education initiatives, being involved in policy and procedure development, and train the trainer initiatives, a large majority felt they were not in a position at this point in time to contribute with education initiatives.

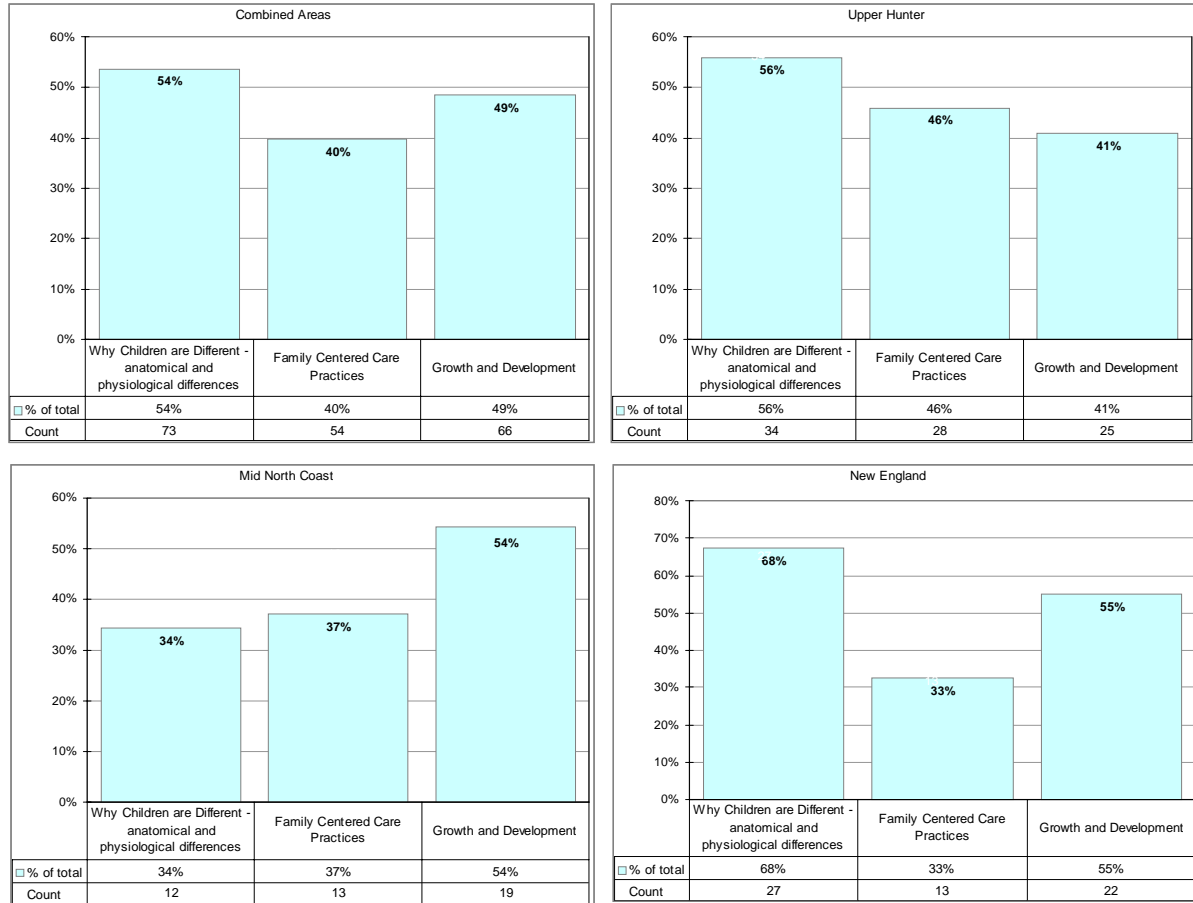
Overall almost half (46%) felt they were not in a position to contribute. It would be useful to know if these nurses desired to contribute and if a perceived knowledge deficit was preventing them from contributing, – NOTE: most Enrolled Nurses responded this way.

Of the nurses that were interested in contributing to education initiatives, approximately a third were willing to take part in train the trainer initiatives and become involve in the development of policy and procedures, and a fifth of respondents were happy to coordinate and present education initiatives.

Please answer the following questions by placing a tick next to any topic for which you/ or your staff require information and continuing education for.

Question 7. Caring for infants/children and adolescents

(you may tick more than one)



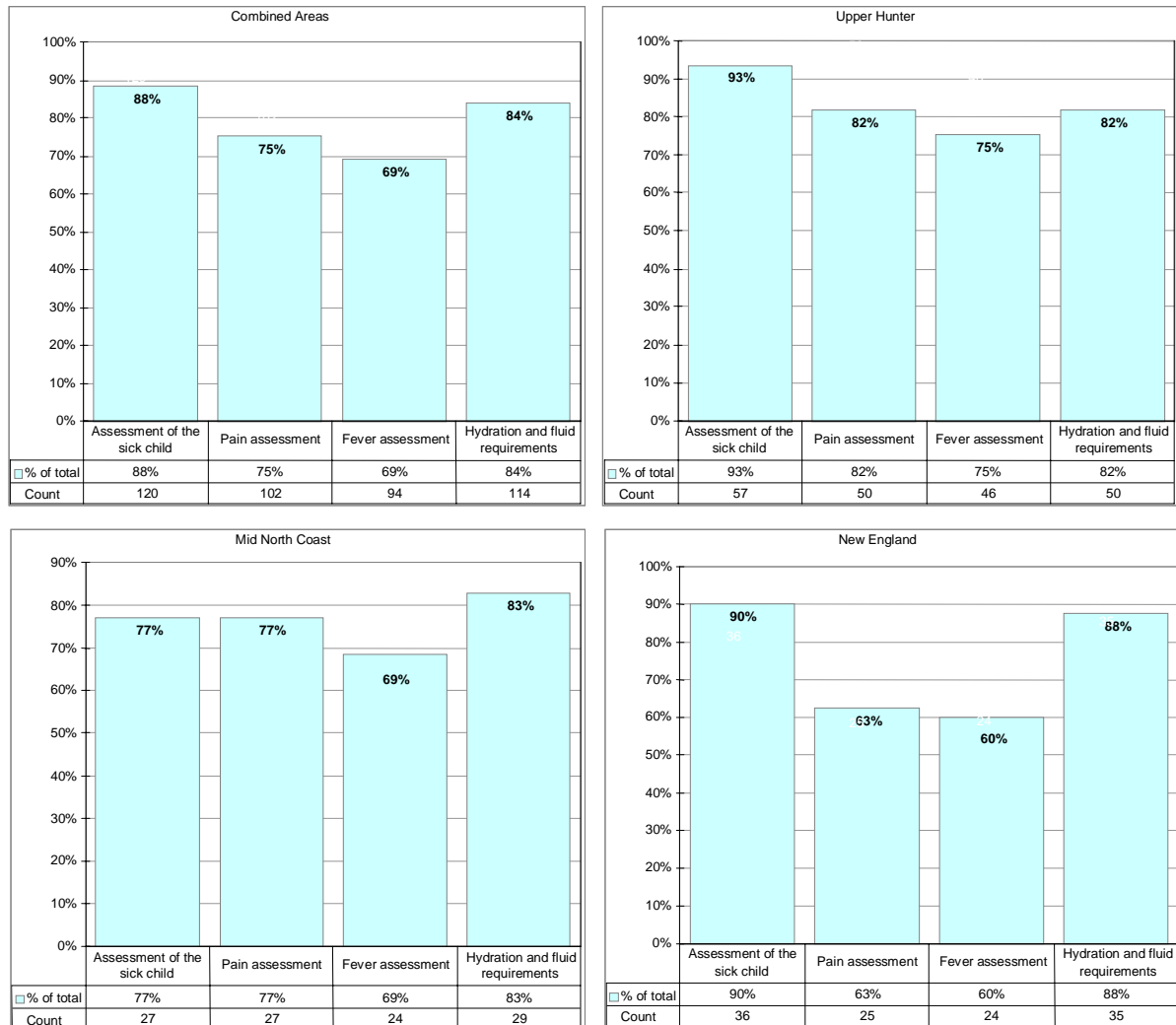
From the above it is apparent that childhood growth and development and why children are different, two topic areas that are very similar, rated highly and were identified as topic areas where further education is desired and required.

The above category correlated directly to question 12 this question asked nurses delivering direct patient care if they believed they have accurate knowledge and understanding of the differences between children and adults to guide their practice, 76% of respondents answered ‘sometimes’ and only 23% of respondents answered ‘always.’

Family Centered Care Practices is an area where 40% of nurses overall could benefit from further education. Historically this is an area where little formal education and training has been given (Wright 1989, pp148-154).

Question 8. Assessment

(you may tick more than one)

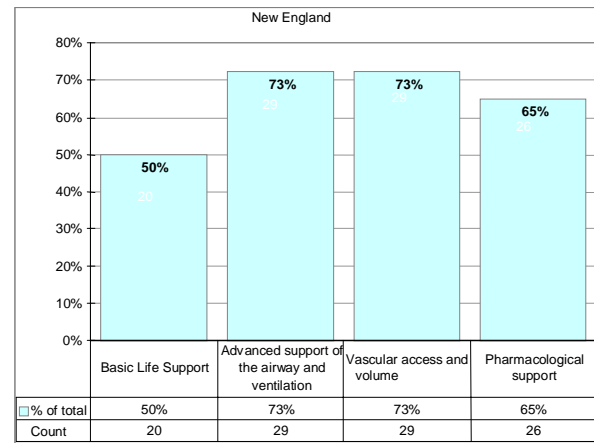
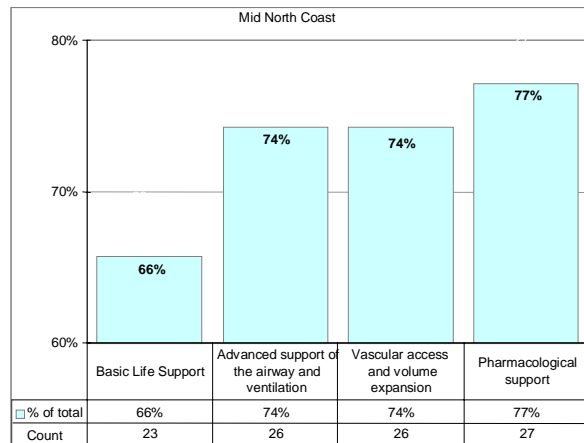
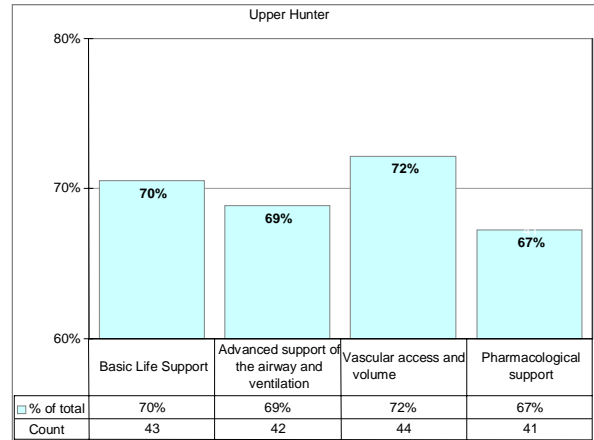
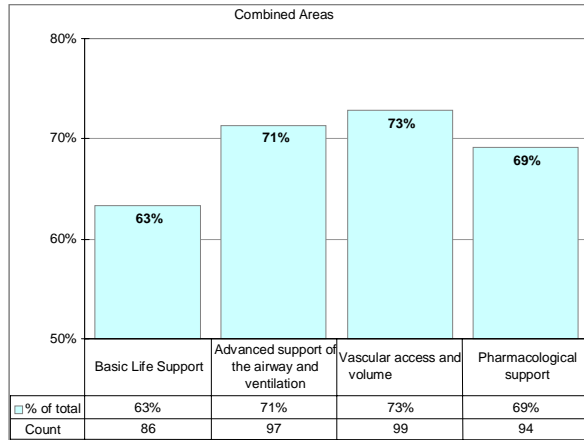


The response to this question was overwhelming, in all categories, all respondents rated the need for continuing education in these topic areas well above 60%. For information on assessment of the sick child and hydration and fluid management in infants and children the response was above 80%. This was consistent across the three area health services. It is worth noting that accurate knowledge and understanding of these topics is fundamental to the care of the sick child. The principles of care related to understanding these issues can be applied to diverse clinical situations and presentations, irrespective of where the child is assessed and managed.

Notably, for questions 13 where the respondents were asked if they felt confident when performing clinical assessments on sick children, 76% answered ‘sometimes.’

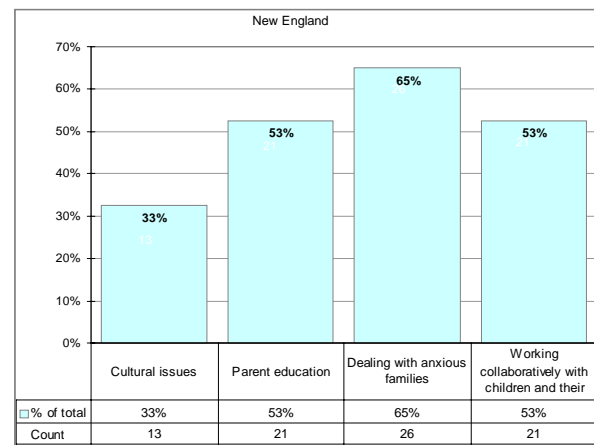
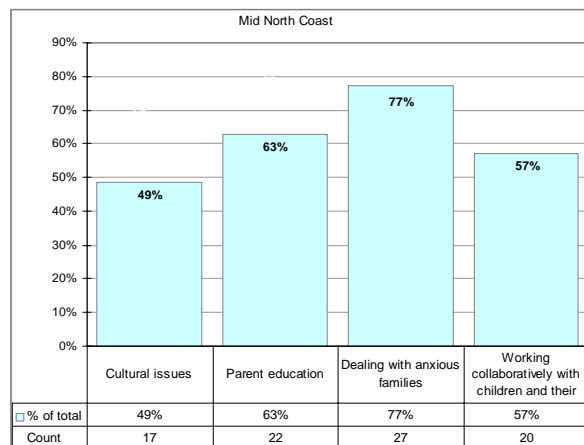
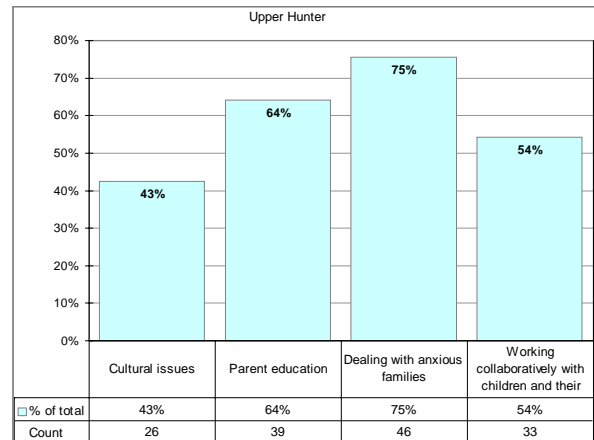
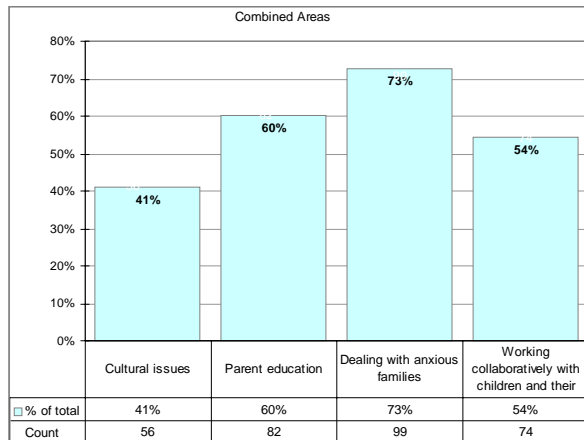
Question 9. Resuscitation

(you may tick more than one)



Resuscitation of the paediatric patient received a notable mention in particular aspects of care that relate to advanced paediatric resuscitation skills. This response is expected given the unexpected and unpredictable nature of providing this type of support and care to a paediatric patient and the importance of feeling confident and competent in this clinical situation. Interesting question 16 which correlates directly to this questions asks the respondents if they felt confident with their paediatric resuscitation skills, 75% of respondents answered ‘sometimes’ and 13% answered ‘never.’ Reasons cited for not feeling confident were insufficient experience in these situations and insufficient education.

Question 10. Working with Families
(you may tick more than one)



Dealing with anxious families rated consistently high across all area health services. The response to this question may be directly related to question 7 - where 40% of respondents stated that they required further education in Family Centered Care Practices.

Research (Casey, A. 1988, pp. 67-68 & Palmer, S. 1993, pp. 185-191) has demonstrated that working collaboratively with families in a partnership model of care (family centered care) reduces parental anxiety and stress and encourages better communication between health care professionals and parents. Therefore a collaborative relationship in care facilitates the care of anxious, demanding families.

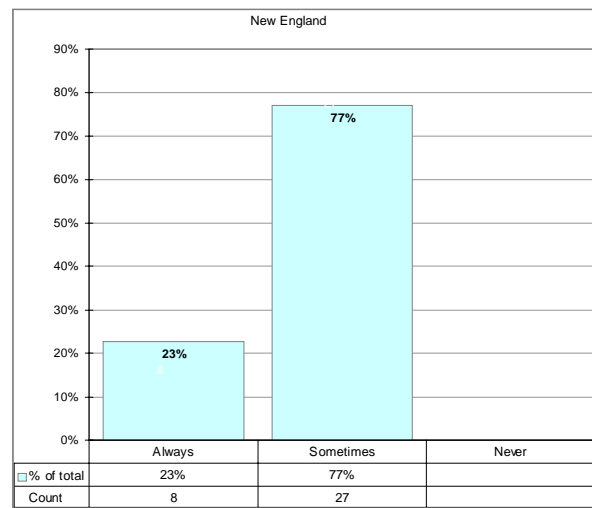
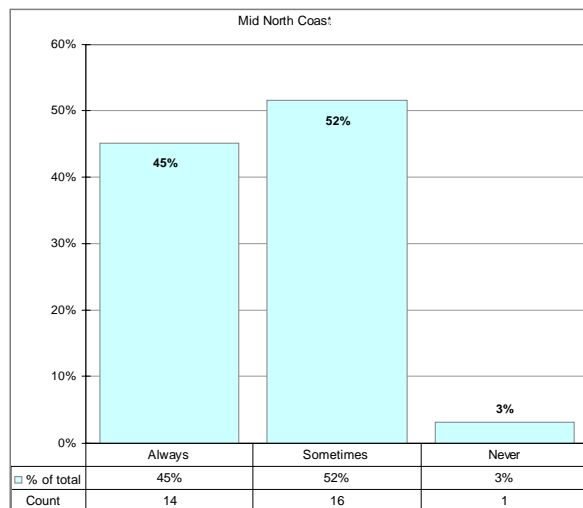
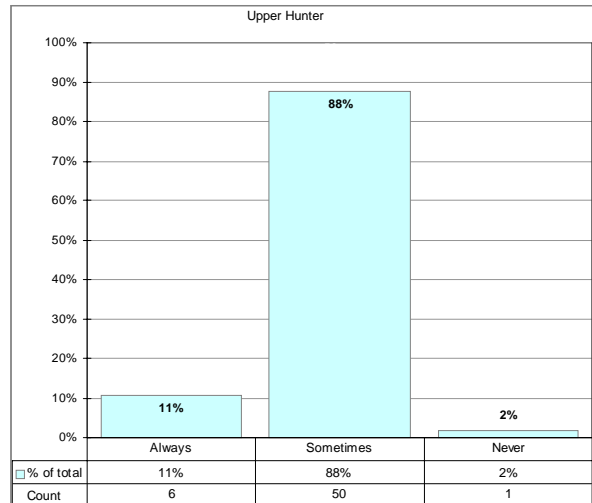
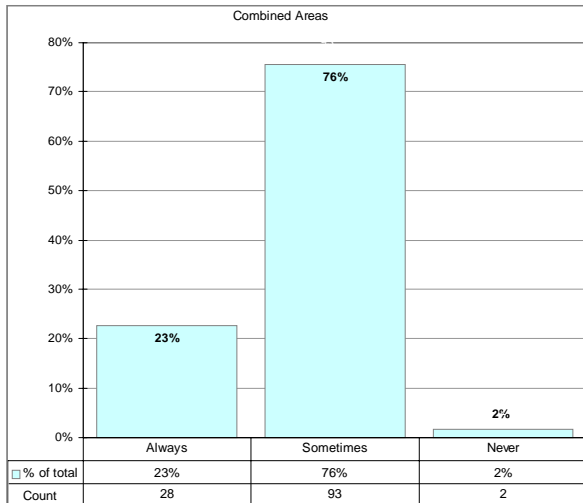
Question 11. Please use this space to list any additional topics/subjects you would like to be addressed through continuing education:

	Upper Hunter	Mid North Coast	New England	Combined Areas
Fluid management/Gastroenteritis	5			5
Demanding/distressed families	1	2	1	4
Asthma/Bronchiolitis/Respiratory illness	3	1		4
Head injuries/Trauma	1		2	3
DKA/Diabetes	1		1	2
Mental health in children			2	2
Uniform protocols throughout health service		1	1	2
Orthopaedics		1		1
Oncology		1		1
ECG and X-ray interpretation		1		1
Paediatric surgery patient	1			1
Rashes	1			1
Family education			1	1
Meningococcal disease	1			1
Drowning	1			1
Legal guidelines in paediatrics			1	1
Interaction with other units		1		

There is no clear pattern in these responses except that responses within areas to the first few questions appear to be correlated.

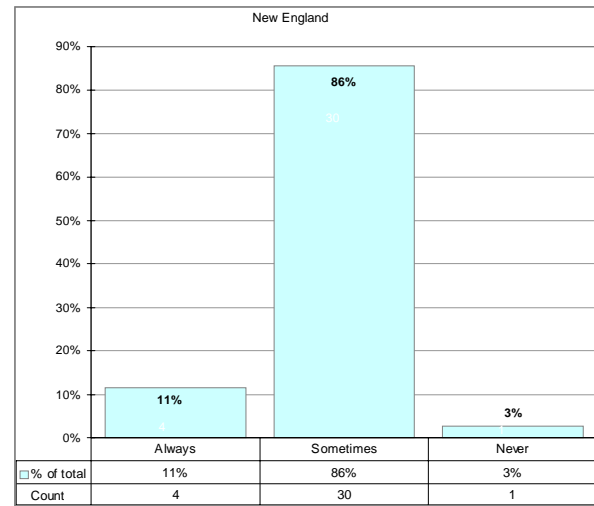
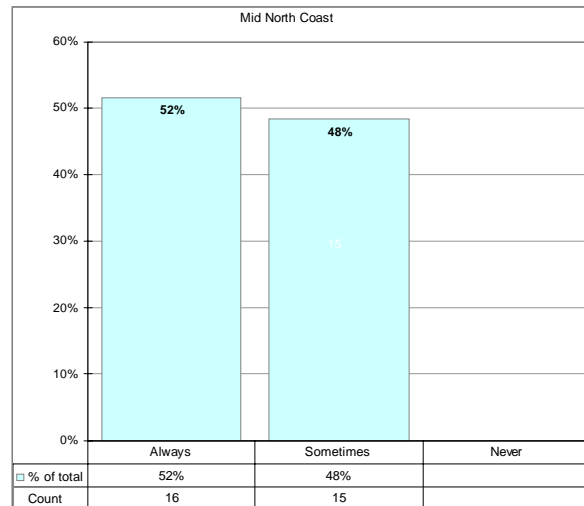
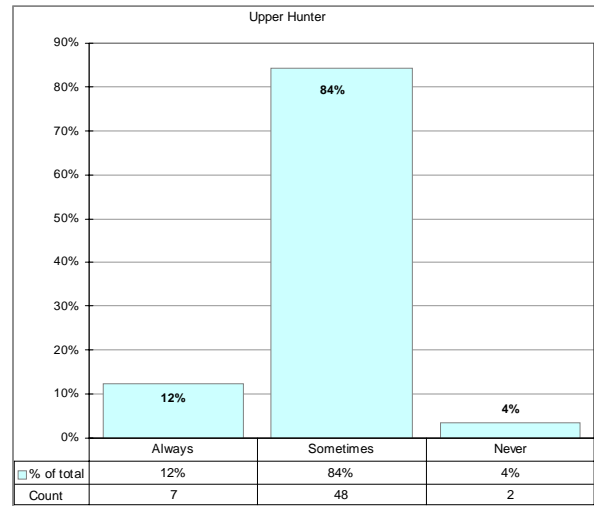
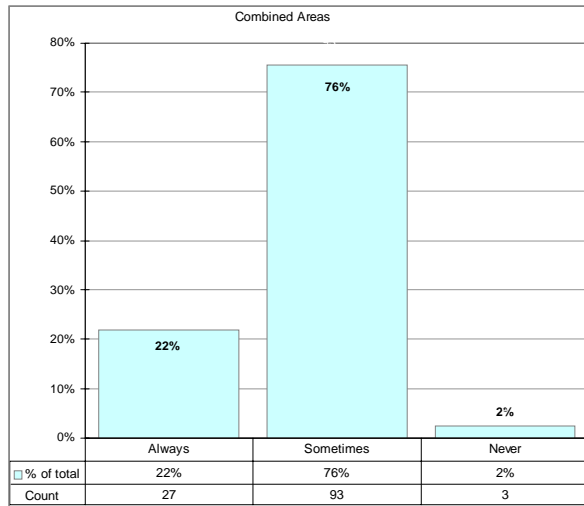
Questions 12 - 18 were answered by nurses delivering direct patient care.

Question12. Do you believe you have competent knowledge and understanding of the anatomical and physiological differences between children and adults to guide your practice and nursing interventions?



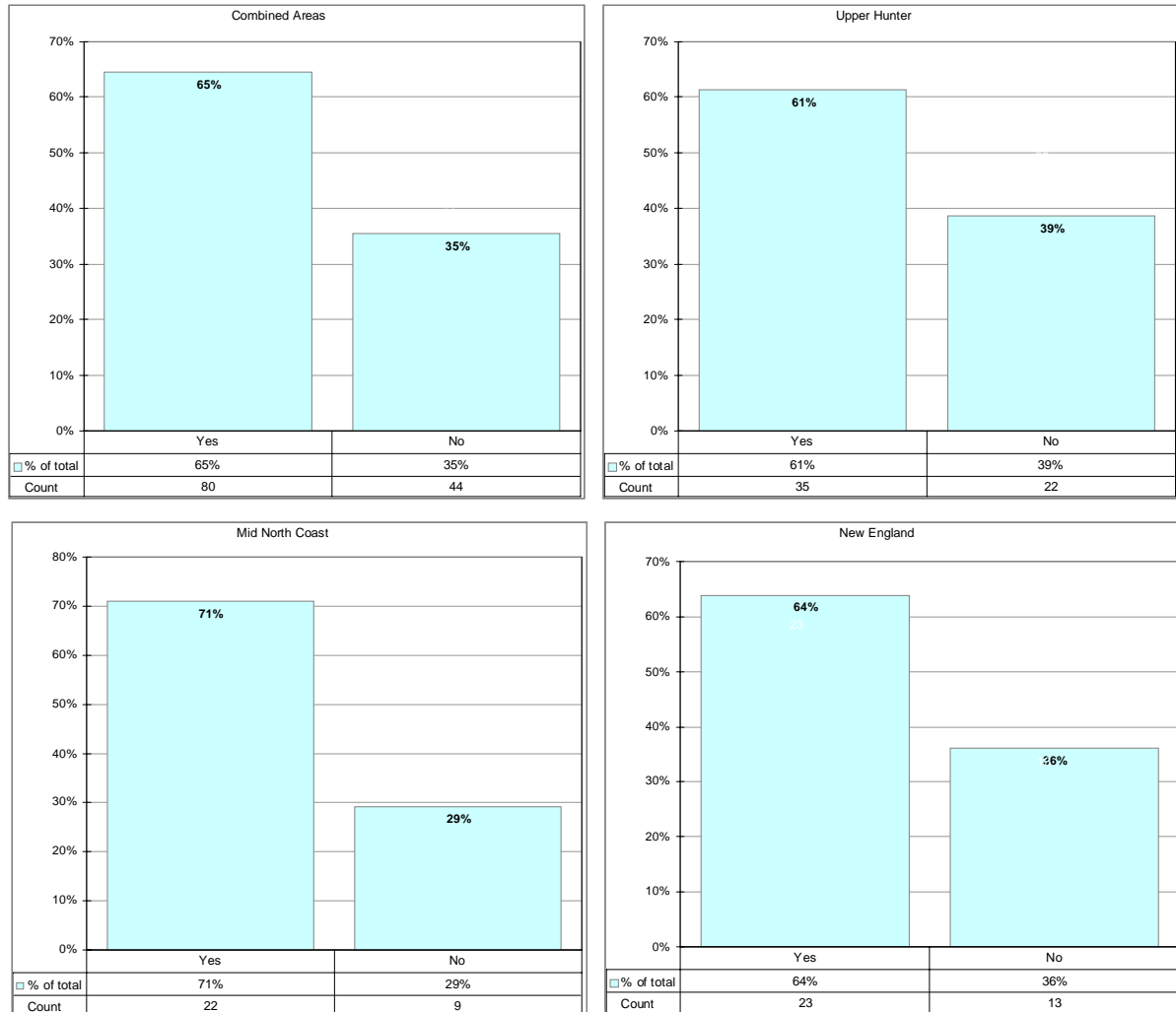
Mid North Coast shows a different pattern of response to the other areas. Almost half of their nurses stated that they were always confident. This area had the greatest proportion of respondents who were Registered Nurses.

Question 13. Do you feel confident when performing clinical assessments on sick children?



The response to this question is correlated to the previous question. Again the Mid North Coast expresses confidence. Could the skill mix explain this; i.e. the ratio of Registered Nurses to Enrolled Nurses employed throughout the area? Or the number of experience staff?

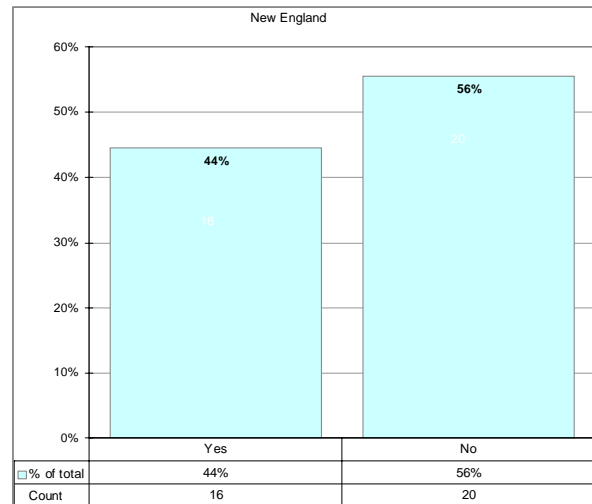
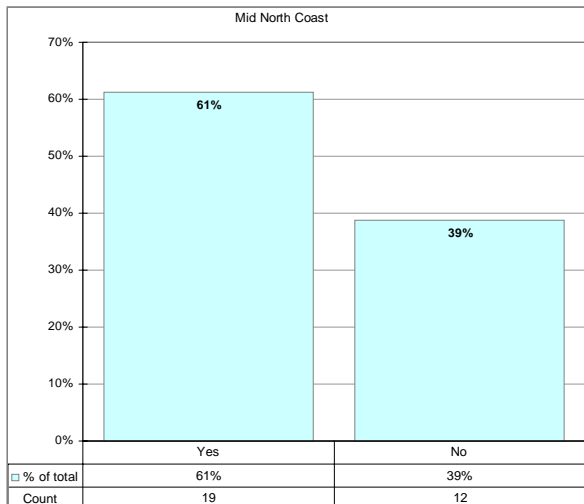
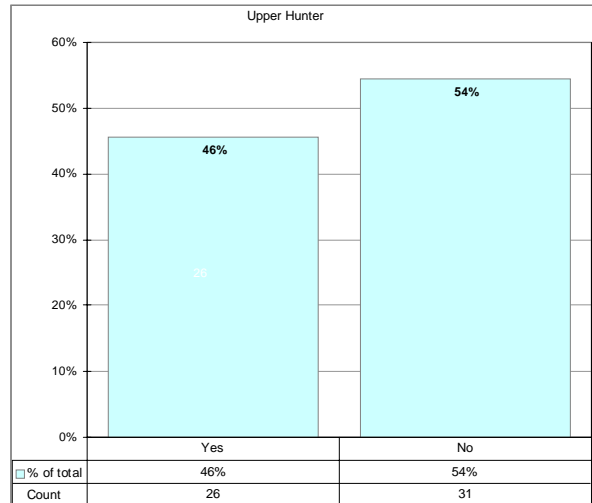
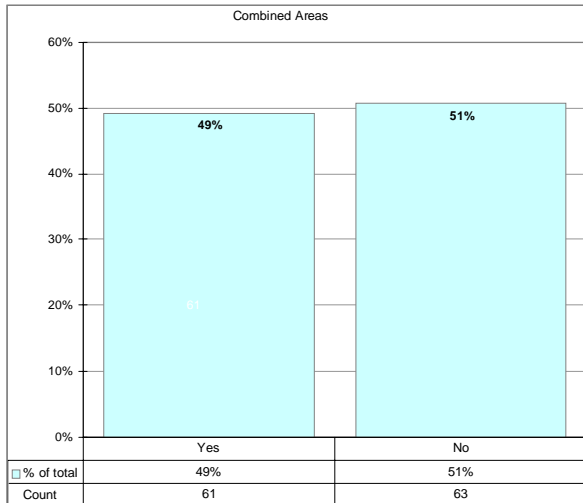
Question 14. Are you familiar with the Australian Resuscitation Council, Basic Life Support Guidelines for Paediatric patients?



With only 65% of nurses being familiar with the current Paediatric Basic Life Support Guidelines this may explain why a large number of respondents only sometimes feel confident and competent with their paediatric resuscitation skills (question 16).

Mid North Coast again rated highest, i.e. expressed greatest familiarity with the guidelines.

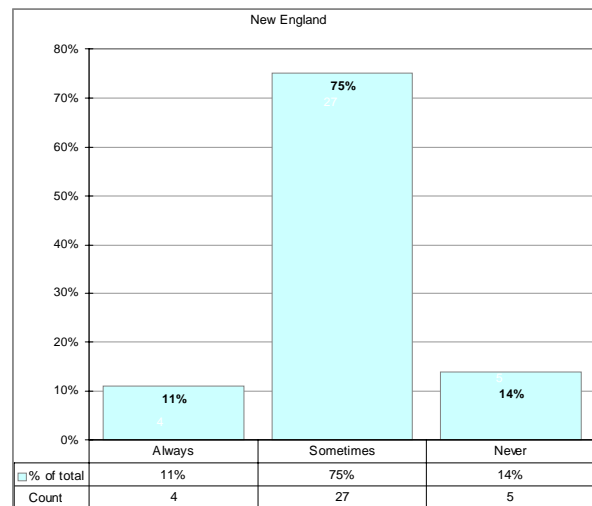
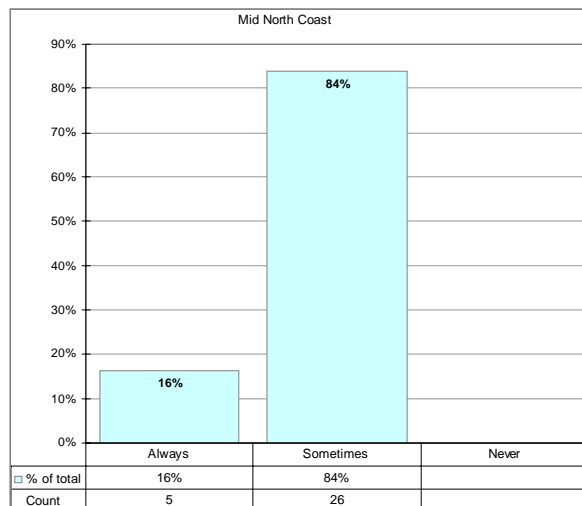
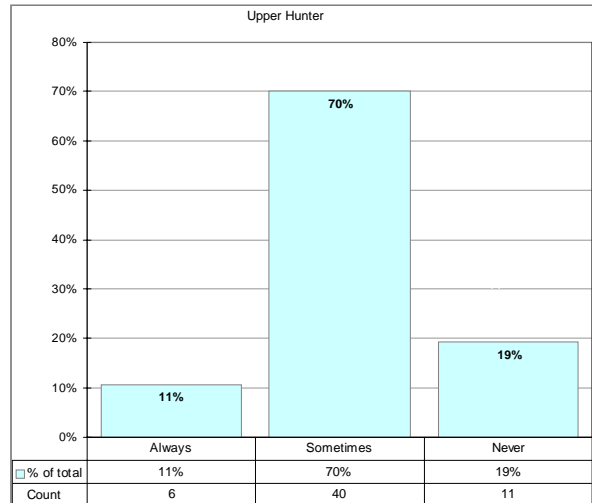
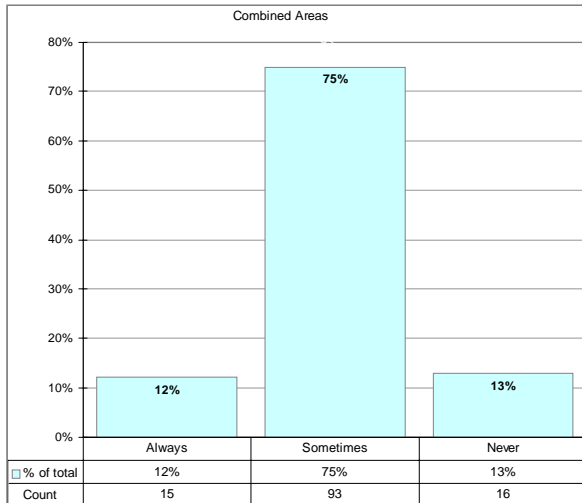
Question 15. Are you familiar with the Australian Resuscitation Council, Advanced Life Support Guidelines for Paediatric patients?



The response to this questions emphasizes further, why education and training is required in this aspect of paediatric care. The percentage of nurses familiar with the advanced paediatric resuscitation guidelines has decreased significantly compared to the number familiar with the paediatric basic life support guidelines.

However again Mid North Coast rated highest familiarity with the guidelines.

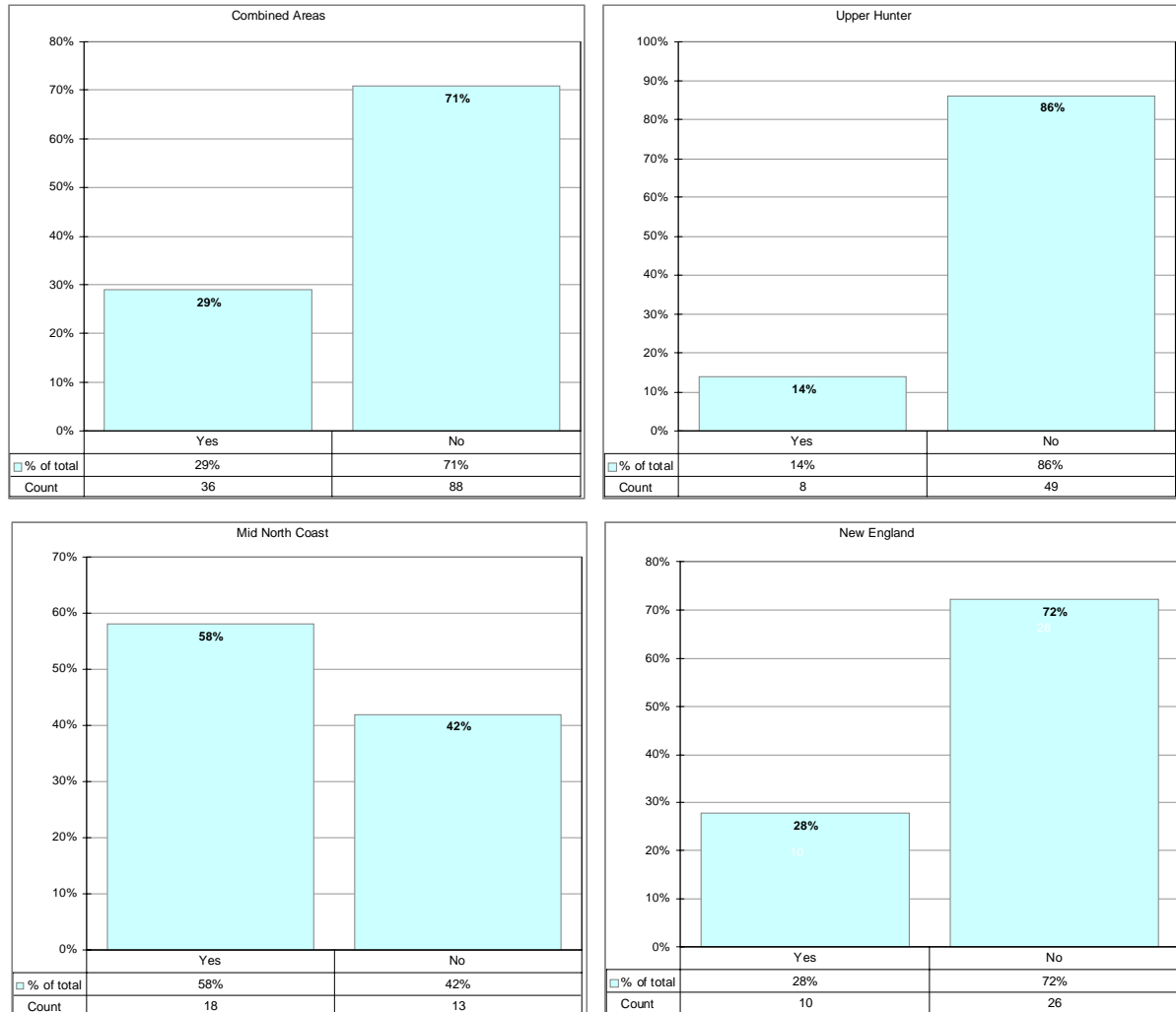
Question 16. Do you feel confident with your paediatric resuscitation skills and knowledge in all situations?



If you answered never please comment on your response:

	Upper Hunter	Mid North Coast	New England	Combined Areas
Lack of practice		3	1	4
Need for reinforcement/revision	2		1	3
Lack confidence	2		1	3
Have not been involved in paediatric resuscitation	2			2
Would like yearly updates		1		1
Need assistance and backup			1	1
Very scary, still learning			1	1

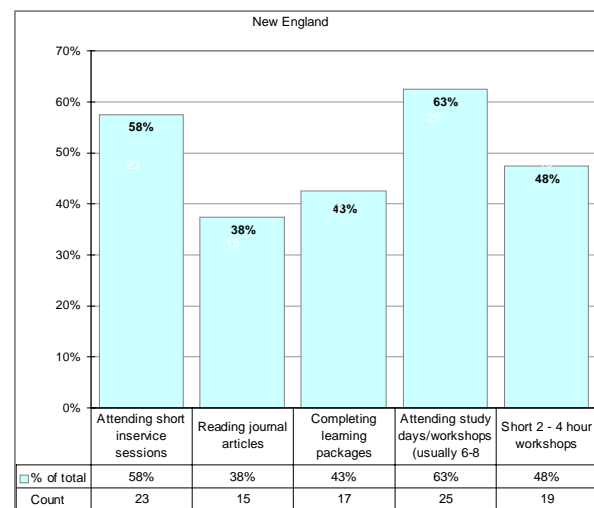
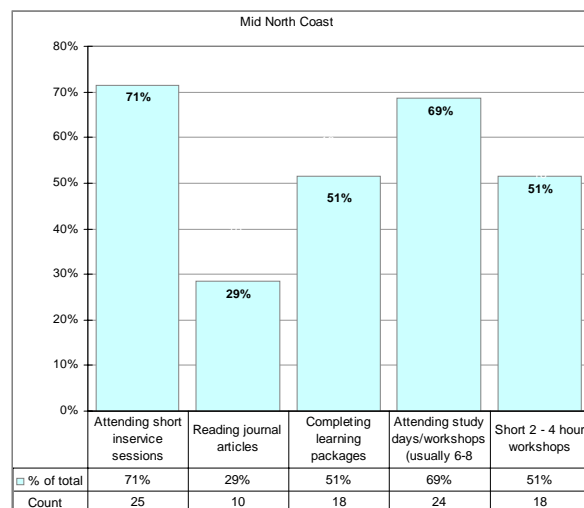
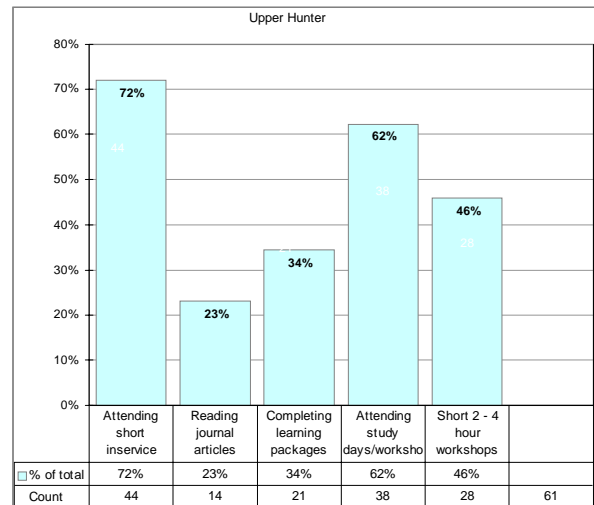
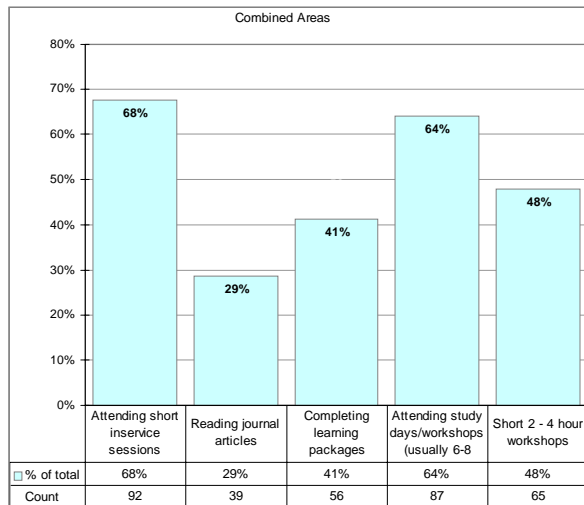
Question 17. Are you familiar with the Draft Paediatric Clinical Practice Guidelines currently being developed by the NSW Department of Health?



Unfortunately only 29% of nurses are familiar with these draft state wide clinical practice guidelines. However when nurse managers and nurse educators were asked this same questions (questions 22), 64% of respondents answered that they were familiar with the guidelines. This raises the question; is information about these guidelines reaching the nurses who can most benefit from their implementation and incorporation into their work environment?

Mid North Cost again rated highest familiarity with these guidelines.

Question 18. I prefer to learn by:
(you may tick more than one)

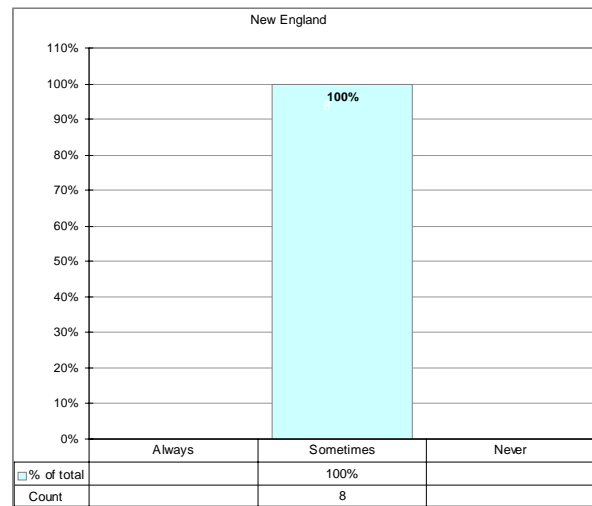
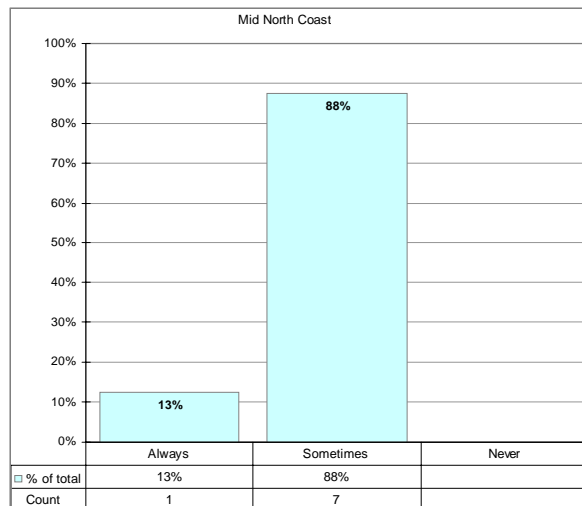
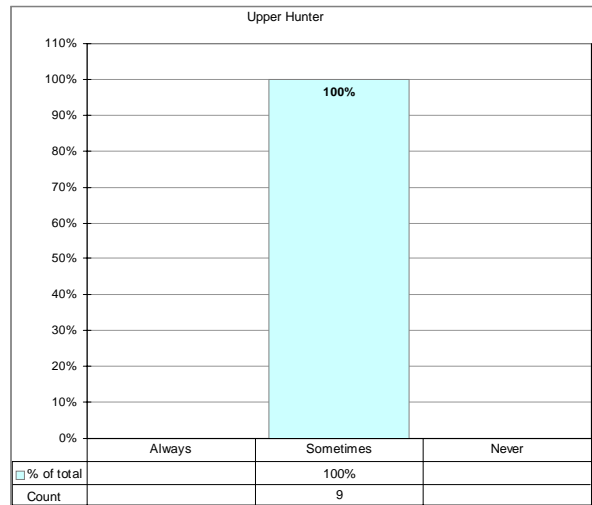
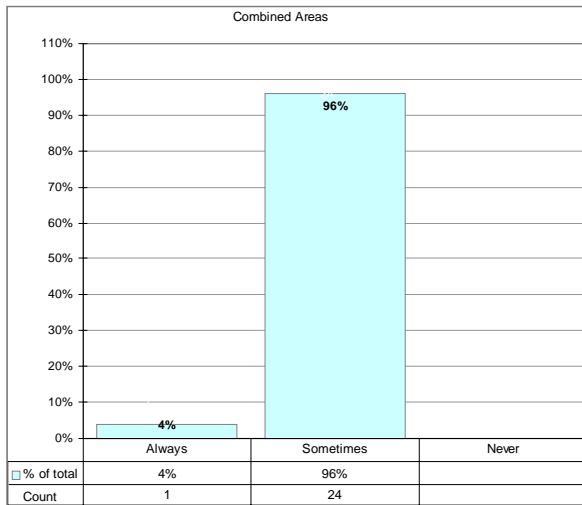


Attending education initiatives, i.e. short in-service sessions, workshops or study days were identified as the preferred format for continuing education.

This response is consistent with published research about the preferred learning styles of nurses (White et al. 1998, pp. 147-153 & Bell et al. 1997, pp. 794-800).

Questions 19 - 23 are to be answered by nurse managers and/or nurse educators.

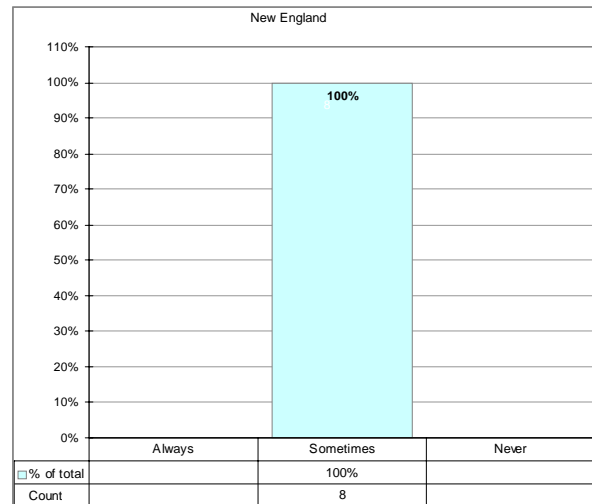
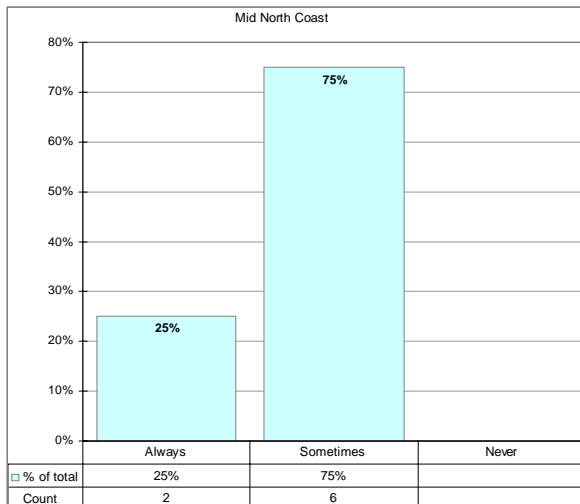
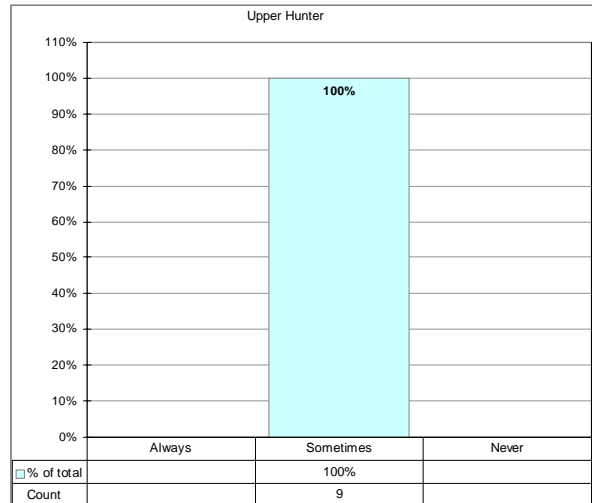
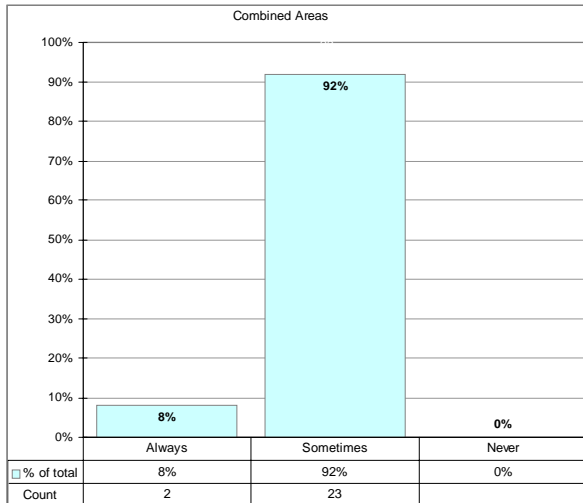
Question 19. Do you believe nursing staff, responsible for the care of children have competent knowledge and understanding of the anatomical and physiological differences between children and adults to guide their practice and nursing interventions?



If you answered never please comment on your response:

	Combined Areas
Senior staff are excellent, juniors need more time and experience	1
Some staff consider themselves expert clinicians but are not up to date	1
Some new recruits have minimal or no experience working with paediatric patients	1

Question 20. Do you believe nursing staff, responsible for the care of sick children are confident when performing clinical assessments on these children?

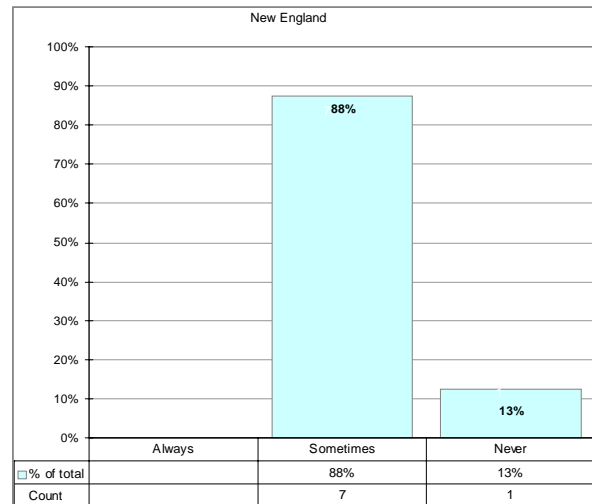
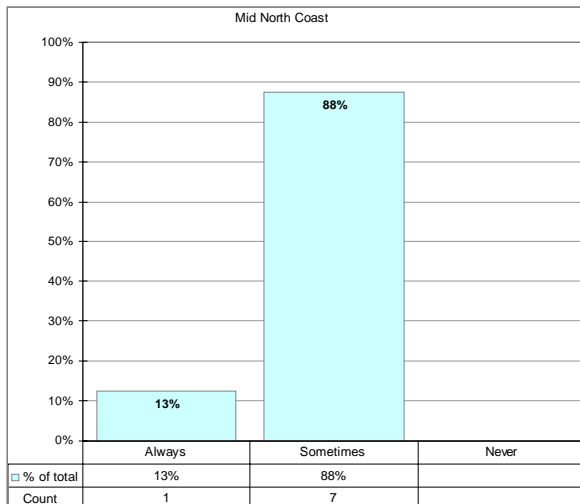
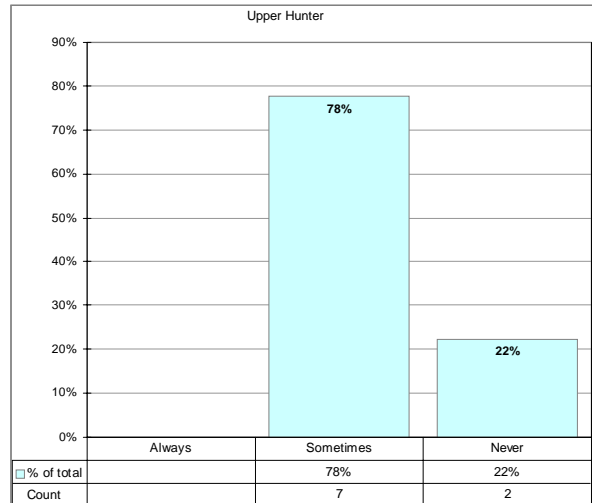
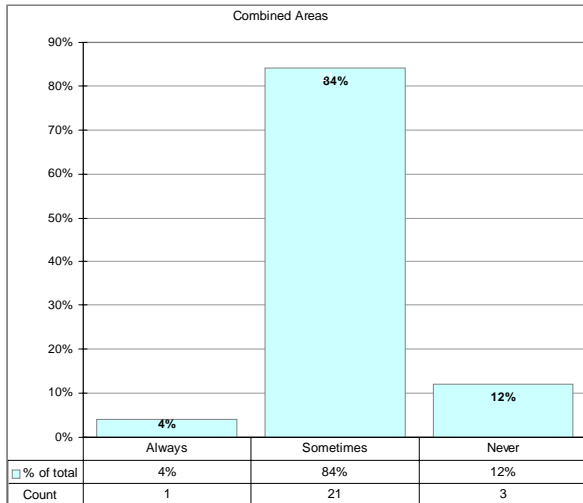


If you answered never please comment on your response:

	Combined Areas
Mixed competencies of staff	1
More and continuing education is needed	1

There appears to no statistically significant differences in these responses.

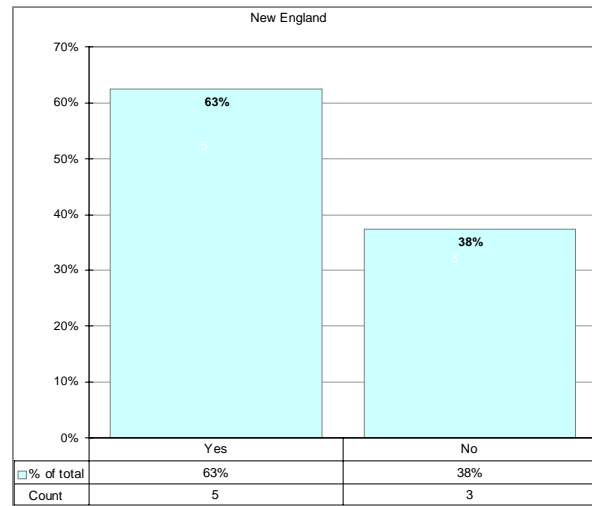
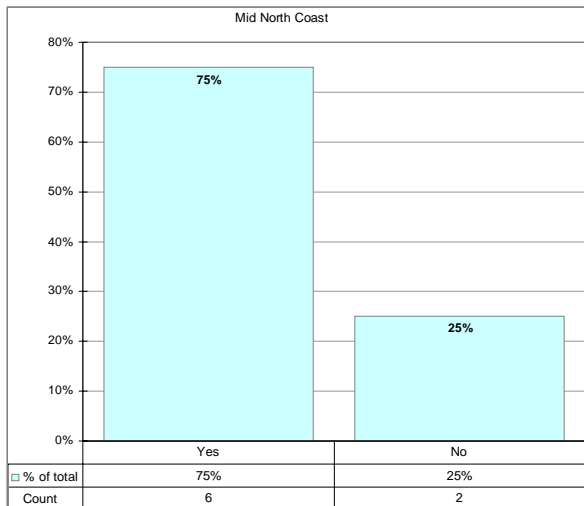
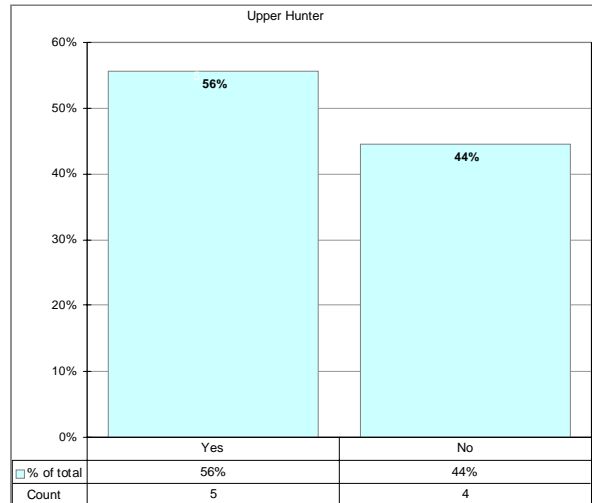
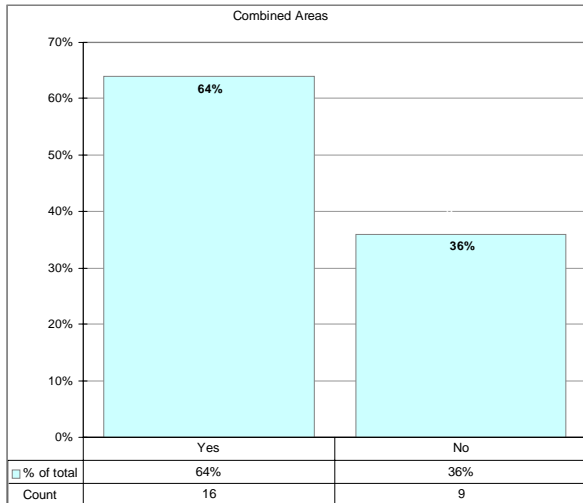
Question 21. Do you believe nursing staff, responsible for the care of children feel confident resuscitating children in all situations?



If you answered never please comment on your response:

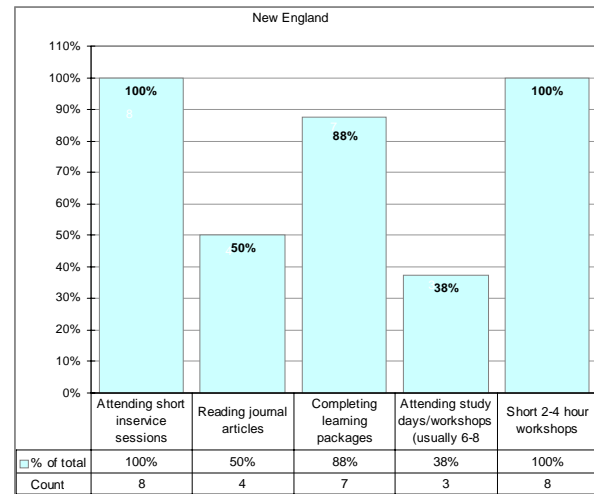
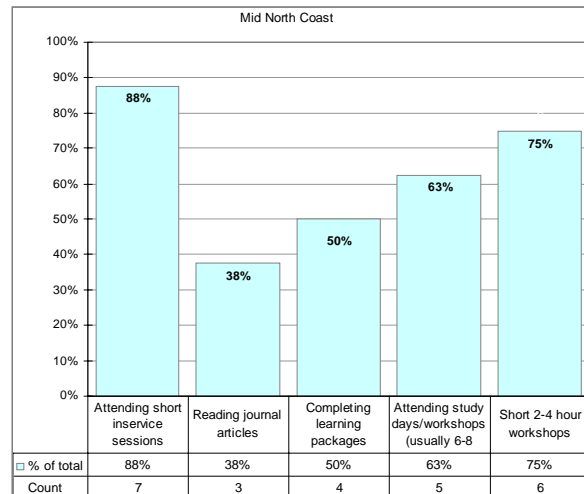
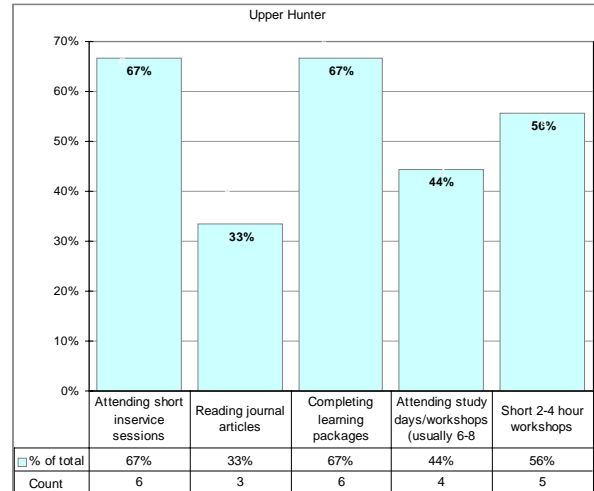
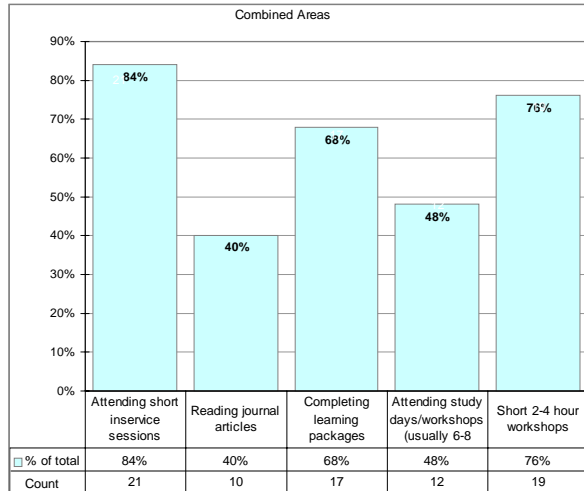
	Combined Areas
Depends on the situation	2
Experienced staff -Yes	1
New recruits would find this overwhelming	1
Too few admissions	1
Little exposure to paediatric resuscitation impairs confidence	1
Need more education for staff	1

Question 22. Are you familiar with the Draft Paediatric Clinical Practice Guidelines currently being developed by the NSW Department of Health?



Again Mid North Coast rated highest familiarity with the guidelines.

Question 23. For staffing/rostering purposes the format for education, which best suits this work environment is:
(you may tick more than one)



The most popular option in all areas was attending short in-service sessions it could be argued from a nurse manager/nurse educators perspectives that this approach to education is the most realistic options. Staff can attend education whilst at work; it causes minimal disruption to work practices and work colleagues, and can be easily organized at short notice to meet specific needs.

Conclusion:

The projects stated goal: to identify the paediatric continuing education needs of nurses in 50% of sites located throughout the network was achieved and plans are well under way to implement the project strategy. During September, October and November 2003 it would be appropriate to evaluate the effectiveness and achievements of the project's strategy to evaluate it's impact.

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- White, K. Eagle, J. McNeil, H. Dance, S. Evans, L. Harris, H. & Reid, M. 1998, 'What Are the Factors that Influence Learning in Relation to Nursing Practice?' *Journal of Nurses Staff Development*, vol. 14, no. 3, pp. 147-153.

Appendices: