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<th><strong>Title</strong></th>
<th>The educational preparation for nurses providing complex care to children in the community setting</th>
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<tr>
<td><strong>Author(s)</strong></td>
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<tr>
<td><strong>Publication Date</strong></td>
<td>2019-11-21</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>National University of Ireland Galway</td>
</tr>
<tr>
<td><strong>Link to publisher's version</strong></td>
<td><a href="https://doi.org/10.13025/ce6c-6729">https://doi.org/10.13025/ce6c-6729</a></td>
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<tr>
<td><strong>Item record</strong></td>
<td><a href="http://hdl.handle.net/10379/15746">http://hdl.handle.net/10379/15746</a></td>
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<tr>
<td><strong>DOI</strong></td>
<td><a href="http://dx.doi.org/10.13025/ce6c-6729">http://dx.doi.org/10.13025/ce6c-6729</a></td>
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Background to the study

The number of children with complex care needs has increased over the past decade. This is due to advances in medical science, pharmacology, technology and care (Brenner et al., 2015; Cockett, 2012 & Cohen et al., 2011). Ling et al. (2015) suggests that the amount of children living with life-limiting conditions in Ireland has been previously underestimated and suggests there are approximately 4000 children with life-limiting conditions in Ireland. Many of whom require complex nursing care. Brenner et al. (2018) defines children with complex care needs as having multidimensional health and social care needs with either a recognised medical diagnosis or with no unifying diagnosis. Nicholl (2012) undertook a mix-methods exploratory study in Ireland to identify the types of technology used in caring for children with complex needs within the home care setting. Within this study Nicholl (2012) states technology dependence can include tracheostomy tube, ventilation, care of the child with a tracheostomy and assisted ventilation were the subjects given the highest priority by participants. The survey tool used a likert scale to prioritise the subject areas relating to caring for children with complex care needs. Non-invasive ventilation, care of the child with a tracheostomy and assisted ventilation were the subjects given the highest priority by participants.

Methodology

This study's overall aim was to establish if nurses providing complex care to children in the community felt prepared for the role. The principle objective of the study was to identify the specific educational needs of the nurses and determine which professional development initiatives would prepare them to care for the children. Ethical approval was granted by the National University of Ireland Galway (NUIG). The researcher undertook a quantitative, descriptive design study utilising an online survey which included three open ended questions. The questionnaire had been published in the U.K and permission was granted for its use in the study. The focus of the study was to identify the specific educational needs of the nurses and develop an educational programme which would prepare them to work with this cohort of clients. The number of children requiring home ventilation over the past ten years and Corn et al., identified that the nursing needs of a child with a tracheostomy are high. Brenner et al. (2018) identify that the provision of care as close to home as possible is internationally recognised as best practice. Due to the increase in children requiring nursing care at home and the publication of the Health Service Executive (HSE) (2014) Review of current policy and practice in the provision of home care to children with complex medical conditions' the HSE have implemented a new framework and tendering system. Within this framework & private service providers have been accredited as having met the HSE standards and can tender for the care of children requiring nursing care at home, ensuring equality and quality across the country.

Findings

The participant sample was relatively small (n=62), with 53.2% (n=33) answering that their educational needs were met. However, 35.5% (n=22) stated “no” their educational needs were not met and 11.3% (n=7) did not respond to the question. Spearman rhos correlational analysis uncovered a small positive correlation between years of nursing experience and the belief that educational needs were being met (r=.35, p<.05).

Open question analysis

Key findings from the open questions revealed that nurses working within the new framework felt this facilitated their educational needs being met.75% of the total sample (n=47) illustrated this: “The number of children requiring home ventilation have increased within this framework felt this facilitated their educational needs being met”. 8% of the total sample (n=5) identified this as a reason why their educational needs are not being met. “I have started employment with a managed service and all my educational needs are met, full training is given. I continue to look after some children who are not cared for by a managed service and there is little or no education or training given which is concerning”.

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Other respondents stated: “There is a nurse educator within the organisation, who holds regular training sessions. Also nurse managers there for help and training. All are open to questions and ideas for training and education.”

The potential gaps in the undergraduate nursing degree curricula and lack of exposure for student nurses, caring for children with complex needs, was mentioned by some participants and also warrants examination. Possibly including home care nursing clinical placements within student practice modules could alleviate some of the issues raised through this will have resource implications and will have to examine for feasibility.

Conclusion

The findings suggest a diverse picture in terms of nurses’ readiness and educational preparations. Just over half of the participants felt their educational needs were met though this reflects positively on the implementation of the nursing framework. This study findings concur with those in literature in that it highlights the need for educational programmes and professional development initiatives for nurses to provide safe, quality, evidence based care to these children and their families (Altman et al., 2018; Brenner et al., 2015; Subot et al., 2018, Nageswaran and Golden 2017 and Hewett-Taylor 2004). The development of an interdisciplinary education programme utilising a mix of e-learning and classroom based education and clinical practice, was considered an effective means of providing educational programmes to nurses to prepare them for the care of children with complex care needs.

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