Variation in Neonatal Nurses' Conceptions of Competence in Their Practice: Implications for the design of learning experiences

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Certificate of Authorship / Originality

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition I certify that all information sources and literature used are indicated in the thesis.

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Jane Davey

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List of Abbreviations

ACORN	Australian Confederation of Operating Room Nurses
ACPCHN	Australian Confederation of Paediatric and Child Health Nurses
AEC	Australian Education Council
AIN	Assistant in Nursing
ANCI	Australian Nursing Council Incorporated
ANF	Australian Nursing Federation
ANN	Association of Neonatal Nurses (New South Wales) Inc
ANNA	Australian Neonatal Nurses Association
ANRAC	Australian Nurses Registering Authorities Conference
ASF	Australian Standards Framework
CACCN	Confederation of Australian Critical Care Nurses
CBE	Competency Based Education
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
CSAHS	Central Sydney Area Health Service
DEET	Department of Employment Education and Training
DOHRS	(NSW) Department of Health Reporting System
EN	Enrolled Nurse
ECMO	Extra Corporeal Membraneous Oxygenation
HECS	Higher Education Contribution Scheme
JSN	John Spence Nursery
KGV	King George the Fifth Memorial Hospital for Mothers and Babies
MVEET	Ministers of Vocational Education, Employment and Training
MCQ	Multiple Choice Question
NCVQ	National Council for Vocational Qualifications (Britain)
NE	Nurse Educator
NETS	Newborn and Paediatric Emergency Transport Service
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NNO	National Nursing Organisation
NOOSR	National Office of Overseas Skills Recognition

NRB	Nurses Registration Board (New South Wales)
NSWCON	New South Wales College of Nursing
NSWDH	New South Wales Department of Health
NTB	National Training Board
NUM	Nurse Unit Manager
OECD	Organisation for Economic Cooperation and Development
OPSCA	Orientation Program to Specialist Care Area
PSN	Pregnancy and Newborn Services Network (New South Wales)
PTS	Preliminary Training School
RCNA	Royal College of Nursing, Australia
RN	Registered Nurse
RPAH	Royal Prince Alfred Hospital

Abstract

This study has examined the nature of competence in neonatal nursing practice from the perspective of neonatal nurses. It has also explored the type of educational support needed to help new graduates develop more complex and inclusive conceptions of competence in their practice of neonatal nursing.

Ideas about being and becoming competent in nursing practice have been informed by conflicting knowledge perspectives. The dominance of traditional research methods that have an underlying dualist ontology and objective epistemology has resulted in educational practices within nursing that separate the worker from the context in which the work occurs. Nurses have made attempts to overcome the limitations of these traditional methods by shifting toward research approaches concerned with the life-world of individuals. Much of this newer research however, has not addressed educational practices within nursing.

This study is situated within the life-world of neonatal nurses. The non-dualist phenomenographic approach was used to capture and describe variation in the way 20 neonatal nurses conceived of competence in their practice. Analysis of descriptions generated from unstructured interviews revealed four distinctive conceptions of competence in neonatal nursing practice. These conceptions are expressed as hierarchical internally related categories of description, with category IV being the most complex and inclusive.

I Managing separate items within the NICU environment according to technology-based policy and procedural rules.

II Managing integrated clusters of items within the NICU environment according to technology-based policy and procedural rules.

III Managing a support system for the infant and family by using objective sensory observation of the infant to guide the use of policy and procedural rules according to priorities.

IV Managing a support system focused on the infant and family by using objective sensory observation of the infant and tacit feelings about the infant arising from

variation in the previous experiences of outcome for infant and family to guide and challenge the use of policy and procedural rules.

Located within this hierarchy is the critical dimension of individual infant and family response. This response is highly contextual and consists of numerical, sensory and tacit aspects. It is postulated that learning activities should be structured to help new graduates entering the specialty of neonatal nursing to discern and focus on individual infant and family response. As such a learning framework (CONSERVE), based on this critical dimension has been proposed. Structuring learning experiences in this way should enable the development of more complex and inclusive conceptions of competence about the practice of neonatal nursing.

Using conceptual variation about competence in neonatal nursing practice highlights the importance of the relationship between the worker and the work. Moreover, it offers an alternative educational approach for new graduates entering the specialty of neonatal nursing that is both relevant and meaningful.