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School nurses' perceptions of undergraduate children's nursing safeguarding education

Abstract:

Safeguarding children is a substantial practice area for children's nurses and school nurses, remaining a challenging environment to work within. The literature suggests that professionals involved in safeguarding have been under-prepared by their training to work in this area. This small qualitative study aimed to explore school nurse perceptions of their undergraduate children's nursing education to ascertain if they were adequately prepared to practice in this area.

This study used interpretative phenomenological analysis as a methodology, and three practicing school nurses, who are qualified children's nurses were interviewed. Themes highlight that undergraduate education did not prepare them to practice in safeguarding through a combination of factors. These included lack of exposure to practice in this area as a student and as an inexperienced staff nurse; lack of adequate succession planning; and lack of information sharing, leading to a feeling of practice isolation.

Introduction:

Safeguarding children remains high on the political and practice agenda of nurses including those with the specialist community public health nurse in school nursing qualification (Nursing and Midwifery Council [NMC], 2004; 2015). It also maintains a continued presence within the mainstream media. In Wales, safeguarding children practice is governed by the All Wales Child Protection Procedures (AWCPPRG, 2008) which provides a principality-wide standardised structure for managing child protection concerns.

Evidence suggests that practitioners often feel ill-prepared by their training for the emotive nature of this work (Ashton, 2001; Nayda, 2004; Feng and Levine, 2005), and have limited exposure to safeguarding practice during their pre-registration training and education (Paavilainen et al, 2002; Paavilainen and Tarka, 2003; Bennett et al, 2005; Pabiś et al, 2010). Additionally with the NMC currently consulting on future standards of pre-registration nurse education it is pertinent that pre-registration safeguarding education is also explored. Therefore, there is a need to explore this within the context of clinical practice indicating a need for current research to be undertaken. This small qualitative pilot study aimed to explore qualified school nurses' perceptions of this.

Background:

This pilot study was undertaken by the first author as part of an academic degree, and is a summary of the pertinent findings. It is identified that everyone has a responsibility for safeguarding children (Laming, 2003; Welsh Assembly Government, 2006; Beckett, 2007; AWCPPRG, 2008; Bunting et al, 2009; HM Government, 2015). Within the practice setting, safeguarding concerns are not straightforward because of many complex competing trajectories that require time to unpick and understand. This makes it challenging for experienced school nurses and can cause confusion for inexperienced colleagues (Nayda, 2002; Munro, 2011).

In Wales there were 3 059 children on a child protection plan up to the 31st of March 2016, which was an increase of 4% upon the previous year (Welsh Government, 2016). Radford et al (2011) identified that there are still a large proportion of cases that go unreported or are managed inappropriately in the UK. Thus, there is a need for competent practitioners to be involved. Akister (2011) identifies that practitioners who lack experience may also lack the ability to interpret what they see. Therefore, it is imperative that school nurses are supported to develop skills and expertise in this area, as often these practitioners play a key part in various child protection processes, such as case conferences.

Evidence suggests that at an undergraduate level, education tends to be historically inadequate in preparing professionals to work in safeguarding (Vulliamy and Sullivan, 2000; Paavilainen et al, 2002; Ward et al, 2004; Bennett et al, 2005; Feng and Levine, 2005; Rowse, 2009). However, it is identified that practitioners who have specialist qualifications such as school nurses are better able to identify signs and symptoms of abuse (Paavilainen and Tarkka, 2003; Ward et al, 2004; Pabiś et al, 2010), but often a theory practice gap is identified (Benbenishty et al, 2003; Rowse, 2009). This can have practice implications and could call individual competence into question (Ashton, 2001; Nayda, 2002; Nayda, 2004; Feng and Levine, 2005; Rowse, 2009). However, Ling and Luker (2000) identify that competence for safeguarding work is directly proportionate to the application of specialist knowledge and skills, such as intuition, often developed through experience. This is supported by Paavilainen and Tarkka (2003) who suggest these developing and evolving skills help guide practitioner decision making processes within safeguarding practice. Buckley et al (2011) also suggest that service users require practitioners to demonstrate that they have in-depth knowledge and are able to apply this individually to their cases in order to inspire confidence. Rowse (2009) further suggests that involvement in safeguarding children practice can be emotionally traumatic for those involved leading to a lasting impact, with practitioners needing support to process and reflect upon practice. Rowse (2009) also identifies that support from experienced practitioners can help bridge the potential theory practice

divide enabling practitioners to develop competence accordingly. However, Bennett et al (2005) caution that without appropriate support in place there is an increased risk of psychological burnout among those professionals working in this particular field, due to the emotional demands it places upon them.

Given the evidence, some of which can be considered dated, there appears to be limited information available that focuses upon skill and competence development for safeguarding practice particularly for children's nurses who become school nurses. Additionally having reviewed the evidence base for practice there appears to be a dearth of published literature post NMC (2010) Standards for pre-registration education, leading to a question on how competence within safeguarding practice is assessed by practitioners with limited experience of practice in this area. Tarr et al (2013) have suggested that, within undergraduate education for teachers, this area needs to be addressed. However, it appears that nursing is lagging behind in this regard. Thus, to better understand how this is viewed within contemporary practice, it is necessary to ensure that research is undertaken, so that new knowledge is identified to enhance and improve clinical practice.

Methods:

This study was undertaken using Interpretative Phenomenological Analysis (IPA). IPA is a qualitative research methodology which aims to 'explore in detail how participants are making sense of their personal and social world' (Smith and Osborn, 2008: 53). Smith et al (2009) argue that IPA allows for theoretical transferability of findings in a given context. Transferability is a term used within qualitative research to describe to what extent the findings from a qualitative study can be applied to other settings or groups (Polit and Beck, 2012). Studies using IPA have small sample groups due to the depth of data that is collected, with a recommended sample size of 3-6 participants, thereby sacrificing breadth for depth (Smith et al, 2009). Smith et al (2009) also argue that the primary aim of IPA is to provide insight into individual experiences which can be very complex, thus by using small sample sizes it allows these phenomena to be explored in detail. Furthermore, by using smaller numbers of participants this allows for control of the data generated but that this would also allow for points of similarity and difference to be identified without becoming overwhelmed by collected data.

Semi-structured interviews were undertaken with each study participant being interviewed once. Within IPA studies semi-structured interviews are considered the exemplary method of data collection (Smith and Osborne, 2008; Smith et al, 2009). Bryman (2008) identifies that semi-structured interviews are a useful method for data collection allowing the researcher to have a guide with general

areas pertaining to the topic of interest, but the order of questions can be varied if necessary, depending on answers given by study participants. Smith and Osborn (2008) suggest that by using this method it allows the individual participant to guide and share far more fully with the way that the interview is proceeding. Thus allowing the researcher to attempt to derive the meaning that the study participant ascribes to the particular experience by exploring this with them. Each study participant was interviewed using the same interview schedule to ensure validity of the findings with each interview lasting for approximately 45 minutes. Interviews were digitally recorded and transcribed verbatim. Transcribed interviews were then sent to each study participant to confirm that this was an accurate transcription, further ensuring validity of response (Bryman, 2008; Polit and Beck, 2012).

Study participants were selected via the use of homogenous purposive sampling. The sample for the study consisted of qualified school nurses who also held a children's nursing qualification within a single Health Board in South East Wales, and who had had experience of child protection practice prior to becoming a school nurse. Homogenous sampling ensures that each participant has similar experiences from which to draw (Polit and Beck, 2012). This is further supported by Smith et al (2009) who argue that a homogenous sample allows for understanding of the phenomena being studied. Bryman (2008) further suggests that purposive sampling is useful when a specific population can offer insight into the research questions being asked.

The study was advertised in school nurse team meetings, with all potential study participants being known to the first author. In total 3 school nurses who met the inclusion criteria voluntarily came forward to participate in the study. All participants were female, who had been qualified as paediatric nurses for an average of 15 years and who had been working as school nurses for approximately 2 years at the time of interview. All consented to be interviewed for the study, and did not withdraw from the interview at any time. Of the nurses who had agreed to participate two had trained at different universities in Wales and one had trained at a university in the north of England. While it is recognised that this is a small sample size it is in keeping with the recommendations by Smith et al (2009).

Data analysis was undertaken solely by the first author and undertaken in the same manner for each interview transcript through a process of thematic coding. Thematic coding within IPA ensures that the researcher is able to ascribe meaning to the study participant's view of the experience (Smith and Osborn, 2008). Thematic coding for each interview transcript was a multi-step process as highlighted by Smith et al (2009). This involved immersion in the data through a process of reading and re -reading

of the account to develop familiarity with it and repeated listening to the recorded interview to allow for annotating of nuances. Secondly, identification of phrases which describe the titles of the presenting themes to allow the development of cluster themes. Thirdly, analysis involved attempting to connect the themes into what Smith and Osborn (2008: 70) describe as 'superordinate concepts'— these are descriptive phrases that provide meaning to the clustered themes. This then allows the development of a master table of themes with abstract concept headings with sub themes.

Ethical considerations:

Ethical approval was obtained from Cardiff University School of Healthcare Sciences Research Ethics Committee. Approval was also sought from Aneurin Bevan University Health Board, where the study was conducted.

Findings:

Within qualitative research the term findings rather than results is used, and within IPA studies they are necessarily descriptive (Smith et al, 2009). The abstract superordinate concepts utilised as theme headings were developed from the first authors' interpretation and analysis of the presenting data, and are presented in *Table 1*.

Table 1: Master Table of Themes.

A. **Being Under-Prepared: The Views of Practice.**
- The under-prepared practitioner.
- Fearing that which is unknown.
- Inexperience and limited understanding impeding practice.

B. **Being the Citadel: The Professional Self in Isolation.**
- The practitioner in isolation.
- Failing to prepare - the limits of succession planning.

C. **The 'Gate-Keeper': The Caring Role of the Children's Nurse.**
- The children's nurse as 'gate-keeper'.

D. **Being the Butterfly: Tansformation of the Professional Self.**
- The development of insight and understanding through valuing experience.
- Exploring the finer points - the transformation of the professional self.

Being Under-Prepared: The Views Of Practice.

Practitioners suggest that they have difficulty with being under-prepared for safeguarding practice.

➢ The under-prepared practitioner.

Participants relayed their concerns regarding a perceived lack of undergraduate preparation for safeguarding:

> R2: "The child protection issue obviously it was covered, it was the main focus, being a paediatric nurse, the safety and the welfare of the child is paramount, that was always drummed into us. I don't think it prepared me in reality for safeguarding and the assessments".

Practitioners suggest they found expectations in this area quite demanding, because of their perceived lack of preparation, and potentially because of inexperience.

> R1: " I was not very confident because of the, it wasn't as something in which we had experience of on a daily basis on a paediatric ward it's not something that's umm... you encounter on a daily basis and therefore, you know unless, you know, so therefore, it has a knock on effect, where you are not going to be that confident".

Alongside limited opportunities to gain experience, this can appear problematic for inexperienced staff, when experienced staff are unavailable and they are asked to participate in safeguarding work:

> R1: "And I remember saying umm, 'cos so what have I got to do, what does that mean, you know obviously I knew what NAI [non-accidental injury] means but what does that mean in terms of what, what do I have to do?"

This potentially calls into question preparation also because of apparent lack of role understanding in this area for inexperienced staff.

➢ Fearing that which is unknown.

Alongside practitioner perceptions of being unprepared this proved difficult, because of a lack of understanding surrounding each particular case:

R3: " I don't think you can ever be prepared for what's come out of an initial assessment when you are doing your child protection medical because you very rarely know... you only have the basic information of why that child is coming in the first place and often it's an emergency".

This suggests these perceptions may have resulted because of other professionals failing to share information about the child with the practitioner, meaning that she felt uncertain of what was required from her.

➢ Inexperience and limited understanding impeding practice.

For inexperienced children's nurses this can prove problematic because they may fail to understand the complexities involved:

R1: "But to be honest, really honest I can't really remember covering anything about safeguarding in that much, you know, that much say a module on it. I, I don't think that we did, umm... in terms of experience on the wards as a student".

Being the Citadel: The Professional Self in Isolation.

Analysis suggests that children's nurses may feel isolated from professional networks associated within safeguarding practice.

➢ The practitioner in isolation.

The ward-based children's nurse normally practices outside the remit of safeguarding and only becomes involved during the relevant child protection medical examination. Often they feel isolated because contact with a particular child is only at a single point in time:

R3: "I was very unaware really, what happened after they [*the child*] left the ward.... you know and how maybe they got to that point with regards to the strategy meetings, child protection conferences, and the regularity of the meetings that I know happen now".

Limited feedback from other professionals may impact further on these feelings of isolation.

➢ Failing to prepare - the limits of succession planning.

Another factor for the isolated practitioner is that of failing to prepare future practitioners to participate within safeguarding, highlighting difficulties gaining experience:

> R1: "It would be perhaps more senior nurses who would say that I'll go and sort that out and so perhaps that if you are not that, if you weren't perhaps that most qualified member of staff on that shift you might not get experience of the whole process you know. Which, in turn has a knock on effect with your confidence".

The 'Gate-Keeper': The Caring Role of the Children's Nurse.

Perceptions of caring are considered an essential part of the children's nurse role within safeguarding.

➢ The children's nurse as 'gate-keeper'.

For children's nurses within safeguarding this is a key part of practice. The central tenets; the utilisation of experience, and protection:

> R1: "I think, from what I can remember, on the ward, we tried not to give the newly qualified or those least experienced umm... staff members, the children who were, had lots of y-you know, eh social and child protection things going on because, because of the fact it's very demanding on you isn't it, and very draining, emotionally, and it can be quite difficult to detach yourself. So I think, gaining you know, experience is something which is umm... invaluable really".

> R3: "Because as a pre-registration student, I don't know if you are exposed to, sort of like, the child protection medicals because obviously the, you know, is, is very personal information being discussed, you don't want the child being, you know, put in front of lots and lots of different people really".

Practitioners appear to operate with a pervasive protection approach - protecting the child, protecting the junior staff member. However, this may cause problems for succession

planning which may contribute to practitioner perceptions of isolation, and a lack of opportunity to develop the requisite skills in this area.

Being the Butterfly: Transformation of the Professional Self.

Practitioners suggest through reflecting on their experience and through changing career pathways that their appreciation for the safeguarding role of the children's nurse came to the fore.

➢ The development of insight and understanding through valuing experience.

For participants this appeared poignant because they began to reflect upon personal journeys made to the current point in their careers:

> R1: "The more experienced you are at doing it the more you kind of think oooh, hang on *[pause]* maybe that's important to pass on to umm... to the registrar. I guess, and you know, not necessarily more comfortable doing it but because it's still a not very nice thing to do, but, you know, I guess you're more experienced you do get a bit more sort of confident doing it".

This suggests that experiential learning enabled the practitioner to make the transition from being under-prepared to being prepared for safeguarding. Furthermore it suggests that this assists in developing practitioner competence:

> R2: "I think to be competent it's more than theory umm... practice sort of base. I think you have to have the knowledge without a shadow of a doubt. You have to have that level of knowledge but I think it's understanding that knowledge, understanding what goes on in practice, understanding what you are looking for, why you are looking for and it's okay having the academic research about child protection but you have to be able to understand it to justify why you feel that safeguarding is safeguarding or you recognise that there is a problem or preventative. I think it comes with knowledge but I, I do think that links in with the practical aspects and experience side of things".

Notions of competence appear complex and multifactorial with regards to safeguarding practice.

> ➤ Exploring the finer points - the transformation of the professional self.

These practitioners suggest awareness of having developed skills in safeguarding only became apparent following active role change:

> R1: "You know, I am looking at it from my experience now and my knowledge now what I have gained since being in this post, and obviously it's a huge part of our role so we know a lot more about it and a lot more about the process and what's involved".

> R2: "I still feel there is room for improvement but that will come with experience but up until I had this job I was no way prepared for safeguarding".

Experience also facilitates practitioners to apply insight through access to the tacit domains of their experience alongside that of professional self-awareness:

> R2: "Having an awareness of your clients, of your caseload. Having awareness of what you are looking for, again that comes with knowledge, but I just think skill wise it's just having that knowledge base and that awareness. And being proactive about that, having the ability and having the confidence to be proactive, you know, sort of accepting if you are wrong you're wrong! If you're right, you're right! Follow that, your convictions through I think".

Further it requires practitioners to identify the deficit in their own knowledgebase. For practitioners it was also this realisation that assisted them in their development.

Discussion:

This study identified that a perception exists among these children's nurses that they felt under-prepared by their pre-registration education to effectively practice within safeguarding. This in itself is not a new phenomenon and has been highlighted as a consistent theme in previous research (Paavilainen et al, 2002; Paavilainen and Tarkka 2003; Ward et al, 2004; Feng and Levine 2005; Rowse 2009; Pabiś et al, 2010). Research in comparative professions such as social work, education and medicine also highlight this finding (Vulliamy and Sullivan 2000; Ashton 2001; Benbenishty et al, 2003; Bennett et al, 2005; Prince et al, 2005; Jones et al, 2008). Tarr et al (2013) suggest however that there is a growing awareness of the need to address this in practice and that curricula need to evolve to

meet that need. This is also pertinent to acknowledge, given the current NMC consultation for pre-registration education this must also be considered as part of curriculum re-design.

In addition the participants suggested that they lacked experience in child protection practice through lack of clinical learning opportunities while as an undergraduate nursing student and further when they were inexperienced qualified children's nurses. Furthermore it is highlighted because of a lack of information sharing between community staff such as school nurses and social workers there is a lack of understanding of wider safeguarding processes such child protection case conferences. This is because the ward-based children's nurse sees the child for a brief period for a child protection medical, and are then not told outcomes of these processes leading them to feel professionally isolated. It is suggested by participants that they only realise this once they change professional roles such as becoming a school nurse. Again, this finding is not new, and remains a common theme within the literature that is not confined solely to children's nursing practice and also occurs internationally (Ward et al, 2004; Adams 2005; Bennett et al, 2005; Rowse 2009; Pabiś et al, 2010). The findings of this study also suggest that because of inexperience, this may have affected individual practitioner confidence in their ability, which potentially could lead to feelings of being under-prepared for safeguarding practice. It is suggested by D'Cruz et al (2009) and Rowse (2009) that there is a theory—practice gap in this area. Munro (2011) and Brown and Ward (2012) support this notion, due to the complexity of professional guidance resulting in challenging interpretations and applications to the practice setting.

An unanticipated finding from this study was the suggestion of a potential lack of adequate succession planning as the safeguarding role appeared to be the remit of more senior staff. In addition to this once those practitioners became experienced they also failed to prepare junior staff for their role within safeguarding. This was because of an apparent pervasive notion of protection—protecting both the child and the inexperienced staff. In the case of the inexperienced staff it was acknowledged that working within this area is emotionally demanding and they did not want to expose them to the rigours of work within safeguarding. In the case of the child, they wanted to protect the child from multiple practitioner involvement, which could be considered laudable. However, it is arguable that this potentially is questionable practice, because as the participants identified, when they began to participate initially, they were placed in the proverbial 'deep end' without really understanding what was expected of them.

The literature identifies that succession planning is vital in ensuring that practitioners are fully prepared for future roles, and part of that process is effective mentorship from experienced colleagues within areas that practitioners lack experience of (O'Connor, 2004; NMC, 2008; Stichler, 2008; McCallin et al, 2009; Griffith, 2012). This promotes safe and effective working practices which ultimately improves care and outcomes for patients (McCallin et al, 2009; Griffith, 2012; NMC, 2015). Perhaps it is time for a rethink on how we approach this given the NMC (2008) and NMC (2015) standards, ensuring that this is addressed within a children's ward setting. For those experienced staff who are regularly involved in safeguarding it is a recommendation of this study that they include inexperienced staff and students in clinical learning opportunities within this area, through obtaining consent from the child's family involved within safeguarding processes. That way inexperienced staff are then supported and learn by experience. Given the presented evidence from participants it is lamentable that they previously did not receive this support from experienced staff when they themselves were inexperienced. However, this does not appear uncommon, even from an international perspective (Paavilainen and Tarkka 2003; Feng and Levine 2005; Rowse 2009; Pabiś et al, 2010).

An interesting finding from this study was that participants really only appreciate fully the need for developed skills in safeguarding practice, when there is a role change into one where safeguarding work takes more prominence within clinical practice, such as that of the school nurse. This was an unexpected finding on the part of the participants. This idea supports suggestions made by Paavilainen and Tarkka (2003) that only through career change do practitioners become aware of this fact. However, one could question whether this should really be the case if ward-based children's nurses truly valued their own role within safeguarding, if they did not feel isolated through lack of information sharing. Interestingly, while safeguarding for the ward-based children's nurse occupies a small but important aspect of their role, what is evident is that experienced practitioners have an evolution in their thought processes over time and are able to apply what Ling and Luker (2000) define as the tacit domains of knowledge to practice. Potentially something that inexperienced practitioners are not necessarily able to do. So perhaps there is a further argument for those experienced staff mentoring inexperienced staff in safeguarding, in addition to promoting a process of succession planning. This may assist inexperienced practitioners to translate theory to practice and develop competence, which would develop through further exposure to work within a safeguarding context. However this requires practitioners willing to participate in this process, to facilitate this, and is key to ensuring competent, safe and effective practitioners (NMC, 2015).

Limitations:

It is acknowledged that there are several limitations to this study. The first being the number of participants, as this study only had three participants it is impossible to generalise the findings. Further, it failed to attract recent graduates thus limiting the potential for more detailed analysis to be undertaken. However, given that each participant was educated within a different university and each had similar experiences of feeling underprepared for the practical aspects of safeguarding work, suggests that there may potentially be some theoretical transferability to other practitioners. Given the findings of Rowse (2009) there may be some correlation of findings in relation to feelings of being under-prepared for the practical aspects of work within safeguarding children. Additionally all study participants were female, thus there is a need to include the opinions of male nurses who may have differing experiences within this area. It is also acknowledged that the evidence base for this study is dated meaning that the evidence may not reflect current developments in children's nursing safeguarding practice; however, without updated research evidence available this cannot be accurately determined. Additionally it must be acknowledged as a limitation that the study participants were all personally known to the first author, who while undertaking this study, was working as a school nurse within the same health board. This may have added bias to the findings presented, particularly as the first author experienced similar feelings of unpreparedness prior to commencing his role as a school nurse.

Conclusions:

This study looked at whether the school nurse participants in the study, who are also qualified children's nurses, felt adequately prepared by their pre-registration training for safeguarding practice. The participants perceived they were under-prepared because of a number of reasons that affect their individual practice. These reasons include limited input into their training with regards to the practicalities of working in safeguarding and also because of a lack of experiential learning in this area. It was also identified that there was a lack of succession planning due to a prevalent mentality of 'protection'—that is, experienced practitioners do not wish to expose junior colleagues and pre-registration students, to the rigours of safeguarding work because of the emotional demands it entails. However, difficulties can arise when experienced staff are unavailable and junior staff then have to become involved in safeguarding processes. The study also highlights that experience aids in the development of competence when coupled with theoretical knowledge that is appropriately applied to practice. A further finding was that the study participants felt they practised in isolation from other professionals who operate within the safeguarding remit while they were ward based, with a lack of information being shared from other professionals. Additionally it is highlighted that these children's

nurses lacked understanding of the wider processes of safeguarding children practice while they were ward-based and only realised how under-prepared they were for a role within safeguarding practice once they moved into their school nursing role.

Thus it is beholden on experienced practitioners working within safeguarding to operate in an inclusive manner to ensure no practitioner feels isolated in their work, and supporting one another to develop skills and competence in safeguarding practice. This should be undertaken through collaborative and inclusive working practices where junior staff and students are included in child protection processes so they are actively supported to develop clinical skills in this area to address deficits in succession planning. Moreover, safeguarding nurses should develop links with their children's ward counterparts so as to share information about outcomes of individual cases should they progress through additional child protection processes, for example child protection case conferences. This could be aided by school nurses actively liaising with safeguarding nurses with the outcomes of these meetings, and where a child protection medical has occurred, the outcomes fed back to children's ward staff involved in the medical so they are actively included in this process. This way it would foster a sense of trust and value between practitioners, thus improving role understanding and value in safeguarding practice. This could form the basis of further empirical work to explore the practicalities of achieving this in practice.

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