## Further information

For copies of the full report of the study and the Research Highlights, please contact:

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assessment situations. However, a number of practitioners found it difficult to gain sufficient experience during their educational preparation. This, and point 3.4, raised two separate but linked issues which should be the subject of serious consideration by educational consortia:

a) the length of time spent in the practice situation, and the quality and range of needs assessment experience available, and

b) the availability and quality of community practice teaching time.

If suitable needs assessment experience and/or availability of community practice teaching time is limited, the length of qualifying courses may need to be extended.

### *4 Issues relating to teachers of needs assessment in community nursing*

4.1 Study data in this research did not allow for comment on the effectiveness of current knowledge of educationalists. However, it did suggest real difficulties in teaching in an uncertain and rapidly changing environment in community nursing education and practice, which warrant further exploration. Consideration should be given to a formal research investigation of the continuing development needs of educationalists teaching on specialist community nursing courses.

4.2 There was some concern about the extent to which lecturers were able to facilitate learning about the practicalities of working in the 'new NHS', when they had, perhaps, not held community nursing caseloads themselves since the NHS and Community Care Act was passed. Holding a caseload is not generally feasible for lecturers, nor is occasional, highly circumscribed and part-time contact with individual clients necessarily appropriate for maintaining specialist skills. They might be encouraged to engage in consultancy work and in research activities which take them into the field of community nursing as an alternative means of maintaining practice credibility.

4.3 Given the centrality of their teaching role, the level of preparation for community practice teachers may need to be upgraded. Consideration should be given to a post-graduate qualification, since it is considered important for them to have a more advanced level of preparation than the undergraduates they are helping to prepare. The programme should also enable practice teachers to facilitate the high level of reflective learning described at 3.4 (Fish et al 1991, Schön 1983).

## Details about the project

This project was commissioned by the English National Board for Nursing Midwifery and Health Visiting in the autumn of 1993. The project ran from January 1994 – December 1995; it examined the changing educational needs of community nurses with regard to needs assessment and quality of care in the context of the NHS and Community Care Act, 1990. The study clarified the nature of need and needs assessment by community nurses. It drew attention to the complexity of the specialist skills required, and suggested ways that these may be developed through programmes of professional education. The overall conclusions and study findings will be of particular interest to educators and practitioners of community nursing, their managers and commissioners of community nursing education. It will also be of interest to those involved in needs assessment in other fields, to purchasers and providers of health care in all settings and to students of social and health policy.

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**TWENTY THREE**

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# research HIGHLIGHTS

# An Investigation into the Changing Educational Needs of Community Nurses with regard to Needs Assessment and Quality of Care in the context of the NHS and Community Care Act, 1990

## Abstract


**This project set out to examine the changing educational needs of community nurses with regard to needs assessment and quality of care in the context of the NHS and Community Care Act, 1990. The study was divided into three phases. Phase one set out to explore and clarify what is meant by 'needs assessment' through a series of focus group discussions. These data were analysed, and used to develop an observational instrument and interview guide for phase two. Phase two used a multiple case study design to examine the educational preparation and the practice of needs assessment by district nurses and health visitors, and develop recommendations for future educational provision. Before these were finalised, in phase three the findings and early proposals for these recommendations were scrutinised by a group of 'experts' from the various interest groups; their deliberations were subject to a content analysis and incorporated into the final report. The methods used are outlined under the separate phases, and key findings incorporated under the overall conclusions of the study.**


## Background to study

This two year study was planned in the summer of 1993. It was acknowledged that the ability to carry out a full assessment of the needs of individuals, families and communities has always held a central place in the practice of community nursing (CETHV 1977, Luker and Orr 1992). As well, the skills of community nurses in assessing needs are integral to the requirements of both the Children Act, 1989 and the NHS and Community Care Act, 1990 but this legislation changed the emphasis, and perhaps the nature, of practice, with consequent implications for the educational preparation of practitioners. Moreover, the linking of explicit roles, rights and responsibilities with 'needs assessment' focused attention on the variable meanings attached to the term. Educationalists need information for planning courses of preparation which meet the new requirements and which take into account these potentially disparate viewpoints.

## Phase One

Phase one aimed to elicit views and clarify meanings attached to the notion of 'needs assessment' in the context of community nursing, and to set the scene for subsequent phases of the study; details are reported elsewhere (Cowley et al 1996). A series of eight focus group discussions were held with a total of 91 participants, drawn from a variety of 'interest groups' expected to have relevant opinions on the subject.

Analysis of these data revealed that the term 'need' signifies a dual concept:

- it is personal, variable, subjective, dynamic and immensely changeable according to context,
- it is capable of precise specification and sometimes measurement, at least to a degree.

While these elements may appear contradictory, the testimony of the focus group informants suggested that any assessment would be incomplete unless it encompassed both the aspects. Needs assessment should be purposeful and is thus linked to a service response. There is another proactive aspect of needs assessment, which is the service planning element. Without this essential element, services and assessments risk becoming entirely reactive and eventually incapable of true responsiveness.

Thus, 'need assessment' appears as a tripartite venture which involves

- recognition of needs,
- assessment of needs,
- linking the assessment of needs into the on-going process of service planning.

Each aspect requires specific, but closely interdependent knowledge, attitudes and skills which community practitioners need to acquire during courses preparing them for qualification.

## Phase Two

Phase two adopted a multiple case study design (Yin 1994) based in each of four different Regions. Each 'case' or unit of enquiry comprised the educational programme provided by one college, and indications of its impact as demonstrated in assessment practices and nurse perceptions in one Region.

The findings from phase one were used as a basis for developing a structured observation schedule and semi-structured interview guide. Recently qualified practitioners (health visitors and district nurses) were observed during a regular shift ($n$=134 visits), concentrating on their practice of assessing needs, and on liaison and collaboration within teams and across sectors. They were interviewed after the observation period ($n$=32 practitioners), to determine the extent of formality they attached to each assessment, and elicit information about aspects which may be embedded in everyday practice as well as those recorded for explicit requirements.

The analytic strategy addressed the research aims through single and multiple case analyses across the four cases, using an iterative process of pattern-matching, replication logic and explanation building (Yin 1994). The preliminary analysis yielded two broad themes which informed further analysis.

1 A descriptive 'taxonomy' as a basis for classifying the variants of needs assessment was elicited; this could be used to help clarify the whole phenomenon.

This illustrated the various aspects of needs assessment demonstrated in practice. When applied further to the data, the taxonomy revealed the complex interactions within needs assessment between:

- the different ideals (relating to policy, nursing and ascribed worth),
- the various types (purpose, formality/specificity and complexity)
- and timing (in relation to client, service and practice issues).

2 Various points at which a 'strategy-practice' gap seemed likely to arise between policy and practice were identified:

- as 'ideals' are translated into policy, such as the NHS and Community Care Act 1990;
- as these policies are translated into local planning for services and educational curricula;
- as these plans, subsequently, are turned into service provision and into teaching;
- the cumulative impact of these three elements can be demonstrated in the reality of practice. This final point represents an accumulation of potential gaps arising in service provision, educational preparation and practice.

Where a gap occurs between what is expected or hoped for and what actually happens, this adversely affects perceived quality of a service (Parasuraman et al 1985). The cross-case analysis indicated that such a gap might arise at any of the points highlighted above. It showed that any 'strategy-practice gaps' in the service field may be widened further by an associated 'theory-practice gap' during the educational process, or reduced by the development of high level specialist practice skills during the preparation period.

Drawing on these findings, preliminary conclusions were drawn regarding educational provision relating to needs assessment in the different areas, and how this is translated into practice. Tentative recommendations were developed about how community nursing programmes should deal with the issue of needs assessment, and taken forward (with the findings) to phase three of the study.

## Phase Three

A panel of 'experts' from the various different interest groups were invited to critically examine and comment on the preliminary recommendations, particularly considering their feasibility and utility. A content analysis of their responses allowed the analysis of data drawn from the specific needs assessment practices of health visitors and district nurses to be placed in the wider educational and health policy fields, before the conclusions were finalised.

## Overall Conclusions

The accumulated results from the whole study gave rise to certain implications to be considered by the English National Board; these are summarised and explained with relevant findings below.

### *1 Issues relating to needs assessment and community nursing*

1.1 The ability to assess needs of individuals, families and the local population served on the community nursing caseload appeared as a holistic endeavour; in practice these different aspects were not fully separable from each other, or the rest of community nursing work. Thus, needs assessment skills appear central to all community nursing, so their acquisition is intimately linked to the development of specialist community health care nursing ability.

1.2 Certain aspects of needs assessment were learned better than others, perhaps due to a lack of clarity and understanding about some of the embedded features of need. Therefore, the particular skills and knowledge required for needs assessment require highlighting, to aid clarity and the learning process. Interpersonal and communication skills necessary to elicit variable and individual perceptions of need were generally afforded more attention in curricula than the specific measures required to undertake formal and structured assessments; both aspects are equally important. Students also need to understand the different ideals which underpin needs assessment according to their basis in holistic nursing or policy-driven perspectives, the various types of needs assessment and the way the timing of assessments vary according to different clients' practice and service requirements.

1.3 Specialist community health care nurses are required to accept a high level of professional responsibility for influencing factors which have an impact on their practice, as well as continuing to develop their own knowledge base in relation to new developments. The availability of post-qualifying support and preceptorship periods appeared very variable, so the student must have developed this capacity prior to completion of their courses. Particular attention is needed to the transition from student to qualified specialist, and to ensuring that practitioners are able to work independently by the time they qualify.

### *2 Issues relating to needs assessment and joint working*

2.1 The principles of needs assessment (as in point 1.2) should be taught as part of the common core between all community nurses, and some aspects of this learning might beneficially be shared with students from other disciplines, such as trainee general practitioners and student social workers.

2.2 There remains a particular base of knowledge to underpin assessments made within the different areas of community nursing practice, and extra attention should be given to these within the specialist modules. For instance, health visitor knowledge appeared more strongly linked to child development, nutrition and health promotion, while district nurses made greater use of theory related to pathology, pharmacology and physiology. The data hinted that self-confidence in one's own professional knowledge base, and respect for that knowledge from colleagues, assisted interprofessional working.

### *3 Issues relating to needs assessment and professional judgement*

3.1 The data demonstrated that, when assessing needs, practitioners were often faced with practical and ethical dilemmas involving different priorities and perceptions within families, between formal agencies and their clients/users, and in dealing with interdisciplinary working and resource allocation issues. Thus, community nurses need a deeply ethical and practical wisdom (*phronesis*; Carr 1995), the ability to incorporate theoretical perspectives into everyday thinking (*praxis*; Carr 1995) and to integrate finely judged decisions into practice. Learning about ethics as a separate academic exercise is considered unhelpful in achieving this depth in professional education (Moline 1986). Instead, developing the high-level skills required for the full spectrum of needs assessment should be centred around developing the overall capacity of the practitioner to exercise professional judgement in dealing with such intricate situations.

3.2 Professional judgement requires the development of critical skills, ability to conceptualise and articulate practice. A number of participants in this study appeared to find difficulty in articulating abstract concepts, and were thus disadvantaged in their ability to grapple with the sometimes conflicting and complex situations they faced. Education should continue to be minimally at level three (degree level) and consideration should be given to extending opportunities for post-graduate qualifying courses (masters level).

3.3 Lecturers should be encouraged to engage in 'practical discourse' (Fish 1995) with their students in college, to facilitate the development of critical ability and the ethical, moral and practical basis for professional judgement. This could take the form of students rehearsing and questioning in college the inevitable tensions and constraints of different requirements in the practice situation. This teaching should be acknowledged as contributing to both theory and practice.

3.4 Central to the quality of learning through practice is the opportunity to observe an expert role model and teacher in a variety of learning situations, who should subsequently be able to reflectively discuss, coach and debrief the student following her own practice in needs assessment (Fish et al 1991, Schön 1983). The important role of the caseload holding specialist teacher in the practice setting (community practice teacher) was highlighted in the data.

3.5 The development of professional judgement requires the opportunity to acquire a sufficiently wide repertoire of experience in different needs


HIGHLIGHTS