Irish Nurses and Midwives Organisation

Children’s Nursing Survey Report
Acknowledgements:
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1. Introduction

The 2011 Irish Census report indicates that there are over 1 million (1,036,817) children under 16 years of age in Ireland. Children in the 0-15 age group now account for 23% of the total population, one of the highest in Europe (HSE, 2013). Advances in medicine have meant that more children with illnesses are living longer. However, research has shown that the level of dependency and acuity of patients has increased significantly. A new national model for paediatric health care was announced, which will see the development of the new Children’s Hospital at the core of an “integrated healthcare system” (National Paediatric Development Board, 2008, pp. 1). Nursing staff will play an essential role in providing care and promoting health in both the acute and primary sectors of this healthcare system. It is every child’s right to have access to a “nurse who has successfully completed a recognised course of study and practice experience in the nursing care of infants, children and adolescents/young people.” (PNAE, 2015). It therefore imperative that there are appropriately educated and expertly skilled Registered Children’s Nurses (RCNs) to provide this care. This is something which the Irish Nurses and Midwives Organisation’s (INMO) National Children’s Nurses Section Committee is committed to achieving. Ms. Catherine Sheridan, Section Chairperson; Ms. Ann McLaughlin, Vice Chairperson; Ms. Eileen Tiernan, Education Officer and Ms. Kathleen Fitzmaurice, Secretary of the National Children’s Nurses Section were instrumental in driving forward this piece of research and final report in order to assist in ensuring the highest possible quality of safe care for their patients.

2. Aim

The INMO’s National Children’s Nurses Section 2015 Annual Delegate Conference motion stated:

“Be it resolved that the INMO, on behalf of the National Children’s Nurse Section, would engage with the HSE, and all employing authorities, to ensure that nurses, caring for children, have the relevant qualification, in keeping with the best international standards of practice, and those without the relevant qualification but have nursing experience in the specialist area, be afforded the opportunity to attain RCN qualification, whilst ensuring their job security”. National Children’s Nurses Section.

As part of implementing this motion, a survey was developed in order to explore the qualifications of nurses working with children within the Health Service Executive (HSE) and all other employment authorities in Ireland. The aim was to identify information on those who do not hold a Registered Children’s Nurses (RCN) qualification, but have the relevant experience in the specialist area.

3. Background

The United Nations Convention on the Rights of the Child (2010) states that each signatory, of which Ireland is one, is committed to safeguarding: “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.”

It is essential, therefore, that in order to meet this obligation, each child should have access to an RCN when required. This is emphasised by Article 8 of the European Association for Children in Hospital’s Charter, which states “Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.” (EACH, 2001).
3.1. Nurses working with children internationally

Internationally, many differences exist in relation to the education and regulation of nurses working with children.

Education

In terms of education, many countries offer a generalist undergraduate programme which is then followed up with a post graduate children’s nursing programme, for example Australia and the United States (US). The INMO is the national member of the Paediatric Nursing Associations of Europe (PNAE), which aims to protect and promote the rights and health of children, by bringing nursing associations together to network and further the appropriate care of children. In 2003 the PNAE explored the education of children’s nurses across thirty European countries. The results highlighted the great variance in the academic level of nurse education and in the competencies of nurse education programmes across Europe. The survey was repeated in 2010 and 2015 to investigate the progress that countries had made in the area of standardising children’s nursing education (PNAE, 2015).

Although some progress had been achieved, many differences still exist. The results revealed that some countries offer a first nursing qualification (direct entry), including the United Kingdom (UK) and Germany. These countries also offer a post graduate entry into the speciality. Other countries offer a generalist nursing undergraduate programme which would then be followed up by a specialist children’s post graduate programme, for example the Netherlands and Hungary. Finally, the survey revealed a number of countries where only a generalist nursing programme exists and nurses work “without any specific education provision to care for children” (PNAE, 2011, pp.1). Although general nurse education programmes do provide some aspect of children’s nursing, the PNAE believes that this is “insufficient preparation for nurses to practise as paediatric or sick children’s nurses i.e. to independently assess, plan, manage and evaluate the nursing care of infants, children and young people.” (PNAE, 2011, pp. 1).

Registration

As with education, the regulation of children’s nurses is also an area which differs across countries. Countries, such as the UK, Italy and Australia have a specific national register for children’s nurses. Other countries do not have a specific register, for example Denmark, Germany and Sweden. The PNAE’s survey found that in countries where no national register exist, it is possible to identify the nurses holding this specific qualification (PNAE, 2011). In its position statement on regulation, the PNAE states the importance of regulation in the profession in order to ensure proper standards of care, education and conduct and to easily identify children’s nurses (PNAE, 2005).

Standards

Standards of nursing care for children exist in a number of countries, identifying the necessity to have appropriately educated children’s nurses working with children and their families. Standards can vary in relation to the level of detail. Most standards outline the role of the nurse, identify educational requirements and core competencies (ANA, 2015; ACPCHN, 2006). Specialist children’s nursing organisations, including the PNAE (2015; 2007), Royal College of Nursing (RCN) (2013) and the Society of Pediatric Nurses (2015a; 2015b) also provide position statements and guidance on issues of importance for the education of nurses, standards of care and staffing.

Looking specifically at the UK, there is a long standing requirement that children require appropriately educated nurses to care for them, and that children should have their own facilities within hospitals. In 2001, the Bristol Royal Infirmary Inquiry report stated that children should be cared for by health professionals holding a recognised qualification in caring for children (Kennedy, 2001). The Royal College of Nursing (RCN) states that “nurses working without specific training are deemed to be working outside their registration and should work under the supervision of a children’s nurse when providing care to young children” (RCN, 2005). It also provides specific guidance for nurses working with children and has defined nursing staffing levels which state that there must be a minimum of two registered children’s nurses at all times in all inpatient and day care areas. Furthermore, there must be access to a senior children’s nurse at all times for advice in services looking after children and young people (RCN, 2013).
3.2. Educational qualifications of nurses working with children in Ireland

Background to children’s nurse education

There has been a long history of children’s nursing in Ireland, with the first sick children’s hospital opening in 1821. Once an approved education programme was completed a nurse was eligible to become registered as a sick children’s nurse. The Register has been maintained by the Nursing and Midwifery Board of Ireland (NMBI) (formerly An Bord Altranais) since 1919 (Government of Ireland, 1919). Throughout the 1970s and 1980s, there were three ways in which a person could become an RCN. There was a 3 year Certificate; a 4 year integrated certificate and an 18 month post graduate programme (Doyle et al., 2008). The programmes were all provided by the three paediatric hospitals in Dublin, namely, The Children’s Hospital, Temple Street, The National Children’s Hospital and Our Lady’s Hospital for Sick Children, Crumlin. As one of its recommendations, the Commission on Nursing, in 1998, stated that children’s nursing education should remain at a post registration level programme (Government of Ireland, 1998). A number of reports and reviews were published regarding the entry into children’s nursing. The Report of the Paediatric Nurse Education Review Group (2001) recommended that an education programme be developed at both pre-registration and post registration level and an integrated direct entry programme was to be considered. In 2004, the Expert Paediatric Education Group Report (Department of Health) established the idea of developing of an integrated (children’s and general nursing) direct entry pre-registration programme. This report also recommended that the education programmes be extended beyond the eastern part of the country. By 2006 there were two routes established, a BSc in Children’s and General (Integrated) Nursing (4.5 years RGN/RCN) and a 12 month post registration higher diploma in children’s nursing. These programmes are offered by Trinity College Dublin, University College Dublin and University College Cork. The first cohort of students from the Children’s and General (Integrated) Nursing programmes graduated in 2011.

Qualifications of nurses working with children

There are no Irish national standards to state that those qualified as RCNs should be specifically employed in children’s units or hospitals. This is something which was highlighted in the Paediatric Nurse Education Review Group Report. However, the Children’s Hospitals Directors of Nursing had stated at the time, that the majority of their nursing employees were qualified as RCNs (Department of Health and Children, 2001). The results of a survey conducted of those who had undertaken a children’s nursing post graduate programme, found that 90% of the graduates were employed in paediatric units in the Republic of Ireland between 2006 and 2009 (HSE, 2010).

As part of a review of paediatric and neonatology services completed in 2013 by the HSE, a number of site visits to paediatric units in Irish hospitals were conducted. The number of children’s nurses were identified in each hospital. All paediatric units were reported to be staffed by RCNs apart from Cavan General Hospital, South Tipperary General Hospital, St. Luke’s Hospital Kilkenny and Wexford General Hospital. The nursing staff in these hospitals were described as very experienced (HSE, 2013). Figures from 2013 state that there are 5,695 active RCN’s on the Register in Ireland (ABA, 2014). To date there are no studies available on the nurses working in children’s health services without a qualification leading to registration as an RCN in Ireland.
4. Methodology

4.1. Questionnaire design
A questionnaire was circulated using a web-based survey tool, Survey Monkey, to capture the responses. The survey commenced on the 7th December 2015 and data collection concluded on the 29th January 2016. It was advertised via the National Children’s Nurses Section members and the broader INMO membership using the INMO’s membership system. Advertisements were displayed on the websites www.inmo.ie and www.nurse2nurse.ie, as well as in the INMO’s journal the World of Irish Nursing and Midwifery. Letters with accompanying flyers were posted to all those in the National Children’s Nurses Section and also to the work locations of the Section members. Finally, reminder letters and emails were sent near to the deadline of the survey closing.

4.2. Survey sample
There is no comprehensive database of all nurses working with children as not all nursing positions are exclusively dedicated to the care of children and therefore there is significant variance in frequency of contact within roles. As a result, National Children’s Nurses Section was the main sample but all members of the INMO were targeted in order to find those who could potentially work with children. A total of 432 questionnaires were received and analysed. Response numbers can vary where there were multiple answer possibilities.

5. Demographics and Employment

5.1. Introduction
This section presents the results regarding the demographic profile of the respondents as well as their working environment and working speciality.

5.2. Demographic profile of respondents
The survey targeted nurses who provide care to children in any capacity of their current role. Therefore, the strategy was to exclude any members who came to the survey who did not fill this criteria. The first qualifying question asked if respondents provided nursing care to children. The vast majority of survey respondents 92.97% (n=397) answered that they did, leaving 7.03% (n=30) who responded that they did not provide nursing care for children in their current role.
5.3. **Official grade of respondents**

As table 1 shows, a number of titles and grades fell under the survey's remit. Nearly a third of respondents (32.16% (n=119)) were Registered Staff Nurses/Midwives, with a further 20.81% (n=77) who were Registered Senior Staff Nurses/Midwives. The next largest category were Clinical Nurse/Midwife Manager 2 (CNM/CMM 2) with 15.41% (n=57). This is followed closely by the Clinical Nurse/Midwife Specialist (CNS/CMS) group with 12.70% (n=47). The Clinical Nurse Manager/Clinical Midwife Manager 1 (CNM/CMM 1) grade had 7.03% (n=26) of the responses and the Clinical Nurse/Midwife Education Facilitator grade had just over 5% (5.14%, n=19) of the responses. The remainder of the participant groups were made up of the following; Advanced Nurse/Midwife Practitioners (n=7), Assistant Directors of Nursing/Midwifery (n=5), Clinical Nurse Manager 3 (n=9), Clinical Placement Coordinator (n=2), Nurse Tutor (n=5), and Public Health Nurse (n=6).

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Staff Nurse/Midwife</td>
<td>32.16%</td>
<td>119</td>
</tr>
<tr>
<td>Registered Senior Staff Nurse/Midwife</td>
<td>20.81%</td>
<td>77</td>
</tr>
<tr>
<td>Clinical Nurse/Midwife Manager 2</td>
<td>15.41%</td>
<td>57</td>
</tr>
<tr>
<td>Clinical Nurse/Midwife Specialist</td>
<td>12.70%</td>
<td>47</td>
</tr>
<tr>
<td>Clinical Nurse/Midwife Manager 1</td>
<td>7.03%</td>
<td>26</td>
</tr>
<tr>
<td>Clinical Nurse/Education Facilitator</td>
<td>5.14%</td>
<td>19</td>
</tr>
<tr>
<td>Clinical Nurse/Midwife Manager 3</td>
<td>2.43%</td>
<td>9</td>
</tr>
<tr>
<td>Advanced Nurse/Midwife Practitioner</td>
<td>1.89%</td>
<td>7</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>1.62%</td>
<td>6</td>
</tr>
<tr>
<td>Assistant Director of Nursing/Midwifery</td>
<td>1.35%</td>
<td>5</td>
</tr>
<tr>
<td>Nurse Tutor</td>
<td>1.35%</td>
<td>5</td>
</tr>
<tr>
<td>Children’s Nurse Lecturer</td>
<td>0.54%</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Placement Coordinator</td>
<td>0.54%</td>
<td>2</td>
</tr>
<tr>
<td>Director of Nursing/Midwifery</td>
<td>0.00%</td>
<td>0</td>
</tr>
</tbody>
</table>

Answered question: 370
Skipped question: 62
5.4. Age and gender of respondents

Table 2 shows that almost two thirds of respondents were between the ages of 34 up to 55, with 37.08% (n=145) in the 34 up to 44 group and 36.83% (n=144) in the 44 up to 55 group. The 24 up to 34 age group was the next largest with 15.09% (n=59). The majority of respondents (97.44%, n=381) were female.

Table 2 - What is your age?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 up to 24</td>
<td>1.02%</td>
<td>4</td>
</tr>
<tr>
<td>24 up to 34</td>
<td>15.09%</td>
<td>59</td>
</tr>
<tr>
<td>34 up to 44</td>
<td>37.08%</td>
<td>145</td>
</tr>
<tr>
<td>44 up to 55</td>
<td>36.83%</td>
<td>144</td>
</tr>
<tr>
<td>55+</td>
<td>9.97%</td>
<td>39</td>
</tr>
</tbody>
</table>

Answered question: 391
Skipped question: 41

5.5. Working with children

The respondents were asked how long they have been working with children. On average, the respondents have been working with children 18 years and 5 months (Answered question: 382, skipped question: 50). Responses varied between 1 year up to 44 years experience of working with children. The next series of questions in the survey asked about their workload with children and the age groups they worked with. The majority of respondents (73.75%, n=281) in answering the question: how much of their weekly workload was with children? responded that 100% of their weekly workload was with children as can be seen in figure 1.

Figure 1 - How much of your weekly workload is with children?

How much of your weekly workload is with children?

- 73.75%
- 4.99%
- 3.15%
- 9.19%
- 8.92%

100% ■ 75% ■ 50% ■ 25% ■ Less than 25%. Please indicate the percentage.

Answered question: 381, skipped question: 51.
The majority of respondents worked with all child age groups (under the age of 12 years), as indicated in figure 2, with only slightly fewer responding to working with adolescents. Over 88% (n=336) responded that they had contact with the age groups Infant 0 up to 1 year old and the Preschool child age group of 2-5 years old (n=336 for each age group). The older group Child 6-12 years old had a slightly lower response rate with 85.30% (n=325).

Figure 2 - What age groups do you have contact with in your current role?

Answered question: 381, skipped question: 51.
5.6. Work location
Over half of the respondents said that they worked in a children’s hospital (55.26%, n=210). Public hospital was the next most reported location with a third (33.16% n=126). The remainder worked in a variety of locations as detailed in figure 3.

Figure 3 - What type of setting do you work in?

Answered question: 380, skipped question: 52.
5.7. Specialty

Nursing care of children covers a wide range of specialties. Respondents were asked which specialty they worked in and there was significant variance with answers given. Figure 4 identifies that the majority (30.45%, n=116) worked in paediatric wards. The responses in the “other” category varied from dual locations already mentioned in figure 4 (for example, outpatients and paediatric ward) to specific medical specialties such as rheumatology, radiology, neurology and cardiology.

Figure 4 - Which specialty do you work in?

Answered question: 381, skipped question: 51.
6. Registration and Educational Qualifications
This section of the survey provides analysis of respondents NMBI registration details and also presents the results of the educational profile of respondents.

6.1. Registration as an RCN with the Nursing and Midwifery Board of Ireland (NMBI)
Respondents were asked if they were on the Registered Children’s Nurse (RCN) Register with the NMBI. As detailed in figure 5, of those who answered, 85.49% (n=324) were registered as an RCN. 14.51% (n= 55) of respondents stated that they were not on this Register.

Figure 5 - Are you on the Registered Children’s Nurse Register with the NMBI?

<table>
<thead>
<tr>
<th>Are you on the Registered Children's Nurse Register with the NMBI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>85.49%</td>
</tr>
</tbody>
</table>

Answered question: 379, skipped question: 53.

The average length of time on the RCN Register was 24 years and 5 months based on those who answered the question. (327 Answered and 105 Skipped). The length of time varied from 1 year to 43 years.
6.2. Divisions of the Nursing and Midwifery Board of Ireland Register

Respondents who stated that they were not on the RCN Register were then asked to identify which Divisions of the Register they were registered on. As indicated in Table 3, the majority of respondents were on the Registered General Nurse Division of the Register 93.68% (n=326). There were 7.47% (n=26) on the Registered Midwife Division and the third highest Division was Registered Intellectual Disability Nurse Division with 6.32% (n=22).

Table 3 - On which Divisions of the Nursing and Midwifery Board of Ireland are you registered?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Response Percent</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered General Nurse</td>
<td>93.68%</td>
<td>326</td>
</tr>
<tr>
<td>Registered Midwife</td>
<td>7.47%</td>
<td>26</td>
</tr>
<tr>
<td>Registered Intellectual Disability Nurse</td>
<td>6.32%</td>
<td>22</td>
</tr>
<tr>
<td>Registered Nurse Prescriber</td>
<td>3.74%</td>
<td>13</td>
</tr>
<tr>
<td>Registered Nurse Tutor</td>
<td>2.87%</td>
<td>10</td>
</tr>
<tr>
<td>Registered Advanced Nurse Practitioner</td>
<td>2.30%</td>
<td>8</td>
</tr>
<tr>
<td>Registered Public Health Nurse</td>
<td>1.44%</td>
<td>5</td>
</tr>
<tr>
<td>Registered Psychiatric Nurse</td>
<td>1.15%</td>
<td>4</td>
</tr>
<tr>
<td>Registered Advanced Midwife Practitioner</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

Answered question: 348

Skipped question: 84
6.3. Further studies

Those who answered stating they were not on the RCN Register were asked if they would be interested in obtaining a qualification that could lead to registration on the RCN Register. As presented in figure 6, this question was answered by 51 respondents with a majority responding no (54.90%, n=28). 45.10%, (n=23) stated that they would be interested in obtaining the qualification.

Figure 6 - Would you be interested in obtaining a Registered Children's Nurse qualification?

Answered question: 51, Skipped question: 381.

A further question followed relating to the reasons why they had not undertaken such a qualification to date. This question was answered by 49 respondents. As indicated in table 4, 24.49% (n=12) responded stating they had obtained a more relevant qualification. Some respondents stated that they ‘have two additional neonatal qualifications’; or that it was ‘Not required for theatre’ and ‘Not required for my role’. In addition, 16.33% (n=8) cited not having access to sponsorship to undertake the qualification was the limiting factor.

Table 4 - The reasons for not undertaking a Registered Children's Nurse qualification to date?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Response Percent</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have obtained other more relevant qualifications</td>
<td>24.49%</td>
<td>12</td>
</tr>
<tr>
<td>No sponsorship given</td>
<td>16.33%</td>
<td>8</td>
</tr>
<tr>
<td>Other reasons</td>
<td>12.24%</td>
<td>6</td>
</tr>
<tr>
<td>Not supported/given opportunity</td>
<td>10.20%</td>
<td>5</td>
</tr>
<tr>
<td>Distance from college with relevant course</td>
<td>8.16%</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>8.16%</td>
<td>4</td>
</tr>
<tr>
<td>Currently undertaking a qualification</td>
<td>8.16%</td>
<td>4</td>
</tr>
<tr>
<td>Do not want to undertake specific training</td>
<td>6.12%</td>
<td>3</td>
</tr>
<tr>
<td>Have a children’s qualification but it did not lead to RCN registration</td>
<td>4.08%</td>
<td>2</td>
</tr>
<tr>
<td>No relevant courses available</td>
<td>2.04%</td>
<td>1</td>
</tr>
</tbody>
</table>

Answered question: 49

Skipped question: 379
When looking solely at the reasons why those who would be interested in undertaking an RCN qualification but have not done so, the biggest answer was in the “other” category. When analysing these, a number of different reasons were given. Respondents stated “qualification in progress” and “I would need to stop working to undertake full time diploma/degree in children’s nursing”. 26.32% (n=5) stated that there was no sponsorship available and 15.79% (n=3) stated that distance from college with relevant course was an issue.

6.4. Highest educational qualification

The respondents were asked what was their highest educational qualification and the data in figure 7 indicates that that almost a third have undertaken a Postgraduate Certificate/Diploma (31.54%, n=134), followed by who have undertaken a degree programme (24.26%, n=98). 15.09% (n=57) have undertaken a master’s programme.

Figure 7 - What is your highest educational qualification?

7. Comparison Statistics

In this final section of the survey analysis, some comparisons are made between those respondents who were identified as qualified RCNs and those that do not hold the qualification. A breakdown is provided on both groups in terms of their work location, speciality of work and education.

7.1. Comparison of work location

When comparing the work setting of respondents on the RCN Register and those not on the Register, some similarities can be seen from table 5. Both those registered as RCNs (88.55% n=286) and those on other Divisions of the Register (85.45%, n=47) worked in either a children’s hospital or a public hospital.

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Registered as a RCN</th>
<th>Percentage Response</th>
<th>Registered on another Division of the Register</th>
<th>Percentage Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's hospital</td>
<td>181</td>
<td>56.04%</td>
<td>27</td>
<td>49.09%</td>
</tr>
<tr>
<td>Community</td>
<td>28</td>
<td>8.67%</td>
<td>5</td>
<td>9.09%</td>
</tr>
<tr>
<td>GP practice</td>
<td>2</td>
<td>0.62%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Hospice</td>
<td>8</td>
<td>2.48%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>8</td>
<td>2.48%</td>
<td>2</td>
<td>3.64%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>1</td>
<td>0.31%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Public hospital</td>
<td>105</td>
<td>32.51%</td>
<td>20</td>
<td>36.36%</td>
</tr>
<tr>
<td>Private hospital</td>
<td>11</td>
<td>3.41%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>School or college</td>
<td>3</td>
<td>0.93%</td>
<td>1</td>
<td>1.82%</td>
</tr>
<tr>
<td>University</td>
<td>4</td>
<td>1.24%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>20</td>
<td>6.19%</td>
<td>5</td>
<td>9.09%</td>
</tr>
</tbody>
</table>
7.2. **Comparison of specialty**

In terms of specialty, table 6 provides the comparison indicating that 32.20%, (n=104) of RCN’s work on paediatric ward and similarly, 20.00%, (n=11) of nurses registered on another Division work on a paediatric ward. Of respondents not on the RCN Register, 14.55%, (n=8) stated that they work in an Emergency Department and 10.91%, (n=6) stated they work in the community setting. The RCNs gave “other” as the second largest specialty. The responses in the “other” category varied from dual locations already mentioned in the table (for example, outpatients and paediatric ward) to specific medical specialties such as rheumatology, radiology, neurology and cardiology.

Table 6 - Comparison of nursing specialties - RCN qualified and those registered on another Division of the NMBI Register

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Registered as a RCN</th>
<th>Percentage Response</th>
<th>Registered on another Division of the Register</th>
<th>Percentage Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community setting</td>
<td>12</td>
<td>3.72%</td>
<td>6</td>
<td>10.91%</td>
</tr>
<tr>
<td>Day ward</td>
<td>5</td>
<td>1.55%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Emergency department</td>
<td>27</td>
<td>8.36%</td>
<td>8</td>
<td>14.55%</td>
</tr>
<tr>
<td>GP practice</td>
<td>2</td>
<td>0.62%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Hospice and Palliative care</td>
<td>9</td>
<td>2.79%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>NICU/SCBU</td>
<td>15</td>
<td>4.64%</td>
<td>5</td>
<td>9.09%</td>
</tr>
<tr>
<td>Oncology</td>
<td>13</td>
<td>4.02%</td>
<td>2</td>
<td>3.64%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>4</td>
<td>1.24%</td>
<td>2</td>
<td>3.64%</td>
</tr>
<tr>
<td>Operating department</td>
<td>11</td>
<td>3.41%</td>
<td>7</td>
<td>12.73%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>14</td>
<td>4.33%</td>
<td>2</td>
<td>3.64%</td>
</tr>
<tr>
<td>Paediatric ward</td>
<td>104</td>
<td>32.20%</td>
<td>11</td>
<td>20.00%</td>
</tr>
<tr>
<td>PICU</td>
<td>28</td>
<td>8.67%</td>
<td>4</td>
<td>7.27%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>79</td>
<td>24.46%</td>
<td>8</td>
<td>14.55%</td>
</tr>
</tbody>
</table>
7.3. Comparison of education qualifications

Finally, figure 8 provides a comparison of highest educational qualification achieved by respondents. The results show that 38.05% (n=121) of respondents on the RCN Register and 24.53% (n=13) of respondents on another Division of the Register have undertaken a postgraduate programme. Respondents on other Divisions of the Register stated that their highest qualification was at degree level (37.74%, n=20), followed by 22.64%, (n=12) who have undertaken a masters.

Figure 8 - What is your highest educational qualification?

8. Discussion

The results of this survey provide some insight into nurses working with children in Ireland and their qualifications.

The results show that the majority of respondents (91.89%, n=350) working with children on a regular basis (weekly workload with children is 50% or over) are qualified RCNs. These nurses are very experienced having been on the Register for an average of over 24 years. The majority of respondents work with all age groups of children from 0-13 years. The RCNs mostly work in the acute setting, in either a children’s hospital or in a public hospital (88.55%, n=286). The majority of respondents work on a paediatric ward (32.20%, n=104).

In terms of the respondents who are not RCNs but are registered on another Division of the NMBI Register, some similar statistics can be seen. These respondents are registered as a Staff Nurse/Midwife 86.79% (n=46) working with children on a regular basis. Again, the majority of respondents stated that they worked with all age groups of children. These respondents also tend to work in either a children’s hospital or public hospital (85.45%, n=47) and the majority of respondents work on a paediatric ward (20.00%, n=11).

Many of the respondents who do not hold the RCN qualification do have alternative qualifications which are appropriate to their work setting and specialty. For example, 7.47%, (n=26) of respondents stated that they were a Registered Midwife, with 6.32%, (n=22) reporting they were Registered Intellectual Disability Nurses and 1.44%, (n=5) were Public Health Nurses. It is important to point out that the qualifications held by these respondents would be appropriate to their work location.

When respondents who do not have the RCN qualification were asked whether they would be interested in attaining the qualification, although the results were close, just over half of respondents stated they did not want to undertake the qualification (54.90%, n=28), with 45.10%, (n=28) stating they would be interested in undertaking the qualification. Although the responses were low, some of the issues which were cited as reasons for not obtaining an RCN qualification should be considered. 26.53%, (n=13) stated they could not get sponsorship or were not supported or given the opportunity to undertake the qualification. A number of respondents (24.49%, n=12) felt that that they already had a qualification which was more relevant to their working area. Other issues for example, distance from the college with a relevant course (8.16%, n=4) and age (8.16%, n=4) of the respondents were cited as reasons for not obtaining the qualification.

9. Emerging Challenges

Access to an RCN education programme

In relation to obtaining an RCN qualification for those who are currently working with children or those who want to, the accessibility to sponsorship and support to undertake the qualification can be identified as a potential barrier. Although sponsorship to undertake the post graduate programme does exist (HSE, 2011), there may be issues in relation to accessing the sponsorship or limitations on the number of sponsorships available. There is also a possible issue in relation to the location of the college/universities providing the programmes. Although, the programmes are offered in Dublin and Cork, some respondents stated the distance from the college/universities providing the programme was a reason for not undertaking the programme. It is essential that those who work with children be afforded the opportunity to complete an RCN qualification.

Age-related factors

The age group of the respondents reflect the trend of an ageing workforce currently being experienced in the broader nursing workforce both nationally and internationally, with 36.83% in the age group 44-55. The HSE’s moratorium on recruitment which had been in place between 2009 and 2014, although has been lifted, has led to many qualified nurses leaving the country in search of jobs. This has been particularly prevalent in the younger age groups. The HSE has begun a campaign to encourage nurses and midwives who have left the country to return to Ireland to work, however, this has been a slow process. It is essential that a sufficient number of nurses qualified as RCNs are working in Ireland to meet the current and future needs of the children and young people in the health services.
Emergency departments

The number of children presenting to emergency departments is on the rise. It has been reported that the introduction of free GP care for the under six age group, has led to an increase in the number of children under the age of six presenting to the emergency department (Cullen, 2016). The national review of paediatric and neonatology services identified the lack of appropriately trained staff within the emergency departments around the country. As a “good practice” it recommended that each emergency department have “paediatric trained nurses as part of the ED nursing staff complimen”. It is imperative that qualified RCNs be available in the emergency department in order to provide appropriate, safe care to children.

Standards of nursing care

As stated earlier, there are currently no national standards available in relation to the nursing care of children. The PNAE do however have a number of position papers regarding nurse staffing levels, the education of nurses and, more recently, transition to adult care. In order to maintain safe practice standards for children in the Irish health care system, national standards should be developed.

10. Conclusion

International best practice dictates that nursing care of children and young people is required to be undertaken by suitably educated, experienced and skilled staff. The needs of children in the Irish health services have become more complex and it is essential that each child be given access to quality, safe and timely care. As the population of the under 13 age group has increased significantly, so too has the pressure on health services. The survey results provide some positive insight into the qualifications of nurses working in our child health acute services, however, it is imperative that employing authorities providing health services to children and young people employ nursing staff with the appropriate qualification, experience and expertise.
11. References


Paediatric Nursing Associations of Europe (2007) Paediatric nurse staffing levels in Europe: a position statement by the Paediatric nursing associations of Europe (PNAE). Available at:


Appendices

Appendix 1: Questionnaire

Introduction
This short survey (10 mins approx.) is aimed at nurses working with children in Ireland. The aim of the survey is to identify educational qualifications among nurses working with children and their educational needs. A report detailing the results will be launched at ADC in May 2016. All details provided are completely anonymous and cannot be traced to any one individual.

1. In your current role, do you provide nursing care for children?
   - Yes
   - No

About You
2. Are you male or female?
   - Male
   - Female

3. What is your age?
   - 18 up to 24
   - 24 up to 34
   - 34 up to 44
   - 44 up to 55
   - 55+

5. How long have you been working with children?

   Years

   Months
6. How much of your weekly workload is with children?
   - 100%
   - 75%
   - 50%
   - 25%
   - Less than 25%. Please indicate the percentage.

7. What age groups do you have contact with in your current role? Please tick all that apply.
   - Infant 0 up to 1 year old
   - Preschool Child 2 - 5 years old
   - Child 6 -12 years old
   - Adolescent Over 13 years old

Your work location
8. What type of setting do you work in? Please tick all that apply
   - Children’s Hospital
   - Hospice
   - Public Hospital
   - University
   - Community
   - Intellectual Disability
   - Private Hospital
   - Other (please specify)
   - GP Practice
   - Mental Health Services
   - School or College
9. Which specialty do you work in? Please tick one.

- Community Setting
- GP Practice
- Neonatal Intensive Care Unit or Special Care Baby Unit (NICU/SCBU)
- Operating Department
- Paediatric Intensive Care Unit (PICU)
- Day Ward
- Hospice and Palliative Care
- Oncology
- Outpatients
- Other (please specify)
- Emergency Department
- Mental Health
- Orthopaedics
- Paediatric Ward

NMBI Registration

10. Are you on the Registered Children’s Nurse (RCN) register with the Nursing and Midwifery Board of Ireland?

- Yes
- No

11. If yes, how long have you been on the Registered Children’s Nurse Register?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
</table>

RCN Qualification Follow-up

12. Would you be interested in obtaining a Registered Children’s Nurse qualification?

- Yes
- No
13. Please tick all the reasons for not undertaking a Registered Children’s Nurse qualification to date?

- Do not want to undertake specific training
- Distance from college with relevant course
- No relevant courses available
- No sponsorship available
- Not supported/given opportunity
- Other

**NMBI Registers**

14. On which divisions of the Nursing and Midwifery Board of Ireland are you registered and in what year did you register? Please complete year for all that apply.

- Registered General Nurse (RGN)
- Registered Intellectual Disability Nurse (RNID)
- Registered Nurse Prescriber (RNP)
- Registered Midwife (RM) Registered
- Registered Intellectual Disability Nurse (RNID)
- Registered Public Health Nurse (RPHN)
- Registered Advanced Nurse Practitioner (RANP)
- Psychiatric Nurse (RPN)
- Registered Nurse Tutor (RNT)
- Registered Advanced Midwife Practitioner (RAMP)

15. What is your highest educational qualification?

- Certificate
- Diploma
- Degree
- Post Graduate Certificate/Diploma
- Masters
- Doctorate (Ph.D)
- Other (please specify).
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