

The positive impact of training and education on nurses' competence and confidence



KAREN OUSEY
Academic Editor *Wounds UK*,
Professor of Skin Integrity at the
Institute of Skin Integrity and
Infection Prevention,
University of Huddersfield



JOANNA BLACKBURN,
Research Fellow, Institute of
Skin Integrity and Infection
Prevention, University of
Huddersfield

Welcome to the first issue of *Wounds UK* in 2019, I hope you all had a good start to the new year. This first editorial is a joint one with Dr Jo Blackburn who I work with at the University of Huddersfield. Jo and I focus our research around skin integrity and prevention of infection. As we reflected on all the exciting initiatives that took place last year, it became quite obvious that we are, at long last, moving away from managing to preventing wounds and leg ulceration. We witnessed the launch of Legs Matter, the National Wound Care Strategy and wound care was mentioned in the NHS 10-Year Plan, raising the profile and importance of this fundamental area of care:

We will build on existing work on preventing patient deterioration including Sepsis and NEWS2 implementation. We will continue our maternal and neonatal safety improvement programme, our work on infection prevention and control and the 'Stop the Pressure' programme to prevent pressure ulcers, aligned with the new National Wound Care Strategy (NHS, 2019: 107).

I was delighted to see the pressure ulcer core curriculum launched in 2018. We must ensure all practitioners are familiar with this and integrate it into our educational programmes. Without adequate education, pressure ulcer prevention and management practice will become static and ritualistic. Education is integral to nursing care and provides practitioners with the competence and confidence needed for clinical interventions, decision-making skills and critical thinking. Thus, recognising that fundamental to good nursing practice, is the ability to use knowledge to respond to the individual patient need.

COMPETENCE AND CONFIDENCE

Despite being distinct entities, the concepts of competence and confidence are intrinsically linked. Competence, gained through education, training and knowledge, can be associated with increased confidence, and confidence is considered to be one of the most influential aspects impacting

performance. Knowledge, and the retention of that knowledge is essential to emerging competent healthcare and there is some evidence to support this. Several studies have shown that training and education have a positive impact on self-reported levels of confidence and competence (Selman et al, 2016; Zieber and Sedgewick, 2018), exemplifying the importance of training and education in developing these skills. However, the relationship between confidence and competence is not a linear one. Competence enables clinicians to make comprehensive clinical judgements, which are integral to the standards of nurse education for the Nursing and Midwifery Council (NMC, 2010). The NMC (2010) denotes that registered nurses must maintain a specified level of competence throughout their career for continuing practice. It relates to possessing the knowledge to successfully enter professional practice but also recognising when this clinical practice is beyond our specialism or understanding. Being over or under confident in decision making can have a demonstrable impact on patient care; over confidence can prevent clinicians seeking advice or support to confirm or deny their clinical judgement (Mumpower and Stewart, 1996). This can result in inappropriate or inaccurate clinical decisions being made. Being under confident, however, can result in healthcare professionals regularly seeking the support of more senior clinicians, potentially impacting or delaying the treatment of patients in their care (Thompson et al, 2004). Interestingly, the literature suggests that experienced nurses tend to be more overconfident than those who are inexperienced (Yang and Thompson, 2010), despite research suggesting that many inexperienced nurses in terms of length of service, have consistently demonstrated clinical competence within their field of practice (Dehmer et al, 2013). This is increasingly evident for judgements or decisions that are considered 'easy', a phenomenon known as the 'hard-easy' effect. This is where overconfidence is present when making difficult judgements,

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whereas those judgements that are commonly regarded as being easy to make are impacted by a lack of confidence (Yang et al, 2012). In one study examining community nurses' confidence in judgement and treatment decisions of venous leg ulceration, Adderley and Thompson (2018) asked TVNs and non-specialist nurses to make decisions about whether to apply compression therapy for a range of different scenarios. The results found that despite being very experienced, both non-specialist nurses' and TVNs' levels of confidence were not attuned with their levels of accuracy. Although the TVNs were more accurate and confident about their clinical decision making, both groups were over confident about their clinical judgements and had poor introspective behaviour around their ability to make accurate diagnoses. The synchronisation of competence and confidence therefore, is imperative to successful clinical decision-making and good nursing practice.

A NEED FOR GOOD DECISION MAKING

Within wound care, the rising complexity of the patient need, escalated by an ageing population, is concomitant with an increasing number of patients with complex health needs, comorbidities and complex wounds. This means that those working within tissue viability are required to possess diverse knowledge, skill and expertise to treat and manage their patients. It necessitates the application of competent clinical judgement and confident decision making for safe and effective clinical care and favourable patient outcomes and experiences. One aspect of wound care that demands competent and confident decision making skills is in dressing choice. Optimal dressing choice ensures good healing progression and infrequent removal of a dressing is integral to ensuring wound healing is not compromised (Rippon et al, 2015). Despite the evidence to support infrequent dressing changes, research shows that dressings are still removed unnecessarily by staff. In a mixed methods study designed to understand the experiences and

current practices of dressing wear time in patients living with a wound in the community setting, Blackburn et al (2018) found that many nurses within Tissue Viability described that decisions about when to change a patient's dressing were often not determined by a clinical assessment of the wound. Instead, additional factors influenced these decisions including the need to inspect the wound, adherence to care plans, or patient preference. These decisions therefore were not specifically related to the clinical need or dressing performance but were associated more with the competence and confidence of the TVN making that decision. Blackburn et al (2018) also found that ritualistic practice was also central in guiding decision making, as well as the practicalities of the nursing visit and time pressures and demands. For example, it was common for staff to describe how many dressing changes were commonly determined by the practicalities of the nurse's visit to the patient, and that although many of the dressing changes could be performed less frequently, it was more practical and pragmatic to change a dressing during the patient visit rather than risk a dressing being left on for increased periods of time.

The appropriate use of wound dressings is an integral part of wound management within tissue viability and dressing associated wear time is becoming increasingly more important in dressing selection. This is particularly pertinent as reducing the number of dressing changes can have substantial benefits for NHS services and the patient experience (Dowsett et al, 2015). Choosing an appropriate dressing and deciding when that dressing requires changing is profoundly influenced by the competence and confidence of those responsible for a patient's treatment and care. In order for the potential of increased dressing wear time to be realised, strategies to support staff through training and education to increase competencies and build confident decision making are fundamental to ensuring safe and effective clinical practice.