

The management of infant developmental needs by community nurses

Part 2: The development of guidelines for the support of community nurses in the management of infant developmental needs

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Keywords:

guidelines, quality of infant developmental care.

Abstract: Curationis 30(2): 104-112

In the previous article, the author described, according to the scope of practice of registered nurses, the responsibilities of community nurses with regard to the management of infant developmental needs in primary health care clinics in South Africa. In this article, the focus is on the development of guidelines for the support of community nurses in fulfilling these responsibilities. Before the development of the guidelines is addressed, a brief overview of the background of the study, assumptions of the researcher and the methodology of the study is given.

The development of the set of guidelines (DEFINE HOPE) is set against the background of the drive to improve the quality of developmental care for infants and their families. As guidelines help to translate scientific information into statements, it could be valuable to community nurses to improve their delivery of developmental care. To gather evidence for the formulation of the guidelines, the researcher utilised the themes identified during the analysis process in phase one of the research; investigated research articles; and compared findings and recommendations of the articles with the research findings obtained in phase one. In addition to the research findings and literature review, a focus group (health care professionals represented in the case study), was utilised to assist with the final development and validation of the guidelines. The researcher adapted a number of desirable attributes for guidelines, which are indicated in the literature, to compile the criteria for validation of the guidelines.

In conclusion, guidelines are necessary to support community nurses in finding "best practice" within their scope of practice to ensure higher quality of developmental care to families with infants 0-2 years.

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Introduction

In the previous article, the author described, according to the legal scope of practice of registered nurses, the responsibilities of community nurses with regard to the management of infant developmental needs in primary health care clinics (PHC) in South Africa. In this article, the focus is on the development

of guidelines for the support of community nurses in fulfilling these responsibilities.

Background

Rehabilitation professionals, involved in early childhood care in South Africa, experience that the "diagnosis" of developmental disability is done much

too late for effective intervention. According to them, mothers and caregivers bring infants too late for evaluation of their development “due to a lack of knowledge about child development and the functional skills (milestones) children should reach at certain stages” (Eksteen, 2000:25).

Infants and young children have a human right to develop to their full potential. To allow unmanaged disability and arrested development to occur in these children is a violation of their basic human rights (Meyers, 1993:37). Furthermore, the impact of disability is widespread as it extends beyond the disabled themselves – it touches the lives of family, friends and fellow community members. Due to this widespread impact, it is imperative to recognise the urgent need to put in place measures to address this growing threat (Department of Social Development, 2002:n.p.). Hence, it can be expected from community nurses to devote a significant amount of their time to the promotion of optimal development of infants, early identification of delays and impairments and the implementation of appropriate interventions to maximize the child’s development and functional abilities within the family and community.

Research aims

The aims of the study were to:

- Describe, according to the legal scope of practice of registered nurses, the responsibilities of community nurses with regard to the management of infant developmental needs at a primary health care level; and
- Develop guidelines for the support of community nurses in either training, continuing professional development or co-operation with other health care professionals and managers, in order to attend to the developmental needs of infants.

Assumptions of the researcher

The meta-paradigm of nursing, which presents the most global perspective of the nursing discipline and focus on the concepts: person, health, environment and nursing (Kozier; Erb & Olivieri, 1991:58), served to assist the researcher in addressing the aims of the study. By incorporating developmental surveil-

lance in her daily practice, the community nurse focuses on the infant and the family (person). Developmental surveillance is a dynamic interpersonal process (nursing), and is the means to identify developmental delays in infants at high risk of such delays (health: maintain, promote, and restore health of individuals and families). It focuses on various contexts of development as well as the underlying social and familial factors at work in the infant’s immediate environment (environment) (Dworkin, 1989:1007; McEwen, 2002:40; Osofsky & Thompson, 2000:54; Thorne; Canam; Dahinten; Hall; Henderson & Reimer Kirkham, 1998:1258).

Methodology

According to Yin (2003:19-20), the research design of a given study provides the logic, the “blueprint” that links the data to be collected to the initial questions, and assists the researcher to execute the study in such a way that the validity of the findings is maximized.

The research design of the study included two phases. The focus in the first phase was on the approach used to explore the responsibilities of community nurses with regard to the management of the developmental needs of infants in PHC clinics, and in the second phase, the researcher addressed the development of guidelines to support these community nurses.

Research Design of Phase One

The strategy used to investigate the phenomena, was that of the case study, and specifically a single-case (holistic) study. According to Yin (2003:41-43), a single-case study is an appropriate design, especially when the objective is to learn from the circumstances and conditions of an everyday situation in an institution, and the lessons learned are assumed informative regarding the experiences at the average institution.

Unit of analysis: case definition and site selection

The case was the management of developmental needs of infants 0-2 years by community nurses; and the site, a local government primary health care clinic, was chosen by means of purposeful sampling, as it had the likelihood that all the viewpoints or actions, as related to the research problem and purpose, were present and could be studied (McMillan

& Schumacher, 2001:401).

Sampling

Sampling, where a selection is made out of a population, is improper in a case study, and due to the qualitative nature of the research, non-probability samples were used to identify the following information-rich participants (McMillan & Schumacher, 2001:402-404):

- Community nurses – Five community nurses participated and were included by means of the site selection.
- Health service managers - Purposeful sampling and specifically, maximum variation sampling was used to select four participants (McMillan & Schumacher, 2001:402).
- Personnel involved with the continuous professional development of community nurses in the KOSH area - At the time of the study, only two people were involved in the training of community nurses, one from the local government health department and one from the provincial health department, and both of them were included in the study.
- Other health care professionals concerned with infant development in the KOSH area - Convenience sampling was used to identify other health care professionals concerned with developmental care of infants 0-2 years. One speech/language therapist, one occupational therapist and one physiotherapist known to the researcher consented to participate in the study (McMillan & Schumacher, 2001:402).
- Families with infants 0-2 years of age, with typical development, residing in the KOSH area – Five participants were selected by case type, and specifically reputational-case, meaning the researcher obtained recommendations of knowledgeable experts for the best examples because the study required an examination of a particular type of case (McMillan & Schumacher, 2001:402). Community nurses

working in clinics in the KOSH area, assisted with the identification of families.

- Families with infants 0-2 years of age with an identified developmental delay/disability, residing in the KOSH area – Six participants were selected by case type, and specifically reputational-case (McMillan & Schumacher, 2001:402). The other health care professionals that participated in the study, assisted with the identification of families.

Data Collection

In this study, multiple sources of evidence were used, as any finding or conclusion in a case study is likely to be more convincing and accurate if it is based on multiple sources of evidence. The researcher conducted 31 interviews over a period of five months. A chain of evidence was maintained to allow any external observer to follow the process of data collection; to indicate where the researcher decided to retrace her steps; to follow up with certain participants to obtain additional information; or, to verify information obtained from other participants.

The researcher took short notes during each interview to remind her of events influencing the study and its development, and to record specific observations as well as any inadequacies, experienced her. These notes were to supplement the data collected with the interviews and for cross-reference of documents mentioned during interviews.

The researcher examined official documents, such as policy documents, client records and training programmes to enhance understanding of the data gathered by other methods, and to illuminate and contextualise the responses to the research questions provided during the interviews (Hewitt-Taylor, 2002: 35).

Data Analysis

A basic approach, content analysis, was used for analysing the data. This approach involved a systematic process of sifting, recording and sorting material according to key issues and themes (Taylor-Powell & Renner, 2003:2-5). The data were developed and demarcated, so

that the researcher identified 3 themes, 15 categories, and 72 subcategories. To enhance the internal validity of the research, two independent qualitative researchers executed an external analysis of the research data. Their findings corroborated with the findings of the researcher.

Ethical Considerations

During the study, the researcher addressed ethical issues, such as harm to participants, informed consent, and violation of privacy/confidentiality, researcher competence and release of findings (Strydom, 2002:64). Prior to conducting the case study, permission to carry out the research was obtained from the relevant authorities. A research proposal was submitted for approval to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria; and, permission was obtained from the Town Council. A letter, stating the purpose of the research, possible benefits of the research, and procedures to be followed was provided to all participants to obtain informed consent. Participation was voluntarily and participants could withdraw at any stage of the study.

Phase Two: The development of guidelines for the support of community nurses in either training, continuous professional development, or co-operation with other health care professionals and health service managers, in order to attend to the developmental needs of infants.

Guidelines make sense when practitioners are unclear about appropriate practice, as it delineates the scope of practice (Woolf; Grol; Hutchinson; Eccles & Grimshaw, 1999:530). It serves as recommendations to improve the quality of health care and provides a mechanism by which health care practitioners can be made accountable for professional activities. A key definitive attribute of guidelines is that they are based on research and help to translate scientific information into statements that could change health care practice (Cranston, 2002:39; Scalzitti, 2001:1622; Thomas; McColl; Cullum; Rousseau & Soutter, 1999:40).

Development of recommended guidelines

The development of guidelines should follow a logical process that is methodologically rigorous to ensure

representation of the best evidence available (Carnett, 2002:67). To gather evidence for the formulation of the guidelines, the researcher utilised the themes identified during the analysis process in phase one of the research; investigated research articles; and compared findings and recommendations of the articles with the research findings obtained in phase one.

Following, a summary of the research findings:

- Health care governance concerning the management of infant developmental needs is absent.
- The commitment and support to community nurses by health services managers are inadequate.
- The organizational culture and climate is not conducive to the optimal management of infant developmental needs.
- Interagency collaboration to obtain the necessary intellectual and institutional resources is not pursued.
- Infant developmental care is not part of the community nurses' focus, during contact with infants and their families.
- Voiced concerns regarding existing infrastructure and resources are not addressed.
- The practice of community nurses, concerning infant developmental care, does not meet the standards of the profession.
- The knowledge base of community nurses, concerning infant development, is insufficient.
- Community nurses do not embrace family-centered care as their philosophy of care to infants and their families.
- Inefficient management of infant developmental delays and disabilities by community nurses.
- Inter-professional collaboration in the management of infant developmental care is absent.

The researcher developed 10 main guidelines (See Table 1). To ensure comprehensive guidelines, sub-guidelines were developed where

Table 1: Recommended guidelines

1.	Nursing management implements shared health care governance, as a responsibility of management and community nurses, to optimize the management of infant developmental needs and quality of care by community nurses.
2.	Nursing management creates a positive organizational culture and climate in which community nurses can reach their full potential, to manage infant developmental needs optimally.
3.	Nursing management evaluates, prioritizes and addresses existing infrastructure and resource (financial and human) constraints in a timely manner, to enable community nurses to deliver sustainable, quality developmental care to infants and their families.
4.	Nursing management pursues interagency collaboration to obtain the necessary intellectual and institutional resources to enable community nurses to provide sustainable, quality infant developmental care.
5.	Community nurses engage in infant developmental care in such a way that it is a central focus of each contact that the community nurses have with the infant.
6.	Community nurses ensure that their professional practice regarding developmental care to infants and their families, meets the standards of the profession.
7.	Community nurses accept responsibility and accountability for their own continuous professional development pertaining to the developmental needs of infants and their families.
8.	Community nurses embrace family-centered care as their philosophy of care to infants and families
9.	Community nurses ensure efficient management of infant developmental delays and disabilities.
10.	Community nurses implement and promote interdisciplinary collaboration in the delivery of infant developmental care.

necessary. In addition to the literature review, a focus group interview was utilized to discuss and finalize the recommended guidelines. The professional groups represented in the case study, were represented in this group: community nurses, health service management, personnel involved in the training of community nurses and other health care professionals (a speech-language therapist, a physiotherapist and an occupational therapist).

The primary researcher presented a brief, but detailed overview of the research to the group members. This was done to assist them in their final decision about the format and content of the guidelines. Minor changes, pertaining to the grammatical structure of the guidelines were suggested and where appropriate, the changes were implemented.

Set of recommended guidelines

In the subsequent discussion of the guidelines, the sub-guidelines and recommended actions are omitted. (The primary author can be contacted for more

information).

Guideline 1: Nursing management implements shared health care governance, as a responsibility of management and community nurses, to optimize the management of infant developmental needs and quality of care by community nurses.

Health care governance (HCG) is a framework through which health care service organizations are "accountable for continuously improving the quality of their services and safe guarding high standards of care by creating an environment in which excellence in care will flourish" (Arya & Callaly, 2005:241; Onion, 2000:405). According to the literature, HCG is a clearly outlined framework that clarifies concepts of accountability, clinical practice improvement, management of risks, and monitoring and evaluation of clinical standards and quality improvement (Arya & Callaly, 2005:242). Shared governance is a system of management and leadership whereby community nurses are empowered in decision-making processes (Scott & Caress,

2005:4).

Shared HCG should address the dimensions of quality as outlined by the World Health Organization (2000). Community nurses need to be competent, do the right thing the first time and doing it better next time, and they need to be well educated to meet the needs of their clients.

Guideline 2: Nursing management creates a positive organizational culture and climate, in which community nurses can reach their full potential to manage infant developmental needs optimally.

Organizational culture is defined as "ways of thinking, behaving, and believing that people have in common" (Ingersoll; Kirsch; Merk & Lightfoot, 2000:11). This shared understanding is obtained through group socialization and learning. A culture of excellence positively influences job satisfaction, enhances self-esteem and achievement of organizational goals (Wilson; McCormack & Ives, 2005:28). The desirable culture is seen as being one that is open and honest and that has a no blame approach (Wilkinson; Rushmer &

Davies, 2004:110).

Organizational climate influences group behaviour and encompasses the value base and expectations of workers. It is the perception of how it 'feels' to work in a particular environment. It is directly linked to productivity, job satisfaction, client satisfaction, staff retention and organizational commitment. These are also the most overlooked aspects when determining the performance of a particular work team. Leaders are primarily responsible for creating the climate in their organization or their work units. The following dimensions can be measured: flexibility, responsibility, standards, rewards, clarity and team commitment (Snow, 2002:39-394; Wilson et al. 2005:28).

It is evident from the literature that workplace culture and climate are multifaceted and assert a major influence on individual and group behaviour, client care, the change process, job satisfaction and ultimately organizational success (Wilson et al. 2005:28).

Guideline 3: Nursing management evaluate, prioritize and address existing infrastructure and resource (financial and human) constraints in a timely manner, to enable community nurses to deliver sustainable, quality developmental care to infants and their families.

Infrastructure and resources play a critical role in the improvement of the quality of health care, especially in an era of limited resources. Infrastructure and resource strategies need to be developed or re-examined to ensure more effective and equitable provision of health services. Therefore, plans to strengthen sustain and maintain appropriate health care infrastructure and resources to deliver essential health care, need to be a priority (O'Brien-Pallas; Baumann; Donner; Tomblin Murphy; Lochhaas-Gerlach & Luba, 2001:121; WHO, 1998:n.p.).

Guideline 4: Nursing management pursues interagency collaboration to obtain the necessary intellectual and institutional resources to enable community nurses to provide sustainable, quality infant developmental care.

The need for partnerships between health care professionals within geographical communities is becoming

increasingly important as new health care needs and issues are identified. Collaboration is perceived as working together towards a common goal. The elements of networking, leadership and vision are all important as relationships between stakeholders are developed. A lack of collaboration between agencies could be the reason that infants fall through the gaps and do not receive the necessary health care services that they need. Infants have complex issues relating to health, development and behaviour and they do not fall neatly into one of the service categories into which services are divided. No one professional discipline can be expected to have the knowledge and skills required to deal with them (Boswell & Cannon, 2005:n.p.; Watson; Townsley & Abbott, 2000:374).

Collaboration has a number of positive outcomes for health care: enabling the provision of the best quality and most effective care for infants who require multiple services; saving money by reducing overlap and duplication between services; and providing a means for managers to share their responsibility for community care and reduce organizational stress (Salmon, 2004:157; Van Eyk & Baum, 2002:262).

Guideline 5: Community nurses engage in infant developmental care in such a way that it is a central focus of each contact that community nurses have with the infant.

Developmental disability is an important health problem as it carries an appreciable burden to the individual, family and society. The importance of promoting typical development of infants and children is increasingly apparent in the literature. The monitoring of infants' development should be one of the most fundamental activities of infant primary health care, as it will result in infants being identified at a younger age, when intervention has its maximum benefit to alter their developmental trajectories favourable (King & Glascoe, 2003:624-625; Pinto-Martin; Sonders; Giarelli & Levy, 2005:163,167; Rydz; Shevell; Majnemer & Oskoui, 2005:17).

The World Health Organisation recognizes the importance of infant development and acknowledges that supporting the development of infants should become a greater priority in health programmes (WHO, 1999). However,

many early-emerging developmental delays and disabilities go undetected and therefore unaddressed by service systems (Carter; Briggs-Gowan & Ornstein Davis, 2004:118; Magnusson; Persson & Sundelin, 2000:118; Zuckerman; Stevens; Inkelas & Halfon, 2004:1522).

Guideline 6: Community nurses ensure that their professional practice, regarding developmental care to infants and their families, meets the standards of the profession.

Community nurses are responsible, both legally and ethically for the care they provide. Nurses in South Africa must practice in accordance to the Nursing Act (1978) and its regulations. The Draft Charter of Nursing Practice (2004), which is to replace the current regulations on the scope of practice (SANC Regulations No. R 2598, 1984 as amended), stipulates the code of conduct and ethics of nursing; standards for nursing practice; competencies for nursing practice; scope of the profession of nursing and midwifery; conditions for practice and education and training for nursing practice. Although the final responsibility for the quality of care rests with the chief executive of the work place, it is the responsibility of the individual registered nurse to act competently and ethically and to be accountable for his or her nursing practice. By virtue of their professional accountability and contracts of employment, community nurses have a responsibility to enhance the provision of their service to the public (McSherry, 2004:145; Tait, 2004:723).

Guideline 7: Community nurses accept responsibility and accountability for their own continuous professional development pertaining to the developmental needs of infants and their families.

Continuing professional development (CPD) is defined as "an individual who takes responsibility for the development of his/her own career by systematically analysing development needs, identifying and using appropriate methods to meet these needs and regularly reviewing achievement compared against personal and career objectives" (Cusick & McCluskey, 2000:163). Although continuous professional development is not yet a requirement for annual registration for

nurses in South Africa, CPD provides a learning framework for community nurses to adapt to the changing paradigm of evidence-based health care (Cusick & McCluskey, 2000:163).

Community nurses serve public interest and specifically that of the infant, best when they constantly improve their application of competence and thereby increasing their focus on infant development. Community nurses need to be able to recognize their own limitations and training needs; they need to look at their practice with fresh eyes to be able to plan how to meet such needs best (Spouse, 2001:15&17; Tennant & Field, 2004:168).

Guideline 8: Community nurses embrace family-centered care as their philosophy of care to infants and families.

A family-centered care approach in service delivery is considered best practice. In family-centered care, nurses respond to family priorities, empower family members, employ an ecological approach to the family, and demonstrate insight and sensitivity to families (Harbin; McWilliam & Gallagher, 2000:396). In this approach the strengths, vulnerabilities, and patterns of family functioning are considered in order to support child-rearing families and to encourage healthy coping strategies for families facing a crisis. This means that health assessment should include consideration of social, emotional, and financial resources as well as the physical environment of the home and community (Glascoe; Altemeier & MacLean, 1989:958).

Guideline 9: Community nurses ensure efficient management of infant developmental delays and disabilities.

Community nurses are in a crucial position to identify infant developmental delays early, because they are in regular contact with them and can monitor development over time. Furthermore, they are often aware of underlying social and familial factors at work in the infant's immediate environment (Dworkin, 1989:1007; Halfon; Regalado; Sareen; Inkelas; Peck Reuland; Glascoe & Olson, 2004:1926; Magnusson et al., 2001:118; Rydz; Shevell; Majnemer & Oskoui, 2005:5; VanLandeghem Curtis, D & Abrams, 2002:2).

Community nurses are in a position to assist families in addressing their needs within the context of the existing and potential relationships with available and accessible community resources and sources of support (Wolery, 2000:196).

Parental reactions after receiving the diagnosis of impairment in a child can range from fear, denial, anger, frustration, guilt, grief and mourning. These are just the beginning of chronic stress, sadness and consequently ongoing distress and dysfunction in the family (Kearney & Griffin, 2001:582-583). After receiving the diagnosis the parents progress through a predictive sequence of stages before they are able to adapt to the situation. Therefore, community nurses need to be aware of the enormous effect the disability may have on each member of the family and they have a significant role to play in facilitating the process of adaptation, providing family support, facilitating access to local services and co-ordinating services (Cookfair, 1996; Kirk, 1999:351; Pelchat & Lefebvre, 2004:125; Sloper, 1999:91).

Guideline 10: Community nurses implement and promote interdisciplinary collaboration in the delivery of infant developmental care.

Infants with developmental delays and disabilities often require the expertise of numerous professions and without collaboration, there would be no continuity of care (Stanhope & Lancaster, 1984:789; Stayton & Bruder, 1999:61). Collaboration with other health care professionals is an important strategy to ensure that clients have access to holistic and comprehensive health care services. Collaboration of this nature can enhance intellectual resources and allow individual health care providers to fulfil their optimal potential within their respective professions (Pringle; Levitt; Horsburgh; Wilson & Whittaker, 2000:764).

Naming of the guidelines

The researcher decided to make use of the acronym, **DEFINE HOPE**, to name the set of recommended guidelines. This acronym indicates that there is 'hope' to enhance positive developmental outcomes for infants and their families.

Developmental care focus
Establish infrastructure and resources
Family-centered care

Interdisciplinary collaboration
Networking with other agencies
Ethical nursing and professional accountability

Health care governance
Organizational culture and climate
Personal professional development
Efficient management of developmental delays and disabilities

Ensuring Validity

Prior to widespread dissemination and implementation, guidelines should be subjected to peer review to achieve an agreement on the information included within the guidelines (Royal College of Paediatrics and Child Health, 2001:8; Shekelle, Woolf, Eccles & Grimshaw, 1999:596). The researcher adapted attributes, indicated in the literature as desirable attributes for guidelines, to compile criteria to evaluate the guidelines (See Table 2).

The recommended guidelines were referred for examination to a group of professionals who, in their respective work contexts, focus on the promotion of infant development and the early identification of developmental delays and disabilities. To accomplish this, a focus group interview was undertaken with representatives of the health care professionals in the case study context. The two supervisors of the study identified the members of this group.

The researcher discussed with this group of professionals the recommended guidelines, the development process, as well as the rating scale and definitions of the criteria according to which the guidelines were to be evaluated (See Table 2). Most of these professionals indicated in their evaluation that they either agree or strongly agree with the specific criteria for each guideline, and thereby accepted the guidelines as valid, cost-effective, reliable, applicable, and clear. The primary author can be contacted for further information on the complete set of validated guidelines.

Conclusion

Guidelines are necessary to support community nurses in finding "best practice" within their scope of practice to ensure higher quality of developmental care to families with infants 0-2 years. The development of the set of guidelines (DEFINE HOPE) is set

Table 2: Criteria and rating scale used for evaluation of guidelines

CRITERIA	RATING SCALE			
	1	2	3	4
Valid: Correct interpretation of available evidence so that implementation of the guidelines will lead to improvement in promotion of infant development.				
Cost-effectiveness: The guidelines should generate health improvements at an acceptable cost.				
Reliability: Given the same circumstances, another health professional would apply them similarly.				
Applicability: Target population identified in accordance with evidence, as well as a clear description of the target population.				
Clarity: Guidelines should be precise, unambiguous and user-friendly.				

1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree

(Adapted from Carnett, 2002:66-67; Jackson & Feder, 1998:427; NICE, 2001:4; Royal College of Paediatrics and Child Health, 2001:5; Rycroft-Malone, 2002:150).

against the background of the drive to improve the quality of developmental care for infants and their families and to increase effectiveness. Guidelines help to translate scientific information into statements that could change practice, and there is no doubt that these guidelines are of potential use to all concerned with infant developmental care, especially community nurses who are well positioned to participate in the promotion of the normal development of infants as well as the early detection of developmental delays and disabilities.

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