

Research

Children's palliative care: examination of a nursing rotation programme

Lisa Whiting, Mark Whiting, Julia Petty and Michele O'Grady

Abstract

Background: An 8-month rotation programme was implemented for five nurses employed in two kinds of children's palliative care environments: hospital wards and hospices. This study reports the views of the nurses completing the rotation. The research drew on appreciative inquiry and involved a pre- and post-rotation interview and questionnaire. Thematic analysis of the interviews revealed seven themes: adjusting to the rotation programme; support mechanisms; being safe; new knowledge and skills; knowledge exchange; misconceptions; future plans. These were supported by the questionnaire findings. Although the nurses identified some frustration at having to undertake competency assessments relating to previously acquired skills, as well as being out of their 'comfort zone', all the participants highly recommended the programme. They commented very positively on the support they received and the overall learning experience as well as the new insight into different aspects of care. In addition, they were able to share their newfound knowledge and expertise with others.

Key words: ● Children's palliative nursing ● Children's hospice ● Rotation programmes

Rotational programmes are well established in medicine (Stilos et al, 2016), and have gained popularity in nursing over the past two decades. This study focused on a specific rotation programme undertaken in children's palliative care.

Richardson et al (2003) defined rotation as:

'A reciprocal exchange of staff between two or more clinical areas for a predetermined period of time. These rotation programmes provide an opportunity for nurses to gain a wider clinical experience, improve knowledge and develop skills.' (Richardson et al, 2003:84).

Much of the early work relating to rotation programmes was from the US and was concerned with pre-registration and newly qualified nurses, with several papers having focussed on recruitment to areas such as critical care (Olson et al, 2001; Towns and Winks, 2002), including anaesthesia (Wachtel and Dexter, 2012). In the UK, the rotation of pre-registration nursing students through a range of placements is very well established, and several authors have reported on programmes that have been tailored to cover areas such as paediatric intensive care (Abbott, 2011). UK schemes for registered nurses have been described in the fields of mental

health (Coyne and Beadsmore, 2001), children and young people (Evans, 2001), critical care (Richardson et al, 2003), cancer/palliative care (Johnson et al, 2004; Richardson et al, 2007) and surgical care (Varden, 2006).

Within the specific area of cancer and palliative care, Johnson et al (2004) provided a summary of rotation schemes in four areas of England. These were offered to staff who had prior experience of cancer care; each programme included education and supervised practice, allowing for the integration of theoretical and experiential learning. The authors identified a number of challenges in the four programmes:

- The need for someone to drive the project
- The value of local champions at each site
- The need to gain the cooperation and good will of the stakeholders
- The need to establish service level agreements between organisations to ensure safety and parity for participants and their employers.

Richardson et al (2007) reported on the establishment of an 18-month rotation project within the South East London Cancer Network that included placements between 3 and 6 months duration. Some 13 nurses, who had been working in oncology or palliative care for an average of 8 months beforehand, participated. Four nurses failed to complete the programme

Lisa Whiting
Doctor, University of
Hertfordshire, Hatfield

Mark Whiting
Professor, Hertfordshire
Community NHS Trust,
Watford

Julia Petty
Doctor, University of
Hertfordshire, Hatfield

Michele O'Grady
University of
Hertfordshire, Hatfield

Correspondence to:
l.whiting@herts.ac.uk

Open access

This is an open access article distributed under the terms of the Creative Commons Attribution Noncommercial License (CC BY-NC 4.0, <http://creativecommons.org/licenses/by-nc/4.0/>)

(due to family commitments, change of career and perception of lack of progress). Evaluation of the project was undertaken with participants, lecturer practitioners and stakeholders. The findings revealed that, despite some difficulties, the rotation had been successful, enabling the nurses to develop their knowledge and skills. An added benefit was the strengthening of relationships between the different organisations.

Within a children's hospice context, in 2017, Together for Short Lives (TfSL) surveyed the programme leaders of children's nursing undergraduate courses in the UK in order to 'investigate the role of education providers in boosting the supply of children's nurses available to work in children's hospices' (TfSL, 2017:2). Out of a total of 53, 15 universities responded. Key findings from the survey are set out in *Table 1*.

TfSL (2017) highlighted that programme leaders had measures in place to support the emotional needs of students who were caring for dying children during their placements. The importance of such measures was also raised by Mirlashari et al (2016), whose study was based on the experience of a cohort of 25 final year undergraduate students who undertook a 2-week placement in paediatric oncology. Students experienced a 'state of shock and getting lost' (days 1–3), and 'getting lost in a mind-shaking world' (days 4–8) before 'finding the way' (days 9–14) (Mirlashari et al, 2016:25).

Our review of the literature found no previous research that had examined rotation programmes for qualified nurses within children's palliative or hospice care contexts. This study sought to address this, by exploring the views of palliative care nurses who undertook a rotation involving acute hospital and hospice settings.

The project

Children's Hospices across London (CHaL) were granted funding in April 2017 by the UK's Burdett Trust for Nursing as part of a wider project focussed on recruitment and retention within children's palliative care. An 8-month rotation programme was implemented and co-ordinated by a CHaL Project Manager. Five nurses took part; two were from an acute hospital setting, where their roles included the care of children receiving palliative care, and three were from a hospice (one of these nurses left the programme at an early stage). The nurses in the acute sector rotated to a hospice environment and those based in the hospice went to an acute area. The nurses had worked within a children's palliative care setting for between 1

and 6 years. The University of Hertfordshire was commissioned by CHaL to undertake a research study to examine the scheme.

Aim

To examine the perception and experiences of nurses who participated in the rotation programme.

Methods

Appreciative inquiry (AI) was used to underpin and guide the research (Watkins and Cooperrider, 2000). It comprises four aspects: discovery (appreciating the positives); dream (thinking creatively about what could be put in place); design (reflecting the views of participants); and destiny (developing innovative ways to construct the future) (Cooperrider, 2012). AI focusses on positive experiences, highlighting best practice and identifying how services can be further enhanced (Curtis et al, 2017). It has been applied to a range of nursing settings and practices (Watkins et al, 2016). A key aspect of this approach to research is developing a rapport with participants and listening to their stories (Bushe, 2013). The nature of AI means that sampling is normally purposive (Devers and Frankel, 2000), participants are 'selected because of their personal experience or knowledge of the topic under study' (Cleary et al, 2015: 473).

Recruitment and data collection

All of the nurses who undertook the rotation were contacted by a CHaL employee and invited to complete a pre- and post-rotation programme interview and questionnaire; a participant information sheet was provided. With the nurses' consent, the research team were given the relevant contact details and were then able to arrange a mutually convenient time for the interviews. Semi-structured face-to-face interviews were used, as these allowed for a list of pre-prepared questions, but also the opportunity for flexibility (McIntosh and Morse, 2015). The interviews were undertaken with the five participants at the start, and four

Table 1. Survey of undergraduate nursing courses in the UK (Together for Short Lives, 2017)

- In total, 87% of respondents integrated teaching about children's palliative care within the overall programme
- Some 73% confirmed the inclusion of specific palliative care competencies within the programme
- Around 60% reported that students were able to choose a placement where they would care for children with life-limiting conditions
- All 15 programme leaders confirmed that students were able to access children's palliative care providers during their placements

‘I feel newly qualified again’

participants at the end of their rotation following one nurse leaving the programme.

Written informed consent was provided. All interviews were digitally recorded, lasted for between 37 and 81 minutes and took place in a private room within a hospice setting. Interviews were conducted by the same member of the research team (LW). The pre-rotation interviews were undertaken between November 2018 and July 2019, and the post-rotation interviews between May and October 2019. The recordings were independently transcribed and pseudonyms allocated.

Pre- and post-questionnaires were developed as they are advantageous when assessing the value of short-term programmes (Ponto, 2015). Nurses completed a pre-questionnaire before commencing the rotation programme and a second questionnaire on its conclusion. Each was made up of a combination of closed and open questions, as well as six statements (relating to the management of emotional distress and work-life balance) that the nurses were asked to rate using a 5-point Likert scale. The questionnaires were electronically emailed to all

participants by a CHaL employee. Two of the five nurses completed both of the instruments, two nurses completed the post-questionnaire only and one left the programme at an early stage, completing neither; therefore, a total of six were returned. The questionnaires were all anonymised and forwarded to the research team for analysis.

Ethical considerations

Ethical approval for the research was granted by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (protocol number: aHSK/SF/UH/03450).

Data analysis

The interview transcripts were subjected to thematic analysis, drawing on the 6-stage approach offered by Braun and Clarke (2006), *Table 2*.

Thematic analysis is concerned with the identification, analysis, organisation, description and the recording of themes (Nowell et al, 2017). An iterative process was adopted, allowing the researcher to move between the different phases of analysis (Terry et al, 2017) and enabling data from the initial pre-rotation interviews to inform the design of the post-rotation interview schedule.

The AI approached was also reflected in the data analysis; it was important to focus on what the participants valued, as well as their ideas in terms of future developments. The ‘discovery’ and ‘dream’ phases denoted the participants’ perceptions, concentrating on their positive experiences and stories, as well as future goals. The ‘design’ stage represented the emergence of the seven themes. The ‘destiny’ phase may be implemented at a later date, in the form of an action plan based on the findings of our work, by the organisations and/or CHaL employee that facilitated the rotation programme.

Questionnaire data was collated and summarised. Analysis of the interviews and questionnaires was conducted by one member of the research team (LW); a second member (MW) independently assessed and concurred with the findings reported below.

Results

The analysis of the interviews revealed seven themes (*Table 3*). The participants had all heard about the rotation programme via informal mechanisms, such as an email received from their practice education facilitator. The nurses identified a number of reasons for their interest

Table 2. Six stages of thematic analysis (Braun and Clarke, 2006)

- **Familiarising yourself with your data:** The audio-recordings were listened to and read several times in order to gain further familiarity. Initial analytic observations were recorded
- **Generating initial codes:** ‘Labels’ were assigned to aspects of the data that were applicable to the research aim
- **Searching for themes:** Relevant parts of the data were highlighted in terms of overarching themes
- **Reviewing themes:** Themes were reviewed and refined
- **Defining and naming themes:** The final themes were identified and defined
- **Producing the report:** The themes were presented in a written format to provide a succinct overview of the findings

Table 3. Summary of themes

Theme Number	Theme title	Participant quote illustrating theme
Theme 1	Adjusting to the rotation programme	‘I feel newly qualified again’
Theme 2	Support mechanisms	‘It’s nice to know that you’ve got the support’
Theme 3	Being safe	‘The safety of all the children is important’
Theme 4	New knowledge and skills	‘I would like the opportunity to learn’
Theme 5	Knowledge exchange	‘I want to see if I can share my knowledge’
Theme 6	Misconceptions	‘I didn’t realise’
Theme 7	Future plans	‘What I want in the future’

in the programme including: wanting to gain more insight into caring for children with complex needs, taking on a new challenge and 'refreshing' some of their nursing skills.

All of the nurses were well established in their place of work, and rotation to a new environment prompted feelings of discomfort and anxiety:

'A feeling of I know I'm going to a very, very different environment and I was leaving my comfort zone ... I was scared ... I was really scared.' (Sue)

Theme 1: Adjusting to the rotation programme

'I feel newly qualified again.' (Roberta)

The participants felt that there was a need to acclimatise to the new clinical area, and that it could take 'a lot of getting used to' (Charlotte). For instance, one of the hospice-based nurses identified the need to adjust to 'a fast pace' (Janet).

By comparison, the nurses who rotated from a hospital to hospice setting found the work to be quieter and slower, which needed to be adapted to, providing an opportunity to give more holistic care to the child and family:

'When I first started, I found the pace here much slower than what I was used to ... which initially, I found quite difficult, but as time goes on, you realise there's actually a lot you can do with these children, and you can give an awful lot to them... You can take your time bathing and washing their hair ... in hospital, you just did not have the time for that.' (Sandra)

In addition, the nurses from a hospital environment were used to having medical support immediately available, but the hospices were nurse-led, so the work required different decision-making processes:

'You don't have the medical staff, so you do have to think on your feet more, be a bit more autonomous.' (Charlotte)

Theme 2: Support mechanisms

'It's nice to know that you've got the support.' (Janet)

The support mechanisms available to nurses were a key aspect of the rotation programme.

While the nurses had all been qualified a number of years, they had developed a range of expertise that was specific to their usual work environment. At the beginning of the rotation, the nurses had a period of induction, but this varied in terms of content and longevity. Within the hospice setting, it was felt to be comprehensive, including both generic organisational matters, as well as those that were very specific to the children and young peoples' health needs. In the hospital setting, induction was shorter and less clearly defined. The nurses were also allocated a mentor or a 'buddy' in their new practice area:

'I've got a link. A buddy. And there's a nurse, a sister, I've got two people that I can look for support.' (Janet)

'She's (mentor) really good, she's absolutely brilliant.' (Charlotte)

All of the nurses were extremely positive about the organisation and ongoing support provided by the project manager, and there was a definite feeling that the rotation programme would not have worked as well without her. Most notably, she provided reassurance, independent and confidential advice, as well as clinical supervision on a one-to-one monthly basis:

'Clinical supervision. And I think that's one thing that made me do the rotation, knowing that that was in place.' (Roberta)

'She's acting like a clinical supervisor... but equally, she's someone who is just impartial. I do feel like I can e-mail her and say, "I'm struggling," or, "I'm really enjoying this," or, "I'd like to talk to you about this." Because, yeah, she is impartial.' (Charlotte)

In addition, staff in both the hospice and hospital environments provided learning opportunities for the participants and tried to make them feel part of the team.

During the rotation, some of the nurses saw children and families who they had cared for in their own original workplace, which was an unexpected source of comfort and support for them:

'The mother, she came and gave me a big hug "Hi, how are you?" she was in the hospital, the child was sick, and she recognised me. For myself it was so good because I was in an environment where I didn't know anyone... It

was really good.’ (Janet)

Theme 3: Being safe

‘The safety of all the children is important.’
(Roberta)

The nurses were all given competencies to achieve during their rotation, some of these were specific to their new organisation and reflected policies and procedures, such as medicine management. Others were provided by the project manager, in the form of a CHaL clinical competence portfolio, which was focussed on individual learning needs, and included areas such as communicating with families, grieving processes, symptom management and end-of-life care. The portfolio was perceived to be:

‘More focused. I’ve come here to learn more about hospice care, holistic care and end-of-life care and that is what those competencies are.’ (Charlotte)

There was an overt commitment to ‘being safe’ from the participants and their organisations. The most common example related to drug administration, while all the nurses had had considerable experience of this, there was a strong awareness of the implications of being in a different clinical setting.

‘I’ll have to be supervised administering about five to seven medications, and then, if I pass, then that’s when I can start administering medication.’ (Janet)

Comments were made about other competencies and e-learning that needed to be undertaken, such as safeguarding, infection control and tracheostomy care. While some of the learning was specific to the different clinical area, the nurses were required to undertake training in relation to clinical skills in which they already considered themselves competent—this could be frustrating. There was a feeling that you needed to be ‘resilient ... just get on with it’ (Charlotte). Despite that, there was a definite sense of achievement when they had fulfilled their competencies, as well as a growth in confidence so that, for example, Sandra felt ‘quite comfortable talking to parents and families about death’ and was ‘much more resilient’ than she had thought she was.

Theme 4: New knowledge and skills

‘I would like the opportunity to learn.’ (Sandra)

In the pre-rotation interviews, it was clear that all the nurses had a desire to develop new knowledge and skills:

‘I’m learning, and I wanted this challenge.’
(Roberta)

‘There are things that we might be able to improve on, so I really wanted to come to a hospice setting to just see how they tackle end-of-life care and after death care, especially.’ (Charlotte)

In the post-rotation interviews, there was evidence of a range of learning, as well as a very positive experience. Charlotte commented that the rotation had been the ‘best thing’ that she’d done and that she had ‘learnt so much’, giving the example below:

‘So, I think learning that you don’t always have to talk to reassure, you can be silent, and I think that it makes just as much impact for the parent, if not more.’ (Charlotte)

The nurses from the hospice felt that the hospital placement had enabled them to appreciate the different experiences that the families can face, but seeing children within another context could be challenging as the focus of care could be very different—the hospital environment tended to be more proactive in terms of the treatment and management of the child’s condition. Hospice nurses felt that their acute assessment skills had developed, and that these would be very valuable when they returned to the hospice.

The study days that the nurses had accessed as part of the rotation programme were hugely beneficial and covered different aspects of palliative care nursing, and it was felt that these would inform future practice.

Theme 5: Knowledge exchange

‘I want to see if I can share my knowledge.’
(Janet)

There was not only a desire for the nurses to themselves professionally develop, but also a wish to share their expertise with others. They

wanted to go back to their work environment with ‘fresh eyes’, and with this in mind, they identified aspects of their learning that they could share with colleagues.

‘I feel like maybe when I go back, I could be the palliative care link nurse on the ward and really advocate for it, and maybe bring some more education back to the workforce. So I feel like everything I’m learning is of really high importance.’ (Charlotte)

‘I would now have the confidence to talk about the hospice and the positive side of the service.’ (Sandra)

Both of the nurses from the acute sector had not previously appreciated the positivity of the hospice setting or the range of facilities (such as music, play therapy and yoga). They felt that an understanding of these would help enormously when giving advice to families in a ward environment. Others, such as memory-making ideas, could be incorporated into care. Sandra gave a specific example of the challenges that she had faced in the acute ward of bathing a child with special needs, which she compared to her experience in the hospice where there had been appropriate equipment. She felt that she needed to ‘be brave enough’ to ask for this when she returned to the ward environment. Similarly, Roberta had shown hospital staff how to take hand and foot casts, and had encouraged them not to be ‘scared’ to talk to parents about the child that they had lost.

Janet felt that, when she was in the hospital environment during her placement, colleagues did not understand the role of hospices, so she ‘tried to change the mentality of the team’. In addition, her expertise of working with children who had complex needs had been recognised and she had been able to educate others about, for example, how to care for a child with a tracheostomy and strategies to facilitate communication.

Observing different teams was also mentioned; there was an agreement that a strong team and manager, who communicated well and fostered a collaborative approach, had the potential to enhance care for children and their families. For example, Janet particularly liked the team ‘handover’ and patient allocation approach (where specific patients were assigned to individual nurses) that was used in the hospital, and felt that a similar system could be implemented in the hospice.

Key points

- **Rotation programmes demand an investment of time to enhance implementation and can be anxiety-inducing for those participating**
- **In order for a rotation programme to be successful, it requires on-going support mechanisms to be in place**
- **Rotation programmes offer a wonderful professional development opportunity for nurses and facilitate the sharing of newfound knowledge and expertise that has the potential to enhance patient care**

Theme 6: Misconceptions

‘I didn’t realise.’ (Charlotte)

A misconception, of nurses who were based in an acute ward, was evident about the work that was undertaken in a children’s hospice. There was a prevalence of thinking, from those not familiar with the setting, that the main role was to care for children and young people who were at the end of their lives. However, experiences on the placement highlighted that this was not the case:

‘I also thought that there would be more end of life ... It really surprised me that it was 95% respite (care).’ (Charlotte)

Having said that, there was an acknowledgement that the care provided by children’s hospices was rapidly changing and there was likely to be more end-of-life care provided in the future.

Charlotte, who was used to working in a busy and very acute clinical area, commented that she did not perceive some aspects of the hospice care to be ‘nursing’, and that she had ‘struggled’ with this; her feelings were based on the fact that she was not undertaking many of the clinical skills that were associated with her usual work environment.

Theme 7: Future plans

‘What I want in the future.’ (Sandra)

In the pre-rotation interviews, the nurses were rather unsure about what the future held in terms of their careers—they had undertaken the rotation programme with a view to returning to their own clinical area at its conclusion. In the post-rotation interviews, there was more clarity about the future; none of the nurses regretted

Continuing professional development: reflective questions

- Which of the findings from the study do you think were anticipated and which were unanticipated?
- How could you, or your team, potentially plan and tailor a rotation programme to suit the individual needs of nurses in your area of practice?
- What do you think would be the challenges and benefits associated with implementing a rotation programme?

undertaking the rotation, but in the main, it confirmed that their ‘home’ work environment was the correct one:

‘I think it might have made me realise that it’s not for me (the hospice). I can be a really good advocate for it, but I don’t know whether it helps because I love my job It’s reaffirmed to me that I love my ward.’ (Charlotte)

‘I get to leave and go back (to the hospice) and that’s great and I’m ready to go back, and I want to take back what I’ve learnt.’ (Roberta)

One nurse, Sandra, expressed a desire to change her work environment. While her immediate intentions were to return to the hospital ward that had facilitated her rotation, she was seriously considering applying for a staff nurse position in the hospice setting:

‘It’s been a really difficult decision to decide whether to go back or not, because I have really enjoyed it, and I have really thought about getting a job here (hospice).’ (Sandra)

Results: questionnaires

The questionnaire analysis supported the findings from the interviews. The nurses indicated that the rotation programme had been viewed very positively. Comments were specifically made about the project manager’s organisation, support and positive approach. The rotation had enabled the development of a range of knowledge and skills, such as those relating to respite, end-of-life and acute care, alternative therapies, engaging in difficult conversations, loss, grief and its impact. This experience had enhanced future career opportunities:

‘The opportunity will act as a springboard in my development and improvement as a nurse. I hope that it will show resilience, ambition and knowledge when applying for more senior posts.’

The nurses completed the CHaL clinical

competence portfolio and all agreed that this was useful:

‘It made me feel I had achieved what I planned and gave a sense of satisfaction.’

All nurses positively rated their ability to recognise factors that can cause emotional distress and believed that they had good strategies to manage them. They positively rated that they had access to appropriate professional development opportunities and enjoyed their job—the latter two receiving the highest rankings.

At the conclusion of the rotation programme, there was a feeling that the nurses needed to ‘re-establish’ themselves, as they had been away from their own clinical area for several months.

Discussion

The findings from this study are, in part, comparable with those of previous work undertaken between 10 and 20 years ago. The UK Department of Health (2001), in a report about the adult critical care workforce, identified that rotation posts can support recruitment and retention. This is consistent with other literature, and it is the most frequently reported anticipated benefit of introducing such programmes.

However, there is little ‘hard’ data to support this assertion, not least, because the number of staff involved in each of the programmes has been relatively small; six nurses (Richardson et al, 2003); three nurses (Fraser and Hopkins, 2003), 13 nurses (Richardson et al, 2007). None of these previous studies provided clear evidence that the programmes resulted in increased staff recruitment or retention. Similarly, our work had a small sample size and did not indicate an impact in this area. However, importantly, our study did enable all of the nurses to develop their skills in relation to palliative care, and they all felt that this would positively impact on the future care they gave to children and families.

Cangelosi et al (1998:32) suggested that the rotation of ‘specialised nurses’, allowed them to spend time in less intensive care settings and that this might alleviate ‘stress due to their

work with very ill patients'. Certainly, the rotation of the nurses in our study, from one clinical area to another, enabled them to feel 'refreshed', mirroring a similar finding reported by Richardson et al (2007), with the nurses wanting to return to their 'home' clinical area with newfound knowledge that they could share with colleagues.

There has been a clear focus in many rotation programmes on the acquisition of competence (Johnson et al, 2004; Richardson et al, 2007), including specific reference to knowledge (Von Gunten et al, 2003; Varden, 2006; Abbott, 2011); experience (Fraser and Hopkins, 2003; Richardson et al, 2003); and clinical skills (Evans, 2001; Von Gunten et al, 2003; Johnson et al, 2004; Varden, 2006), such as communication (Johnson et al, 2004). Our findings echoed this, with the acquisition of competence being viewed very positively by the participants in the study.

Project coordinators have been reported as being a crucial element to ensuring the success of rotation programmes (Fraser and Hopkins, 2003; Johnson et al, 2004; Richardson et al, 2007). The project manager for this study had the advantage of a clinical background in children's palliative care nursing; in this capacity, she was able to facilitate the operationalisation of the whole programme, providing independent support as well as clinical supervision. This structure, and the individual attention provided to the participants during their rotations, to support them in a new environment, paid dividends in terms of the positivity of the nurses' experiences. However, it is acknowledged that this has financial implications that may not be feasible for other rotations elsewhere.

The commitment of stakeholders, such as senior managers, has also been reported as being key to success (Evans, 2001, Fraser and Hopkins, 2003; Johnson et al, 2004; Richardson et al, 2007). While the managers in the hospices and acute hospital areas involved in this research were positive about the programme, the original intention of recruiting higher numbers of staff to the rotation was not possible due to logistical difficulties. These difficulties included staff shortages, as well as the time of the year the rotations were planned—winter months are traditionally busy in an acute setting, and this meant that there was reluctance at that time for a nurse to take part on a hospice rotation. Careful planning is, therefore, a prerequisite to a successful nurse rotation programme.

Improvements in inter- and intra-organisational working are a benefit of nursing rotations (Evans,

2001; Fraser and Hopkins, 2003; Richardson et al, 2003; Richardson et al, 2007). Certainly, the nurses in our study felt that they had much more of an insight into the type of care provided in their alternative placement; following the rotation, the acute care nurses thought, for example, that they would be more likely to contact a hospice for advice.

Challenges to nursing rotation schemes have been previously detailed; inter-organisational and human resource processes have been recognised as being problematic, particularly during the 'set-up' phase (Fraser and Hopkins, 2003; Johnson et al, 2004). We also found that this was the case, and was amplified as nurses were rotating across organisations that had different systems and processes in place. This study showed that the time needed for planning should not be underestimated.

Previous studies have reported that nurses taking part in a rotation placement have faced problems travelling to and from the placement, as well as parking in their new place of work (Richardson et al, 2003; Johnson et al, 2004; Richardson et al, 2007). This was not something that our study identified, as the nurses had thought about the practicalities before enrolling on the programme and car parking facilities were available to them. The maintenance of 'supernumerary status', where a nurse on a rotation placement was not counted as part of the nursing workforce (Richardson et al, 2003), and expectations of taking charge during a shift (Richardson et al, 2007), have previously been highlighted, as well as the 'emotional challenges' of moving from an acute oncology setting to a palliative care environment (Richardson et al, 2007). There is no doubt that our participants found the move to a different clinical base anxiety-inducing, particularly as they had been qualified for many years, and were highly competent in their own area of practice. They were worried about the expectations that others would have of them, as well as being out of their 'comfort zone'. Despite this, the nurses displayed huge motivation and a zest for learning. They saw the rotation as a way of further enhancing the care for children.

Summary of new knowledge and implications for practice

In accordance with the AI approach (Cooperrider, 2012), the participants highlighted and valued the positives of working within children's palliative care. However, there were also demands associated with the rotation, not least the anxiety of going to a different

clinical area. It is, therefore, clear that careful planning prior to the programme, and formal support during it, is required. However, the benefits to the nurse, in terms of self-confidence, knowledge/skills acquisition and career opportunities are clear. In addition, the sharing of new learning with colleagues has the potential to inform care across an area of practice that is way beyond the benefits for the individual.

Strengths and limitations

The sample size for this study was small, and the results may not be representative of other nurses who are undertaking a rotation. The self-reporting nature of the questionnaires may have meant that the nurses presented a more positive overview of their experience; however, the findings from the interviews mirrored the questionnaires, strengthening the findings. It is also recognised that AI focuses on positivity and the strengths of an initiative. As a result, the challenges of a project (such as resources and funding) can receive less examination, and although some challenges were considered, it is acknowledged that the AI approach did not delve into them as much as other research methodologies may have. Finally, the CHaL employee acted as both the day-to-day project manager as well as the clinical supervisor for the nurses participating in the rotation. While this was not reported as being problematic, there was the potential for a conflict of interest to arise as a result of the duality of this role. This may need further consideration in the future to enable nurses to seek support from an independent third party.

Further research

Many rotation programmes are now in existence, but few have been formally examined. Our literature review identified no long-term follow-up studies of the career pathways of staff who had undertaken rotation programmes. Therefore, key areas for future research are further investigation of such programmes, particularly the subsequent impact on career choice/professional development, as well as participants' nursing practice.

Conclusion

This study highlighted the commitment and motivation of nurses working within children's palliative care settings. Rotations, such as the one reported here, offer an opportunity for nurses to enhance their knowledge/skills and to share this with colleagues; in addition, and

most importantly, the nurses in our study felt that there was a potential positive impact in terms of the care that they offer to children and their families. **IJPN**

Conflict of interest: none

- Abbott L. Rotation placements help students' understanding of intensive care. *Nurs Child Young People*. 2011; 23(6):20–23. <https://doi.org/10.7748/ncyp2011.07.23.6.20.c8599>
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006; 3(2):77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bushe GR. Generative process, generative outcome: the transformational potential of appreciative inquiry. in: organizational generativity: the appreciative inquiry summit and a scholarship of transformation (vol 4) (Cooperrider DL, Zandee DP, Godwin LN, Avital M, Boland B, eds). Bingley, West Yorkshire: Emerald Group Publishing Limited; 2013:89–113
- Cangelosi JD Jr, Markham FS, Bounds WT. Factors related to nurse retention and turnover: an updated study. *Health Mark Q*. 1998; 15(3):25–43. https://doi.org/10.1300/J026v15n03_02
- Cleary M, Horsfall J, Hayter M. Data collection and sampling in qualitative research: does size matter? *J Adv Nurs*. 2014; 70(3):473–475. <https://doi.org/10.1111/jan.12163>
- Cooperrider DL. What is appreciative inquiry? 2012. <https://www.davidcooperrider.com/ai-process> (accessed 16 April 2020)
- Coyne P, Beadsmoore A. Staff recruitment. A turn for the better. *Health Serv J*. 2001; 111(5751):29.
- Curtis K, Gallagher A, Ramage C et al. Using Appreciative Inquiry to develop, implement and evaluate a multi-organisation 'Cultivating Compassion' programme for health professionals and support staff. *J Res Nurs*. 2017; 22(1-2):150–165. <https://doi.org/10.1177/1744987116681376>
- Department of Health. The nursing contribution to the provision of comprehensive critical care for adults. 2001. http://anaesthesiaconference.kiev.ua/downloads/nursing%20contribution%20to%20comprehensive%20critical%20care_2005.pdf (accessed 19 May 2020)
- Devers KJ, Frankel RM. Study design in qualitative research-2: sampling and data collection strategies. *Educ Health (Abingdon)*. 2000; 13(2):263–271. <https://doi.org/10.1080/13576280050074543>
- Evans K. Rotational programmes for newly qualified nurses. *Nurs Times*. 2001; 97(50):42–44.
- Fraser N, Hopkins K. Investing in the future a cross-organisational approach. *Nurs Manage*. 2003; 10(3):14–16. <https://doi.org/10.7748/nm.10.3.14.s12>
- Johnson M, Menon A, Richardson A. Establishing clinical rotation programmes in cancer and palliative care nursing. *Cancer Nursing Practice*. 2004; 3(1):29–34. <https://doi.org/10.7748/cnp2004.02.3.1.29.c107>
- McIntosh MJ, Morse JM. Situating and constructing diversity in semi-structured interviews. *Glob Qual Nurs Res*. 2015. (epub) <https://doi.org/10.1177/2333393615597674>
- Mirlashari J, Warnock F, Jahanbani J. The experiences of undergraduate nursing students and self-reflective accounts of first clinical rotation in pediatric oncology. *Nurse Educ Pract*. 2017; 25(7):22–28. <https://doi.org/10.1016/j.nep.2017.05.005>

- org/10.1016/j.nepr.2017.04.006
- Nowell LS, Norris JM, White DE, Moules NJ. Thematic Analysis. *Int J Qual Methods*. 2017; 16(1): https://doi.org/10.1609406917733847
- Olson RK, Nelson M, Stuart C, Young L, Kleinsasser A, Schroedermeier R, Newstrom P. Nursing student residency program: a model for a seamless transition from nursing student to RN. *JONA: The Journal of Nursing Administration*. 2001 Jan;31(1):40–48. https://doi.org/10.1097/00005110-200101000-00008
- Ponto J. Understanding and Evaluating Survey Research. *J Adv Pract Oncol*. 2015; 6(2):168–171 .
- Richardson A, Douglas M, Shuttler R, Hagland MR. Critical care staff rotation: outcomes of a survey and pilot study. *Nurs Crit Care*. 2003 Apr;8(2):84–89. https://doi.org/10.1046/j.1478-5153.2003.00011.x
- Richardson A, Menon A, Johnson M, Ream E. Developing competence: an evaluation of a nurse rotation pilot programme. *Cancer Nursing Practice*. 2007; 6(5):35–39. https://doi.org/10.7748/cnp2007.06.6.5.35.c4184
- Stilos K, Daines P, Moore J. An interprofessional education programme for medical learners during a one-month palliative care rotation. *Int J Palliat Nurs*. 2016; 22(4):186–192. https://doi.org/10.12968/ijpn.2016.22.4.186
- Terry G, Hayfield N, Clarke V, Braun V. Thematic analysis. In: Willig C, Stainton-Rodgers W (eds). *The SAGE Handbook of Qualitative Research in Psychology*. 2nd ed. London: Sage; 2017:17–37.
- Together for Short Lives. The state of the UK children's hospice nursing workforce. A report on the demand and supply of nurses to children's hospices. 2017. https://www.togetherforshortlives.org.uk/wp-content/uploads/2018/03/PolRes_Together_for_Short_Lives_-_The_state_of_children_s_palliative_care_nursing_in_2017.pdf (accessed 19 May 2020)
- Towns W, Wink D. Two views on clinical rotations: different students each time or always the same? *Nurse Educ*. 2002; 27(2):65–67. https://doi.org/10.1097/00006223-200203000-00007
- Varden G. A rotational programme for newly qualified surgical nurses. *Nurs Times*. 2006; 102(24):32–33.
- Von Gunten CF, Mullan PB, Harrity S et al. Residents from five training programs report improvements in knowledge, attitudes and skills after a rotation with a hospice program. *J Cancer Educ*. 2003; 18(2):68–72. https://doi.org/10.1207/S15430154JCE1802_06
- Wachtel RE, Dexter F. Training rotations at hospitals as a recruitment tool for Certified Registered Nurse Anesthetists. *AANA J*. 2012; 80(S4):S45–S45.
- Watkins JM, Cooperrider DL. Appreciative Inquiry: a transformative paradigm. *J Organist Dev Network*. 2000; 32:6–12.
- Watkins S, Dewar B, Kennedy C. Appreciative Inquiry as an intervention to change nursing practice in in-patient settings: an integrative review. *Int J Nurs Stud*. 2016; 60:179–190. https://doi.org/10.1016/j.ijnurstu.2016.04.017

Know your legal rights and responsibilities

Bridgit Dimond

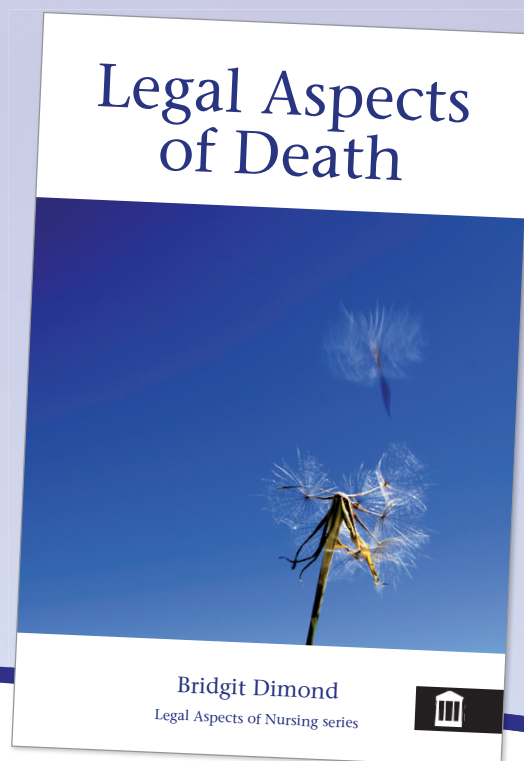
Based upon a highly successful series of articles on the legal aspects of death that have been published by the *British Journal of Nursing*, this book provides nurses and other registered health professionals, managers and patient groups with information about the law which applies to death.

It is written in a non-legalistic way, with the aim of assisting the reader through a complex area of law, and providing a helpful reference for critical occasions in their working lives.

It covers a wide range of topics from the details of how a body should be laid out and the different religious practices, to the laws relating to resuscitation, the coroner's court and intended changes following the Shipman Report.

ISBN-13: 978-1-85642-333-5; 234 x 156 mm; paperback; 230 pages; publication 2008; £22.50

Order your copies by visiting www.quaybooks.co.uk or call +44 (0) 333 800 1900*



*Low cost for landlines and mobiles