Applying Benner’s ‘novice to expert’ theory in wound care nursing higher education and practice
Munro, Jane

Published: 01/05/2019

Document Version
Publisher's PDF, also known as Version of record

Link to publication on the UWS Academic Portal

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the UWS Academic Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
If you believe that this document breaches copyright please contact pure@uws.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
BACKGROUND: Benner’s acclaimed ‘novice to expert’ nursing theory(1), published in 1984, assumes a generalised uninterrupted upward trajectory of knowledge and competence and remains the popular choice to inform curriculum design today. However, research findings suggest that due to significant variables in, for example, education, knowledge, experience, competency, job description, pay grade and designation across the UK (2,3), such a linear progression cannot be easily reproduced in wound care nursing. Despite extensive calls for standardisation in education and in clinical practice(4), there remains a lack of understanding about how regulatory, health and professional body wound care policies are being enacted in these organisations and to what extent this impacts on Benner’s claim of seamlessly attaining ‘expert’ status within the wound care nursing context.

RESULTS: Each phase is interdependent and together provides a more comprehensive picture than either would alone.

CONCLUSIONS: Each phase cohesively inform and integrates with the next, moving from an understanding of how policy level informs wound care education and practice to potentially reveal factors that disrupt the application of Benner’s theory, which will then, in turn, inform the development of a new wound care nursing education framework and pedagogy.


RESEARCH METHODOLOGY: A 3 phase sequential qualitative multimethod research design(5) will generate the required different levels of data; policy, practice and education.

Combining different methods of analysis of the same generic qualitative type, is suitable to explain ‘what is happening?’ by using a series of interrelated questions within the broad topic and is specifically designed to solve the overall problem. The design of the study depends on the results from the previous phase.