Qualitative multi-method study to explore the relevance of Benner’s ‘novice to expert’ nursing theory in contemporary post-registration wound care higher education
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A qualitative multi-method study to explore the relevance of Benner’s ‘novice to expert’ nursing theory in contemporary post-registration wound care higher education. Jane Munro. EdD Candidate.

A qualitative multi-method 3 phase sequential design was used. Its origins were rooted in my position on equality, fairness, and collaboration in education. Methods in each phase retained their own research paradigm to address policy, practice and participation respectively.

**Phase 1 CDA**

A critical reflexive approach, Benner’s ‘novice to expert’ theory of learning and the development of a curriculum based on the understanding of ‘wound care practice’ was the focus of this study.

Bricolage methodology enabled research objective of ‘knowing more’, facilitating multi- perspective meta-interpretation between each phase. Findings from each phase were applied as ‘torque’ by means of integrative strategies to drive the research forward.

**Mechanisms to Assure Research Trustworthiness**

- **Credibility**: theoretical and investigator triangulation; respondent validation
- **Transferability**: ‘thick description’
- **Confirmability**: methodological reflexivity (ethics amendment was required to enhance ontological alignment)
- **Authenticity**: impact of research on students

**Phase 2 DCA**

We all have our own way of doing it, we are all different and multi-factorial just like wound care and that ranges from ‘systematic and logical’ to ‘just react and don’t plan ahead’.

**Phase 3 DD**

However, literature clearly shows extensive UK variation in extent of education, knowledge, experience, competency, job description and grade, suggesting Benner’s linear progression is not relevant. Wound care practitioners are thus left professionally compromised.

Revising the theory to account for developments in (i) policy, (ii) clinical practice and (iii) student participation in curriculum design found in the literature will more accurately represent wound care provision to inform educators and definitively represent student experience. Generating a more informed approach to curriculum delivery will ultimately improve patient care and drive down costs.