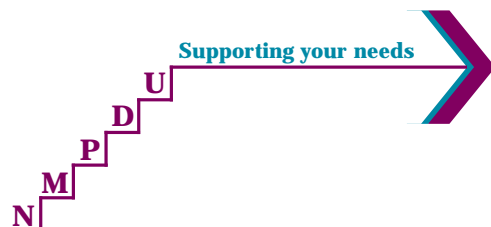


# POSTGRADUATE EDUCATION NEEDS ANALYSIS REPORT

Project for the Development/Implementation  
of Postgraduate Education Programmes  
in Specialist Practice

NMPDU, Health Service Executive Mid-Western Area



Empowering nurses and midwives  
to enhance the nursing contribution  
for health gain

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# FOREWORD

Planning and developing nursing and midwifery for future health service needs is the main function of the Nursing and Midwifery Planning and Development Units. To do this without developing and providing continuing and post graduate education relevant to the needs of the services provided would be impossible. There are a number of driving forces contributing to major changes in nursing and midwifery and the contribution nursing and midwifery makes to the provision of services will be paramount to the delivery of an effective health service. The driving forces which are the focus of this report are the need for nurses and midwives to expand and enhance their roles, further develop Clinical Nurse/Midwife Specialists roles, develop Advanced Nurse/Midwife Practitioner roles and the provision of the education requirements to do so. The lack of relevant post graduate nurse education available locally in the Mid-Western Region also influenced the need to carry out this work.

The Nursing and Midwifery Planning and Development Unit was set up in March 2002. Some of the key areas of focus of the unit are supporting *“Continuing Education and Continuous Professional Development”* (Report of the Commission on Nursing 1998). Following consultation with Directors of Nursing/Midwifery the need for post graduate education for all nursing disciplines to be developed and delivered locally was identified.

The Nursing and Midwifery Planning and Development Unit committed to identifying and developing, in partnership, with the University of Limerick and other education providers, the postgraduate programmes required by all nursing disciplines in the Mid-Western Region. Funding was sought and granted for this project from the National Council for the Professional Development of Nurses and Midwives. A Project Manager- Magnus Conteh was appointed to the Unit early October 2003. An Assistant Project Manager – Cora Lunn was appointed to the Unit late November 2003.

This report outlines phase 1 of the project which was the needs analysis. Both quantitative and qualitative methodologies were employed in conducting the study. The findings of the needs analysis will inform how postgraduate education is developed and delivered in the Mid-Western Region. It will also have implications for the overall development of postgraduate education in specialist nursing/midwifery practice nationally.

This has proved to be an extremely valuable piece of work in identifying the range of postgraduate education needs necessary to assist nurses/midwives to take up the opportunities and challenges that face the profession. Partnership between all stakeholders is the key requisite to ensure that nursing and midwifery can flourish and respond appropriately to the range of issues facing the Irish Health Sector.

I would like to thank everybody involved in assisting with this report in particular the nurses and midwives, nurse managers/midwife managers who contributed openly in the focus groups, returned questionnaires, provided venues and contributed in any way.

Finally, I wish to acknowledge the work of the Project Manager - Magnus Conteh and Assistant Project Manager - Cora Lunn for their ongoing dedication to the project and for compiling this report.



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- Public Health Nurses, HSE Mid-Western Area
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- Members of the Postgraduate Education Steering Committee, HSE Mid-Western Area
- Our Colleagues - Nursing and Midwifery Planning and Development Unit, HSE Mid-Western Area.

## AUTHORS NOTE

Please note that this study was conducted in 2004 when the Mid-Western Health Board was in existence. Since January 2005, the health board has been abolished and the region is now referred to as Health Service Executive (HSE) Mid-Western Area.

# EXECUTIVE SUMMARY

This postgraduate education needs analysis of nursing and midwifery staff was undertaken by the Nursing and Midwifery Planning and Development Unit, HSE Mid-Western Area in consultative partnership with its stakeholders. The needs analysis was initiated as phase one of a project, focused on the development and implementation of postgraduate education programmes in specialist nursing/midwifery practice within the HSE Mid-Western Area.

The case for the development and implementation of postgraduate education programmes in specialist practice, within the HSE Mid-Western Area, is strengthened by the significant changes in health policy direction which have occurred in the last number of years. The most significant report being the *Commission on Nursing - a Blueprint for the Future* (1998). The Commission recommended the introduction of Clinical Career Pathways and the development of recognised post-registration education programmes for nurses and midwives at postgraduate level. Many demographic and social changes have also influenced the delivery of nursing and midwifery practice. Subsequently, there has been an increased demand to provide specialist training for nurses and midwives to enable them meet the challenges ahead. A postgraduate education needs analysis was essential, to ensure that the development and implementation of postgraduate education programmes for nurses and midwives within the HSE Mid-Western Area is based on actual need and takes into consideration those factors that influence programme appropriateness and uptake.

The objective of the study was to assess the current and future postgraduate education needs for specialist nursing and midwifery practice in the HSE Mid-Western Area, to inform the project's curriculum planning and development exercise.

Firstly a literature review was conducted, which indicated that there are numerous national and international drivers for the development of postgraduate education in nursing and midwifery practice. These were thematically identified as:

- health needs and outcomes
- health policies and strategies
- continuing professional development and education
- standards of patient/client care
- the changing role of nursing and midwifery
- professional bodies

A mixed methods approach to the needs analysis was adopted with both qualitative and quantitative methodologies employed. A qualitative methodology utilising focus groups and semi-structured interviews enriched the findings and served as the basis for the quantitative design of the close-ended questionnaire.

Findings from discussions in the focus groups, illustrated there was an overwhelming support for the Postgraduate Education and Award Framework. The main reasons given by the various groups were flexibility of the framework and accessibility to the programmes. Some concern was also expressed

about ensuring that the recruitment of non graduates onto postgraduate programmes is conducted with caution. This is to ensure that a balance between flexibility of access, ability to benefit from and to successfully complete the programmes is achieved.

The findings indicated that a significant proportion of staff did not have a good understanding of competencies. Gaps in levels of competencies for current and future specialist practice requirements were identified by participants in the following key areas: audit/research and working as consultants in their specialist area.

A module which addresses health policy formulation/development and how nurses/midwives could influence health policy was seen as beneficial for staff undertaking postgraduate education. This view was strongly supported by Directors of Care Services interviewed during the study.

The focus groups and survey respondents identified key areas, where the delivery of postgraduate education would make a significant contribution to staff's personal and professional development within the organisation.

Participants expressed that their decision to undertake postgraduate education would be influenced by both positive and negative factors. Amongst the positive factors were: relevance of course to practice, flexibility of access/entry requirements, funding of fees and guarantee to return to relevant practice area. Amongst the negative factors were: poor coordination of delivery time, lack of replacement costs and flexibility to release staff.

The Directors of Care Services interviewed expressed the need to develop the knowledge of the workforce to enable them to deliver the standard of care that is expected and required by a more enlightened population. However, they cautioned that this must not result in the professions moving away from the fundamental role of care givers.

This study has generated valuable information that can be utilised to inform curriculum design and development within the HSE Mid-Western Area. It also has implications for the overall development of postgraduate education in specialist nursing/midwifery practice nationally. The findings of this postgraduate education needs analysis are concurrent with research discussed within the literature review (Cowan and Gill 2001, McCarthy and Evans 2003, Whyte, Lugton and Fawett 2000).

**The study makes a number of recommendations:**

1. Curriculum design and development takes cognisance of these findings in undertaking its work, to ensure programme appropriateness and uptake by nurses/midwives of the HSE Mid-Western Area.

2. Corporate management to put some mechanism in place to address the organisational issues that have been highlighted by this study as factors influencing staff's decision to undertake postgraduate education.
3. The Department of Nursing and Midwifery Studies (University of Limerick), in consultation with the Nursing and Midwifery Planning and Development Unit, HSE Mid-Western Area should develop and make recommendations regarding the use of Accreditation of Prior and Experiential Learning [AP(E)L] policy at the University for nursing/midwifery programmes.
4. The Nursing and Midwifery Planning and Development Unit, HSE Mid-Western Area and the Department of Nursing and Midwifery Studies, University of Limerick in collaborative partnership will endeavour to respond to and implement the findings and recommendations of the needs analysis report.



# LITERATURE REVIEW

This review aims to examine and identify the current national and international drivers for the development of nursing and midwifery postgraduate education programmes in specialist practice.

In a world of constant change, predictability is a thing of the past. The same is true of the health care environment in which nurses and midwives work (Oulton 1997). Current driving forces to health care are for example, policy directions, quality, equity and transparency; these highlight the many issues facing the nursing and midwifery workforce. Practitioners must be prepared through education, to respond to these demands for the welfare of patients/clients.

## OBJECTIVES OF THE LITERATURE REVIEW:

- To thematically determine, the national and international drivers for the development of nursing and midwifery postgraduate education.
- To illustrate the changes occurring in the role of nurses and midwives.
- To narratively summarise, the responsibility of postgraduate education programmes in developing a nursing and midwifery workforce, capable of responding to the ever changing climate of health care delivery.

## METHODOLOGY

Literature from a wide variety of areas and methodologies was sought.

Studies/Areas of literature were considered appropriate, if they;

- Demonstrated national and international best practice in the development and delivery of postgraduate education in specialist practice.
- Discussed the driving forces to the development of nursing and midwifery postgraduate education programmes in specialist practice.
- Highlighted the impact postgraduate education programmes in specialist practice have made on the nursing and midwifery workforce.

The search sought published journal articles, legislation and reports. Information was collected from government and professional organisations, via the internet and telephone. This information was limited from the years 1986 to 2004 inclusive, and in accordance with its relevance to the literature review question. A hand held search of archival material in libraries across the Republic of Ireland was undertaken, including libraries at University College Dublin, Limerick Sylvester O' Halloran Centre, An Bord Altranais (Irish Nursing Board) and the Irish Nurse's Organisation.

A systematic review of the literature was conducted using a range of database sources covering fields of postgraduate education combined with nursing/midwifery. The databases accessed were: CINAHL, AMED (Alternative Medicine), Medline, Biomedical Reference Collection, Nursing and Allied Health Profession Collection and E-Psyche. The database search was limited to the English language and the years 1998 to 2004 inclusive. The search was

limited to these years because the authors wanted to highlight relevant and current best practice in relation to postgraduate education. It delivered no map headings and yielded 80 citations.

All resulting sources of material from the literature search were examined, to verify if their content related to the driving forces for the development of nursing and midwifery postgraduate education. Material was organised according to major recurring themes and the significance of evidence related to the literature review question.

## REVIEW OF THE LITERATURE

Health care systems are labour intensive and need a skilled workforce to function effectively. Healthcare provision requires of practitioners an ability to respond and adapt to current and future health care priorities. Some of these priorities include epidemiological and demographic shifts, medical and technological advances, rising public demand, health reform and a need to surmount obstacles of poverty, gender and human rights (Heller, Oros and Durney-Crowley 2001). These are issues for many European member states in the delivery of health care; there is increasing pressure to restructure health systems because of limited resources and increasing demands. The nursing and midwifery professions have many challenges to contend with in the 21st century.

The World Health Organisation (WHO) identified that education is key to the development of excellence in nursing/midwifery practice. It supports innovative approaches to curriculum planning and teaching/learning methods, so that nursing education programmes are based on the most recent assessment and forecasts of a country's health needs and the nursing services required to meet them (WHO 1996, 2001). Changes in the population and the health needs of a country have long been recognised as a priority by the nursing and midwifery profession.

The Irish birth rate is rising, life expectancy has increased, and older people will form a larger portion of the population in the future. There are approximately 453,200 people over the age of 65 living in Ireland (Central Statistics Office 2003). After 2006, however, a more rapid increase in the number of older people is expected and the prediction is for an increase to 17% by 2026. The increase among the 65-69 age group will be around 60%, but for those over 85 years, the increase will be 120% (Institute of Public Health in Ireland 2001). This aging trend will also create a significant increase in multi-system disorders, which exacerbate both physical and mental frailty (Stevens and Onley 2000).

A skilled and specialist nursing workforce is described as central to any evolving system providing care for older people (Johnson 1998). Bridges et al (2000) conducted a pilot study in an Accident and Emergency Department in the United Kingdom. Following the employment of a Clinical Nurse Specialist for older people, Bridges et al (2000) found a reduction in waiting times, prevention of unnecessary hospital admissions and a greater awareness by staff of the

needs of older people. There will be an unprecedented growth in the number of Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) posts for older people in the future. In response to this, nurses must be given the opportunity to develop additional skills and expertise in the importance of age related issues, through continuing professional development.

Additionally, in the speciality of Intellectual Disability, there is growing concern that there is a large increase in the aging population in the more severe range of intellectual disability (Health Research Board 2001). There is an urgent demand to meet the health needs of this client group and for a cohort of appropriately prepared CNS's and ANP's to be developed to deliver care within the specialist services required. Hence, the importance of enhancing relevant post-registration programmes for Intellectual Disability nursing cannot be overemphasised (Nursing Policy Division, DoHC 2002).

A further threat to maximising Ireland's health gain is the prevalence of cancer. The WHO predicts that by the year 2020, there will be 20 million new cancer patients each year. 70% of these patients will live in countries that between them will have less than 5% of the resources to control the disease (WHO 2000). Approximately 21,000 new cases of cancer are recorded annually in Ireland and one in three of our citizens will develop cancer in the course of their lifetime (Martin 2003). These factors will have an enormous impact on Irish health care, which in turn will demand a greater standard of competency and efficiency from specialist cancer nurses. Furthermore, another significant area of care delivery where greater nursing proficiency must be sought is Palliative Care. Outside specialist centres, general and community nurses have a major role in caring for dying patients and their families. Various authors particularly in Australia (McConigley et al 2001, Loftus et al 2002 and Froggatt 2000) have studied the effectiveness of palliative care post graduate education on patient care. One fundamental recommendation arises - the need for more educational opportunities for nurses to develop within the speciality.

Statistics in mental health have caused major concern over the last number of years in Ireland. It is estimated that at some point in adult life, one person in four will suffer from mental illness. The incidence of depression in Ireland is estimated at 10% (DoHC 2001b). Suicide has been shown to be strongly related to depression. In 2002, there were 451 suicides or 11.5% per population. Males represented 82% of suicides, while females represented 18% (Central Statistics Office 2002). More children, particularly girls, are attempting suicide and inflicting deliberate self harm. One in every 140, 17-year-old girls (706 per 100,000) in this country that attended hospital in 2002 had deliberately self harmed. (National Parasuicide Registry 2002). Ireland has one of the highest prevalence of adolescent suicide in the European Union. These issues are challenging mental health nursing practice; however through education and a focus on community care, these issues can be addressed in the best interest of patient/client care.

A study conducted by Cowan and Gill in 2001, investigating the training needs of psychiatric nurses in the HSE Midland Area (formally the Midland Health Board), found that educational programmes to prepare nurses for specialist and advanced practice roles should be developed. Respondents in the study expressed an urgent need for nursing education in the area of Drug and Alcohol Abuse. Psychiatric nursing staff felt that they were meeting clients who misuse a variety of drugs, and that they were not familiar with the effects and specialist care requirements of these clients. Also highlighted was the need for educational preparation in counselling and the different types of therapy such as family and behavioural therapy due to the increased demand for these services from the public. Postgraduate education frameworks for psychiatric nursing in third level institutions are central to the development of practice. (National Council for the Professional Development of Nursing and Midwifery (NCNM) 2003).

Another area of development within the Irish health system is Primary care. It has been recognised as the appropriate setting to meet 90-95 per cent of all health and personal social service needs. Primary Care in Ireland is rudimentary, an important recognition of the government's primary care strategy *Primary Care-A New Direction* (DoHc 2001a). Ireland's Primary Care Strategy calls for an integrated primary care system, which provides a single point of entry to all health and personal social service. If primary care in Ireland is to meet international standards; it will require substantial investment, restructuring and a reliance on multi-professional integrated teamwork.

A shift in focus to primary and community-orientated care has been encouraged by the WHO and the International Council for Nurses (ICN). Much material and guidelines for curriculum restructuring in this area have been achieved internationally (WHO 1992). Therefore, it is essential that nursing/midwifery postgraduate education, works alongside the developments in primary and community care in Ireland. Nurses and midwives will need to expand their range of competencies in collaboration, cooperation and conflict resolution; as the trend of development leans towards a multi-disciplinary approach to primary and community care delivery. The necessity for these developments will be supported by the expected publication of a document focused on Nursing and Midwifery in the Community (DOHC unpublished 2004).

Ireland's Health Strategy - *Quality and Fairness, A System for you* (DoHC 2001b), recommends that health service providers need to employ a qualified competent workforce to meet the changing demands of the population. As Irish health care moves forward in a climate of reform and restructuring, there is no doubt that nurses and midwives will play an important role in the delivery of effective, quality patient/client care. The impact of health reform on nursing and midwifery services for the future cannot be underestimated. The successful implementation of the health reform programme will require the single minded-engagement of everyone involved in the health system (DoHC 2003). The profession must be equipped to deliver these changes.

In reviewing midwifery, the *Report on the Commission on Nursing* stated that midwifery has an identity distinct from nursing, offering practitioners a unique opportunity for autonomous practice in the care of women during pregnancy and following birth (Government of Ireland 1998). Midwifery led care has been acknowledged by the WHO (Care in Birth 1999) as “the most appropriate and cost effective type of health care to be assigned to care of women in normal pregnancy and birth, including the risk assessment and recognition of complications”.

Midwives in Ireland have a role to play in maintaining the normality of pregnancy and birth. The caesarean rate in Ireland in 2000 was 21.3%, an increase of 10.3% since 1991 (Bonham 2004, Report of Perinatal Statistics 2000). The WHO recommends that caesarean sections should not be necessary for greater than 10% of women (WHO 1999). Statistical trends indicate that there is an increase in the core childbearing age group and in the number of births in Ireland. These are among the many issues facing Irish midwives in the coming years, including, the development of midwifery led antenatal care, transcultural concerns, pregnancy in adolescents, and care of refugee and asylum seeker births.

The call to design continuing education programmes to address the needs of midwives working with new models of care has been articulated in all western countries (New South Wales Health 2000, Leap 1997, UKCC 1999). The *Report on Commission on Nursing* (Government of Ireland 1998) noted the importance of clinical career pathways in specialist and advanced midwifery practice. These career pathways require specific educational qualifications (NCNM 2001). Furthermore, midwifery education needs to be flexible and accessible to all midwives. Primary and masters’ degree programmes in midwifery education programmes should be provided outside the eastern region of Ireland, so midwives have equitable access to relevant education (NCNM 2003).

In 1997 the *Report on the Continuing Professional Education for Nurses in Ireland* (An Bord Altranais 1997) addressed issues in nurse education and made recommendations for the future of post-registration education in Ireland. These recommendations included:

- That a continuing education plan be established by each health board
- A wide range of courses be made available
- Information and Library services be made available
- Nurses/Midwives prior learning experiences be accredited
- Encouragement and support from management.

Furthermore, the *Report of the Commission on Nursing* (Government of Ireland 1998) clearly stated the need to develop and strengthen the availability of professional development for all nurses and midwives. It recommended that nursing/midwifery education in Ireland should change to ensure the continued development and progression of nursing/midwifery practice, in keeping with international trends.

In 2003 McCarthy and Evans, studied the impact of Continuing Education on 136 nurses and midwives who had completed post-registration courses in the HSE Western Area (formerly known as the Western Health Board). 59 of the participants had completed study at postgraduate level. Overall 76% of the participants indicated that they had been able to apply new skills/changes to their work environment. 34% of those who had completed post-graduate study commented they had been able to share their new skills with colleagues and the multidisciplinary team. An important aspect which emerged from the study was the endorsement for the need for continuing education for nurses and midwives. This conclusion is also supported by the findings of other studies (Nolan 1995, Wildman 1999). Participants were also more aware of the need for research and evidenced based practice. This finding is concurrent with studies by Hogston (1995) and Whyte, Lugton and Fawett (2000).

Socrates and Plato considered education a lifelong process. As the number of healthcare professionals increase, so does the demand for continuing education. Nurses and midwives are moving towards continuing education as a means of achieving professional and personal recognition and development (Stavropoulou and Biley 1997). A 10 year follow-up study by Whyte et al (2000), exploring the relevance of Masters preparation for the professional practice of nursing, found that for participants the possession of an MSc degree opened up job opportunities, contributed to professional and career enhancement and personal growth. For all students the mastery of the necessary academic skills and the ability to demonstrate critical thinking was seen as a positive shift in their cognitive ability.

Nursing and midwifery has a particular place in health, older people and community care, since it fills a complex mix of roles incorporating functions as diverse as 'care giver, patient advocate (negotiator/mediator); educator, co-ordinator, integrator, manager, counsellor, agent of change and ethicist' (Marles 1988). The role of the nurse and midwife is evolving all the time; it has been affected by greater specialisation, changes in knowledge and technology, cost-effectiveness, quality and policy direction.

In response to Irish health reform (DoHC 2003), nurses and midwives are to seek new ways of working which will include the creation of new nursing/midwifery roles. There is a greater emphasis on multi-professional team working, collaboration and leadership in pioneering quality in healthcare delivery. The NCM (2001) has clearly defined clinical career pathways for CNS/CMS and ANP/AMP. There is merit in developing such career pathways for nurses and midwives, especially in contributing to continuity of care for patients/clients. These clinical career pathways must be supported by post-graduate education and continuing professional development. To prepare nurses and midwives to face the challenging environment of health care, nurse/midwifery education must become the tool to support change. The future warrants a nursing/midwifery workforce equipped with the competency to assert their position more authoritatively, to pioneer new nursing and midwifery roles and to influence the delivery of effective and efficient health care.

All theorists writing on Continuing Nurse Education specify that the ultimate goal must be the delivery of better patient care (Nolan 1995, Wildman et al 1999). An important inquiry in Britain, *The Bristol Royal Infirmary Inquiry* (Kennedy 2001), confirms the parlous state and need to improve, for patient/client safety, the oversight of systems that control education of health workers. This inquiry makes a recommendation that is pertinent to all health care systems: "there is a need to ensure that all health care professionals acquire and maintain proficiency within their role through continuing professional development and education" (The Bristol Royal Infirmary Inquiry 2001). The recommendations of *The Bristol Royal Infirmary Inquiry* (2001) are significant, as they were made in the hope that patient/client care would never be jeopardised in the same way again.

## CONCLUSION

It is important to recognise that education must be responsive to the needs of industry. There is a highly dependent relationship between educational institutions and services; and the people who constitute them. It is widely acknowledged, internationally, that there is a shared vision on the part of clinical and academic staff for advancing the nursing and midwifery contribution to healthcare through education and research.

This literature review has highlighted that there are numerous national and international drivers to postgraduate education in nursing and midwifery. From the literature these arose thematically as:

- health needs and outcomes
- health policies and strategies
- continuing professional development and education
- patient/client care
- the changing role of nursing and midwifery
- professional bodies

As the scope of nursing/midwifery expands in Ireland, programming in continuing education must also expand, providing leadership to assist nurses/midwives acquire knowledge; to maintain and enhance their competency to provide quality patient care (ICN 1998). In the future, health care needs in Ireland will be complex and multifaceted. Nursing and midwifery personnel must be prepared to meet these changes.



# DATA COLLECTION / FINDINGS

This section provides details of the methodologies used for data collection and presents the findings of the study.

## QUALITATIVE METHODOLOGY

### AIM OF THE FOCUS GROUPS

The aim of conducting the focus group discussions was to obtain qualitative data on the following postgraduate educational issues:

- proposed postgraduate education framework
- gaps in core and specialist competencies
- contribution to personal and professional development
- postgraduate nurse/midwifery education delivery and the national and local health policy agenda
- issues that support/hinder nurses/midwives participation in postgraduate education
- what postgraduate education courses in Nursing/Midwifery need to be developed

### METHODOLOGY

In conducting the focus groups, it was decided that as many sites as possible would be covered. The groups were organised by division of practice and held with three categories of staff:

1. Staff nurses/midwives,
2. Clinical Nurse/Midwifery Managers, Directors and Assistant Directors of Nursing,
3. Clinical Nurse/Midwife specialists.

Participants were selected from employees of the HSE Mid-Western Area, the voluntary hospitals and GP services within the Mid-West Region. Participants either volunteered to attend or were nominated by the Directors of Nursing/Midwifery or their designated deputies.

Between Mid-December 2003 and March 2004, 24 focus groups were conducted with a total of 175 participants attending. The focus groups were attended by six to fifteen participants. Three groups had fewer numbers of participants. Each discussion lasted approximately one to one and half hours. A question guide was used to focus the discussion around predetermined topics.

### TEMPLATES OF QUESTION GUIDE FOR FOCUS GROUPS

#### Focus Group Questions for Clinical Nurse Managers/Frontline Staff

1. *What is your opinion of the postgraduate education framework discussed in the presentation?*
2. *What competencies do you consider essential for the performance of your current role and where do you see the scope for your development?*



3. *Where do you see the gaps in competencies for the roles of the CNS/ANP's with regards to current and future specialist practice requirements*
4. *How could the delivery of postgraduate education in your area of specialist practice contribute to your personal and professional development within the organisation?*
5. *What do you think supports or hinders the delivery of postgraduate nursing/midwifery education for your clinical area?*
6. *What postgraduate education courses in Nursing/Midwifery do you think need to be developed for specialist practice in your area and why?*

A facilitator conducted the focus group discussions with a note taker present. However, manpower and time constraints resulted in some of the groups being run by a facilitator who also took notes. Tape recording of the discussion was considered at the beginning but abandoned after the first two sessions, as it appeared to inhibit some of the participants, despite, assurances of confidentiality. This may have arisen as an attendance list was been completed for each of the groups. An attendance list was necessary as focus group participants were not eligible to take part in the postal survey.

The data was analysed using content analysis (adopting both conceptual and relational analysis) to identify the themes that were emerging from within and across the focus group discussions.

## FINDINGS FROM FOCUS GROUP DISCUSSIONS

### POSTGRADUATE EDUCATION FRAMEWORK

#### Proposed Post Graduate Education Framework and Award Levels

CPD (Continuing Professional Development)

- Modularised Course Delivery with Core Modules taken by all, followed by branching off to **specialist option modules** or **combination option modules**
- The competencies of a CNS/CMS and ANP/AMP (NCNM 2002) will be reflected in the curriculum
- *Step On* and *Step Off points* supported by a robust *AP(E)L* system or other system
- **Standalone modules**
- Four study pathways: **Clinical, educational, research and management**

### AWARD OPTIONS

#### Option 1

Postgraduate Certificate/Postgraduate Diploma/Masters

#### Option 2

Graduate Diploma/Masters

There was an overwhelming support for the Postgraduate Education and Award Framework. The main reasons given by the various groups were:

- Flexibility of the framework
- Accessibility
- The framework's support for Continuing Professional Development
- User friendly and suitable for the workforce
- Friendly to the profession

Some staff were keen that provision be made for "topping up" to a masters degree were a candidate already possesses a higher diploma/ postgraduate diploma from another institution.

Some concern was also expressed about ensuring that the recruitment of non graduates onto postgraduate programmes is conducted with caution. This is to ensure that a balance between flexibility of access, ability to benefit from and successful completion of the programmes is achieved.

### **COMPETENCIES**

On the topic of competencies, it was clear from the discussions that a significant proportion of staff did not have a good understanding of competencies. When asked whether there were competencies developed in their practice areas, the vast majority of groups indicated that competencies had not been developed. Those that had developed competencies for their practice areas did not have them documented.

A limited number of groups indicated that competencies for their areas were currently been developed.

The following were identified as key competencies for most areas:

- communication skills
- assessment skills
- management skills
- teaching skills
- team working
- health education and promotion
- wound care
- risk assessment and management

The groups were presented with the domains of competencies for Clinical Nurse/Midwife Specialist and Advance Nurse/Midwife Specialist (NCNM 2002). They were asked to identify if they perceived any gaps in their competencies for current and future specialist practice requirements. The following areas were identified:

- Audit and research

- Provision of education and training/presentation skills
- Management skills
- Clinical leadership
- Communication skills
- Evidence based practice
- Further training to become nurse consultants
- Autonomy in practice
- Clinical focus
- Expert practitioner

### **HEALTH POLICY**

The groups were asked to consider how postgraduate nurse/midwifery education could be developed to prepare staff to influence and/or respond to national and local health policy agenda. Views ranged from disbelief that staff could actually be able to influence health policy to relief that the development of the postgraduate education programmes would actually consider preparing participants for this all important role. However, all groups agreed that staff would benefit from a module that addresses:

- the gap in understanding of health policy matters
- understanding and participation in policy development/formulation/health reforms
- provision of education on local/national health policy, strategies and reforms
- ability to influence policy development and implementation.

They identified a deficit in the way that nurses were prepared for their roles and the lack of training in managing change and influencing health policy.

### **PERSONAL AND PROFESSIONAL DEVELOPMENT**

Frontline staff were asked to consider how the delivery of postgraduate education in their area of specialist practice, could contribute to their personal and professional development within the organisation.

The following key themes emerged:

#### **Personal Development Issues**

- Increased self confidence and knowledge
- Increased self esteem
- Increased job satisfaction
- Ability to deliver quality nursing care
- Career advancement and development
- Increased motivation
- Increased autonomy and ability to influence decision making
- Enhanced participation within the team

### Professional Development Issues

- Improved patient care
- Ability to bring back information to others/becoming a resource person
- Positive domino effect on other members
- Better interpersonal working and acceptance

### PARTICIPATION IN POSTGRADUATE EDUCATION

A number of key themes emerged that staff considered important factors that would support or hinder the delivery/participation in postgraduate nurse/midwifery education in their clinical area. These are outlined in Table 1.

	SUPPORT	HINDER
<b>PROGRAMME DESIGN/DELIVERY</b>	<ul style="list-style-type: none"> <li>- modularised course design</li> <li>- flexibility of programme</li> <li>- distance learning</li> <li>- video conferencing</li> <li>- time of delivery</li> <li>- appropriateness of course</li> <li>- AP(E)L Policy</li> </ul>	<ul style="list-style-type: none"> <li>- assessment mode</li> <li>- poor coordination of delivery time</li> <li>- location of programmes (long distance from place of work)</li> <li>- lack of tutorial support</li> </ul>
<b>PERSONAL AND PROFESSIONAL</b>	<ul style="list-style-type: none"> <li>- availability of time to take part in CPD</li> <li>- Job satisfaction</li> <li>- self motivation</li> <li>- career motivation</li> <li>- personal gain</li> <li>- availability of collegial support</li> </ul>	<ul style="list-style-type: none"> <li>- staff attitude/apathy</li> <li>- family commitments</li> <li>- lack of time</li> <li>- fear of failure</li> </ul>
<b>ORGANISATIONAL</b>	<ul style="list-style-type: none"> <li>- availability of funding</li> <li>- availability of study leave</li> <li>- support from management</li> <li>- collegiate support</li> <li>- gaining recognition</li> </ul>	<ul style="list-style-type: none"> <li>- unfavourable management culture</li> <li>- lack of flexibility to release staff</li> <li>- not being able to practice in area of speciality</li> <li>- lack of flexible/job sharing opportunities</li> <li>- lack of financial compensation</li> <li>- lack of replacement costs</li> <li>- staff shortages</li> <li>- restrictive rosters</li> </ul>

**TABLE 1 – FACTORS THAT SUPPORT OR HINDER DECISION TO UNDERTAKE POSTGRADUATE EDUCATION**

### **PROGRAMME SELECTION**

Participants were asked to state which programmes they would like to see developed. The following were the seven most selected courses stated from all the focus group discussions:

1. Care of the Older Person /Gerontology
2. Wound Management and Tissue Viability
3. Palliative Care
4. Respiratory Care
5. Diabetes
6. Counselling
7. Oncology

### **SEMI-STRUCTURED INTERVIEWS**

Semi-structured interviews were also undertaken with three Care Service Managers within the HSE Mid-Western Area. The interviews covered the following topics:

- the directorates' strategic objectives for ongoing service delivery and development
- how these issues have implications for the Nursing/Midwifery workforce
- how could postgraduate education in specialist practice contribute to the ability of the Nursing and Midwifery workforce to deliver on the objectives of the directorate
- anything else they would like considered in the execution of the project's objectives

### **METHODOLOGY**

From the objectives outlined for this needs analysis, a semi-structured interview was conducted with 3 Directors of Care Services. The aim of this was to capture the strategic view within the HSE Mid-Western Area on the postgraduate education needs of the nursing/midwifery workforce. The written questions were sent in advance to the directors and hand written notes were made as they were being interviewed. The researchers intended to interview all eight directors; however, only three were available within the timeframe specified for this part of the data collection.

### **FINDINGS FROM SEMI-STRUCTURED INTERVIEWS**

Interviewing Directors of Care services identified a number of strategic issues which they felt needed consideration in meeting the project's objectives. The current climate of uncertainty as a result of the health service reform was mentioned as having an impact on strategic planning. However, the strategic directions of the health service as a whole and in particular, the Primary Care Strategy (DOHC 2001a) and the emerging Strategy Statement on Older Persons Services (HSE Mid-Western Area 2004), require the preparation of a workforce that is competent and capable of delivering services supported by these strategies. Nurses and midwives were seen as having a significant role to play in the reform of the health service.

An observation was made that care of the older persons has traditionally not been seen as an attractive area for nurses to train and work in. However, demographic changes and the increase in the aging population means that every effort should now be made to attract staff to this area. One way of doing this, it was suggested, could be by providing relevant high level training at postgraduate level and the establishment of relevant positions. A post graduate programme in care of the older person, encompassing all care aspects with a rehabilitation focus was deemed necessary. These programmes should emphasise the continuum of care from the acute setting to the community. Where possible, aspects of care of the older person should be included in all postgraduate programmes.

It was suggested as public health moves towards exploring determinants of health (housing, transport, nutrition etc), nurses/midwives need to develop an understanding of these issues and become involved in health education and promotion. As such, all nurses/midwives need to have a greater understanding of public health issues. Furthermore, nurses/midwives need to become involved in non clinical activities, such as health policy formulation. To achieve this, more education on health policies and the reform process is required.

The training for Intellectual Disability nurses was seen as needing modernisation to enhance understanding of intellectual disability, to ensure it reflects current best practice and equips staff to deal with the complex needs of this patient/client group. It was suggested, this could be achieved not just through postgraduate education but also through continuing professional development.

An observation was made that there were huge difficulties with managing patients/clients with challenging behaviours, as staff were not adequately trained in dealing with such behaviours. To address this issue, it was recommended that maybe a specialist with training in challenging behaviours would be required. The following areas were also identified as needing consideration for training: staff's understanding of accountability, quality, equity, advocacy and abuse issues, research capability/understanding/utilisation, mechanisms of stimulating clients in Day Care Centres and the range of interventions and activities that reflect current best practice in the area of intellectual disability,

It was highlighted, that generally, there is a need to develop the depth and breathe of knowledge of the workforce to enable them to deliver the standard of care that is expected and required by a more enlightened population. However, this must not result in the professions moving away from the fundamental role of care givers. It was recommended that nurses/midwives need to research the fundamental aspects of patient care, focus on caring skills and the psychological care of patients/clients.

## QUANTITATIVE METHODOLOGY

The themes generated in the focus groups provided the basis for the seven questions asked in the postal survey (See Appendix 1). The survey that was formulated consisted of a close-ended questionnaire and was distributed to a sample of 400 participants. The sample was randomly selected from the HSE Mid-Western Area- Pay, Personnel, and Related Systems (PPARS) database (containing 2790 nursing and midwifery names) after removing the names of staff who participated in the focus groups. 126 questionnaires were returned, resulting in a response rate of 31.5%.

### QUESTIONNAIRE ANALYSIS

A Statistical Package for Social Sciences (SPSS) was used to analyse the results of the returned questionnaires. This software package enabled the users to manipulate large amounts of data and to undertake comprehensive statistical analysis in a relatively simple manner. A coding framework was inputted to capture and analyse the data.

### FINDINGS FROM POSTAL SURVEY

#### QUESTION 1-Key Performance Areas

The mean scores from the ranking of key performance areas within respondent's current role produced the following order (1= most important):

KEY PERFORMANCE AREA	MEAN SCORE	RANKING
Providing Education and Training for Others	2.37	1
Being a Patient Advocate	2.32	2
Clinically Focused Care Delivery	2.25	3
Acting as a Specialist Resource/Consultant to Improve Patient Care	2.19	4
Contributing to Nursing Research and/or Research Utilisation	2.12	5
Initiating and Maintaining Audit	2.09	6

**TABLE 2 – RANKING OF KEY PERFORMANCE AREAS IN ORDER OF IMPORTANCE**

It is worth noting that the mean score of the key performance area considered the most important was 2.37 and that considered the least important was 2.09 a difference of only .28. This could be interpreted as indicating that all six key performance areas were considered important with only a slight variation in degree of importance.

**QUESTION 2-Competency**

Self-rating of levels of competence against stated key performance areas produced the following results (sample=126):

KEY PERFORMANCE AREAS	COMPETENT/ VERYCOMPETENT	NOT COMPETENT
Clinically Focused Care Delivery	98.4% (n=124)	
Being a Patients' Advocate	99.2% (n=125)	
Providing Education and Training for Others	97.3% (n=110)	
Acting as a Specialist Resource/Consultant	75.4% (n=95)	
Contributing to Nursing Research/and or Research Utilisation	58.7% (n=74)	42.3% (n=52)

**TABLE 3 – SELF RATING OF LEVELS OF COMPETENCE AGAINST KEY PERFORMANCE AREAS**

It is worth noting that 58.7% (n=74) of respondents (the lowest percentage) rated themselves as competent or very competent and 42.3% (n=52) as not competent in '*Contributing to Nursing Research/and or Research Utilisation*'.

**QUESTION 3- Key Performance Areas**

Ranking of stated key performance areas within respondents' current role in order of importance produced the following results (1 = most important):

KEY PERFORMANCE AREA	RANKING
Functioning as an Expert Practitioner	1
Autonomy of Practice	2
Pioneering Professional and Clinical Leadership	3
Conducting Nursing Research	4

**TABLE 4 – RANKING IN ORDER OF IMPORTANCE OF KEY PERFORMANCE AREAS**

Significantly, 34% of participants ranked *Conducting Nursing Research* as *least important*.



**QUESTION 4- Key Performance Areas**

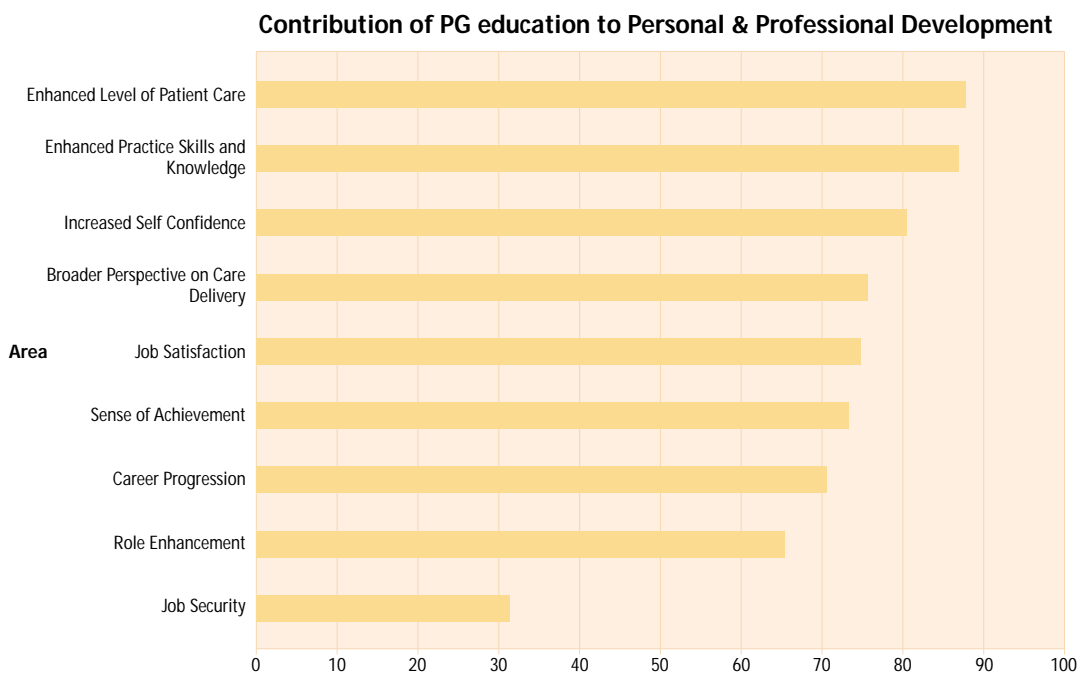
Self-rating of level of competence against stated key performance areas produced the following results (sample = 126):

KEY PERFORMANCE AREAS	COMPETENT/ VERY COMPETENT	NOT COMPETENT
Autonomy in Practice	92.9% (n=117)	
Pioneering Professional and Clinical Leadership	82.5% (n=104)	
Function as an Expert Practitioner	80.2% (n=101)	
Conducting Nursing Research	54.7% (n=69)	45.2% (n=57)

**TABLE 5 – SELF-RATING OF LEVELS OF COMPETENCE AGAINST KEY PERFORMANCE AREAS**

**QUESTION 5- Personal and Professional Development**

Selection of areas that respondents considered postgraduate education to make a significant contribution to their personal and professional development within the organisation produced the following results:



All areas were rated above 70% except *Role Enhancement and Job Security*, which had ratings of 65.9% and 31% respectively.

**QUESTION 6- Influencing Factors**

Factors influencing decision to undertake Postgraduate Education in order of importance (1 = most importance):

INFLUENCING FACTOR	ORDER
Relevance of Course to Practice	1
Guarantee to be Able to Return to Relevant Practice Area	2
Funding of Fees	3
On-going Support from Management	4
Paid Study Leave	5
Time of Delivery of Programme	6
Student Support Systems	7
Flexibility of Access/Entry Requirements	8
Mode of Education Delivery	9
Distance to University	10

**TABLE 6 – RANKING IN ORDER OF IMPORTANCE OF FACTORS INFLUENCING DECISION TO UNDERTAKE POSTGRADUATE EDUCATION**

## RANKING OF THE SEVEN MOST SELECTED COURSES THROUGH SURVEY QUESTIONNAIRE:

**QUESTION 7**

1. Care of the Older Person/Gerontology
2. Wound management and tissue viability
3. Palliative Care
4. Respiratory Care
5. Diabetes
6. Counselling
7. Oncology

## SUMMARY OF MOST SELECTED COURSES

### **A. EIGHT MOST SELECTED (OVERALL)**

1. Gerontology
2. Wound Management and Tissue Viability
3. Respiratory Care
4. Diabetes
5. Counselling
6. Critical Care
7. Palliative
8. Oncology

### **B. MENTAL HEALTH SPECIFIC PROGRAMMES**

1. Cognitive Behavioural Therapy
2. Drug and Alcohol Therapy/Addiction Studies
3. Forensic Mental Health

### **C. INTERLECTUAL DISABILITY SPECIFIC PROGRAMMES**

1. Challenging Behaviours

### **D. MIDWIFERY SPECIFIC PROGRAMMES**

1. MSc. Midwifery Studies
2. Neonatology

### **VALIDATION OF RESEARCH FINDINGS FOR PROGRAMME SELECTION**

Following completion of the analysis of the data, the researchers decided to undertake a validation exercise of the findings on programme selection. This was to ensure that the programmes that had emerged from the study were consistent with those that the service really needed for the development of the workforce at postgraduate level.

A meeting of the stakeholders was convened and the key findings of the study presented to them, including a summary of the eight most selected programmes (overall), three most selected Mental Health specific programmes, two most selected Midwifery specific programmes and the most selected Intellectual Disability specific programme. In view, of an earlier decision to develop five programmes in the first stage of the project (i.e. one for each of the following areas: mental health, midwifery, intellectual disability, care of the older person and general nursing, a discussion ensued to decide on which programmes to develop for each of the identified areas. At the end of this discussion, it was suggested that further consultations should take place with Directors of Nursing, senior practitioners for each of the identified areas and Lecturers at the Department of Nursing and Midwifery, University of Limerick.

Following these further consultations, the following programmes were identified for development in the first stage:

- **Mental Health:** PG Cert/PG DIP/MSc in Psycho-social Interventions for People in Mental Health
- **Intellectual Disability:** PG Cert/PG DIP/MSc in Intellectual Disability Practice
- **Care of the Older Person:** PG Cert/PG DIP/MSc in Rehabilitation of the Older Person
- **General Nursing** PG Cert/PG DIP/MSc in Acute Adult Nursing
- **Midwifery:** PG Cert/PG DIP/MSc in Midwifery Practice

# CONCLUSION AND RECOMMENDATIONS

The aim of this study was to assess the current and future post graduate education needs for specialist nursing and midwifery practice in the HSE Mid-Western Area, in order to inform the project's curriculum planning and development exercise.

## **The study objectives were:**

- To explore the postgraduate educational needs of staff from a variety of different services within the HSE Mid-Western Area, from the perspective of staff nurses, staff midwives, clinical nurse/midwife managers, clinical nurse/midwife specialists, Directors of Nursing, Directors of Care Services and educationalists.
- To assess the postgraduate educational needs of staff using a variety of methods, e.g. focus groups, postal survey questionnaires and interviews.
- To utilise the findings of the needs analysis to inform programme selection, curriculum planning, development and implementation.

This report has presented findings of the research undertaken to address these aims and objectives.

The literature review identified the national and international drivers for the development of nursing/midwifery postgraduate education in specialist practice. These were thematically grouped as:

- health needs and outcomes
- health policies and strategies
- continuing professional development and education
- patient care
- the changing role of nursing and midwifery
- professional bodies

The focus group discussions constituted the initial phase of the study and provided the basis for the development of the questionnaire used in the survey. Findings from focus group discussions, semi-structured interviews and survey questionnaires have provided an insight into the current and future postgraduate education needs for specialist nursing/midwifery practice in the HSE Mid-Western Area. Through these discussions, it is clear that there was an overwhelming support for the proposed postgraduate education framework and continuum of awards. Flexibility, accessibility, user friendliness and support for continuing professional development were cited as the main reasons. There was support for the use of an AP(E)L system as an additional route to accessing the programmes.

The semi-structured interviews conducted with Directors of Care Services captured the strategic view for service development and implications for the nursing/midwifery workforce; and provided some useful findings. It was clear that the development of postgraduate education for nurses/midwives is a move in the right direction. The strategic developments

that are taking place now and in the future require a workforce with a broadened and deepened understanding of the complex healthcare needs of the 21st century. Health education and promotion with a patient focused care delivery, which is based on current best practice, should form the basis of all postgraduate education programmes.

Discussions within the focus groups and data from the survey confirmed the importance of the domains for Clinical Nurse/Midwife Specialists and Advance Nurse/Midwife Practitioners. Respondents of the survey ranked the domains with almost equal importance for the performance of their roles. However, gaps in the levels of competence of staff emerged in the area of *contributing to research, research utilisation* as well as *conducting research*. A significant percentage (41%) of the respondents to the survey rated themselves as not competent in *contributing to nursing research/and or research utilisation*. Significantly also, 34% of respondents ranked *conducting nursing research* as least important when ranking the key domains of advanced practice. This was consistent with the data obtained from the focus group discussions.

Programme design and development needs to take this into consideration in view of the current agenda of promoting best practice and the domains for clinical specialists and advance practitioners, which include *contributing to research and/or research utilisation* and *conducting research* respectively.

A number of areas were identified as those in which postgraduate education would make a significant contribution to the staff's personal and professional development. These were all rated very highly (over 70%) except *job security* which was only rated by 31% survey respondents. This could be interpreted as implying that staff did not consider postgraduate education as providing them with job security. However, they seem to be suggesting also that postgraduate education amongst other benefits enhances: *the level of patient care, their practice skills and knowledge* and *increased their self confidence*. According to the findings, the most important factor influencing their decision to undertake postgraduate education was *the relevance of the course to practice*.

The study identified some organisational issues which influenced staff's decision to undertake postgraduate education. Principal amongst these were *guarantee to be able to return to relevant area of practice, funding of fees, paid study leave* and *on-going support from management*. These were issues that came up repeatedly in the focus group discussions and were confirmed by the survey results.

In an effort to determine which courses to develop in the first phase of the project, indicative data was sought from staff, of what courses they would like to see developed. The list that emerged is presented in the findings.

This study has generated a wide range of valuable information that can be used to inform curriculum design and development within the HSE Mid-Western Area. However, it has implications for the overall development of postgraduate education in specialist nursing/midwifery practice nationally. These findings are also concurrent with research discussed within the literature review (Cowan and Gill 2001, McCarthy and Evans 2003, Whyte, Lugton and Fawett 2000).

It is important to note that whilst needs assessment/analysis is a valuable tool in service/programme development, it is not to be seen as the be all and end all of the planning process. It should indeed be considered in most cases, as only the starting point for planning service/programme developments (Conteh, M 2001).

**We recommend that:**

- 1. Curriculum design and development takes cognisance of these findings in undertaking its work, in order, to ensure programme appropriateness and uptake by of nurses/midwives of the HSE Mid-Western Area.**
- 2. Corporate management to put some mechanism in place to address the organisational issues that have been highlighted by this study as factors influencing staff's decision to undertake postgraduate education.**
- 3. The Department of Nursing and Midwifery Studies (University of Limerick), in consultation with the Nursing and Midwifery Planning and Development Unit (HSE Mid-Western Area) must develop and make recommendations regarding the use of an Accreditation of Prior Learning [AP(E)L] policy for nursing/midwifery programmes.**
- 4. The Nursing and Midwifery Planning and Development Unit, HSE Mid-Western Area and the Department of Nursing and Midwifery Studies, University of Limerick in collaborative partnership will endeavour to respond to and implement the findings and recommendations of the needs analysis report.**

## AREAS REQUIRING FURTHER RESEARCH

This study has not explored the training needs of the educationalist that will be responsible for developing and delivering the postgraduate programmes. Undertaking their training needs analysis is part of the model adapted for this study, as such, further studies in this area are required.

## ADDENDUM

Since the completion of this work, a number of issues have arisen following further consultations and curriculum development work between the HSE Mid-Western Area and the Department of Nursing and Midwifery (University of Limerick).

One of these issues relates to the proposed award structure. Due to concerns raised, relating to the Postgraduate Certificate Award (both in terms of appropriateness and how it may or may not fit-in with current University of Limerick award structure) a decision was made to withdraw it from the proposal. Furthermore, a decision was also made to use the current University of Limerick award framework i.e. Graduate Diploma/Masters instead of Postgraduate Diploma/Masters.

The second issue relates to a change in one of the proposed programmes for development, namely the Acute Adult Nursing programme. It was identified, that this programme was not going to be funded under the *fees initiative (DOHC)* as it is not considered to be a specialist programme. As a result of this, Directors of Nursing for the Acute Services were consulted and a replacement programme was put forward.



# REFERENCES

## LITERATURE REVIEW REFERENCES

Bonham, S (2004), *Report of Perinatal Statistics 2000*, Economic and Social Research Institute, ERSI, HIPE, and NPRS Unit, Dublin. Ireland

Bridges, J. Meyer J. and Barnes L. (2000). *Specialising in Older People*. Nursing Times, 96 (30), 42

Central Statistics Office (2003). Available from: [www.cso.ie/rext/pressreleases/prellfproj.html](http://www.cso.ie/rext/pressreleases/prellfproj.html)

Government of Ireland (1998). *Report of the Commission on Nursing: a Blueprint for the Future*. Government Publications, Dublin.

Cowman, S. and Gill, N. (2001). *Report on the Education and Training Needs of Psychiatric Nurses in the Midland Health Board*. Midland Health Board.

Department of Health and Children (2001a). *Primary Care-A New Direction*. Dublin: Department of Health and Children.

Department of Health and Children (2001b) *Quality and Fairness: a Health System for You*. Dublin: Department of Health and Children.

Department of Health and Children (2002). Nursing Policy Division. *Proposed Framework for the Development of Clinical Specialism and Advanced Practice in Mental Handicap Nursing*. Dublin: The Stationery Office.

Department of Health and Children (2004). *Discussion Document/Strategy for Nursing and Midwifery in the Community* (unpublished). Department of Health and Children.

Froggatt, K. (2000). *Evaluating a Palliative Care Education Project in Nursing Homes*. International Journal of Palliative Care, Volume 6, 140-146.

Health Service Executive, Mid-Western Area (2004). *Strategy Statement on Older Persons Services*.

Health Research Board (2001). *Annual Report of the National Intellectual Disability Database Committee 2000*. Health Research Board: Dublin.

Hogston, R (1995). *Nurses' Perceptions of the Impact of Continuing Professional Education on the Quality of Nursing Care*. Journal of Advanced Nursing, 22:586-593.

Institute of Public Health in Ireland (2001). *Inequalities in Mortality 1989-1998. A Report on All-Ireland Mortality Data*. Institute of Public Health in Ireland: Dublin.

International Council for Nurses (1998). *Nurse Education: Past and Present*. Geneva.

Johnson M. (1998). *Home Base*. Nursing Standard 12 (23), 21.

Kennedy, I. (2001). *Learning from Bristol: the Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995*. British Parliament.

Leap, N. (1997). *Sharing Care: Competition and Duplication or Cost Effective Collaboration*. British Journal of Midwifery, 5, 489.

Loftus, L.A. and Thompson, E. (2002). *An evaluation of a Palliative Care Course for Generic Nurses*. International Journal of Palliative Care, Vol 8, No. 7.

Marles, F. (1988). *Report of the Study of Professional Issues in Nursing*. (Unpublished Report for the Minister for Health, Victoria).

Martin, M. (2003). *Speech by Micheál Martin T.D., Minister for Health and Children at CANCER 2003, the Inaugural Conference of the St. James's Hospital Cancer Strategy Group*. <http://www.doh.ie/pressroom/sp20030320.html>.

McCarthy, A. and Evans, D.S. (2003). *A Study on the Impact of Continuing Education for Nurses and Midwives who completed Post Registration Courses*. The Nursing and Midwifery Planning and Development Unit, Western Health Board.

McConigley, R., Kristjanson, L., and Nikoletti, S. (2001). *Palliative care in Western Australia: an assessment of information and support needs*. International Journal of Palliative Care, Vol 7, No. 11.

National Council for Professional Development of Nursing and Midwifery (2003). *Agenda for the Future Professional Development of Nursing and Midwifery*. National Council for Professional Development of Nursing and Midwifery, Dublin.

National Council for Professional Development of Nursing and Midwifery (2002). *Guidelines on the Development of Courses Preparing Nurses and Midwives as Clinical Nurses/Midwife Specialists and Advanced Nurse/Midwife Practitioners*. National Council for Professional Development of Nursing and Midwifery, Dublin.

National Parasuicide Registry (2002). National Suicide Research Foundation. <http://www.nsrnf.org/>

Nolan, M. Owens R.G. and Nolan, J., (1995). *Continuing Professional Education- Identifying the Characteristics of an Effective System*. Journal of Advanced nursing, 21: 551-60.

NSW Health (2000). *Education Strategies for the Midwifery Workforce*, Sydney: Department of Health, New South Wales.

Oulton, J. (1997). *International Trends in Nursing Professional Development*. International Nursing Review. 44(92) pp 47-52

Rynne, A. (2003). *The Maligning of Pregnancy and Childbirth*. Irish Medical News, 13th of January.

Stavropoulou, A. and Biley, F.C. (1997). *The Influence of Postgraduate studies on nurse's professional and personal development*. European Nurse. 2.(1).p9.

Stevens, J. and Onley, J. (2000). Ageing. In Lumby, J. and Picone, D. (Eds) *Clinical Challenges*. (pp. 118-137) Sydney: Allen and Unwin.

UKCC (1999). *UKCC Receives Thousands of Comments on Nursing and Midwifery Education*. British Journal of Midwifery. 7, 7.

Wildman, S., Weale, A., Rodney, C. and Pritchard, J. (1999). *The Impact of Higher Education for Post-registration Nurses on their Subsequent Clinical Practice: An Exploration of Students' Views*. Journal of Advance Nursing 29 (1): 246-253

Whyte, D. Lugton, J. and Fawett, T. (2000). *Fit for Purpose: the Relevance of Masters Preparation of the Professional Practice of Nursing. A 10 year Follow-up Study of Postgraduate Nursing Courses in the University of Edinburgh*. Journal of Advanced Nursing 31, (5): 1072-1080.

World Health Organisation (1992). *Strengthening Nursing and Midwifery in Support of Strategies for Health of All. Report by the Director-General to the Forty-Second World Health Assembly. (A42/6)*. Geneva: Author.

World Health Organisation (1996). *Nursing Practice*, Geneva: World Health Organisation.

World Health Organisation (1996). *Care in Normal Birth: Report of a Technical Working Group*. World Health Organisation/FRH/MSM/96.24

World Health Organisation (1999). *Health 21-Health for all in the 21st Century*. World Health Organisation, Copenhagen.

World Health Organisation (2000). *The World Health Report 2000. Health Systems: Improving Performance*, Geneva: World Health Organisation.

World Health Organisation (2001). *World Health Organisation European Strategy for Nursing and Midwifery Education*. Geneva: World Health Organisation.

### **REPORT REFERENCES**

Conteh, M (2001). *Health Needs Assessment And The Development of Services For Mentally Disordered Offenders: The Experience of The East London Forensic Mental Health Services - A Case Study*. Unpublished Masters Dissertation.

Government of Ireland (1998). *Report of the Commission on Nursing: a Blueprint for the Future*. Government Publications, Dublin.

International Council for Nurses (1998). *Nurse Education: Past and present*. Geneva.

National Council for Professional Development of Nursing and Midwifery (2002). *Guidelines on the Development of Courses Preparing Nurses and Midwives as Clinical Nurses/Midwife Specialists and Advanced Nurse/Midwife Practitioners*. National Council for Professional Development of Nursing and Midwifery, Dublin.

Office of Health Management (2002) *Learning and Development Needs Identification and Planning Toolkit*.

Sheperd J.C. (1994) *Training Needs Analysis Model for Qualified Nurse Practitioners*, Journal of Nursing Management, (2)181-185.

# APPENDIX 1

## POSTGRADUATE EDUCATION IN SPECIALIST PRACTICE Postgraduate Education Needs Analysis Survey Questionnaire

**1. Please rank the following key performance areas within your current role, on a scale of 1-5 in order of importance (1 being the least important and 5 being the most important)**

	1	2	3	4	5
Clinically focused care delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a patient advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing education and training for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiating and maintaining audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing to nursing research and/or research utilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting as a specialist resource/consultant to improve patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. How would you rate your level of competence against the following key**

	Not Competent	Competent	Very Competent
Clinically focused care delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a patients' advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing education and training for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting as a specialist resource/consultant to improve patient/client care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing to nursing research/and or research utilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please rank the following key performance areas with in your current role in order of importance on a scale of 1-5, 1 being the least important and 5 being the most important**

	1	2	3	4	5
Autonomy of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4	5
As a practitioner you pioneer professional and clinical leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To function as an expert practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting nursing research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate your level of competence against the following key	Not Competent	Competent	Very Competent
Autonomy in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a practitioner you pioneer professions and clinical leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To function as an expert practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting nursing research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. In which of the following areas would you consider postgraduate education making a significant contribution to your personal and professional development within the organisation? (Please tick as many as you wish)**

- Job satisfaction
- Career progression
- Enhanced practice skills and knowledge
- Enhanced level of patient care
- Sense of achievement
- Job security
- Increased self confidence
- Role enhancement
- A broader perspective on care delivery

**6. On a scale of 1-10 (1 = least and 10 = most important), please rank the following factors on their level of importance in influencing your decision to undertake postgraduate education**

- Paid study leave
- Funding of fees
- Distance to university
- On-going support from management
- Mode of education delivery (modularised, distance learning etc.)
- Relevance of course to your practice
- Guarantee to be able to return to practice area relevant to acquired training
- Flexibility of access/entry requirements
- Student support systems (guidance, tutorials, library, access to IT facilities etc.)
- Time of delivery of programme (day, evening, weekends, block or day release)

**7. State three postgraduate education courses in Nursing/Midwifery that in your opinion need to be developed for specialist practice in your area?**

1st choice .....

2nd choice .....

3rd choice .....

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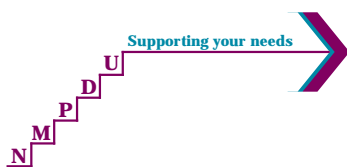
Thank you for taking the time to complete this questionnaire, your opinions are valued.

*Please return completed questionnaires to:*

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