An evaluation of the continuing education needs of nurses: Draft report for comments / E. A. Curtis

EASTERN HEALTH BOARD

AN EVALUATION OF THE CONTINUING EDUCATION NEEDS OF NURSES

DRAFT REPORT FOR COMMENTS

PREPARED
BY E.A. CURTIS
FOR THE
PERSONNEL DEPARTMENT
FOLLOWING THE COMPLETION
OF A SURVEY

DUBLIN

APRIL 1996

EPIGRAPH

IF YOU THINK TRAINING IS EXPENSIVE, TRY IGNORANCE.

R.A. Shepherd.

ACKNOWLEDGEMENTS

Much is owed to colleagues, professional committee members and respondents without whose assistance, this survey would not have taken place.

Special thanks to the Directors of Nursing and Public Health Superintendents who granted permission for the survey to be conducted in their hospitals and community care areas. To all the nurses who, by so kindly participating, contributed not only to the successful completion of this survey but also to the future planning of continuing professional education.

Sincere thanks are also offered to the Personnel Department at the Eastern Health Board for providing the resources for the successful completion of the project, to Mr. Vincent Breheny of An Bord Altranais and indeed to all members of the advisory committees.

Finally, acknowledgements are offered to Dr. Zack Johnson of Information Technology EHB, who offered suggestions on the coding of data and to Mr. J. Pratschke of Trinity College for his invaluable advice and assistance on the choice of statistical techniques.

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SUMMARY

Few Irish studies have examined the continuing professional education (CPE) needs of nurses. Much of the existing literature supports the view that continuing professional education must result in improved health care for consumers. To achieve this it is necessary to create a learning environment that encourages critical thinking, creativity and reflection. Furthermore, the success of any CPE programme is dependent on the actual content of the programme, the manner in which the content is delivered and the monitoring and evaluation of both the content of the CPE programme and changes in participants' behaviour following participation.

The objective of this survey was to establish the continuing professional education needs of nurses working within the Eastern Health Board as a whole, and for each of the five nursing specialities. Within this overall objective the survey had five specific aims.

1. To ascertain some biographic details about nurses working within the Eastern Health Board.
2. To determine the post-registration courses undertaken by nurses.
3. To ascertain those educational needs that would enable nurses to improve their clinical practice and professional development.
4. To establish whether the educational needs will vary between two groups of nurses - *those qualified before 1975 and those qualified after 1975.*
5. To determine the seven most common (frequently occurring) suggestions made by nurses on continuing education.

The method used to collect the data was a survey and the sampling technique was *purposive sampling.* A total of 3507

questionnaires were distributed to various grades of nurses and the return rate was 33.3%. The respondents completed one questionnaire which was designed to procure biographic details, determine the type of professional programmes undertaken and ascertain the professional education needs of nurses. In addition, the questionnaire offered respondents the opportunity to present their views and opinions on continuing education for nurses.

The main findings indicated that on the whole respondents had attended seminars in those specialist areas which required frequent update and a significant degree of skill and knowledge. For example, 31.4% of respondents attended seminars on Health and Safety Issues, 13.3% on Coronary Pulmonary Resuscitation (CPR) and 12.1% on Wound Management.

The course most frequently undertaken by respondents was Management, yet 47.6% of the sample still regarded Management as their first priority topic that in their view was essential to improving their current nursing practice. Additionally, 327 respondents felt that there is an urgent need for relevant, continuing up-to-date professional education programmes in wards, hospitals and nationally.

The conclusion of this survey is that professional education for nurses should be offered on a continuing basis and that the content must reflect the educational needs of nurses. Furthermore, the CPE programmes should be delivered in an environment that fosters a self-directed approach to learning and must incorporate an evaluation component.

INTRODUCTION

In 1982 continuing education was an unlikely topic to be discussed by most nurses, yet in 1992 it had acquired greater significance, to the extent that, it was now regarded as a vital component of professional development.[1] [2] [3] No longer is continuing education perceived as an optional nicety. In fact, it is increasingly being viewed as a right rather than a luxury.[4]

From around the 1980s there has been an increase in nurses enroling in various continuing education programmes and one reason for this demand for new knowledge lay in the fact that the nursing profession has shifted from total dependence on the medical profession to a more autonomous position.[5]

The present emphasis on continuing professional education (CPE) within the Eastern Health Board emanated from the changes in the structure and culture of the health care delivery system coupled with a demand for new knowledge, skills, attitudes and behaviour within the nursing profession.

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[1]M. Charles, "Continuing Professional Education in Nursing: Whose Responsibility?" Nurse Education Today 2 (1982): 5-11.

[2]R. Chapman and B. Hall, "Post-registration Education on Three Fields of Clinical Practice." Nursing Times Occasional Paper 88 (1992): 53-56.

[3]G. Castledine, "Editorial." British Journal of Nursing 1 (1992): 371.

[4]G. Hewitt, "Enriching Lessons." Nursing Times 87 (1991): 32-34.

[5]H.M. Archer, "A Study of the Impact of Continuing Education on Occupational Health Nursing Practice." Occupational Health Nursing 31 (1983): 15-27.

This led to the formation of an advisory committee on nursing education and finally to the desire to undertake a survey, the results of which would provide greater insight into the development of CPE programmes for nurses. Exhibit 1 below offers a summary of the stages of this survey while Exhibit 2 summarises the structure of the report.

Exhibit 1

Survey Summary
1. Undertake a survey of nurses within the Eastern Health Board in order to determine their continuing education needs.
2. Carry out the survey by questionnaire analysis.
3. Provide a report of the findings obtained and make recommendations on how continuing professional education for nurses can be fulfilled in the future.

Exhibit 2

Structure of the Report
The report is designed to be read at three levels:
* The Summary can be read alone. It performs the task of covering in a couple of pages the essence of the report.
* The Conclusion and Recommendations can be read alone but it does not discuss the evidence that led to the recommendations.
* The whole report can be read from beginning to end. In this case, the reader will be guided through the various stages of the report: namely, the review of current literature on continuing professional education, the method used to conduct the survey, the analyses of the data and the conclusion and recommendations.

REVIEW OF THE LITERATURE

The Report of the Committee on Nursing chaired by Lord Briggs[6] stated that: "education should be regarded as a continuing process". The Judge Report[7] also shares this view and suggests that a "well-planned strategy for professional development is, in public as well as personal terms, essential".

There are many definitions of continuing professional education which are relevant to nursing but the one offered below is pertinent.

> Planned education activities intended to build upon the education and experiential bases of the professional nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.[8]

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[6]P. Burnard and C. Chapman, Nurse Education: The Way Forward (Middlesex, England: Scutari Press,1990).

[7]H. Judge, "The Education of Nurses: A New Dispensation." Report of the Royal College of Nursing Commission on Nursing Education. (London: Royal College of Nursing, 1985).

[8]A. Bignell and M. Crotty, "Continuing Education: Does it Enhance Patient Care?" Senior Nurse 8 (1988): 26-29.

Purpose of Continuing Professional Education in Nursing

The literature is unequivocal in stipulating that the purpose of continuing professional education (CPE) must be the delivery of improved health care for consumers.[9] [10] [11] Meservy & Monson[12] state that "planned quality continuing education does impact nursing practice and patient care in a positive way". However, Brennan[13] suggests that the majority of studies have demonstrated that "the relationship between continuing education and competence remains unanswered".

In addition to the benefits to clinical practice, more subtle but equally important changes have also been attributed to the educational process. For example, Hughes[14] suggests that CPE facilitates better care planning and encourages the informal exchange of ideas between participants. Furthermore, following

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[9]K. Larcombe and C. Maggs, "Processes for Identifying the Continuing Professional Education Needs of Nurses, Midwives and Health Visitors: An Evaluation." Report for the English National Board for Nursing, Midwifery and Health Visiting. Project Paper 5 (London: ENB, 1991).

[10]D.M. Kellmer-Langan et al, "Knowledge Retention and Clinical Application after Continuing Education". Journal of Nursing Staff Development 8 (1992): 5-10.

[11]L. Orme, "Continuing Professional Education in the Context of Health Care." A Report for the English National Board for Nursing, Midwifery and Health Visiting. Project Paper 6. (London: ENB, 1992).

[12]D. Meservy and M.A. Monson, "Impact of Continuing Education on Nursing Practice and Quality of Patient Care." The Journal of Continuing Education in Nursing 18 (1987): 214-220.

[13]A. Brennan, "Analysing Mandatory Continuing Education." Nursing Standard 6 (1992): 29-32.

[14]P. Hughes, "Evaluating the Impact of Continuing Professional Education." Nurse Education Today 10 (1990): 428-436.

continuing professional education participants seem to become more assertive, autonomous and more competent.[15]

In addition, CPE can contribute to personal professional growth which then leads to increased awareness of professional issues together with improved career planning and better promotion prospects. This ultimately results in increased motivation and morale within the workforce.[16] [17]

Supplementing the professional benefits discussed above, effective CPE can also instill nurses with a joy of learning and a desire to pursue life-long education which can lead to a feeling of personal growth and satisfaction.[18]

Despite this however, there is a lack of empirical data to support the actual as opposed to the potential benefits of CPE, indicating the need for further study.

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[15]S. Williams, "Evaluating a Continuing Education Programme." The Australian Journal of Advanced Nursing 9 (1991): 21-28.

[16]K.L. Barriball et al., "Continuing Professional Education for Qualified Nurses: A Review of the Literature." Journal of Advanced Nursing 17 (1992): 1129-1140.

[17]M.R. Nolan et al., "Do the Benefits of Continuing Education Outweigh the Costs?" British Journal of Nursing 2 (1993): 321-324.

[18]P. Turner, "Benefits and Certificates of Continuing Education: An Analytical Survey." Journal of Continuing Education in Nursing 22 (1991): 104-108.

Facilitating Successful Continuing Professional Education

To achieve maximum benefit from continuing professional education it is important to consider some of the barriers that can hinder its successful implementation. These barriers can be classified into two main groups:

1. those that inhibit the uptake of education
2. those that inhibit subsequent changes to practice

Barriers that inhibit the uptake of education

Handy[19] said that education is the most important investment that anyone can make and most nurses when questioned would agree with this statement. However, Chiarella[20] suggests that there are large numbers of trained nurses who do not avail of further education. Even more alarming are the findings of a survey conducted by Hunt[21] who claims that nurses do very little professional reading.

Studies in America[22] support Chiarella's claim and suggest that nearly one-quarter of qualified nurses lack further education.

Several authors have examined the reasons for poor uptake

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[19]C. Handy, The Age of Unreason 2nd ed.(London: Random Century, 1989).

[20]M. Chiarella, "Developing the Credibility of Continuing Education." Nurse Education Today 10 (1990): 70-73.

[21]M. Hunt, "The Process of Translating Research Findings into Nursing Practice." Journal of Advanced Nursing 12 (1987): 101-110.

[22]A. Brennan, "Analysing Mandatory Continuing Education." Nursing Standard. 6 (1992): 29-32.

of continuing education. For example, Nugent[23] suggests that "some nurses feel that having had several years experience, in which they have perfected their skills, continuing education is of little value to them". However, Walsh & Ford[24] believe that such a negative attitude toward continuing education may be the result of "the insecurity of non-academic nurses and the threat they receive from students".

Another reason for the lack of uptake of education programmes includes the hours of duty worked by some nurses. For example, those nurses who work permanently on night duty may find it more difficult than those working other duty hours to attend day-time courses. Also there are those who, for domestic reasons, work part-time or job share and sometimes experience problems in attending courses.[25] [26].

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[23]A.B. Nugent, "The Need for Continuing Professional Education for Nurses." Journal of Advanced Nursing 15 (1990): 471-477.

[24]M. Walsh and P. Ford, Nursing Rituals: Research and Rational Actions. (Oxford: Butterworth-Heinemann, 1989).

[25]S.P. O'Kell, "A Literature Search into the Continuing Education Undertaken in Nursing." Nurse Education Today 6 (1986): 152-157.

[26]A.B. Nugent, "The Need for Continuing Professional Education for Nurses." Journal of Advanced Nursing 15 (1990): 471-477.

In addition, financial constraints, staff shortages which inhibit release from the work place, insufficient places on CPE programmes and lack of encouragement from managers also compound the problem of poor uptake of continuing educational opportunities.[27] [28]

Therefore, the reasons why some nurses do not continue their education may be the result of any of these obstacles. Nevertheless it is imperative, because of the changes within the nursing profession, that nurses assume the responsibility for their own educational needs.

Barriers that inhibit subsequent changes to practice

In addition to the barriers that impede the uptake of continuing professional education, nurses also experience difficulties in initiating changes to clinical practice. Not only can this result in discontent and cynicism among nurses but it also negates the purpose of attending continuing professional education programmes.

Cerveo[29] argues that for learning to be successfully applied to practice the interaction of four factors is necessary.

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[27]S.P. O'Kell, "A Literature Search into the Continuing Education Undertaken in Nursing." Nurse Education Today 16 (1986): 152-157.

[28]L.J. Kristjanson and J.M. Scanlon, "Assessment of Continuing Education Needs: A Literature Review." Journal of Continuing Education in Nursing 23 (1992): 156-160.

[29]R.M. Cerveo, "Continuing Professional Education and Behavioural Change: A Model for Research and Evaluation." Journal of Continuing Education in Nursing 16 (1985): 85-88.

These factors are:

1. the motivation of the individual practitioner
2. the nature of the environment/organization
3. the nature, complexity and acceptability of the change
4. the quality of the educational input

In any given scenario change can be difficult to implement but when the practitioner is well motivated, the environment is conducive to change and the change initiative is relevant then the change process becomes easier. Often however, practitioners receive little support from peers and managers.[30]

Undoubtedly further study in this area is essential if these barriers to change are to be defeated.

Evaluation

While a great deal has been written about professional education, considerably less has been written about evaluation (what literature exists focuses on "immediate determination of participants' perceptions and opinions ... or of changes in knowledge and attitudes"[31]).

Evaluation has revealed that there is criticism of both the organization of education (uncoordinated, frequently repetitive and often difficult for practitioners to access) and of the techniques used during its delivery. Seldom do evaluations focus

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[30]A.R. Peden et al., "Transfer of Continuing Education to Practice: Testing an Evaluation Model." Journal of Continuing Education in Nursing 23 (1992): 152-155.

[31]M.J. Ferrell, "The Relationship of Continuing Education Offerings to Self-reported Change in Behaviour." The Journal of Continuing Education in Nursing 19 (1988): 21-24.

on changes in participants' behaviour within their work environments or with measuring changes in patient care.

No doubt it will be difficult to assess or grade "care" but these difficulties can be overcome. One positive step lies in the work of Meservy & Monson[32] which revealed that there is a positive correlation between professional education and improved nursing practise and patient care.

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[32]D. Meservy and M.A. Monson, "Impact of Continuing Education on Nursing Practice and Quality of Patient Care." The Journal of Continuing Education in Nursing 18 (1987): 214-220.

Does More Education = More Learning?

Brown[33] states that "learning is not dependent upon the provision of educational opportunities" and this view is supported by Illich[34] who suggests that: "most learning is not the result of instruction. It is rather the result of unhampered participation in a meaningful setting". Learning then, is not only the absorption of information, facts and theories, but includes the development of critical thinking in order to deal with the "superabundance" of information.[35]

Learning is also the ability to reflect and extrapolate, to expand the knowledge base by experiential learning and to reflect on knowledge and remain open to its revision.[36] Therefore, there are several facets to continuing professional education. While one facet is concerned with the renewal of knowledge and skills, another relates to the "habit of learning" - that is, the learning to learn.[37]

This kind of learning is entrenched in reflective practice and has its roots in the work of Carl Rogers.[38] Rogers stated:

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[33]L.A. Brown, "Maintaining Professional Practice: Is Continuing Education the Cure or merely a Tonic?" Nurse Education Today 8 (1988): 251-257.

[34]I.D. Illich, Deschooling Society (London: Caldar & Boyars, 1971).

[35]M. Hunt, "The Process of Translating Research Findings into Nursing Practice." Journal of Advanced Nursing 12 (1987): 101-110.

[36]K. Robinson and B. Vaughn, Knowledge for Nursing Practice (Oxford: Butterworth-Heinemann, 1992).

[37]C. Handy, The Age of Unreason 2nd. edition (London: Random Century, 1989).

[38]C.R. Rogers, On Becoming a Person: A Therapist's View of Psychotherapy (London: Constable, 1961).

"the only learning that significantly influences behaviour is self-discovered, self-appropriated learning".

The adoption of the learning concepts discussed above would require far greater commitment than just attending courses. It would also involve developing an attitude of commitment to learning and the application of learning to the benefit of clients.

It is possible that some within nurse education may find these learning concepts threatening. However, the adoption of these concepts do not imply the abolition of the role of nurse educator but only that learning should revolve around support, guidance and facilitation rather than instruction.[39]

Because learning is not dependent on the provision of continuing educational opportunities - although it may occur through these means - then it can be argued that while continuing professional education may ensure practitioners keep up-to-date it certainly cannot ensure that they learn anything from courses attended.

The Future of Continuing Professional Education

Should continuing professional education be voluntary or mandatory? Fostering a commitment to continuing learning is one of the major functions of initial professional education. However, it is not quite clear how initial nurse education can succeed in doing this but lessons can be learnt from the American

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[39]C.R. Rogers, Freedom to Learn for the 80s. (Columbus, Ohio: Charles-Merrill, 1983).

system of nurse education. According to Kershaw[40] American nurses are aware of their need for continuing education immediately after completing their initial education.

Following a survey in the north of England, Nugent concluded that:

> It appears that nurses are beginning to realise that their education does not conclude with their final examination after 3 years of initial training. The years which follow are perhaps more demanding educationally, as nurses are in a position of responsibility and need to be aware of changes in direction, technology, procedure and policies in order to be effective exponents of care.[41]

It has been suggested[42] that if all practitioners were committed to continued learning, then there would be no need to introduce mandatory continuing education. The introduction of mandatory continuing education (as has occurred in the U.K. and U.S.A.) acknowledges that some practitioners will only keep themselves informed of new knowledge if they are legally required to do so.[43] The main reason for introducing such a scheme is to "ensure professional competence through continuing learning and updating activities".[44]

Few studies record whether the maintenance of professional competence results in improved care to the client. Therefore,

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[40]B. Kershaw, "Licence to Practise". Nursing Times (February,1985): 46-47.

[41]A.B Nugent, "The Need for Continuing Professional Education for Nurses." Journal of Advanced Nursing 15 (1990): 471-477.

[42]A. David, "Keep on Learning." Journal of District Nursing 6 (1987): 133-137.

[43]L.A. Brown, "Maintaining Professional Practice: Is Continuing Education the Cure or Merely a Tonic." Nurse Education Today 8 (1988): 251-257.

[44]Ibid., 254.

while mandatory continuing education may ensure that practitioners keep up-to-date it certainly cannot ensure that nurses learn anything from the activities they undertake.

If a nurse is forced to undertake continuing education activities without having an intrinsic desire or motivation to do so then it is highly unlikely that she will learn anything.[45] In such a scenario providing evidence of professional up-dating has little value.

In analysing mandatory continuing education Brennan stated that such a system could result in an increase in the quantity of courses but at the expense of quality and that "mediocrity may prevail". If mandatory participation in continuing education means that education is at risk of becoming a "ticket-gathering" exercise, then the need to introduce stringent evaluation becomes even greater.[46]

The provision of flexible access to professional continuing education should also be introduced on a larger scale. For example, in the UK initiatives undertaken by both the *Nursing Times* and the *Nursing Standard* to provide distance learning packages will become increasingly important. So too will the Credit Accumulation and Transfer Scheme (CATS) which offers accreditation for a wide range of both experiential and formal learning, e.g. APL - Accreditation of Prior Learning and APEL - Accreditation of Prior Experiential Learning.[47]

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[45]Ibid., 254.

[46]C. Ludvigsen, "Qualified Excess?" Nursing Times 89 (1993): 22.

[47]L. MacAllister, "CATS: The Way to Academic Qualifications?" British Journal of Nursing 2 (1993): 474-476.

OBJECTIVE AND AIMS OF SURVEY

The objective of this survey was to establish the continuing professional education needs of nurses working within the Eastern Health Board as a whole, and for each of the five nursing specialities.

Within this overall objective the survey had five specific aims:

1. To ascertain some biographic details about nurses working within the Eastern Health Board.
2. To determine the post-registration courses undertaken by nurses.
3. To ascertain those educational needs that would enable nurses to improve their clinical practice and professional development.
4. To establish whether the educational needs will vary between two groups of nurses - *those qualified before 1975 and those qualified after 1975.*
5. To determine the seven most common (frequently occurring) suggestions made by nurses on continuing education.

METHOD

1. Overview

In research, method is usually assumed to be the technique used by the researcher to collect the data. Quantitative researchers use many methods to gather data. However, the most frequently used methods include the following.

* Surveys
* Documentary Methods
* Observation
* Sociometry
* Experiments

The choice of method for this study was survey. Surveys can either be descriptive or exploratory. Descriptive surveys are designed to describe specific variables or events or to establish relationships between variables. They are not designed to routinely find cause-effect relationships.[48]

Surveys are methods of data collection whereby information is accumulated through questioning - oral or written. Oral questioning is known as interviewing and written questioning is carried out by means of questionnaires. For the purposes of this study a questionnaire was used to collect the data. The reasons for choosing a questionnaire are given in Exhibit 3 on the following page.

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[48]Eleanor Walters Treece and James William Treece JR., Elements of Research in Nursing 3rd ed. (London: The C.V. Mosby Company, 1982), 190.

Exhibit 3

* Questionnaires are considered less expensive than other methods.
* They produce results fairly rapidly.
* It is thought to be a convenient method as respondents can complete them at their convenience.
* The use of questionnaires provide greater anonymity.
* Bias is reduced because the respondent is not influenced by either the presence or attitudes of the researcher (as could occur with interviews).

However questionnaires have some limitations. Three are listed below.

* There are no opportunities for collection of any further information while the respondent is completing the questionnaire.
* Questionnaires do not permit the clarification and probing of questions.
* Because the conditions under which the questionnaire was completed are not known, the researcher is unable to establish whether the respondent completed the questionnaire unaided or whether she completed her responses with others.[49] [50] [51]

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[49]L. H. Kidder, Research Methods in Social Relationships (New York: Holt, Rinehart and Winston, 1981), 222-224.

[50]C.A. Moser and G. Kalton, Survey Methods in Social Investigation (London: Heinemann, 1971), 303-349.

[51]C. Celltiz, L.J. Wrightsman and S.W. Cook, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1976), 148-149.

2. Selection of Instrument

As stated earlier the instrument of choice was a questionnaire. It was developed by members of the advisory committee and was similar to one used by the North Eastern Health Board. The questionnaires were distributed by the Personnel Department at Dr. Steevens' Hospital to respondents via Directors of Nursing and Public Health Superintendents.

3. Rationale for the Choice of Instrument

This survey was concerned with identifying the continuing professional education needs of nurses working within the Eastern Health Board. Therefore, in order to gather data for the survey the instrument would have to provide biographic details of respondents, determine the post registration education undertaken by nurses, ascertain those professional education needs that would enable nurses to improve their nursing practice, and provide respondents with an opportunity to make suggestions on continuing education for nurses.

4. Description of Instrument

The questionnaire used in this survey contained only five questions but some of them were structured to elicit multiple responses. For example, Questions 1(c); 3(a); 3(b); 4; and 5. Please refer to Appendix 1 for a copy of the Questionnaire. In view of the multiple and varied responses to questions 3(a) 3(b) and 4 it was necessary to group some of the responses (an example of this can be found in Appendix 2) in order to analyze the data in a more meaningful way.

Questions 1-2 provided biographic details about the respondents.

Question 1 (a) In what year did you first register with An Bord Altranais?

Question 1 (b) In what year did you qualify?

Question 1 (c) In what disciplines are you currently registered?

Question 2 (a) At what location are you currently registered?

Question 2 (b) The grade at which you are currently employed.

The data derived from the questions above could be used to create a biographic profile of the nurses who participated in the survey.

Question 3 List the post-registration education undertaken by you.

This question was divided into two sections: section (a) required the respondent to list courses (one week or over) while section (b) required the respondent to list the seminars (duration less than 1 week) attended within the last two years.

The data obtained from this question would provide information on the educational endeavours of respondents.

Question 4 List the topics/subjects in order of priority which you would consider most essential to improve your current nursing practice.

The purpose of this question was to extract from respondents information that could be used to facilitate the planning of an educational programme which would fulfil the professional education and training needs of nurses within the Eastern Health Board.

Question 5 Have you any further suggestions to make on continuing education?

The aim of this question was to provide respondents with an opportunity to make contributions that could assist continuing professional education organisers in the design and execution of educational courses and seminars in the future. A list containing suggestions made by nurses can be found in Appendix 3.

5. Selection of Sample

There are several ways of obtaining samples. The process by which sampling is done is known as *sampling variation*. There are positive and negative aspects to all types of sampling.

The best way to describe the sampling technique that was used for this survey is *purposive sampling*. This means that a special group was selected because the investigators felt that it would be representative of the total population they wished to study.

6. Description of Respondents

Exhibit 4

Description of Respondents	
* All grades of qualified nurses were included.	
* Both male and female nurses were allowed to participate.	
* Total number of respondents included in survey - 3507.	
* Total number of respondents who returned completed questionnaires - 1167.	
Acute General Hospitals	222
Care of the Elderly	418
Mental Handicap	70
Psychiatry	174
Public Health Nursing	283
No of RGNs working in the capacity of Public Health Nurse	66

7. Data Processing

The data was processed electronically using the Statistical Package for the Social Sciences (SPSS). This reduced the burden of tedious and time-consuming manual mathematical calculations. All the data for this survey was coded after the questionnaires were returned.

The coded data was entered into a datasheet for processing and analysis. The analysis of the data provided facts and figures that allow the results to be interpreted in a meaningful way.

RESULTS

The results of this survey are based on the analyses of the questionnaires. Most of the results are presented in tabular form as this enables quick visual inspection and easy comparison of data. However, some of the results are also represented diagrammatically.

Two types of tables are used. The first is called a frequency distribution and usually displays the frequency with which each value in the distribution was observed. The second type of table contains category-data known as "cross-breaks" or "cross-tabulations". All this means is that the categories of two variables are "crossed" with each other.[52]

In some instances the results presented apply to the whole study while on other occasions they represent each speciality.

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[52]Derick Rowntree, Statistics Without Tears (London: Penguin Books Ltd., 1987).

RESULTS

The findings presented in the Figures and Tables below are the result of analysing the questionnaires.

Figure 1

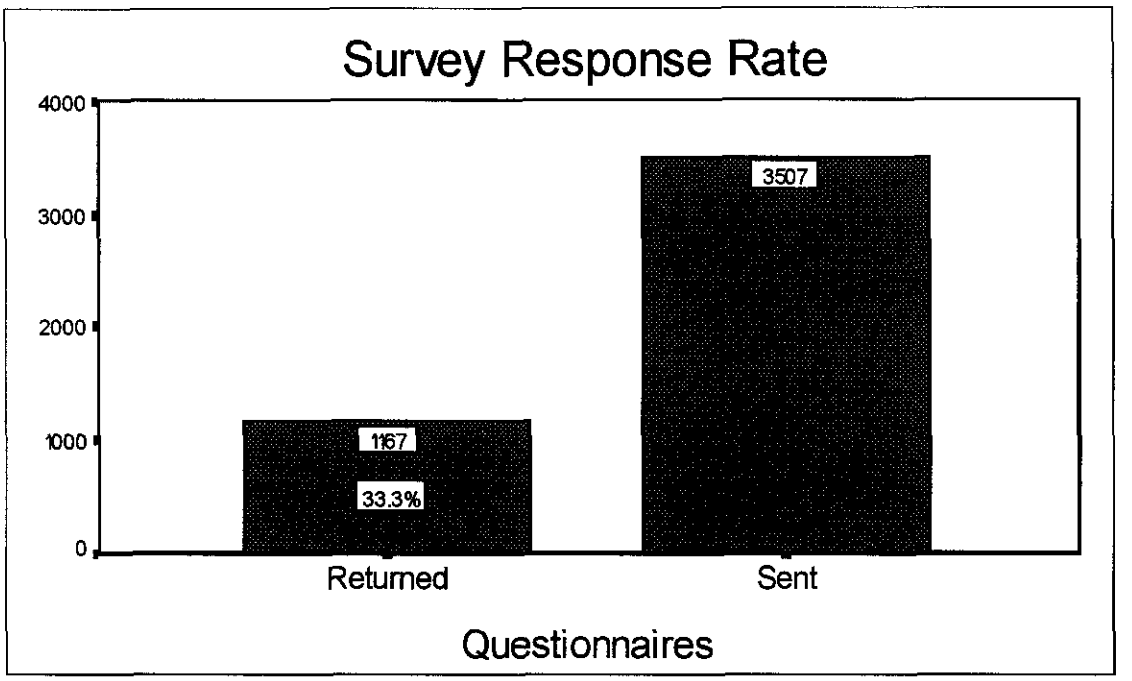


Figure 1 above shows the Survey Response Rate for the whole study. The total amount of questionnaires distributed to staff working within the Eastern Health Board was 3,507 and the response rate was 1,167 (33.3%).

Figure 2 below contains the Survey Response Rate for each of the five specialities.

Figure 2

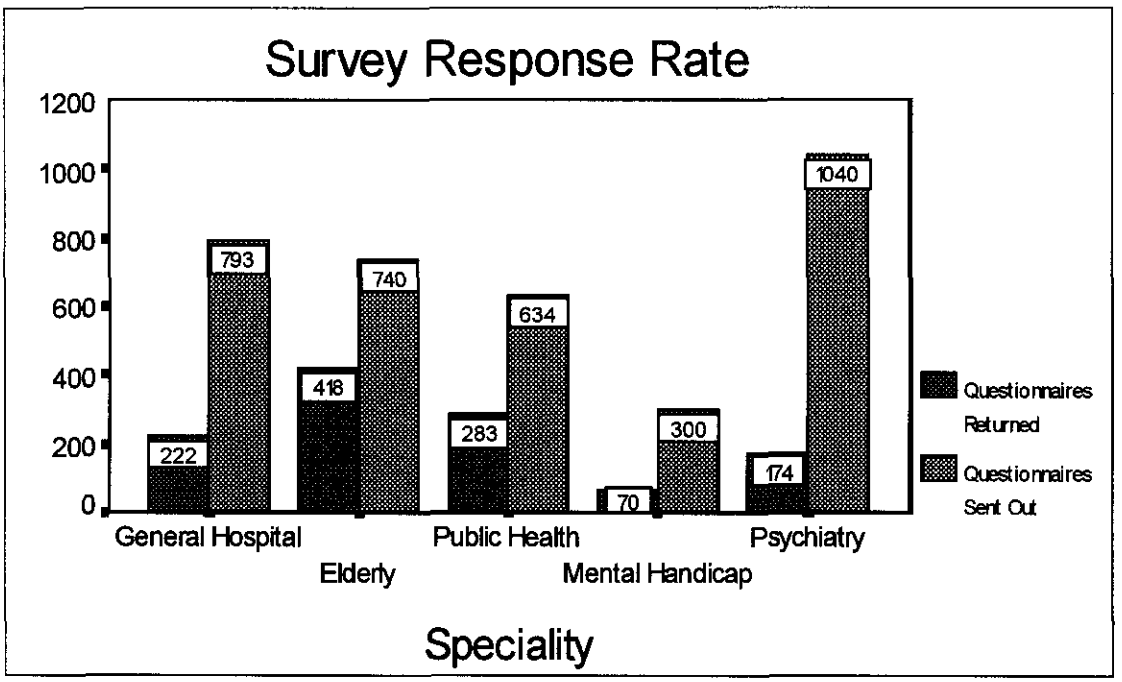


Figure 2 above demonstrates the Survey Response Rate for each of the five specialities. For example, the speciality with the highest response rate (56.5%) is Care of the Elderly while the lowest response rate (16.7%) came from Psychiatry.

Question 1 (a) - In what year did you first register with An Bord Altranais?

Figure 3 below provides a summary of the findings to this question. For greater clarity the variable "years" is grouped into four categories - before 1971; 1971-1980; 1981-1990 and after 1990.

Figure 3

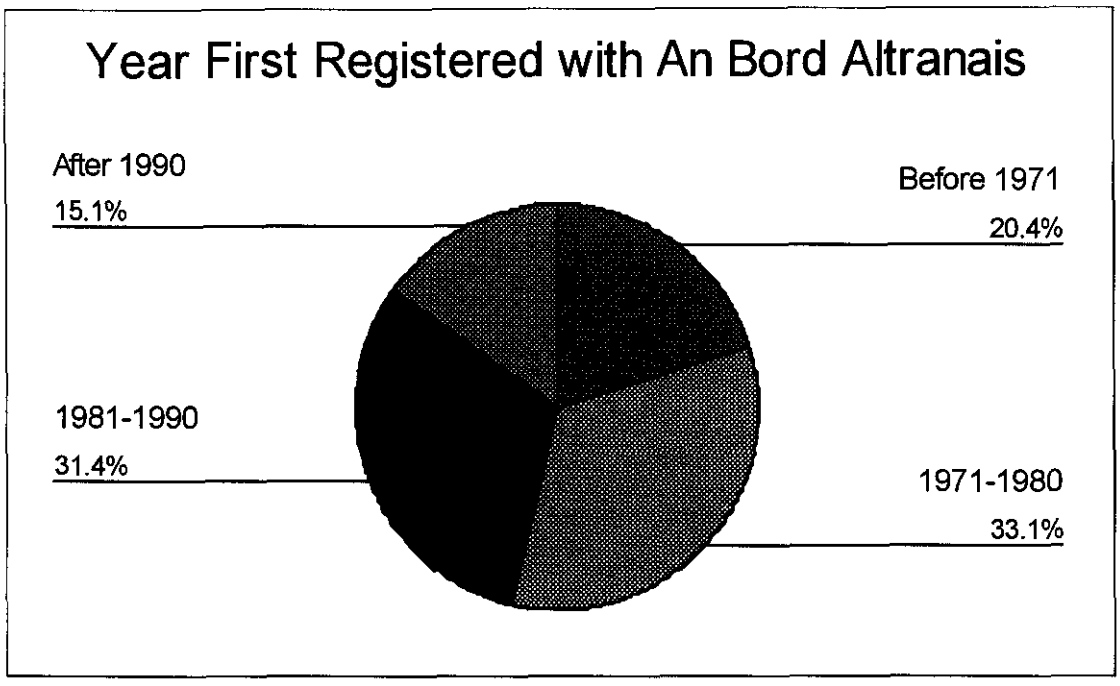


Figure 3 above provides a summary of the findings of Question 1 (a). The largest proportion of nurses (33.1%) working within the Eastern Health Board first registered with An Bord Altranais between 1971-1980 (over 15 years ago) while the smallest proportion (15.1%) registered after 1990.

Question 1 (a) - In what year did you first register with An Bord Altranais?

Figure 4 below contains the findings to Question 1 (a) for each of the five specialities.

Figure 4

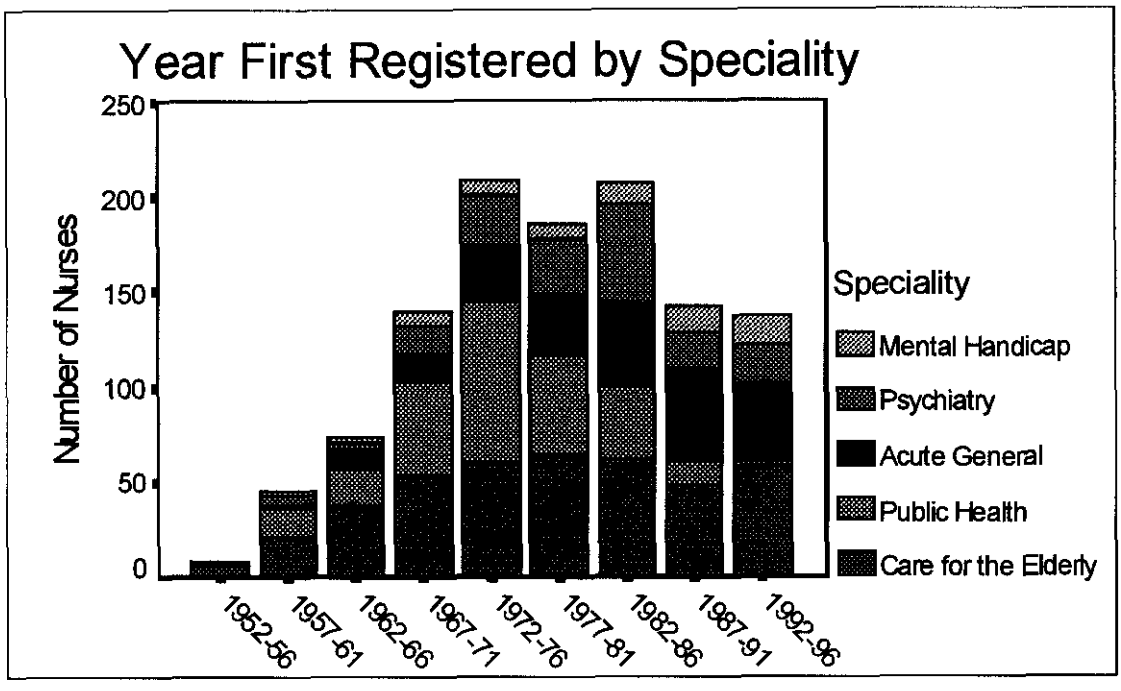


Figure 4 above demonstrates the year in which respondents first registered with An Bord Altranais for each of the five specialities. For example, approximately 30 respondents working in Acute General first registered with An Bord Altranais between 1967-1971 while significantly more were first registered between 1987-1991.

Question 1 (b) - In what year did you qualify?

Figure 5 below summarises the findings of this question. Once again the variable "years" is grouped into four categories - before 1970; 1971-1980; 1981-1990 and after 1990.

Figure 5

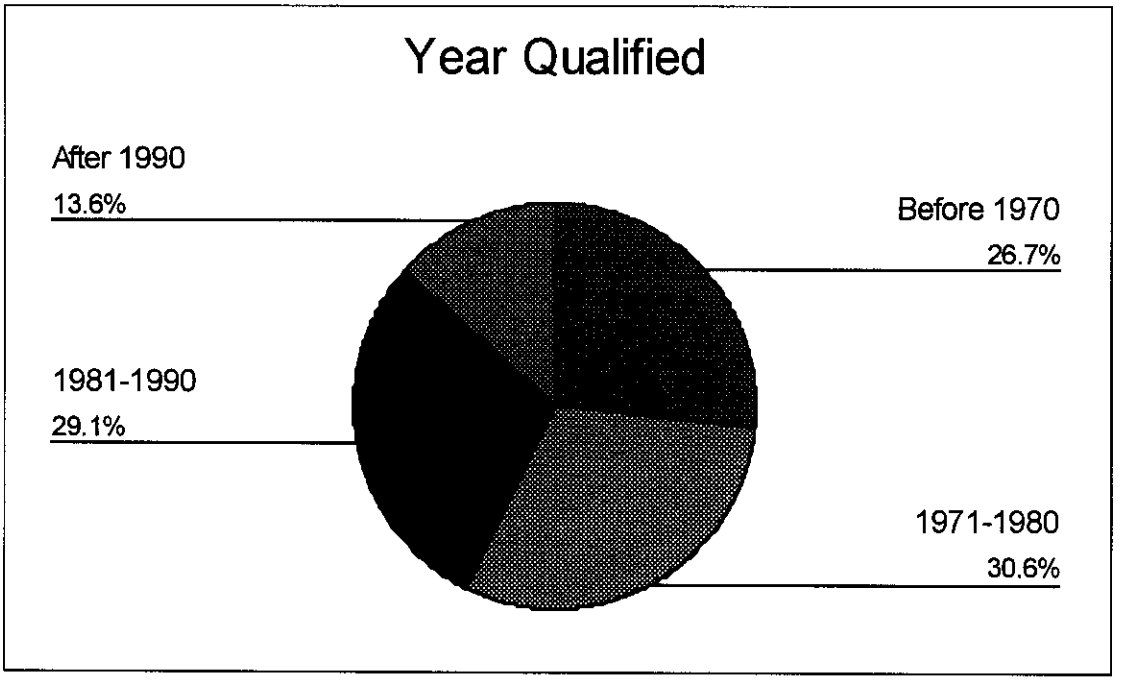


Figure 5 above summarises the findings for Question 1 (b). The largest proportion of nurses (30.6%) working within the Eastern Health Board qualified beteeen 1971-1980.

Question 1 (b) - In what year did you qualify?

In addition to providing the responses for the whole study the findings were also calculated for each of the five specialities. Figure 6 below contains the findings to Question 1 (b).

Figure 6

Figure 6 above demonstrates the year in which respondents qualified for each of the five specialities. For example, approximately 90 respondents working in Public Health qualified between 1972-1976 while significantly less qualified between 1987-1991. However, in Care of the Elderly the number of respondents qualified for eight of the nine year categories are roughly the same.

Question 1c

In what disciplines are you currently registered?

This question is analyzed in three stages. The first stage presents the results for the whole study, the second for each speciality while the third stage involves grouping respondents into two "grade categories" then doing a cross-tabulation between "grade" and registration in two or more "disciplines".

(1st stage) Results for the whole study.

Registration by Discipline		
Discipline	**No. of Nurses**	**Percent**
RGN	1014	86.9
RM	419	35.9
RMHN	60	5.1
RNT	8	0.7
RPHN	217	18.6
RPN	253	21.7
RSCN	77	6.6

TABLE 1

Table 1 above shows the number of nurses registered in the various disciplines. It is important to remember that some of the nurses will be registered in more than one disciplines. There were 24 missing values - i.e. 24 nurses did not complete this question.

Question 1 (c) (2nd stage) Results for each speciality.

Speciality	Disciplines						
	RGN	RM	RMHN	RNT	RPHN	RPN	RSCN
Care of the Elderly	415	111	4	2	2	22	26
Public Health	282	234	2	1	215	11	21
Acute General	222	66	4	1	-	16	28
Psychiatry	76	6	9	3	-	164	1
Mental Handicap	19	2	41	1	-	40	1
Column Total	1014	419	60	8	217	253	77

TABLE 2

Table 2 above is a cross-tabulation between speciality and disciplines. In other words it gives the number of nurses working in the various specialities by registration in those disciplines listed at the top of the Table. For example, 415 Registered General Nurses are working in Care of the Elderly while only 76 RGNs are working in Psychiatry.

Question 1 (c) (3rd stage)

Grades	Disciplines	
	Registration in Two or More Disciplines	
	Number of Nurses	Percent
Staff Nurse	331	28.9
All Other Grades	288	25.1
Column Total	619	

TABLE 3

Table 3 above is a cross-tabulation between nursing grade and discipline. The purpose of this table is to demonstrate the numbers and percentages of nurses registered in two or more disciplines by nursing grade.

The grades are grouped into two categories - "staff nurse" and "all other grades". The total number of nurses who participated in the survey was (1167) but only (1146) indicated the disciplines in which they were registered. Therefore, the percentages are calculated using (1146).

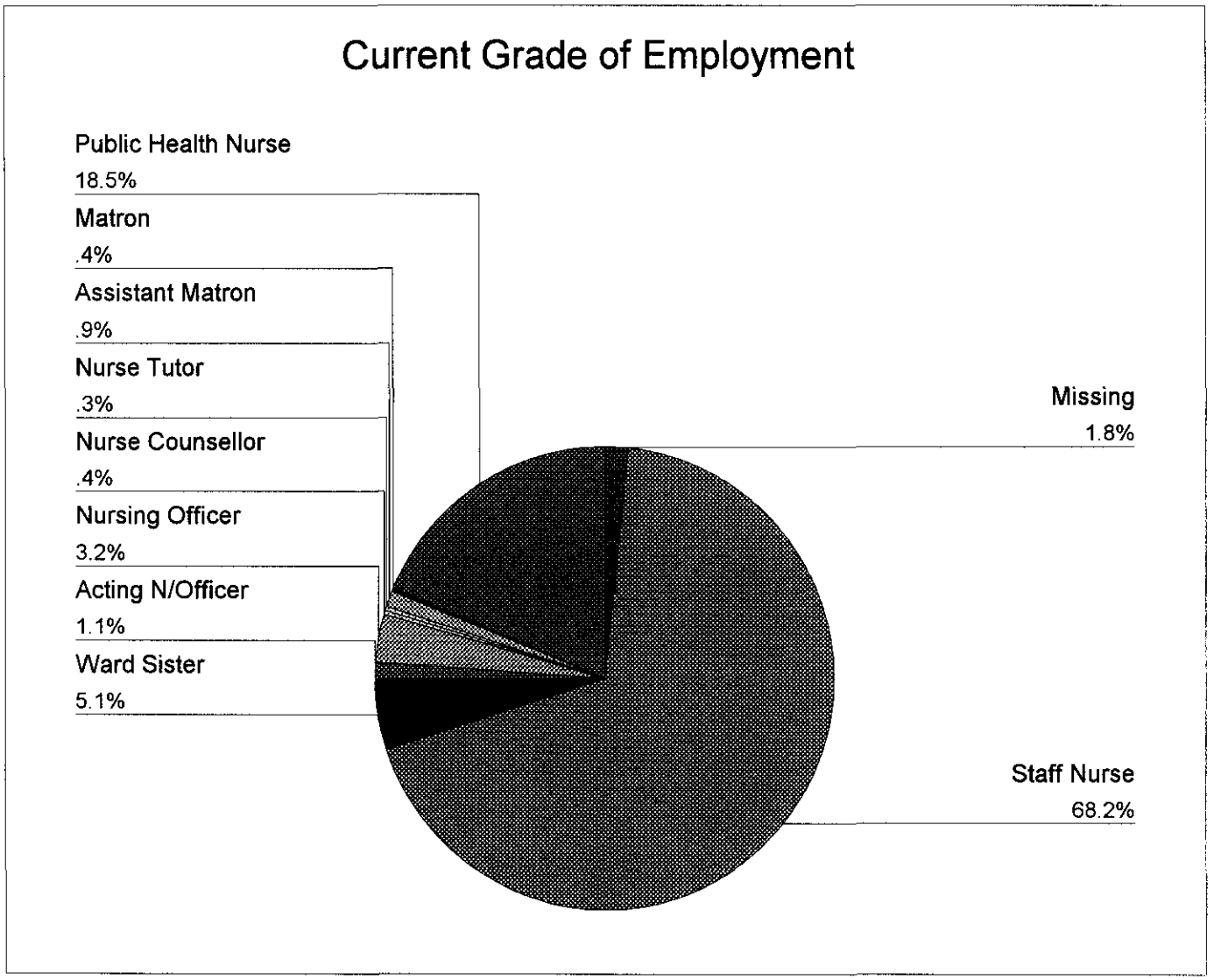
Question 1c (extension of 3rd stage)

Registration in Two or More Disciplines			
Grades	**Disciplines**		
	2	3	4
Staff Nurse	308	22	1
Ward Sister	28	4	
Acting N/Officer	4	3	
N/Officer	16	3	
Nurse Counsellor	1	1	
Nurse Tutor	1	2	1
Ass/Matron	5	1	
Matron	3		
Pub/Hlt Nrse	22	167	26

TABLE 4

Table 4 above is a cross-tabulation between nursing grade and discipline. This table demonstrates the number of nurses registered in two or more disciplines for each of the nine grades. For example, 308 (26.9%) Staff Nurses are registered in two disciplines while only 28 (2.4%) Ward Sisters are registered in two disciplines.

The figure on the following page contains the findings to Question 2(b). Grade of Employment was divided into nine categories. In addition to providing the percentages for each nursing grade it also provides the percentage of missing values.


Current Grade of Employment
Public Health Nurse
18.5%
Matron
.4%
Assistant Matron
.9%
Nurse Tutor
.3%
Nurse Counsellor
.4%
Nursing Officer
3.2%
Acting N/Officer
1.1%
Ward Sister
5.1%
Missing
1.8%
Staff Nurse
68.2%

Question 2 (b) - The grade at which you are currently employed.

Figure 7

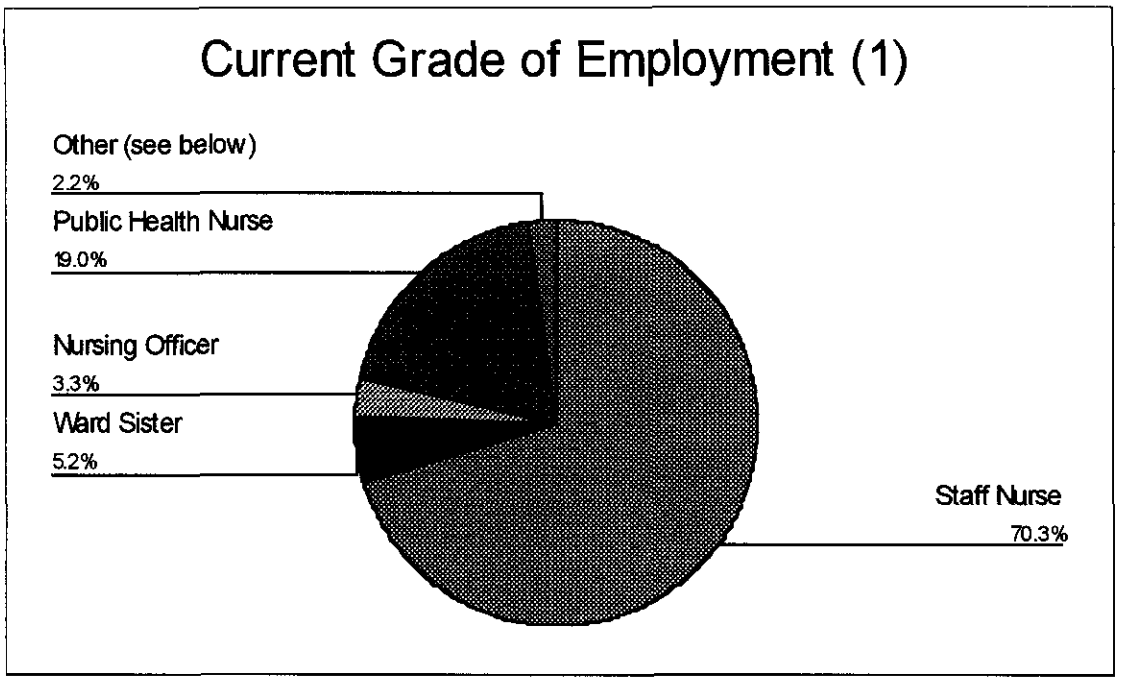


Figure 7 above provides a summary of the findings of Question 2 (b). Grade of Employment was divided into nine categories. Because some of the categories were small it was deemed necessary to group some of them into "other" but this will be broken down in figure 8. The grade category with the largest number of nurses is Staff Nurse while the smallest was "Other".

Question 2 (b) - The grade at which you are currently employed.

Figure 8

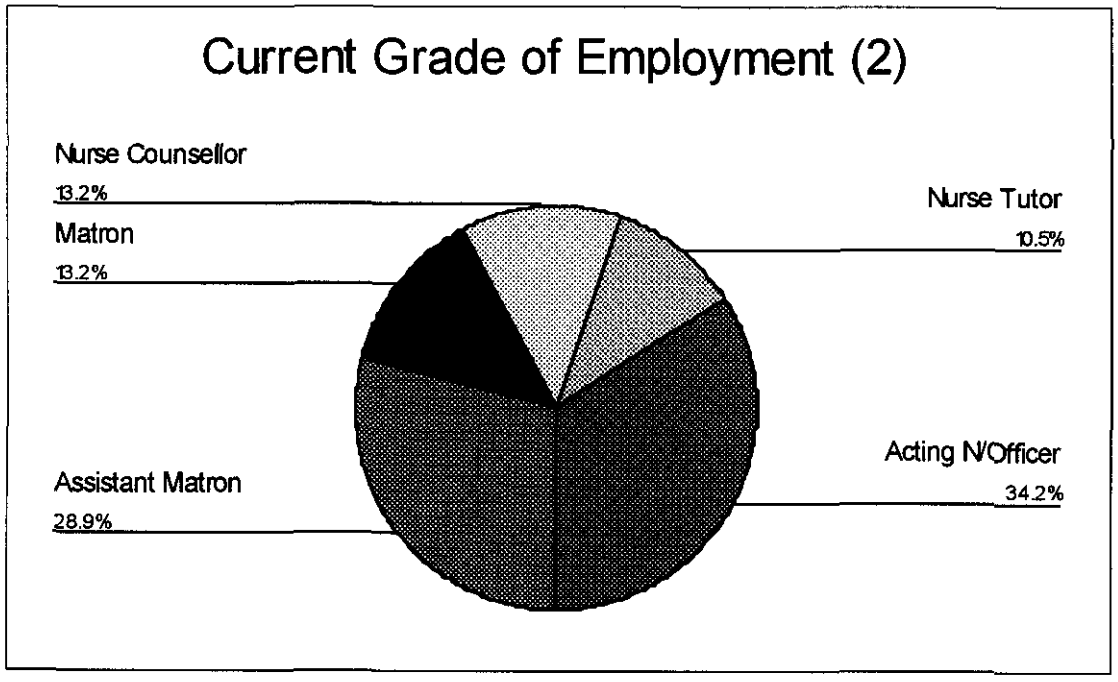


Figure 8 above gives the five grade categories that together made up the variable "Other" in Figure 7. The largest of these five categories is Acting Nursing Officer while the smallest grade category is Nurse Tutor.

Question 2(b)

The grade at which you are currently employed.

Grade	Frequency	Percent
Staff Nurse	796	69.5
Ward Sister	59	5.1
Act. Nursing Officer	13	1.1
Nursing Officer	37	3.2
Nurse Counsellor	5	0.4
Nurse Tutor	4	0.3
Assistant Matron	11	0.9
Matron	5	0.4
Public Health Nurse	216	18.8
Missing Values	21	1.8
Column Total	1146	99.7

TABLE 5

The frequency table above indicates that when respondents are divided into "Nursing Grade" categories Staff Nurses (69.5%) make up the largest group of respondents while Public Health Nurses (18.8%) comprise the second largest group. The smallest groups were Nurse Counsellor (0.4%) and Nurse Tutor (0.3%).

Please Note There were 21 respondents who did not complete this part of Question 2 therefore, the percentages are calculated from the total 1146.

The findings in Table 6 below are not in response to a specific question. The information contained in the table is the result of a cross-tabulation between current "grade" of employment and the seven "disciplines".

These results are for the whole study.

Comparison Between Grade and Discipline							
Grade	Discipline						
	RGN	RM	RMHN	RNT	RPHN	RPN	RSCN
Staff Nurse	690	190	43	-	2	176	52
Sister	58	23	1	-	-	5	8
Act.Nursing Officer	6	-	5	-	-	12	-
N/Officer	15	1	7	1	-	35	-
Counsellor	3	1	-	-	1	3	-
Tutor	3	1	1	4	-	3	-
Ast/Matron	10	3	-	2	-	2	1
Matron	5	3	-	-	-	-	-
Public Health Nurse	215	195	2	1	214	7	16

TABLE 6

The findings in Table 6 above show the number of nurses registered in each discipline for each of the nine grade categories. For example, 690 Staff Nurses are RGNs while only 52 are RSCNs.

QUESTION 3a

List the post registration education undertaken by you:
(a) Courses (duration one week or over).

The results are presented in two stages. In the first stage the findings for the whole study are presented while the second stage focuses on the results for each speciality.

(1st stage) Results for the whole study.

Courses	Number	Percent
Management	307	26.3
Counselling	197	16.9
Promoting Continence	186	15.9
Midwifery and Obstetrics	100	8.6
Public Health and Community Health	100	8.6
Psychology Course/Issues	80	6.8
Coronary Care Course/Issues	57	4.9

TABLE 7

Table 7 above shows the seven most common courses undertaken by nurses. As indicated in the table, Management is the course most frequently undertaken by nurses while Counselling was second.

QUESTION 3a (2nd stage) Results for each speciality.

Speciality	Courses Undertaken						
	1	2	3	4	5	6	7
Elderly	L	B	N	H	C	I	J
Public Health	B&C	-	P	L	E	M	F
Acute General	L	D	N	C	J	B	O
Psychiatry	L	C	A	O	P	G	K
Mental Handicap	M	A	C	R	K	O	Q

TABLE 8

Key

1-7 = The seven courses most frequently undertaken by nurses.

A = Control and Restraint
B = Continence/Incontinence
C = Counselling
D = Coronary Care Unit Course
E = Ear Nose and Throat
F = Family Planning Course
G = First Aid/CPR
H = Gerontology Course
I = Health and Safety Course
J = Infection Control
K = Legal Aspects of Nursing
L = Management Course
M = Mental Handicap Course
N = Midwifery/Obstetrics Course
O = Psychology Course
P = Public Health/Community Health & Health Promotion Course
Q = Sociology Course
R = Training and Assessing/ENB 998 Courses

Table 8 above is a cross-tabulation between "speciality" and "courses undertaken" by nurses. Only the seven most frequently undertaken courses are recorded in this table. The findings indicate that Management was the course most frequently undertaken by nurses in three of the five specialities while Counselling was the second. These findings are similar to those in Table 7.

Question 3b

List the post registration education undertaken by you:
(b) Seminars (duration less than 1 week) within last two years.

This question has only one stage therefore, these findings are for the whole study.

Seminars	Frequency	Percent
Health and Safety Issues	367	31.4
Coronary Pulmonary Resuscitation (CPR)	155	13.3
Wound Management	141	12.1
Palliative Care	107	9.2
Issues on Care of the Elderly	102	8.7
Medical Disorders/Issues	101	8.6
Paediatric Disorders/Issues	93	7.9

TABLE 9

Table 9 above indicates that the most frequently attended seminar was on "Health and Safety Issues" while the second was "Coronary Pulmonary Resuscitation" (CPR).

QUESTION 4

List the topics/subjects in order of priority which you would consider most essential to improve your current nursing practice.

This question is analyzed in two stages. The first stage identifies the seven most common topics (in order of priority) for the whole study while the second stage identified the seven most common topics for each of the five specialities.

(1st stage) Results for the whole study.

Priority of Topics for the Whole Study							
Responses	PR1	PR2	PR3	PR4	PR5	PR6	PR7
Course	A	B	C	D	E	F	G
Number	556	402	400	333	308	283	267
Percent	47.6	34.4	34.3	28.5	26.4	24.3	22.9

TABLE 10

Table 10 above summarises the findings to question 4. For example, Course A (Management) was the first priority topic for 47.6% of the whole sample while Course B (Counselling) was the second priority for 34.4% of the sample.

Key

PR = Priority

A = Management
B = Counselling
C = Legal Aspects of Nursing
D = Pharmacology
E = Oncology/Palliative Care
F = Wound Care and Dressings
G = Medical Nursing Issues

Note The scores in Table 10 were calculated by giving PR1 a value of 10; PR2 a value of 9; PR3 a value of 8 and so on. The overall score for each course is calculated by taking the sum of these values. This takes into account the 1st preference, and to a lesser extent the lesser priorities.

Question 4 (2nd stage) Results for each speciality.

Speciality	Priority of Topics for Each Speciality						
	PR1	PR2	PR3	PR4	PR5	PR6	PR7
Elderly	A	B	C	D	E	F	K
Public Health	A	D	E	E	K	B	M
Acute General	A	B&F	-	G	C&K	-	L
Psychiatry	F	A	H	B	C	J&I	-
Mental Handicap	A	I	C	J&F	-	B	G

TABLE 11

Key

Pr = Priority

A = Management
B = Legal Aspects of Nursing
C = Pharmacology
D = Oncology/Palliative Care
E = Wound Care/Use of Dressings
F = Counselling
G = Cardio-Pulmonary Resuscitation
H = Psychiatric Disorders/Topics
I = Behaviour Modification
J = Control and Restraint of Patients
K = Medical Topics/Issues
L = Infection Control
M = Child Care Issues

Table 11 above indicates that the first priority in the choice of topics/subjects for four of the five specialities is Management. A similar pattern was found in Question 1(a) (choice of courses undertaken).

Therefore, the results in Table 11 are interesting. If management courses are the most common courses undertaken by nurses then why would these same nurses consider Management topics so essential to improving their current nursing practice?

An attempt to explain these findings will be made in the Discussion.

Question 5

Have you any further suggestions to make on continuing education for nurses?

This question is analyzed in two stages. The results for the whole study (the seven most common suggestions made by nurses) is presented in the first stage while the second stage presents the findings for each speciality.

(1st stage) The findings for the whole study.

Responses	Seven Most Common Suggestions						
	1	2	3	4	5	6	7
	04	10	07	05	02	20	18
Number	327	226	160	102	76	42	39
Percent	28	19.4	13.7	8.7	6.5	3.6	3.3

TABLE 12

Key

1-7 The seven most frequently made suggestions made by nurses.

The numbers 04; 10; 07; 05; 02; 20; and 18 are the numbers given to the individual suggestions. (Please refer to Appendix 3).

04 = Relevant, continuing up-to-date professional education Programmes in wards, hospitals and nationally should be implemented.

10 = One week should be allocated annually to each nurse for refresher courses or study days.

07 = Financial assistance should be offered to nurses who wish to undertake further study relevant to their speciality. Perhaps aid should come from An Bord Altranais or EHB.

05 = Courses for nurses should be assessable. Some of the courses should be held locally and perhaps the introduction of distance learning or correspondence courses should be considered. In addition, more places are urgently needed for those courses that are already being offered.

02 = Mandatory refresher courses every two to five years should be introduced. Perhaps a concept similar to PREP in the UK should also be considered.

20 = All courses/seminars should be listed and distributed to hospitals, wards, and health centres so that staff are aware of the courses available. This will also allow them to plan the release of staff in order to facilitate attendance at courses.

18 = Visits to other centres/wards/hospitals should be encouraged as this promotes awareness among staff of practices in other specialities.

The findings in Table 12 indicate that Suggestion 04 is the most common suggestion made by nurses while suggestion 10 was the second most common.

Question 5 (2nd stage) The findings for each speciality.

Speciality	**Suggestions**						
	1	**2**	3	4	5	6	**7**
Elderly	**04**	**10**	05	07	02	11	**20**
Public Health	**04**	**10**	07	**04**	18	05	21
Acute General	**04**	07	**10**	05	02	14	**20**
Psychiatry	**04**	**10**	07	20	15	22	05
Mental Handicap	**04**	15	02	**10**	07	01	18

TABLE 13

Table 13 above is a cross-tabulation between speciality and suggestions made by nurses. For brevity only the first seven are presented here. The findings indicate that *suggestion 04* is the most common made by nurses for each of the five specialities while *suggestion 10* was the second most common made by nurses for three of the five specialities.

A similar pattern was found in Table 12 therefore, these results indicate that *suggestion 04* is not confined to a particular speciality but expresses the feelings of nurses (respondents) as a whole.

Note A list containing the suggestions made by respondents can be found in Appendix 3.

The findings presented in Table 14 below are not in response to any question. Nevertheless, they are quite interesting. It is a cross-tabulation between two "time periods" (i.e. year nurses qualified) and "selection of topics" given by respondents.

Time Period	Topics/subjects						
	1	2	3	4	**5**	6	**7**
Nurses Qualified Before 1975	**C**	B	E	A	F	D	**G**
Nurses Qualified After 1975	**C**	A	B	F	**G**	E	D

TABLE 14

Key

1-7 = The seven most common Topics/subjects listed by nurses.

A = Counselling
B = Legal Aspects of Nursing
C = Management Topics/Issues
D = Medical Nursing Topics/Issues
E = Oncology/Palliative Care
F = Pharmacology
G = Wound Management and Dressing Techniques

Table 14 above is a cross-tabulation between period in which respondents qualified and the choice of courses that they consider most essential to their nursing practice. Period qualified were grouped into two categories - *before 1975* and *after 1975*. Once again Management was the first choice of topic for both period groups.

Legal Aspects of Nursing was the second choice for respondents qualified *before 1975* while Counselling was the second choice for respondents qualified *after 1975*. Another interesting finding is that respondents who qualified *before 1975* listed Wound Management and Dressing Techniques as their seventh choice while respondents who qualified *after 1975* listed the same topic as choice five. One question that stems from this is - why would nurses qualified at a later period list Wound Management and Dressing Techniques as their fifth choice of topic and those qualified at an earlier period list the same topic as choice seven?

An attempt to explain these findings will be given in the Discussion.

DISCUSSION

All five aims of this survey were achieved. The findings to support each of these aims will be presented and some interpretations with regard to the results offered.

Aim 1 To ascertain some biographic details about nurses working within the Eastern Health Board.

The data which support this aim are found in Figures 3, 4, 5, 6, 7 and 8. The results in Figure 3 (which are concerned with registration with An Bord Altranais) suggest that the largest proportion of nurses (33.1%) working with the Eastern Health Board first registered between 1971-1980 (over 15 years ago) while the smallest proportion (15.1%) registered after 1990.

Two questions arise from these findings.

1. Are less people entering the nursing profession?
2. Are nurses emigrating to other countries after they have qualified?

Figures 5 and 6 contain data that relate to year of qualification. The results presented in Figure 5 indicate that the largest proportion of nurses (30.6%) qualified between 1971-1980 while the smallest proportion (13.6%) qualified after 1990.

Figures 7 and 8 provide data on current grade of employment. The largest proportion of nurses (70.3%) are employed at Staff Nurse grade while the smallest proportion (0.3%) are employed at Nurse Tutor grade.

Aim 2 To determine the post-registration courses undertaken by nurses.

The results presented in Table 7 indicate that Management was the course most frequently undertaken by nurses while Counselling was second. Table 8 gives a breakdown of courses undertaken for each of the five specialities. These findings demonstrate that Management is the most frequently undertaken course for three of the five specialities. Therefore, one can assume that nurses who participated in this survey consider Management extremely important within nursing.

Table 9 gives the seven most common Seminars attended by nurses. The three most common seminars were Health and Safety Issues, Coronary Pulmonary Resuscitation (CPR) and Wound Management. These findings suggest that on the whole nurses have attended seminars in those speciality areas that require frequent update and a significant degree of skill and knowledge.

Aim 3 To ascertain those educational needs that would enable nurses to improve their current nursing practice and professional development.

The findings to support this aim are contained in Table 10. The results indicate that 47.6% of nurses ranked Management as the first priority topic/subject that will improve their nursing practice. Counselling and Legal Aspects of Nursing were second and third priorities respectively.

Table 11 gives a breakdown of priority of topics/subjects for each of the five specialities. These findings demonstrate that for four of the five specialities Management emerged as the first priority topic.

These findings are very similar to those obtained in Question 3 and are rather interesting. If Management courses are the most common courses undertaken by nurses then why would these same nurses consider Management topics/subjects so essential to improving their current nursing practice?

Two possible explanations should be considered. The first concerns "Course Content". Is it possible that the content of some of these courses are not fulfilling the educational needs of nurses? This issue must be explored by course organisers in the future as the quality of the educational input is one factor which determines whether learning can successfully be applied to practice.

The second explanation is one that concerns the organization/management of nursing services. If after attending courses nurses are given the opportunity to disseminate the knowledge they have acquired or to initiate a change to a particular practice within their clinical environment then maybe it is possible that there will be less demand for those topics/subjects that they have already covered in a previous course.

Although these explanations are not empirically grounded it is, however, important that they are explored at a future date.

Aim 4 To establish whether the educational needs will vary between two groups of nurses - those qualified before 1975 and those qualified after 1975.

The findings presented in Table 14 show a rather curious result. Both groups of nurses - those qualified before 1975 and

those qualified after 1975 listed Management as their first choice of topic. Legal Aspects of Nursing was second choice for nurses qualified before 1975 while Counselling was the second choice for nurses qualified after 1975.

Additionally, Wound Management and Dressing Techniques received low consideration from those nurses qualified before 1975 while those nurses qualified after 1975 attached greater significance (gave it higher consideration) to it.

In trying to explain these results one has to assume that those nurses who qualified before 1975 might not have had the opportunity to attend lectures on Wound Management and Dressing Techniques that incorporated extensive research findings. Therefore, it is rather surprising that they did not give this topic higher consideration.

Conversely, nurses qualified after 1975 should have received research based instruction on Wound Management and Dressing Techniques which should result in this group of nurses giving this topic lower consideration.

Although these findings may not be significant they are nevertheless interesting. In 1989 Walsh and Ford[53] suggested that:

> Nursing prior to the 1970s did not possess any significant research base... could not be said to have a body of knowledge unique to itself... and was devoid of theory except the notion of subservience to medicine.

Therefore, even though the explanation offered to the findings of the fourth aim is not empirically grounded, this does not mean that it should be dismissed but that it warrants further

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[53]M. Walsh and P. Ford, Nursing Rituals: Research and Rational Actions. (Oxford: Butterworth-Heinemann, 1989).

investigation.

Aim 5 To determine the seven most common suggestions made by nurses on continuing education.

The results to support this aim are found in Tables 12 and 13. Suggestion 04 (relevant, continuing up-to-date professional education programmes in wards, hospitals and nationally should be implemented) was the most common made by nurses (28% of the sample). Please refer to Appendix 2 for the list of suggestions made by nurses.

It is important that these suggestions are taken into account by those involved in the design and planning of continuing professional programmes.

To summarise then, this survey has established that nurses working within the Eastern Health Board are participating in continuing professional education. In addition, it has indicated that while *Management* courses were the most frequently undertaken nurses still regarded *Management* topics essential to improving their current clinical practice.

Moreover, nurses felt that there is a need for relevant, continuing up-to-date professional education programmes in wards, hospitals and nationally. Such a view indicates that there are flaws within the present system.

It has been suggested that further study be undertaken in order to determine the reasons for this.

CONCLUSION AND RECOMMENDATIONS

The present emphasis on continuing professional education (CPE) came about as a result of societal changes, improved technology, growth within professional knowledge and reform within health care systems.[54] [55] In reviewing the literature five main issues were explored. These were: the purpose and benefits of CPE; the obstacles which prevent successful implementation; evaluation; the notion that more education equals more learning and finally, the future of continuing professional education.

The purpose of CPE is improved health care for consumers while the benefits included personal professional growth together with improved career planning. Supplementing these professional benefits, effective continuing professional education can also provide nurses with a sense of personal growth and satisfaction.

In order to obtain optimum benefit from CPE it was also important to discuss some of the obstacles which can prevent its successful implementation. These obstacles were classified into two main groups:

1. those that inhibit the uptake of education
2. those that inhibit subsequent changes to practice.

Evaluation of both CPE content and changes in participants behaviour following participation are considered essential to the

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[54]Felix Yuen, "Continuing Nursing Education: Some Issues." Journal of Advanced Nursing 16 (1991): 1233-1237.

[55]Mike Nolan et al. "Continuing Professional Education: Identifying the Characteristics of an Effective System." Journal of Advanced Nursing 21 (1995): 551-560.

success of any continuing education programme.

The issue of whether more education equals more learning was also raised and the general consensus was that learning is not dependent upon the provision of educational opportunities.

In considering the future of continuing professional education it was argued that if nurses were committed to continued learning then there would be no need to introduce mandatory continuing education.

In essence then, the literature supports the view that the goal of continuing professional education within nursing must be the delivery of improved health care for consumers. To achieve this it is necessary to create a learning environment that encourages critical thinking, creativity and reflection. Moreover, it has been established that the success of any CPE programme should also include an evaluation component.

The main purpose of research is to advance knowledge.[56] Although it was known by the organisers of this survey that nurses within the Eastern Health Board were participating in continuing professional education, their individual needs and views with regard to this issue were unknown.

This survey has clarified three main issues. Firstly, it has been possible to determine what continuing professional education courses were undertaken by nurses. The findings indicated that *Management* was the course most frequently undertaken by nurses while *Counselling* was second. Complementing these findings are the results for the seminars attended. The

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[56]Brian N. Lewis, "Some Troubles with Social Science." Systematics 17 (September, 1969): 139-159.

three most frequently attended related to *Health and Safety Issues*, *Coronary Pulmonary Resuscitation (CPR)* and *Wound Management*.

Secondly, it was possible to ascertain the educational needs of individual nurses. 47.6% of the sample rated *Management* as their first priority topic. Complementing this finding respondents from four of the five nursing specialities also ranked *Management* as a first priority topic.

Thirdly, the views and opinions of nurses with regard to continuing education were procured. Nurses felt that continuing professional education relevant to their needs should be implemented in wards/departments, hospitals and nationally.

In addition, the nurses felt that one week (5 working days) should be allocated annually to each nurse for the purposes of attending refresher courses or seminars.

Recommendations

Before making recommendations it is important to point out that the success of any continuing professional education programme is dependent upon several issues. For example, while one issue is concerned with the content of the CPE programme another relates to the way in which the programme content is delivered. Complementing these issues successful CPE is also dependent on the way in which participants learn and the monitoring and evaluation of both the content of the CPE programme and changes in participants' behaviour following participation.

1. Although this survey was concerned primarily with identifying the professional education needs of nurses with regard to improving their clinical practice, it is imperative that all or at least some of the other issues discussed above are explored. For example, in order to establish whether CPE has resulted in improved practice, an evaluation component will have to be built into the continuing professional education programme.

2. The continuing professional education curricula are usually determined by the employers' perceptions and expectations of skills needed by nurses rather than on the actual needs of nurses.[57] Furthermore, these curricula tend to reflect the interests and expertise of those providing the CPE programmes - in-service nurse educators and institutes of higher education. Therefore, it is essential that the organizers of continuing professional education within the Eastern Health Board take into account the educational needs of the nurses which were identified as a result of this survey.

3. The findings of this survey have indicated that the course most frequently undertaken by nurses was *Management* yet when these same nurses were asked to prioritize the topics that would enable them to improve their clinical practice *Management* was the first priority for 47.6% of the sample. Therefore, any management course offered as part of continuing

[57]D.H Foglesong, "The Impact of a Staff Development Offering on Nursing Practice." The Journal of Continuing Education in Nursing 14 (1983): 12-15.

professional development must be structured to reflect the needs of nurses.

4. Continuing professional education programmes should be flexible enough to allow participants to contribute to programme objectives and where applicable, to the programme as a whole as this fosters a self-directed approach to learning.

5. The findings of this survey also revealed that a library at Dr. Steevens's Hospital should be established. Not only would such a venture be helpful to participants undertaking continuing professional education but in addition, it is an essential facility to organisers of CPE programmes.

6. Respondents noted that self-funding and attending continuing professional education programmes in their own time have become the accepted norm. It is a recognised fact that continuing professional education is an expensive undertaking and although it might be difficult for employers to meet the total cost for each CPE participant they should at least contribute to part of it.

7. Availability of, access to, and selection for CPE programmes were highlighted by respondents as areas of deficiencies within the present CPE system. It is possible that both the organisers of CPE programmes and nurse managers at local level are responsible for this, nevertheless, it must be addressed. CPE organisers will have to ensure that the supply of programmes fulfils the demand and that accessibility is dealt with adequately. Likewise, nurse managers will have to provide a selection process that is linked into a well-established IPR (Individual Performance Review) system in order to ensure equity.

APPENDIX 1

Copy of Questionnaire

On the following page is a copy of the questionnaire used in this survey.

EASTERN HEALTH BOARD

BORD SLAINTE AN OIRTHIR

QUESTIONNAIRE FOR NURSING STAFF ON CONTINUING EDUCATION AND TRAINING

Q.1 (a) In what year did you first register with An Bord Altranais?

_____

(b) In what year did you qualify?

_____

(c) In what disciplines are you currently registered?

_____

Q.2 (a) At what location do you currently work?

_____

(b) The Grade at which you are currently employed?

_____

Q.3 List the post registration education undertaken by you:

(a) Courses (duration one week or over) _____

_____

_____

_____

_____

_____

(b) Seminars (duration less than 1 week) within last 2 years

_____

_____

_____

_____

APPENDIX 2

Grouping of Responses/Topics

Each collection of topics were grouped under one generic label/name in order to analyze the data in a more meaningful way.

MEDICAL TOPICS

Diabetes
Cerebro-vascular accident (CVA)
Parkinson's disease
Neuro-medical disorders
Management of confused patient
Respiratory and circulatory disorders
Arthritis

HEALTH AND SAFETY

Lifting and handling of patients
Correct use of all hospital equipment- e.g. syringe pumps, beds, feeding pumps etc.
Dealing with accidents at work
Fire precautions - evacuation procedures
Needle prick injuries

WOUND MANAGEMENT AND CARE OF THE SKIN

Leg Ulcers
Pressure sores
Skin conditions e.g. psoriasis, eczema
Correct use of dressings and bandages
Stoma care

ELDERLY

Dementia
Alzheimer's disease
Nocturnal enuresis
Physical activity appropriate for the elderly
Psycho-geriatric care
Abuse of the elderly (granny abuse)

INFECTION CONTROL

Methicillin (multi) resistant staphylococcus aureus (MRSA)
Infectious diseases
Barrier nursing procedures
Hand washing techniques
Aseptic technique

ONCOLOGY/PALLIATIVE CARE

Care of the dying patient
Pastoral care
Counselling relatives
Hospice care

MANAGEMENT AND MANAGEMENT ISSUES

Leadership
Ward, hospital, case load management
Teaming
Motivation
Assertiveness
Empowerment
Implementing change
Managing stress
Budgetary control
Financial planning
Interviewing
Disciplinary procedures
Individual Performance Review
Effective communication
Absenteeism
Time management

NURSING MODELS AND RELATED ISSUES

Nursing models - e.g. Roper & Henderson
Nursing process
Up-to-date nursing procedures
Primary nursing
Holistic nursing
Nurse education issues
Standard setting
Writing ward philosophies

FEMALE HEALTH ISSUES

Cervical smear
Breast self examination and screening
Gynaecology and gynaecological problems

EXTENDED ROLE OF THE NURSE

Performing electrocardiograms (ECG) and reading them
Administering intravenous drugs
Venepuncture
Knowledge of invasive diagnostic procedures

NUTRITION

Diets for various medical conditions
Low calorie diets
Gastrostomy feeding
Naso-gastric feeding

PUBLIC HEALTH

Public health course
Community skills course
Community health and health promotion course

PAEDIATRIC

Paediatric course
Paediatric conditions
Paediatric issues - immunizations, feeding, developmental problems

ACCIDENTS

Accident and emergency course
Accidents and major trauma
Orthodaedic injuries
Spinal injuries

DRUG

Drug related issues e.g. substance abuse - drug, alcohol
Drug addiction
Drug overdose

PSYCHOLOGY

Psychology course
Psychotherapy - group, drama, behaviour, psychoanalysis therapies

APPENDIX 3

Suggestions

The list below contains the suggestions made by nurses in response to Question 5 in the Questionnaire. Each suggestion was coded (for example, 01, 02, 03 and so on) to enable the data to be managed more easily. Therefore, the format in which it is presented is arbitrary.

SUGGESTION - 01	C D Rom facilities should be available within schools of nursing and hospitals.
SUGGESTION - 02	Mandatory refresher courses every two to five years should be introduced. Perhaps a concept similar to PREP (post registration education and practice) in the UK should also be introduced.
SUGGESTION - 03	Computerization in nursing should be introduced in all hospitals. Hopefully, this will reduce duplication in written work.
SUGGESTION - 04	Relevant, continuing up-to-date professional education programmes in wards, hospitals and nationally should be implemented.
SUGGESTION - 05	Courses for nurses should be accessible. Nurses indicated that some courses should be held locally and suggested the introduction of distance learning or correspondence courses. In addition, more places are urgently needed.
SUGGESTION - 06	Financial reward should be offered to nurses with "extra" qualifications.
SUGGESTION - 07	Financial assistance should be offered to nurses who wish to undertake further study relevant to their speciality. Perhaps from An Bord Altranais or EHB.
SUGGESTION - 08	Midwifery refresher courses should be mandatory every three years.
SUGGESTION - 09	Modification of nurse training/education urgently needed.

SUGGESTION - 10	One week should be allocated annually to each nurse for refresher courses or study days. Alternatively, nurses could be seconded to undertake further study.
SUGGESTION - 11	Opportunities for temporary/part-time staff to attend study days/courses.
SUGGESTION - 12	Peer group presentations should be encouraged.
SUGGESTION - 13	Professional libraries should be opened at lunch time or during the evening.
SUGGESTION - 14	Credits should be given for RGN qualification and other courses in order that they may be upgraded to degree/diploma level.
SUGGESTION - 15	Rostering of study days/seminars to ensure all nurses have an equal opportunity to attend.
SUGGESTION - 16	Some clinical practices/procedures need to be updated or changed. Clinical practice should be based on research findings.
SUGGESTION - 17	The establishment of a library at the Eastern Health Board.
SUGGESTION - 18	Visits to other centres/wards/hospitals should be encouraged as this promotes awareness of practices in other specialities.
SUGGESTION - 19	The introduction of complementary medicine/therapies within the health service.
SUGGESTION - 20	All courses/seminars should be listed and distributed to hospitals, wards, and health centres so that staff are aware of the courses available. This will also allow them to plan the release of staff.
SUGGESTION - 21	Relief staff should be used if necessary to provide adequate cover in order to allow nurses to attend study days.
SUGGESTION - 22	Better liaison between nursing services and nurse education. Maybe courses that will help to improve research awareness/skills and the extended role of the nurse can be arranged.
SUGGESTION - 23	Nurses who have gained new knowledge and skills from attending courses should be allowed to use them appropriately within their work environment. Some nurses

suggested the introduction of a grading system.

SUGGESTION - 24 The content of many courses overlap. Perhaps this should be avoided in the planning of future courses.

SUGGESTION - 25 RGNs should be able to complete a six month course (similar to the Care of the Elderly course) which gives a certificate and would enable them to become community nurses.

Additional Suggestions

1. Better communication between managers and clinicians.

2. A need for a structured modular post-graduate education/training programme. Such a programme should be based on research findings which would reflect the educational needs of nurses.

3. A course designed to improve the writing skills of nurses.

4. The appointment of a clinical tutor in each community care area.

5. Every health care employer (hospital or community care area) should have a structured staff development programme for nurses.

6. Orientation programmes should be arranged for all RGNs who plan to work in the community. Thereafter, a continuing education programme on relevant up-to-date issues should be put in place.

7. An in-service training "leader" should be appointed to each community care area.

8. The introduction of standards of care, new protocols and procedures all of which should be based on up-to-date research findings.

9. A paediatric qualification rather than a midwifery qualification is more appropriate in Public Health Nursing.

10. Each hospital should have a tutor to give regular lectures on topics chosen by the nursing staff.

11. Staff working in "specialized areas should have a broader education and clinical experience".

12. A "more flexible approach should be adopted with regard to secondment to different specialist areas".

13. Some of the continuing education courses are uncoordinated and often repetitive.

APPENDIX 4

Comments from Questionnaires

The list of comments below were made by some of the respondents. Although some of these comments are not linked to continuing professional education they highlight flaws within the nursing profession and should be addressed by the appropriate personnel.

1. "Treatment of the patient as a person".
2. No time for ward staff discussion on patient care etc.
3. Better liaison between ward managers and nurse clinicians.
4. More refresher courses in all disciplines.
5. "Code for nurses". ? referring to code of conduct.
6. Nurses would appreciate allocated time for study rather than attend lectures/courses on their days off.
7. A certificate should be given after successful completion of any course.
8. Frequent discussions with ward nurses, doctors, physiotherapists and occupational therapists (all members of the multi-disciplinary team) to evaluate patients' changing needs (case conferences).
9. Address the issue of staff (nurse) shortage.
10. Stop all non-nursing duties.
11. Maintaining good staff relationships.
12. Some advice/lectures on how to deal with patients from different ethnic groups.
13. "Decentralization of nurse education programmes i.e. nursing faculty should be attached to An Bord Altranais not College of Surgeons". ?? the significance of this.
14. Proper introductory sessions and regular up-date on the use of all hospital equipment.
15. Management courses should be easily available to all grades

of nurses.

16. Promoting a happy/healthy ward atmosphere/environment.

17. Hospital managers should be more flexible in allowing nurses to attend study days during working time.

18. Peer group presentations should be practised more frequently as it encourages revision and research.

19. Retirement courses for nurses should be introduced.

20. The introduction of "interest groups" in each hospital. For example, a research group, a wound care group, and an infection control group.

21. Nurses should be encouraged by ward sisters and managers to make decisions, become leaders and to be assertive - in other words they should empower nurses.

22. The allocation of a training budget to each hospital.

23. The introduction of Individual Performance Review/Appraisal.

24. "Staff should feel free to discuss problems with matron/ward sister".

25. "Nurses who have taken a long career break should not be left in-charge of wards until they have been assessed".

26. "All nurses with ten years service and upwards to retirement should be expected to undertake a basic degree in Nursing Studies or Nursing Administration".

27. "Refresher course on basic nursing care".

28. "Proper assessment of patients".

29. Inter and intra ward rotation/exchange among nursing staff is one method of updating skills in various specialities and may be useful in reducing stress among nurses working in very "high-tech" areas.

30. The role of the nurse should be clearly defined ...grading system. The nurse should "not be seen as a jack of all trades".

31. There should be an open policy on education entitlement - every one should be aware of the number of study days they are entitled to.

32. There is a need for an education coordinator.

33. "Information on the Patient's Charter".

34. "Respect, Protocol, Humanity. Professional conduct in

communication". ?? the meaning of this.

35. "Abolish 12 hour shifts".

36. "The present system of applying for course refunds before April 1st is unrealistic as many courses do not become available until autumn/winter".

APPENDIX 5

Institutions Where Some of the Courses were Undertaken

The list below gives the names of some of the Institutions where continuing education programmes were undertaken.

1. Faculty of Nursing Royal College of Surgeons, Dublin (RCSI)
2. An Bord Altranais
3. Eastern Health Board (EHB)
4. Maynooth College
5. University College, Dublin (UCD)

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