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## **IMPROVING ACCESS AND UPTAKE OF CONTINUING PROFESSIONAL DEVELOPMENT FOR NURSES:**

### **THE UPTAKE OF ON-LINE PROVISION**

Qualified nurses want to access courses that develop their knowledge and skills base within specific areas that are relevant to the work that they do. Traditional methods of delivery for post registration education usually involve attendance at a university or continuing professional development department for lectures and seminars. It is well known that barriers exist which prevent staff from being released to attend such educational activities, or to fund nurses education and development directly. Furthermore, education of the nursing workforce presents a dilemma for many education providers due to the range of learning styles of the current pool of potential students together with the ever changing demographics of the workforce. This paper aims to explore the dilemma faced by education providers and makes suggestions regarding possible solutions to supporting the continuing professional development of the nursing work force. In particular, education providers are encouraged to consider developing non-traditional study packages which maximise uptake through mechanisms such as on-line provision.

#### **Changing demographics of qualified nurses**

Internationally the nursing workforce is aging (International Council of Nurses, 2007); the United Kingdom (UK) and the United States of America have witnessed an increasing number of people entering the profession at an older age (e.g. late twenties and early thirties). In Australia the age profile of nurses has increased from being between 40 - 44 years in 1999, to being between 50-54 years in 2009 (Australian Institute of Health and Welfare, 2012).

The International Council of Nurses (2007:6) published the average ages of nurses in practice:

Country	Average Age
Canada	44.6
Denmark	43.8
Iceland	44
Ireland	41.4
Germany	39.4
Japan	37.9
New Zealand	44
Singapore	35
Thailand	41
United Kingdom	42
United States	46.8

As a consequence of the presence of an older workforce educationalists and employers should consider mechanisms which support the on-going education and development of those individuals. Such consideration includes exploring learning styles of these potential students, ensuring that both the method of education delivery, together with the content meets their varying learning needs. Learning styles and their relevance to age have been explored and categorised by generation (Johnson and Romanello, 2005). Generation Xers (1961– 1981), tend to learn quickly and want to focus on what will benefit them; and Millennials (1982–2002), favour teamwork, experiential activities, structure and the use of technology. These two generation categories would now appear to form the bulk of the nursing workforce and therefore, the market for further education and continuing professional development (CPD). It is therefore apparent that CPD delivery must encompass a wide range of educational techniques to ensure the learner benefits from the

knowledge and furthermore, encompasses associated change management skills development in order for individuals to implement and integrate new knowledge into practice.

### **Expectations of nurses maintaining their professional development**

Within the UK and internationally, qualified nurses are required to maintain their knowledge and competence in order to remain on the professional register. Increasingly, it seems that CPD is an area of particular interest to nurses as they seek development that is relevant to their role, but there is evidence that suggests there are both opportunities and obstacles to staff accessing development, with employers being identified as not always supporting the process (Hegney et al., 2010). Banning and Stafford (2008) in their study of community practitioner's experiences of CPD conclude that where continuing professional development is seen as a priority; the benefits include enhanced job satisfaction for the workforce together with "increased commitment to the employing organisation through staff retention and career progression as well as improving the quality of the service offered".

The responsibility for meeting CPD requirements lies wholly with the individual nurse. However, employers are not precluded from assisting nurses in achieving their development needs. Nurses working within the National Health Service in the UK are required to have personal development plans agreed with their line manager that outlines their career development and which specifies development objectives. Development and promotion are inextricably linked. As a result of this, Gould et al., (2007a) and Williams (2010) call for closer links between those who commission education and training, such as NHS Trusts, and those who provide education and training, such as universities, to deliver education and training that is seen as relevant and useful for nurses and that improves patient experience. Universities must respond with provision that extends beyond traditional programmes of study such as masters programmes, and develop alternative study packages that include shorter skills based study events (Gould et al 2007a). Education providers not only need to consider developing appropriate, relevant study packages but also need to be cognisant

of designing associated assessments that meet practitioner need (Gould et al 2007b). Across the UK many educational institutions have already developed assessment strategies which include practical application of new knowledge gained through CPD activity; in order to ensure that professionals are able to apply theory to clinical practice. Educators have begun to undertake the cultural shift away from traditional essay-based assessments to include innovative methods of assessing knowledge commensurate with the generation of learners. For example: The Structured Observation and Assessment of Practice (SOAP) is a practice-driven model of assessment taking place in clinical practice devised by Levett-Jones, Gersbach, Arthur and Roche (2011) and on-line CPD provision and assessment in Canada (Fleet, Fox, Kirby, Whitton and McIvor 2011).

### **Barriers to undertaking CPD**

It is not just educational establishments that need to embrace on line learning it is also staff within clinical practice areas. Remote learning is not without its difficulties as previous work highlights the need for students to be supported by the providing institution (Williams 2010). Williams (2010) identifies the need for individuals to have the freedom to reflect on their own practice, in order to challenge the status quo, and then the support to be able to make changes. Provision of clinical supervision may be an integral part of the CPD provision, as demonstrated by Banning and Stafford (2008). Williams (2010) further demonstrates that managers can be overtly obstructive or more subtle in their attempts to sabotage change by being disinterested or unresponsive. The importance of involving clinical staff and their managers in the development of on-line packages is vital, thus ensuring partnership of delivery that will identify that on line provision is not inferior to traditional forms of education and promote ownership of this method of delivery. Nonetheless, the implementation of new online learning technology, just like the organisational change, is not easy for most institutions and organisations (Gibson, Harris & Colaric, 2008), mainly because it is highly associated with people's attitude toward changes (Van Dijk & Van Dick, 2009).

Assessment of student competency in skills delivery is a pivotal aspect of any learning for clinical practice, it ensures standards are maintained, safe care is provided, the public and staff are protected, practice is evidence based and the best outcomes for patients are achieved (Axley, 2008). Universities therefore subsequently have a potential role in preparing clinical staff to assess students and more importantly, understand that it is their responsibility to ensure standards are achieved and competency maintained.

According to a systematic literature review conducted by Carroll et al., (2009), *“the effectiveness of on-line learning is mediated by the learning experience. If they are to enhance health professionals’ experience of e-learning, courses need to address presentation and course design; they must be flexible, offer mechanisms for both support and rapid assessment, and develop effective and efficient means of communication, especially among the students themselves”* (p236). Peer learning has previously been demonstrated to have benefits for pre-registration students (Roberts, 2007), however, more robust evidence concerning the experiences and associated benefits of qualified nurses learning from each other is required.

Fitzgerald et al., (2012) presented the results of a model for flexible learning that enabled specialist nurses to gain postgraduate qualifications without on-campus class attendance by teaching and assessing clinical health care skills in an authentic workplace setting. They undertook an action research project and identified that academic staff highlighted concerns in three areas; poor inter-rater reliability between assessors particularly how the marking criteria was interpreted by different practitioners; a lack of consistency of student expectations in the assessments and a difficulty for academics to be able to match the clinical realities of the speciality to the assessment task. Students enrolled on the on-line courses also raised concerns stating that module design was inconsistent when attempting to link theory to practice; there was an uneven spread of content across the range of modules and that self-directed learning had not been included into the design of each module;

there was a lack clear direction for the students with suggested reading activities being excessive and the links between the reading and the content not always being explicit (p.4).

The issues surrounding access to and uptake of CPD activities are many and varied. Hegney et al., (2010) in their study of members of a nurses union, revealed that the main barrier for nurses to be able to attend CPD activities were financial; financial support from employers which often decreased over the study period and personal finance where individuals could not afford to pay fees for courses, or take unpaid leave to attend. The provision of study leave by employers has been demonstrated as a significant barrier for nurses to undertake CPD (Gould et al 2007a), particularly amongst community nurses (Banning and Stafford 2008). Perhaps not surprisingly the nurses in Hegney et al's (2010) study rated education and training as less likely to improve nursing and nursing work than changes to workload, remuneration, students or conditions (Hegney et al 2010). Nevertheless, assessment methods could be used to improve clinical practice by ensuring that they reflect healthcare areas, for example, CPD students should be assessed on development and integration of teaching and learning packages; developing cost analysis models that reflect savings that could be made in the clinical areas; assessing and evidence for the practices and implementing a change management programme that makes more effective use of time.

Many students are concerned about undertaking on line courses due to perceptions of poorly developed IT skills. Studies (Wharrad et al, 2004; Wilkinson et al., 2004) have noted that computer illiteracy, associated anxiety, lack of confidence and a lack of knowledge in using the Web are key factors associated with computer avoidance and barriers to learning. However McVeigh (2009:97) in her study identified that generally levels of computer literacy were encouragingly high, suggesting that nursing professionals' abilities were in line with the changing technological environment, although the participants had stated that their skills acquisition was through informal self-directed methods.

### **Solutions to accessing CPD opportunities**

Undertaking a CPD course or module, often in the students own time, must have tangible outcomes for both the student and managers. The majority of Universities already offer the student choice of assessment but they must engage managers in assessment development to meet the ever changing needs of healthcare and to highlight that learning through on line courses provides the students with the skills and knowledge they would have received if they had physically attended a University. Williams (2010) suggests that there is evidence from higher education institutions that work-based learning can improve practice, but in many cases it is perceived as little more than on-the-job training to perform tasks. Gould et al., (2007b) provide a cautionary note by saying:

*“if education becomes too narrowly focussed, so that only the immediate skills deficits of practitioners are addressed, there is a risk of fulfilling service needs in the short term only, while ignoring the way the nursing roles and services will evolve” (p29).*

Although the use of on line learning to access university courses is not new there still remains barriers for staff to access educational opportunities and indeed for staff to realise the quality of education delivered in an on line format. There is a responsibility for employers to ensure that individuals are enabled to make positive changes to the practice environment following CPD activity. Lee (2011) argues that this could be achieved through coaching or mentoring champions being present in the practice arena to support such activity. There may be a requirement for such champions to have educational preparation for such a role; again opening up opportunities for universities to provide new and innovative study packages to support such CPD development.

Educationalists must ensure that students are adequately supported through their learning journey this will mean maintaining regular contact with the student, through discussion boards, on line tutorials and interactive sessions. A student must not be 'lost in the virtual world' but should feel a valued member of a close community. Indeed educationalists themselves will need to change their concept of the 'teaching day' in order to meet the needs of these students. There can no longer be the 9 - 5 culture of teaching, there must be a flexibility to allow students to access this important

teaching and pastoral support in an evening and sometimes, at a weekend, when they are able to access the resources.

## **Conclusion**

As resources within healthcare continue to be limited, the importance of delivering education and CPD activities through a range of delivery styles is vital, to ensure that the healthcare workforce are up to date and highly skilled. Universities and other providers of education must embrace the opportunity to make a cultural shift away from the traditional face to face or classroom based teaching methods that have been employed in the past. The effective use of on line learning for healthcare practitioners has the potential to ensure that educational provision is available for all staff to access at a time that meets both professional and personal demands. In addition effective provision of this kind negates the difficulty of staff needing to take time away from busy clinical areas to attend CPD activities, furthermore, on-line CPD provision could also promote internationalisation of courses, as content can be accessed by scholars from anywhere in the world; away from the traditional university campus classrooms.

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