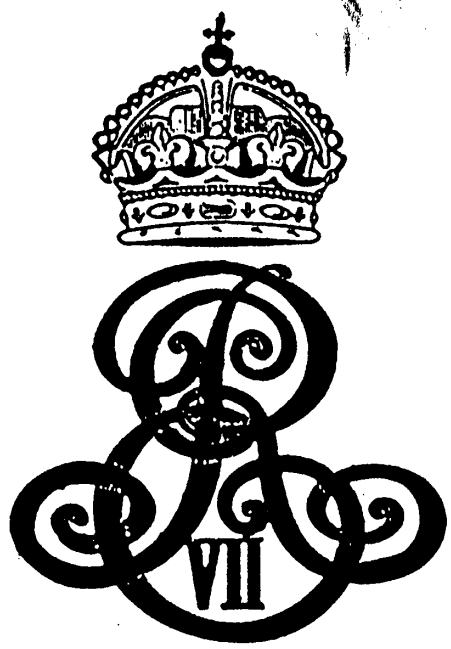

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CONTINUING PROFESSIONAL EDUCATION:
SIGNPOSTS FROM RESEARCH

Colloquium at the King's Fund Centre

Tuesday 12 May 1987

Background papers prepared for the colloquium:

Continuing Professional Education for Qualified Nurses

Jill Rogers, Research Officer
Jill Lawrence, Research Assistant
University of London Institute of Education

A study in Staff Nurse Preparation - A Necessity

Judith Lathlean, Freelance Researcher
Formerley Project Officer,
King's College, University of London

April 1987

King's Fund Centre
LONDON NW1 7NF

KFC 87/41

KING EDWARD'S HOSPITAL FUND FOR LONDON

The King's Fund Centre
126 Albert Street London NW1 7NF

CONTINUING PROFESSIONAL NURSE EDUCATION
SIGNPOSTS FROM RESEARCH

Tuesday 12 May 1987

CHAIRMAN: Miss Hazel O Allen, Associate Director, King's Fund Centre

P R O G R A M M E

09.45	Registration and Coffee
10.15	Continuing Professional Nurse Education - A Myth? Jill Rogers
	Critique of paper Anita Cox
	Discussion
11.30	A Study in Staff Nurse Preparation - A Necessity Judith Lathlean
	Critique of paper Janet Duberley
	Discussion
12.45	Lunch
13.45	Poster/Milling session Jill Rogers and Judith Lathlean
14.15	Continuing Professional Education - Some issues and concerns Geoffrey Squires
15.00	Tea and Away

SPEAKERS:

Miss Anita Cox, Director of Nursing and Quality Assurance, Hounslow and Spelthorne Health Authority

Ms Janet Duberley, Regional Nurse - Education and Practice, South West Thames Regional Health Authority

Miss Judith Lathlean, Formerly Project Director, King's College, University of London (Chelsea Campus), now, Freelance Researcher

Miss Jill Rogers, Research Officer, University of London Institute of Education

Dr Geoffrey Squires, Lecturer, Department of Adult and Continuing Education, University of Hull

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Receipt of this programme is confirmation that a place has been reserved for you at the colloquium on 12 May. Please bring this programme with you.

CONTINUING PROFESSIONAL EDUCATION FOR QUALIFIED NURSES

Background paper prepared for colloquium:

Continuing Professional Nurse Education - Signposts from Research

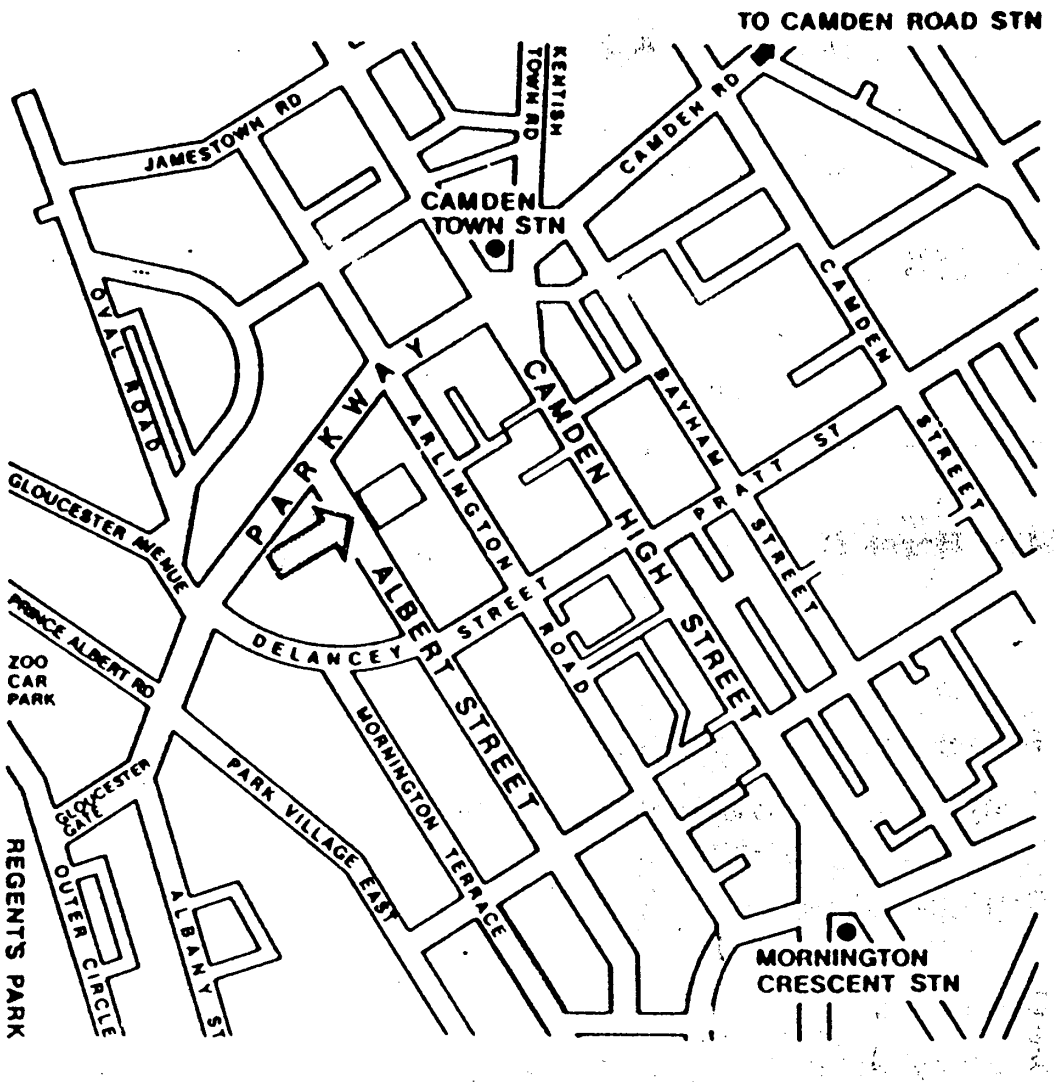
12 May 1987

Jill Rogers BA MPhil
Research Officer

Jill Lawrence BSC Cert Ed SRN
Research Assistant

University of London Institute of Education

LOCATION ---------- TRANSPORT



KING'S FUND CENTRE

126 Albert Street, London NW1 7NF
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To Camden High Street	24	27	29	31	68	134	137	214	253

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CONTINUING PROFESSIONAL EDUCATION FOR QUALIFIED NURSES

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A NOTE ON TERMINOLOGY USED IN THIS PAPER

- Chief Nursing Officer is used for post-holders entitled District Nursing Officer or Chief Nursing Officer, at the time of the study.

- In keeping with the conventions in nursing, 'she' and 'her' have been used to include 'he' and 'his'.

- 'Nurse' is used for the sake of brevity to include midwife and health visitor.

- 'Continuing professional education' is used to mean "Planned educational activities intended to build upon the educational 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".[1] It thus includes post-basic education, in-service training and staff development programmes.

- Post-basic education consists of courses for which a nationally recognized certificate is awarded.

- In-service education is "An aspect of the career-long development of nursing personnel, provided and controlled by the Employing Authority for which no nationally recognized certificate is awarded".[2]

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1 American Nurses' Association (1984) Standards for Continuing Education in Nursing, American Nurses' Association, Missouri.

2 National Staff Committee for Nurses and Midwives (1981). Recommendations on the organization and provision of continuing in-service education and training.

1. INTRODUCTION: THE IMPORTANCE OF CONTINUING PROFESSIONAL EDUCATION

Continuing professional education is recognized as essential to the development of individual nurses' professional skills, to the efficiency of the health service and thus to developments in patient care (Houle, 1980; McGuire et al, 1983; WHO, 1977 and 1982). The importance of continuing professional education is recognized by the statutory bodies responsible for nursing in the United Kingdom: the United Kingdom Central Council for Nurses, Midwives and Health Visitors issued the Code of Professional Conduct (1984) which states:

> "Each nurse, midwife or health visitor is accountable for his or her own practice, and in the exercise of professional accountability shall ...
>
> 3) take every reasonable opportunity to maintain and improve professional knowledge and competence
>
> 4) acknowledge any limitations of competence and refuse in such cases to accept delegated functions without first having received instruction in regard to those functions and having been assessed as competent."

The National Staff Committee (1981) stated that:

> "Every individual nurse of whatever grade or sphere of work should be aware of the need to update and expand her knowledge and skills. Fundamental in this is the commitment to assess critically her own learning needs, search and find appropriate resources and become self-directing in respect of her own learning."

The UKCC has identified 1988 as the date after which the individual nurse, upon re-registration, will need to demonstrate that she has taken the opportunity to maintain and improve her own knowledge and skills. In addition, the UKCC have stated that this does not just refer to attendance at courses: the individual nurse will need to take responsibility for her own professional development (Storey, 1986). The National Boards in England, Wales, Scotland and Northern Ireland have stated their commitment to improve their clinical practice and to meet the needs of the National Health Service (ENB, 1983; WNB, 198; SNB, 1981).

It is argued and generally accepted that an interested, motivated work force will perform more effectively than one which is neglected and disinterested. It is also recognized that professional groups such as nurses have a responsibility for the continuing education of their members and that it is an inherent responsibility of an individual professional to ensure that her knowledge, skills and attitudes are as up to date as possible (Houle, 1980; Friedson, 1975; McGuire et al, 1983).

It has been stressed that basic nurse education can "only be a foundation" (Royal Commission, 1979), that it should prepare a nurse for life-long learning and should teach her to question her practice (Altschul, 1982).

The recently published 'Project 2000, a new preparation for practice" (1986) states as one of its guiding principles that basic nurse education should "ensure a life-long progression of professional learning". This important report from the UKCC, while focusing on the framework for basic nurse training, emphasizes that all qualified nurses should be able to take advantage of educational opportunities under the new, suggested arrangements and that continuing professional education is essential for staff in post and for those planning to return to the profession after a break.

Qualified nurses have expressed their demand for support in their complex roles as managers, clinicians, and as teachers and assessors of student nurses. Lathlean (1984) and Farnish (1983) have shown that ward sisters feel particularly vulnerable and in need of support. Runciman (1983) identified ward sisters' concerns about keeping up to date with new trends, changes in medical treatment, in surgical techniques and in drug therapy. They felt particularly concerned about the need to keep up to date in order to teach students adequately. Unless qualified staff have access to continuing professional education that supports their role as teacher and role model for student nurses, there will be little fundamental change in basic nurse education.

Despite the evidence of a commitment to continuing professional education among vocal elements of the nursing profession (RCN Association of Nurse Education Conference, 1983; Betts, Gott and Kershaw, 1985; Nicklin, 1985), there is little to suggest that the majority of qualified nurses recognize the importance of continuing education as part of their own professional development.

No professional body can move forward unless it has a clear understanding of where it has come from and of what has been achieved. It is only from such a perspective that realistic and rational planning for future development can take place. The research study was designed to review the provision for continuing professional education for qualified nurses and to explore qualified nurses' perceptions of the contribution that continuing professional education makes to their work and their reasons for participation in continuing professional education events. The study concentrated on the continuing professional education opportunities available for nurses working in clinical positions: that is enrolled nurses, staff nurses, staff midwives, ward sisters/charge nurses, nursing officers, district nurses and health visitors. The study included all clinical specialties: general, acute, mental illness, mental handicap, geriatricts, midwifery and the community.

CHAPTER TWO: STUDY DESIGN

The study was designed in two parts. The first was a survey of the opportunities for continuing professional education in health authorities and in institutions of higher and further education. The second phase was an in depth study, in two District Health Authorities, of the attitudes of qualified nurses to continuing professional education.

2.1 Phase One: The Survey

The survey concentrated on collecting information about both in-service and post-basic education activities from the perspective of the employing authorities in the National Health Service and from institutions of higher education in the public sector.

A 100% sample of Health Authorities in England and Wales was taken. Institutions of higher education with departments of nursing, health and health services or related subjects were identified. Postal questionnaires were used and letter and telephone follow up ensured a high response rate. The questionnaires to District and Special Health Authorities asked about organizational structure and the relationships between those responsible for continuing professional education and service and education colleagues, the grade and numbers of people involved in continuing professional education, financial arrangements, the number of qualified staff employed by the Authority, any time regularly available for continuing professional education, how topics were chosen and priorities agreed, how information about courses was distributed, how courses were evaluated, whether there was a philosophy and/or policy for continuing professional education, and details of post-basic and in-service courses available in the Authority. Regional Health Authorities and institutions of higher education had shorter questionnaires asking for details of any study days or courses run and plans to develop continuing professional education.

In all, questionnaires were mailed to:

201 District Health Authorities in England and Wales

14 Regional Health Authorities

8 Special Health Authorities

82 Universities, Polytechnics, Colleges and Institutions of Higher Education in England and Wales.

The overall response to the Survey was exceptionally good. Taking all groups together, the response rate was 90%, for District Health Authorities it was 93%, for Special Health Authorities 100%, and for institutions of higher education, 82%.

2.2 Phase Two: The In depth Study

The in depth study was designed to explore the attitudes of qualified nurses, nurse managers and nurse educators to continuing professional education. The in depth study examined:

(i) the issues raised by the survey

(ii) qualified nurses' perceptions of continuing professional education and the contribution it makes to their work

(iii) qualified nurses' reasons for participating and not participating in continuing professional education

(iv) senior managers' and educators' attitudes to the role and provision of continuing professional education

(v) the ways in which needs for continuing professional education are identified.

The work was carried out in two District Health Authorities, one in England, one in Wales. In all, 100 qualified staff were interviewed, representing clinical grades, day and night duty, experience of continuing education, sex, and length of time in post.

3. SUMMARY OF THE RESULTS OF THE STUDY

It is often the case with a research study that the very fact of carrying out the study alters the nature of the subject of the study: in Phase One: The Survey, many respondents said that the questionnaire had stimulated them to examine the District's provision for continuing education. In past months, the Griffiths restructuring of NHS management has led to changes that may affect continuing education provision. Although some of the detail of the pattern revealed by the Survey may change, the main trends and issues are of vital importance to the profession.

3.1 Results of the Survey

3.1.1 Organizational structure for continuing professional education

In order to understand the impact that continuing professional education (CPE) makes on a District and its nursing staff, it is necessary to know how continuing education fits into the overall organizational structure and decision-making bodies of the District. A great number of different structures were reported: 19 in all. These can be grouped into three main categories, as shown in Table 3.1. Eighty-two per cent (143) of Districts had a structure in which the in-service and post-basic personnel were responsible to the Chief Nursing Officer. In 13% of Districts, the continuing education staff were responsible direct to the Chief Nursing Officer and in 6% of Districts, the continuing education staff were responsible to another person. for example, the District Personnel Officer. These data are the most likely to have altered as a result of the re-organization. Within these broad structures there was considerable variation in the way in which post-basic and in-service education were organized.

There is considerable variation in the number of staff in each District involved in delivering continuing professional education. Table 3.2 shows this variation: the numbers do not include the DNE, but do all other staff, full-time and part-time, involved in both post-basic and in-service education. Eleven per cent (20) of Districts have only one person involved in delivering continuing education, 23% (40) have 2 or 3 people, 31% (54) have between 4 and 6 people, 21% (37) have between 7 and 10, while 12% (20) have 11 or more people involved in delivering continuing professional education. There was a clear relationship between the number of staff involved in delivering CPE and the existence of National Board courses: those Districts with higher numbers of staff were more likely to run National Board courses.

TABLE 3.1

ORGANIZATIONAL STRUCTURE OF
CONTINUING PROFESSIONAL EDUCATION

Organization	Number of Health Districts (n)	%
1. In-service Training Officer and/or Post-basic Education Tutor in line relationship to Director of Nurse Education, to Chief Nursing Officer	143	82
2. In-service Training Officer and/or Post-basic Education Tutor in direct line relaionship to Chief Nursing Officer, occasionally through Directors of Nursing Services or Assistant Chief Nursing Officer	22	13
3. Neither of the above: through Nurse; allocating planning and personnel, etc.	10	6
	175	100

Source: CPE Survey 1984/85

Note: The terms 'Officer' and 'Tutor' above are used in a generic sense, the actual grades held by staff may be Nursing Officer/Senior Nurse, Senior Tutor or Tutor.

TABLE 3.2

NUMBER OF STAFF EMPLOYED BY
DISTRICT HEALTH AUTHORITIES AND INVOLVED IN
DELIVERING IN-SERVICE/POST-BASIC EDUCATION

Number of staff	Number of District Health Authorities	
	(n)	%
one only	20	11
2-3 staff	40	23
4-6 staff	54	31
7-10 staff	37	21
11-14 staff	10	6
15 plus	10	6
Not known	4	2
Total	175	100

Source: CPE Survey 1984/85

Note: DNEs are not included in the above figures. Clinical teachers for National Board courses are included.

Districts were asked the grade held by the members of staff responsible for continuing education. Excluding the DNE grade, 63% (111) of Districts had a person of Senior Tutor grade with overall responsibility for CPE, 10% (18) had an Assistant DNE with specific responsibility for CPE and 18% had either a Senior Nurse or Nursing Officer with overall responsibility. The remaining 9% were a mixture, as shown in Table 3.3.

Districts were asked an open question about the financial arrangements for continuing education. The responses to this question were varied and it is recommended that care be taken in the interpretation of the results. In the majority, 66%, of Districts, the main budget holder was the DNE; in 17% of Districts the CNO held the budget; in 5% of cases the budget was held by the Personnel Department and in 3% of Districts, the DNE together with the DNSs held the budget. In the remaining 7% of Districts, information was not provided.

3.1.2 Philosophy and policies relating to CPE

In all, 58% of Districts claimed to have an explicit philosophy for continuing education and 41% claimed explicit policies with regard to continuing education. Many Districts sent documentation to support these claims and these provided insight into the way in which continuing education was regarded by Districts.

An outward sign of the commitment that a District has to continuing education can be said to lie in the amount of time that is specifically allocated for continuing education as part of the manpower of the District. When asked whether time was specifically allocated in manpower figures for continuing education, 38% of Districts claimed that time was allocated and 58% said that no specific allocation was made. When asked how much time was made available, the 71 Districts who said an allowance was made varied considerably in the amount of time made available. Twenty-six of the 71 made less than 2% of time available, 15 made between 2% and 5% available, 7 allocated 5½% or more and in two Districts 8% was available on wards with learners and 4% in wards with all trained staff. Thirteen Districts said time was made available when there was a suitable activity and in 6 Districts the time available was not quantifiable. It was frequently pointed out that a major problem in allowing time off for continuing education lies in the demands made on staff to provide patient care.

3.1.3 Choice of topics for CPE and identification of need

An important consideration in continuing education is the way in which topics for in-service education are chosen and the relationship between the choice of topics and the identification of need amongst the body of qualified nurses in a Health District. District Health Authorities were asked how topics were chosen and how priorities were allocated. Seventy-three per cent of Districts used meetings of one kind or another. Forty-six per cent of Districts claimed that they responded to changes in patient care and in the service. Requests from Senior Managers and requests from individuals were named by 45 and 35% of Districts respectively. Thirteen per cent of Districts claimed that topics for continuing education and consequently need for continuing education, were identified following appraisals. Seven per cent of Districts said that they had carried out a survey or forward look to identify need and to relate need to the overall District plan.

TABLE 3.3

GRADE OF PERSON WITH RESPONSIBILITY FOR CONTINUING PROFESSIONAL EDUCATION

Grade	(n)	%
Senior Tutor	(111)	63
Nursing Officer/ Senior Nurse	(32)	18
Assistant DNE	(18)	10
Post-basic Tutor	(4)	2
In-Service Training Officer	(3)	2
District Personnel Officer	(2)	1
No one person, DNSs	(1)	1
Not known	(3)	2
Total	175	100

Source: CPE Survey 1984/85

Constructive and thorough performance review or appraisal can provide a mechanism to identify education and training needs, to initiate a programme to meet the identified needs, and to evaluate the use and effectiveness of training programmes. At the time of the Survey, just 31% (55) of Districts ran a performance review scheme for all units and 26% (45) ran a scheme for some units. Thirty-five per cent (62) of Districts were not running a scheme and 6% (11) were planning to introduce a scheme. When asked whether the performance review scheme was used to identify training needs, 63 of the 100 Districts using it in whole or in part, said that they did use it to identify needs and 47 sometimes used it to identify needs.

3.1.4 In-service courses available

One of the main aims of the Survey was to identify the range of continuing professional education opportunities available to qualified nurses. Information about post-basic courses for which there is a nationally recognized certificate or other qualification is available from the National Boards and other organizations. Information about in-service courses, those events organized by the employing authority and for which there is no nationally recognized certificate, had not previously been collected at the level of detail necessary to assess the range of such courses.

District Health Authorities were asked to provide detailed information about in-service courses and study days that were run regularly for qualified staff. Authorities were asked to enter the titles of their courses, the aims, the audience(s), the length of the course, the number of times it was held each year, whether each course was open to part-timers and/or to other disciplines, and to provide an estimate of the number of staff who attended each course. The material provided by Authorities was rich and diverse: many supplied timetables, course programmes and newsletters to supplement their questionnaire responses. It is a recognized limitation of this study that, of necessity, it concentrates on the more formal in-service events. some Districts discussed 'on the job' in-service education and this has been included in the general comments section. The second phase of the study, the in-depth case study in two DHAs, will attempt to explore the extent to which in-service education is taking place within the normal working environment. The Survey highlighted the range of record-keeping practices in use: in some Districts no central records of in-service events were available. In the majority of Districts it was impossible to know the proportion of qualified staff actively involved in continuing professional education.

Table 3.4 shows the proportion of Districts regularly running in-service courses in each of the categories used for analysis. The largest proportion, 62% of Districts ran Role Induction courses: courses specifically designed to introduce a qualified nurse to her new role as Staff Nurse or Ward Sister. The dividing line between Role Induction courses and Professional Development courses, which were run by 43% of Districts, is that Role Induction courses are only at the beginning of a nurse's appointment to a particular post, whereas a Professional Development course continues over a period

TABLE 3.4

PERCENTAGE OF HEALTH DISTRICTS RUNNING DIFFERENT TYPES OF IN-SERVICE COURSE

TOTAL RESPONDENTS: 178

Category of in-service course	District Health Authorities running event regularly	
	(n)	%
Role induction	110	62
Assessors Course/Assessors Update	109	61
Introduction to Management/ Updating	81	46
Teaching Skills	79	44
Professional Development	77	43
District/Hospital Orientation	63	35
Lifting Techniques	58	33
General Study Days	57	32
Communication and Interpersonal Skills	56	31
Nursing Process	55	31
Mental Handicap/Mental Illness	52	29
First Line Management	50	28
Counselling courses	46	26
Community related courses	38	21
Midwifery related courses	37	21
Refresher courses	26	15
Terminal Care	24	13
Care of the Elderly	23	13
Health and Safety	22	12
Nurses and the Law	20	11
Family Planning	15	8
Back to Nursing	14	8
Computer courses	10	6
Health Education	4	2
Clinical courses	157	88

Source: CPE Survey 1984/85

of time or may take place after a nurse has been in post for some months. Inevitably, there will be some overlap between some courses. For example, communication skills may be included in certain Professional Development areas. Sixty-one per cent of Districts ran an Art of Examining or Assessing course and 44% ran a Teaching Skills course. The recently introduced National Board Course 995 emphasized the necessity for clinically-based staff to have education in both teaching and assessing. Only 2% of Districts reported nursing courses particularly related to Health Education and 6% ran regular courses on computers in nursing.

3.2 Results of the Case Studies

The majority of the interviews were with enrolled nurses, staff nurses and ward sisters/charge nurses in the different divisions of the two Districts. The interviews included questions about individual experiences of basic education, the transition to being qualified, perceptions of the relevance of individual experience of CPE, perceptions of the relevance of CPE experiences, opinions on the available CPE opportunities, views on mandatory CPE, and their career plans. The senior service staff, nursing officers, directors of nursing services and chief nursing officers that were interviewed were asked about their policies concerning CPE for their staff and about the importance they attached to continuing professional education. Education staff, post-basic tutors and the directors of nurse education were asked detailed questions about policies for CPE, ways in which programmes were planned and carried out and about plans for the future.

3.2.1 The transition from basic education to qualified nurse

Individual perceptions of nurse training varied from those who saw it as "very good", "enjoyable", "challenging", to those who felt it did not "prepare you at all" and as "inadequate for the job you're going to do".

Many respondents felt adequately equipped by their basic training with regard to "clinical skills" but did not have a clear perception of the breadth of their role as a qualified nurse. Management skills, interpersonal/communicative and counselling skills were mentioned as being necessary, but inadequately dealt with in their basic training. There appeared to be a "gap" for some respondents between the classroom and the ward and a lack of support from nurse educators. Some respondents felt the nurse in charge of the ward did not encourage the learner to take on more responsibility in the day to day ward management.

Respondents were asked specifically about sources of help and advice after they qualified. The grade of respondents influences responses: respondents at enrolled nurse level saw the education staff as helpful; whereas respondents who were staff nurses and above sought help, advice and support from other service colleagues. In all cases, available support depended on individual relationships and it was apparent that there was no clear route for nurse to gain help and advice.

A number of common characteristics were identified as desirable in the person or people to offer help and support with clinical and non-clinical concerns. These included approachability, being readily available, to be sympathetic, to be sure to keep issues confidential, to be trustworthy, to be neutral and to be able to bridge the gap between education and service issues.

3.2.2 Nurses' perceptions of their work and current post:

a) important aspects

Respondents were asked what they considered to be the most important aspects of their work. In broad terms, patient care, management, and teaching were identified as being important. Respondents regardless of grade were concerned about patient care. Ward sisters, senior nurses and staff nurses recognized how important management was in their day to day work. However, several enrolled nurses also felt they were expected to manage the ward; indeed in some specialties they were the only qualified nurse on the ward. Thus, the managerial component of their job was far greater than intended in their job description. This was an aspect of concern for them. Teaching learners and new staff was seen as important by most respondents.

b) least rewarding aspects

Respondents were asked about the elements of their role that they found frustrating or unrewarding. five main themes emerged: administration, aspects of clinical specialty, support and staffing levels, communication, and finance.

3.2.3 Present post: opportunity to develop own skills and interests

Respondents were asked how far they felt they were able to develop in their current position. Several factors emerged as influencing the extent to which respondents felt they could develop their skills. These were: the inherent opportunities that a particular post offered, the attitude of an individual's manager, personal motivation, finance, time and staffing levels.

3.2.4 Respondents' needs from continuing professional education

Respondents were asked to identify their own perceptions of their needs from continuing professional education. The grade of respondents influenced their perception of need but the main themes were: administrative and management skills, clinical updates, counselling and interpersonal skills, teaching skills, support and advice on dealing with new situations. Respondents also suggested that regular continuing education should be written into their working contract, education for each nurse should be planned so that learning activities were encountered in an appropriate sequence. They thought there should be education on site and more exchange between community posts. Night staff particularly felt an acute need for all types of continuing education.

3.2.5 Perceived relevance of continuing education events

Respondents who had participated in continuing professional education events were asked how relevant and useful they had found them. Respondents commented on the timing of courses, specific benefits of being removed from the clinical situation, management courses, the position of enrolled nurses, multi-disciplinary courses and the relevance of subject matter.

Study days were seen as an opportunity to "recharge batteries" but one criticism was that one-off study days did not allow the nurse to disassociate enough from what was happening on the ward. A number of respondents stressed that continuing education events boosted their confidence, gave them the skills to cope with the job, gave an opportunity to exchange ideas with other nurses, and lead to improved standards.

3.2.6 Motivation to participate in continuing education events

Many respondents kept up their continuing education informally by reading the nursing journals, by informal discussion, or through the use of distance learning materials. A library that was accessible, open to nurses and with relevant opening hours encouraged some respondents to continuing education themselves. Learners on a ward also motivated staff to review their skills and knowledge as did a nurse manager who gave staff encouragement. A number of respondents had developed their own ways of keeping up to date. Several kept personal collections of articles and care plans that related to their areas of interest. Discussion groups with colleagues and professional body meetings were a useful way to keep motivated.

3.2.7 Are opportunities for continuing education adequate?

Respondents were split evenly between those who considered continuing education opportunities to be adequate for their needs and those who did not. Communication of information about continuing education events was a crucial factor for enrolled nurses, who tended to feel "left out" or looked down on. Time was a factor preventing some respondents taking part in continuing education events, particularly for those at sister level. Resources were also blamed as meaning a lack of opportunities, affecting not only the putting on of study events but also the number of places on these, and the ability to find replacement staff to cover for absence from the ward.

3.2.8 Information about continuing education events

Respondents were asked who had responsibility for communicating information about CPE within the Districts and how they obtained information themselves. For the majority of respondents, service colleagues or their managers were the focus of information. Notice boards and newsletters, though mentioned by a small number of respondents, were not generally seen as a very effective means of communicating information. Ward sisters were more aware of available opportunities and received circulars and notices from the nursing officers, but pointed out that these were often mislaid. Service needs were seen as coming before the ward staff's need for education.

3.2.9 Mandatory continuing education

The majority of respondents were in favour of some form of mandatory continuing education. Indeed, many saw it as an important way of keeping up to date and thereby preventing nurses becoming stale or isolated. However, there were reservations, particularly relating to whether continuing professional education should be linked to re-registration, assessment, its organization and its cost.

3.2.10 Career guidance

Many respondents felt there was no formal career guidance and many who worked on the wards asked their ward sisters or nursing officers for guidance. Occasionally career guidance came up in general discussion, but very few respondents had undergone appraisal and of these, few had discussed career guidance. Respondents mentioned the lack of confidentiality when talking to managers and generally it was felt that career guidance had to be iniated by the individual nurse.

The respondents appeared enthusiastic to talk about their profession and their perceptions of continuing professional education. In some cases the interviews enabled the respondent to express opinions that were not usually discussed in their day-to-day working situation. Such opportunities appeared to be welcomed by the interviewees.

4. RECOMMENDATIONS FROM THE STUDY

A number of recommendations have been made as a result of the study. Among these are:-

R1 Every Region and District Health Authority should have an explicit philosophy and policies in relation to continuing professional education. These should be planned and agreed by education and service staff.

R2 The Strategic and Operational Plans for every Authority should include a statement about continuing professional education in relation to the philosophy of the Authority and to the long term aims of the Authority.

R5 Every employing authority should make an adequate allowance in its manpower calculations to enable every member of nursing staff to participate in continuing professional education. Staff with particular needs, for example those involved in policy changes in relation to care, may need an additional location of time; this should be identified and recognized by management.

R8 Authorities should establish an appropriate relationship between the number of qualified nursing staff employed and the number of staff delivering continuing professional education. This relationship should take account of the existence, or otherwise, of National Board courses and the need the provide in-service education as well as post-basic courses.

R10 The continuing professional education staff should be supported adequately by administrative/secretarial staff, so that their skills are employed in essentially educational tasks.

R11 Staff members involved in providing continuing professional education should have an understanding of both education and service requirements within the health service and in particular in the Authority within which they are working.

R14 Authorities should have a coherent approach to identifying needs for continuing professional education: this should take account of the Authority's strategic and operational plans, and the need for qualified, skilled staff in particular patient/client areas; it should take account both of service needs within units and of the individual educational needs of the nurse.

R16 To assist in identifying individual needs, Authorities should ensure a comprehensive programme of constructive performance review for all staff. Particular attention should be paid to the needs of night and part-time staff.

R18 Authorities should be knowledgeable about events and training programmes outside their own continuing professional education provision and should consider these for particular individual's needs.

R19 It is important to develop the individual's commitment to self-development and they should understand that they have a joint responsibility, with the employing authority, to ensure that their continuing education is pursued.

R20 District Health Authorities should consider the balance of National Board clinical courses, available nationally and locally, and in-service courses/events. The purposes of each type of course differ and they should be examined to ensure the needs of the District and of staff are being met within the framework of the Regional Plan.

R21 Districts should consider making available a 'core' of continuing education programmes. These would include topics such as interpersonal skills, teaching and assessing skills (now being met by the National Board requirement); counselling of patients, clients and staff; patient education; assertiveness; communication skills; and appropriate clinical topics. In addition, more specialized topics could be run for those staff wanting to develop particular skills. Some of these topics could be run jointly by a number of Districts and resources shared.

R25 Continuing education staff and service managers should ensure an effective system of disseminating information about continuing professional education opportunities so these are brought to the attention of practising nurses.

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A STUDY IN STAFF NURSE PREPARATION - A NECESSITY

Summary of findings and conclusions of the evaluation of the project

Background paper prepared for colloquium:

Continuing Professional Nurse Education - Signposts from Research

12 May 1987

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PROFESSIONAL DEVELOPMENT SCHEMES FOR NEWLY-REGISTERED NURSES

SUMMARY OF FINDINGS AND CONCLUSIONS OF THE EVALUATION PROJECT

1. Background to the schemes and their evaluation

Two major related concerns in nursing in recent years have been standards of care and the development of career patterns to enable clinical nurses to remain in the clinical field. These issues were discussed at the Harrogate Seminar convened by the Chief Nursing Officer, DHSS, September 1981. One of the recommendations of participants was that newly-registered nurses should have a period of "professional development and consolidation". It was suggested that schemes to provide this should be set up and evaluated.

Subsequently a Steering Group was established, with a membership representative of the major nursing organisations, and a Framework for the schemes was produced. The Steering Group selected three health districts, whose professional schemes were designed within the Framework, to participate in the evaluation study. Funding for the evaluation commenced in May 1983. The Report will be published at the end of November 1986.

2. Research strategy

In developing the strategy and methods for the evaluation, the research team has drawn on the ethnographic tradition in social research. This includes the initial collection of a broad range of data, and the subsequent focusing of attention on a number of issues. The strength of this approach lies in the derivation of a careful, and critical, account of inputs, processes and outcomes of the schemes, rather than on the demonstration of causal relationships or the precise measurement of change, both of which are extremely limited in validity and feasibility.

During the first phase, three main areas were examined: the schemes themselves (eg. aims, programme structure and content, resources required); the context of the schemes (eg. problems addressed, features of the wards and districts); the outcomes of the schemes (eg. effects on individuals and wards).

The second phase of the project combined a detailed case-study with a more broadly-based questionnaire study, and included nurses on the scheme and other nurses not undertaking the scheme.

3. Selected findings and implications

This paper provides a selection of the findings of the project and their implications. These findings are related to the needs of the newly-registered nurse, developments in that nurse and changes in the context within which the nurse works. For reasons of brevity, the evidence to support the points made is not included in this paper; it can be found however, in the full report of the project.

3.1. Development needs

Findings

Although individual differences were apparent, newly-registered nurses were found to have needs for development and support in the following seven areas:

i) knowledge and skills required for the clinical and managerial (ie. 'technical') aspects of their role;

ii) interpersonal relationships and communication;

iii) autonomy, including the capacity for self-direction and analytical thought;

iv) personal development, such as motivation, awareness of own needs, strengths and weaknesses;

v) attitudes in relation to current professional philosophy and issues;

vi) career eg. commitment to remain in nursing and extent of career planning;

vii) coping with stress in their own role.

In addition, the study gave rise to data on the aspects needing development in the wards on which newly-registered nurses were based. The evidence suggests the needs are considerable in the areas of patient care, the role of nursing staff in the health care team, and the ward as learning and working environment. The findings confirm that the concern about standards of care underlying the scheme was justified.

Implications

These findings suggest that some form of systematic development and support is needed for all newly-registered nurses with special attention paid to the following:

a) Provision, within an overall framework, should be flexible to accommodate differences between individuals (eg. in aptitude, learning gained in basic training) and the different requirements in various settings.

b) Newly-registered nurses should be visited regularly on the wards by education staff to aid integration of ward and school-based work, and to supplement the limited support at present provided by the ward sisters.

c) The role of the newly-registered nurse should be more clearly defined and differentiated from that of senior staff nurse and ward sister. Ideally, the newly-registered nurse should not be placed in full-charge of the ward for several months, enabling a gradual development of the nurse to accept full responsibility.

d) There is a need for a counselling and careers advisory service. This could possibly be provided in part by the use of existing education department resources.

In addition, the findings lend support to certain organisational developments, promotion of education for all levels of trained staff, and improvements in basic education. Changes in the latter may eventually reduce the need for post-basic input, although it will never eliminate it completely.

3.2. Development occurring in the newly-registered nurse

Findings

There were various constraints upon, and problems involved in, the implementation of the schemes in the three districts, such as those related to the time that could be given, and the experience and skills of the facilitators (both education and service staff). However, the data indicate the potential benefits to the individual nurse to be considerable.

Although the type and extent of development varied between individuals, changes in the newly-registered nurses over the six-month period of the case-study were clearly identifiable. These occurred in the above mentioned areas of their role, namely; technical skills and knowledge, interpersonal skills, autonomy, personal development, attitudes towards nursing and career aspirations. The evidence also suggests the possibility of reducing the damaging effects of work-related stress.

In exploring how these developments occurred, it appears that two traditional methods by which learning takes place, 'experience' and 'role modelling', have severe limitations when nothing else is provided. It was found that:

i) they are likely to perpetuate the status quo, regardless of the quality of care in the area concerned;

ii) they are generally restricted to the performance of tasks required in the present role;

iii) they rely on initial qualities in newly-registered nurses which many do not have eg. ability to make their own decisions, to accept responsibility and to identify where they need help.

Learning by experience and from role models was found to be enhanced and complemented by various processes which, generally, were available to those nurses on the schemes but not to others. These included:

i) individualised assessment of needs and development of plans to meet these needs, preferably with elements of both self-direction and guidance;

ii) provision of opportunities to meet these needs eg. specific (and correct) information; skills practice in the school and work situation with constructive (and accurate) feedback; project work and private study; educational visits;

iii) group membership and discussion with outside (eg. tutor) input;

iv) opportunity to spend time away from the ward environment in learning and reflective activities.

It is important to note that development, either in an individual or group context, is more likely under certain conditions. These include treatment of the learner as an adult and respect for her choices and views, and sufficient skill in the facilitator to enhance the individual's (or group's) ability to make choices and to challenge where appropriate.

Implications

The research on processes and outcomes of the professional development schemes indicatesthat major aspects of this provision were appropriate in terms of addressing the needs of the newly-registered nurses. Although the structure and content of the schemes in the three districts need not be followed precisely to achieve good results, it would be beneficial to include the above-mentioned processes in professional development schemes in other districts.

3.3. Developments and changes in the wider context

Data suggest that the schemes have actual and potential influences that extend beyond the development of the newly-registered nurse. For example:

i) The development of certain qualities in individual nurses (eg. skills in communication with other staff and patients, the ability to make decisions) should have an effect on the quality of patient care provided by that nurse now and in the future.

ii) Individuals on the scheme may communicate what they learned to others, by discussion and example.

iii) Other staff, particularly ward sisters, involved in the scheme may become increasingly aware of their own and others' educational needs.

iv) Some procedures used in the schemes (eg. assessment methods) may be adopted for other staff.

Implications

The effectiveness of the schemes should be viewed not only in terms of development occurring in the newly-registered nurses. Many potential effects and benefits are related to other staff, ward and even hospital organisation.

4. Conclusions and recommendations

These and other findings provide many indicators about the effectiveness of the schemes and the feasibility of their extension elsewhere. The paper concludes with selected recommendations emerging from the evaluation project.

4.1. Effectiveness, constraints and feasibility

Despite the clearly identifiable positive outcomes of the schemes, there were limitations on their effectiveness, both in terms of individual learning and consequent benefits for the service as a whole.

i) In some instances, there were constraints on developments emerging from the schemes:

   a) a tendency for trained staff to be involved in administrative tasks at the expense of clinical care;

   b) the ward sister's inability to provide for the needs of her staff because of her own lack of preparation, inexperience and other demands on her time;

   c) poor staffing, heavy workloads, high stress levels and low morale;

d) resistance to new ideas by the ward sisters and/or other ward staff;

e) the time of education staff and some gaps in the skills and experience they need for this work.

It should be pointed out that particular conditions varied greatly between districts, wards and individuals and that constraints were often not insurmountable.

ii) In considering the feasibility of expanding the scheme to all newly-registered nurses in the evaluation districts, there are also constraints. For example:

a) the limited number of 'training places' due to factors such as new and inexperienced sisters on some wards, the placing of two or more staff nurses on one ward creating difficulties of release for study days;

b) the attitudes and awareness of some ward sisters and service managers;

c) the number of education staff available to work on the scheme;

d) the difficulty in attracting education staff with the necessary expertise;

e) physical resources such as classroom facilities.

iii) In considering the feasibility of extending the scheme elsewhere, a number of points emerge.

a) In view of the extent of the development needs of all trained staff, it is unlikely that these needs can be met with the present level of educational resources. However, since developments at one level (eg. staff nurse) are closely related to skills at another level (eg. ward sister), it appears essential to consider the needs of at least these two groups.

b) It is important to maximise available resources and although the newly-registered nurse may be a good starting point, districts will need to consider alternative strategies, eg. providing more development for the ward sisters first so they can give better support to newly-registered nurses; ward level intervention (such as discussion groups) involving as many staff as possible, on (selected) wards or units, to increase the possibility of changes over and above individual development.

c) If the scheme is to expand to all newly-registered nurses, an increase in educational resources and adjustments in manpower will be necessary. Otherwise, modifications to the scheme wil be inevitable, possibly detracting from the benefits. For example, it might be possible to decrease the number of study days or time spent off the ward in one, or both of two ways: highlighting aspects of the scheme involving course staff visiting the ward; selecting aspects of study days considered to be particularly valuable, namely group discussion.

4.2. The way forward

i) The findings of this evaluation project clearly show the need for more comprehensive provision of education and support for all trained nursing

staff, not just newly-registered nurses. This does not necessarily mean the provision of more courses, which have costs in terms of per capita expenditure and loss of service time, and may be insufficiently integrated with ward work to be of great value. Rather, the most important aspects of such provision seem to be:

a) that more attention should be given to providing education and support on the ward, or other work situation;

b) help from <u>outside</u> the ward is required;

c) nurses should be involved in the assessment of their own needs, and plans for meeting these needs, assisted by one or more facilitators as appropriate eg. ward sister, tutor, service manager, peers;

d) opportunities for some discussion and reflection away from the ward should be available, even if these cannot be extensive;

e) emphasis is needed on the relationship between individual development and broader changes, for example by increasing the number of nurses in a particular area who are given the opportunities for development; building up networks to provide support for those that take these up; making their role in promoting change more explicit and 'legitimate'.

ii) There is need for work at organisational level, for example to establish or improve communication channels and clarify roles; to further develop individualised patient care; to improve management of staffing resources.

iii) Present plans for developments in basic education should include consideration of:

a) the fundamental qualities required in the nurse beyond clinical skills and knowledge, and

b) the educational methods that promote these qualities.

iv) There appear to be considerable potential benefits to be gained from allocating groups of staff (possibly within departments of continuing education) with roles which explicitly include both the development of individuals and the organisation. Their role would be one of collaboration with service managers, education staff, staff nurses, ward sisters and ward staff. It is vital not to underestimate the skill, time and energy required for planning and communication which goes beyond superficial consultation to true involvement of the staff concerned from top-level management to first-level practitioners.

v) It is difficult to recruit to continuing education departments, staff who already have the expertise required to facilitate such individual, group and organisational development. As essential first step would be the attraction and selection of potential staff (whether from the service or education sectors or even from outside nursing) and the provision of the time and resources necessary for their appropriate training.

vi) These points should not imply that the <u>main</u> problem is one of insufficient resources, although clearly these are important. There is evidence that resources which already exist within the service are being wasted. There are ample data in the project suggesting that knowledge, skills, commitment and enthusiasm of many staff (whether newly-registered nurses, ward sisters

education staff or service managers) are being insufficiently tapped for a variety of reasons. For example, through lack of support, preparation, encouragement, insight and flexibility of attitudes. This state of affairs will persist unless firm commitments are made to continuing education and organisational change, and unless both staff development and raising standards are seen as shared responsibilities between organisation and individual.

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