Critical care nurses' reasons for poor attendance at a continuous professional development program

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Acknowledgements

The article is based on the findings of a MCur (Clinical) dissertation conducted at the Department of Nursing Science, University of Pretoria. The authors thank the nurses who so willing participated in this study and all those who supported the first author through the progression of this research.

Key words

Continuous professional development, critical care units, nominal group technique

Abstract

Background

Society demands competent and safe health care, which obligates professionals to deliver quality patient care using current knowledge and skills. The maintenance of competence through the participation in continuous professional development programmes is established as a means to ensure quality nursing care. Despite the importance of continuous professional development less critical care nurse practitioners attend the programme.

Purpose

The purpose of this research was to explore critical care nurses' reasons for their unsatisfactory attendance of a Continuous Professional Development (CPD) programme.

Method

A nominal group was used as a consensus methodology to involve the critical care nurses and provide them with an opportunity to reflect on their experiences related to the current CPD programme for the critical care units. Fourteen critical care nurses from three critical care units in one private hospital participated.

Results

Consensus was reached that attitude was the central theme relating to the unsatisfactory attendance of the CPD programme. In order of importance, the three contributing priorities influencing attitude were raising awareness, collaborative decision making and learning needs assessment.

Conclusion

Attitude relating to the attendance of a CPD programme can be changed if critical care nurses are aware of its importance, and are involved in the planning and implementation of a programme which focuses on their individual learning needs.

Background

The increasing need for Continuous Professional Development (CPD) of nurses is linked to the rapid changes in healthcare and nursing science. [1] The importance of CPD is highlighted by Joyce and Cowman [2] who claim that a greater accountability is placed on the healthcare professional by society as well as the healthcare profession. The public's demand for competence and safe practice *'obliges the profession to meet the challenges of high quality care'* with up to date knowledge and skills. [3] Participation in CPD activities are recognised by various organisations such as governing bodies, accreditation organisations, certification boards, employers and the general public '*as one of the most important competencies'* that professionals must possess. [4] Competence depends on updated knowledge and skills in one's field of practice. The ultimate outcome of CPD should be to ensure improved healthcare. [2]

In South Africa, CPD programmes are viewed as systematic efforts to support professions to remain updated and competent. [5] In 1997 the South African National Department of Health (SANDH) put into effect what is known as the *White Paper for transformation of the Health System*, published in the Government Gazette no. 17910. One of the focus areas was a CPD programme for nurses. [6] As yet, no formalised CPD programmes or requirements have been legislated for nurses in South Africa. [7] Although these are still in the development phase, the South African Nurses Council's (SANC) CPD programmes are currently regarded as the focus area. [8]

Public and private hospital groups initiated internal CPD programmes to acquire, maintain and improve the competencies of nurses. [1] One of the main principles behind CPD was not to merely view it as an opportunity for learning, but to take control of the opportunity to enrich the nursing practice through professional development. [3]

A private hospital group in South Africa implemented a policy stating that every nurse should attend a minimum of 22 hours of CPD training per year. This requirement was set as part of the CPD initiative by the hospital group in an effort to enhance quality patient care. The CPD programme was developed by the unit managers and the critical care unit's clinical facilitator. The content was based on findings of risk assessments conducted through clinical audits and ward rounds**.** The CPD programme consisted of sessions facilitated and presented by medical doctors, critical care nurses, a dietician and a clinical facilitator. The programme was presented over an eight-month period and every topic was presented thrice to ensure that all the critical care nurses were given an

opportunity to attend. [9] The planned outcome was to ensure that critical care nurses are competent, with current knowledge and skills in existing new areas of practice and able to deliver quality patient care. [10]

The strategy to implement a compulsory CPD programme did not have the desired outcome as the average attendance was below 30% and only 32% of the critical care nurses (10 out of 31) were able to provide a portfolio of evidence regarding participation. This was despite an extended deadline. Unsatisfactory attendance of a CPD programme has serious implications on the critical care nurses as competencies are not updated which in turn can have a negative impact on the quality of nursing care, jeopardizing patient outcomes. [7]

Purpose of the study

The purpose of this research was to explore the reasons for unsatisfactory attendance of a CPD programme by critical care nurses.

Methods

Research approach

A nominal group technique was used to reach consensus of critical care nurses on the reasons for unsatisfactory attendance of a CPD programme. The nominal group is a consensus-seeking method that is based on reaching accord within a group, therefore increasing the participants' sense of ownership.[11] The nominal group technique has more advantages than other group techniques. A nominal group is less prone to bias arising from vocal individuals influencing group members' views, which tend to occur in open discussions. There are significant higher levels of group satisfaction as the procedure ensures that all participants have an equal opportunity of producing new ideas as the possibility of domination by other group members is minimised. [12]

The setting

This study's setting was in a private hospital group which consists of hospitals and healthcare services. [9] The immediate setting for this study was one of the hospital group's private hospitals situated in a well-established district in Gauteng. The study was conducted at a time when the hospital was in the process of increasing the number of critical care beds. The hospital was licensed for 364 beds with different specialty areas wherein 342

beds were operational in the hospital and 26 accounted for the critical care units. The focus of the study was on CPD in the **Critical Care Units (CCUs).** Therefore the immediate setting was the CCUs in this private hospital.

The specific CCUs made use of a mixed skills approach. The nurse practitioners in the CCUs consisted of critical care nurses (CCNs; 22 in total), registered nurses (RNs; 9 in total) and enrolled nurses (ENs; 8 in total). The number of permanently employed staff included day and night nurse practitioners functioning in these units. The focal point was on the CCNs and RNs working in the critical care unit who are collectively referred to as *CCNPs.*

The participants

This study's target population were CCNPs working in the CCUs of the specific hospital group in Gauteng. The accessible population was the CCNPs working in the specific setting. The sample used was the CCNPs working in the CCUs of the private hospital. Twenty invitations were handed out to CCNPs in the specific hospital. The invitations were divided among CCNPs working in the three CCUs. Fifteen participants accepted the invitation. Fourteen attended the nominal group technique for data collection. Ten of the fourteen participants were critical care experienced registered nurses and the remaining four were trained critical care registered nurses.

Data collection and analysis

The researcher personally handed out the invitations to prospective participants. A short introduction regarding the aim of the study was presented to encourage participation.

An independent expert facilitated the nominal group where 14 critical care nurses participated, based on the fact that the researcher was directly involved in the planning and implementation of the CPD programme. The facilitator posed a central question to the participants: '*Why don't critical care nurses attend the continuous professional development programme*?' Five steps adopted from Potter *et al.* [12] were followed to collect and analyse data:

1. *Silently generate ideas*: The participants were requested to silently and in writing generate their ideas relating to the question.

2. *Round robin recording of ideas:* Ideas of the participants (anonymously and in no specific order) were recorded on a flip chart visible to the entire group. Participants were allowed to 'pass' if they had no new ideas and were allowed to re-enter again later if they wished to do so.
3. *Serial discussion:* Permission was obtained to audio-record the discussions. Every idea listed on the flip chart was briefly discussed by the facilitator for the purpose of clarification, to ensure that the facilitator had understood the participants correctly. The participants then joined in the discussion to give their viewpoints or share ideas on the listed data. Both the facilitator and the participants then analysed the listed ideas and grouped data that had similar meanings.
4. *Voting and ranking:* From the flip chart each participant was requested to identify a list of four themes which they considered the most important. On their worksheets they had to arrange them from 'most important' to 'least important'. The worksheets were collected and shuffled. The facilitator counted the votes and recorded each vote on the flip chart next to relevant theme.
5. *Brief discussion:* After the participants had viewed the ratings of their votes, a brief discussion followed that focused on the ideas that were rated the highest during the preliminary voting process. During this short discussion they concentrated on clarification of these ideas. Once the facilitator was satisfied that the participants had reached consensus with regards to the themes and their ratings, the nominal group concluded having reached its objectives.

Ethics

The Faculty of Health Sciences at the University of Pretoria's research ethics committee approved the study protocol (Reference number S62/2012).

Results

Attitude emerged as a central theme and was supported by three contributing sub-themes: awareness, collaborative decision making and learning needs assessment.

Attitude

The majority of participants acknowledged the importance of CPD programmes, but voiced that there was a negative attitude towards attending the CPD activities as they added responsibilities and work stress.

One of the nurses said:

'... the more I know the more I have to do ... responsibility increase[s] with knowledge ...'

Another said:

'... already work at a fast pace, do not have time to implement new ideas or changes ...'

Another participant reflected:

'... working long hours in a critical care unit – lots of stress so you [critical care nurse] *don't want to add another stress on top ...'*

Awareness

Some participants agreed that some critical care nurses were not aware of the importance of CPD and therefore did not attend the planned activities. The following verbatim quotes support the findings.

'... they [critical care nurses] *do not think it is necessary to attend CPD ...'*

'... personnel don't see the importance of it [CPD] *...'*

Collaborative decision making

One of the main concerns highlighted was that there was no collaborative decision making between the critical care nurses, the clinical facilitator and unit managers. The participants shared that they regarded the process as a top-down approach and wished to be involved in the decision making process with regards to planning, content and implementation of the CPD programme. The participants indicated that if there was collaboration and they were included and participated in the process, they would probably have attended more enthusiastically.

Supportive quotations were**:**

'... it [CPD process] *is a one way thing ...'*

'... everything is just pushed down upon the staff ...'

'... we [critical care nurses] *are treated as children ...'*

Learning needs

The participants strongly agreed that it is of importance that a thorough learning needs assessment be done prior to the planning and implementation of a CPD programme. Their viewpoint was that there was no learning needs

assessment prepared and therefore they were not motivated to attend the sessions as the topics presented did not address their individual learning needs.

Supportive quotations include:

' ... individual's learning needs differs from person to person ...'

' ... employees' learning needs for improvement are not met ...'

' ... no thorough evaluation [learning needs assessment] is done to determine the need for improvement of specific categories [nurses]...'

'... *employers* [critical care nurses] *do not have a say in what their* [critical care nurses] *learning needs are ...*'

The participants claimed that if they were given an opportunity to identify their individual learning needs it could increase their sense of ownership as the topics would be regarded as valuable, therefore their negative attitude towards CPD could change.

One participant said:

'... if you [the critical care nurse] *make the decision to go for a specific topic then you will attend ...'*

Discussion

It is the opinion of Skees [3] that CPD serves as '*a bridge to excellence'* in nursing practice. However, this idea can only be appropriated if the critical care nurse is willing to make a commitment to learn and apply new knowledge in clinical practice. In the healthcare profession, the expectations and demands from society for the delivery of competent and safe healthcare compel all healthcare providers to meet the challenges of delivering quality patient care with up to date knowledge and skills. [10]

A change of attitude towards CPD among nurses is needed [13] as participation in CPD is largely reliant on the attitude of an individual. [14] Tame [15] adds that the degree to which CPD is undertaken also depends on the individual's previous educational experience. This author infers that if previous educational experiences were negative or created the perception that learning is about passing or failing instead of professional development, it may hinder future education. The findings of Lee's [16] study confirmed that professional peer attitude may benefit or hinder learning in CPD participants. It would be easy to recommend that the managers or clinical

facilitators act as facilitators of learning and support CPD participation through positive change. However, the author agrees that this responsibility does not rest with the organisations alone. Moreover, to determine the attitudes of professionals and organisations to change is a challenge in itself because attitudes are neither '*tangible nor visible'*. [16] Lammintakanen and Kivinen [17] found that nurses were unsure and hesitant on whose responsibility CPD was. These authors therefore recommend that the healthcare organisation should be responsible for CPD because if the individual is left with the responsibility to enhance their own learning, this might inevitably result in the unit being staffed with professionals who lack knowledge and skills.

Being aware and understanding the value of CPD is essential [18] as a lack of understanding can be a barrier to successful implementation and attendance of such a programme. [13] Professionals require guidance to heighten their awareness and understanding of CPD as it will enable them to develop into lifelong independent learners. [13]

People in organisation are '*the key to success or failure*'. [19] If one wants to ensure the success of a CPD programme, it is essential to ensure that the nurses collaborate throughout the decision making process, including the planning (learning needs assessment) and implementation of the programme. Using a top-down approach where the clinical facilitator and unit managers decide on the content, time and strategies to be used during the CPD programme may result in unsatisfactory attendance. [20] A feeling of being '*pressurised by managers*' to engage in a CPD programme with the mere objective of meeting the requirements of the organisation contribute to unsatisfactory attendance of the CPD programme. [21] Collaboration involves supporting sustained teamwork by developing a culture that values personal integrity, sharing power and respect, integrating individual differences, resolving competing interests, and safeguarding the essential contribution that each individual makes to achieve the desired outcomes of an organisation. [22] Through collaborative decision making, ownership of the decisions and responsibility for the outcomes and success of the CPD programme will enhance attendance. [22, 16]

For the implementation of a successful CPD programme the learning needs of individual nurses, society and the organisation they serve should be incorporated. [23] Critical care nurses may have specific learning needs which may not be consistent with the needs of clinical facilitators and unit managers. Participation in a CPD programme therefore depends on work situations and individual learning needs. When the type, nature and content of a CPD programme is not in accordance with the individuals' learning needs, the individuals are

reluctant to participate in these programmes. [24] Critical care nurses are responsible for identifying their own learning needs and should be clarified by means of an in-depth needs assessment to ensure a flexible, well-executed CPD programme. To ensure the successful implementation of a CPD programme, it is imperative that the learning needs of participating professionals should be addressed so that they are engaged and committed towards the programme. Individual motivation has a significant influence on the degree of participation in a CPD programme and is fundamental to its success. [13]

Conclusion

Critical care nurses indicated that they had a negative attitude towards the CPD programme due to a lack of awareness on its value and not being involved in a collaborative decision making process regarding the identification of the programme's content to ensure that individual learning needs are met. If critical care nurses are included in a collaborative decision making process, they would be better motivated to participate in and attend the CPD programme. Through collaboration the critical care nurses would feel less coerced by the clinical facilitator and unit management (top-down approach) to participate in the CPD programme and the nurses feeling of being valued for their inputs would increase. Increasing the critical care nurses' feeling of worthiness would subsequently lead to a sense of ownership for the programme. For critical care nurses to actively participate in a CPD programme, it is vital that they are aware of their benefits for participating. These are benefits for their employer as well as for the patients entrusted into their care. Collaborating with critical care nurses to identify their individual learning needs and collaboratively planning and implementing a CPD programme may influence their attitude positively resulting in increased attendance and consequently the implementation of a successful CPD programme.

Reference list

1. Petaloti S. Lifelong learning in nursing science and practice: a bibliographic review. *The Scientific Journal of the Hellenic Regulatory Body of Nurses* 2009;2(2):45-48.
2. Joyce P, Cowman S. Continuing professional development: investment or expectation? *Journal of Nursing Management* 2007;15:626-633.
3. Skees J. Continuing Education. A bridge to excellence in critical care nursing. *Critical Care Nursing Quarterly* 2010;33(2):104-116.

4. Collins J. Education techniques for lifelong learning: lifelong learning in the 21st Century and beyond. *Journal of RadioGraphics* 2009;29(2):613–622.
5. Kaye-Petersen E. Continuing professional development. In: Vasutheva S, Viljoen M, eds. *Educating for better health: a handbook for healthcare professionals*. South Africa: Juta 2003:93-94.
6. Fouché NA. What does the occupation-specific dispensation (OSD) in public service mean for nursing? *South African Journal of Critical Care* 2007;23(2):53-54.
7. National Nursing Summit. Report of the National Nursing Summit. Reconstructing and revitalizing the nursing profession for a long and healthy life for all South Africans. *South Africa*: National Nursing summit, 2012. Web site. http://www.iussonline.co.za/iuss/wp-content/uploads/2012/10/National-Nursing-Summit-final-draft. Accessed December23, 2013.
8. South African Nursing Council (SANC). Web site. http://www.sanc.co.za. Aaccessed June 27, 2011.
9. The Hospital, 2010.
10. Kitto S, Bell M, Peller J, *et al*. Positioning continuing education: boundaries and intersections between the domains continuing education, knowledge translation, patient safety and quality improvement. *Advance in Health Science Education* 2013;18:141-156.
11. Botma et al 2010.
12. Potter M, Gordon S, Hamer P. The nominal group technique: a useful consensus methodology in physiotherapy research. *NZ Journal of Physiotherapy* 2004;32(3):126-130.
13. Brekelmans G, Poell RF, van Wijk K. *Factors influencing continuing professional development: a Delphi study among nursing experts*. Web site. http://0-www.emeraldinsight.com.innopac.up.ac.za/journals.htm?articleid=1708298&show=abstract.2013. Accessed February 28, 2013.
14. Henwood SM, Taket A. A process model in continuing professional development: Exploring diagnostic radiographers' view. *Radiography* 2008;14:206-215.
15. Tame SL. Secret study: a new concept in continuing professional education. *Nurse Education Today* 2011;32:482-487.
16. Lee NJ. An evaluation of CPD learning and impact upon positive practice change. *Nurse Education Today* 2011; 31:390-395. Web site. http://dx.doi:10.1016/j.nedt.2010.07.012
17. Lammintakanen J, Kivinen T. Continuing professional development in nursing: does age matter? *Journal of Workplace Learning* 2012;24(1):34-47.

18. Draper J, Clark L. Impact of continuing professional education on practice: the rhetoric and the reality. *Nurse Education Today* 2007;27(6):515-517.
19. Jost SG, Rich VL. Transformation of a nursing culture through actualization of a nursing professional model. *Nursing Administration Quarterly* 2010;34(1):30-40.
20. McCormack B, Manley K, Titchen A, eds. *Practice Development in Nursing and Healthcare.* 2nd ed. United Kingdom: Wiley-Blackwell. 2013.
21. Gould D, Drey N, Berridge EJ. Nurses' experiences of continuing professional development. *Nurse Education Today* 2007;27:602-609.
22. McCaffrey RG, Hayes R, Stuart W, et al. An Educational program to promote positive communication and collaboration between nurses and medical staff. *Journal for Nurses in Staff Development* 2011;27(3):121-127.
23. Schostak J, Davis M, Hanson J, et al. Effectiveness of continuing professional development project: a summary of findings. *Medical Teacher* 2010;32:586-592.
24. Poell RF, Van der Krogt FJ. An empirical typology of hospital nurses' individual learning paths. *Nurse education Today* 2013;1-6, Web site. http.//dx.doi.org/10.1016/ j.nedt.2013.04.005. Accessed November 29, 2013.