



CRITICAL CARE NURSES' REASONS FOR POOR ATTENDANCE AT A CONTINUOUS PROFESSIONAL DEVELOPMENT PROGRAM

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Background Society demands competent and safe health care, which obligates professionals to deliver quality patient care using current knowledge and skills. Participation in continuous professional development programs is a way to ensure quality nursing care. Despite the importance of continuous professional development, however, critical care nurse practitioners' attendance rates at these programs is low.

Objective To explore critical care nurses' reasons for their unsatisfactory attendance at a continuous professional development program.

Methods A nominal group technique was used as a consensus method to involve the critical care nurses and provide them the opportunity to reflect on their experiences and challenges related to the current continuous professional development program for the critical care units. Participants were 14 critical care nurses from 3 critical care units in 1 private hospital.

Results The consensus was that the central theme relating to the unsatisfactory attendance at the continuous professional development program was attitude. In order of importance, the 4 contributing priorities influencing attitude were communication, continuous professional development, time constraints, and financial implications.

Conclusion Attitude relating to attending a continuous professional development program can be changed if critical care nurses are aware of the program's importance and are involved in the planning and implementation of a program that focuses on the nurses' individual learning needs. (*American Journal of Critical Care*. 2017; 26:70-76)

Continuous professional development (CPD) is necessary for nurses to maintain and build on current knowledge and skills in the rapidly changing health care environment.¹ The importance of CPD is highlighted by Joyce and Cowman,² who claim that greater accountability is being placed on health care professionals by society as well as the health care profession. The public's demand for competence and safe practice "obliges the profession to meet the challenges of quality care"³ with updated knowledge and skills. Participation in CPD activities is recognized by various organizations, such as governing bodies, accreditation organizations, certification boards, employers, and the general public, "as one of the most important competencies"⁴ that professionals must possess. Competence depends on updated knowledge and skills in one's field of specialty. The ultimate goal of CPD should be to enhance health care delivery to critical ill patients.²

In South Africa, CPD programs are viewed as systematic efforts to support professionals in remaining updated and competent.⁵ In 1997, the South African National Department of Health put into effect the *White Paper for Transformation of the Health System*, published in Government Gazette no. 17910.⁶ One of the focus areas was a CPD program for nurses.⁷ As yet, no formalized CPD programs or requirements have been legislated for nurses in South Africa.⁸ Although CPD programs are in the development phase, the South African Nurses Council currently regards CPD programs as the focus area.⁹

Public and private hospital groups initiated internal CPD programs to acquire, maintain, and improve the competencies of nurses.¹ One of the main principles behind CPD was to take control of the learning opportunities to enrich 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 in an effort to enhance the quality of patient care. The CPD program was developed by the unit managers and the critical care unit's clinical facilitator. The content was theory and practice based and included topics such as hemodynamic monitoring of critical ill patients, mechanical ventilation, renal dialysis, electrocardiographic interpretation, as well as a respiratory workshop. The CPD program consisted of sessions facilitated and

presented by medical doctors, critical care nurses (CCNs), a dietitian, and a clinical facilitator. The program was presented during an 8-month period, and every topic was presented 3 times to ensure that all the CCNs were given an opportunity to attend. The planned outcome was to enhance CCNs' competence, using current knowledge and skills in existing and new areas of practice to enhance quality of care.¹⁰

The strategy to implement a compulsory CPD program using a top-down approach did not have the desired outcome. From an organizational point of view, all requirements were met to ensure successful implementation of the CPD program. The CPD program was well planned and organized by the management team. Official on-duty time was provided for nurses to attend the CPD sessions, various facilitators were arranged, and the program was communicated to the staff members. Nevertheless, the average attendance was less than 30%. Only 32% of the CCNs (10 of 31) were able to provide a portfolio of evidence of participation in the CPD program, despite an extended deadline. Unsatisfactory attendance at a CPD program has serious implications for the CCNs because competencies are not updated, which can have a negative impact on the quality of nursing care.⁸ Unsatisfactory attendance at the CPD program led to the realization that the current CPD program is not achieving its goal.

To improve participation in the CPD program, it is crucial to first identify the challenges associated with engagement in the CPD program from the CCNs' perspective. The purpose of this research was to explore reasons for CCNs' unsatisfactory attendance at a CPD program.

Continuous professional development programs maintain and build on nurses' current knowledge and skills.

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Methods

Procedure

A nominal group technique was used to reach consensus on the reasons for unsatisfactory attendance at a CPD program. The nominal group technique is a consensus-seeking method based on reaching accord within a group, thereby 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 tends to occur in open discussions. The possibility of domination by other group members is minimized, and this results in significantly higher levels of group satisfaction because the procedure ensures that all participants have an equal opportunity to produce new ideas.¹²

Setting

This study's setting was within a private hospital group consisting of hospitals and health care services. The focus of the study was on CPD in the critical care units (CCUs), and the immediate setting for this study was a CCU in one of the hospital group's private hospitals situated in Gauteng.

The specific CCUs made use of nurses with different levels of training. The nurse practitioners in the CCUs were CCNs (CCNs had had 4 years of training programs plus specialization; n = 22), registered nurses (RNs; had completed 4 years of training programs; n = 9), and enrolled nurses (had completed 2 years of training programs; n = 8). The number of permanently employed staff included day and night nurse practitioners working in these units. The focus was on the CCNs and RNs working in the CCU, collectively referred to here as CCNPs.

Sampling

This study's target population was CCNPs working in the CCUs of the specific hospital group in Gauteng. The sample comprised CCNPs working in the CCUs of the private hospital.

Information sessions were facilitated by one of the authors with the aim of informing the CCNPs that the current CPD program is not working and their input would aid understanding why the current CPD program is not well attended, to improve future CPD programs. The CCNPs were assured

that, if they were willing to participate, none of the information shared during the data collection would be used against them. Purposive sampling was used

to include CCNPs who did attend and those who did not attend the CPD program; 20 invitations to attend the nominal group were distributed.

Of the 14 participants who voluntarily attended the nominal group technique for data collection, 10 were critical care experienced registered nurses and the remaining 4 were trained critical care registered nurses.

Data Collection and Analysis

Nominal group technique was used to collect and analyze data. At the onset of the nominal group technique, an overview was presented on the aim and objectives of the study.

An independent expert facilitated the nominal group with 14 CCNs. The facilitator posed a central question to the participants: "Why don't critical care nurses attend the continuous professional development program?" Five steps adopted from Potter et al¹² were followed to collect and analyze 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 reenter later if they wished to do so.
3. Serial discussion. Permission was obtained to record the discussions. Every idea listed on the flip chart was briefly discussed by the facilitator to ensure that the facilitator had understood the participants correctly. The participants then joined the discussion to share their views or ideas about the listed data. The facilitator and the participants analyzed the listed ideas and grouped data with similar meanings.
4. Voting and ranking. From the flip chart, all participants were requested to identify a list of 4 themes they considered the most important. Then they arranged their lists 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 the relevant theme.
5. Brief discussion. After the participants viewed the ratings of their votes, a brief discussion followed that focused on the ideas rated the highest during the preliminary voting process. During this short discussion, participants concentrated on clarification of these ideas and reaching consensus on the order of priority. Once the facilitator was satisfied that the

A nominal group technique was used to collect and analyze data.

participants had reached consensus on the themes and their ratings, the nominal group concluded, having reached its objectives.

Ethics

The Faculty of Health Sciences Research Ethics Committee, University of Pretoria, approved the study protocol (reference number S62/2012).

Trustworthiness

Member checking was used as a strategy to enhance credibility in this study, as follows: Feedback was given to the participants to confirm that the data collected were correctly interpreted by the facilitator, the participants were encouraged to provide critical feedback about factual errors or interpretive deficiencies, and member checking was done through a face-to-face discussion with the participants directly after the themes and categories had been identified. Other strategies used to enhance trustworthiness of the study included prolonged engagement, comprehensive and intense recording of data, data saturation, and independent coder checks.

Results

Four themes and 1 central theme emerged during the nominal group technique: communication, continuous professional development, time constraints, and financial implications and attitude.

Theme 1: Communication

Participants concurred that ineffective communication was the main reason for unsatisfactory attendance at the CPD program. Participants indicated that they require certain information early in the year to plan their activities for the rest of year, including the topics and/or content of the CPD program planned for the coming year and the dates, times, duration, venues, and contents for these courses. Collaborative decision-making arose as a subtheme.

Collaborative Decision-Making. One of the main concerns highlighted was the lack of collaborative decision-making among the CCNs, the clinical facilitator, and unit managers. The participants regarded the process as a top-down approach and wished for involvement in decision-making processes about planning, content, and implementation of the CPD program. One participant said, "it [the CPD process] is a one-way thing." Another said, "everything is just pushed down upon the staff." The participants indicated that if there was collaboration and if they had participated in the process, they probably would have attended more enthusiastically.

Theme 2: Continuous Professional Development

CPD was identified as the second theme. The participants indicated that some CCNs were not aware of the importance of CPD and, therefore, did not attend the planned activities. The following quotes from participants support the findings that awareness impacts the attendance of the CPD program: "they [CCNs] do not think it is necessary to attend CPD" and "personnel don't see the importance of it [CPD]."

Learning Needs. The participants strongly agreed that a thorough learning-needs assessment before the planning and implementation of a CPD program is important. Their viewpoint was that no learning-needs assessment was done and, therefore, they were not motivated to attend the sessions because the topics presented did not address their individual learning needs.

One participant said, "[an] individual's learning needs differs from person to person." Another said, "employees [CCNs] do not have a say in what their 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 because the topics would be regarded as valuable and, therefore, their negative attitude towards CPD could change.

One participant said, "if you [the CCN] make the decision to go for a specific topic, then you will attend."

Theme 3: Time Constraints

The participants strongly agreed that 1 of the factors impacting attendance at the CPD program was time constraints. Scheduled time played an important role in the nonattendance at CPD programs. Their argument was that because the CCU must have sufficient CCNPs on duty per shift, additional hours would be added for CPD program attendance; therefore, they would work more than the normal required hours per month.

One participant said, "[CPD] should be included into the week's shift days." Another said, "even though you [CCNP] get the hours from the hospital, it is seen as 'I am giving up my time because I still have to work my shifts.'"

Four themes emerged: communication, continuous professional development, time constraints, financial implications, and attitude.

Theme 4: Financial Constraints

From the participants' perspective, attending the CPD program had an impact on the CCNPs' financial status. They agreed that attending CPD programs in the form of symposiums, congresses, and conferences was very expensive. Furthermore, the participants indicated that attending the CPD program affects the available time to work overtime (ie, overtime is reduced), and the participants considered working overtime financially more attractive than attending a CPD program.

Participants' statements included "working overtime and being paid versus coming for CPD [as part of normal duty time not receiving immediate reimbursement]" and "the fact that CPD count[s] for on-duty time help[s] . . . but it reduce[s] the time for overtime, which [has] a financial implication."

Central Theme: Attitude

The majority of participants acknowledged the importance of CPD programs but voiced that there was a negative attitude toward attending the CPD activities. One of the nurses said, "the more I know the more I have to do . . . responsibility increase[s] with knowledge." Other comments included "already work at a fast pace, do not have time to implement new ideas or changes" and "working long hours in a critical care unit—lots of stress so you [CCN] don't want to add another stress on top."

Discussion

It is the opinion of Skees³ that CPD serves as "a bridge to excellence" in nursing practice. However, this idea can be appropriated only if the CCN is willing to make a commitment to learn and apply

new knowledge in clinical practice. The expectations of and demands from society for the delivery of safe health care compel all health care providers to meet the challenges of delivering quality patient care with up-to-date knowledge and skills.¹⁰ Being aware and understanding the value of CPD is essential¹³ because a lack of understanding can be a barrier to successful implementation of and attendance at CPD activities.¹⁴

Professionals require guidance to enhance awareness and understanding of CPD because it will enable them to develop into lifelong independent learners.¹⁴

Collins⁴ refers to learning in the competitive global marketplace of the 21st century as "lifelong earning demands lifelong learning." In the past,

hard work and loyalty led to a secure future, whereas in modern times, a premium is placed on those who continuously acquire skills and knowledge and who have the resilience and flexibility to adjust to the growing needs of the global labor market.⁴ The majority of literature sources list financial implications as a barrier or challenge experienced by CCNPs to attend CPD programs.

Consistent communication is highly appreciated when the nature, timing, and dissemination of CPD opportunities, as well as the expectations following the CPD program, are pointedly communicated.¹⁵ In this case, communication will be positive and contribute to the effective provision of and attendance at CPD programs. Brekelmans et al¹⁴ state that effective communication stimulates participation in a CPD program. In addition, effective communication is classified as an important aspect of successful collaboration.¹⁶

For the implementation of a successful CPD program, the learning needs of individual nurses, society, and the organization should be incorporated.¹⁷ CCNs have specific learning needs that may not be consistent with the needs of clinical facilitators and unit managers. When the type, nature, and content of a CPD program is not in accordance with the individuals' learning needs, the individuals are reluctant to participate in CPD activities.¹⁸ CCNs are responsible for identifying their own learning needs and these should be clarified by an in-depth needs assessment to ensure a flexible, well-executed CPD program. For a CPD program to be implemented successfully, it is imperative that the learning needs of participating professionals should be addressed to ensure engagement with and commitment to the program. Individual motivation has a significant influence on the degree of participation in a CPD program and is fundamental to its success.¹⁴

The amount of time CCNPs are expected to contribute to attending a CPD program results in conflict between home and domestic commitments; this was seen as a barrier to achieving a desirable work-life balance.^{3,14,19} People in organizations are "the key to success or failure."²⁰ To ensure the success of a CPD program, nurses must be part of the collaboration throughout the decision-making process, including the planning (learning-needs assessment) and implementation of the program. Using a top-down approach in which the clinical facilitator and unit managers decide on the content, time, and strategies to be used during the CPD program may result in unsatisfactory attendance.²¹ A feeling of being pressured by managers to engage in

Most participants indicated that there was a negative attitude toward attending the activities.

a CPD program with the mere objective of meeting the requirements of the organization contribute to unsatisfactory attendance at CPD programs.¹⁹ 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 organization.¹⁶ Through collaborative decision-making, ownership of the decisions and responsibility for the outcomes and success of the CPD program will enhance attendance.^{15,16}

A change of attitude toward CPD among nurses is needed¹⁴ because participation in CPD largely relies on the attitude of the individual.²² Tame²³ adds that the degree to which CPD is undertaken depends on the individual's previous educational experience: if previous educational experiences were negative or created the perception that learning is about passing or failing, instead of professional development, future education may be hindered. Lee¹⁵ confirmed that the attitude of professional peers may benefit or hinder learning in CPD participants. It is recommended that managers or clinical facilitators promote learning and support CPD participation through positive change. Moreover, determination of the attitudes of professionals and organizations about change is a challenge in itself because attitudes are neither "tangible nor visible."¹⁵

Limitations of the Study

This study was planned to improve the attendance of the CPD program in the CCU. Participants were selected from only 1 private hospital and the sample size was limited by the limited number of nurse practitioners working in the specified setting. Thus, transferability of the findings may be limited, but this was not part of the aim of the study.

Conclusion

CCNs indicated that they had a negative attitude toward the CPD program because of a lack of awareness of its value and not being involved in a collaborative decision-making process about the identification of the program's content to ensure that individual learning needs are met. If CCNs were included in a collaborative decision-making process, they would be motivated to participate in the CPD program. Through collaboration, the CCNs would feel less coerced by the clinical facilitator and unit management (top-down approach) to participate in the CPD program. Increasing CCNs' feeling of worthiness

would subsequently lead to a sense of ownership of the CPD program. For CCNs to be active in a CPD program, it is vital that they be aware of the benefits of participating. These are benefits for their employer as well as for the patients entrusted to their care. Collaboration with CCNs to identify individual learning needs and to plan and implement a CPD program may influence CCNs' attitudes positively, resulting in increased attendance at a CPD program and, consequently, its success.

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None reported.

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