

## CHAPTER ONE

### INTRODUCTION

#### 1.1 : Background

Rapid technologic advances, resulting from and related to the so-called knowledge explosion, have had an impact on every field endeavor in recent years, and will continue to have a profound influence on nursing. New drugs have cured some illnesses, and altered the course of many others. Surgery is being performed successfully in areas that would not have been attempted ten to twenty years ago. Organ transplants have ceased to be a novelty. Complex and intricate machinery can extend lives. All these have created a multiplicity of associated problems; all of which demand that medical personnel (including nursing) to acquire broader knowledge and understanding to make rational and humane decisions. The rapid technologic advances preclude the possibility of keeping up with all the current developments in the profession.

Changes in the provision of health care will place increasing demands upon the educational systems preparing the practitioner. These changes are reflected in innovative curricula, such as those preparing nurses for primary care and increasing emphasis on the continuing education of the practitioner in order to meet increasing demands for changes in the delivery of health care. The challenge is even greater to nurse educators as they assist practicing nurses in their efforts to keep abreast of current developments in the nursing profession.

The explosion in medical knowledge has reinforced the tradition that not only is medicine a learning profession, but it also applies to nursing. The fact is that nursing services, being the largest single component of all services providing care will continue

to be a primary vehicle for delivery of health care to the community. Since nurses are often the first to encounter those who need help, and are usually the health-care members in closest contact with clients, the role of the nurse and the impact on the quality of care administered is very important. Society's expectation and the rise of patients' rights movement have also contributed to the changing medical and nursing practices. Better-informed consumers (patients) are also more discerning about the nurses' competence. How many nurses really perceive continuing nursing education as an integral part of their professional life? Who are the nurses who continue with their nursing education? What are the characteristics of those who do and do not participate in continuing nursing education?

Therefore, nurses need to seek continuing educational experiences in order to maintain their competence and keep abreast of new scientific developments. The changing roles and functions of nurses not only suggest the need for further education but also demand it. Continuing education has been described by the American Nurses' Association (1984) as:

“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.”

In addition to the importance of continuing education for the updating and development of an individual, Rogers (1987) stated that:

“An interested, motivated workforce will perform effectively than one which is neglected and disinterested.”

The present health care delivery in Malaysia needs a new type of practitioner who is a “knowledgeable doer” capable of flexibility and creativity. A major reason for continuing education in nursing is for the improvement of professional practice (Cooper and Hornback, 1973). This is the primary objective of programs in continuing education for nurses. Broadly speaking, however, lifelong learning in nursing relates not only to professional practice but also to the development of the person as an individual and as a responsible citizen. Continuing education for the maintenance of professional competence is necessary for developing innovative approaches to health care (Cooper and Hornback, 1973).

## **1.2: Problem Statement**

The care of an acutely ill patient is changing rapidly and continuously. Critical care nursing is one of the fastest growing nursing specialties (Adler, 1976). The Critical Care Unit, is now an integral part of total patient care. It is a complex area and staffed primarily by registered nurses, with a nurse-patient ratio of at least one nurse to one or two patients. Patients are often in critical, life-and-death situations and need extensive physiological, psychological monitoring, and assessment. Acute care is given. Intervention must be immediate and precise; there is a high life and death potential, that is, patient placement in a Critical Care Unit is based on the assumption that death is possible and perhaps imminent, life-saving interventions are also possible. There is a demand for rapid decision making and possibility for autonomous action. Patient assignment is most often on a case study basis. It demands a clinically competent and knowledgeable nurse. There is a high degree of instrumentation and technology. Modern technology and recent medical advances has increased his chances of recovery but the

emphasis is upon nursing. Nurses who work in such units require the most specialization (Lewandowski & Kramer, 1979). Specialization means breaking the whole up into parts and becoming an expert in the care of the part of or a specified time period wherein certain specialized activities are needed, for example, functioning appropriately in an emergency situation, paying attention to the total patients' specific needs and to the needs of the family (Lewandowski & Kramer, 1979). Nurses here may require more intervention and assistance to develop more specific competencies as compared to nurses who work on less specialized units.

The demand for competent, trained Critical Care Unit nurses exceeds the supply, which creates problems in staffing. Ideally, every professional nurse in a critical care area should have a formal intensive course but it will not always be possible to obtain this goal. It is essential that at least the key personnel receive formal training. These people may then assist in the preparation of the remainder of the staff. One cannot help but question the legal and moral implications of placing patients in an area designed to receive specialized, intensive care and then not ensuring that they receive such care. Do what extent do these nurses take responsibility for their own self development through continuing nursing education so as not to lag behind other groups in recognizing the need for lifelong learning? Inadequate staffing and poorly prepared staff are major causes and result in many nurses leaving this area of nursing (Lewandowski and Kramer, 1979).

The challenges lie in how to keep nurses in the critical care unit up-to-date and improve their knowledge and skills. The central purpose of continuing nursing education activities is to enhance the competence and performance of practitioners by providing

useful information, skills and attitude which could be translated into better patient care (Cooper and Hornback, 1973). The nursing profession in Malaysia, led by the Malaysian Nurses' Association has also placed considerable importance on continuing nursing education. Society meetings and journals have supplemented nurses' knowledge for a long time. An organized and coordinated continuing education program specific to the specialty in which a nurse is working, would ensure that practitioners receive regular updating to practice professionally. However, the researcher has observed that continuing nursing education activities for the nurses in the Critical Care Unit, where the researcher works, are new and are usually conducted in the form of lectures, talks and weekend courses. But do these activities, organized by the various bodies, address the practitioners' educational needs?

Queeney (1995) felt that needs assessments are poorly developed. Needs assessment is the only way by which factors such as knowledge, skills, competence and habits, which detract from optimum performance, can be dissected to reveal specific deficiencies. Needs assessment can be done at the level of the professional need or at the individual level.

For the present researcher, as a nurse educationalist in critical care nursing with the responsibility for the professional development of the staff within a teaching hospital, hopes to identify educational needs for the purpose of designing a continuous nursing education program for the Critical Care Nurses. For this study, a survey was conducted over a 2-week period from 1<sup>st</sup> February – 14<sup>th</sup> February, 1988 in the Critical Care Unit of a teaching hospital

### 1.3: Purpose of the Study

It is apparent, as observed by the researcher, that many nurses may still be unaware of changes, which may have implications for their future role. The Malaysian Nurses Registration Regulations (1985) stated that each trained nurse must assume responsibility of her own continuing education. Many nurses, however, may be uncertain of this fact. The problem therefore remains that if nurses do not recognize such responsibilities to be their own, they will, most likely expect their nurse managers to make the necessary provisions for training on their behalf. Assuming that this responsibility was not realized, it could result in a serious neglect of training opportunities.

Learning opportunities for nurses working in the Critical Care Unit of the teaching hospital, have been available for some years. Support and encouragement have been given to all staff to attend educational programs. It has been observed that attendances tend to vary with different groups but by and large the junior or newly qualified nurses do take an interest in their professional development. There are, however, a group of nurses who have been qualified for a much longer time, perhaps 15 to 20 years, who for several reasons may not take the opportunity to continue their education, as do their junior counterparts. Some nurses feel that having had many years of experience, which they have perfected their nursing skills, continuing education is of little value to them. Others, however are handicapped by their hours of duty, for example nurses who work night duty are either less informed than those on day duties or are unable to attend day-time courses. Also there are those nurses who, for domestic reasons may experience problems in attending courses.

The reasons, therefore, for nurses not participating in continuing nursing education programs may vary.

Continuing education for nurses in the Critical Care Unit is essential if they are to maintain and develop their professional competence and awareness. Nurse educators recognized that in order to provide relevant and effective educational programs, it would be necessary to identify the learning needs of the nurses. In the past, topics were chosen from individual requests and based on the intuition of the nurse managers and nurse tutors. This method was partially successful. Hence, a survey was carried out by the researcher, to assess the learning needs and to determine factors which may influence attendance at courses. Aims of the survey include the following:

- 1. to examine the Critical Care Unit nurses' perception of their learning needs relevant to their current and future development;
- 2. to identify and examine in some detail the topics about which this target group needs better knowledge, skills or performance abilities;
- 3. to establish the learning methods preferred by the Critical Care Unit nurses for continuing nursing education;
- 4. to determine the factors that foster motivation for learning;
- 5. to provide a vital feedback to the Nursing Sciences Education Unit, (*Unit Pendidikan Sains Kejururawatan*), Department of Allied Sciences, University of Malaya, so as to develop future programs, which would meet the deficits identified by the study.

The assumption is that if the practitioner is actively involved in the assessment of her own personal and professional needs and in the planning and implementation of programs to meet those needs, then such educational programs will enhance benefits.

A literature search revealed that very little work has been done on this subject amongst Malaysian nurses, although in countries like England and Wales and North America, where continuing nursing education is well established, learning needs assessments are made regularly.

#### **1.4: Research Questions**

The study is designed to answer the following questions:

- 1. To what extent are Critical Care Unit nurses' perception of their learning needs relevant to their current and future development?
- 2. What learning domains /specific content areas are the Critical Care Unit nurses have least confidence in managing?
- 3. What are the learning methods preferred by the Critical Care Unit nurses for continuing nursing education?
- 4. What are the factors that foster motivation for learning?

#### **1.5: Rationale of the Study**

The study on continuing nurse education needs carried out will be based on the following rationale:

##### **1.5.1. Continuing nursing education**

Aspects of health care have been undergoing changes. Forces such as the growth of scientific knowledge and skills, advanced medical technology, advanced information and communication technology (telemedicine), litigation threat and accountability issues



through audit of resource utilization and quality assurance, have implications for nurses. Modern technology has created a plethora of problems with moral, ethical, and legal overtones. Complex, lifesaving measures and intricate machinery can extend lives. Transplantation of body organs has raised questions about the definition of death. All these advances demand innovative solutions, and require nursing approaches that are sound, reasonable and humane. Such approaches will demand the best thinking available, and sound thinking on these urgent issues requires adequate information and a philosophical base. Continuing nursing education can contribute to meeting those needs in ways that are yet essentially untapped. As a citizen the nurse shares with others a need to be informed about the current issues of the day and to work constructively toward the solution of the serious problems confronting our society. Since nurses in the Critical Care Unit are required to take decisive actions in critical circumstances, it is important that they not only increase their knowledge, and skills but also exhibit confidence in rendering care for patients who are acutely ill.

The increased emphasis upon the environment of learning point towards the adoption of a slightly different perspective where more attention is paid to the kind of conditions required, the types of individuals involved, and the characteristics of effective continuing nursing education. It is consideration of these issues that may give most guidance in planning, implementing and evaluating continuing education in critical care nursing.

### **1.5.2. Learning Needs**

The aims of continuing education are broader than merely adding to the professional competence of the practitioner. When continued learning results in

improved nursing practice and keeping alert to current trends and developments, its social usefulness is obvious (Cooper and Hornback, 1973). How can Critical Care Unit nurses be motivated to accept personal responsibility for their own continued learning? There are no simple answers to the question. Arousing the interest of the learner is one obvious motivating factor. Involving the learner in planning, designing activities that encourage participation and stimulating new areas of interest are all significant. Therefore, accurate determination of learning needs and the establishment of priorities are challenging aspects. Without adequate assessment of needs, too much emphasis may be placed on occasional and isolated learning experiences. This results in a lack of continuity for the individual learner and in the provision of unrelated educational experiences. We are no longer in the era of the "boss" identifying practitioners' / training needs in isolation. An organization with a systematized continuing nursing program is better able to develop its human resources and meet future challenges. Attempts at assessment of needs have been made in a variety of ways. Surveys of various kinds have provided helpful information (Cooper and Hornback, 1973). These are often conducted in the form of mailed questionnaires or less frequently, as personal interviews. Sample surveys may be meaningful particularly if an adequate sample is selected. Learning needs can change rapidly, so some means of updating data is required for effective program planning. A philosophy of continuing education recognizes the learner as an adult who accepts the responsibility for his own continuing learning. A belief in and respect for each person and an appreciation of individual differences are reflected in this philosophy. Translated into action, this means that these factors are recognized in program planning and design.

### **1.5.3. Registered Nurse**

Refers to an individual who is licensed by virtue of graduating from a program of nursing education and passing the Malaysian Nursing Board examination, to practice nursing in Malaysia.

The Critical Care Unit is ideally a “separate area within the hospital, specifically designed, equipped, and staffed to meet all anticipated needs of patients who are acutely ill” (Caswell, 1967). It is staffed primarily by registered nurses. The stresses that the new registered nurse encounters in a critical care setting are often different from those stresses of other types of nursing. A registered nurse in a Critical Care Unit is faced with minute-to-minute decision making. There is no margin of error without comprising the patient. The nurse who makes these decisions must possess advanced knowledge and skills in order to attend to a variation in the patient’s status.

## **1.6: Significance of the Study**

From the results of the study, the researcher would be able to establish meaningful focus on the following:

### **1.6.1. Planning for Continuing Nursing Education**

Planning is essential if learning needs of nurses are to be met and if available resources are to be used to good advantage. In recent years there has been a proliferation of isolated activities provided by various special interest groups, resulting in a wide range of unrelated offering available to nurses. These offering are characterized by a lack of coordination of one activity to another, so that little or no continuity is provided to the learner.

Individual nurses may participate in an array of disconnected courses and may enroll because the employing institution is willing to give her duty time or pay her expenses to attend or both. Many nurses appear to have given little attention to determining their own learning needs, but even if they had, counseling opportunities to assist them are usually not available.

Frequently, course offerings are of the “sit-and-listen” variety with little recognition given to the factors involved in learning. Planning must be seen as an ongoing process, not something that is done once for all time. The rapid technologic advances and proliferation of knowledge demands continuous planning to meet ever-changing learning needs.

#### **1.6.2. Determining Needs and Priorities**

Needs assessment is the way by which knowledge, skills, competence and habits, can be examined to reveal specific deficiencies (Queeney, 1995). Identifying educational needs would assist in designing appropriate continuing nursing education programs. The educational needs could be as follows:

- competencies to be monitored and improved
- content areas or disciplines to be emphasized
- learning methods to be utilized.

The significance of identifying such needs will help in the design of relevant programs; hence continuing nursing education activities can be more systematically coordinated and implemented.

### 1.7: Limitations of the Study

The limitations of the study are as follows:

1. The study is confined to a Critical Care Unit of a teaching hospital only; hence the findings will eventually aid in the identification of learning needs for the nurses working in the Critical Care Unit of this particular teaching hospital. Hence, a small statistical sample would be available. However, the size of the sample in this study is large enough for drawing valid conclusions and does represent the Critical Care Unit in which nurses are employed. The study is geographically restricted, therefore it cannot be assumed to reflect a national picture. The results of this isolated study of practitioners' needs will not form an adequate basis of long-term program planning or indicate all aspects of program development and delivery. The researcher would rank the results and declare those areas in which participants scored lowest to be the areas of weakness. The researcher wished to identify specific topics within the specialty of critical care nursing for program development. It is intended not to indicate failures but to identify areas in which additional learning can strengthen and enhance existing knowledge, skills or performance abilities. The data produced should preclude generalizing from a convenience sample to a total population. This study cannot be expected to provide data guaranteed to lead to successful programming decisions. A more realistic expectation is for a meaningful database that will guide the program design, development and delivery process, enabling the researcher to use resources productively and participants to be well served.

2. The survey method is the only method of investigation used in this study. Surveys of various kinds have provided helpful information. In this study, it will be

conducted in the form of questionnaires. Extensive surveys are time-consuming and costly.

3. No similar studies for reference.
4. Limitation on time and money.
5. Triangulation was not used to validate the questionnaire.

## **1.8: Definition of Terms**

For the purpose of this investigation, the following definitions were used:

### **1. Critical Care Unit**

- refers to a separate area within a hospital, specifically designed, equipped, and staffed to meet all anticipated needs of patients who are acutely ill (Caswell, 1967)

### **2. Registered Nurse**

- refers to an individual who is licensed by virtue of graduating from a program of nursing education and passing the Malaysian Nursing Board examination, to practice nursing in Malaysia.

### **3. Critical Care Nurses**

- refers to Registered Nurses working in the Critical Care Unit. May or may not have undertaken a post-basic nursing course in Critical Care Nursing.

### **4. Participation in continuing nursing education**

- refers to participation in any of the following activities regularly during the past year : reading nursing journals, attending talks and lectures or attending nursing conferences above normal service requirements.

**5. In-service Education**

- refers to a program administered by an employer designed to upgrade the knowledge or skills of the agency's own employees. This is also one form of continuing education.

**3. Perception**

- refers to insight, awareness, comprehension. (Oxford Thesaurus, 1991)

**4. Attitudes**

- refers to way of thinking, looking at things, sentiment, the way one feels, opinions that are directed towards some persons, group or objects. (Longman's Dictionary, 1978)