

## CHAPTER TWO

### REVIEW OF LITERATURE

#### 2.0. Introduction

The importance and relevance of continuing professional education and professional development for nurses has been repeatedly asserted throughout the literature (Studdy and Hunt, 1980; Charles, 1982; Brown, 1988); describing post-basic education for nurses as essential

The Malaysian Nurses' Registration Regulations embodied in the Nurses' Act (1950), stipulated competencies required by nurses for accountable practice. Not only must each nurse be competent to register, but she must also remain competent after registration. The Nurses' Registration Regulations (1985) states that,

Trained either as a general nurse for the sick, or as a nurse of some special class, in accordance with the provisions of subsection (2) of section 5 of the Act and satisfies the Board as to her identity, good character and professional efficiency.

Legislation has emphasized that every nurse should be aware of the need to update and expand her knowledge and skills and assess her own learning needs to ensure that her practice is satisfactory.

Changes in health care delivery systems will necessitate changes in the education of persons prepared to deliver that care. Health care personnel will need up-dating in their basic knowledge and clinical skills in the face of new technologies and sociological changes. One needs to learn continually to maintain competency. Continuing education should commence as soon as the basic statutory training ceases (Armstrong-Esther, 1983). Basic nursing education can "only be a foundation" and Altschul (1982) states that

it should prepare a nurse for life-long learning and should teach her to question her practice. A system so designed would assist in upholding the competencies.

As early as 1882, Florence Nightingale, while writing her article “Nursing the Sick”, had advocated,

Nursing is, above all, a progressive calling, year by year nurses have to learn new and improved methods, as medicine, surgery and hygiene improve. Year by year nurses are called upon to do more and better than they have done.

Continuing education is a necessary tool to maintain a high standard of care (Heath, 1984).

## **2.1 Definition of Continuing Nursing Education**

What does “continuing nursing education,” mean? Continuing nursing education is said to be planned learning experiences beyond basic nursing education programs, designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice, thus improving health care to the public (Popiel, 1977; Cooper and Hornback, 1973). It is concerned with preparing, up-dating and developing nurses in a work-orientated environment.

The Nursing Thesaurus (1970), defines continuing nursing education as,

Educational activities primarily designed to keep registered nurses abreast of their particular field of interest.

Continuing education as defined by the Dictionary of Education (1959) is “any extension of opportunities for reading, study and training to young persons and adults following their completion of or withdrawal from full-time school and college programs”. In this dictionary, continuing education is further defined as “education for adults

provided by special schools, centers, or colleges that emphasize flexible rather than traditional or academic programs". Several definitions of adult education mentioned in the Dictionary of Education (1959) are:

- 1) formal and informal instruction and aids to study for mature persons
- 2) all activities with educational purposes carried on by mature persons  
on a part-time basis
- 3) any voluntary, purposeful effort toward the self-development of adults.

While some limit the definition to the provision of study days and courses (Hughes, 1990), others argue that it involves the active involvement and motivation of the learner (Stanford, 1985) through self-directed learning methods. Jarvis (1987), makes a distinction between continuing education and continuing learning and summarizes as follows,

Continuing learning assures that the professional will endeavor to keep abreast of all new developments through self-direction by reading and attending conferences. Continuing education suggests that education courses have to be supplied for the practitioner to attend.

The American Nurses' Association (1984) described continuing education as follows,

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.

This definition focussed the significance of learning activities outside or beyond planned educational incidents for ensuring that nurses develop and expand their knowledge. Indeed, a valuable outcome of continuing education in nursing would be a demonstrable increase in informal educational activities such as reading professional journals (Snell, 1987).

The concept of continuing education has been studied widely by nurses, doctors and others. Popiel (1969) stated that the rapid changes in the delivery of health care and the public demand for more extended and improved health care have made continuing education in nursing an obligation of every practicing nurse. The unequal distribution of health personnel and the recent trend requiring health personnel to give evidence of continuing competence through continuing education make the provision of continuing education opportunities for practicing nurses imperative.

Weerakorn and Fernando (1991) stressed that continuing education is an assessment of one's own competence in respect of activities which are directly relevant to one's job functions and is one approach that enables identification of areas of low competence as well as self perceived learning needs.

## **2.2 Continuing Nursing Education – Views of Nurses**

It has been expressed that the learner's commitment to learn and benefit from an educational experience is paramount in professional education (Alexander, 1984; Ho, 1984; Cervero, 1985). The views of nurses, are therefore, important and must be acknowledged and reflected in programs if they are to foster and develop nurses' commitment and enthusiasm for continuing nursing education.

growth, up-dating, interest and increased knowledge and skills were among many reasons given for considering further educational courses.

Clarke and Rees (1989) found that 95% of the midwives (n=100) who completed their questionnaire felt that there was a need for continuing education, although 75% said that they would be reluctant to attend courses in their own time.

Lindsay's (1990) survey which assessed the demand for continuing education (N=610) found that 81% of respondents expressed positive interest in further education opportunities. Of those giving family commitments as a reason for having no immediate plans to participate in a continuing desire to do so once their children were older.

Nugent (1990) conducted a questionnaire study among 100 newly qualified nurses working within one health authority to discover the extent to which nurses were aware of the need to continue their education following registration. Linking continuing education following registration was strongly supported by 79% of these nurses. Furthermore, 93% of them felt that their initial nurse training was insufficient for a lifetime of practice. Nugent (1990) concluded that nurses in the United Kingdom are increasingly developing a strong commitment to, and recognition of, the importance of continuing nursing education.

Charles (1981), followed a study of the American system, and made certain interesting observations. In many American states, continuing education for nurses is a mandatory issue, and unless nurses do take the opportunity to continue their education they would not be allowed to practice.

The fact that there is not a nationally recognized system of continuing education for nurses in Malaysia is of concern to the researcher. Under the existing system in

high voluntary participation rates have led other groups to require learning throughout one's career. The significance of the activities of Critical Care nursing to society can be relevant to the level of knowledge, skills and performance abilities that should be expected. This specialty of nursing deals with issues of health that might be required to meet higher standards than roles that do not involve such life-or-death matters. People often look to education to prepare for a move in new directions (Queeney, 1995).

### **2.3 Identification of Nurses' Needs in Continuing Nursing Education**

O'Kell (1986) and Mackenzie & Sims (1989) have asserted the importance of identifying nurses' educational and development needs if continuing nursing education experiences are to be effective. This reflects both the issue of motivation to learn as well as a recognition that there are times when particular continuing nursing education needs are apparent and require a specific program to meet them (Mackenzie & Sims, 1989). They have argued that the identification of a need for continuing education is an essential part of the "continuum of professional development" and point out that :

Without an effective system for identifying a need, the provision of continuing professional education remains arbitrary, random and inequitable.

Hence, the identification of need is a complex task. Orme & Trickett (1983) who have indicated that a significant problem in continuing education is the difficulty nurses have identifying their continuing professional education needs support this. They have suggested that it is unsound to rely upon what nurse's request because it may be the case that what nurses want and what they need are two different things.

Different interpretations and uses of the word "need" within continuing professional education has been discussed in the literature, drawing a distinction between

## 2.4 Factors Affecting Uptake

A common finding is the lack of information pertaining to the availability of continuing professional education. However, a few studies have revealed that nurses experience specific difficulties accessing continuing professional education events. Clearly, these difficulties need addressing to ensure maximum uptake of continuing professional education opportunities by all qualified nursing staff.

Studdy & Hunt (1980) found that course attendance was strongly influenced by early notification of continuing professional education events and permission to take study leave as well as the content of the course. Although scheduling of continuing education programs and their activities may be at the convenience of the faculty, the needs of the potential participants should be the primary consideration in determining days of the week, times of the day, hours, and locations. An assessment of operational needs can determine if members find it feasible to participate in educational activities at only certain times of day, week, or year; are within reasonable distance of particular locations; or prefer certain program lengths and frequencies (for example, one four-hour session per week rather than two two-hour sessions). Studdy & Hunt (1980) found that mid-week scheduling was viewed as more convenient and 57% favored half-day study sessions rather than a full-day timetable. Half-day, and mid-week sessions were also the most popular scheduling identified by Dodwell (1983) in her random sample of qualified nurses (n=311).

The literature cited that inadequate advance publicity promoting in-service training events for nurses hindered uptake due to the difficulties encountered with changing off-duty and ensuring that the ward was safely covered at short notice. Staffing

levels were identified as creating difficulties for securing time off, and some commented the problems of obtaining study leave. The nurses particularly complained of the problems encountered with nurse managers and their lack of support, encouragement, and negative attitudes (Heath, 1980 and Lahiff, 1984). Mackereth's (1989) respondents claimed that attendance on continuing professional education events was often made difficult or impossible by poor staffing levels or lack of available funds. These were also identified as recurrent barriers to pursuing continuing professional education.

Schoen (1979) has emphasized the importance of acknowledging that responsibilities other than education compete for a learner's time and energy. The demands of the service and commitments may deter nurses from participating in continuing professional education as may stress, tiredness and other distractions (Brown, 1988).

Studies have highlighted the impact of domestic responsibilities on nurses' response to continuing professional education opportunities. Taking a random sample of 600 questionnaires from a total of 800, Rogers (1983) found that family commitments were acknowledged by many qualified nurses as restricting their ability to attend courses. Cooper and Hornback (1973) made an interesting observation, concluding that family responsibility was the greatest deterrent to participation in continuing nursing education. Because there are more females employed in nursing than males, it can be assumed that nurses are more likely to be affected by family responsibilities than their male counterparts. Lindsay (1990) supported these findings in his survey of 610 qualified nurses.



Against such a background the relevance of most theories of motivation, especially concerned with complex inherited instincts and needs, appears swamped by the realities surrounding nursing today. In a practical sense, Maslow's hierarchy of needs has many implications for continuing education. Starting with the physiological needs – food, shelter and safety – it climbs to the highest psychological need, which Maslow called self-actualization. The theory holds that only when the most basic needs are met, can the individual move to seek love and affection and then to self-esteem, with recognition, reputation and appreciation by others. Recognizing individuals (learners) as valued persons may contribute to meeting their needs for esteem.

## **2.5 Impact of Continuing Education in Critical Care Nursing**

Relevance of content is particularly notable in critical care since the knowledge which nurses have about critical care nursing, as a result of their basic education, varies widely and there is much evidence of a deficit in knowledge. Since knowledge is considered a necessary prerequisite to good care and professional development, there is a requirement to make good this deficit, thus enabling and supporting those giving care.

Studies have shed light on differences between critical care and non-critical care nurses. Gentry, Foster and Froebing (1972) studied nurses' stresses in critical and non-critical care nursing. Nurses were given a series of psychological tests, along with a questionnaire on which they rated their current job satisfaction. Critical Care nurses reported more depression, anxiety, psychological and emotional stress. However, they verbalized the challenging nature of their work and the worthwhile feeling of helping patients through a period of crisis. Critical Care nurses are often in critical, life and death situations and their patients need extensive physiological and psychological monitoring

and care. They need to possess a specialized body of knowledge and require detailed technical and scientific information. They are recognized as having specialized competence and as belonging to a specific professional group. Studies done by Lewandowski and Kramer, (1979) indicated many implications for staff development in this specialized environment. Nurse educators have the opportunity to intervene in the nurse's deficit knowledge areas. The degree of specialization requires will mean planning on-going continuing nursing education programs that are attuned to the special needs and characteristics of Critical Care nurses so as to be able to practice enhanced patient care.

Mackereth (1989) in his study among 89 staff nurses reported results that indicated that these nurses wanted management training, skills and knowledge in looking after critically ill patients. The investigation identified the need of continuing education for nurses as crucial to improving patient care, support and help for staff to assess their needs and be informed of choices and resources.

According to Dodwell (1984) the primary aim of continuing education is the improvement of patient care, it should also raise morale, increase job satisfaction, and increase the status of the profession by producing up-to-date practitioners.

## **2.5: Summary**

Continuing nursing education, therefore, are all the learning activities, which begins with graduation and goes on through post-graduate education and the entire professional life until the nurse retires. It is common knowledge that most what a nurse has learnt in a School of Nursing would have become obsolete by the time she graduated,