Current Participation and Perceived Value of Continuing Education

By Nurses Working in a Rural Mid-Western Community

Over the past eight years as an active member of the Pi Pi Chapter of Sigma Theta Tau Program Committee, this researcher has been involved in planning numerous scholarly events including Research Days, Continuing Education (CE) programs and other professional development activities. Much thought is always put into planning programs that will appeal to the professional needs and interests of a wide variety of nurses. Particular efforts are made to include the clinical nursing staff of the local hospital, which is the primary employer of nurses in this area. Despite much effort, and at times great expense to procure national speakers, the majority of attendees at most programs are nursing faculty, and students who are required to attend the programs for a class assignment. In discussing this problem with other nurse leaders throughout the country, similar problems with program attendance appear to be the norm.

The American Nurses Association (ANA) charges registered nurses with the responsibility for life-long learning through ongoing educational activities that enhance knowledge of current practice (ANA, 2004). Based on this standard, some nurses take the initiative for professional development independently and find personal and professional satisfaction in learning. The consequences for those who neglect efforts for continued professional competence could result in compromised public safety.

Currently 29 states choose to insure that all nurses maintain a level of professional competence by mandating a minimum number of CE contact hours for license renewal (INA, 2006). This is not a requirement in the State of Illinois at this time. However, with the Nurse Practice Act about to sunset, efforts are being made to include the requirement of CE contact hours in the newly proposed Act.
Purpose

The purpose of this study was to survey nurses in a rural Mid-Western city to explore what continuing education topics they find valuable; their beliefs about the importance of CE to their professional practice; where they currently obtain CE from; perceived barriers to CE; and preferred format for CE programs. Data obtained from this study can be used to plan CE programs that will appeal to a large spectrum of nurses based upon identified preferences. CE programs designed with these preferences in mind will facilitate an optimal environment for professional development, continued competence, and life-long learning.

Literature Review

Information in the literature was found to be sparse regarding exploration of nurses’ perceptions of the value of the knowledge they derive from attending CE programs, or their preferred topics of interest and program format. Lazarus, Permaloff, and Dickson (2002) conducted a study (N = 406) designed to evaluate the program of mandatory CE for nurses licensed in Alabama. They found that 85% of nurses participating in their random survey reported perceiving at least “some” value from the knowledge and skills obtained by attending CE programs while 8% reported CE programs to be of “no value” or “unnecessary” for their professional practice.

Barriers to participating in CE activities by nurses working in rural areas of Canada (N = 2,838) were studied by Penz et al. (2007). They found 67% of the participants reported perceived barriers to attending CE activities, with the most frequently expressed barriers being distance of travel, staffing levels not allowing for absence from work, family obligations and lack of personal time. Additionally, financial restraints such as costly expenses for travel, tuition, and educational time off not being reimbursed by their employer topped the list of reported barriers.
According to Lazarus, Permaloff and Dickson (2002) and Penz et al. (2007), nurses value the increased competence CE programs contribute to their professional practice; however, barriers to attaining knowledge through CE activities are many. Finding solutions to making valuable CE easily accessible to nurses is essential.

Method

Design

This descriptive study was used to survey a convenience sample of nurses working in hospital, nursing home, clinic, and academic settings. A questionnaire was developed by the researcher to obtain input which could be analyzed to determine the respondents’ current preferences, practices, needs and desires related to CE activities.

Sample

Questionnaires were distributed to 750 nurses with a total of 354 surveys being completed and returned. A variety of practice settings was chosen for distribution to insure that the input received was representative of most all nurses working in this rural area.

Instrument

The questionnaire used for this study gathered demographic information about age, gender, education, licensure, employment, and professional nursing organization membership. The remainder of the survey sought to evaluate the participants’ past CE attendance, value, topic preferences, registration fees, and best times to attend CE programs.

For the purpose of this study, “continuing education program” refers to any type of program that was designed for the purpose of providing the participants with new or updated information about a nursing/healthcare topic. Program approval for CE credits by the American...
Nurses Credentialing Center’s (ANCC) Commission on Accreditation was not a requirement for consideration by this sample when responding to questions about CE programs.

**Analysis**

Analysis of the data was accomplished using the Statistical Package for Social Sciences version 14.0 (SPSS). Frequencies, descriptives, crosstabulations, and Pearson Chi-Square were used in reporting the data results.

**Findings**

**Characteristics of the Sample**

Nurses participating in this study ranged in age from 22-68 with a mean age of 44.7. Gender was reported as 94% female and 6% male. Regarding licensure, 230 (65%) respondents identified themselves as RNs, 8 (2%) as APRNs, and 116 (33%) as LPNs.

The nurses in this sample reported working in hospitals (42%, n = 149), Nursing Homes (37%, n = 130), Clinics (14%, n = 51), and Schools of Nursing (7%, n = 23). Job titles include Staff Nurse (60%), Office Nurse (11%), Management (11%), Administration (2%), Educator (8%), and Other (8%). The reported number of years of nursing experience ranged from 1 to 44 (M = 19). Membership in at least one professional nursing organization was reported by 39% of the survey participants.

**Continuing Education Program Survey Data Results**

*Number of CE programs attended during the past two years.*

Only 16% (n = 58) of respondents indicated that they had not attended any CE programs during the past two years. Forty-nine percent (n = 172) report attending 1-5 CE programs, 16% (n = 56) attended 6-15 programs, and 17% (n = 61) report attending more than 15 CE programs during the past two years. Seven participants (2%) did not respond to this question.
Reasons for attending CE programs.

Participants were asked to rank from a list the reasons they attend CE programs. The responses were ranked from 1-5 as follows: Professional/Personal Interest ($M = 1.4, SD = 1.1$), Job Requirements ($M = 2.1, SD = 1.7$), Professional Certification Requirements ($M = 2.4, SD = 1.8$), Career Advancement ($M = 2.7, SD = 1.9$), and Networking ($M = 2.9, SD = 1.9$).

Personal value and perceived employer value of CE programs.

Responses to the question “How much value do you place on CE?” found that 80% of the participants reported CE activities to be “Somewhat – Very valuable.” Only 4% reported “No value”; 15% “Minimal value”; and 1% did not respond.

Perceived employer value of CE activity was significantly lower than reported personal value, [$\chi^2 = 280.741(16), p = .000$], with respondents rating perceived employer value as “Somewhat – Very valuable” (63%); “Minimally valuable” (24%); “Not at all valuable” (11%); and 2% not responding. There was some notable variance in perceived employer value of CE activity by place of employment. Nurses working in a clinic setting reported employer value of CE activity to be “Somewhat – Very valuable” only 51% of the time; hospital setting 63%; nursing homes 64%; and schools of nursing 87%.

CE influence on job performance.

Participants were asked “How did the knowledge you obtained from CE programs over the past two years influence your job performance?” The responses were: “Some - Much influence” (69%) and “Minimal – No influence” (24%). Clinic employees reported “Some – Much influence” (57%); hospital (76%); nursing homes (61%); and schools of nursing (81%).
What is your source for CE programs?

Participants were asked to choose all that applied from a list of a variety of sources they might use for obtaining CE. An option of “other” with a blank space to explain was also provided. The primary source reported for obtaining CE was “Employer provided inservices” (59%). Next were “Professional Organization programs” (38%), “Private provider programs” (24%), “Professional Nursing Journal Self-Study programs” (16%), “Internet/Online programs” (14%), and “Other” (5%). Sources listed by respondents as “other” were Community College, University, Drug Reps, and larger cities. Employment settings and RNs/LPNs reported findings similar to the total population.

Barriers to attending CE programs.

Eight barriers to attending CE were listed and participants were asked to mark all of the barriers they experience. The option of “other” was also available, with a space to explain additional barriers. “Getting time off work to attend programs” was the most frequently chosen barrier (59%). “Program costs” (55%), “Lack of funding for CE programs” (50%), and “Travel requirements” (44%) were then followed by “Do not want to give up personal/family time” (33%), “Relevance of available programs” (27%), “Lack of administrative support” (19%), and “Personal lack of interest” (8%). “Other” (5%) included “none offered”, “school”, “unaware of availability”, “conflicting schedules”, “can’t afford time off work”, “leaving during work to attend”, and “I’m tired”. Findings were similar regardless of place of employment.

Preferred format for presentation of CE.

A list of twelve options for program format was presented and participants were asked to mark the three that they would most prefer (Table 1). The top preference was chosen by 51% of
the total sample; however, the results were skewed by 78% of school of nursing employees and 58% of nursing home employees choosing this as their top choice, while only 44% of hospital employees, and 45% of clinic employees chose this as their preferred format.

The second most popular format (48%) once again was misleading when taking workplace into consideration. Hospital (52%) and clinic (53%) employees preferred this format less than school of nursing employees (70%), and nursing home employees (38%) desire this choice even less.

*Topics of interest for CE programs.*

Participants were asked to indicate their interest in nine general program topics by marking all that applied (Table 2). The top three choices were “Disease specific treatment/patient care” (68%), “Evidence Based Nursing/Best Practice Guidelines - clinical related” (59%), and “Pharmacology Updates” (57%). Once again, it is evident that nurses’ responses differ dependent upon workplace. Most notable was the response to “Research” which received the lowest interest with hospital employees (9%), clinic employees (10%), and nursing home employees (17%); however, school of nursing employees chose this as their second favorite response (57%).

*Preferred day and time of day for CE programs.*

Monday through Friday were chosen by the majority (51% - 67%) of participants as preferred days for CE program presentations. Saturday (16%) and Sunday (3%) were the least favorite choices. Wednesday was the top choice (67%) among all workplaces.

Preferred time of day for CE programs was 9 am–Noon (61%), followed by Noon–4 pm (52%). Other time choices were 7 am– 9 am (28%); 4 pm–7 pm (21%); and 7 pm–10 pm (10%).
“Other” responses indicated a desire for CE programs to be offered during 7 pm–7 am shifts at work and “all day.”

*Maximum amount willing to pay for CE programs (2-4 hours).*

When presented with a range of dollar amounts for attending a 2-4 hour CE program, 35% of the respondents indicated that the maximum amount of money they were willing to pay was $15-$25 for a local presenter. Respondents were willing to pay more for a national presenter at a 2-4 hour CE program. Twenty-four percent (24%) indicated they would pay a maximum of $45-$55; however, school of nursing employees indicated a willingness to pay more for national presenters (52% would pay $45-$55 and 35% would pay $60-$70); thereby, inflating the total sample results for those price ranges.

**Discussion**

*CE Participation, Value, Benefits, and Barriers*

If approved, the proposed Nurse Practice Act will require nurses to participate in 20 CE contact hours within two years. This study found that 65% of the respondents had attended fewer than six CE programs during the past two years. However, when asked about their personal value of CE, 80% responded that they found CE activities to be valuable. The survey also found that 69% of the nurses in this sample responded that the knowledge they obtain by attending CE programs has positively influenced their job performance. These findings are similar to those of Lazarus et al. (2002) who reported 85% of nurses perceiving at least “some” value from the knowledge and skills obtained by attending CE programs. With such a positive response to both value and benefits of CE, one might wonder why nurses attend so few CE events.

Ninety-six percent (96%) of the nurses in this survey perceive there to be one or more barriers that inhibit their participation in CE programs. Penz et al. (2006) found that 67% of their
sample perceived at least one barrier to CE attendance. The barriers most often reported in both studies were similar: getting time off work, cost, lack of funding for CE by employer, and travel.

**Current CE Activity, Preferred Format, and Desired Topics**

Employer provided inservices were reported by 59% of respondents as their source for obtaining CE opportunities. “Inservices” generally do not meet the requirements for AACN accreditation as “continuing education” because the information provided is specific to the goals, policies, and procedures of the organization rather than providing supplemental knowledge that can be applied to a variety of settings (DeSilets, 2006). Therefore, inservice education may not be applicable as required hours of CE for license renewal by the proposed Nurse Practice Act.

The responses to “preferred format for presentation of CE” revealed the need to consider the type of workplace when analyzing these survey results. The majority of hospital and clinic employees prefer “full-day presentation outside of my workplace with time away paid by employer.” Nursing home and school of nursing employees prefer “presentation made at my workplace during my regular work hours.”

As might be expected, nurses’ preferences of topics for CE vary based on their workplace, also. Hospital and nursing home employees show more interest in disease specific treatment for patients, while nurses working in clinics prefer to learn about pharmacology updates and health education/promotion. School of nursing employees indicated a desire for education relating to Evidence Based Practice and research. Once again, this research validates the importance of customizing CE programming to the audience.

**Limitations**

While the results of this study can be quite useful in planning continuing education programs based on the reported preferences of the nurses in this sample, there are a few
limitations that need to be discussed. There were no nurses in the sample from the “public health” or “home healthcare.” Also, failure to collect more socio-demographic information, such as what shift the nurses work, marital status, children, etc., may have limited the value of the data collected in the “preferred time of day” portion of the survey.

Conclusions and Implications for Nursing

The nurses in this study valued the concept of continuing education and felt that the knowledge they gained from CE experiences was useful to their practice. Over the past two years, few of the nurses surveyed reported attending a sufficient number of CE programs (including employer provided inservices) to satisfy the requirements proposed for licensure renewal.

Barriers to attending CE programs are most often reported as being related to work schedules, lack of funding by employers to attend programs, personal financial cost, and travel. The nurses in this survey also indicated a perception that their employers do not value CE as highly as they do, which may be an additional barrier.

Those responsible for program planning need to target the program content to a particular audience, rather than trying to reach a wide range of nurses with one topic. For example, those in the field of academia have a greater interest in research than the general population of nurses. Therefore, a program being planned about best practice guidelines for a variety of disease processes, though it may be research based, should not be called “Research Day.” Naming the program “Step-by-Step Care and Treatment of Frequently Encountered Diseases” may provide less of a “research-type program” impression and attract more nurses from clinical workplaces.

Planning program topics and format specific to workplace preference, days, and times may help accommodate nurses in maintaining competence through enhanced knowledge and
professional growth while also meeting regulatory requirements for continuing education.

Exstrom (2001) explains that “Competence is a partnership among individual nurses, employers, educators, professional organizations, and regulatory bodies” (p. 120). Much like “bringing the mountain to Mohammed,” perhaps continuing education needs to be brought to nurses, when and where they want it, at a cost they are willing to pay.

Future Research

Nurses’ perceived employer value of CE was significantly lower than their personal value. Do the barriers of “getting time off work” and “lack of funding for CE by employer” lead nurses to perceive a lower value for CE by the employer? Lindy and Reiter (2006) observed that with healthcare organizations continually cutting their staff education budgets, perhaps it should be the responsibility of staff development educators to provide administrators with well documented evidence of the benefits of staff education.

Would nurses be more likely to participate in CE if healthcare organizations supported continued competence and professional development by providing more funding for CE program attendance with paid time off work? Would the increased competence gained through CE attendance improve patient care and staff satisfaction, while decreasing malpractice litigation and staff turnover? These are questions that warrant further investigative research.

Key Points

1. Nurses perceive that they value continuing education more so than their employers.

2. Action needs to be taken to eliminate identified barriers to continuing education in order for continued competence and professional development in nursing to occur.

3. Preferences for continuing education topics and format vary by workplace and need to be considered when planning programs which are audience specific.
References


Table 1

**Preferred Format for Presentation of CE Programs**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Total</th>
<th>Preferred Topics of Interest for CE Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>51%</td>
<td>Presentation made at my workplace during my regular work hours.</td>
</tr>
<tr>
<td>2</td>
<td>48%</td>
<td>Full-day presentation outside of workplace – time away paid by employer.</td>
</tr>
<tr>
<td>3</td>
<td>44%</td>
<td>½ - day presentation outside of workplace – time away paid by employer.</td>
</tr>
<tr>
<td>4</td>
<td>30%</td>
<td>Computer Based Learning (CBL) modules provided by employer.</td>
</tr>
<tr>
<td>5</td>
<td>30%</td>
<td>Presentation during meal break with meal provided.</td>
</tr>
<tr>
<td>6</td>
<td>19%</td>
<td>CE available for self-study in Professional Nursing Journals.</td>
</tr>
<tr>
<td>7</td>
<td>17%</td>
<td>Presentation made at my workplace outside of regular work hours.</td>
</tr>
<tr>
<td>8</td>
<td>16%</td>
<td>Presentation outside of workplace during regular work hours (1-2 hrs).</td>
</tr>
<tr>
<td>9</td>
<td>12%</td>
<td>Home-Study modules.</td>
</tr>
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<td>10</td>
<td>11%</td>
<td>Presentation made after work hours with snack or light meal provided.</td>
</tr>
<tr>
<td>11</td>
<td>7%</td>
<td>Distance-Learning/Video Teleconference during work hours.</td>
</tr>
<tr>
<td>12</td>
<td>4%</td>
<td>Distance-Learning/Video Teleconference outside of work hours.</td>
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**Preferred CE Format by Workplace**

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<th>Employer</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
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<th>12</th>
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<tbody>
<tr>
<td>Hospital</td>
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<td>52</td>
<td>44</td>
<td>38</td>
<td>30</td>
<td>19</td>
<td>24</td>
<td>08</td>
<td>10</td>
<td>14</td>
<td>03</td>
<td>07</td>
</tr>
<tr>
<td>Clinic</td>
<td>45</td>
<td>53</td>
<td>49</td>
<td>22</td>
<td>41</td>
<td>18</td>
<td>12</td>
<td>20</td>
<td>10</td>
<td>16</td>
<td>02</td>
<td>00</td>
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<tr>
<td>Nursing Home</td>
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<td>38</td>
<td>42</td>
<td>27</td>
<td>28</td>
<td>19</td>
<td>14</td>
<td>28</td>
<td>14</td>
<td>06</td>
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Table 2

Preferred Topics of Interest for CE Programs

<table>
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<tr>
<th>Rank</th>
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<th>Preferred Topics of Interest for CE Programs</th>
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<tr>
<td>1</td>
<td>68%</td>
<td>Disease Specific Treatment/Patient Care</td>
</tr>
<tr>
<td>2</td>
<td>59%</td>
<td>Evidence Based Nursing/Best Practice Guidelines – Clinical Related</td>
</tr>
<tr>
<td>3</td>
<td>57%</td>
<td>Pharmacology Updates</td>
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<td>4</td>
<td>47%</td>
<td>Professional Issues (staffing, workload, licensure, legal issues)</td>
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<td>5</td>
<td>41%</td>
<td>Health Education/Health Promotion ideas to be used with your clients</td>
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<tr>
<td>6</td>
<td>38%</td>
<td>Self-Care Issues (stress management, organization, relaxation techniques)</td>
</tr>
<tr>
<td>7</td>
<td>28%</td>
<td>Leadership and Management</td>
</tr>
<tr>
<td>8</td>
<td>16%</td>
<td>Technology Applications</td>
</tr>
<tr>
<td>9</td>
<td>15%</td>
<td>Research</td>
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Preferred Topic by Workplace

Rank by Total Population

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<th>3</th>
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<th>6</th>
<th>7</th>
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<tbody>
<tr>
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<td>63%</td>
<td>54%</td>
<td>51%</td>
<td>37%</td>
<td>32%</td>
<td>26%</td>
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<tr>
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<td>37%</td>
<td>53%</td>
<td>43%</td>
<td>22%</td>
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<td>10%</td>
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<td>Nursing Home</td>
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<td>46%</td>
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