CONTINUING

PROFESSIONAL

DEVELOPMENT IN NURSING

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ABSTRACT

The problem identified by the researcher, points to the fact that professional nurses in South Africa are not aware that it is their responsibility to continue learning and to seek learning opportunities in order to address their learning needs after obtaining a basic nursing qualification. Continuing professional development (CPD) has been defined as *lifelong learning that takes place in a professional career after the point of qualification and/or registration*. The primary aim of continuing professional development (CPD) in nursing is improvement of patient care. CPD in nursing enables professional nurse practitioners to provide quality nursing care and service delivery to their patients and clients.

The purpose of this research was to assess the need for continuing professional development for professional nurses in order to develop criteria that would assist with the provision of these programmes. The objectives of this research were to:

- assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- assess the extent to which professional nurses participate in continuing educational activities;
- ascertain whether professional nurses support the introduction of mandatory continuing professional development; and
- determine the barriers to participation in continuing professional development.

A survey, as a quantitative research design, was used in this research to collect the data from a sample of professional nurses working at two public hospitals in the Western Cape Province. A random sampling technique was used to select one hundred professional nurses from a population of professional nurses that was dispersed over a wide geographical area. This design enabled the researcher to use a questionnaire in order to obtain the information needed for this research from the participants. The researcher also conducted semi-structured interviews, which constitutes a qualitative approach to

research, with ten professional nurses. The reason for using both research approaches was that the quantitative approach helped the researcher to measure the responses from the professional nurses objectively while the qualitative approach enabled the researcher to describe the professional nurses' own experience of their CPD activities.

A questionnaire, as the data collection instrument, was informed by the literature review. It enabled the researcher to obtain the information from the sample of professional nurses. The data collected included the demographic information of the sample, the nurses' participation in formal education, non-formal education and in-service education as well as the reasons for and the barriers to participating in these programmes and their views about mandatory continuing professional development. The questionnaire was self-administered and anonymous. The data obtained from the questionnaires and interviews was analysed with the use of the Statistica program and a hand calculator. The process of triangulation was used in this research to assess the reliability and the validity of the research process.

The findings of this research indicated that the professional nurses included in this research are aware that they have a responsibility to continue their education beyond their initial pre-service training. Although these nurses are therefore aware that they have to continue learning and that they have a responsibility to pursue lifelong learning, and even though there are a significant number of professional nurses who have already participated in CPD activities there are also a significant number of professional nurses who have not yet participated in the CPD activities. Financial and accommodation constraints, family responsibility, lack of advanced notification and staff shortages have been identified as the barriers to CPD participation.

The researcher has identified that the professional nurse is in need of CPD. The findings have indicated that the nurses in the sample do not support mandatory continuing professional development but have indicated that they will use all formal and non-formal learning opportunities to improve their knowledge and skills.

According to the literature review, various authors have stressed that the concept of adult learning should be incorporated in the provisions of the CPD programmes for nurses, including the criteria on which these programmes should be based. Teaching and learning strategies are to be employed that would ensure that nurses have the skills to learn and relearn as knowledge develops. This will enable nurses to develop the skills that are necessary for lifelong learning. Innovative strategies also referred to as self-directed approaches to learning, such as problem-based learning, group discussions or projects and learning contracts that will promote the development of lifelong learning skills.

CPD activities in nursing include formal, non-formal and in-formal learning opportunities. Based on the literature review and the findings, the researcher recommends that all professional nurses be granted the opportunity to attend a formal course to help them to obtain a post-basic nursing qualification and that all professional nurses further be encouraged to attend the hospital's in-service education programmes and workshops provided by the professional nursing societies.

The findings indicated that the sample professional nurses believed it is the individual professional nurse's responsibility to identify and evaluate his or her own learning needs and be accountable for ensuring that those needs are met. Failure on the part of professional nurses to accept that the responsibility to learn continually is theirs could result in the inadequate delivery of nursing care.

OPSOMMING

Die probleem wat deur die navorser aangedui is, dui op die feit dat professionele verpleegkundiges in Suid-Afrika nie daarvan bewus is nie dat dit hulle verantwoordelikheid is om met hulle studie voort te gaan en om leergeleenthede na te jaag ten einde in hulle leerbehoeftes ná die verkryging van 'n basiese kwalifikasie in verpleging te voorsien. Voortgesette professionele ontwikkeling (VPO) is al gedefinieer as *lewenslange leer wat ná kwalifikasie en/of registrasie in 'n professionele loopbaan plaasvind*. Die primêre doel van voortgesette professionele ontwikkeling (VPO) in verpleging is verbetering van pasiëntesorg. VPO in verpleging stel professionele verpleegpraktisyns daartoe in staat stel om verpleegsorg van hoë gehalte en dienslewering aan hulle pasiënte en kliënte te verskaf.

Die doel van hierdie navorsing was assessering van die behoefte aan voortgesette professionele ontwikkeling vir professionele verpleegkundiges ten einde kriteria te ontwikkel wat sal help met die voorsiening van hierdie programme. Die doelstellings van hierdie navorsing was om:

- te assesseer of professionele verpleegkundiges bewus is van hulle verantwoordelikheid om hulle opleiding ná hulle aanvanklike voordiensopleiding voort te sit;
- die mate waartoe professionele verpleegkundiges aan voortgesette opvoedkundige aktiwiteite deelneem te assesseer;
- vas te stel of professionele verpleegkundiges die invoer van verpligte voortgesette professionele ontwikkeling ondersteun; en
- die struikelblokke tot deelname aan voortgesette professionele ontwikkeling te bepaal.

'n Opname, as kwantitatiewe navorsingsontwerp, is in hierdie navorsing gebruik om data in te samel van 'n steekproef professionele verpleegkundiges werksaam by twee openbare

hospitale in die Wes-Kaap. Waarskynlikheidsteekproefneming is gebruik om een honderd professionele verpleegkundiges uit ’n populasie professionele verpleegkundiges wat oor ’n groot geografiese gebied versprei was, te selekteer. Hierdie ontwerp het dit vir die navorser moontlik gemaak om ’n vraelys te gebruik ten einde die inligting wat vir hierdie navorsing benodig was, van die deelnemers te verkry. Die navorser het ook semi-gestruktureerde onderhoude met tien professionele verpleegkundiges gevoer, wat ’n kwalitatiewe benadering tot navorsing uitmaak. Albei hierdie navorsingsbenaderings is gebruik omdat die kwantitatiewe benadering die navorser gehelp het om die reaksies van die professionele verpleegkundiges op objektiewe wyse te meet terwyl die kwalitatiewe benadering die navorser in staat gestel het om die professionele verpleegkundiges se eie ervaring van hulle VPO-aktiwiteite te beskryf.

’n Vraelys, as instrument om die data in te samel, is deur die literatuurstudie geïnspireer. Dit het die navorser daartoe in staat getel om die inligting van die steekproef professionele verpleegkundiges te verkry. Die data wat ingesamel is, het ingesluit die demografiese inligting met betrekking tot die steekproef, die verpleegkundiges se deelname aan formele opleiding, nie-formele opleiding en indiensopleiding asook die redes vir en die struikelblokke tot deelname aan hierdie programme en hulle menings omtrent verpligte voortgesette professionele ontwikkeling. Die anonieme vraelys is deur die respondente op hulle eie beantwoord. Die data verkry deur die vraelyste en onderhoude is met behulp van die Statistica-program en ’n sakrekenaar ontleed. Triangulasie is tydens hierdie navorsing gebruik om die betroubaarheid en die geldigheid van die navorsingsproses te assesseer.

Die bevindinge van hierdie navorsing het daarop gedui dat die professionele verpleegkundiges wat by hierdie navorsing ingesluit was, daarvan bewus is dat dit hulle verantwoordelikheid is om hulle opleiding ná hulle aanvanklike voordiensopleiding voort te sit. Alhoewel hierdie verpleegkundiges dus daarvan bewus was dat hulle moet voortgaan met leer en dat hulle ’n verantwoordelikheid het om lewenslange leer na te streef, en selfs al is daar ’n beduidende aantal professionele verpleegkundiges wat reeds aan VPO-aktiwiteite deelgeneem het, is daar ook ’n beduidende aantal professionele

verpleegkundiges wat nog nie aan die VPO-aktiwiteite deelgeneem het nie. Finansiële inperkinge en probleme met akkommodasie, verantwoordelikhede ten opsigte van hulle gesinne, gebrek aan vooraf kennisgewing en personeeltekorte is aangedui as die struikelblokke tot deelname aan VPO.

Die navorser het vasgestel dat professionele verpleegkundiges behoefte het aan VPO. Die bevindinge het daarop gedui dat die steekproef verpleegkundiges nie verpligte voortgesette professionele ontwikkeling ondersteun nie, maar het wel ook aangedui dat hulle alle formele en nie-formele leergeleenthede sal gebruik om hulle kennis en vaardighede te verbeter.

Die literatuurstudie het bewys gelewer van die vele outeurs wat dit al beklemtoon het dat die begrip volwasseneleer in die voorskrifte vir die VPO-programme vir verpleegkundiges geïnkorporeer moet word, met inbegrip van die kriteria waarop hierdie programme gebaseer moet word. Onderrig- en leerstrategieë moet ingespan word wat sal verseker dat verpleegkundiges die vaardighede het om te leer en te herleer algaande kennis ontwikkel. Dit sal verpleegkundiges daartoe in staat stel om die vaardighede wat nodig is vir lewenslange leer, te ontwikkel. Innoverende strategieë, ook bekend as selfgerigte benaderings tot leer, soos probleemgebaseerde leer, groepbesprekings of projekte en leerkontrakte sal die ontwikkeling van lewenslange leer- vaardighede bevorder.

VPO-aktiwiteite in verpleging sluit in formele, nie-formele en informele leergeleenthede. Op grond van die literatuurstudie en die bevindinge beveel die navorser aan dat alle professionele verpleegkundiges die geleentheid gegun word om ’n formele kursus by te woon om hulle te help om ’n ná-basiese verpleegkwalifikasie te behaal en dat alle professionele verpleegkundiges ook aangemoedig sal word om die hospitaal se indiensopleidingsprogramme en slypskole waarvoor deur die professionele verenigings vir verpleegkundiges voorsiening gemaak word, by te woon.

Die bevindinge het daarop gedui dat die steekproef professionele verpleegkundiges gemeen het dit is die individuele professionele verpleegkundige se verantwoordelikheid om sy of haar eie leerbehoeftes te identifiseer en te evalueer en aanspreeklik te wees vir die versekering dat daar aan sodanige behoeftes voldoen word. Versuim aan die kant van professionele verpleegkundiges om te aanvaar dat die verantwoordelikheid om voortdurend te leer hulle eie is, kan lei tot die onvoldoende lewering van verpleegsorg.

Dedicated to my late friend and husband, Peter C. Davids,

who died unexpectedly while I was conducting this research.

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CHAPTER 1

OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION AND BACKGROUND TO THE PROBLEM

The primary aim of continuing professional development (CPD) in nursing is the improvement of patient care. CPD in nursing enables professional nurse practitioners to provide quality nursing care and service delivery to their clients. Professional nurses need to know that the expansion and the updating of their knowledge is crucial to the provision of quality patient care.

According to Mackereth (1989), every professional nurse should be aware of the need to update and expand his or her knowledge and skills. Fundamental to this is the commitment to assess his or her own learning needs, to search and find appropriate resources and to become self-directing in respect of his or her learning. The American Nurses Association, as cited by Kersaitis (1997), believes it is the individual professional nurse's responsibility to identify and evaluate his or her own learning needs and to be accountable for ensuring that those needs are met. Failure on the part of the professional nurse to accept that the responsibility to learn continually is theirs, could result in the inadequate delivery of nursing care and the neglect of training opportunities.

Although CPD for many nurses in the United Kingdom and in South Africa (SA) can be considered to be "post-basic" in the sense that it usually refers to those courses for which a basic nurse qualification is one of the prerequisites, some professional nurses in SA feel that CPD is of little value to them because they have years of experience in nursing and have perfected their knowledge and skills (Nugent 1990:477; Nzimande 1987:21; Lahiff 1984:27). The reasons why professional nurses do not continue their learning may vary between the availability of learning opportunities, institutional policies and the attitude of the nurse towards his/her own learning. It is nevertheless important with the changing nature of the health of the South African population that nurses do take the responsibility to identify their learning needs and to ensure that these needs are met.

According to the researcher, the problem in South Africa is that nurses are not aware of the fact that it is their responsibility to continue learning after obtaining a basic nursing qualification and to seek learning opportunities to address their learning needs.

1.2 RESEARCH GOAL

The purpose of this research is to assess the need for continuing professional development for the professional nurse in order to develop criteria that would assist with the provision of the continuing professional development programmes.

1.2.1 Objectives

The objectives of this research are to –

- assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- assess the extent to which professional nurses participate in continuing professional development activities;
- ascertain whether professional nurses support the introduction of mandatory continuing professional development; and
- determine the barriers to participation in continuing professional development.

1.3 RELEVANCE OF THIS RESEARCH TO THE FIELD OF NURSING

In the past decade, professional nurses have been exposed and affected by the rapid pace of change brought about by the health and disease profile of the South African society, client and patient demands and the influences of government policies.

Major pressure and demands has been placed on the nurse's role that flow from –

- rapid technological improvements with concomitant changes in medical and nursing practice;
- the advent of HIV and AIDS, trauma due to crime and road accidents and the increase in degenerative diseases;
- the restructuring and reorganisation of delivery of health care, with an increasing emphasis on primary health care;
- the increased public scrutiny and demands for professional accountability;
- the growth of professional knowledge and technology;
- the changing attitude and relationship that results from the Staff Performance Management System (SPMS) in the public service between the employer of nurses and the nurse as an employee;
- the increasing demand from nurses to be exposed to CPD; and
- the principle of adult learning which perceives the adult as an autonomous learner possessing great experience, capable of setting his/her own goals and identifying his/her own learning needs has major implications for CPD offerings in nursing. (Vasuthevan and Viljoen 2003:95; Kersaitis 1997:135; Merriam and Brockett 1997:138; Nolan, Owens and Nolan 1995:551; Benn and Fieldhouse 1994:61; Yuen 1991:1233; Houle 1989:7; Mackereth 1989:776).

What might have been adequate preparation for the practice of nursing a few years ago is insufficient for today's needs. Nurses are constantly faced with the increasing demand to remain both professionally up-to-date and personally capable of coping with change and the stresses of nursing. As a mechanism for coping with change, professional nurses need to have constant access to CPD activities. Exposing the professional nurse to CPD activities is central to the profession and the delivery of safe nursing practice and of health care.

The motivation for this research is to encourage all professional nurses providing clinical nursing care, professional nurse educators involved in the offering of CPD programmes and the management of the health services to embrace the concept of CPD because it promotes professional and personal growth in the professional nurses, which will then lead to improved nursing care.

1.4 CONCEPT CLARIFICATION

The following concepts are being clarified in the context of this chapter and are further discussed in the next chapter: continuing professional education (CPE), continuing education, in-service education, adult learning and continuing professional development (CPD) and mandatory continuing professional development (MCPD).

1.4.1 Continuing professional education

According to Barriball, While and Norman (1992), there is no agreed definition of continuing professional education (CPE) in the available literature. There is an agreement that it is an all-embracing term covering any learning experience that takes place after the initial education of the nurse (Barriball et al. 1992:1130). The American Nurses Association states "… continuing professional education relates to 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" (Ferguson 1994:641 and Barriball et al. 1992:1131)

According to Quinn (1980:113), learning does not cease when a nurse qualifies as a professional nurse. The researcher believes that professional nurses should be learning continually after they have qualified. The learning in which professional nurses will engage after obtaining a qualification will help them to develop and grow as professionals, which will enable them to deliver quality nursing care.

1.4.2 Continuing education

According to Rogers (1996), continuing education is purposeful planned learning, contrived to contribute to systematic growth and the effect of this is cumulative. Jarvis, as cited in Ferguson (1994:641) and Barriball et al. (1992:1130) make a clear distinction between *continuing learning* and *continuing education* and summarise as follows:

> *Continuing learning assumes that the professional will endeavour to keep abreast of all new developments through self-direction, by reading and attending conferences, while continuing education suggests that education courses have to be supplied for the practitioner to attend. He goes further and states that all forms of in-service education are part of continuing education.*

The researcher is of the opinion that, although it is assumed that nurses as professionals will attempt to keep their knowledge up-to-date through self-directed learning, formal courses and in-service education programmes need to be provided to enable the professional nurses to continue learning while they are providing nursing care.

1.4.3 In-service education

According to the University of Iowa (2004), Harrington (1989) and Popiel (1973:77), in-service education is instructional or training programmes provided within the work setting, by the employing institution. It is designed to assist staff in acquiring, maintaining, improving and increasing skills and knowledge relevant to fulfilling the requirements of the position for which the individual has been hired. . In nursing, it is often referred to as on-the-job training or staff development and is provided for the improvement of nursing care and service through increased proficiency and knowledge.

According to Mellish (1992:174) and Jarvis (1995) in-service education follows on a period of pre-service education and is part of continuing education. It is deliberately planned to meet specific needs, to fill gaps in learning or to remedy deficiencies in knowledge and skills of the employees.

The researcher believes that the provision of an in-service education programmes in the workplace will equip the professional nurse practitioner with the knowledge and skills to execute his/her job-related performance in the workplace and that it will contribute to the continuing professional and personal development of the professional nurse.

1.4.4 Continuing professional development

Continuing Professional Development (CPD) has been defined as *lifelong learning that takes place in a professional career after the point of qualification and or registration.* It has also been defined as *learning activities for developing and maintaining the capabilities to perform competently in the professional environment* (Vasuthevan and Viljoen 2003:94).

The European Lifelong Learning Initiative defines lifelong learning as "the development of human potential through continuously supporting processes which stimulates and empowers individuals to acquire all the knowledge, values, skills and understanding they will require throughout their lifetimes and to apply them with confidence, creativity and enjoyment in all roles, circumstances and environments. The concept *development* is broader than education and includes a wide range of processes, such as learning, experience, reflection, observation and natural growth over time, whereas *education* refers to the formal, structured and systematic learning processes whereby individuals develop knowledge, skills, character and other abilities. Education also includes structured learning processes such as on-the-job and off-the job learning (FAS – Policy framework for lifelong learning 2005).

The concept CPD in nursing is used to describe the ongoing learning that professional nurses need to undertake throughout their career in order to maintain, enhance and broaden their professional competence. This concept also emphasises the responsibility of the professional nurse to learn continually (Bardin 1998:10). According to Sjukhusläkaren (2005), professional nurses have an ethical duty to strive constantly to possess the knowledge and skills they need to meet the needs of their patients, and such nurses also have a fundamental right to be allowed to engage in the required CPD.

According to Lawton and Wimpenny (2003:41), CPD can be viewed as having three key roles: ·

- . the **maintenance** role that fosters the notion of lifelong learning;
- · the **survival** role that requires the nurse practitioner to demonstrate his/her on-going competence; and
- · the **mobility** role that aims to increase a professional `s employability.

When a professional nurse enters the profession, engaging in CPD activities is a lifelong necessity because CPD in nursing is needed for the professional and personal performance of the nurse practitioner as well as safeguarding the provision of nursing care to their patients and clients.

The researcher believes that the concept of CPD in nursing provides a framework in which the needs of the professional nurse, the patient in the health services and the nursing profession can be identified and addressed. Underpinning this concept is the concept of lifelong learning that enables professional nurses to learn continually, utilising all the professional teaching and learning opportunities available to them to develop themselves and thus to become competent professionals.

1.4.5 Mandatory continuing professional development

A system of CPD linked to licensure for professional nurses was introduced in the United States of America (USA) and the United Kingdom as a viable means by which nurses can remain competent in the face of the ever-increasing advances in knowledge and technology, as well as the public's demands for accountability and consumer protection (Eustace 2001:1; Kerka 1994:1).

In 2001 the South African Nursing Council (SANC) made their intentions known in a draft document of introducing a similar system of on-going development of knowledge, skills and attitudes for professional nurses and linking it to the registration of nurses and midwives. The SANC have identified CPD in nursing as necessary for the continued development of the professional nurse and for the safe delivery of nursing care. (SANC 2001.Draft Document)

The researcher believes mandating CPD will ensure that all professional nurses participate in CPD activities although there is no guarantee that it will promote lifelong learning in all registered practicing nurse professionals.

1.4.6 Adult learning

The concept *adult learning* refers to the "the art and science of helping adults learn" and it can be explained using the following set of assumptions about learning:

- adults have a need to know the reason they should learn something;
- adults have a need to be self-directed;
- adults have a greater amount and different quality of experience than people who are younger;
- adults come ready to learn when they need to know or able to do something so that they can perform tasks more effectively and satisfying;
- adults enter into a learning experience with a task-centred, problem-centred, or life-centred orientation to learning; and
- adults are motivated to learn by extrinsic and intrinsic motivators.

(Cullen 1998:228; Merriam and Brockett 1997:135; Nellmapius 1992:34; Brookfield 1986:25; Knowles and Associates 1985:9).

Adult learning theorists believe every adult is personally responsible for identifying and evaluating his/her own learning needs and that he/she is accountable for ensuring that those needs are met (Kersaitis 1997:135 and Mackereth 1989:776). This viewpoint is supported by Houle (1989) as he argues that the primary responsibility to learn rests with the individual. Every professional nurse should therefore be committed to assess his/her own learning needs, search and find appropriate resources and become self-directed in respect of his/her learning. According to Knox (1989), inherent in the concept of a professional is the process of systematic learning to prepare for the field of practice and to maintain proficiency in the context of a changing knowledge base and practice. Being a professional thus implies a commitment to continuing learning and the ability to pursue practice-enhancing learning.

Based on the principles of adult learning is the concept of self-directed learning. According to O`Shea (2003), the utilisation of self-directed learning approaches in CPD offerings for nurses has many benefits for the professional, including increased confidence, autonomy, motivation and

preparation for lifelong learning. CPD, of which self-directed learning is part, enables nurse practitioners to progress from a novice to an expert (Knox 1989:275).

The researcher believes that nurses need to be helped to enable them to take responsibility for their own learning, in addition to being accountable for their own development. Through the application of adult learning theories, learning for professional nurses needs to be facilitated in order to assist the professional nurse in becoming self-directed in terms of his/her own learning. The use of a variety of teaching and learning methods, such as co-operative learning groups, learning contracts and case studies, can be used in the continuing development of the professional nurse (Benn and Fieldhouse 1994:62; Brookfield 1986:92).

When referring to continuing learning for professional nurses, the researcher prefers to use the concept CPD, because development leads to the acquisition of capabilities, which contributes to the professional nurse's competence to provide nursing care. In the rest of this thesis the concept CPD will therefore be used.

1.5 LITERATURE REVIEW

The researcher has conducted a Nexus search of the National Research Foundation and has found that a study of this nature has not yet been undertaken in the Western Cape Province.

Although there has been a considerable amount of literature published in the area of CPD in nursing, South African literature related to this research is scarce. Numerous studies conducted in the United States of America, England and Australia have identified reasons why nurses have participated or have not participated in continuing professional development activities (Cullen 1998:228; Kersaitis 1997:135; Barriball and While 1996:999; Kristjanson and Scanlan 1992:156). In this chapter the reasons why professional nurses have participated and the barriers to participating in CPD are presented.

1.5.1 Reasons for participating in continuing professional development activities

According to Eustace (2001:136), Kersaitis (1997:137), Merriam and Brockett (1997:132), Barriball and While (1996:1003) and Mackereth (1989:783), the reasons given by nurses for participating in CPD activities are as follows:

- developing new professional knowledge and skills;
- keeping abreast of new developments in nursing practice and health;
- personal development;
- career development;
- escape or stimulation; and
- acquisition of credentials.

1.5.2 Barriers to participating in continuing professional development activities

According to Eustace (2001:134), Kersaitis (1997:137), Merriam and Brockett (1997:132), Barriball and While (1996:1000), Nolan, Owen and Nolan (1995:552), Nugent (1990:474), Lindsay (1990:50) and Mackereth (1989:778), the reasons provided by nurses for not participating in CPD activities are as follows:

- difficulty in obtaining study leave;
- shortage of staff;
- family and domestic responsibilities;
- living in rural areas;
- lack of financial support;
- lack of advance notification; and
- programme not relevant to practice.

The reasons for and the barriers to CPD participation in nursing will be discussed in detail in Chapter 2 of this thesis.

1.6 RESEARCH DESIGN AND METHODOLOGY

According to Babbie and Mouton (2001:72), a research design addresses the planning of a scientific enquiry. The research design focuses on the end product and the logic of the research. In other words, it is a plan of how the researcher intends to conduct the research, which includes the evidence that is necessary to address the research question adequately (Mouton 2001:56). The research methodology refers to the process and the steps in the research process (Babbie and Mouton 2001:56).

The researcher conducted this research using a quantitative approach based on positivism and a qualitative approach based on interpretivism. The quantitative approach helped the researcher to measure the responses of the professional nurses objectively, while the qualitative approach enabled the researcher to describe the professional nurses` own experience of their CPD activities.

The research design and methodology that is briefly discussed in this chapter will be discussed in detail in Chapter 3 of this thesis.

1.6.1 Research design

The approach to this study was that of a descriptive survey. The survey was an excellent vehicle for measuring the attitudes and the orientation of the professional nurses to their own continuing professional development. It was also the best method available to collect original data for describing the characteristics of this large population, which is too large to observe directly. A major advantage of using the survey as a quantitative approach is that the data can be collected from the participants in their natural setting, for example in their workplace.

Thomas, as cited in Treece and Treece (1986:166), points out that a descriptive study is a non-experimental approach, and is appropriate where little is known to formulate a hypothesis. The survey has provided data about the present and has been used to suggest future change (Treece and Treece 1986:166). This approach enabled the researcher to test many variables and to measure the

association among the variables (Mouton 2001:112; Babbie and Mouton 2001:232; Neuman 2000:250; Polit and Hungler 1995:192).

In this research, quantitative and qualitative methods were used. The use of quantitative methods enabled the researcher to measure the magnitude or the extent of the need for CPD for professional nurses working in public hospitals in the Western Cape. This design lends itself to counting or measuring and analysing data statistically. The use of qualitative methods has provided the researcher with insight into the everyday lives of the professional nurses working in public hospitals (Mouton 2001:194 and Seaman 1987:169).

1.6.2 The target population

The target population that was studied during this survey was the professional nurses working in two public hospitals in the Western Cape Province. The random-purposive sampling technique was used to select a sample of nurses from the population that is dispersed over a wide geographical area. According to Polit and Hungler (1995:213), the random-purposive sampling derives from the belief that a researcher's knowledge about the population and its elements can be used to pick the cases to be included in the sample and that the researcher might decide to select purposefully the widest possible variety of respondents of those judged to be "typical" of the population in question.

1.6.3 Sampling

Babbie and Mouton (2001:164) defines sampling "as a process of selecting observations". The purpose of sampling is to select a set of elements from a population in such way that descriptions of those elements accurately portray the characteristics of the total population from which the elements were selected. Taking a subset of the population to participate in the research enabled the researcher to state clearly that the sample was representative of the population (Babbie and Mouton 2001:164; De Vos, Strydom, Fouché, Poggenpoel and Schurink 2000:190; Neuman 2000:265; Seaman 1987:234).

1.6.4 The sample size

A sample of a 100 professional nurses was drawn from two public hospitals in the Western Cape. From a total of 115 professional nurses working in a hospital in a rural area, 50 were selected plus 50 from a total of 780 professional nurses working in a hospital in an urban area. Permission to allow the nurses to participate in this study was obtained from the management of both hospitals.

1.6.5 Data generation and collection

In this research, the data was collected using a questionnaire and an interview. The questionnaire was designed from the information gained from the literature search.

1.6.5.1 Questionnaire

A questionnaire was considered the most appropriate data collection instrument for this research. It was cost-effective as regards the amount of money and the time, and the data to be collected. Arrangements were made with the hospital management for a date and time when the researcher could administer the questionnaire to the nurses. The questionnaire was handed to the respondents and collected the following day. The questionnaire has been designed to obtain information about the demographic data of the respondents, the extent of and the reasons for their participation in CPD activities, barriers to participation, awareness of their responsibility to continue learning after obtaining their basic training, and whether they supported the introduction of mandatory continuing professional education (Babbie and Mouton 2001:265; De Vos et al. 2000:152; Neumann 2000:265)

1.6.5.2 Interview

In this research, semi-structured interviews were conducted with the ten professional nurses. During the interview, the researcher used the questionnaire, which was administered to the professional

nurses in the hospital, as a guide to obtain the information from the professional nurses. The data obtained from the interview were used to supplement the data obtained from the completed questionnaires. The interview was used because it enabled the researcher to probe the respondents for their opinions and the ideas and meanings they attached to their CPD. (De Vos et al. 2000: 352; Neumann 2000: 426)

1.6.6 Data analysis

The data was analysed using quantitative and qualitative data analysis methods. The raw quantitative data was first coded and then analysed using a soft-ware program Statistica and a hand calculator. The researcher used memo-writing and coded the qualitative data to identify patterns in the data. The identified patterns in the data were then interpreted in terms of the theory and setting in which it occurred (De Vos et al. 2000:352; Neumann 2000:426) The analysed statistical data together with the qualitative data has been used to answer the research question. The reliability of this research was determined by using the process of triangulation. The process of triangulation was used to determine whether the analysed data reached the same conclusions as the literature review of CPD in other health professionals and CPD in nursing.

1.7 ETHICAL CONSIDERATIONS

Permission to undertake this research in the hospitals and for the professional nurses to participate in this research was obtained from the two hospitals and the nurses. The research participants were informed in writing and verbally of the reasons for this research and who the researcher is to enable them to consent to participating in this research. Anonymity and confidentiality as regards the hospitals and the participating nurses have been assured. The identity of the hospitals and the participants has not been made known in the release nor the publications of this research (Babbie and Mouton 2001:243; Polit and Hungler 1995:125; Seaman 1987:24)

1.8 ORGANISATION OF THE REMAINDER OF THE RESEARCH

The research was conducted and is presented as follows:

CHAPTER 1

This chapter describes the relevance of this research to the field of nursing, the research problem, objectives, clarification of concepts with related literature review, research design and methodology and ethical considerations.

CHAPTER 2:

This chapter contains a discussion of the various concepts, their relevance to the research problem and the context in which the study was conducted. Included in this chapter is a review of previous and relevant research findings in this field.

CHAPTER 3

In this chapter, the focus is on the methodology and the research design of this research. It includes the selection of the sample of the participants, the data collection methods and a plan to organise and analyse the data.

CHAPTER 4

This chapter presents the analysis and interpretation of the findings.

CHAPTER 5

This last chapter of this research focuses on the discussion of the literature review, the findings, the conclusion reached and recommendations made.

1.9 CONCLUSION

In this chapter, the researcher presented an introduction and the background to the research problem as well as the research goal and the relevance of this research to the field of nursing. The concepts that are being discussed in detail in Chapter 2 of this thesis were clarified in this chapter. Chapter

one also contained a review of the reasons for and the barriers to CPD in nursing. The researcher briefly described the research design and the steps that were taken to answer the research problem formulation. Chapter two will focus on a detailed discussion of the concepts and the related literature pertaining to this research.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Continuing professional development (CPD) is primarily concerned with the maintenance and development of knowledge and skills of professional nurses to enable them to provide competent and safe nursing care. Keighley and Murray, as cited in Eales (2001:2), advocate that CPD is more than the imparting of knowledge and information. CPD provides opportunities for maintaining interest, encouraging high professional standards, keeping up-to-date, motivating, providing reassurance and boosting confidence. In comparison to other professions, CPD in nursing is based on the philosophy that nursing education is an on-going, lifelong process, which does not cease on one's qualifying as a nurse (Lahiff 1984:27 and Quinn 1980:113).

Various terminologies have been used when reference is made to CPD, for example *continuing professional education* (CPE) and *lifelong learning*. The concept of *lifelong learning* is a concept that is underpinned in the concepts of CPD and it requires nurses to have the skills to learn and relearn as knowledge develops. It is therefore important that the provision of any CPD activity for professional nurses be preceded by a needs assessment, which incorporates the concept of adult learning, where the nurse educator becomes a facilitator of the teaching and learning process.

In this chapter, the concepts relating to CPD in nursing are discussed. This chapter comprises a discussion of adults as audience of CPD, the role of a needs assessment in CPD, as well as literature relating to CPD and non-health professionals, CPD and health professionals and CPD and nursing. Although there a considerable amount of literature regarding CPD in nursing has already been published, literature related to this type of research in South Africa is scarce. An overview of the literature pertaining to CPD in nursing as well as the reasons why nurses have participated or have not participated in CPD activities as reported in studies in the United States of America, England

and Australia are included in this chapter (Cullen 1998:228; Kersaitis 1997:135; Barriball and While 1996:999; Grainger and Uys 1994:123; Kristjanson and Scalan 1992:156).

2.2 CONCEPTS

In this section, the following concepts are discussed: continuing education, CPE, in-service education, CPD, and mandatory CPD. The discussion of these key concepts serves to develop a theoretical framework and was intended to help the researcher to get a clearer understanding of their relationship to the research problem.

2.2.1 Continuing education

Venables, as cited in Jarvis (1995), defines continuing education (CE) as "all learning opportunities, which can be taken up after full time compulsory schooling has ceased". Jarvis agrees with Venables as to when CE commences but he makes it clear that CE is intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice and the improvement the health of the public (Jarvis 1995:28; Barriball, While and Norman 1992:1131; Ferguson 1994:641).

Apps, as cited in Jarvis (1995), supports Jarvis when he provides the definition of continuing education of the Accrediting Commission of the Continuing Education Council of the United States as "the further development of human abilities after entrance into employment or voluntary activities". It includes in-service, upgrading and updating education. CE is primarily concerned with broad personal and professional development. Mellish and Brink (1982) however agree with Apps by stating that continuing education in nursing has a much wider meaning than in-service education and these authors view continuing education as an on-going process of which in-service education is only a part.

Continuing education has been divided into two categories:

(a) *Informal education*, which includes reading professional journals and attending meetings or working on committees, can provide insight into professional trends, issues and current

practices; and

(b) *Formal planned educational programmes*, e.g. in-service training or educational programmes leading to an academic or professional qualification (DiMauro, 2000:59; Grainger and Uys 1994:123; Barriball et al. 1992:1130; Houle, 1989:12).

Jarvis, as cited by Chadwick (2001), states it differently by saying that all adults have experienced formal, non-formal and informal education. He views formal education as taking place in educational institutions, non-formal education as taking place where the main function is not education, and informal education as that which we gain incidentally through the media.

Houle (1989) states that for CE to achieve its greatest potential, continuing education has to fulfil the promise of its name and be truly continuing, not casual, sporadic, or opportunistic. This means essentially that it should be self-directed, which places the responsibility on each professional to monitor his or her learning, controlling the stability or shifting the design of its continuity (Houle 1989:13).

The researcher views CE as all learning that takes places after the professional nurse has completed his/her pre-service education and training. The aim of CE in nursing is to ensure that the nurse continuously develops the professional knowledge and the skills that will enable him or her to provide safe nursing care.

2.2.2 Continuing professional education

The concept CPE was introduced when the leaders of different professions believed that the professionals themselves needed to direct the continuing education function for their members (Merriam and Cunningham 1989:515). According to Barriball et al. (1992), there is no agreed definition of CPE in the available literature. Stanford, as cited by Barriball et al. (1992), states that CPE should not be defined too narrowly for it involves more than just attending study days and courses.

According to Apps (1985), CPE aims to improve the competence and performance of professionals, e.g. medical doctors, attorneys and nurses. The purposes of CPE are mainly for career development, remedial education, personal development, self-directed learning and coping with change (Apps 1985:117). Houle, however, states that the need to keep up-to-date with new developments is considered necessary by the members of the profession and by society, but the decision to learn rests with the individual practitioner (Nugent 1990:472; Houle, 1989:3).

According to Todd (1987), keeping up-to-date is no longer optional; it has become imperative for the success of the practicing professional and the profession. In order to learn, the professional needs to be motivated and actively involved in developing and expanding his or her knowledge and understanding through using a variety of teaching and learning strategies. The benefits of utilising a variety of teaching and learning approaches including self-directed learning approaches for the learner has been increased confidence, autonomy, motivation and preparation for lifelong learning (Barriball et al, 1992:1130; Todd 1987:28).

The researcher believes the concept of CPE describes a process that builds upon the educational basis of the nurse. It is a process that will enable professionals to learn continuously when they utilise all the professional teaching and learning opportunities available to them to develop themselves in order to become competent, safe nurse practitioners. The researcher agrees with Quinn (2000), Bardin (1998) and Todd (1987) that the concept of lifelong learning is underpinned in the concept of CPE. CPE enables professionals to learn continuously when they utilise all the professional teaching and learning opportunities available to them to develop themselves and thus to become competent, safe nurse practitioners.

2.2.3 In-service education

According to the University of Iowa (2004), Harrington (1989) and Popiel (1973), *in-service education* refers to all those learning activities that are offered by the employer to the employee during normal working hours and which are designed to facilitate job-related performance. It is often referred to as on-the-job training or staff development and is provided for the improvement of nursing care and service through increased proficiency and knowledge. According to Harrington

(1989) and Harris (1984), the aim of an in-service education programme for nurses is to develop the professional to be a competent safe nurse practitioner. Houle (1989) refers to in-service training as continuing learning and, according to Jarvis (1995) and Mellish and Brink (1982), it forms part of CE.

According to Mellish and Brink (1982), in-service education programmes differ from other education programmes on the basis of the following criteria:

- in-service education is given to people while they are employed;
- in-service education is deliberately planned;
- in-service education is designed to meet specific needs, to fill in gaps in learning or to remedy deficiencies in knowledge and skills of employees;
- in-service education aims at better functioning of the organisation; and
- in-service education usually follows on a period of pre-service education.

According to Vasuthevan and Viljoen (2003:28), the Skills Development Act, No 97 of 1998 encourages employers to use the workplace as an active learning environment and to make education and training relevant to the workplace. One of the beneficiaries of this legislation is the employee.

According to Harrington (1989), the benefits of in-service education in nursing has contributed to the following:

- helping nurses keep abreast of advances in nursing;
- improving standards of nursing care;
- improving working relationships; and
- personal development of nursing staff.

When planning an in-service education programme for adults, the following should be considered:

- programmes should be planned according to the assessed needs of the participants;
- programme designs should be based on the principles of adult learning;
- training should be conveniently scheduled to avoid interfering with ongoing job activities of the participants; and

- programme offering should take place at a convenient location (Vasuthevan and Viljoen 2003:28).

According to the researcher, in-service education is part of CPD in nursing. It is planned learning that takes place at the workplace aimed at the maintenance and development of knowledge and skills of the practitioner to provide safe nursing care. The provision of in-service education for nurses in their workplace will bring about an awareness in the professional that continuing learning is part of the work life of the professional practitioner along a continuum of professional development.

2.2.4 Continuing professional development

According to Rogers (1996), *development* is one concept that is associated with the concept of education. Like adult education, so development refers to building upon the pre-service education and it is a continuing process of learning to alter the path of change (Rogers 1996:39) According to Todd (1987), continuing professional development (CPD) is a concept that is widely used when reference is made to continuing education for professionals. According to Quinn (2000), the terminology relating to CPD is confusing. A variety of terminologies are being used that has the same meaning as the concept CPD, such as staff development, continuing professional education and lifelong learning.

Sjukhusläkaren (2005) differs by stating that CPD is a broader concept. Its aim does not only comprise the competence development of the professional practitioner, but also development of the personal, professional and social skills of the individual. Furthermore, CPD states that the employer also has a responsibility to provide the learning environment and the providers of the pre-service education and training programme should ensure that the need for CPD is addressed in the curriculum. Apps (1985:117) differs slightly and states, “the purposes of CPD are mainly for career development, remedial education, personal development, self-directed learning and coping with change”.

According to Hoban (2005:24), Bardin (1998:1) and Quinn (1980:113), CPD is about the individual's responsibility to ensure that he or she is up-to-date and therefore a safe and competent practitioner. According to Todd (1987), keeping up-to-date is no longer optional. It has become imperative for the success of the practicing professional and the profession. In order to learn, the professional needs to be motivated and actively involved in developing and expanding his or her knowledge and understanding through using a variety of self-directed learning approaches.

Exposing professional nurses to a range of formal and informal learning activities will encourage professional nurses to view CPD as a continuous development process. Cervero, as cited in Jarvis (1995), recommends that all professional practitioners should be exposed to CPD activities occurring within their profession The formal off-the-job training courses and the continuous practice-based or on-the-job learning, which takes place within the workplace, all fall under the ambit of CPD. It is through this exposure that the concept of lifelong learning, which is underpinned in CPD, will become a reality.

The purposes of CPD are mainly for career development, remedial education, personal development, self-directed learning and coping with change (Apps 1985:117). CPD has contributed to the personal and professional development of professional nurses. It has been seen to provide professionals with a greater awareness of professional issues and has lead to the acquisition of new knowledge and skills, an increased confidence, a sense of personal and job satisfaction, raising the motivation and a desire to pursue lifelong learning (Barriball et al, 1992:1130; Todd 1987:28).

The researcher views CPD to be an all-embracing concept that provides a framework in which the learning needs of the professional nurse practitioner can be identified and be addressed. Within this framework, the learner is autonomous with regard to self-directing his or her own learning needs, be it for professional or personal development. The researcher also believes that CPD is part of good professional practice that will benefit the professional nurse, the profession and the public in need of nursing care.

2.2.5 Mandatory continuing professional development

In South Africa several statutory health councils have introduced CPD as a legal requirement to practice in some professions e.g. the medical and physiotherapy profession (Eales 2001:1). According to Vasuthevan and Viljoen (2003), CPD for professionals is introduced after the Minister of Health has consulted with the relevant statutory health council and a legal framework for the implementation of CPD has been published. At the time of this research the South African Nursing Council (SANC) have not published a legal framework nor have they communicated any further developments regarding mandating CPD for professional nurses since the 2001 draft document. (SANC 2001. Draft Document.)

According to Kersaitis (1997), a study conducted in New South Wales in Australia showed nurses had a positive attitude toward CPD. However, the majority of nurses were opposed to the introduction of mandatory CPD. The findings of a similar study conducted by the Journal of Continuing Education in Nursing, in the USA where CPD was a requirement to obtain a license to practice, revealed that mandating CPD is only useful for a minority of unmotivated nurses but problematic for nurses in advanced practice, education and research (Davee 1995:100).

Chief arguments against mandating CPD for professionals are as follows:

- Mandatory CPD violates the voluntary nature of adult education. It discredits the nurse's professional responsibility to determine his/her learning needs and implies that a nurse needs to be forced to continue learning (Carpenito 1991:53).
- Participation in educational opportunities is no guarantee of learning. All that is mandated is attendance. Participating in CPD activities does not assure that they would learn anything that would improve their practice (Knox 1989:289)
- By definition professionals are supposed to be autonomous, self-managed and responsible for the mastery of knowledge. Mandating CPD is punitive to those who participate voluntary (Kerka 1994:2).
- Programmes are not consistently and uniformly available. Many of these programmes lack quality and relevance to the needs of the nurse practitioner (Eustace 2001:135; Deloughery 1998:317; Kerka 1994:2; Harris 1984:47).

According to Knox (1989), inherent to the concept of a professional is the process of systematic learning to prepare for the field of practice and to maintain proficiency in a context of changing a knowledge base and practice. Being a professional thus implies a commitment to continuing one's education and the ability to pursue practice-enhancing learning. Consideration needs to be given when mandating CPD that the emphasis should be on self-directed learning and not requiring health professionals to demonstrate that they are keeping abreast of new developments by providing evidence of their CPD participation, for example number of hours.

Some similarities and differences have been identified in the concepts discussed in this section (Table 2.1). Although there are some similarities, the researcher believes that the concept CPD in nursing best describes the continuing learning in which the professional nurse engages after obtaining a qualification .The foundation of this learning is the pre-service education and training of the nurse. Only then will CPD and all the learning processes, such as observation, experience and reflection, contribute to the development of the professional nurse practitioner.

TABLE 2.1: DIFFERENCES AND SIMILARITIES BETWEEN CONTINUING EDUCATION, CONTINUING PROFESSIONAL EDUCATION, CONTINUING PROFESSIONAL DEVELOPMENT AND IN-SERVICE EDUCATION IN NURSING

Continuing education	Continuing professional education	Continuing professional development	In-service education
Promotes personal and professional development	Promotes personal and professional development	Promotes personal, professional development and the development of social skills of the individual	Promotes personal and professional development Helps nurses to keep abreast of advances in nursing practice
Encourages self-directed learning	Encourages self-directed learning	Encourages self-directed learning	Leads to improved standards of nursing care and improved working relationships
Assists with career development and remedial education, upgrading and updating education	Assists with career planning	Assists with career planning	Assists with acquiring, maintaining, improving and increasing skills and knowledge relevant to fulfilling the job requirements
	Promotes keeping abreast with new developments in the profession	Promotes keeping abreast with new developments in the profession	
	Leads to improved knowledge, competence and performance, motivation and increased confidence	Leads to improved knowledge, competence and performance, motivation and increased confidence	
	Promotes quality, safe nursing care	Promotes quality, safe nursing care	Promotes quality, safe nursing care
	Fosters lifelong learning	Fosters the notion of lifelong learning	

2.3. ADULTS AS THE AUDIENCE OF CONTINUING PROFESSIONAL DEVELOPMENT

According to Knowles(1989), adult learning is referred to as “the art and science of helping adults learn” and it can be explained using a set of learning assumptions and a series of recommendations for planning, implementing and evaluating adult learning (Cullen 1998:228; Merriam and Brockett 1997:135; Nellmapius 1992:34 Brookfield 1986:25; Knowles and Associates 1985:9).

Knowles et al. (1985:9) suggested, “as a person grows and matures his self-concept moves from one of total dependency to one of increasing self-directedness”. Adults have a self-concept of being responsible for their own lives. The term *self-directed* refers to a process in which individuals take the lead in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. Proponents of adult learning believe it is the individuals’ professional responsibility to identify and evaluate their own learning needs and to be accountable for ensuring that those needs are met (Kersaitis 1997:135; Merriam and Brockett 1997:138; Benn and Fieldhouse 1994:61; Mackereth 1989:776).

As adults mature, they accumulate an expanding reservoir of experience that causes them to become an increasingly rich resource for learning and at the same time provides them with a broadening base to which to relate new learning. When experienced practitioners return to CPD activities they bring with them a rich reservoir of experience to the learning situation. They may therefore have more knowledge and skill in current practice than their educators. Educators should recognise this wealth of experience that these adult learners bring to the learning environment and they should plan their teaching and learning sessions accordingly. Educators of adults should thus make use of experiential training techniques, which allow the adult learners to tap into their own, and other learners’ experience (Merriam and Brockett 1997:137; Benn and Fieldhouse 1994:1; Nellmapius 1992:34; Knowles and Associates 1985:10; Harris 1984:28).

Adults become ready to learn when they experience a need to know or do something in order to perform more or to cope effectively with their real-life situations. The adult’s readiness to learn is

the product of his or her biological development, and such adults learn what they need to learn to cope with the demands of their daily living. Adults need to know why they should learn something before they will invest time and energy in the process. They should ideally discover their level of awareness regarding the need to know by themselves. Educators of adults should therefore get the learners involved in a consciousness-raising exercise that will bring to light the need for learning (Benn and Fieldhouse 1994:62; Nellmapius 1992:10; Knowles and Associates 1985:17).

Adults are motivated to learn. Their motivation to learn stems from external motivators, for example a better job, a salary increase and promotion as well as internal motivators. However, the adult learning theory model predicates that internal motivators, such as increased self-esteem, recognition, better quality of life, greater self-confidence and self-actualisation are more likely to motivate adults to learn than external motivators. According to Nellmapius (1992), adults view the knowledge and skills they have to learn from a utilitarian stance. It is important that the providers of CPD activities should ensure that the educational offering coincide with the adult learners' developmental tasks and should relate these to their life situations (Merriam and Brockett 1997:136; Nellmapius 1992:34; Brookfield 1986:30; Knowles and Associates 1985:12).

Adults are task or problem-centred in their orientation to learning. Adults do not learn for the sake of learning; they learn in order to be able to perform a task, solve a problem or live in a more satisfying way. Learning exercises need to be structured around life-related problems, which need to be solved by the adult learner and sequenced according to the learner's readiness to learn (Nellmapius 1992:34; Brookfield 1986:92; Knowles and Associates 1985:12).

According to Nellmapius (1992), the majority of adult learners in South Africa have been exposed to a pedagogical approach to teaching when they were at school. This should however not preclude the educator of adults from progressively introducing learners to the approach of adult learning. Thus the educators of adults are challenged to understand their learners and their particular position in their development stage. As adults mature, the role of the educator should move to that of a facilitator of learning, using a variety of teaching and learning methods, such as co-operative learning groups, learning contracts and case studies (Benn and Fieldhouse 1994:62; Brookfield 1986:92).

According to Bruzzese (1996:32), Knowles has made the following recommendations to assist the educators of adults in their role as facilitators of learning and to help adults with the acquisition of new knowledge, skills and attitudes:

- creating a mutual planning mechanism;
- diagnosing the participants' learning needs;
- translating learning needs into objectives;
- designing and managing a pattern of learning experiences; and
- evaluating the extent to which the objectives have been achieved.

2.4 THE ROLE OF A NEEDS ASSESSMENT IN CONTINUING PROFESSIONAL DELOPMENT

According to Witkin and Altschuld (1995:4), a *needs assessment* has been defined as a systematic procedure that is undertaken with the aim of setting priorities and making decisions about programmes and the allocation of resources. They further state that a *need* is a discrepancy between what is, that is the present state of affairs, and what should be, namely the desired state of affairs.

A *learning need* has been defined as a discrepancy or gap between what nurses know and can do, and what they need to learn to carry out role expectations or to prepare for additional responsibilities. These discrepancies can be described in terms of knowledge, attitudes, and performance (Kristjanson and Scanlan 1992:157; Knowles and Associates 1985:128 and Harris 1984:33). Learning needs are personal, specific and identified by the individual learner through practice, experience and reflection. In contrast, *educational needs* can be defined as the interests or perceived needs of a whole target audience and these can be identified through surveys and focus groups (Norman, Shannon and Marrin 2004).

According to Larcombe and Maggs, as cited in Barriball et al. (1992), the identification of a need for CPD is an essential part of providing continuing professional development; otherwise it remains arbitrary, random and inequitable. The provision of any CPD programme should be preceded by a

needs assessment. Such assessment provides vital information to the programme providers about the educational needs of the participants. According to Ramirez, as cited in Eustace (2001), a needs assessment affords the learner the opportunity to inform course planners of what they need and want in a CPD course offering. It also serves to identify the gaps, and helps the programme planners to determine whether there is a need for training and to identify the nature of the training programme and the learning strategies that will be used to address the deficiencies (Fichardt and Viljoen 2000:107; Ward and Marfarlane 1993:20).

A needs assessment is a continual process that takes place at various stages of any CPD offering. At the beginning of a CPD programme, the needs assessment might be used to determine appropriate programme types and course content; during the programme, it assures that learner and programme goals are being met and allows for necessary programme changes; at the end of the programme, it can be used to assess progress and to plan future directions for the learners and the programme (Norman, Shannon and Marrin 2004).

Kristjanson and Scanlan (1992:157) differentiate between a needs assessment and needs identification. *Need identification* describes the learning requirement of a group using some tool or assortment of tools. The needs assessment follows on this and involves a judgment to estimate the relative importance of these needs. For the purpose of this research, the researcher aims to identify the CPD needs of the professional nurses.

2.5 LITERATURE REVIEW

The literature search revealed a large number of writings related to CPD. Although a considerate amount of literature on CPD has been published, South African literature relating to CPD for professionals is scarce. This makes literature describing the CPD needs of professionals even scarcer. In this section, the CPD in non-health professions, CPD in other health professions and CPD in nursing are discussed. Literature from the USA, New Zealand, the United Kingdom and one SA study was consulted in relation to this research.

2.5.1 Continuing professional development in non-health professions

A survey conducted in the United States of America and reported by Duffus (2004) was found pertinent to this research. The survey, which was conducted amongst librarians, was to assess the reasons for participating in CPD activities and the reasons for not participating in such activities; as well as the way in which the participant librarians benefited from being exposed to these learning opportunities.

The librarians provided the three most important reasons why they participated in CPD offerings:

- they found the topics being discussed interesting and relevant to their work;
- they had a need for additional training to perform their job-related duties satisfactorily; and
- they were able to network and meet their librarian colleagues.

The benefits derived from attending CPD activities for the librarians were that the knowledge they gained enabled them to perform their work better; their confidence increased; it also brought about a change in their attitude and a greater willingness to participate in CPD.

It is reported that the librarians, who participated in this survey, value attending the workshops because they enjoy learning from one another. They express a desire for “live” training, which provides them with the opportunity to share their experiences. Video conferencing was not a favourite because they prefer the one-to-one contact.

The reasons given for not being able to attend CPD offerings were the shortage of staff at the libraries, the time scheduled for the CPD activity made it inconvenient for them to attend, the distance they had to travel from their workplace to the venue where the programme is being offered and the lack of funding (Duffus 2004).

2.5.2 Continuing professional development in other health professions

The newsletter of the physiotherapy board of New Zealand (Intouch 2004) reported the results of a survey done to determine the experiences of physiotherapists who attended CPD activities. The results indicated that most of the physiotherapists take their ongoing professional development seriously. The most common CPD activities undertaken were reading professional journals, participating in courses, in-service education sessions and postgraduate studies. The key reasons why these physiotherapists participated in CPD activities were to update and increase their knowledge and it also enabled them to network with their peers. A large percentage of the participants commented that attending CPD activities instils in them a desire to learn and acquire new knowledge and skills. Finance was one of the major barriers to participating in CPD activities and this was reported mainly from the participants who were from the rural area. The physiotherapists who participated in the survey supported the recommendations of the Board that each individual physiotherapist should keep a logbook of his/her own professional development and that they should participate in a range of CPD activities (Intouch 2004).

A study undertaken by the Society of Physiotherapy in SA was to assess the needs of the physiotherapist for future CPD offerings. The study revealed that the CPD courses are essential to augment the South African physiotherapist's knowledge. The majority of the physiotherapists were interested in attending further courses, however most of them were not in favour of a course longer than one day, whereby participants had to arrange overnight accommodation and make special domestic arrangements. It was reported that it is possible that the higher cost of a longer course may also limit participation (Bardin 1998).

A study undertaken by the Centre for Research in Medical and Dental Education at the University of Birmingham, reported on the participation of dentists in CPD activities and factors affecting participation. The study found that the most frequent form of CPD undertaken by doctors and dentists was journal reading. Sixty-six percent responded that they read and consult between one to three journals **r**egularly during their practice. A high proportion of the sample was members of a professional association or society. There was also a request to obtain greater access to media-based

CPD, for example the internet. In the light of the findings, it was suggested that the provision of CPD for dentists needed to be increased (Bullock, Firmstone, Fielding, Frame, Thomas and Belfield 2003).

2.5.3 Continuing professional development in nursing

The International Council of Nurses, as cited in Harrington (1989:28), reports that professional development for nurses falls into two main components:

- basic nursing education, which has been defined as a planned educational programme that provides a broad and sound foundation for the effective practice of nursing and a basis for advanced education, and
- continuing education, which is all education, which takes place after the completion of basic education.

According to Nugent (1990:473), nurses should be made aware during their initial three years of pre-service education and training leading up to their registration, that their pre-service education and training is insufficient in preparing them for a life-long professional career, which could span a period in excess of thirty years. It is important that they keep up-to-date with the newest information in their field of practice. It is therefore imperative that CPD activities in nursing should commence as soon as the basic statutory training has ceased. This will ensure that CPD in nursing truly becomes a continuing process where nurses will be helped to embrace the concept of CPD in nursing, which is based on the philosophy that nursing education is an on-going, lifelong learning process, which does not cease once a nurse qualifies as a professional nurse (Barriball and While 1996:999; Barriball et al. 1992:1130; Houle 1989:75; Merriam and Cunningham, 1989:518; Quinn 1980:113).

The primary purpose of CPD in nursing is to assist professional nurse practitioners in providing higher quality service to their clients by improving their knowledge, competence and performance. CPD in nursing has become necessary because it promotes the enrichment of knowledge, improvement of skills and competencies and the development of attitudes that are necessary for the enhancement of nursing practice. The need for CPD in nursing is not important for the nurse alone

but it has also become essential for the development of the nursing profession as a whole (Nolan et al. 1995:558; Quinn, 1980:113).

CPD has contributed to the personal and professional development of the nurse practitioner. It has lead to a greater awareness of professional issues together with better career planning. It has been seen to provide nurses with a sense of personal and job satisfaction, raising the motivation and morale of the nursing workforce, whilst instilling a joy for learning and a desire to pursue lifelong learning together with the prospects of promotion. It has also been seen to lead to the acquisition of new knowledge and skills, and an increased confidence in the professional nurse who meets the needs of patients and delivers care to meet the outcomes of the health system. CPD is thus perceived to be an essential element of professional development, which is calling for all professional nurse practitioners to be exposed to CPD activities (Vasuthevan and Viljoen 2003:94; Smith and Topping 2001:342; Quinn 2000; Bardin 1998:10; Kersaitis 1997:137; Nolan, Owens and Nolan, 1995:551; Lindsay 1990:50; Mackereth 1989:777; Barriball et al, 1992:1130; Todd 1987:28).

According to Fichardt and Viljoen (2000:109), various educational strategies have been used to provide CPD for nurses, for example courses, workshops, distance learning, work-based learning and self-directed learning. According to Houle (1989), the provision of CPD programmes for nurses needs to incorporate the concept of adult learning. Teaching and learning strategies are to be employed that will ensure that the nurses have the skills to learn and relearn as knowledge develops. This will enable the nurses to develop the skills that are necessary for lifelong learning. These skills include the ability to analyse problems, define what needs to be learnt, know how and where to access information and to evaluate information. Innovative strategies also referred to as self-directed approaches to learning, such as problem-based learning, group discussions or projects and learning contracts will promote the development of lifelong learning skills (O`Shea 2003:65;. Smith and Topping 2001:344; Nugent 1990:476; Mackereth 1989:778; Popiel 1973:79).

According to Carpenito (1991), CPD in nursing is a lifetime commitment and presents the need for educational institutes that offer nursing programmes to graduate nurses who are independent thinkers. Lifelong learning requires nurses to depend on themselves to learn what is needed to

enhance their competence after graduation According to Kapp (1998), it is through the process of lifelong learning that the potential of professional practitioners are developed while they are acquiring the necessary skills, knowledge and attitudes. This places the responsibility on the nurse educators who need to shift the responsibility for their students' learning from themselves to the learners. Nurse educators should facilitate the process of learning and help the students to become self-directed in their own learning. Approaches that have the potential to encourage self-direction are:

- ⇨ making use of the learners' existing knowledge;
- ⇨ encouraging deep-level learning;
- ⇨ increasing question asking by learners;
- ⇨ developing critical thinking;
- ⇨ enhancing reading skills;
- ⇨ improving comprehension monitoring;
- ⇨ and creating a supportive climate for learning (Candy 1991:322).

2.5.3.1 Reasons for participation in continuing professional development activities in nursing

Clark and Dickinson, as cited in Kristjanson and Scanlan (1992), reported that nurses participate in CPD for a variety of reasons. The reasons given were both self-directed and other-directed, with the most important reason being increased job competence. According to Houle, as cited in Cullen (1998:229), adult learners can be placed into three categories: the goal-orientated learner, the activity-orientated learner and the learning-orientated learner. The goal-orientated learner uses education as a means to accomplish specific objectives. The activity-orientated learners participate in education for reasons unrelated to the purpose or content of the programme. The learning-orientated learners has a genuine desire to learn.

According to Popiel (1973), the important outcomes of CPD in nursing should be the learning of new roles and the acquisition of knowledge and skills to enable the professional nurse to perform in the clinical setting and provide safe patient care. According to Kristjanson and Scanlan (1992), professional nurses have a need to be knowledgeable about their area of nursing specialty.

Professional nurses who participated in CPD have reported that it has lead to increased effectiveness and efficiency in their clinical practice and patient care. They have a greater ability to look critically at all aspects of their clinical practice and to identify their need for new knowledge and skills. Nurses have also reported that they feel more confident about their practice and that CPD participation has helped them to correct bad nursing practices (Barriball et al. 1992; Kristjanson and Scanlan 1992)

CPD participation has provided these nurses with opportunities to develop personally and professionally. It has kept the nurses abreast of new developments in nursing practice, health care and the nursing profession. CPD participation has also been seen to have raised the morale of the nurses. The nurses have acknowledged that it has lead to increased job and personal satisfaction, motivation for learning, increased knowledge of new techniques and self-assurance. Their self-confidence has increased as they have become a resource person to their colleagues through sharing their knowledge, and this sharing has affected patient care positively (Barriball et al. 1992; Kristjanson and Scanlan 1992).

Career aspirations have been a significant motivational factor influencing nurses` participation in CPD. According to a survey conducted by Rogers, as cited by Bariball et al. (1992), a large majority of nurses attended CPD courses because they knew it would help in their promotion prospects. Larcombe and Maggs, as cited by Barriball et al. (1992), proposed that CPD should take place within a career development framework.

Davee (1995) suggested that the very nature of the nurse’s position in the clinical field should motivate him or her to seek CPD offerings. Professional nurses in leadership positions coordinate and collaborate the contributions of large groups of professional nurses to deliver safe nursing care. In order to be effective, nurses should seek new knowledge in a multitude of areas.

2.5.3.2 Barriers to participation in continuing professional development activities in nursing

According to Merriam and Brockett (1997), adult learners have also experience difficulties in accessing CPD opportunities. Cross, as cited by Merriam and Brockett (1997), has identified three barriers to participation in CPD, namely situational barriers, institutional barriers and dispositional barriers. *Situational barriers* are those factors in the individual's life circumstances at any given time, e.g. lack of time, money and home and job responsibilities. *Institutional barriers* are those practices, procedures and policies that place limits on opportunities for potential adult learners to participate, for example course scheduling, residence requirements and bureaucracy. *Dispositional barriers* relate to attitude and self-perceptions about oneself as a learner and these include low confidence, negative past experiences, lack of energy and fear of being too old to participate.

Lack of early notification of CPD events was found to influence course attendance. According to Lathlean and Farnish, as cited in Barriball et al. (1992), it has been found that inadequate advance notification promoting in-service education events hindered the uptake of these events because ward sisters did not have sufficient time to ensure that the ward was adequately covered. Inadequate staffing levels at the hospitals have been reported by Kersaitis (1997), Barriball and While (1996) and Mackereth (1989) and as a strong barrier to CPD participation.

Lack of financial assistance and lack of obtaining study leave as factors affecting CPD participation are well documented in the literature (Kersaitis 1997; Barriball and While 1996; Barriball et al. 1992; Atkin, Hirst, Lunt and Parker 1994; Mackereth 1988). In a research conducted by Nolan et al. (1995), it was noted that there is a growing tendency amongst nurses to fund themselves or go on courses in their off-duty time. Nolan et al. (1995) and Kersaitis (1997) have recommended that CPD will require capital investment and employer support to allow the nurses time away from the workplace and financial assistance to enable them to attend CPD offerings.

The commitment that professional nurses have towards their family members have been reported as a significant factor that effects CPD participation. Nurses who are most likely to participate in CPD

activities are nurses who have no children and those whose children are older than five years (Al-Ma`aitah and Momani 1999:177; Kersaitis 1997:137; Barriball and While 1996:1002; Lindsay 1990:50). However, according to Larcombe and Maggs, as cited in Barriball et al. (1992), nurses with family commitments prefer to work part-time or night duty. Barriball and While (1995) found that nurses on night duty and part-time duty are persistently thwarted in gaining access to CPD on an equal basis with their full time colleagues.

According to Kersaitis (1997), a difference was found in CPD participation on the basis of rural versus urban dwelling. Nurses living in the urban areas participate more in CPD activities compared with the nurses living in the rural areas. In the rural areas CPD are not readily available and the potential for low attendance does not make courses financially feasible. According to Woods (1995), CPD programmes for nurses in SA are limited. The few CPD programmes available to provide nurses with continuing education are situated in the larger urban centres and therefore are inaccessible to rural nurses. Rural nurses are finding it difficult to leave their homes, families and work in order to go to the big cities to study. Eustace (2001) however has recommended that nurses in the rural areas could have access to desired CPD courses using the present technology and distance learning resources. Kristjanson and Scanlan(1992) goes even further to state that it is important that the provision of CPD courses be accessible to nurses in their geographic locations.

Lacking motivation to learn, not coping well with academic work and too old to learn have been reported by a few nurses as barriers to participating in CPD activities (Eustance 2001:134; Kersaitis 1997:137; Barriball and While 1996:1000; Nolan et al. 1995:552; Barriball et al. 1992:1135; Lindsay 1990; Nugent 1990:474; Mackereth 1989:778).

This literature overview pertaining to CPD for non-health and health professionals as well as nurses helped to inform the research problem. The literature review has also assisted the researcher in gaining a better understanding of CPD and the context in which CPD in nursing takes place. It also guided the researcher to the reasons for and the barriers to CPD participation and reasons for and arguments against mandatory CPD.

2.6 CONCLUSION

The discussion of each concept and the relationship between the different concepts helped the researcher to build a theoretical framework. The discussion of the following concepts: continuing education, CPE, in-service education and CPD helped the researcher to understand that learning that takes place in a framework of CPD will promote the continuous professional and personal development of the professional nurse practitioner and improved nursing care. The discussion of the concept of mandatory CPD emphasises that nurses should be helped to become self-directed in their own learning rather than requiring them to provide evidence of CPD participation.

Literature further revealed that, as they mature, adults have a concept of self-directedness. They are motivated to learn and to come ready to learn when they experience a need to learn. The nurse educator should take into account the characteristics of the nurse as an adult learner. It is recommended that during the facilitation of learning, the nurse educator use certain teaching and learning strategies, which will help the nurse, as he/she develops within the profession, to become self-directed in his/her own learning.

This chapter also contains a review of CPD in non-health professions, health professions and in nursing. The literature revealed that CPD in all three disciplines lead to the update and an increase in knowledge and skills. The barriers to CPD participation have been identified as staff shortages and financial constraints. Lack of notification, family responsibility and the geographical location of the nurses' work place has only been recorded as barriers to CPD participation in nursing. The research methodology and research design are addressed in the next chapter.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

As indicated in Chapter 1, the purpose of the current research was to assess the need for continuing professional development (CPD) for professional nurses in the Western Cape Province in order to develop criteria that would assist with the provision of these programmes.
The objectives for conducting the research were:

- to assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- to assess the extent professional nurses to which participate in continuing professional educational activities;
- to ascertain whether professional nurses support the introduction of mandatory continuing professional education; and
- to determine the barriers to CPD participation.

Monette (1977) as cited in Kristjanson and Scanlan (1992:157) maintains that it is critical that educators of continuing professional development programmes identify the perceived needs (those felt by the individual nurse) and the normative need (overall need of the profession) when planning these programmes.

The current research focuses only on how professional nurses working in the Western Cape Province perceived their need for CPD.

3.2 RESEARCH METHODOLOGY

According to Mouton and Marais (1990:150), paradigms and the different approaches to research determine the direction the researcher will take to find answers for the research problem. In this section, research paradigms and approaches to the current research are being discussed.

3.2.1 Methodological paradigm

A paradigm is a fundamental model or scheme that organises our view of something. According to Kuhn, as cited by Williams (1998), the concept *paradigm* is defined as "the entire constellation of beliefs, values and techniques shared by a community, and it means a basic orientation to theory and research". A scientific paradigm is a complete system of thinking. It includes basic assumptions, the important questions to be answered or puzzles to be solved and the research techniques to be used.

According to Williams (1998), a paradigm provides a conceptual framework for seeing and making sense of the social world. The significance of paradigms is that they shape how we perceive the world. Paradigms are reinforced by those around us, the community of practitioners. Within the research process, the beliefs a researcher holds will reflect in the way the research is designed, how data is collected and analysed and how the research results are presented (Williams 1998).

According to Williams, there are three paradigmatic questions –

- *ontological:* what is the nature of reality?
- *epistemological:* what is the nature of knowledge and the relationship between the knower and the would-be knower?
- *methodological*: how can the knower go about to obtain the desired knowledge and understanding?

The term *methodological paradigm* refers to the actual methods and techniques used by the social researchers as well as the underlying principles and assumptions regarding their use. The three

methodological paradigms that have dominated the scene in recent social research is the *positivist paradigm*, which is linked to the quantitative approach, *interpretivism* which is linked to the qualitative approach and the *critical social science paradigm* that has been linked to participatory action research (Babbie and Mouton 2001:48; Neumann 2000:64).

3.2.1.1 Positivist paradigm

Positivist researchers perceive the world as external and objective and science as value-free. They see reality as one and by dividing it and studying its parts, they are able to understand the whole. Positivist researcher use methods such as observation and experiment to collect facts to study the relationships between these and to derive laws and theories from them. Therefore, they have a quantitative approach to research, seeking to deduce cause-and-effect relationships and to predict patterns of behaviour. The purpose of their research is basic, causal or predictive.

In terms of ontology, the researcher believes in an objective reality, which can be explained, controlled and predicted by means of natural (cause-effect) laws. The positivist researcher believes reality exists out there and is governed by natural laws. The job of the researcher is to discover the true nature of reality and how it works. The aim is to predict and control natural phenomena (Neill 2003:2).

In terms of epistemology, the researcher sees him/herself as detached from the object that he or she is studying. The researcher should study the objects within the world objectively. This implies that the researcher does not influence the objects in the study nor is the researcher influenced by it. In terms of methodology, the paradigm emulates the physical sciences where questions or hypotheses are stated and subjected to empirical testing to verify them. Positivist researchers do their research in natural settings and attempt to have participants give their own understandings of what is going on. Anything that might influence the test should be controlled to prevent bias (Neill 2003:2; Babbie and Mouton 2001:49; De Vos, Strydom, Fouché, Poggenpoel and Schurink. 2000:242; Neumann 2000:65; Williams 1998:2).

3.2.1.2 Interpretivist paradigm

The interpretive researcher views the world as a socio-psychological construct where there are multiple realities forming an interconnected whole that can only be understood as these multiple realities (Williams 1998:7). The interpretive researcher has a qualitative or inductive approach to research. The purpose of interpretive research is to explore or describe what has been learned from the area of interest. Based on the interpretations of the data, the researcher develops a theory rather than test it. Interpretive researchers see social science as a systematic analysis of socially meaningful action through the direct detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds (Neumann 2000:71).

In terms of ontology, the researcher believes reality is socially constructed. The researcher aims to understand reality by discovering the meanings that people in a specific setting attach to it. To them, behaviour is intentional and creative and it can be explained but not predicted. In terms of epistemology, the researcher is subjective because neither he nor she interacts with the subject or object of investigation. Knowledge is then created when the researcher and the participant undertakes the inquiry. In terms of methodology, the paradigm is interpretive. During the process of interaction between the researcher and the subject, the subject‘s world is discovered and interpreted (De Vos et. al.2000:242; Neumann 2000:71).

3.2.1.3 Critical social paradigm

The critical social science theorist sees social science as a critical process of inquiry that goes beyond surface illusions to uncover the real structures in the material world in order to help people change conditions and to build a better world for themselves. In terms of ontology, reality is shaped by social, political, cultural, economic and gender values over time. In terms of epistemology, the researcher is transitional and subjective, an in terms of methodology the paradigm is dialectical (De Vos et al. 2000: 242; Neumann 2000:76).

The researcher studied CPD in nursing within a positivist paradigm and an interpretivist paradigm. The positivist paradigm enabled the researcher to study professional nurses in the hospital setting objectively, and the interpretivist paradigm helped the researcher to discover the meaning professional nurses attach to their own learning.

3.2.2 Approaches to research

Approaches to research are different ways of looking at the world – ways to observe, measure and understand social reality. However, according to Neumann (2000), they all start looking at reality from different positions, but end up looking at the same thing or saying the same thing.

According to Leeds, as cited by De Vos et al. (2000:15), the nature of the data to be collected and the research problem dictate the research methodology. Leeds identifies quantitative research methodologies as dealing with data that are principally numerical, and qualitative research methodologies as dealing with data that is principally verbal. The nature of the data to be collected in this research has lead the researcher to decide on a combined quantitative-qualitative approach to this research (De Vos et al. 2000:15).

3.2.2.1 Quantitative approach

The quantitative approach, which is based on positivism, was one of the approaches used in this study. Commonly, quantitative researchers use a deductive form of reasoning. It begins with a well-established theory from which hypotheses are deduced in order to predict what the findings will be. The main aim of this approach is to measure the social world objectively, to test hypotheses and to describe, predict and control behaviour.

In this study, a survey, as a quantitative research design, was used to collect the data. This design enabled the researcher to ask many professional nurses questions by means of a questionnaire in a short period. In a quantitative approach, the sample size is reasonably large. A random sampling technique was used to select a sample that had the same characteristics as the population. The

quantitative survey researcher often uses a sample or a smaller group of selected people, but generalises the results to the larger group from which the smaller group was selected. The survey method enabled the researcher to measure and describe the magnitude or the extent of the need for continuing professional education of professional nurses working in public hospitals in the Western Cape Province. This design lends itself to counting or measuring and analysing data statistically (Neumann 2000:34).

At the end of the data collection process, statistical analysis methods were used to analyse the data, which was then followed by the interpretation of the data. Quantitative data analysis and interpretation is primarily deductive, proving or disproving the hypothesis or an assertion developed from a general statement. Therefore, when reporting the research results the findings are discussed, in a recognised format, as to the extent to which the data collected either confirms or refutes the research question (Babbie and Mouton 2001:470; De Vos et al. 2000:241; Neumann 2000:422; Seaman 1987:169).

3.2.2.2 Qualitative approach

A qualitative approach, which is linked to interpretivism, was also used in this study. The reason for using this approach in addition to the quantitative approach is to understand and describe the professional nurses' experience of their own continuous professional development in a particular setting and not to predict it (Babbie and Mouton 2001:53; De Vos et al. 2000:241).

Interpretive researchers study meaningful social action. Social action is the action to which people attach subjective meaning; it is an activity with a purpose or intent. The aim of this approach is to develop an understanding of social life and to discover how people construct meaning in their natural settings .The researcher wanted to learn what is meaningful or relevant to the professional nurses being studied, or how they experience their daily work life.

The qualitative approach to research design is characterised by lower sample numbers and the participants should represent the population. This approach leans toward observational methods of

data collection, such as unstructured interviewing. In the analysis of the qualitative data, the emphasis is on grounded theory and/or other inductive analytical strategies.

In this research, an interview was used as one of the data collecting method. Generic qualitative data analysis techniques, such as coding and memo writing, were used to analyse the data and different reasoning strategies were used to identify patterns in the data. This approach to research provided the researcher with insights and understanding as patterns developed or occurred in the data that was collected (Babbie and Mouton 2001:271; De Vos et al. 2000:357; Neumann 2000:86; Polit and Hungler 1995:144).

3.3 RESEARCH DESIGN

De Vos et al. (2000:99) refer to a research design as a road map. It describes the route the researcher has taken to achieve the research goal and objectives and includes the data collection methods, methods of data analysis and the interpretation thereof.

3.3.1 Survey

A survey is a process by which researchers translate a research problem into questionnaires, and then use these with respondents to create data. The data is then used for descriptive, explanatory or exploratory purposes. The survey is used in this research for a descriptive purpose. It may determine the frequency with which an event occurs or the frequency with which one event is associated with other. The unit of analysis in this research is the professional nurse who, as an individual, served as the respondent. The survey is an excellent vehicle for measuring the attitudes and the orientation of professional nurses to their own continuing professional education. It is also the best method available in collecting original data for describing the characteristics of this large population, which is too large to observe directly (Babbie and Mouton 2001 :232).

A major advantage of using the survey as a quantitative approach to research is that the data can be collected from the respondents in their natural setting. In this research, the data was collected in the professional nurses' workplace. Surveys are also economical in terms of the amount of data that can

be collected. One of its weaknesses is that the researcher may find it difficult to gain a full sense of the total life situation in which the respondents are thinking and acting (Keegan 2004:1; Babbie and Mouton 2001:263; Seaman 1987:182).

3.3.2 The questionnaire as a data collection instrument

In social research, variables are often operationalised when the researcher asks people questions as a way of obtaining data for analysis and interpretation. A questionnaire was considered the most appropriate data collection instrument for this research. The cost of distributing the questionnaire to the sample, which was widely distributed over a certain geographical area, was relatively low.

The use of the questionnaire as a data collection instrument enabled the researcher to obtain information from the selected sample of professional nurses. The data collected included the demographic information of the sample, their participation in formal education, in-formal education and in-service education as well as their reasons and the barriers for participating in these programmes and their views about mandatory continuing professional development. The questionnaire was self-administered and anonymous.
The researcher personally handed the questionnaire to the professional nurses, at a professional nurses' staff meeting held at the two hospitals. They were asked to participate voluntarily in the study by completing the questionnaire. All the respondents were privy to a letter, which explained the purpose of the research and requesting the nurses to participate in this study by completing the questionnaire. They were assured that their participation in this research would be treated with confidence. The researcher returned the following day and collected the completed questionnaires from the nurses.

Instructions were included on how to complete every section of the questionnaire. The name and telephone numbers of the researcher as well as the name of the university endorsing the research were made known in the letter. One advantage of this method is that a high response rate can be expected. A disadvantage of personally handing the questionnaire to the respondents and waiting for it to be completed may result in the respondents asking for clarification of some the questions and this may influence the results (Babbie and Mouton 2001:265; Neumann 2000:272; Seaman

1987:275).

3.3.2.1 Constructing the questionnaire

The questionnaire contained clear instructions on how to complete the questionnaire. Open-ended and closed-ended questions were included in this questionnaire. Closed-ended questions were used because it is easier and quicker for the respondents to answer. The answers from these questions were easily coded and analysed. One disadvantage of using closed-ended questions is that it forces respondents to give simplistic responses to complex issues. Open-ended questions were included because it allows respondents to be creative and express themselves when responding to the question. Care was taken not to include too many open-ended questions because it may be time-consuming to complete and could be liable to error (Neumann 2000:261).

Several questions were constructed in the matrix format. The advantage of this format is that it uses space efficiently, and respondents probably find it faster to complete the questions presented in this fashion. The disadvantage is that it can foster a response-set among some respondents. Respondents may develop a pattern of agreeing with all the statements. The respondents might also assume that all the statements represent the same orientation and they might then read quickly thus misreading some of them, thereby giving wrong answers.
Certain questions have follow-up questions. These were specifically included to obtain more information about a response to previous questions. It helped to obtain in-depth knowledge about the research problem (Babbie and Mouton 2001:242; De Vos et al. 2000:165).

3.3.2.2 Format of the questions

The questions in this questionnaire were arranged in content subsections. The questions in each subsection were relevant to the content of that subsection. This was done to obtain the information from the professional nurses, working in two public hospitals, about their knowledge and experience of their own CPD activities.

In the introduction of the questionnaire, clear instructions were given on how to complete the questionnaire and the professional nurses were requested to answer all the questions. The concepts

used in the questionnaire were clarified to assist the professional nurses when answering the questions. Three of the subsections contained a brief introduction. Care was taken with the wording of the questions to ensure that the questions were unambiguous. The questions were neatly spread out and uncluttered. The questionnaire consisted of seven pages. The questions pertaining to the demographic section of the questionnaire were considered non-threatening and were placed at the beginning of the questionnaire. This was followed by questions on formal, non-formal, in-service education and mandatory CPD (Babbie and Mouton 2001:244). On the last page of the questionnaire, the researcher thanked the professional nurses for completing the questionnaire.

3.3.2.3 Pilot study

Five professional nurses who were not part of the sample but who were working in the public hospitals were requested to complete the questionnaire. The reason for pre-testing the questionnaire was to identify any errors in the questions and to determine the length of time it would take the professional nurses to complete the questionnaire. All the errors were corrected before the questionnaire was administered to the sample population. According to Polit and Hungler (1995), a question that can be interpreted differently by different people is unlikely to produce meaningful information therefore it seems obvious that the designer of a questionnaire should strive for clarity and unambiguity (Babbie and Mouton 2001:244; De Vos et al. 2000:182).

3.3.3 Semi-structured interviews

Survey research interviewing is a specialised kind of interviewing. It involves a social interaction between two strangers with the explicit purpose of one person obtaining specific information from another person (Neumann 2000:278).

Interviews can be structured, semi-structured or unstructured. Semi-structured interviews are closely related to the methodology of qualitative research, namely that reality can be reconstructed from the world of the interviewee. The unstructured interview best enables the interviewer to obtain an “insider view” of the social phenomenon (De Vos et al. 2000:300).

A semi-structured interview is a good method for obtaining data. In this research, a semi-structured interview was the researcher's choice of collecting the data. It assisted the researcher in probing probe the professional nurses' opinions and ideas and the meanings they attach to their continuing professional development. With a semi-structured interview, the structured questions enable the researcher to obtain the quantitative data, whereas the less structured questions provide the researcher with data that is qualitative by nature (De Vos et al. 2000:299 and Seaman 1987:290).

The researcher conducted ten semi-structured interviews with ten professional nurses who volunteered and who were selected from the sample population. The researcher contacted the professional nurses telephonically and arranged the date and time for the interview with them. During the interview, the researcher used the questionnaire as a guide to obtain information from the professional nurses (De Vos et al. 2000:298, Babbie and Mouton 2001:289; Polit and Hungler1995:272, Seaman 1987:290).

3.3.4 Reliability and validity of the research instrument

The reliability of an instrument refers to the likelihood that a given measurement or procedure will yield the same description of a given phenomenon if that measurement or procedure is repeated. It can be equated with the stability, consistency or dependability of the measuring tool. A reliable item is one that consistently conveys the same meaning every time it is read by respondents and it is interpreted in the same way. A pilot study was conducted to determine whether there were any misleading questions or whether the instrument was too long (Babbie and Mouton 2001:119; Neumann 2000:165).

Validity is defined as "the degree to which the instrument measures what it is supposed to measure"(De Vos et al 2000:83). According to Hudson as quoted by De Vos et al. (2000), the definition of validity comprises two parts: the instrument should actually measure the concept in question, and the concept should be measured accurately. Hudson maintains that when we ask how valid an instrument is, we are actually posing three questions:

- ⇨ How well does the instrument measure what we want it to measure? (content validity)

- ⇨ How well does this instrument compare with one or more external criteria purporting to measure the same thing? (criterion validity)
- ⇨ What is this instrument in fact measuring and how and why does it operate the way it does? (construct validity).

Methods to determine the validity of the research instrument include using the literature study to design the questionnaire and/or requesting an experienced researcher to review the questionnaire (Polit and Hungler 1995:353; Seamen 1987:318).

In this research, the researcher used the literature study as a guide to design and compile the questionnaire.

3.3.5 Sampling

The purpose of sampling is to select a set of elements from a population in such a way that descriptions of those elements accurately portray the characteristics of the total population from which the elements are selected. There are several approaches to sampling. In this research, the quantitative approach and the qualitative approach to sampling were used (Neumann 2000: 195; Seaman 1987:236).

3.3.5.1 Quantitative approach to sampling

The survey method asks a representative sample of people the same oral or written questions about particular attitudes, opinions, values and beliefs. Quantitative researchers` goal is to obtain a representative sample from a much larger population. Probability sampling, also known as random sampling, enhances the likelihood of accomplishing this aim and provides methods for estimating the degree of probable success.

In this research, the researcher studied a smaller group of professional nurses' representative of the larger group from which they had been selected. The results of this research if carefully executed, will produce results that are equally if not more accurate than trying to reach every single person in the whole population and to produce accurate generalisations the larger group (Babbie and Mouton

2001:175; Neumann 2000:195).

3.3.5.2 Qualitative approach to sampling

Qualitative researchers rarely draw a representative sample. They tend to use nonprobabilty or non-random sampling. For qualitative researchers it is the relevance to the research topic rather than their representativeness which determines the way in which the people to be studied are selected (Neumann 2000:196).

Purposive sampling, which is a non-probability sampling technique, allows the researcher to select certain subjects or elements consciously and to include them in the research. According to Polit and Hungler (1995), purposive sampling derives from the belief that a researcher's knowledge about the population and its elements can be used to pick the cases to be included in the sample, and the researcher might purposefully decide to select the widest possible variety of respondents of those judged to be "typical" of the population in question.

3.3.5.3 Selecting the sample

The larger population described in this research are all the professional nurses working in public hospitals in the Western Cape Province. Public hospitals in the Western Cape Province are dispersed over a wide geographical area. The geographical distance between the hospitals was the reason why the researcher used a purposive sampling technique to select two public hospitals. In this research, the target population was limited to professional nurses working in these two public hospitals in the Western Cape.

A sample of one hundred nurses was drawn from the target population of nurses working in two public hospitals. One hospital was situated in a rural area and one in an urban area. Fifty professional nurses were selected from the hospital in the rural area and fifty nurses from the hospital in the urban area.

Permission was obtained from the management of the two hospitals, to select fifty nurses randomly

from a population of nurses who attend the professional nurses' meeting at the respective hospitals. The reason for selecting fifty professional nurses from each hospital irrespective of the number of professional nurses at each hospital was that it was a practical arrangement to gather all the participants in one place at one time, and according to the Statistical Services at the University of Stellenbosch, the sample from both hospitals must be the same size in order to statistically test the differences between certain variables. The nurses who volunteered to participate in the study were randomly selected using the meetings attendance register. This method provided each nurse in the population an equal opportunity to be selected for the research.

The data was collected from the sample of selected professional nurses. This selection method enables the researcher to obtain a broad overview of the representative sample (Babbie and Mouton 2001:175; De Vos et al. 2000:198; Polit and Hungler 1995:192; Seaman 1987: 238).

3.3.6 VALIDITY AND RELIABILITY IN THE RESEARCH PROCESS

In this research, quantitative and qualitative research methods were used. According to Babbie and Mouton (2001), a quantitative study cannot be considered valid until it is reliable, and a qualitative study cannot be called transferable unless it is credible and dependable. *Transferable* refers to the extent to which the findings can be applied in other contexts or with the same respondents. *Dependable* refers to an inquiry that provides its audience with evidence, which if it were to be repeated with the same or similar respondents in the same context, would produce similar findings.

One of the "procedures" through which credibility can be achieved, is triangulation. Triangulation, according to Babbie and Mouton (2001:277), is the best way to elicit the various and divergent constructions of reality of a study to collect information about the different events and relationships from different viewpoints. This means asking different questions, seeking different sources, and using different methods. According to Denscombe (2002:104), the accuracy and precision of data can be assessed by comparing data with the findings on the same topic produced by using different research methods, produced by other researchers or based on alternative approaches.

Triangulation relies on the known properties of triangles (Denscombe 2003:38). In this study, the

questionnaires and interviews, the literature on CPD in non-health and other professions and the literature on CPD in nursing facilitated the validation of the collected data through triangulation. The researcher can be more confident in the findings of the research if the same conclusions are reached by more than one method or from more than one data source (Denscombe 2003:133; Babbie and Mouton 2001:277).

Although there are arguments for and against using more than one method it has been found that it is better to use a combination of methods to describe and conceptualise the complexities of the health care professionals working in a public health care system (Smith and Topping 2001:343).

3.4 DATA ANALYSIS

The raw quantitative data was first coded and then analysed using univariate statistics. Once the data was analysed, statistical measures were used to answer the research questions. Before the raw qualitative data was analysed, the researcher designed a plan on how the data was to be managed. Generic qualitative data analysis techniques, such as coding and memo writing, were used. Different reasoning strategies were used to identify patterns in the data, which had been collected. Once the patterns had been identified, it was interpreted in terms of the theory and setting in which it had occurred. The data of certain variables was presented in the technique known as *cross-tabulation* and then correlated to determine the relationships between the variables (De Vos et al. 2000:352; Neumann 2000:426).

3.5 ETHICAL CONSIDERATIONS

The researcher acknowledged the rights and the interest of the participants in this research. The researcher requested permission from the professional nurses, the management of the hospitals and the ethics committee of one hospital to undertake this research. The name of the researcher and the reasons for the research was made known to the respondents (Polit and Hungler 1995:125). The management of the hospital and the nurses were informed that their identity would not be made known in the release or in the publication of this research. In this manner, anonymity and confidentiality of the hospitals and the participating nurses was guaranteed (Babbie and Mouton

2001:243; Seaman 1987:24).

3.6 LIMITATIONS OF THE RESEARCH PROCESS

From the literature study and to the knowledge of the researcher nothing has been reported that this research question has been studied in the South African context. Due to time and financial constraints, the research was limited to professional nurses working in public hospitals in the Western Cape Province.

One of the limitations of the self-administered questionnaire was that the respondents did not answer all the questions. One question was stated ambiguously when the researcher asked the nurses to indicate if they ever attended a national or international conference. The question should have only address one type of conference and not both because it is more likely that a professional nurses would have an opportunity to attend a national conference than a international conference.

Just like the self-administered questionnaire, the semi-structured interviews had its own limitations:

- it was time-consuming; and
- note taking could have been recorded incorrectly and thus might have influenced the validity of the results.

3.7 CONCLUSION

This research was conducted within the positivist paradigm, which is linked to a quantitative approach, and the interpretivist paradigm, which is linked to a qualitative approach to research. The quantitative approach enabled the researcher to predict the professional nurses' behaviour to their own CPD, and the qualitative approach helped the researcher to understand and interpret the meaning the nurses attached to their CPD.

The survey was used to collect the data. The survey enabled the researcher to describe the findings best and to relate it to the larger population of professional nurses working in public hospitals in the Western Cape Province. The questionnaire and the semi-structured interview were used to obtain

the data from a sample that was randomly selected from the population of professional nurses in the two hospitals under study.

The literature review was used to inform and guides the researcher in the compilation of the questionnaire. In this way, the validity of the research instrument was ensured. A pilot study was conducted to ensure the reliability of the instrument. The process of triangulation was used to ensure the validity and reliability of the research process. In the next chapter, the presentation, analysis and interpretation of the research findings are explained, showing how the response to each question contributed to answering the research question.

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1 INTRODUCTION

The purpose of this research was to assess the need for continuing professional development (CPD) for professional nurses in order to develop criteria that would assist with the provision of such programmes. A questionnaire was used as the data collection instrument. It was handed to the professional nurses in the respective hospitals to complete and was used as the tool to collect data during the interviews. To obtain the required information the questionnaire was divided into five main sections: demographic data, formal education, non-formal education, in-service education and continuous professional development (CPD).

One hundred professional nurses were selected to participate in this research. Fifty nurses were selected from a hospital in an urban area and fifty nurses were selected from a hospital in the rural area. The questionnaires were administered to the participants at a staff meeting in their respective hospitals and collected the following day. From the hundred questionnaires that were administered, seventy-one were returned of which one was spoiled. According to the researcher, this was an acceptable response rate.

The researcher conducted ten semi-structured interviews. Five nurses were selected from the same sample at each of the two hospitals. The researcher transcribed the information provided by the professional nurses regarding their CPD activities onto the questionnaire that was used as a guide during the semi- structured interview. The information gathered during the ten semi-structured interviews was then added to the responses in the seventy questionnaires.

The literature review was used to compile the questionnaire. The questionnaire contained open-ended questions, closed-ended questions and questions in the matrix format. The professional nurses did not answer every question, which resulted in some of the questions having a different response rate to other questions.

The process of triangulation was used in this research to assess the reliability and the validity of the research process. In this research, the questionnaire and interview, literature review on CPD in non-health professions and other health professions and CPD in nursing were triangulated.

The software program, Statistica, and a hand calculator were used to analyse the data obtained from the questionnaires. The data obtained from the open-ended questions were analysed by using the coding and memo-writing technique until a pattern was identified in the data. During the analysis of the data, the researcher added the responses of certain questions together which helped with the interpretation of the findings.

This chapter contains the questions that were asked in each section of the questionnaire. The researcher also provides the reasons why the questions were asked, and includes the responses to each question and the researcher's interpretation of the findings. The chapter also contains a section where some of the variables were correlated with other variables in this study.

4.2 DEMOGRAPHIC DATA

The demographic data reported here are the age, gender, marital status, number of children and the age of the youngest child of the participating professional nurses, post-basic qualifications obtained, number of years of practicing nursing, and also include the communication structures in place for nurses to communicate their learning needs.

4.2.1 Age

Adults' readiness to learn is the product of their biological development and they learn what they need to learn to cope with the demands of their daily living. Erikson, as cited in Merriam and Cunningham (1989:185), states that, as adults reach their middle age, they develop a strong need to share knowledge and skills. The professional nurses were asked to indicate their age to enable the researcher to determine the average age of professional nurses in the hospitals and their developmental stage.

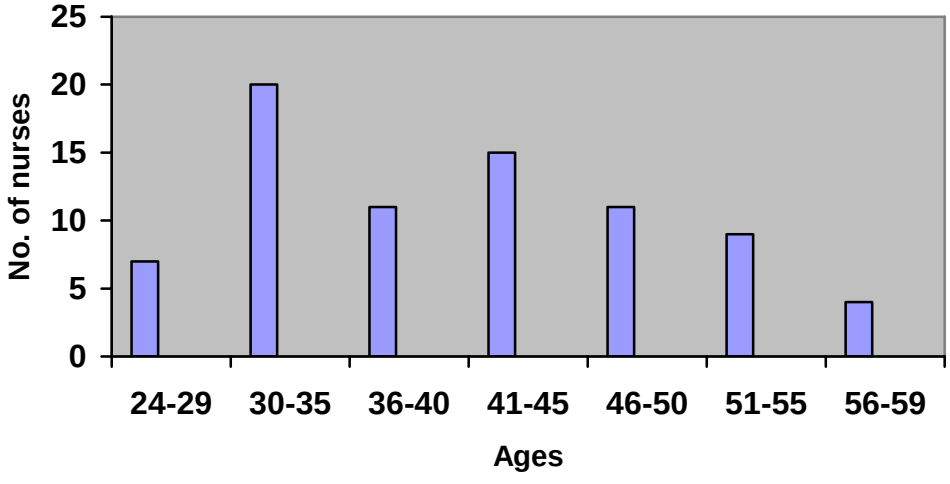

Figure 4.1 AGE DISTRIBUTION (n = 77)

Figure 4.1 shows that the age group 30-35 was the largest age group represented in this study, followed by the age group 41-45, with the age group 56-59 having the lowest number of participants. The average age of the professional nurses in the hospitals was 40.8, which indicated that a significant number of the professional nurses in this study were in their middle adulthood.

4.2.2 Gender

The participants were asked to indicate their gender. This question helped the researcher to determine the gender distribution of the professional nurses in this research. As expected, the majority of professional nurses (98%) were females with 2% male participants.

4.2.3 Marital status and children

Professional nurses who are married and have young children will view their responsibility to their family and children as more important than participating in any CPD activities (Kersaitis 1997:138). The participants were asked to indicate their marital status, the number of children they have and the age of the youngest child. The information obtained from these three questions helped the researcher to determine the percentage of the participants who have family responsibilities. This information was also used to determine whether there is a correlation between the number of children and the highest qualification obtained. The findings are presented in Table 4.1 and Annexure 1.

Table 4.1 MARITAL STATUS, NUMBER AND AGE OF CHILDREN

MARITAL STATUS (n = 70)			NUMBER OF CHILDREN (n = 76)			AGE OF CHILDREN (n = 59)		
Single	28	40%	0	18	23.6%	2-5years	18	30.5%
Married	33	47.1%	1	14	18.4%	6-10years	10	17%
Divorce	8	11.4%	2	31	40.7%	11-20 years	21	35.5%
Widow	1	1.4%	3	11	14.4%	21-30 years	9	15.2%
			4	1	1.3%	26-30 years	1	1.6%
			5	1	1.3%			

Ninety-eight percent of the professional nurses in this research were females (see Section 4.2.2.). Table 4.1 shows that a significant number of these nurses (47.1%) were married. Although the marital status of these professional nurses varied from being single to being a widow, the majority of them (76.3%) have children. Forty-seven percent of the professional nurses` children were under the age of ten years. The responses to these questions showed that a significant number of professional nurses have a family responsibility.

4.2.4 Number of years qualified as a professional nurse

The knowledge and skills that professional nurses gain during their pre-service education and training period is insufficient to last for a lifetime of professional practice. The participants were asked to indicate how long they have been qualified as a professional nurse. This question helped the researcher to determine the average number of years the professional nurses employed in the hospitals have been qualified.

Table 4.2 NUMBERS OF YEARS QUALIFIED AS A PROFESSIONAL NURSE (n = 80)

YEARS QUALIFIED	FREQUENCY	PERCENTAGE
Less than 5 years	11	13.8
6-15 years	26	32.5
16-25 years	24	30
26-36 years	19	3.8

Table 4.2 shows that 32.5% of the nurses have been qualified for 6-15 years followed by 30% of the nurses who have been qualified for 16-25 years and 3.8% who have been qualified for 36 years. The mean number of years that the professional nurses have been qualified was 17 years. This implied that the professional nurses in this research are experienced nurses and that they should have been exposed to formal courses.

4.2.5 Geographical area of the hospital

Kersaitis (1997) reported that nurses from urban areas participated more in CPD activities compared with nurses living in rural areas. The professional nurses in the current research were asked to indicate in which geographical area the hospital is where they are working. Fifty percent of the professional nurses were practicing nursing in a hospital in an urban area and 50% of the

professional nurses were practicing nursing in a hospital in a rural area. This question enabled the researcher to determine whether there is a correlation between geographical area of the hospital where the nurses were working and the qualifications they obtained. The findings are presented in Annexure 2.

4.2.6 Conditions of employment

The conditions of employment of nurses e.g. night or shift duty have been cited in the literature review as barriers to participating in CPD activities. The participants were asked to indicate whether they were employed full time on night duty or day duty or shift duty or working for an agency. This question helped the researcher to determine how the conditions of employment of the nurses would influence the in-service education programme that the hospital provides.

Table 4.3 CONDITIONS OF EMPLOYMENT (n = 76)

CONDITIONS OF EMPLOYMENT	FREQUENCY	PERCENTAGE
Full time day duty	21	27.6
Full time night duty	6	7.9
Shift duty	48	63.1
Agency	1	1.3

Table 4.3 shows that 63.1% of the professional nurses were working shift duty, 7.9% were working full time night duty, followed by 27.6% who were working full time during the day.
This question showed that the nurses on full time night duty, shift duty and the agency nurses 71% in total were not practicing nursing every day in a hospital.

4.2.7 Post-basic nursing qualification

A post-basic qualification in nursing is an indication that a professional nurse has taken time away from the clinical workplace and has undertaken a formal course to obtain an additional qualification. To determine how many nurses have obtained a post-basic qualification the

participants were asked to indicate their highest post-basic professional qualification. This question helped the researcher to determine the percentage of professional nurses at the two selected hospitals who are in possession of a post-basic nursing qualification.

Table 4.4 POST-BASIC NURSING QUALIFICATION

(n = 77)

QUALIFICATION	FREQUENCY	PERCENTAGE
Basic qualification	22	28.5
Post-basic diploma	43	56.5
Post-basic degree	12	15.5

Table 4.4 shows that a significant number (72%) of the professional nurses have studied and are in possession of a post-basic nursing qualification. The findings revealed that 29% of the participants need an opportunity to obtain a post-basic nursing qualification.

4.2.8 Professional rank

The participants were asked to indicate their professional rank in their hospital. This question helped the researcher to determine how many of the professional nurses are in leadership positions in the hospital. Professional nurses in leadership positions coordinate the contributions of large groups of professional nurses to deliver safe nursing care. In order to be effective they should seek new knowledge in a multitude of areas of nursing practice.

Table 4.5 PROFESSIONAL RANK

(n = 77)

RANK	FREQUENCY	PERCENTAGE
Professional nurse	24	31.1
Senior professional nurse	13	16.8
Chief professional nurse	39	50.6
Assistant director nursing	1	1.2

Table 4.5 shows that the majority of the nurses (68.6%) except the nurses in the professional nurses category were in a leadership position in the hospital.

4.2.9 Number of years practicing nursing

The participating nurses had to indicate for how long they have been practicing nursing. This question helped the researcher to determine the average numbers of years the professional nurses in the hospitals had been practicing nursing.

Table 4.6 YEARS OF PRACTICING NURSING

(n = 58)

YEARS	FREQUENCY	PERCENTAGE
Less than 5	18	31
6-10	10	17.2
11-15	12	20.7
16-20	7	12.1
21-30	11	19

Table 4.6 shows that only 58 of the professional nurses in this sample have responded to this question. The researcher discovered that this question was ambiguous. The professional nurses might not have been sure how to respond to this question because they might not have known whether they had to indicate how long have they been practicing nursing or how long have they been practicing nursing as a professional nurse.

The findings to this question indicate that 31% of the professional nurses have been practicing nursing for less than 5 years, 20.7% have been practicing nursing for 11-15 years and 17.2% for between 6-10 years. The information obtained through this question indicated that the professional nurses in the hospitals have been practicing nursing for a average of 19 years and thus should have had an opportunity to attend a formal post-basic nursing course. When the findings of this question are correlated with the findings in Table 4.2, it is clear that the professional nurses have been practicing nursing for a longer time period than the number of years that they have been qualified.

4.2.10 Channels to express professional learning needs

In order to determine which policies and procedures the hospitals have in place for the nurses to make their learning needs known, the participants were asked to indicate whether communication channels were in place for them to communicate their learning needs to their employer. A total of 67.2% of the professional nurses indicated that they have adequate communication channels at their hospitals to express their professional learning needs, while 32.4% indicated that they do not have such communication channels. The response to this question indicated to the researcher that a significant number of nurses are aware that certain policies and procedures are in place in their hospitals to communicate their learning needs while an equally significant number of nurses are not aware of whom they should inform of their learning needs.

This section indicated that the average age of the majority of the female professional nurses working in the two hospitals are 40 years. A significant number (47.1%)of the nurses are married, with the majority of participating professional nurses having family responsibilities. The participants in this study are employed in urban and rural hospitals and a significant number of the

professional nurses (72%) have obtained a post –basic qualification in nursing. Despite the fact that a significant number of nurses (72%) have a post-basic qualification, a significant number (29%) of nurses need an opportunity to study in order to obtain a post-basic qualification. Thirty- two point four percent of professional nurses have indicated that communication channels are not in place for them to communicate their learning needs to their employer.

4.3 FORMAL EDUCATION

Professional nurses have to attend a formal course in order to obtain an additional qualification also referred to as a post-basic qualification in nursing. This section presents the findings regarding the reasons why the participating professional nurses acquired an additional qualification, the reasons for delaying their studies and the benefits they have gained from attending a formal course. The participants were asked to indicate their preferred format of any future nursing courses.

4.3.1 Additional qualifications obtained

According to Cervero as cited by Jarvis (1995), all professionals should be exposed to CPD activities occurring within their profession. The formal off-the-job training courses and the continuous practice-based learning all fall under the ambit of CPD. The professional nurses were asked to indicate whether they have been studying after completing their basic qualification, and whether they have obtained an additional qualification. The response to this question helped the researcher to determine the number of professional nurses who needs to attend a formal course to obtain post-basic qualifications in nursing.

Table 4.7 ADDITIONAL QUALIFICATIONS OBTAINED N= 79)

RESPONSE	FREQUENCY	PERCENTAGE
Yes	42	53.1
No	37	46.8

Table 4.7 shows that 46.8% responded that they have not studied to obtain an additional qualification. The response to this question indicates that a significant number of nurses should be provided with the opportunity to undertake a formal course in order to obtain a post-basic qualification.

4.3.2 Number of years that lapsed before studying

CPD should commence as soon as the basic pre-service education and training of the professional nurse has ceased. The participants were asked to indicate how many years had lapsed before they undertook any post-basic studies. With this question, the researcher was able to determine the average number of years that had lapsed before the professional nurses undertook a formal course again.

Table 4.8 NUMBER OF YEARS LAPSED BEFORE STUDYING (n = 34)

NUMBER OF YEARS	FREQUENCY	PERCENTAGE
2-5	21	61.7
6-10	9	26.4
11-17	4	11.7

This was a follow-up question ensuing from the previous question. Table 4.8 indicates that 34 professional nurses responded to this question compared with the 42 who obtained a post-basic qualification (see Table 4.7). The findings in Table 4.8 indicate that a significant number of professional nurses (61.7%) indicated that between 2-5 years had lapsed before they started studying again; 26.4% reported that between 6-10 years had lapsed and 11.7% reported that

between 11-17 years had lapsed before they undertook any post-basic studies. The information gathered with this question indicated that on average 5.8 years had lapsed before the nurses undertook post-basic studies.

4.3.3 Personal benefits gained from participating in a formal course

Participation in CPD activities has contributed to personal and professional development of the professional nurse. This was an open question. The participants were asked to indicate the personal benefits they have gained from participating in a formal course. The participants indicted that they have grown personally and that their self-confidence has increased. They can now confidently share their newfound knowledge with their colleagues. They also indicated that they have grown professionally and that their professional status has improved. They have gained new knowledge and skills and are more knowledgeable about their area of speciality.

4.3.4 Reasons for attending a formal nursing course

The information obtained by this question has helped the researcher to determine whether the reasons why nurses attended a formal course correspond with the reasons given for participating in CPD activities as stated in the literature review.

Table 4.9 REASONS FOR ATTENDING A FORMAL COURSE

REASONS	N	DISAGREE	AGREE
To obtain an additional qualification	43	13.9	86
To plan my career	47	16.9	82.8
To network and meet my colleagues	38	36.7	63
I am motivated to learn	39	10.4	90
To be knowledgeable about my area of specialty	42	0	100
To improve my confidence	38	7.8	92

All the professional nurses indicated that they wanted to be knowledgeable about their area of specialty, followed by 92% who agree that it was to improve their confidence; 90% reported that they are motivated to learn; 86% indicated that they wanted to obtain an additional qualification and 82.8% wanted to attend a formal course as part of their career planning, while 63% agreed that they wanted to network and meet their nursing colleagues. The responses to the statements in this question are consistent with the findings in the literature study (Barriball et al. 1992:1133; Kristjanson and Scanlan 1992:158).

4.3.5 Reasons for the delay to study

The participants were asked to indicate their reasons for the delay to study again by completing the statements in this question. The information obtained in this question helped the researcher to determine whether the reasons for the delay to attend a formal course correspond with the reasons given for nonparticipation in CPD activities as stated in the literature review (Kersaitis 1997:137; Barriball and While 1992:1000).

Table 4.10 REASONS FOR THE DELAY TO STUDY

REASON	N	DISAGREE	AGREE
Lack motivation to study	59	66	33.8
Not aware that I should acquire new knowledge	57	94.6	5.2
Do not cope well with academic studies	58	92.8	12
Family responsibilities	62	32.2	67.7
Financial and accommodation constraints	60	43.3	56.6
Unable to obtain study leave	60	53.3	46.6
Too old to learn	58	74.1	22.4

Table 4.10 shows that a significant number (67.7%) of the professional nurses agreed that family responsibilities and financial and accommodation constraints 56.6% were the main reasons for the delay to study. A significant number (94.6%) disagreed that not being aware that they needed to

acquire new knowledge or being too old to study was a reason for not studying. They also disagreed with not being able to cope well with academic studies or lacking the motivation to learn as reasons for the delay to study. In this question, family responsibility and financial constraints are the only responses that correspond with the reasons for non-participation in CPD activities as stated in the literature review (Kersaitis 1997:137).

Although a significant number of the nurses (46.6%) have agreed that not being able to obtain study leave was a reason for the delay to study, the findings that not being able to obtain study leave led the researcher to believe that this could be barrier to professional nurses not participating in CPD activities.

4.3.6 Opportunity to attend a course

The participants were asked whether they would attend a course if they were given the opportunity to study. This question helped the researcher to determine the number of nurses who wanted to study and/or attend a formal course. The majority of professional nurses (75%) responded positively; 7% responded negatively and 17% were not sure. The response to this question indicated that the majority of professional nurses want to attend a formal course and study.

4.3.7 Course structure

The participants were asked to indicate how the course should be structured to enable them to further their studies. This question helped the researcher to determine which format for a course nurses prefer. The researcher also used this information to make recommendations for future post-basic programmes.

Table 4.11 COURSE STRUCTURE

FORMAT OF THE COURSE	N	AGAINST	IN FAVOUR
Full-time residential course	49	22.4	77.4

Part-time residential course with study days	48	16.6	83.3
Distance learning with no contact	43	88.3	11.5
Distance learning with learning packages and contact time	46	56.4	37.6
Workshops only	44	70.3	31.8
Study days only	47	68.1	31.8

Table 4.11 shows that the majority of the professional nurses (83.3%) were in favour of a part-time residential course with study days and 77.4% was in favour of full-time course. It was evident from the results that the participants were against a distance-learning programme with no contact time, workshops only and study days only.

The data obtained in this section indicates that, although a significant number of professional nurses have obtained an additional qualification, a significant number of professional nurses still need to be granted an opportunity to attend a formal course. An average of 5.8 years have lapsed before the professional nurses, who have an additional qualification, recommenced studying again.

The reasons given for attending a formal course was that they wanted to be more knowledgeable about their area of specialty and that it increased their confidence. Family responsibility and financial constraints have been recorded as reasons for not attending a formal course. The data also indicates that the professional nurses have benefited personally and professionally from attending a formal course. The majority of professional nurses 75% have indicated that they will utilise an opportunity to study if they are afforded an opportunity and that they prefer a part-time course with study days.

4.4 NON-FORMAL EDUCATION

Non-formal education refers to all learning opportunities that the learner can access, and which will lead the learner to acquiring a qualification. This section presents the finding of the participating professional nurses who were members of a professional society, including the reasons for and the barriers to attending meetings, workshops and conferences. Professional nursing journals is a learning resource, which is also available to nurses in practice. This section includes the findings on

the number of nurses who have access to nursing journals and findings as regards the content of the journal, which is pertinent to their current practice.

4.4.1 Membership of a professional nursing society or association

Professional nursing associations or societies provide nurses with learning opportunities through arranging meetings, workshops, conferences and by assisting with the publication of professional nursing journals. The participants were asked to indicate whether they were members of a professional society or association. This question helped the researcher to determine whether nurses by virtue of their membership of a professional nursing society have access to the learning opportunities provided by the professional society.

Table 4.12 MEMBERSHIP OF A PROFESSIONAL NURSING SOCIETY/ASSOCIATION (n = 77)

Member of a nursing society	Frequency	Percentage
Yes	67	87
No	10	12.9

Table 4.12 shows that the majority of the professional nurses (87%) are members of a nursing society while a small number of nurses are not members. This implies that a large number of nurses have access to the learning opportunities provided by the professional nursing society.

4.4.2 Attendance at meetings offered by the professional societies

Professional societies use meetings as a strategy to access their members in the different regions. Societies also use meetings to inform their members of new developments and to learn what the needs of their members are. When nurses attend these meetings, it affords them the opportunity to

make their learning needs known and to gain new knowledge regarding professional issues. The participants were asked to indicate whether they attend the meetings or workshops offered by the professional nursing societies. This question helped the researcher to determine how many professional nurses utilise this opportunity that the society provides.

Table 4.13 ATTENDANCE AT MEETINGS OFFERED BY THE PROFESSIONAL SOCIETIES (n = 76)

Attendance at meetings	Frequency	Percentage
Yes	35	46
No	41	53.9

Table 4.13 shows that a significant number of nurses (53.9%) did not attend the meetings that would have afforded them the opportunity to increase their knowledge of professional issues and to inform the society of their learning needs. This information implies that a significant number of professional nurses do not utilise the opportunities that the professional society provides.

4.4.3 Attending a workshop or conference in the last two years

Participating in workshops or attending conferences provide nurses with the opportunity to gain and update their knowledge and skills. The participants were asked to indicate whether they have attended a workshop or nursing conference in the last two years. This question helped the researcher to determine how many nurses attend a workshop or conference to access professional knowledge.

Table 4.14 ATTENDED A WORKSHOP OR CONFERENCE DURING THE LAST TWO YEARS (n = 74)

ATTENDED A WORKSHOP/CONFERENCE DURING THE LAST TWO YEARS	FREQUENCY	PERCENTAGE
Yes	42	56.7
No	32	43.2

Table 4.14 shows that in the last two years, 58.3% of the participants have attended a workshop or conference, while 41.5% did not attend any. The response to this question implies that over a period of two years a significant number of professional nurses have used workshops/conferences to develop themselves professionally although an equally significant number of nurses have not utilised this form of CPD.

4.4.4 National or international conference attendance

National or international conferences often impart knowledge that is of national or international interest. The professional nurses were asked to indicate whether they have ever in their nursing career attended a national or international nursing conference. The information obtained by this question helped the researcher to determine which percentage of nurses have the opportunity to be kept abreast of national or international nursing issues.

Table 4.15 NATIONAL OR INTERNATIONAL CONFERENCE ATTENDANCE (n = 76)

HAVE ATTENDED A NATIONAL/INTERNATIONAL CONFERENCE	FREQUENCY	PERCENTAGE
Yes	11	14.4
No	65	85.5

Table 4.15 shows that the majority of nurses (84.4%) have not attended a national or an international nursing conference, implying that the majority of professional nurses do not use this form of CPD offering to keep abreast of national or international nursing knowledge. The question

was ambiguous and the responses to this question might not be a true indication of a national or international conference attendance. The reason being it is more likely that nurses will have an opportunity to attend a national conference than an international conference.

4.4.5 Reasons preventing professional nurses from attending a nursing conference/workshop

The participants were asked to indicate the reasons that prevented them from attending a nursing conference by completing the statements in this question. The information obtained by this question helped the researcher to determine the barriers to attending a nursing conference or workshop.

Table 4.16 REASONS THAT PREVENTED NURSES FROM ATTENDING A NURSING CONFERENCE

REASONS	N	DISAGREE	AGREE
Financial and accommodation constraints	59	42.3	57.6
Family responsibility	61	44.2	55.6
Unable to obtain study leave	60	63.3	36.6
Topic not relevant to my learning needs	59	79.6	20.3
Lack of notification of the conference or workshop	65	38.4	61.5

Table 4.16 shows that a significant number of nurses (61.5%) agreed that the lack of notification of the conference or workshop, followed by financial and accommodation constraints and family responsibility were the main reasons that prevented them from attending a nursing conference.

4.4.6 Professional or personal benefits gained as a result of attending a nursing conference

CPD participation contributes to personal and professional development. This was an open question and the participants were asked to indicate the professional or personal benefits that they have gained as a result of attending a nursing conference. The professional nurses who have attended a nursing conference (58.8%, see Table 4.14) indicated that it kept them abreast with the new developments in nursing and that they have gained new and more knowledge. They have been able to share their knowledge with their nursing colleagues from other hospitals. It also enabled them to network with colleagues from other hospitals and other provinces.

4.4.7 Subscription to a nursing journal

Subscribing to a professional nursing journal enables the professional nurse to have access to professional knowledge. This question enabled the researcher to determine whether nurses have access to this valuable teaching and learning resource.

Table 4.17 SUBSCRIPTION TO A NURSING JOURNAL (n =75)

SUBSCRIPTION TO A JOURNAL	FREQUENCY	PERCENTAGE
Yes	49	65.3
No	26	34.6

Table 4.17 shows that a significant number of nurses (65.3%) have access to professional knowledge and information because they subscribe to a nursing journal, whereas 34.6% do not subscribe to a nursing journal.

4.4.8 Journal articles are pertinent to current nursing practice

For a professional nursing journal to be a valuable learning resource, the articles need to be pertinent to the current nursing practice of the professional nurses. This question enabled the researcher to determine whether the journal articles provide the nurses with the knowledge and skills pertaining to their current practice.

Table 4.18 JOURNAL ARTICLES ARE PERTINENT TO CURRENT NURSING PRACTICE (n = 56)

PERTINENT TO NURSING PRACTICE	FREQUENCY	PERCENTAGE
Yes	51	91.0
No	4	7.1

Table 4.18 shows that the majority of the participants (93%) agreed that the articles in the journal are pertinent to their current nursing practice. They thus have access to knowledge and skills that are pertinent to their current practice.

4.4.9 Professional benefits gained from reading a nursing journal

Nurses will benefit professionally from the articles in the nursing journal if the articles are pertinent to the professional nurses' current nursing practice. This was an open question and the participants were asked to describe two professional benefits they have gained from reading a nursing journal. The nurses indicated that their knowledge has improved and that they are more knowledgeable about professional issues, for example their knowledge regarding HIV and AIDS has improved.

Reading the nursing journal kept them updated on new trends in the treatment and care in nursing practice and it made them aware of the health issues in the country.

4.4.10 Members of a nursing or medical journal club

The participants were asked to indicate whether they are members of a nursing or medical journal club. This question helped the researcher to determine whether nurses get together in small groups and share the knowledge they have gained from the journal article.

Table 4.19 MEMBERS OF A NURSING OR MEDICAL JOURNAL CLUB

(n = 59)

MEMBER OF A NURSING CLUB	FREQUENCY	PERCENTAGE
Yes	15	25.4
No	44	74.5

Table 4.19 shows that the majority of the nurses (74.5%) are not members of nursing or medical journal clubs. The information obtained from this question implies that professional nurses do not share the knowledge they have gained from reading a journal with their colleagues.

The data obtained in this section indicated that a large number of professional nurses are members of a professional society, but that they do not utilise the opportunities that the professional societies provide. In the last two years, a number of the nurses (58.3%)have attended a workshop although a significant number (41.5%) did not attend a workshop to access professional knowledge. The majority of the professional nurses did not have an opportunity to attend a national or international conference. The reasons for non-attendance at the conference is financial and accommodation constraints, family responsibility and lack of notification of the conference. The nurses have reported that they have benefited personally and professionally from attending a conference.

The data also indicated that the majority of the nurses (65.3%) subscribe to a professional nursing journal. They have found the journal articles to be pertinent to their nursing practice, but the majority of the nurses do not share this knowledge with their nursing colleagues.

4.5 IN-SERVICE EDUCATION

In-service education also referred to as *on-the-job training* is the education and training that are offered by employers to their employees during normal working hours at the workplace. According to Cervero as cited by Jarvis (1995), on-the-job training falls under the ambit of CPD This section represents the findings of the participating nurses' experience of in-service education in their hospitals. Included in this section is the nurse's viewpoint of their responsibility for their own learning.

4.5.1 In-service education programmes offered by the hospital

The participants were asked to indicate whether their hospitals offered an in-service education programme. This question helped the researcher to determine whether the employer provides the nurse as an employee with an in-service education programme during normal working hours.

Table 4.20 IN-SERVICE EDUCATION PROGRAMMES OFFERED BY THE HOSPITAL (n = 80)

DOES YOUR HOSPITAL OFFER IN-SERVICE EDUCATION PROGRAMMES?	FREQUENCY	PERCENTAGE
Yes	79	98.7
No	1	1.25

Table 4.20 shows that all participants except one (98.7%) reported that their hospitals provided an in-service education programme. This indicates that the hospitals contribute to the CPD of professional nurses while they are on duty.

4.5.2 Frequency of the in-service education programme

Houle (1989) asserts that for CPD to achieve its greatest potential, continuing education has to fulfil the promise of its name and be truly continuing – not casual, sporadic, or opportunistic. The participants were asked how frequently in-service education is provided at their hospitals. The information obtained from this question helped the researcher to determine how frequent CPD activities are offered to the nurses in their workplace.

Table 4.21 FREQUENCY OF THE IN-SERVICE EDUCATION PROGRAMME

(n = 63)

HOW FREQUENTLY IS THE IN-SERVICE EDUCATION PROGRAMME PROVIDED?	FREQUENCY	PERCENTAGE
Weekly	35	55.5
Monthly	28	44.4

Table 4.21 shows that a significant number of the professional nurses (55.5%) indicated that in-service education programmes are provided weekly. This indicated that professional nurses in the hospitals have the opportunity to develop their professional skills and knowledge on a weekly basis.

4.5.3 Scheduling of the in-service education programme

If the employer offers an in-service education programme to the employee during normal working hours then the employer needs to schedule the in-service programme when the nurses are on duty. The participants were asked to indicate when the in-service education programmes are scheduled. This question helped the researcher to determine whether the in-service education programme is scheduled when the nurses are on duty.

Table 4.22 SCHEDULING OF THE IN-SERVICE EDUCATION PROGRAMME (n = 78)

SCHEDULING	FREQUENCY	PERCENTAGE
Day duty	71	91.0
Night duty	7	8.9

Table 4.22 shows that the majority of the participants (92.2%) indicated that in-service education programmes are scheduled during day shifts and 9% indicated during night shifts. According to Table 4.3 and the information obtained from the question, this indicates that although the in-service education programme is provided during the day, the majority of the nurses (71%) are not in the hospital every day.

4.5.4 Attending in-service education programmes

The aim of in-service education programmes in hospitals is to facilitate the acquisition of knowledge and skills while the professional nurse is at the workplace. The participants were asked to indicate whether they attend the in-service education programmes at their respective hospitals. This question helped the researcher to determine what percentage of the nurses has access to this format of CPD offering.

TABLE 4.23 ATTENDING IN-SERVICE EDUCATION PROGRAMMES

(n = 74)

RESPONSES	FREQUENCY	PERCENTAGE
Yes	23	31
No	8	10.8
Sometimes	43	58.1

Table 4.23 shows that a significant number of the nurses (58.1%) only sometimes attended the in-service education programme. It is further indicated that, although the in-service education

programme is offered weekly by the hospital, only a small number of nurses (31%) have access to this learning opportunity while the majority (68.9%) only sometimes or never have an opportunity to attend.

4.5.5 Reasons for not attending the in-service education programme

The participants were asked to indicate the reasons that prevented them from attending an in-service education programme by completing the statements in this question. The information obtained by this question helped the researcher to determine what the barriers there are to attending an in-service education programme.

Table 4.24 REASONS FOR NOT ATTENDING IN-SERVICE EDUCATION PROGRAMME

REASONS	N	DISAGREE	AGREE
Topic discussed not relevant	58	67.2	32.7
Not motivated to learn	59	89.7	10
Staff shortages	70	8.4	91.3
Date and time that it is scheduled is not appropriate	63	20.5	79.3
Not notified of the programme	58	63.7	36.1

Table 4.24 shows that the majority of the professional nurses (91.3%) agreed that staff shortages and 79.3% agreed that the date and time that the in-service education programmes have been scheduled are reasons why they have not attended. The response to this question is consistent with the findings in the literature review (Kersaitis 1997:137; Bariball et al. 1992:1135).

4.5.6 Reasons for attending an in-service education programme

The participants were asked to indicate the reasons why they attended an in-service education programme by completing the statements under this question. The information obtained by this

question helped the researcher to determine what the reasons are for attending an in-service education programme.

Table 4.25 REASONS FOR ATTENDING AN IN-SERVICE EDUCATION PROGRAMME

REASONS FOR ATTENDING IN-SERVICE EDUCATION PROGRAMME	N	DISAGREE	AGREE
Encourages learning	72	2.6	97.1
To network with and meet my nursing colleagues	69	27.4	72.4
Provides a break from the pressures of work	66	39.3	60.5
To keep abreast with all the new developments	71	0	100
Provides me with the knowledge and skills I did not receive during my basic training	71	9.8	90
Helps to correct bad nursing practices	69	2.8	97

Table 4.25 shows that all the professional nurses (100%) indicated that attending in-service education programmes enables them to keep abreast of new developments in nursing followed by 97% who indicated that it encourages learning and helps to correct bad nursing practices, while 90% indicated that it provides them with knowledge and skills they did not receive during their basic training. Seventy-two percent indicated that in-service education programmes help them to network with and meet their nursing colleagues. A further 60.5% indicated that it provides a break from the pressures of work. The responses to this question are consistent with what is reported in the literature review (Barriball et al.1992; Kristjanson and Scanlan 1992).

4.5.7 Methods used to facilitate learning during in-service education programmes

The participants were asked to indicate by completing the statements in this question, the methods that were used during the in-service education programmes to facilitate learning. From this

question, the researcher was able to determine whether the provision of in-service education programmes is based on the principles of adult learning.

Table 4.26 METHODS USED TO FACILITATE LEARNING DURING IN-SERVICE EDUCATION PROGRAMMES

METHOD	N	ALWAYS	NEVER
Lecture method	66	81.8	18.1
Small group discussion	60	41.6	58.3
Case studies	60	14.9	84.9
Workshops	63	52.3	47.5
Lecture demonstration	65	73.8	26.1
Programmed learning (computer-assisted)	52	0	100

Table 4.26 shows that the lecture method was predominantly used to facilitate the learning of adults in the workplace. Case studies are almost never used followed by small group discussions and workshops. Programmed learning is never used. The response to these questions indicates that the facilitation of learning during an in-service education programme is not based on the principles of adult learning.

4.5.8 Recording of in-service education attendance

The participants were asked to indicate whether their attendance at an in-service programme was recorded. The responses to this question helped the researcher to determine what evidence there are in the hospitals that professional nurses are regularly updated with the knowledge and skills to provide patient care. The majority of the participants (95%) indicated that their attendance is being recorded at the in-service education programme.

4.5.9 Suggestions to improve in-service education programmes at the hospital

This was an open question and the participants were asked to make suggestions as to how the in-service education programme at their respective hospitals can be improved. The following were their suggestions regarding the in-service education programme:

- ensure that the topics are relevant to their daily tasks;
- do quarterly reviews to assess the learning needs of nurses;
- provide more workshops;
- make it more interesting and lively;
- encourage the educator to interact more with the learners;
- provide each staff member with the opportunity to attend;
- change the method of selection – some staff members get selected more than others; and
- use the SPMS to ensure every nurse has a opportunity to attend.

4.5.10 Willingness to attend in-service education programmes in off-duty time

The participants were asked whether they are willing to attend an in-service education programme for nurses in their off-duty time. This question helped the researcher to determine whether professional nurses are motivated to seek opportunities to learn in their own time. The information obtained from this question revealed that a significant number of nurses (65%) are willing to seek learning opportunities in their own time.

4.5.11 Professional nurses and their responsibility to learn

All professional practitioners should seek CPD activities occurring within their profession to remain and develop their competency. The participants were asked to indicate their response to the statements in this question. By this question, the researcher wanted to determine how nurses feel about their responsibility towards their own learning.

Table 4.27 PROFESSIONAL NURSES AND THEIR RESPONSIBILITY TO LEARN

STATEMENT	N	DISAGREE	AGREE
Professional nurses are responsible for their own learning after obtaining a basic qualification	77	11.6	88.2
The basic education and training that professional nurses receive before entering the service should last them for their entire working life	76	69.6	30.2
All professional nurses should seek opportunities to obtain additional professional qualifications	78	7.7	92.3
Professional nurses should be able to identify their own learning need for professional knowledge	75	0	100
Professional nurses should give of their own time to learn	74	5	95
All nurse should be granted an opportunity to attend a post-basic course	76	1.3	98.6

According to the principles of adult learning, it is the individual's professional responsibility to identify and evaluate his/her own learning needs for professional knowledge (Kersaitis 1997:135; Merriam and Brockett 1997:138; Benn and Fieldhouse 1994:61; Mackereth 1988:776; Knowles and Associates 1985:9).

The data in Table 4.27 revealed that all the professional nurses (100%) agreed that they should be able to identify their own learning needs for their professional knowledge and 98.6% agreed that professional nurses should give of their own time to learn. Cervero as cited in Jarvis (1995) recommends that all professional practitioners should be exposed to continuing education activities occurring within their profession. The majority of the professional nurses (98.6%) agreed that all the nurses should be granted an opportunity to attend a post-basic course, and 92.3% agreed that all the professional nurses should seek opportunities to obtain additional professional qualifications. The data reveals that, although all professional nurses should be granted an opportunity to attend a

post-basic nursing course, it is also the professional nurse's responsibility to seek opportunities to obtain an additional qualification.

The majority of the participants (69.6%) disagreed that the basic education and training that professional nurses receive before entering the service should last them for their entire working life, and 88.2% agreed that professional nurses are responsible for their own learning after obtaining a basic qualification. The responses to this question indicate that the majority of nurses are aware that they will need to be updated and that it is the professional nurse's responsibility to continue learning after a qualification had been obtained.

The data obtained in this section indicates that, although the respective hospitals provide an in-service education programme every week only a small number of professional nurses have the opportunity to attend these programmes. Staff shortages and the day and time that these programmes had been scheduled are the reasons given for not attending the in-service education programme. Attending an in-service education programme has contributed to the nurses being kept abreast of knowledge, encouraging them to learn and helping to correct bad nursing practices. The data also indicates that the provision of these programmes is not based on the principles of adult learning. The data also indicates that, although the education programmes are provided, the responsibility to learn rests with the professional nurse.

4.6 CONTINUING PROFESSIONAL DEVELOPMENT

CPD has been referred to as all professional learning that is taken up after the basic pre-service education has ceased and it is intended to equip nurses with the knowledge and skills to provide quality nursing care**.** This section represents the findings of the participating nurses with regard to the concept CPD, the preferred format of CPD and whether CPD should become compulsory for practicing nurses.

4.6.1 An awareness of the concept continuing professional development

The participants were asked to indicate whether they were aware of the concept CPD before they received this questionnaire. This question helped the researcher to determine how many nurses were aware of CPD for nursing professionals in South Africa.

TABLE 4.28 AWARENESS OF THE CONCEPT OF CONTINUING PROFESSIONAL DEVELOPMENT (n = 78)

WERE YOU AWARE OF THE CONCEPT *CONTINUING PROFESSIONAL DEVELOPMENT* BEFORE RECEIVING THIS QUESTIONNAIRE?	**FREQUENCY**	**PERCENTAGE**
Yes	45	57.6
No	33	42.3

Table 4.28 shows that a significant number of the professional nurses (57.6%) were aware of the concept CPD before they received the questionnaire, and 42.3% was not aware of the concept.

4.6.2 Support for mandatory continuing professional development

Participating in CPD activities has become a legal requirement to practice in some professions in South Africa, for example the medical and physiotherapy professions. The participants were asked to indicate whether they think CPD participation should become compulsory for nurses. This question helped the researcher to determine whether the professional nurses support mandatory CPD.

TABLE 4.29 SUPPORT FOR MANDATORY CONTINUING

DO YOU THINK CONTINUING PROFESSIONAL DEVELOPMENT SHOULD BE COMPULSORY FOR NURSES?	FREQUENCY	PERCENTAGE
Yes	30	39.4
No	13	17.1
Don't know	33	43.4

PROFESSIONAL DEVELOPMENT (n = 76)

The data in Table 4.29 shows that a significant number of nurses (43.4%) were not sure whether CPD should become compulsory for nurses, while 39.4% responded positively and 17.1% responded negatively. The researcher has concluded that, given the small number of nurses who responded negatively and the significant number who were not sure, professional nurses do not support mandatory CPD.

4.6.3 Evidence of continuing professional development participation as a license to practice

In 2001, the South African Nursing Council (SANC) made its intentions known in a draft document of introducing a system of on-going development of knowledge, skills and attitudes for professional nurses and linking it to the registration of nurses and midwives. The participants were asked to indicate whether they think that to receive an annual license to practice from the South African Nursing Council, nurses should provide evidence of participating in CPD activities. This question helped the researcher to determine whether there is support for mandatory CPD amongst professional nurses.

Table 4.30 EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT PARTICIPATION AS A LICENSE TO PRACTICE (n = 76)

DO YOU THINK THAT TO RECEIVE AN ANNUAL LICENSE TO PRACTICE FROM THE SOUTH AFRICAN NURSING COUNCIL NURSES SHOULD PROVIDE PROOF OF THEIR OWN CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES?	FREQUENCY	PERCENTAGE
Yes	36	47.3
No	30	39.4
Not sure	10	13.1

Table 4.30 shows that 47.3% of the participants indicated that nurses should provide proof of their CPD activities to receive a license to practice, as opposed to 39.4% who responded negatively, and 13.1% who were not sure. By combining the number of nurses who responded negatively and the small number who were not sure it is found that a significant number of professional nurses (52.5%) do not support the statement that providing evidence of CPD participation should become a criterion to receive a license to practice nursing.

4.6.4 Preferred format for continuing professional development activities

The participants were asked to indicate in which format they prefer to receive their CPD activities. The information obtained from this question helped the researcher to make recommendations for future CPD offerings.

Table 4.31 PREFERRED FORMAT FOR CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES

(n = 75)

PREFERRED FORMAT	FREQUENCY	PERCENTAGE
Formal	8	10.6
Non –formal	12	16
Both of the above	55	73.3

Table 4.31 shows that the majority of professional nurses (73.3%) would prefer to receive their CPD activities in the formal and non-formal format. This indicates that nurses prefer to attend a formal course that would help them to obtain a qualification, and non-formal learning opportunities, for example a nursing workshop, that will help them to be kept abreast of all new developments in nursing.

The data obtained in this section indicates that a significant number of the professional nurses (57.6%) are aware of the concept CPD. The nurses however do not support the argument that CPD should become compulsory for the nursing professional nor should evidence of CPD participation become a criterion to receive a license to practice nursing. They prefer to receive their CPD activities in the formal and non-formal format.

4.7 CROSS-TABULATION AND CORRELATION OF DATA

In this section, the data of the following variables are presented using the technique known as cross-tabulation and then correlated to describe the relationship between them:

- the correlation between the number of children and obtaining a post-basic qualification;
- the correlation between the geographical area of the hospital and obtaining a post-basic qualification;

- the correlation between the professional nurses' responsibility for their own learning and their responsibility to seek opportunities to obtain an additional professional qualification; and
- the correlation between the professional nurses' responsibility for their own learning and their responsibility to identify their own learning need.

4.7.1 The correlation between the number of children of the professional nurses and obtaining a post-basic professional qualification (see Annexure 1)

Table 4.1 and Table 4.4 show that 55 of the 76 professional nurses who have children obtained a post-basic nursing qualification. The maximum-likelihood chi-square test was used to show whether there is a relationship between the number of children and obtaining a post-basic qualification. The probability value p = .28659 was greater than 0.05, which means there is no significant relationship. This correlation indicates that having children did not prevent professional nurses from obtaining a post-basic qualification (see Annexure1).

4.7.2 The correlation between the geographical area of the hospital and obtaining a post-basic professional qualification (see Annexure 2)

Fifty percent of the professional nurses were from an urban area and 50% were from a rural area as indicated in Section 4.2.1.5. The maximum-likelihood chi-square test was used to show whether there is a relationship between the geographical area of the hospital and obtaining a post-basic qualification. The probability value p = .94446 was greater than 0.05, which means there is no significant relationship. This correlation indicates that the geographical area of the hospital where the nurse works did not prevent the professional nurses from obtaining a post-basic qualification (see Annexure 2).

4.7.3 The correlation between the professional nurses' responsibility for their own learning and their responsibility to seek opportunities to obtain an additional professional qualification (see Annexure 3)

The majority of professional nurses (88.2%) agreed that professional nurses are responsible for their own learning after obtaining a basic qualification, and 92.3% agreed that all professional nurses should seek opportunities to obtain additional professional qualifications. The maximum-likelihood chi-square test was used to show whether there is a relationship between the professional nurses` responsibility for their own learning and their responsibility to seek opportunities to obtain additional professional qualifications. The probability value p = .00093 was smaller than 0.05, which means there is a significant relationship. This correlation corresponds with what the findings indicated in Section 4.5.11, that the professional nurses agreed that professional nurses are responsible for their own learning after obtaining a basic qualification and that they should seek opportunities to obtain an additional professional qualification. This indicates that the responsibility to learn after obtaining a basic qualification rests with the professional nurse.

4.7.4 The correlation between the professional nurses' responsibility for their own learning and their responsibility to identify their own learning need (see Annexure 4)

Table 4.27 shows that the majority of professional nurses (88.2%) agreed that they are responsible for their own learning after obtaining a basic qualification and all (100%) agreed that professional nurses should be able to identify their own learning need for professional knowledge. The maximum-likelihood chi-square test was used to show whether there is a relationship between the professional nurses' responsibility for their own learning and their responsibility to identify their own learning need. The probability value p = .00000 was smaller than 0.05, which means there is a significant relationship. This correlation corresponds with what the findings indicated in Section 4.5.11, namely that the professional nurses agreed that professional nurses are responsible for their own learning after obtaining a basic qualification and that they should be able to identify their own

learning need for professional knowledge. This indicated that the professional nurse is responsible for his or her own learning after obtaining a basic qualification.

In this section, the correlation between the number of children and obtaining a post-basic qualification indicates that having children does not prevent professional nurses from obtaining a post-basic qualification nor does the geographical area of the hospital where the nurse works prevent the professional nurses from obtaining a post-basic qualification.

The correlation between the professional nurses' responsibility for their own learning and their responsibility to seek opportunities to obtain an additional professional qualification and their responsibility to identify their own learning need for professional knowledge correspond with what the findings indicated in Section 4.5.11. This indicates that the professional nurse is responsible for his or her own learning after obtaining a basic qualification.

4.8 CONCLUSION

This chapter gave an analysis of the survey findings conducted by means of a questionnaire and an interview. The demographic data in this chapter indicated that the average age of the majority of the female professional nurses working in the two hospitals are 40 years. A significant number of the nurses was married, has children and has a family responsibility. A significant number of the professional nurses have obtained a post-basic qualification in nursing and are employed in urban and rural hospitals. The findings indicate that, although a significant number of nurses has a post-basic qualification, a significant number of nurses needs an opportunity to study in order to obtain a post-basic qualification.

The reasons provided by the nurses for attending a formal course, was that they wanted to be more knowledgeable about their area of specialty; it increased their confidence, they were motivated to learn, they wanted to obtain an additional qualification and it was part of their career plan. Family responsibility and financial constraints have been recorded as reasons for not attending a formal

course. The data also indicated that the professional nurses have benefited personally and professionally from attending a formal course.

The section on non-formal education indicated that a large number of professional nurses are members of a professional society but that they do not utilise the opportunities that the professional societies provide. During the last two years, a number of the nurses have attended a workshop although a significant number did not attend a workshop to access professional knowledge. Financial and accommodation constraints, family responsibilities and a lack of notification of the conference have been recorded as reasons for not attending a national or international conference. The majority of the nurses subscribe to a professional nursing journal and have found the journal articles to be pertinent to their nursing practice.

The findings on which this section reported indicated that, although the hospitals provide an in-service education programme every week only a small number of professional nurses had the opportunity to attend these programmes. Staff shortages and the day and time that these programmes have been scheduled are the reasons given for not attending the in-service education programmes. Attending an in-service education programme have contributed to the nurses being kept abreast of knowledge, encouraging them to learn and helping to correct bad nursing practices. The data also indicated that the provision of these programmes is not based on the principles of adult learning. The data also indicated that, although the education programmes are provided, the responsibility to learn rests with the professional nurse.

The data obtained in the section on CPD indicated that a significant number of the professional nurses are aware of the concept CPD. The nurses however do not support that CPD should become compulsory for the nursing professional nor should evidence of CPD participation become a criterion to receive a license to practice nursing.

In the following chapter, the literature review, findings, conclusions and recommendations arising from this research are discussed.

CHAPTER 5

SYNTHESIS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this research was to assess the need for continuing professional development (CPD) for the professional nurse in order to develop criteria that would assist with the provision of these programmes.

The objectives of this study were to:

- assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- assess the extent to which professional nurses participate in continuing professional development activities;
- ascertain whether professional nurses support the introduction of mandatory continuing professional development; and
- determine the barriers to CPD participation.

In Chapter 1 of this thesis, the researcher presented an introduction and background to the research problem as well as the research goal and the relevance of this research to the field of nursing. It contained a brief review of the reasons for and the barriers to CPD in nursing. The researcher briefly described the research design and the steps that were taken to answer the research problem.

In Chapter 2, the concepts were clarified, followed by a discussion of each concept, and the relationship between the different concepts helped the researcher to build a theoretical framework. The discussion of the following concepts: *continuing education, CPE, in-service education and*

CPD helped the researcher to decide that the learning that takes place in a framework of CPD will promote the continuous professional and personal development of the professional nurse practitioner and improved nursing care. The discussion of the concept of mandatory CPD emphasised that nurses should be helped to become self-directed in their own learning rather than requiring of them to provide evidence of CPD participation.

Chapter 3 of this thesis explained that this research was conducted within the positivist paradigm, which is linked to a quantitative approach, and the interpretivist paradigm, which is linked to a qualitative approach to research. The quantitative approach enabled the researcher to measure the extent to which professional nurses participate in CPD activities. The qualitative approach helped the researcher to understand and interpret the meaning the nurses attached to their CPD. In this chapter, the researcher explained how the process of triangulation contributed to the reliability and validity of the research process.

Chapter 4 contained the presentation, analysis and interpretation of the findings on the five main sections: demographic data, formal education, non-formal education, in-service education and continuing professional education (CPD). In this chapter, the research findings indicated how the response to each question contributed to answering the research question.

Chapter 5 contains a discussion of the research process, the literature review, the findings, conclusions, recommendations and conclusion.

5.2 SYNTHESIS OF THE RESEARCH

5.2.1 Literature review

The literature review in this research helped the researcher to build a theoretical framework. In Chapter 2 the following concepts: *continuing education*, *continuing professional education*, *in-service education* and *continuing professional development* were clarified and discussed.

The literature review has indicated that professional nurses have to continue learning after they have completed their pre-service education and training. The aim of CPD is to ensure that nurses develop continuously and grow professionally in terms of their knowledge and skills, which will enable them to provide safe nursing care.

The literature also indicates that CPD in nursing is aimed at improving competence, career development, remedial education, personal and professional development and self-directed learning. It is, however, recorded that keeping abreast of new developments in nursing is the nurse's responsibility. In order to learn, the nurse needs to be active and motivated to learn. The literature reveals that self-directed learning approaches ensure that the professional nurse is motivated and actively involved in her own learning. It is also recorded that to ensure that the nurse learns continuously, he/she needs to be exposed to formal, non-formal and in-formal learning opportunities. Exposing the nurse to a formal course will help him/her to acquire an additional qualification. In addition to being exposed to a formal course, the nurse should use non- and in-formal learning opportunities to access professional knowledge such as attending workshops, nursing conferences as well as reading journal articles.

The in-service education programme that the employer offers during normal working hours forms part of the CPD of the professional nurse. It has been reported that an in-service education programme for nurses promotes learning at the workplace and ensures the maintenance and development of knowledge and skills to enable the nurse to provide safe nursing care.

The literature revealed that adults have a concept of self-directedness. Adults are therefore motivated to learn and are ready to learn when they have experienced a need to learn. The literature recommends that in all adult learning programmes the principles of adult learning needs to be applied .The nurse educator should take into account the characteristics of the nurse as an adult learner. It has been recommended that the nurse educator should become a facilitator of learning and that he/she should use certain teaching and learning strategies that would help the nurse as he/she develops within the profession to become self-directed in his/her own learning. Teaching and learning strategies that promote self-directed learning are co-operative learning groups, case studies and problem-based learning approaches.

The literature review also contains a review of CPD in non-health professions, health professions and in nursing. The literature revealed that CPD in all three disciplines has contributed to the update and an increase in professional knowledge and skills as well as increasing the confidence of the professionals. The barriers to CPD participation have been identified as staff shortages and financial and accommodation constraints. Lack of notification of the learning opportunity, family responsibility and the geographical location of the nurses' workplace has only been recorded as barriers to CPD participation in nursing.

It is recorded in literature that Australian nurses had a positive attitude toward CPD but was opposed to the introduction of mandatory CPD, while in the USA, where CPD was a requirement to practice, it was found to be useful for a small number of unmotivated nurses but problematic for nurses in advanced nursing practice, education and research.

The discussion of the concepts and the literature review has helped the researcher to decide that the learning that takes place in a framework of CPD in nursing will promote the continuous professional and personal development of the professional nurse practitioner and improved nursing care. The discussion of the concept of mandatory CPD emphasised that nurses should be helped to become self-directed in their own learning rather than requiring them to provide evidence of CPD participation.

5.2.2 Findings

The findings indicated that the majority of female professional nurses working in the two hospitals are experienced nurses and that they have been qualified for an average of 17 years. A significant number of nurses were married and the majority of them had children. This indicated that the majority of nurses working in the two public hospitals in the Western Cape Province have a family responsibility (see Chapter 4 Section 4.2.3). A correlation between the number of professional nurses who have children and the number of professional nurses who obtained a post-basic qualification indicated that having children did not prevent professional nurses from obtaining an additional qualification (see Chapter 4 Section 4.7.1).

The professional nurses who participated in this research were employed at two public hospitals in the Western Cape Province. One hospital was in an urban area and one in a rural area. The findings indicated that a significant number of the professional nurses have obtained a post-basic qualification in nursing. Despite the fact that a significant number of nurses has a post-basic qualification, a significant number of nurses needs an opportunity to study to obtain a post-basic qualification (see Chapter 4 Section 4.7.2). When the geographical placement of the hospital was correlated with professional qualifications of the nurses, the findings indicated that the geographical placement of the hospital did not prevent the nurses from obtaining a post-basic qualification.

The reasons given by the professional nurses for attending a formal course were that they wanted to be more knowledgeable about their area of specialty, it increased their confidence, they were motivated to learn, they wanted to obtain an additional qualification and it was part of their career plan (see Chapter 4 Section 4.3.4). Family responsibility and financial constraints have been recorded as the barriers that prevented them from attending a formal course (see Chapter 4 Section 4.3.5). The findings also showed that the majority of the professional nurses have indicated that if they were granted an opportunity to study, they would use it .The majority of the professional nurses, however, indicated that they prefer the course format to be a part-time course with study days (see Chapter 4 Section 4.3.7).

The nurses have indicated that they have benefited from attending a formal course. They have reported that their confidence to share their knowledge with their colleagues has improved, their professional status has improved and they have developed new skills and their knowledge has increased (see Chapter 4 Section 4.3.3).

The findings in the section on non-formal education indicated that a large number of professional nurses are members of a professional nursing society. However, they do not utilise the learning opportunities that the professional societies provide (see Chapter 4 Section 4.4.1 and 4.4.2). A significant number of the nurses have indicated that they have not attended a workshop or a nursing conference in the last two years and the majority of the professional nurses did not have an opportunity to attend a national or international nursing conference. Financial and accommodation

constraints, family responsibility and lack of notification of the conference were the reasons given for not being able to attend a nursing workshop or conference. The small number of nurses who attended a nursing conference has reported that it kept them abreast of the new developments in nursing, their professional knowledge has increased and they were able to network with their colleagues from other hospitals.

The findings in this section also indicated that the majority of the nurses subscribe to a professional nursing journal and that the journal articles were pertinent to their nursing practice (see Chapter 4 Section 4.4.7 and 4.4.8). Receiving a nursing journal enables a professional nurse to access professional knowledge although the findings indicated that the majority of the nurses do not share the knowledge that they found in the journals with their nursing colleagues (see Chapter 4 Section 4.4.10).

The findings in the section on in-service education indicated that, although the hospitals provide an in-service education programme every week, only a small number of professional nurses have the opportunity to attend these programmes (see Chapter 4 Section 4.2.6 and 4.5.3). Staff shortages and the day and time that these programmes have been scheduled are the reasons given for not attending the in-service education programme (see Chapter 4 Section 4.5.1, 4.5.2, 4.5.3 and 4.5.4).

The nurses have indicated that attending the in-service education programmes have contributed to them being kept abreast of new knowledge, encouraging them to learn and helping them to correct bad nursing practices (see Chapter 4 Section 4.5.6). The findings further show that the lecture method is always used to facilitate the learning of adults in the workplace. Case studies, small group discussions and workshop are never used (see Chapter 4 Section 4.5.7). The findings showed that the principles of adult learning are not applied during the provision of these programmes. The data also indicates that, although the education programmes are provided, the responsibility to learn rests with the professional nurse (see Chapter 4 Section 4.5.11).

The findings showed that all the professional nurses agreed that they should be able to identify their own learning need for their professional knowledge and that nurses should give of their own time to learn. The findings also indicated that all the nurses should be granted an opportunity to attend a

post-basic course, but it is also the professional nurses` responsibility to seek opportunities to obtain an additional qualification (see Chapter 4 Section 4.5.11).

The findings in the section on CPD indicated that a significant number of the professional nurses are aware of the concept CPD for professionals. The nurses, however, do not support that CPD should become compulsory for professional nurses nor should evidence of CPD participation become a requirement to receive a license to practice nursing (see Chapter 4 Section 4.6.1, 4.6.2 and 4.6.3). The findings indicated that the majority of the nurses prefer to receive their CPD activities in the formal and non-formal format (see Chapter 4 Section 4.6.4.).

5.3 CONCLUSIONS

According to the researcher, the problem in SA is that professional nurses are not aware that after obtaining a basic nursing qualification, it is their responsibility to continue learning and to seek learning opportunities to address their learning needs.

The purpose of this research was to assess the need for continuing professional development for the professional nurse in order to develop criteria that would assist with the provision of these programmes.

The objectives of this research were to:

- assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- assess the extent to which professional nurses participate in continuing educational activities;

- ascertain whether professional nurses support the introduction of mandatory continuing professional education; and
- determine the barriers to participation in continuing education.

Based on the synthesis of the literature review (see 5.2.1) and the findings as reported by the professional nurses who participated in this research (see Section 5.2.2), the researcher has arrived at the following conclusions:

5.3.1 Based on the findings as reported in Chapter 4 Section 4.5.11, it can be concluded that the professional nurses who participated in this research are aware of their responsibility to continue their education beyond their initial pre-service training.

5.3.2 Professional nurses do participate in CPD activities. However, as reported in Chapter 4 Section 4.2.7 and Section 4.4.3, it can be concluded that there is still a significant number of the nurses who do not participate in CPD activities.

5.3.3 Professional nurses do not support that CPD should become compulsory for professional nurses to practice nursing. nor should evidence of CPD participation become a requirement to receive a license to practice nursing. as reported in Chapter 4 Section 4.6.2.

5.3.4 Based on the findings (see Chapter 4 Section 4.3.5, Section 4.4.5 and Section 4.5.5) it can be concluded that financial and accommodation constraints, family responsibility and lack of advance notification, staff shortages and the scheduling of the CPD programmes have been identified as barriers to CPD participation.

5.4 RECOMMENDATIONS

The aim of CPD is to ensure that professional nurses develop continuously and grow professionally in terms of their knowledge and skills that will enable them to provide safe nursing care. Based on the findings and the literature review, the researcher recommends the following:

5.4.1 For practice

Cervero as cited in Jarvis (1995) recommends that to ensure that the nurse learns continuously he/she needs to be exposed to formal, non-formal and in-formal learning opportunities. Based on the literature review and the findings the researcher recommends that:

- every professional nurse be granted the opportunity to attend a formal course to help him/her to obtain a post-basic nursing qualification;
- all professional nurses be encouraged to attend the hospital's in-service education programmes and workshops provided by the professional nursing societies;
- the quarterly review process of the SPMS be used to assess and ensure that each nurse participates in CPD activities ;
- the in-service education programme be scheduled twice a week at different times to allow all the professional nurses to attend;
- the professional nurses be notified a month in advance of the in-service education programmes` agenda, and two months in advance of any workshops. Advance notification of CPD offerings will help the nurse to request permission well in advance to attend; and
- the employer supports professional nurses financially to enable them to attend a formal course, workshop or a nursing conference.

According to Houle (1989), the provisions of CPD programmes for nurses need to incorporate the concept of adult learning. Teaching and learning strategies are to be employed that will ensure that the nurses have the skills to learn and relearn as knowledge develops. This will enable nurses to develop the skills that are necessary for lifelong learning. These skills include the ability to analyse problems, define what needs to be learnt, know how and where to access information and evaluate information. Innovative strategies, also referred to as self-directed approaches to learning, such as problem-based learning, group discussions or projects and learning contracts, will promote the development of lifelong learning skills.

According to Bardin (1998), Kersaitis (1997), Mackereth (1989), and Quinn (1980),
CPD is about the individual's responsibility of ensuring that he or she is up to date and therefore a safe and competent professional. It is recommended that the nurse educator facilitates the process of

learning and helps the professional nurses who returns to any CPD activity, to become self-directed in their own learning, by using the learners' existing knowledge, encouraging deep-level learning, increasing question-asking by learners, developing critical thinking, enhancing reading skills, improving comprehension monitoring, and creating a supportive climate for learning.

Based on the literature review and the findings, the researcher supports the recommendations by Knowles and Associates (1985) that the provision of all CPD programmes for professional nurses be based on the following criteria, namely:

- creating a mutual planning mechanism;
- diagnosing the participants' learning needs;
- translating learning needs into objectives;
- designing and managing a pattern of learning experiences; and
- evaluating the extent to which the objectives have been achieved.

5.4.2 Recommendations for further research

According to Barriball and While (1996:999), Barriball et al. (1992:1130), Houle (1989:75), Merriam and Cunningham (1989:518) and Quinn (1980:113), CPD in nursing should commence as soon as the basic statutory training has ceased. This will ensure that CPD in nursing truly becomes a continuing process where nurses will be helped to embrace the concept of CPD in nursing which is based on the philosophy that nursing education is an on-going, lifelong learning process, which does not cease on one's qualifying as a nurse. It is recommended that the teaching and learning strategies used in the pre-service education programme of the nurses be evaluated to determine how it needs to be implemented to promote lifelong learning in the professional nurse.

According to Jarvis (1995) and Mellish and Brink (1982), in-service education forms part of CPD in nursing. It is planned learning that takes place at the workplace aimed at the maintenance and development of knowledge and skills of the practitioner to provide safe nursing care. The researcher recommends that the in-service education programmes of the hospital be evaluated to determine

whether the quality of nursing care can be attributed to the in-service education programme objectives.

5.5 CONCLUSION

It is the researcher's opinion that professional nurses in South Africa are not aware of the fact that after obtaining a basic nursing qualification, it is their responsibility to continue learning and to seek learning opportunities to address their learning needs. The problem is therefore that professional nurses working in the two public hospitals in the Western Cape Province are unaware that after obtaining a basic nursing qualification, it is their responsibility to continue learning and to seek learning opportunities to address their learning needs.

The purpose of this research was to assess the need for continuing professional development for the professional nurse in order to develop criteria that would assist with the provision of development programmes.

The objectives of this study were to:

- assess whether professional nurses are aware of their responsibility to continue their education beyond their initial pre-service training;
- assess the extent to which professional nurses participate in continuing educational activities;
- ascertain whether professional nurses support the introduction of mandatory continuing professional education; and
- determine the barriers to participation in continuing education.

The findings of this research indicated that professional nurses working at the two public hospitals in the Western Cape Province are aware that they have a responsibility to continue their education beyond the initial pre-service training. Although they are aware that they have to continue learning and have a responsibility to pursue lifelong learning, they have not participated in the CPD activities offered to them by either the hospitals or the professional nursing societies. Financial and

accommodation constraints, family responsibility, lack of advanced notification and staff shortages have been identified as the barriers to CPD participation.

The researcher has identified that the professional nurse is in need of CPD. The findings have indicated that the nurses do not support mandatory CPD (MCPD) but have indicated that they will use all formal and non-formal learning opportunities to improve their knowledge and skills.

The researcher believes this research has indicated to the hospitals, as the employer of nurses, the specific barriers that prevent their nurses from participating in CPD activities. The providers of the CPD programmes have been made aware of the importance of the application of the principles of adult learning in the delivery of these programmes and the guidance the professional nurse needs to become a self-directed learner. This research has indicated to the professional nurse that even when all the supporting structures are in place to promote their continuing professional development, the responsibility to learn and to identify his or her learning needs is that of the professional nurse practitioner.

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LIST OF ANNEXURES

Annexure 1 CROSS-TABULATION OF THE NUMBER OF CHILDREN OF THE PROFESSIONAL NURSES AND OBTAINING A POST-BASIC PROFESSIONAL QUALIFICATION

NUMBER OF CHILDREN	BASIC DIPLOMA IN NURSING	POST-BASIC DIPLOMA IN NURSING	POST-BASIC DEGREE	TOTALS
0	4	11	3	18
1	7	6	1	14
2	9	15	7	31
3	2	9	0	11
4	0	1	0	1
5	0	1	0	1
	22	43	11	76

Annexure 2 CROSS-TABULATION OF THE GEOGRAPHICAL AREA OF THE HOSPITAL AND OBTAINING A POST-BASIC PROFESSIONAL QUALIFICATION:

QUALIFICATION	URBAN AREA	RURAL AREA	ROW TOTALS
Basic diploma in nursing	11	11	22
Post-basic diploma in nursing	22	21	43
Post-basic degree	5	6	11
Totals	38	38	76

ANNEXURE 3: RESPONSIBILITY TO SEEK OPPORTUNITIES TO OBTAIN AN ADDITIONAL QUALIFICATION:

SEEK OPPORTUNITIES TO OBTAIN ADDITIONAL QUALIFICATIONS	RESPONSIBLE FOR THEIR OWN LEARNING – DISAGREE	RESPONSIBLE FOR THEIR OWN LEARNING – AGREE	TOTAL
Disagree	2	3	5
Agree	7	65	72
Total	9	68	77

ANNEXURE 4 CROSS-TABULATION OF THE PROFESSIONAL NURSES' RESPONSIBILITY FOR THEIR OWN LEARNING AND THEIR RESPONSIBILITY TO IDENTIFY THEIR OWN LEARNING NEED

RESPONSIBLE TO IDENTIFY THEIR OWN LEARNING NEED	RESPONSIBLE FOR THEIR OWN LEARNING – DISAGREE	RESPONSIBLE FOR THEIR OWN LEARNING –	TOTAL

		AGREE	
Disagreed	2	3	5
Agree	7	65	72
Total	9	68	77

ANNEXURE 5

QUESTIONNAIRE

Dear Colleague,

Thank you for participating in this research project.

Before you commence with this questionnaire I would like to guide you with the following instructions.

INSTRUCTIONS

- Please ensure that you **answer all the questions** frankly and objectively, using your own opinion and experiences.
- Please do not discuss the questionnaire with fellow colleagues while completing it. Your individual responses will be valued.
- Complete each question by marking your response with a (x) in the appropriate space provided.
- Your response will only be used for research purposes. It will be impossible to identify the respondents involved after the completed questionnaires have been processed.
- Could you please return this questionnaire back to me before you leave the venue.

SECTION A: DEMOGRAPHIC INFORMATION

A1. Your age

A2. Your gender

Male	1
Female	2

A4. Your marital status

Single	1
Married	2
Divorced/Separated	3
Widowed	4

A5. How many children do you have?

A6. How old is your youngest child?

A7. How many years have you been qualified as a nurse?

A8. Where are you practicing as a professional nurse?

Hospital in the urban area	1
Hospital in a rural area	2

A9. On what basis are you employed?

Full time on day duty	1
Full time on night duty	2
Shift duty	3
Agency	4

A10. Highest post-basic professional qualification?

None	1
Post–basic nursing diploma	2
Post–basic nursing degree	3
Honours degree in nursing	4
Other (please specify)	

A11. Present rank

Professional nurse	1
Senior Professional nurse	2
Chief Professional Nurse	3
Assistant :Director :Nursing	4
Deputy Director :Nursing	5

A12. How long have you been practicing nursing (in years)?

A13. Do you have adequate channels at your hospital to express your professional learning needs?

Yes	1
No	2

SECTION B: FORMAL EDUCATION

In the following questions a formal course refers to a course that leads to a qualification. An additional or a post-basic qualification refers to a qualification that you obtain in addition to your 3 or 4 year basic qualification. Kindly tick the appropriate block.

B1. After obtaining your basic qualification, have you studied and obtained an additional nursing or any other professional qualifications?

Yes	1
No	2

If your answer is yes please continue to question B2
If your answer is no go to question B5

B2. After obtaining your basic qualification how many years lapsed before you undertook any post-basic /additional qualification?

B3. In your own words, briefly describe two personal benefits you have gained as a result of participating in a formal course?

B4. Why did you attend a formal nursing course? Please mark a response on each question.

REASON	Strongly Disagree	Disagree	Agree	Strongly Agree
(a) To obtain an additional qualification	1	2	3	4
(b) To plan my career pathway	1	2	3	4
(c) To network and meet my other nursing colleagues	1	2	3	4
(d) Motivated to learn	1	2	3	4
(e) To be knowledgeable about my area of specialty	1	2	3	4
(f) To improve my confidence	1	2	3	4

B5. Why did you delay to study after the basic course? Please mark a response on each question.

REASON	Strongly Disagree	Disagree	Agree	Strongly Agree
Lack motivation to learn again	1	2	3	4
Not aware that I should acquire new knowledge	1	2	3	4
Do not cope well with academic studies	1	2	3	4
Family responsibilities	1	2	3	4
Financial and accommodation constraints	1	2	3	4
Unable to obtain study leave	1	2	3	4
To old to learn	1	2	3	4

B6. If you are given the opportunity soon to attend a course and further your studies would you utilize the opportunity?

Yes	1
No	2
Don`t know	3

If your answer is yes to question B6 please continue with question B7

If your answer to question B6 is no or don`t know please continue with C1

B7. How should the course be structured to enable you to further your studies? Please mark a response on each question.

REASON	Strongly against	Against	In favour	Strongly in favour
(a) Full – time residential course	1	2	3	4
(b) Part- time residential course with study days	1	2	3	4
(c) Distant learning with no contact	1	2	3	4
(d) Distant learning with learning packages and contact time	1	2	3	4
(e) Workshops only	1	2	3	4
(f) Study days only	1	2	3	4

SECTION C: NON–FORMAL EDUCATION

C1. Are you a member of a professional nursing association/society?

Yes	1
No	2

C2. Do you attend the meetings or workshops offered by the professional association?

Yes	1
No	2

C3. Have you attended any nursing workshops, conferences or seminars in the last two years?

Yes	1
No	2

C4. Have you ever in your nursing career attended a national or international nursing conference?

Yes	1
No	2

C5. The reasons that prevented you from attending a nursing conference or workshop. Please mark a response on each question.

REASON	Strongly Disagree	Disagree	Agree	Strongly Agree
(a) Financial and accommodation constraints	1	2	3	4
(b) Family responsibilities	1	2	3	4
(c) Unable to obtain study leave	1	2	3	4
(d) Topic not relevant to my learning needs	1	2	3	4
(e) Lack of notification of the conference or workshop	1	2	3	4

C6. In your own words, briefly describe two professional or personal benefits you have gained as a result of attending a nursing conference?

C7. Do you subscribe to a professional nursing journal?

Yes	1
No	2

If your answer is yes please continue with question C8.
If your answer is no please go to question D1.

C8. Are the articles in the nursing journal pertinent to current nursing practice?

Yes	1
No	2

C9. Briefly describe two professional benefits you have gained from reading a nursing journal?

C10. Are you a member of a nursing or medical journal club?

Yes	1
No	2

SECTION D: IN-SERVICE EDUCATION

In-service education in the following questions refers to education that is offered by the employer to their employees during normal working hours.

D1. Does your hospital offer an in–service education programme for nurses?

Yes	1
No	2

D2. How frequently is in- service education provided?

Not at all	1
Weekly	2
Monthly	3
Quarterly	4

D3. When is in-service education scheduled?

Day duty	Yes	No
Night duty	Yes	No
Day and night duty	Yes	No

D4. Do you attend the in service education programs?

Yes	1
No	2
Sometimes	3

D5. Reasons that prevents you from attending the in-service education programme? Please mark a response on each question.

REASON	Strongly Disagree	Disagree	Agree	Strongly Agree
(a) Topic discussed not relevant	1	2	3	4
(b) Not motivated to learn	1	2	3	4

(c) Short staff	1	2	3	4
(d) Date and time that it is scheduled is not appropriate	1	2	3	4
(e) Not notified of the programme	1	2	3	4

D6. The reasons why you attended the in-service education programmes the hospital provides. Please mark a response on each question.

REASON	Strongly Disagree	Disagree	Agree	Strongly Agree
(a) Encourages learning	1	2	3	4
(b) To network and meet with my nursing colleagues	1	2	3	4
(c) Provides a break from the pressures of work	1	2	3	4
(d) To keep abreast with all the new developments	1	2	3	4
(e) Provides me with the knowledge and skills I did not received during my basic training	1	2	3	4
(f) Helps to correct bad nursing practices	1	2	3	4

D7. How often are the following methods of facilitating learning used to present the in-service education programme at your hospitals?j

METHODS	Always	Frequently	Seldom	Never
(a) Lecture method	1	2	3	4
(b) Small group discussion	1	2	3	4
(c) Case studies	1	2	3	4
(d) Workshops	1	2	3	4
(e) Lecture demonstration	1	2	3	4
(f) Programmed learning (computer-assisted)	1	2	3	4

D8. Is your attendance at the in-service education programme recorded?

Yes	1
No	2

D9. Any suggestions that you would like to make with regards to improving in - service education programmes at your hospital?

D10. Are you willing to attend an in-service education programme for nurses in your off-duty time?

Yes	1
No	2

D11. Kindly rate the following statements. Please mark a response on each question.

STATEMENT	Strongly Disagree	Disagree	Agree	Strongly Agree
(a) Professional nurses are responsible for their own learning after obtaining a basic qualification.	1	2	3	4
(b) The basic education and training that professional nurse receives before entering the service should last them for their entire working life.	1	2	3	4
(c) All professional nurses should seek opportunities to obtain additional professional qualifications.	1	2	3	4
(d) Professional nurses should be able to identify their own learning need for professional knowledge.	1	2	3	4
(e) Professional nurses should give of their own time to learn.	1	2	3	4
(f) All nurses should be granted an opportunity to attend a post-basic course.	1	2	3	4
(g) The employer should contribute to the continuing professional education of nurses.	1	2	3	4

SECTION E :CONTINUING PROFESSIONAL DEVELOPMENT [CPD]

CPD is the on-going development of knowledge, skills and attitudes that a professional nurse undertakes after the point of obtaining a qualification and is registered to practice. The aim is to promote the continued competence of the members of the profession.

E.1.Before receiving this questionnaire were you aware of the concept CPD.

Yes	1
No	2

E2. .Do you think Continuous Professional Development participation should be compulsory for nurses?

Yes	1
No	2
Don`t know	3

E3. Do you think that to receive a license to practice annually from the South African Nursing Council, nurses should provide proof of their own CPD activities?

Yes	1
No	2
Not sure	3

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E4.Which format would you prefer to receive your CPD activities in?

Formal e.g. education leading to an qualification e.g. degree, certificate, etc.)	1
Non-formal e.g.education not for qualification, obtained by methods such as reading journals, in-service education programmes	2
Both of the above	3

THANK YOU FOR YOUR CO-OPERATION