

## **REPORT FOR THE CANADIAN ASSOCIATION FOR UNIVERSITY CONTINUING EDUCATION (CAUCE)**

### **TITLE**

Enhancing the participation of practical nurses in continuing education

### **RESEARCHERS**

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### **INTRODUCTION**

Bow Valley College prepares and educates practical nurses. In 2005, the legislated education requirement changed from a ten-month certificate to a two year diploma. This change has created a significant increase in number of licensed practical nurses (LPN) working in health care in Alberta and a major change in the scope of practice for the LPN. Employers, particularly those in long term care, are asking for additional continue education to assist practical nurses to meet their needs. Bow Valley College has partnered with Mount Royal College to provide practical nurses advanced certificates in the area of gerontology and mental health. Unfortunately, enrolment is not what we expected and two offerings have been cancelled. We are left wondering why practical nurses are not taking additional education. This study was undertaken to answer this.

### **RESEARCH QUESTIONS**

Why are practical nurses not enrolling in formal off-site education? What are the attitudes and assumptions about continuing education of practical nurses? What strategies are needed to facilitate and motivate practical nurses to participate in continuing education?

### **LITERATURE REVIEW**

Participation in continuing education is an integral part of the definition of professionalism for most professions. For the nursing professions, continuing education is absolutely crucial for the safety of the patients or clients who depend on the nurse's currency in knowledge and skills related to patient care. According to Griffiths (2002), experts "place the half-life of professional nursing knowledge between 2 and 5 years". As a result, the knowledge and skills acquired in the core educational programs will be outdated because of the changing health care environment and the increased pressures to expand the role of nurses due to budget limitations. Other researchers have also stated there is a need for lifelong learning within the field of nurses to meet the professional demands of nursing (Dealy and Bass 1995; Dowswell et al., 2000; Donner and Wheeler, 2001).

Some of the suggestions in the literature regarding ways to improve the participation of LPN's and all healthcare workers in continuing education are flexible class schedules to allow full time staff, and parents to balance their work and home lives. The use of internet or distance learning was also suggested as it could alleviate strain from those who were not able to leave their home to attend classes.

One major theme in the literature is the suggestion that employers and managers should encourage and support LPNs their effort to return to school. Educational days, scheduled time

off, and incorporating teaching into the units were all mentioned as beneficial to both nurses and the profession as a whole. Nurses find on-the-job education relevant and applicable, and see it as a valuable way to solidify new knowledge.

The research suggested that both intrinsic and extrinsic factors affect the career mobility decisions of LPNs. Intrinsic factors include the desire to gain knowledge, and the moral obligation of an individual to grow with the profession. Extrinsic factors include financial assistance, family obligations, and lack of support from managers. Demographics have shown a trend in terms of age, and cultural background, and career development stages have been loosely identified to help anticipate the educational need of nurses along the career continuum.

One possible gap within the literature is the direction that LPN's go in terms of furthering their education. How many choose to move sideways and educate them within the LPN role, and how many choose to become RN's? Khomeiran (2006) indicates that there are no articles that have explored factors that facilitate or inhibit the development of competency, from the perspective of nurses, relating to their own development of competency. Barker (1992, as cited in Donner, G., Wheeler, M., 2001) stated "Vision without action is only a dream; action without vision only passes the time; but vision with action can change the world." Nursing is no exception. Nursing continues to be an evolving occupation, rooted in the values of service, knowledge, and professionalism.

#### **METHODOLOGY**

The study was conducted in 2008. With the assistance of the College of Licensed Practical Nurse Association, the questionnaire was mailed to 1000 LPNs in Alberta. The study was a collaboration between Bow Valley College, the College of Licensed Practical Nurse Association and Mount Royal College.

A quantitative methodology was employed using a pencil and paper questionnaire that was mailed to a random sample of practical nurses currently licensed in Alberta. There are 7000 members that belong to the College of Licensed Practical Nurses of Alberta. The survey was mailed to 1000 members. The response rate was 34%.

The survey included closed questions with check boxes, some likert scale and one open-ended question. The data was analyzed using descriptive statistical analysis.

#### **FINDINGS**

The study collected demographic information regarding age, place of employment, employment status, and number of years employed. Tables 1 through 4 summarize each of the demographic areas collected. Most participants in this study were between the age of 28-33 (17%) and 48-53 (12%). Only 1% were between the ages of 18 and 23 The other age groups were evenly represented.

The majority of the respondents worked in hospitals (48%) or nursing homes (21%). The respondents' years of employment indicated that 40% had over fifteen years of experience in the field. Most of the participants (42%) worked full-time (30+ hours per week).

Table 1

*Type of respondents*

Age range	Frequency	Percent
18-23	6	1.2
24-27	32	6.5
28-33	73	16.7
34-37	31	6.2
38-43	32	6.2
38-43	38	9.1
44-47	35	6.7
48-53	50	11.7
54-57	31	6.5
58 or older	44	9.7

Table 2

*Type of Employment Setting*

Employment Setting	Frequency	Percent
Hospital	162	47.5
Nursing home	70	20.5
Rehabilitation facility	16	4.7
Physician's office	24	7
Community health agency	35	10.3
Public health department	3	.9
Other		

Table 3

*Number of years working in the field*

Years	Frequency	Percent
Less than one year	16	4.7
1 to 3 years	47	13.8
4 to 6 years	65	19.1
7 to 10 years	37	10.6
10 to 15 years	36	10.6
More than 15 years	137	40.2

Table 4

*Employment status*

Status	Frequency	Percent
FT paid work (30+ hours per week)	187	41.5
PT paid work (8-29 hours per week)	120	25.9
PT paid work (under 8 hours per week)	13	2.9
Retired	2	.6
Employed, not in nursing	4	.9
Unemployed	4	.9
Not paid employment, not seeking work	3	.9
Other	7	2.4

Participants were asked to check which items applied to them regarding continuing education in 2007. The factors collected in Tables 5 and 6 indicated the type and frequency of activities of the participants in continuing education. The majority of participants attended in-service training (84%) or workshops (53%) offered by their employers. The percentage of participation dropped significantly for those who had enrolled in a course or workshop on their own time. There were very few enrolled and taking on-line courses. The majority of the participants (82%) attended one to six continuing education opportunities.

Table 5

*Continuing education attended in 2007*

Type	Frequency	Percent
In-service offered by employer		83.9
Attended workshop on employer time		52.5
Attended conference on employer time		21.1
Enrolled in on-line course		18.5
Attended workshop on own time		19.4
Enrolled in course (more than 3 weeks) on own time		15.5

Table 6

*Participation in continuing education in 2007*

Number of times	Frequency	Percent
1 to 3 times		60.1
4 to 6 times		22.3
More than 6 times		8.8
None		4.1

As for the desire to enroll in continuing education opportunities, the respondents indicated that they were willing to commit to a continuing education course if it was offered in concentrated time blocks (Table 7). For example, 43% would enroll in a course offered two hours per week or once a month for three hours. However, the majority of them would need some assistance such as access to funding or payment of tuition by employers to enroll (Table 8). Other barriers to enrolling in continuing education include recognition by their employers or credit towards another program or credential.

Table 7

*Amount of own time willing to commit to continuing education*

Amount	Frequency	Percent
One per week for 2 hours		43.4
Once a month for 3 hours		26.4
Once every 3 months		18.5
Once per year		15.0
Prefer distance learning		0.3
Depends on cost/type of course		1.2

Table 8

*Assistance to attend a 3-week or more longer course*

Assistance	Frequency	Percent
Access to funding		78.8
Time off from work to attend		72.1
Paid tuition by employer		69.4
Recognition by employer		48.2
Credit towards completion of another program or credential		50.3
Other (list below)		

One of the research questions was to identify barriers and attitudes towards continuing education. Tables 9 through 11 address these items. In this study, the participants (55%) attended continuing education opportunities mainly because they were a requirement by their employers. However, the participants recognized the need to keep current in their field either through acquiring new

knowledge or skills. Although only 36% indicated they took courses for career advancement most were interested in keeping current in the field (Table 10). Less than 1% of the respondents indicated that they were not interested in keeping current in their field.

Table 9  
*Reasons for taking continuing education*

Reason	Frequency	Percent
Required to attend		54.8
Employer offers		57.5
Keep current in practice		76.8
Career advancement		35.5
Knowledge development		73.3
Skill development		71.0
Develop a social network		7.0
Fun		14.7
Meet new people		10.0

Table 10  
*Attitude towards keeping current in the field*

Statement	Frequency	Percent
I am very interested in keeping current in my field		72.7
I am fairly interested keeping current in my field		22.6
I am fairly concerned keeping current in my field		2.1
I am not concerned keeping current in my field		0.6

Table 11  
*Your career as a practical nursing has got better or worse in the last year*

Statement	Frequency	Percent
A lot better	74	21.7
A little better	107	31.4
Neither worse or better	110	8.3
a little worse	28	6.5
A lot worse	22	

The list of barriers was compiled from other studies reviewed by the researcher (Table 12). Most participants reported that time (72%) and money (76%) as the greatest barriers. Lack of awareness of courses was the third barrier. Childcare was the fourth barrier (19%).

Transportation was not a factor with only 9% indicating that it was a barrier. Some participants did not feel a need to enroll in continuing education courses. They reported that their in-service or workshops offered at work provided sufficient training (18%) or that their positions did not require more training (11%).

Table 12

*Barriers to taking a continue education course (more than 3 weeks)*

Reason	Frequency	Percent
Time		72.4
Money		75.7
Childcare		18.8
Transportation		9.1
Not aware of courses		24.0
Not needed in current situation		17.3
Kept current by in-services or workshops at work		17.9
Current position does not require more training		11.4

There was one open-ended question asking participants to indicate what would motivate them to enroll in continuing education courses. They restated the need for recognition by employers and other medical professionals such as registered nurses. Recognition was defined as compensation through increased wages for additional education and the ability to work within the defined scope of practice. Other factors that would contribute to enrolling in continuing education include getting credit towards a degree, enhanced accessibility through offering courses at a convenient time and location without any travelling, funding by employers and keeping the cost reasonable.

**DISCUSSION**

Continuing education can be viewed “as a process of formal and informal, planned or opportunistic situations” (Newson, 2006, p. 250) that improves and enhances one’s skills or knowledge. Motivation, opportunity and accessibility play a key role in engaging in professional development. The participants in this study identified with the above as reasons for the lack of enrollment in continuing education. Although they recognized the need for continuing education and have the desire to participate it is difficult to balance their time and resources. For example, 73% of the participants were interested in keeping current in their field whereas only 2% were unconcerned about keeping current in the field.

The barriers indicated by the participants supported the findings of Jones (2005). In both studies, LPNs reported lack of support by employers as a significant barrier to engaging in continuing education. As well, having to take time off work and attend training also created a barrier to participating in continuing education. Jones (2005) and this study also found that access to financial assistance was essential for LPNs ability to pursue more education.

Very few (less than 1%) of the participants indicated they were pursuing an education to become a registered nurse. There appears to be a lack of interest in career mobility education programs for licensed practical nurses within this sample. However, these participants recognize and are motivated to pursue continuing education but expressed feelings of frustration and lack of appreciation for their skills.

Howard (2007) stated that there is a need to change the mind set concerning education and job descriptions. In general, LPNs settle for less recognition and do not see the need for additional education. He suggested that their worth will emerge when limitations of their role are addressed. The participants in the study expressed this sentiment in their comments about not getting enough recognition by their employers and other medical professionals in addition to not being able to work to their full capacity as outlined in their professional scope of practice.

Of note is that the participants were clustered around two age ranges. This could contribute to the small percentage of people concerned about childcare in comparison to other studies.

### ***CONCLUSIONS***

Continuing education programs could consider delivering curricula in partnership with employers to provide on-site programming. As Alberta moves to reduce health care costs, the role of the LPN will evolve. Employers and educators will need to increase accessibility through offering courses while people are working. There is a need for new models that include modular and blended learning opportunities that meets the needs of employers and practitioners.

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