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Nursing Alumni: Continuing Education Preferences

Today's healthcare environment is continuing to experience many changes. One aspect that has remained consistent is the key role of nurses. Registered nurses (RN) continue to be the largest group of health care members. Their presence is seen in hospitals, schools, industries, nursing homes, and churches to name a few (Ruesnick, 2015). Historically, early healthcare was found in places of worship where physical and spiritual needs were met together. As medicine advanced in the 19th and 20th centuries, the focus of healthcare shifted to the cure of diseases. Care of the patient's spiritual needs shifted in importance and overall care was seen in hospitals and healthcare organizations (Pappas-Rogich & King, 2014). Today, as well as providing care in health care institutions, nurses have come full circle and are promoting health in places of worship. Accordingly, nurses play a significant role in providing quality care and achieving positive patient outcomes (Bureau of Labor Statistics, 2015). With changes in populations and increasing demands, nurses must embrace lifelong learning. In the United States, each state government has established Boards of Nursing (BONs) with jurisdictional power to define and regulate nursing practice (National Council of State Boards of Nursing, 2018). Most state BONs require RNs to engage in continuing education to maintain RN licensure; however, the requirements vary by state (Huston, 2017).

Perhaps the most compelling need for continuing education is the professional nurse's responsibility to assure safe, high quality patient care. The American Nurse's Association's (ANA) *Nursing: Scope and Standards of Practice* and the *Faith Community Nursing: Scope and Standards of Practice* refer to education in their outline for expectations of professional nursing practice. The standard states "The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking" (2015, p. 76). The Faith

Community Nurse standards further add spiritual care into their competencies for nursing practice (ANA, 2012). As accountable members of the health care team, nurses should regularly assess their continuing education needs to promote competent practice and achieve career goals (Benner, Sutphen, Leonar, & Day, 2010).

Various research studies have been conducted to examine barriers to participation in continuing education activities. Penz et al. (2007) reported isolation, time, and financial constraints as barriers to participation in continuing education for nurses practicing in rural areas. In addition to time and financial constraints, Santos (2012) identified workplace culture barriers such as lack of opportunity to apply newly acquired knowledge, and insufficient manager and peer-support. Coventry, Maslin-Prothero, and Smith (2015) conducted a literature review to examine the impact of the nursing shortage and workload on continuing education. They reported that workplace culture, leadership, and workload issues impact the ability of nurses to participate in continuing education. An inadequate supply of nurses, demanding workloads, and the expectation that nurses use personal time for mandatory education were key findings. Additionally, the merit of supportive leadership was noted (Coventry, Maslin-Prothero, & Smith, 2015). Facilitators and barriers to participation in continuing education were examined by Shahhosseini and Hamzehgardeshi (2015) in a mixed-method study of continuing education participation facilitators and barriers. They identified the most common facilitator is the nurse's desire to update their current knowledge base. Consistent with previous research findings, time constraints, work commitment, and lack of co-worker support were identified as common barriers. Shahhosseini and Hamzehgardeshi (2015) inferred nurses' desire to update their knowledge as the most common facilitator of participation in continuing education programs.

With the growth of technology and access to distance learning, alternate delivery methods of continuing education are available. These delivery methods are utilized for continuing education to address the learning needs and preferences of nurses. Additionally, the quantity of nursing programs offering online education continues to grow. A significant number of nurses are obtaining all or part of their education via an online environment (Billings & Halstead, 2016). This delivery option offers flexible, convenient nursing education opportunities to accommodate various work schedules and lifestyles.

Cook et al. (2008) conducted a meta-analysis to examine the outcomes of internet based learning for health professions. Their research demonstrated internet based learning was as effective as traditional delivery methods. This positive effect was found in a variety of learning styles and topics (Cook et al., 2008). Cook and Steinert (2013) reported learning objectives can be met using online delivery methods based on their review of extant literature.

The Institute of Medicine (IOM) suggest that there should be a comprehensive, integrated system for professional education (2009). In their report on *Redesigning Continuing Education for the Health Professions*, they assert that continuing education should include a diverse group of professionals. Continuing education should focus on areas to specifically meet the needs of the individual's gap in knowledge and give each practitioner control of their learning. Online education is an option that may empower nurses to examine and choose opportunities that best meet their learning needs. However, nurses' perception of online education may influence utilization. Karaman (2011) reported positive perceptions of online continuing education for nurses. Furthermore, they demonstrated that neither age nor length of work experience correlated with perceptions of online programs.

In addition to examining learning outcomes and perception, it is important to explore nurses' satisfaction with online delivery methods. Olson, Stedman-Smith, and Fredrickson (2005) conducted a pilot study to evaluate an online module for nurses regarding environmental health content. The findings from their study included 94% of respondents being satisfied or very satisfied with the module (Olson, Stedman-Smith, & Fredrickson, 2005). Some of the reported advantages of online learning include convenience, flexibility, and collaboration across disciplines and distance. Conversely, reported disadvantages involved communication problems and technical issues (Cook & Steinert, 2013). As part of assessing educational needs of school nurses, Carlisle, et al. (2010) examined preferred methods of educational delivery. The largest percentage of respondents indicated preferring video format (66%) and internet resources (54%). Fewer respondents indicated publications (14%) and conference/lectures (27%) as their preferred method (Carlisle et al., 2010).

When planning continuing education events, it is important to understand the needs of the target population for a successful event. Faculty in schools of nursing frequently offer continuing education programs to assist in meeting the educational needs of nurses including alumni. Recognizing a declining attendance trend, faculty in one school of nursing performed an assessment of continuing education preferences of nursing alumni. Thus, the purpose of this research study was to examine the preferences of nurses regarding the delivery method (online, face-to-face); specifics regarding time (length of program, day versus evening hours); day of week of preferences for face-to-face programs; and specific topics of interest for continuing education opportunities.

Methodology

A descriptive design was utilized. Prior to initiating data collection, permission to conduct the study was obtained from an institutional review board at a university located in the southern United States.

Sample

The researchers collaborated with the university alumni office to distribute an email to students graduating from the school of nursing within the past 10 years. The email contained an introduction regarding the research study and a link to the survey. The survey was distributed to 2255 alumni and 88 responded. The sample included 79 females and 8 males. The ages ranged from 22 to 65 years (M = 35.81, SD 11.28). Forty-one (46.6%) held a Bachelor's Degree in Nursing as their highest academic preparation, followed by Master's Degree in Nursing (n = 23, 25.6%), Associate Degree in Nursing (n = 15, 17%), Master's Degree in non-Nursing area (n = 5, 5.7%), and Doctorate Degree in Nursing (n = 4, 4.5%). Most respondents indicated being from a rural area (n = 46, 52.3%), 29.5% (n = 26) indicated suburban area, and 18.2% (n = 16) indicated an urban area. When asked about their primary role in nursing, the two most frequent responses were staff nurse 54.5% (n = 48) followed by nurse practitioner 15.9% (n = 14). When asked about the type of facility where they were employed, 54.6% reported being in the acute care setting, 15.9% in the outpatient setting or provider's office, and 8% in long-term care. The range of years of experience for registered nurses was 1 to 45 years (M= 9.42, SD = 9.59) and for nurse practitioners 1 to 10 years (M = 3.94, SD = 3.17).

Instrument

The researchers developed a questionnaire to gain information related to continuing education preferences. The instrument included 12 multiple-choice items and one open ended

item. The online survey software Qualtrics® was used to deliver the survey. Once accessing the link, the consent form was presented followed by questions. Data were collected anonymously.

Findings

The findings indicated that over 83.9% of respondents had taken continuing education courses online. When responding to the question asking preference for face-to-face versus online education activities, 75.9% of respondents stated they prefer online delivery. Upon examining specifics for face-to-face continuing education regarding time (length of program, day versus evening hours), and day of the week of preferences for face-to-face programs, most (87.2%) indicated a preference of daytime hours over evening hours. Additionally, the majority (82.8%) indicated they prefer events held Monday through Friday versus Saturday. When asked about preferences regarding the length of sessions, 56.3% indicated they prefer ½ day, 21.8% indicated all day, and 21.8% indicated 1-hour sessions.

The survey included an open-ended question to obtain respondents' topics of interest for continuing education. The preferences reported were diverse. When grouped into similar themes, the topics most reported included pharmacology, psychiatric issues, cancer and end of life concerns, women's health, neurological conditions, and care of pediatric patients.

Discussion

The findings suggest most nurses surveyed prefer online continuing education opportunities with the majority reporting previous enrollment in an online continuing education opportunity. Additionally, over three fourths of responding nurses reported preferring this method of delivery. Online instruction gives control back to the individual of the best time for them to pursue education. Many communities are limited in their educational opportunities based on size and location. Over half of sample in this study were rural nurses. As noted by Penz et al.

(2007) isolation, time, and financial constraints are reported barriers for nurses practicing in rural areas. The use of the online delivery method could mitigate these barriers.

The purpose of continuing education is to assist nurses to remain current in evidence based practices to provide safe, high quality patient care associated with positive patient outcomes (IOM, 2009). Therefore, all organizations need sustainable nursing resources to care for their patients. According to Juraschek, Zhang, Ranganathan, and Lin (2012) the United States is expected to have a shortage of RNs between 2009 and 2030 with an intense shortage in the southern and western United States. The nursing shortage will continue to challenge attendance for face-to-face continuing education programs. Thus, it is logical to conclude the demand for online based learning will increase.

Limitations

Researchers noted the limitations of a low response rate, a researcher developed instrument, and a homogenous sample of alumni from one university. Additionally, the sample was limited to graduates within the past 10 years. The instrument was created and purposive sample selected to gain information about specific areas of interest for researchers. Despite the limitations which prevents generalizability of the findings, the study contributes to the body of knowledge regarding the continuing education preferences of nurses.

Recommendations

Further research with larger, more heterogeneous nursing populations is recommended.

Examining preferences of nurses regarding continuing education needs on a regular basis promotes professional stewardship of limited resources in the face of the constantly evolving healthcare industry. Likewise, continuing to examine barriers and facilitators is imperative. Both expertise in practice and expertise in education are beneficial in the development of quality

continuing education programs. Health care organizations, nursing professional organizations such as Faith Community Nurses International (FCNI), and academic settings should partner to develop, create, and deliver continuing education opportunities in the most user-friendly format including desired topics of interest to meet the needs of nurses in a variety of practice settings.

Conclusion

This project stemmed from a decreasing number of participants enrolling in the educational opportunities provided by a regional School of Nursing. Engaging in continuing education through the online delivery method may be a means to overcome some of the reported barriers such as work commitments. As health care continues to evolve, it is key to engage nurses in educational opportunities that inform participants of evidence-based practice to enhance the competency of health care professionals. This is vital for Faith Community Nurses as they often interact with faith communities that include individuals across the lifespan with a variety of health care concerns.

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