

**A hermeneutic phenomenological study of community practitioners' experiences of continuing professional development**

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## **Abstract**

Continuing professional development (CPD) is mandatory for continual nurse registration. In the rapidly evolving climate in the National Health Service, new developments and techniques and more demanding professional roles compel nurses to constantly develop and update their knowledge and skills through CPD. Even though CPD is an essential component of nurse education, research investigating community practitioners' views, experiences and perceptions of the link between reflection and CPD is limited. This phenomenological study explored community health practitioners' experiences of CPD and perceptions of the link between CPD and reflection. Ten community practitioners who specialised in district or school nursing and health visiting were interviewed using an in-depth approach. Data was analysed using thematic networks as tool (Attride-Stirling, 2001). Findings revealed that community practitioners viewed CPD positively, perceived the benefits as both professional and personal development and career progression. Development needs were identified through reflection, reflective practice and appraisal. Even though significant barriers were apparent, the organisation provided opportunities to access formal and self-directed learning events. There is a need for organisations to invest in CPD of the workforce, consider cheaper alternatives for meeting CPD needs and for further research to assess the impact of CPD on clinical practice.

**Key words:** community health nursing, continuing professional development, economic constraints, life long learning

## **Introduction**

Continuing professional development (CPD) may be viewed as a process of "lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and health care priorities of the National Health Service and which enables professionals to expand and fulfil their potential (DH, 1998a, p.4). This process is continuous, it endorses the concept of lifelong learning and promotes the continual development of knowledge, skills and expertise which is deemed crucial for nurses (DH, 1999a, NMC, 2006). With respect to patient care,

CPD enables healthcare professionals to maintain their professional competency, deliver high quality care and maintain clinical governance requirements with benefits for patients, practitioners and organisations (Brown & Belfield, 2002, RCN, 2000, Whyte et al., 2000). In the rapidly evolving climate in the National Health Service, new developments and techniques as well as changing and more demanding roles compel nurses to constantly develop and update their knowledge and skills through CPD.

CPD activities may be formal or informal. Formal activities are mostly courses and study days (Furze & Pearcey, 1999, Gould et al., 2001, Lawton & Wimpenny, 2003) which allow nurses to fulfil ambitious career aspirations and career planning (Sadler-Smith et al. 2000, Price, 2007). Informal activities include; in-house training incorporating self directed learning, experiential learning, reflective practice (Woods, 2006) clinical supervision, distance and e-learning (Campbell, 2004), networking, job exchanges, practice development projects, practice development forums and work-based learning (Price 2007). Informal activities can also include reading journals, accessing the internet, attending conferences and vicarious learning (Aoki & Davies, 2002).

By engaging in CPD activities nurses are better equipped to meet the demands of new roles and responsibilities (DH, 1999a;b, Gould, 2001, NMC 2004, Woods 2006), patients' health care demands (Campbell 2004, Maslin-Prothero 2005), prepare for senior posts (UKCC, 2002) and importantly maintain continual registration CPD (NMC, 2006).

A central feature of the NHS is the provision of high quality health care service (DH, 1999b) which is underpinned by the concept of a learning organisation that improves working lives and promotes staff recruitment and retention and CPD activities (DH 2002). However the provision of CPD opportunities for all NHS staff is costly and NHS resources are scarce. It is therefore imperative for CPD to be cost-effective to avoid wasting resources (Brown et al., 2002, Price 2007). Although the cost-effectiveness of CPD interventions is an important factor and necessary for future planning, there is a paucity of high quality studies (Brown et al., 2002). In the present climate of escalating financial constraints, many NHS

trusts are facing both strategic and economic challenges in providing CPD opportunities for their staff (Manley & Webster, 2006). Nevertheless investment in the development of nursing workforce should remain a continuing priority for NHS trusts.

Several studies have examined the CPD requirements of nurses, but none have exclusively explored community practitioners and their perceptions. Given the increasing emphasis on new roles such as the community matron, extended independent nurse prescribing, and continuing constraints on community health care staff it is appropriate to examine community practitioners' views of CPD. The aim of this hermeneutic phenomenological research study was to explore community practitioners' perceptions of their experiences of CPD and perceptions of the link between CPD and reflection.

## **Methods**

This qualitative study used a Gadamerian hermeneutic phenomenological approach to explore community practitioner's experiences of CPD. This approach enabled the researcher to explore these experiences through open dialogue in order to gain an understanding of participant's views of CPD within their organisation

A heterogeneous sampling was used to select for the study sample. The selection of ten community practitioners was based on experience of undertaking CPD activities, professional knowledge, nursing speciality and nursing experience which varied from ten to thirty years of nursing experience. Some nurses had worked in the PCT for nearly twenty five years. Community practitioners were specialists in District Nursing, Health Visiting and School Nursing. The sample consisted of two district nurses, two managers, two health visitors, two school nurses and two community nurses. It was felt that this group of community practitioners were sufficiently experienced to permit comparisons and the identification of common patterns across the groups (Holloway & Wheeler 2002).

Participants were interviewed using an unstructured approach which is commensurate for hermeneutic phenomenological research (Kahn 2000). Interviews centred on three main questions:

- i How do community practitioners view CPD?
- ii. Is CPD a reality of the practitioners' working lives?
- iii. Do practitioners reflect on practice in order to identify learning needs and on new learning in order to change and improve practice?

The study was undertaken at a time when the Primary Care Trust was experiencing extreme staff shortages and financial limitations on staff CPD activities and staff morale was low. The interview schedule was piloted prior to the main study in 2006 and data collection commenced in the spring of 2007. Interviews were conducted during working hours and lasted one hour. All interviews were audio tape-recorded and transcribed verbatim (Silverman 2005). Transcriptions were reviewed against the tapes to ensure accuracy of interview recordings. Validity was ensured using respondent validation of interview transcripts (Silverman 2005). Reliability of the interpretation of transcripts was achieved through the independent validation of the analysis by a second researcher. An inductive thematic analysis of textual data was undertaken using the approach developed by (Attride-Stirling 2001). This data analysis approach was selected as it shares the main features of hermeneutic analysis and made explicit the procedures employed in moving from text to interpretation and the formation of basic, organising and global themes and summarised networks. Ethical approval for the study was granted by the relevant NHS and University ethics committees.

A limitation of this research approach is the ability to generalize from the sample and make the leap to general statements (Flick, 2006) or generalise from the study sample to the larger population or from one setting to another (Hoepfl, 1997).

## **RESULTS**

Interpretation of findings led to the development of seventeen basic themes, five organising themes and three global themes. These are arranged into three networks

illustrated in Figures 1, 2, & 3. Networks are to be read clockwise, starting with the highest basic theme and working inwards to the global theme.

This network consisted one global theme, two organising (facilitators of CPD and Benefits of CPD) and seven basic themes, presented in Figure 1.

### **Facilitators of CPD**

Community practitioners highlighted their motivation to engage in CPD in order to maintain the currency of their practice, develop new skills, understand new inventions, enhance competences and receive the necessary education and training to take on new roles. The availability of CPD activities was dependent on the support and encouragement and backing of senior colleagues and line managers. Hence organisations were viewed positively with regard to their continuous support offered. Practitioners felt that these aspects were crucial to the uptake and maintenance of CPD activities.

An extract from a district nurse illustrate this point: *“So I’ll probably go and do a course... that the case managers are doing like the diagnostics and things like that. This is something that I would have to get competent in because it’s going to be part of the students’ curriculum”*

A quote from a health visitor reinforced this viewpoint: *“So keeping updated with my professional practice, nutrition guidelines have changed quite a few times in my 21 years, so keeping updated [is important] for my own practice and my families and for when we have students.”*

In addition to attending courses, CPD activities also included receiving regular clinical updates, talks from outside speakers and having learning footprints as part of in-house service training.

### **Benefits of CPD**

Community practitioners perceived the benefits of CPD as focusing on their career trajectory, realisation of career aspirations, job motivation which inspired them to maintain the currency of their practice and adapt and accept new innovations. Support from colleagues, managers and the organisation was crucial to enable them to access and engage in CPD activities but also to maintain sufficient interest in the organisation and practice development. These findings were consistent across all roles represented by the participants and are highlighted in the following extract from a community nurse:

*“I feel that CPD is something that needs to be encouraged more and more because it gives that more interest to the job, it adds more meat to the bone and also hopefully it develops the service better..... it actually has an effect on practice and that your practice changes with it if it’s needed, it doesn’t go anywhere otherwise. It has to be a continuous thing. What we learn two or three months ago in about two year’s time it could all change with research.”*

### **Thematic Network- Barriers to CPD**

Network 2 focused on four basic themes, two organising and one global theme (Figure 2). The two identified organising themes both related to participants’ perceptions of the demotivating forces for engagement in CPD.

#### **Organisational and personal resources**

These themes were interlinked. In both themes community practitioners’ perceptions of the Primary Care Trusts (PCTs) financial difficulties were viewed as a threat to CPD and a demotivating factor. Time constraints due to work overload and staff shortage were deterrents to accessing CPD which meant that many community practitioners had to arrange CPD activities around work time and often self funded conferences or short courses; this excluded studying for extensive courses such as degrees. This had a negative impact on staff morale. A school nurse specialist practitioner related this impact on their development:

*“People who really want to develop are doing a lot in their own time and not even asking for anything because you feel even bad asking.....you have to justify it so much that you know sort of talk yourself out of it quite happily.”*

### **Thematic Network- Learning and Development**

Network 3 comprised of one global, two organising and six basic themes. The organising theme, identifying personal learning and development needs, describes the practitioners’ perceptions of how they identify their own need for further learning and development. The organising theme learning opportunities explores the types of learning opportunities available to practitioners to fulfil their CPD needs.

Within this theme community practitioners viewed reflection, reflective practice though the use of reflective logs, clinical supervision and appraisal as central elements that assisted the identification of personal and development learning needs. The knowledge and skills framework was used by many community practitioners as a means to recognise possible CPD activities and develop portfolios. Job shadowing and knowledge and skills gap analysis were also used as a means to identify their learning requirements. The following extract from an interview with a school nurse specialist practitioner acknowledges this point:

*“ Is that knowledge I’ve got good enough?’ You really need to know where you want to be. It’s almost as if you’re doing a gap analysis. What is it that you have to do as part of the job? What is your job description? How do you bridge the gap? So there are courses that you can do, experience as well. I think we tend not to think of the experience we gain and how we get more experience by just being with somebody else and looking at what they do and how they do it.”*

### **Learning Opportunities**



This theme explored community practitioners' perceptions of how they identified their learning and development needs and the types of learning opportunities they engaged with to meet those needs. Learning opportunities were identified as mandatory, formal and informal. Mandatory activities consisted of essential training courses provided by the PCT to allow practitioners to fulfil their roles competently and safely. Formal activities related to accredited study days on clinical issues that addressed their professional and personal learning needs. Informal activities comprised reading, searching the web, job shadowing, attending meetings/ forums and vicarious learning. Reflection, reflective practice, clinical supervision and individual appraisal were integral to the recognition of possible CPD activities.

## **Discussion**

The community practitioners in this study were experienced nurses who had worked in the Trust for many years and were highly committed and extremely positive about the benefits of CPD. This concurs with previous studies (Whyte et al. 2000, Hughes 2005). Community practitioners perceived the main benefits of CPD as professional development, career progression and practice development which concurs with the published views (DH, 1999a, NMC, 2006, Hardwick & Jordan 2000, Hughes 2005). Reflection, reflective practice, appraisal and clinical supervision were measures used by community practitioners to identify their development needs and update their clinical practice knowledge (Bond & Holland 1999, Draper et al. 1999, Northcott 2000).

Positive aspects of CPD included job satisfaction, staff retention, clinical supervision and critical thinking specific to practice issues. It is suggested that these could possibly improve the quality of patient care (Clouder & Sellars, 2004, Gustafson & Fagerberg, 2004, Gould et al, 2001, Levett-Jones, 2005). However, supportive evidence focuses on investigations of nurses' perceptions, rather than empirical evidence of the effects of CPD on the quality of care (Lawton & Wimpenny, 2003, Griscti & Jacono 2006).

Whilst community practitioners viewed the PCT as an organisation which was supportive of staff, financial constraints prevented many CPD activities. Clinical

supervision was viewed as an economical and practical way of supporting CPD with many community practitioners adopting self-directed informal learning activities to meet their learning needs. Although this approach may promote autonomy, confidence, motivation and the lifelong learning skills (Furze & Pearcey, 1999, Hewitt-Taylor, 2001) there is limited empirical evidence to substantiate these claims (O'Shea, 2003).

It has been reported that the ageing nursing workforce do not require professional development (Aoki & Davies, 2002), this was not the case in this study. Age had no impact on motivation to learn. In the current climate, reluctance to offer CPD activities to an ageing workforce could have serious implications for the provision of a quality service for service users (Nursing Research Unit, 2007).

Motivation to learn can be influenced by intrinsic factors such as need for knowledge, the currency of practice but also extrinsic factors that focus on external encouragement and reward (Ryan 2003). Findings agree with this view (Hardwick & Jordan, 2002, Hughes 2005). However current findings did not support the view that PREP is a major extrinsic motivating factor for CPD (Lawton & Wimpenny, 2003, Ryan 2003) as it is mandatory for nurse registration.

Barriers to CPD were predominantly organisational in nature which concurs with previous findings (Aoki & Davies, 2002, Hughes 2005). In order for NHS Trusts to offer high quality public health service, they need to invest in nurses' CPD using alternative and inexpensive approaches (Price, 2007).

## **Conclusions**

It needs to be remembered that knowledge has a short half-life especially in the rapidly evolving world of health care where developments in technology and organisational structure requires nurses to continually acquire new and updated knowledge and skills (Gopee 2001;2002). CPD is an essential requirement for the delivery of high quality clinical care. In order for CPD to be maintained as a reality for the Trust nursing workforce, it is recommended that Trusts continue to invest in not only CPD of the nursing staff but also to develop Trusts as a learning

organisation and maximise learning opportunities for practitioners, maybe using clinical supervision or alternative measures as means to meet their CPD needs.

In a climate where CPD is valued, a competent workforce will experience enhanced job satisfaction, and commitment to the employing organisation through staff retention and career progression as well as improving the quality of the service offered to NHS service users.

## References

Aoki, Y., Davies S., (2002) Survey of continuing professional education within nursing homes. *British Journal of Nursing*, 11 (13), 902-912

Attride-Stirling, J. (2001) *Thematic networks: an analytic tool for qualitative research*. <http://www.qrj.sagepub.com/cgi/content/abstract/1/3/385>

Bond, M., Holland, S. (1999) *Skills of Clinical Supervision for Nurses*. Open University Press, Buckingham,

Brown, C.A., Belfield C.R., Field S.J., (2002) Cost effectiveness of continuing professional development in health care: a critical review of the evidence. *BMJ*, 324 (7338), 652-655

Campbell, S. (2004) Continuing Professional Development: What do we need? *Nursing Management*, 10 (10), 27-31

Clouder L., Sellars J., (2004) Reflective practice and clinical supervision: an interprofessional perspective. *Journal of Advanced Nursing* 46 (3), 262-269

Department of Health (1998a) *Our Healthier Nation: a contract for health*. The Stationery Office, London,

Department of Health (1999a) *Continuing Professional Development- Quality in the new NHS*. The Stationery Office, London,

Department of Health (1999b) *Making a Difference: Strengthening the nursing, midwifery and healthvisiting contribution to health and healthcare*. The Stationery Office, London.

Department of Health (2002) *Delivering the NHS Plan: Next Steps on Investment, Next Steps on Reform*. The Stationery Office, London.

Draper, B., Koukos, C., Fletcher, P., Whitehead, A., Reynolds, F., Coleman, M., Rafferty, A.M. (1999). Evaluating an initiative: clinical supervision in a community health trust. *British Journal of Community Nursing*, 4 (10), 525-530.

Flick, U. (2006). *An introduction to qualitative research*. 3<sup>rd</sup> Edition. London: Sage.

Furze, G., Pearcey, P., (1999). Continuing education in nursing: a review of the literature. *Journal of Advanced Nursing*, 29 (2), 355-363

Gopee, N., (2000). Self-assessment and the concept of the lifelong learning nurse. *British Journal of Nursing*, 9 (11), 724-729

Gopee, N., (2001). Lifelong Learning in nursing: perceptions and realities. *Nurse Education Today*, 21 (8), 607-615

Gopee, N., (2002). Impact of Continuing Professional Education: analysis of a management course. *Nursing Management*, 8 (9), 21-25

Gould, D., Kelly, D., Goldstone, L., Maidwell, A., (2001). The changing training needs of clinical nurse managers: exploring issues for continuing professional development. *Journal of Advanced Nursing*, 34 (1): 7-17

- Griscti, O., Jacono, J., (2006). Effectiveness of continuing education programmes in nursing: literature review. *Journal of Advanced Nursing*, 55 (4), 449-456
- Gustafsson, C. & Fagerberg, I., (2004). Reflection, the way to professional development? *Journal of Clinical Nursing*, 13 (3), 271-280
- Hardwick, S., Jordan, S., (2002). The impact of part-time post-registration degrees on practice. *Journal of Advanced Nursing*, 38 (5), 524-535
- Holloway, I., Wheeler, S., (2002). *Qualitative Research in Nursing*, 2<sup>nd</sup> Ed. Blackwell Science, Oxford.
- Hoepfl, M. (1979). Choosing qualitative research: A primer for technology education researchers. *J. Technology Education*, 9, 47-63.
- Hughes, E. (2005). Nurses' perceptions of continuing professional development. *Nursing standard*, 19 (43), 41-49
- Kahn, D. (2000). How to conduct Research. In Cohen., M., Kahn, D., Steeves, R. (2000). *Hermeneutic Phenomenological Research. A practical Guide for Nurse Researchers*. Sage Publications, Inc, London., p 57- 70
- Lawton, S., Wimpenny, P., (2003). Continuing professional development: a review. *Nursing Standard*, 17 (24), 41-44
- Levett-Jones, T., (2005). Continuing Education for Nurses: A Necessity or a Nicety? *The Journal of Continuing Education in Nursing*, 36 (5), 229-233
- Manley, K., Webster, J., (2006). Can we keep quality care alive? *Nursing Standard*, 21 (3), 12-15
- Maslin-Prothero, S. (2005). Commentary on "Lifelong education and its relevance to nursing" by P. Jarvis. *Nurse Education Today*, 25, 661-662

Northcott, N. (2000). Evolving an approach to group clinical supervision. *Journal of Community Nursing*, 14 (11), 24-26.

Nursing & Midwifery Council (2004). *The NMC code of professional conduct: standards for conduct, performance and ethics. Protecting the public through professional standards*. NMC. London.

Nursing & Midwifery Council (2006) *The PREP Handbook*. NMC., London.

Nursing Research Unit, (2007). *Policy +: Will an ageing nursing workforce work?* London, Nursing Research Unit

O'Shea, E. (2003). Self-directed learning in nurse education: a review of the literature. *Journal of Advanced Nursing*, 43 (1), 62-70

Price, B., (2007). Professional development opportunities in changing times. *Nursing Standard*, 21 (25), 29-33

Royal College of Nursing, (2000). *Clinical Governance: how nurses can get involved*. London, RCN Publication code: 001 171

Ryan, J., (2003). Continuous professional development along the continuum of lifelong learning. *Nurse Education Today* 23, 498- 50

Sadler-Smith, E., Allinson, C., Hayes, J., (2000). Learning preferences and cognitive style: some implications for CPD. *Management Learning*, 8(4), 66-758

Silverman, D., (2005). *Doing Qualitative Research*, 2<sup>nd</sup> Ed., Sage. London.

U.K.C.C. (2002). *Report of The Higher Level of Practice Pilot Project*. London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting

Whyte, D., Lugton, J., Fawcett, T. (2000). Fit for Purpose: the relevance of Masters preparation for the professional practice of nursing. A 10-year follow up study of postgraduate nursing courses in the University of Edinburgh. *Journal of Advanced Nursing*, 31 (5), 1073-1080

Woods, J., (2006). Exploring staff nurses' views on professional development. *NT Research*, 102(13), 36-38.