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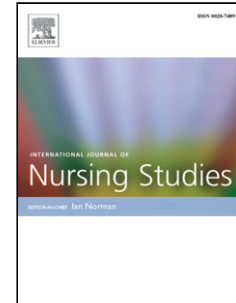
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Continuing professional education: motivations and experiences of health and social care professional's part-time study in higher education. A qualitative literature review

Title:

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Abstract

Objectives:
To understand the motivations and experiences of health and social care professionals undertaking part-time, accredited, continuing professional education in higher education

Design:
A review following systematic principles
Data Sources: Systematic searches for literature published between January 2000 and December 2015 using the database: SCOPUS, Web of Science, Medline, PsychINFO, Social Policy and Practice and CINAHL.

Review methods:
Studies were included if they were published in the English language and were qualitative in design, focussing on the motivations and experiences of staff engaged in part-time, accredited, higher education study. Three reviewers appraised the quality of the selected studies.

Results:
Thirteen qualitative studies were identified for the review. Motivating factors for staff to engage in part-time, accredited, continuing professional development study included: personal and professional drivers, influence of workplace/management and funding and availability. Key themes in relation to how staff experienced study included: the demands of adjusting to the academic requirements of higher education study; the experience of juggling competing demands of study, work and family; and the presence or absence of support for part-time study in the personal and professional arenas.

Conclusions:
Health and social care professionals experience a number of challenges when engaging in part-time, continuing professional education in higher education institutions. A significant challenge is the juggling of competing demands of study, work and family, and this may have a negative impact on learning. Research is needed to inform how higher education can address the specific learning needs of this population and develop pedagogic approaches that are both responsive to need and support of effective learning.

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Background

Continuing professional development (CPD) is an essential component of nursing, not least for the provision of safe and effective healthcare (Pool et al. 2013, Brekelmans, 2012). However, CPD is not the preserve of nursing and is equally important to professional development and practice in other health and social care professions. In the UK, the Health and Care Professions Council (HCPC) which is the regulatory body for a wide range of health and social care professions, describes CPD as:

> "...a range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice." (HCPC, 2016)

This definition reflects the differing purposes of CPD such as the enhancement of professional practice, the promotion of safety and the facilitation of career development, an observation which is also made by Pool et al. (2013) in relation to a similarly multi-faceted definition of CPD by the American Nurses Association. Brekelmans et al. (2012) point out how, in the nursing literature, the terms CPD and continuing professional education (CPE) are often used interchangeably. However, Brekelmans et al. (2012) argue that CPD can be viewed as self-directed learning and may encompass a broad range of learning and development activities (many of which may be in the workplace) and CPE can be considered to be a *component* of CPD, relating more specifically to professionals engaging in formal educational provision. In a review of CPE in Ireland, Murphy et al. (2006) defines CPE in a similar way:

> "CPE forms a significant element of CPD and comprises of a range of longer-term courses, focused on knowledge of a range of subject areas (or in some cases precise in-depth knowledge of one particular area), designed to provide participants with content-based expertise in a particular field. It may take the form of lecturers, guided reading and self-managed learning...leading to the awarding of a qualification upon completion". (p367)

As such, the provision of accredited CPE courses in Higher Education Institutions (HEI) for the health and social care workforce are only one means of facilitating CPD but, nevertheless, play a valuable role in enabling professionals to enhance knowledge and skills and to support career development.

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For example, Cotterill-Walker (2011) undertook a review of the impact of master's level nurse education on patient care; nine quantitative and six qualitative studies were included in the review which identified positive gains for nurses in undertaking master's level education. These gains included professional and personal growth and increased confidence and critical thinking at work, although the evidence of clear benefits to patient care was inconclusive. Similarly, in a recent review of registered nurses' attitudes to post graduate education in Australia, Ng et al. (2014) found evidence of increased knowledge and skills as an outcome of postgraduate education, but little evidence of measured changes in practice. Cotterill-Walker (2011) argue that future research needs to measure the intended learning outcomes of master's level education against identifiable changes to patient care.

Whilst there is clearly a need to study the impacts of CPE on practice outcomes, arguably there is also a need to better understand how CPE is experienced and perceived by health and social care professionals. In focus groups that informed the Willis Commission's report on the future of nurse education in the UK (Health Education England and Nursing and Midwifery Council, 2015), some registered nurses expressed apprehension about the prospect of engaging in future study that would support their career progression . Moreover, in a recent Delphi study of nursing experts in the Netherlands exploring factors that influence nurses in participating in CPD, one of the key factors was the attractiveness of educational programmes (Brekelmans et al. 2016). Understanding more about perceptions with regard to motivations for – and experiences of – CPE may have implications for course design.

It is likely that health and social care professionals engaging in post registration HEI based CPE share some common characteristics, namely that: study will often be part-time and will usually take place alongside (often demanding) clinical practice; students are likely to be older than the majority of undergraduate cohorts; many will have additional commitments, such as families and mortgage repayments; and some professionals may have spent a significant length of time out of – or have not previously experienced – HEI education. In a survey of 70 qualified nurses and midwives in Ireland who were undertaking a part-time degree programme in nursing, Evans et al. (2007) identified common stressors affecting students; assignment completion/submission and balancing competing demands of work and family were top-most among these. Evans et al. concluded that the experiences and specific needs of qualified staff engaged in part-time HEI study are likely to be significantly different from fulltime, undergraduate nursing students. Interestingly, Swain and Hammond (2011) suggest there is a paucity of generic research on HEI students' experience where those students are both mature and part-time.

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Bearing in mind the importance of CPD in modern health and social care and the significance of CPE as an element of this, and the shared characteristics of this particular group of students which may have specific educational and support needs, an understanding about the motivations and experiences of health and social care professionals accessing part time, HEI based CPE, is necessary. Such understanding is likely to inform how HEI programmes and employing organisations can best meet student needs to promote effective learning and support. The aim of this review, therefore, is to systematically explore the literature pertaining to the specific motivations and experiences of health and social care professionals who engage in part-time, accredited, CPE study in HEIs.

Methods

The databases SCOPUS, Web of Science, OVID (Medline, PsychINFO and Social Policy and Practice) and CINAHL and the Cochrane Library were searched in December 2015. The search terms used are detailed in Table 1. In addition to databases, Google Scholar, and key journals were searched along with reference lists of the identified papers and papers that had cited these. No literature reviews specifically exploring this issue were identified.

INSERT TABLE 1 ABOUT HERE

Inclusion criteria:

- Studies that were qualitative in design or mixed (quantitative and qualitative) methods and having identifiable qualitative data. Qualitative data only was selected in order to focus on student experiences and perceptions
- Participants who were qualified health/social care professionals engaged in part- time, accredited HEI study while maintaining professional practice alongside their studies
- Studies exploring the motivations and/or experiences of/to study
- Papers published in English since 2000

Exclusion criteria:

- Studies that utilised quantitative methods where there was no identifiable qualitative component
- Studies where professionals had engaged in work-based or unaccredited CPD rather than HEI based accredited courses, or where this was unclear
- Studies in which students were engaging in full-time study or where this was unclear

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- Studies focusing on how professionals had experienced change and/or development as a consequence of HEI post qualified study
- Studies examining the motivations and experiences of unqualified staff engaging in HEI based CPE

Quality Appraisal:

All papers were published in peer reviewed journals. An appraisal tool developed by Elvish et al. (2013), appropriate for assessing the methodological quality of qualitative studies, was used to appraise the studies. The lead author (SB) and two other members of the writing team (HM and JK) independently applied the criteria, arriving at a consensus decision for each score. Studies were graded 0-3 against eight criteria (Table 2); the final scores are indicated in Table 3. Although the studies varied in methodological quality, none were excluded on these grounds for the purposes of this review.

INSERT TABLES 2 AND 3 ABOUT HERE

Synthesis and analysis:

A thematic analysis following the six-point method described by Braun and Clarke (2006) was followed. The analysis was led by the first author (SB) with the input of all members of the authorship and began with a familiarisation of the data in the identified papers. As argued by Thomas and Harden (2008), study results/findings, discussion and conclusions were all seen as providing valid data for analysis and these were included in the synthesis. Initial codes were generated according to content and meaning. The authors developed categories from the codes according to similarity and differences and from these, formulated themes. Two over-arching themes were identified: "motivations for accessing HEI education" and "experiences of study" and these in turn had sub-themes which are identified and discussed below.

Results

Combined searches produced 966 papers. These were reduced to 13 papers following removal of duplicates and applying inclusion/exclusion criteria (Figure 1). Decision-making on the selection of papers were agreed by all authors. Data was extracted from each study on the aims, methods, participants, key findings and location. The identified papers are summarised in Table 3.

INSERT FIGURE 1 ABOUT HERE

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Theme 1: Motivations for accessing HEI education

i) Personal and professional drivers

Spencer's (2006) qualitative study of 12 UK nurses, midwives and health visitors who had completed an MSc in Professional Practice, highlighted two types of motivation for undertaking postgraduate study which were classed as factors arising from the personal (internal) domain and factors related to the professional (external) domain. Personal factors included the desire to be personally and academically challenged, and professional (external) factors included pressures from the workplace to undertake study and the desirability of HEI study to advance career progression. Similarly, Watkins (2011) identified UK and German nurses who had completed a master's in Nursing Studies as "personal challenge seekers" and "professional challenge seekers"; the former group typified by nurses seeking an intellectual challenge or the desire for personal development and the latter group citing a variety of motivations including career advancement, not being "left-behind", increasing credibility and improving knowledge and skills to enhance practice.

These twin themes of personal and professional motivations featured in other studies. Participants in Richardson's (2010) study of New Zealand practice nurses, talked about wanting to "improve" themselves and gain in confidence and skills; students on an inter-professional master's degree in Sweden spoke of personal challenges and development (Olsson et al. 2013) while Jordanian nurses in Zahran's (2013) study were described as having a "drive for self-development". As with the study by Watkins (2011), broadening career opportunities featured in the studies by Zahran (2013) and Cooley (2008). Olsson et al's (2013) study also highlighted how some students explicitly expressed how the course would enable them to improve the quality of care and the majority of nurses in Watkins (2011) study applied to undertake the master's programme because they wanted to develop an understanding of research and the ability to use this to inform practice.

The one study that did not highlight clear personal and professional motivations for CPE as primary motivating factors was a UK study of nurses attending a course on the care of older people (Ellis and Nolan, 2005). Few of the 15 nurses who took part in the study had actually expressed a desire to attend the specific course. Selection for the course was described as "random" and "ad hoc" with places offered to nurses with little, if any, discussion about nurses' expectations or motivations.

ii) Influence of management and the availability of funding

The role of the workplace was cited in several studies as playing a crucial part in positively encouraging, or in discouraging, applications to engage in post registration HEI learning. Nurses in

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Cooley's (2008) study generally found nurse management to be unsupportive and unlikely to encourage nurses to study. Practice nurses in Richardson and Gage's (2010) New Zealand study highlighted a process of negotiation with employers to secure management "buy in"; indeed, two practice nurses from the sample of 16 were so keen to engage in study that they part-funded the course themselves. Interestingly, Tame (2010), in a study of 23 preoperative nurses who had recently completed HEI study, found that three nurses had chosen to study 'in secret' without colleagues or management knowing. There were different influencing factors for those who studied secretly, but Tame (2010) suggests that what they shared in common was high levels of academic confidence and low levels of workplace support.

Perhaps unsurprisingly, the practical issues of funding and accessibility were highlighted in the literature (Watkins, 2011, Richardson and Gage, 2010). Full financial support to attend courses was described as a "massive reason why I have looked twice" by a practice nurse in Richardson and Gage's (2010) study. Similarly, financial support was a key motivator for a nurse in Cooley's (2008) study who stated: "The biggest one that motivated me was that it was going to be funded. I don't think I would have done it if it wasn't funded" (2008, p592).

Theme 2: Experiences of study

i) Adjusting to the academic requirements of HEI study

Apprehension and concern over a practitioner's own ability to engage in academic practice were highlighted in several studies. One of the interviewees in Illingworth et al. (2012) expressed how s/he felt like 'a novice again' and had come close to leaving the course on several occasions; this was echoed by practice nurses in Richardson and Gage's (2010) study, who spoke of the "steep learning curve" in adjusting to academic requirements.

Greenwood et al. (2014) undertook a cross-sectional survey of post graduate students studying in a school of nursing and midwifery in Australia. The study focused on attitudes concerning referencing in academic work and the 244 respondents were asked "What have been the issues for you, if any, in meeting the standards of writing (including correct referencing) required at a university" (Greenwood et al. 2014, p450). Four themes were reported comprising: *student confusion,* relating to technical aspects of referencing; *system related*, where students found differing referencing styles and rules confusing; *unintentional errors*, where students complained about losing marks when making mistakes; and finally, *academic related*, where students found conflicting practices and expectations of lecturers problematic. There was a general lack of confidence in referencing and a

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feeling of being inadequately prepared to meet the required standards of academic writing. Despite online resources being provided to help with referencing, few students reported using them.

Seventeen nurses in Johansen and Harding's (2013) study responded in writing to two open ended questions on essay-writing. Nurses experienced essay writing as challenging and time consuming and questioned the "fit" with their everyday working lives and clinical practice leading the authors to question the over-reliance on the essay format as a means of assessment. The authors acknowledged, however, that Norwegian students had traditionally written less at undergraduate level and the findings from this small sample of students may or may not translate to postgraduate nurses outside Norway.

In contrast to previous studies, nurses in the study by Illingworth et al. (2012) who were participating in HEI study for different specialist and advanced practice roles in the community, spoke in positive terms about HEI study, describing part-time university study as a "safe haven" from clinical practice in that it allowed space and time to think. Three of the four nurses who took part in follow-up interviews spoke of the significance of self-directed learning in master's level education, one nurse stating how: "... everybody would like to be hand fed but it is being supported but not hand fed that really helps with the development" (Illingworth et al. 2012, p341)

ii) Balancing Competing Demands
The impact of studying on family life was a key theme running across a number of the studies. Stanley (2003) interviewed nine professionals (comprising: nurses, midwives and health visitors) who had recently completed part-time modular pathways in an HEI. Participants described pressures of combining academic study with work, running a home and caring for children or relatives. Having less time for family or partners led to feelings of guilt and tension in relationships. Four of the participants in Spencer's (2006) study of 12 qualified nurses, midwives and health visitors who had enrolled upon a UK Master s programme in Professional Practice, felt there had been a negative impact on family life with one participant stating: "My kids wonder when they're going to get me back. My son asked me the other evening when I was going to stop reading my books and read one to him."(p50)

Cooley (2008) describes how two-thirds of the nurses in her study had dependents. Nurses had to organise child-care and family life to fit with the demands of the course. Studying could lead to tiredness and, as in Spencer (2006), there were expressions of guilt as study infringed on family time, one nurse stating: "I sometimes feel guilty and tired that I'm spending time studying and my children

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are growing up very fast...And I sometimes say; 'I wonder should I be doing this?'" (Cooley, 2008 p592)

Employers varied in the support and time available for students to be released for academic courses. Stanley (2003) highlighted widespread inequality in the provision of study leave for those attending HEI study. Nicholl et al. (2014) in their study of practitioners on an inter-professional master's programme, found that students reported difficulties with work life balance with many attending university on their day off. Spencer (2006) also found variance in whether nurses attending master's study received study leave, and often where study leave was granted, nurses did not always experience a corresponding drop in workload.

A respondent in Spencer's study spells out that educational attainment can suffer as a consequence of the competing demands of work and family life and that expectations are re-adjusted accordingly: "I just...wish I could devote more time to it, because it's a compromise isn't it. You have to accept lower marks because you're balancing everything; you have to compromise with everything in your life" (Spencer, 2006, p49). This echoes the warning by Johansen and Harding (2013) who caution that when students are "time poor" due to competing demands, this may also have a bearing upon the quality of academic study and create a barrier to "deep" learning.

iii) Sources of support

Families in the studies by Stanley (2003) and Cooley (2008) were cited as being crucial in providing the necessary support to enable professionals to undertake part-time study. Workplaces were viewed as being either supportive or unsupportive depending on whether or not funding and study leave were made available (Cooley, 2008), and Ellis and Nolan (2005) highlighted the importance of effective managerial support. However, there was an absence in the literature regarding "best practice" concerning experiences of different approaches to teaching and learning in the HEI environment and the contribution this may, or may not, have made to a supportive and effective learning environment.

Discussion

Health and social care professionals have varied personal and professional motivations for undertaking part time HEI based CPE. Workplaces control *external* factors that can either create a climate that fosters and encourages CPE participation, or, conversely, may discourage professionals from applying

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Only the studies by Greenwood et al. (2014) and Johansen and Harding (2013) specifically explored experiences of health and social care professionals in relation to pedagogic practice. These studies do at least raise questions for this body of students about the effectiveness, or suitability, of more traditional methods of teaching, learning and assessment, such as essay writing. It was not clear from the evidence whether such teaching and learning practices acted as motivators or barriers to participation in CPE; however, some professionals found engaging in these academic practices challenging and disconnected from work practice. Further research is clearly needed in this area.

A consistent finding in the evidence from this review was the challenges experienced by the competing demands of study, family and work, and the impact this can have on the lives and the academic performance of professionals. These findings support those of quantitative studies such as by Evans et al. (2007). The pedagogic concern, quite apart from any concerns over the wellbeing of practitioner students and their families/dependents, is that this may impact on the capacity of some students to engage in "deep learning" (Biggs and Tang, 2011). Unfortunately, there was no evidence in the review on how students managed these challenges or how different HEI teaching and learning approaches may have enhanced or exacerbated this.

The implications of the evidence presented in this review are that there is a need for HEIs and health and social care employing organisations to better understand how professionals experience CPE, and what factors promote effective learning. In particular, HEIs and employers need to explore effective means of minimising the potentially negative impacts for professionals engaging in part-time CPE with regard to juggling competing demands, and in doing so, foster effective learning, safe practice and the well-being of the professionals concerned. Specifically, research needs to focus on:

- A better understanding of how health and social care professionals juggle work, academic study and family life and the impacts of this on effective learning, safe practice and well-being
- The different ways in which professionals who are engaged in part-time CPE are supported via the workplace, the HEI, home, peer support and/or self-supporting strategies
- Understanding how innovative, flexible and/or supportive models of providing CPE are experienced by part-time professional students

The need to continue to develop and improve education and training for the health and social care workforce to meet emerging health and social care challenges is apparent. This is highlighted by the global challenge of meeting the needs of older people with multiple and complex conditions. For example, there are an estimated 46.8 million people living with dementia worldwide, and this is

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expected to grow to 131.5 million by 2050 (Alzheimer's Disease International, 2015). In England, the need to develop the knowledge and skills of health and social care staff has been highlighted in recent policy statements (see for example: Department of Health, 2016). However, in order to provide the most effective education to address these needs, the evidence from this review is that, in addition to the need to focus on aligning the workforce to future work (Imison and Bohmer, 2014), there is also a need to align teaching, learning and assessment strategies to meet the specific needs of the staff/student group for whom HEI CPE brings particular challenges.

Limitations

There are limitations to this review. By focussing the search on peer-reviewed articles, other research that may be described as "grey-literature" may have been omitted. Additionally, the decision to focus on qualitative evidence may have excluded relevant findings from quantitative studies. Identifying appropriate key-words was challenging and the writing team quickly discovered that there is little consistency in the use of terminology to describe CPD/CPE and post registration education. Accordingly, search terms were set broadly and the search strategy of the lead author (SB) was checked by another members of the reviewing team (HM, HP, TB and JK), but it is still possible that relevant studies may have been overlooked.

Conclusion

There is a modest body of literature on the motivations of health and social care professionals who engage in part-time, accredited, HEI CPD and this reveals a combination of personal and professional motivations for study. When it comes to experiences of engaging in HEI based study, evidence indicates that staff frequently have to juggle the competing demands of study, family and work whilst making an often daunting transition to academic requirements of post registration, and often post-graduate level. There is some indication that the specific demands experienced by professionals in HEI study may impact on the quality and depth of learning. However, there is a need for further, and more robust, research to inform best practice with respect to HEI teaching, learning and assessment strategies.

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What is already known about this topic?

- There is evidence of increased knowledge, skills and confidence of nurses and other health and social care professionals who have taken part continuing professional education (CPE)
- The impact of CPE to changes to practice and patient/client care is less conclusive
- There is a modest literature exploring the motivations for health and social care professionals to undertake Higher Education Institution (HEI) based CPE

What this paper adds

- Health and social care professionals are motivated to engage in part time HEI based CPE by a range of personal and professional factors
- Health and social care professionals who engage in part time HEI based CPE experience challenges in juggling competing demands of study, family and work and describe the negative impacts this can have on the quality and depth of learning
- A gap in the literature is revealed in relation to how different approaches to the delivery of HEI based CPE are experienced by health and social care professionals

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Table 1: Search Terms

		AND		AND
OR		OR		OR
Post graduate*		Experience*		Nurs*
Post qualif*		Attitude*		Interdisciplinary
Master*		Perspective*		Occupational Therap*
MSc		Motivation*		Physiotherap*
MA				Allied Health Profession*
Continuing professional development				Social Work*
CPD				
Continuing professional education				

Table 1: Search Terms

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Figure 1 Search and retrieval process

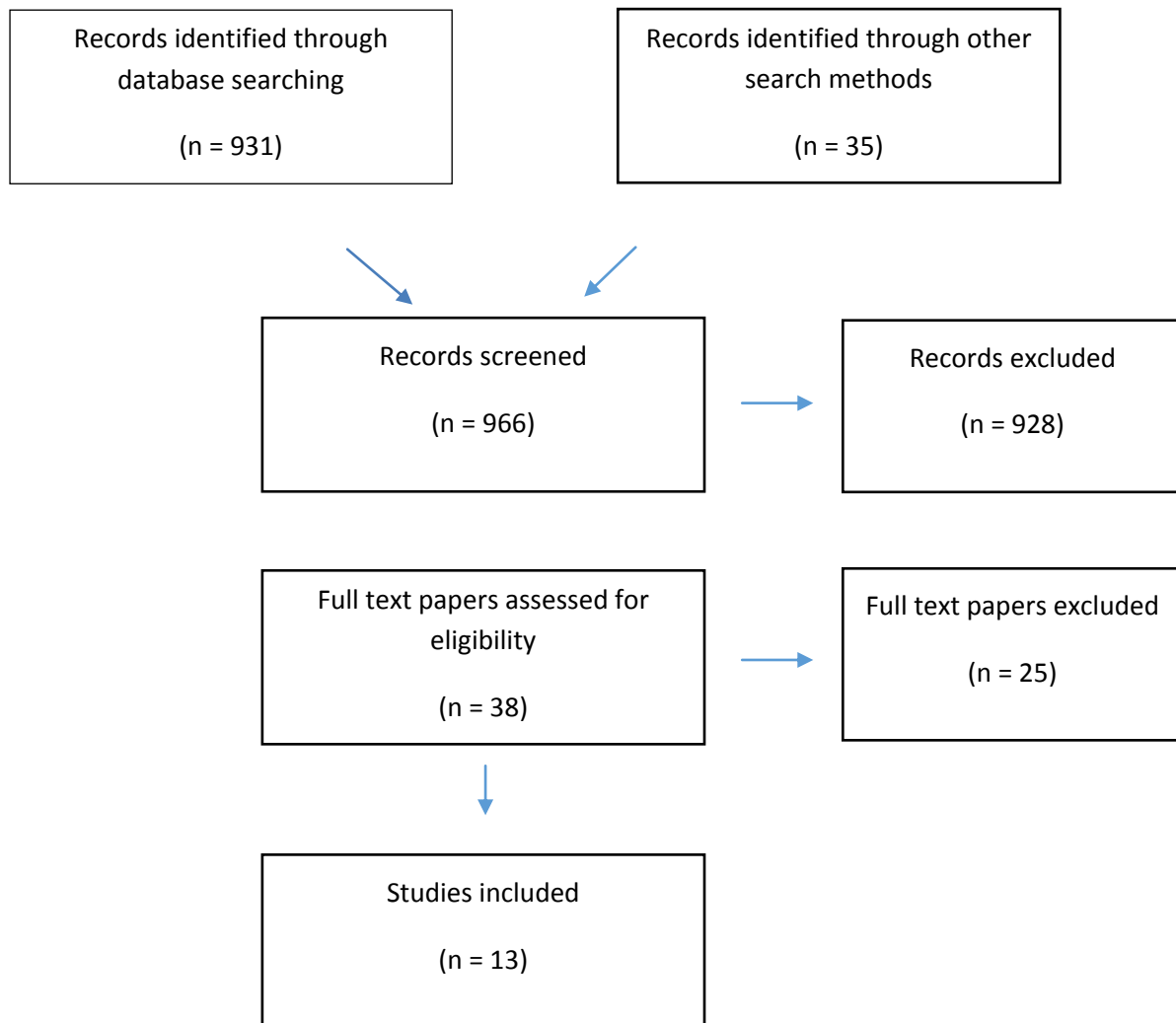|	
Records identified through database searching (n = 931)	Records identified through other search methods (n = 35)
Records screened (n = 966)	Records excluded (n = 928)
Full text papers assessed for eligibility (n = 38)	Full text papers excluded (n = 25)
Studies included (n = 13)	

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Table 2: Quality appraisal   19

Qualitative studies

Design	Was the research design appropriate to address the aims of the research?
Sample	Was the recruitment strategy appropriate to the aims of the research?
Data collection	Were the data collected in a way that addressed the research issue?
Researcher relationship	Has the relationship between researcher and participants been adequately considered?
Ethics	Have ethical issues been taken into consideration?
Analysis	Was the data analysis sufficiently rigorous?
Findings	Is there a clear statement of findings?
How valuable?	How valuable is the research?

(Source: Elvish et al. 2013)

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Table 3: Summary of studies

Author/ year/ country	Title	Methods	Participants	Findings	Quality score
Cooley (2008) Ireland	Nurses motivations for studying third level post registration nursing programmes and the effects on studying on personal and work lives	Qualitative: 3 focus groups	18 qualified nurses studying on post registration diploma and higher diploma programmes. Nurses had either never previously studied third-level post registration programmes or had not done so in the last five years	Key themes: 1) "I want to keep up and I want to keep in there 2) "It's about juggling and keeping the balance 3) "I'm looking at things differently"	10/24
Ellis and Nolan (2005) UK	Illuminating continuing professional education: unpacking the black box	An "instrumental case study approach" involving interviews with practitioners before, immediately after and 6-12 months after completing a course	15 nurses who undertook a post qualified course on meeting the needs of older people (21 managers were also interviewed)	Identifies a complex array of factors influencing outcomes of education including the selection process, student expectations and the nature of the educational experience.	12/24
Greenwood et al. (2014) Australia	Postgraduate nursing student knowledge, attitudes, skills and confidence in appropriately referencing academic work	Cross-sectional survey including open-ended questions for qualitative responses	244 school of nursing and midwifery students engaged in a post graduate programme at certificate, diploma and Master's level	Four main themes from the qualitative data: student confusion, system related, unintentional errors and academic related.	17/24
Illingworth et al. (2013) UK	Changing the way that I am: students experience of educational preparation for advanced nursing roles in the community	Qualitative: Focus groups and four 1:1 interviews	15 post registered nurses studying on different HEI courses (6 at Master's level) in preparation for advanced roles in the community	Three themes concerning the preparation for advanced roles in the community: re-inventing roles, re-creating selves, re-engaging with learning.	14/24
Johansen and Harding (2013) Norway	"So I forgot to use 1.5 line spacing! It doesn't make me a bad nurse!": The attitudes to and experiences of Norwegian post graduate	Qualitative Written responses to two open-ended statements on academic writing	17 nurses on a "blended-learning" post graduate course in wound management	Participants had little experience and were challenged by academic writing. Traditional assessments may be creating barriers to lifelong learning.	10/24

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	nurses to academic writing				
Nicoll (2014) Ireland	An evaluation of an inter-professional Master's level programme in children's palliative care. Part 1 the students' evaluation of the programme	Questionnaire for predominantly quantitative feedback but with additional open ended questions inviting feedback on the programme	15 students (comprising nurses, social workers, physiotherapists and chaplains) who had participated in three modules	Strengths, dissatisfactions and ways forward were highlighted	12/24
Olsson et al. (2013) Sweden	Students' expectations when entering an interprofessional Master's degree programme for health professionals	Qualitative Questionnaire with open ended questions	42 participants from 6 professions (physiotherapy, nursing, occupational therapy, social work, dietetics and a biomedical analyst)	Four categories of expectations: increased professional competence, enhanced interprofessional collaboration, personal development and increase quality of patient care	6/24
Richardson and Gage (2010) New Zealand	What influences practice nurses to participate in post-registration education?	Qualitative: Focus group interviews	16 practice nurses engaged in post registration education at graduate (n=10)and post graduate (n=6) levels	Seven key themes: Motivations to learn, enablers for learning, challenges to accessing education, negotiating with the employer, changing clients, changing role of the practice nurse, vision as a practice nurse.	16/24
Spencer (2006) UK	Nurses', midwives' and health visitors' perceptions of the impact of higher education on professional practice	Semi structured interviews	12 nurses, midwives and health visitors	Four themes emerged from the interview data. One was concerned with personal and professional motivations to undertake study, the remaining three related to the impact on practice.	18/24
Stanley (2002) UK	The journey to becoming a graduate nurse: a study of the lived experience of part-time post-registration students	Qualitative: Taped, unstructured interviews	9 nurses who had recently completed a part-time post registration modular nursing degree programme	Experiences were symbolised as a journey. A "complex web of variables" are described influenced by the individual, the workplace, managers and colleagues and personal tutor. Personal and professional changes were often stressful	14/24

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				and support networks were utilised.	
Tame (2010) UK	Secret study: a new concept in continuing professional education	Qualitative: unstructured interviews	23 preoperative nurses who had recent experience of university-based study	Two themes: "public study" where nurses told all colleagues they were studying and "secret study" where nurses did not inform colleagues	17/24
Watkins (2011) UK and Germany	Motivations and expectations of German and British nurses embarking on a Master's programme	Qualitative: 1:1 semi structured interviews	10 German and 9 UK nurses who had completed an MSc in Nursing Studies	Two types of applicants with differing motivations were identified: personal challenge seekers and professional challenge seekers	14/24
Zahran (2013) Jordan	Master's level education in Jordan: a qualitative study of key motivational factors and perceived impact on practice	Qualitative Semi-structured interviews	10 Master's level nurses (plus 27 and other practitioners and managers from the settings in which the nurses worked)	Four main themes: self-development, broadening career opportunities, developing practice and the perceived impact of Master's level nurses on practice	10/24