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Barriers to Participation in Continuing Nursing Educational Programs among Registered Nurses in Maharashtra

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Abstract: ***The aim of this study was to identify perceived barriers to participation in Continuing Nursing Educational Programs among Registered Nurses. The objectives of this study were to: Determine perceptions regarding barriers to participation in continuing Nursing Educational programmes. and Describe on selected Situational, Dispositional, and Institutional barriers to participation in Continuing Nursing Educational programmes. Methodology –This study was designed as exploratory research, using a descriptive cross sectional research design. For the purpose of this study, the target population was all nurses working at tertiary care hospital and a nurse who has attended the CNE programme arranged at pravara hospital in collaboration with Maharashtra nursing council Mumbai. Sample sizes were 332. Data analysis was done by using SPSS 20 Version statatic package. Findings –Age. The study subjects (n=332) had a mean age of 31.52, with a standard deviation of 9.57. Ages ranged from 20 to 58. The majority (233 or 72.2%) of the respondents were female. Ninty -nine (29.8%) were male. Family obligation A majority, (102 or 30.7%) of indicated having two (2) dependents. majority of the responding were (177(53.3%) were married. The minor concern as mean score was 1.51 – 2.50 with the barriers to participate in continuing nursing education. The maximum mean score 2.23 and SD 1.02 for "Not enough information about whom to contact" followed by 'Not sure what continuing education I'd like to take' mean score 2.21 and SD .99.mean score of Strict attendance requirements was 2.20 sd 1.05 while the mean score 'Don't want to go to attend full-time, was 2.18 SD 1.00.Study results showed as "lower the mean score in each type of barrier" higher the barrier is measured. Therefore, administrative barrier was found higher and most prevalent barrier with the mean score 2.19±0.83 and work-related barrier was found predicting barrier than financial barriers with the mean score of 2.53±0.85. Financial, family and personal barriers were less impending barriers in nurses' participation of the CNE programs.***

Keywords: Barriers, Continuing, Nursing, Educational Programs, Nurses.

1. Introduction

Learning is the addition of new knowledge and experience Interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [1].

Nursing profession face exceptional challenges in today's economic and education environment. Health costs are increasing, funding is decreasing and/or limited, public confidence is diminishing, the work place is changing. Clinical nursing mirrors the ever-changing field of the science and art of medicine, which demands proficiency of increasingly complex and technical skills. Barriers exist, but most can be overcome. Suggested ways to improve attendance include scheduling CNE presentations in advance of clinic scheduling, improving and including multiple venues of advertising for presentations, and encouraging nurse managers and the Nursing Education Department to strengthen their support of CNE attendance[2].The scope of practice for nurses has expanded dramatically in recent years, and the extent of required nursing knowledge and resulting responsibility has increased. Newly evolved roles have been created for nurses in response to changes in the health care industry[3].Physicians, employers, patients, and the legal system expect more from nurses than ever before.

Degree or diploma is not the end point of education after basic nursing study. This obsolescence can lead to the poor performance of nurses in clinical practice. Rapid scientific and technological discoveries proved that increased demands of specialized nursing knowledge and skills can be replaced by engaging nurses in a set amount of continuing nursing education (CNE) activities for efficient and effective quality care. Study was designed to investigate most influential and predicting barriers impeding nurses' participation in CNE programs.

To keep nurses abreast with advanced knowledge in changing health care environment, more opportunities of non-formal CNE programs should be provided both in and outside of the hospital or organization. Rural and remote registered nurses have moderately high levels of participation in continuing education; however, participation and job satisfaction can be improved if some of the barriers identified are addressed.

Maintaining and improving levels of competency and patient safety require nurses in clinical settings to constantly acquire new professional and interpersonal skills, keep abreast of evolving evidence-based practices, and become experts using new technology. Many nurses continue to seek knowledge by obtaining higher degrees, participating in professional organizations, attending conferences, or reading nursing journals. Regardless of the means, continued learning is imperative to the practice of nursing. Research has shown that offering professional development opportunities in the work setting affects nurse retention and job satisfaction, and that employee satisfaction affects patient satisfaction and overall productivity.

Situational Barriers

Cross (1979) defined situational barriers as those barriers, which relate to a person's life context at a particular time, including both the social and physical environment surrounding one's life. Issues revolving around cost and lack of time, lack of transportation, childcare and geographic isolation were given as examples of situational barriers[4].

Institutional Barriers

Institutional barriers are those "erected by learning institutions that exclude or discourage certain groups of learners because of such things as inconvenient schedules, full-time fees for part-time students, restrictive locations and the like" [4]. Other institutional barriers include the lack of attractive or appropriate courses being offered and institutional policies and practices that impose inconvenience, confusion or frustration for adult learners. These barriers, mostly structural in nature, can be grouped into five areas: scheduling problems; problems with location or transportation; lack of courses that are interesting, practical, or relevant; procedural problems and time requirements; and the lack of information about programs and procedures [5] . Informational barriers are often grouped under the heading of institutional barriers. These barriers involve the failure in communicating information on learning opportunities to students. Included in informational barriers is also the failure of many adult learners, particularly the least educated and poorest, to seek out or use the information that is available[5]..

Dispositional Barriers

Dispositional barriers, also referred to as attitudinal barriers, and described in later work by Darkenwald (1982) as psychosocial barriers, are those individually held beliefs, values, attitudes or perceptions that inhibit participation in organized learning activities. When adults say, "I am too old to learn", "I don't enjoy school", or "I'm too tired," they are voicing dispositional barriers[6]. Dispositional barriers can relate to the learning activity as well as the learner. When used in relation to the learning activity, dispositional barriers can be expressed by the learner in terms of negative evaluations of the usefulness, appropriateness and pleasurability of engaging in the learning. The process of learning may be perceived as difficult, unpleasant or even frightening. Lack of confidence in one's ability to learn is a commonly voiced reason for non-participation. Closely related to this perception are feelings that any effort to learn will only result in failure. Low self-esteem and evidence of prior poor academic performance are further examples of dispositional barriers [5].

The aim of this study were to identify perceived barriers to participation in Continuing Nursing Educational Programs among Registered Nurses

2. Objectives

The objectives of this study were to:

- Determine perceptions regarding barriers to participation in Continuing Nursing Educational programmes.
- Describe on selected Situational, Dispositional, and Institutional barriers to participation in Continuing Nursing Educational programmes.

3. Methodology

Research methodology is the activity of research, how to measure progress, and what constitutes success. The methodological decision paves crucial implications for validity and creditability of the study with findings. Methodology of research indicates the general pattern for organizing the procedure for empirical study together with the method of obtaining valid and reliable data for an investigation [7].

Research Design

This study was designed as exploratory research, using a descriptive cross sectional research design.

Population and Sample

For the purpose of this study, the target population was all nurses working at tertiary care hospital and a nurse who has attended the CNE programme arranged at pravara hospital in collaboration with Maharashtra nursing council Mumbai.

Sample sizes were 332.

Data Collection

The following steps occurred in the data collection procedure:

The researcher gathered enrolment statistics, the researcher was directed to survey the when all participants were gathered. The survey instruments were handed to each participant. The researcher gave directions to read the cover letter and to voluntarily complete the instrument. The participant responded to each of the 30 items on the survey. The participants returned the completed surveys to the researcher.

Data Analysis

Data analysis was done by using SPSS 20 Version statatic package.

4. Findings

Age: From the total number of respondents (n = 332), all answered the age question. The study subjects (n=332) had a mean age of 31.52, with a standard deviation of 9.57. Ages ranged from 20 to 58. Actual age was collected and then grouped into two categories. A majority of the study subjects 274 (82.5%) indicated that they were20-40 years old, while 58(17.5%) were 41-58 years old.

Gender: The majority (233 or 72.2%) of the respondents were female. Ninty -nine (29.8%) were male.

Family obligations. Family obligation was defined as the number of dependents in the immediate household of the respondent at the time of the study. A majority, (102 or 30.7%) of indicated having two (2) dependents.

Table 1: Number of dependents in the household reported by the respondents, N=332

Number of dependents	Frequency	Percent
0	5	1.5
1	58	17.5
2	102	30.7
3	92	27.7
4	52	15.7
5	23	6.9

Marital Status: Four choices were offered in the marital status category: single, married, widowed, divorced or separated,. Table 2 indicates that the majority of the responding were (177(53.3%) were married.

Table 2: Marital status of respondents

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Divorced	1	.3
Married	177	53.3
Single	148	44.6
Widowed	6	1.8

The second objective sought to determine perceptions of regarding potential barriers to participation in educational programs

For the purposes of this study, the concern levels, 1, 2, 3, 4, and 5, were clarified as follows: (1) Not a Concern; (2) Minor Concern; (3) Average Concern; (4) Major Concern; and (5) Overwhelming Concern.

Also, the following interpretative scale was used to interpret the data:
1.00 – 1.50 – Not a concern
1.51 – 2.50 Minor concern
2.51 – 3.50 Average Concern
3.51 – 4.50 Major Concern
4.51 – 5.00 Overwhelming Concern

Table 3: Perception regarding barriers to participation in educational programs

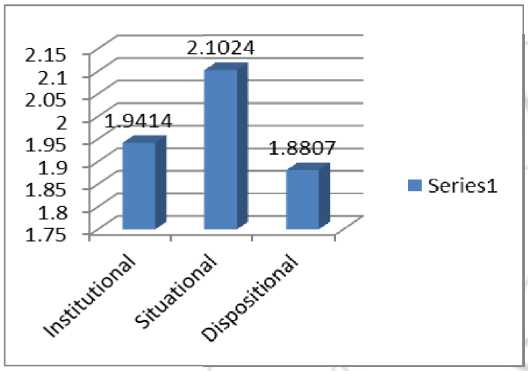
Descriptions	Minimum	Maximum	Mean	Std. Deviation
Don't know how to use computers	1.00	5.00	1.72	.92311
Afraid that I'm too old to begin	1.00	5.00	1.73	.92007
My family doesn't like the CNE	1.00	5.00	1.75	.96815
Don't enjoy studying	1.00	5.00	1.75	.98592
Tired of going to continuing education	1.00	5.00	1.76	.89252
Lack of self confidence	1.00	5.00	1.78	1.02002
I feel some pressure from my supervisor not to go for CNE.	1.00	5.00	1.79	.93385
Hesitant to attend CNE	1.00	5.00	1.79	.85164
It is difficult to obtain permission to go for CNE	1.00	5.00	1.84	1.0082
Low grades in the past.	1.00	5.00	1.87	1.0667
No transportation to attend CNE	1.00	5.00	1.87	1.0025
Afraid I'll fail	1.00	5.00	1.87	1.2363
No child care	1.00	5.00	1.87	.99117
Don't meet requirements to begin CNE	1.00	4.00	1.96	.91726
Financial aid applications are confusing	1.00	5.00	1.98	1.2472
Not enough energy and stamina	1.00	5.00	1.98	1.0909
Difficulty in getting enrolled for CNE	1.00	5.00	2.03	.92406
Home responsibilities	1.00	5.00	2.04	1.2071
No place to study or practice	1.00	5.00	2.06	.98581
Courses I want don't seem to be available	1.00	5.00	2.06	1.0506
No way to get credit/ appreciation for a CNE	1.00	5.00	2.08	1.0550
Cost for Registration, learning materials, transportation	1.00	5.00	2.09	1.1212
Not enough information about what Continuing Nursing Education is available.	1.00	5.00	2.10	1.0459
Not enough time to attend CNE	1.00	5.00	2.12	.94035
Amount of time required to complete the CNE	1.00	5.00	2.15	.96440
Continuing Nursing Education I want, aren't scheduled when I can attend.	1.00	4.00	2.18	.98292
Don't want to go to attend full-time	1.00	5.00	2.18	1.0081
Strict attendance requirements	1.00	5.00	2.20	1.0565
Not sure what continuing education I'd like to take	1.00	4.00	2.21	.99126
Not enough information about whom to contact	1.00	4.00	2.23	1.0286

The above table shows there was minor concern as mean score was 1.51 – 2.50 with the barriers to participate in continuing nursing education.

The maximum mean score 2.23 and SD 1.02 for "Not enough information about whom to contact" followed by 'Not sure what continuing education I'd like to take' mean score 2.21 and SD .99.mean score of Strict attendance requirements was 2.20 sd 1.05 while the mean score 'Don't want to go to attend full-time, was 2.18 SD 1.00.

Table 4: Ranked Means, Standard Deviations, Minimum and Maximum for the Three Barrier Subscales

Subscale	Mean	S.D	Minimum	Maximum
Institutional	1.941	.1408	1	5
Situational	2.102	.0929	1	5
Dispositional	1.880	.1741	1	5



Study results showed as "lower the mean score in each type of barrier" higher the barrier is measured. Therefore, administrative barrier was found higher and most prevalent barrier with the mean score 2.19±0.83 and work-related barrier was found predicting barrier than financial barriers with the mean score of 2.53±0.85. Financial, family and personal barriers were less impending barriers in nurses' participation of the CNE programs.

The finding reveals that increased workload, less equipments and supplies in different attitude among co-workers, & less staff patient ratio are the major barriers experienced by doctors and nurses to comprehensive nursing care in intensive care units. Whereas inappropriate care and late care are major barriers experienced by patients & relatives to comprehensive nursing care in intensive care units[8]. The maximum age group in the research was 21-30 yrs that is 58.8%, while 37.6% samples were educators in the criteria of designation. Majority 56% of the respondents reported that the Values, Skills and Awareness of nurses and Settings, Barriers and limitations of organization were the major barriers to utilization of the clinical research, while 54 % of the subjects reported that Presentation and accessibility of the research to be the second most barrier, while 51.8 % subjects reported that Qualities of the research had a little barrier for the utilization of clinical research [9].

The results of the survey highlighted a number of barriers to CNE attendance as well as a number of positive findings. Challenges to CNE attendance included program scheduling and convenience, lack of awareness about CNE , and reluctance of the nurse supervisor to support staff attendance. All of these challenges appear interrelated.

Nursing leadership might encourage nursing supervisors to place a stronger emphasis on the importance of promoting staff attendance at CNEs. Supervisor resistance also has been reported as a barrier in at least one other study[10]. Changing when supervisors develop and assign coverage schedules might enable two or more staff from each unit to routinely attend CNE sessions on a rotating basis, thus avoiding the barrier of being the only one from a facility to attend CNE sessions. With two or more staff attending, CNE attendance would increase, and knowledge dissemination and translation into clinic practice might be facilitated [2].

Making the CNE process more customer-friendly might also improve attendance. Offering attendees the opportunity to download their CNE certificates from the Maharashtra nursing council website might be easier for the attendees and relieve the Nursing Education Department of a time-consuming, paper-based duty. A number of nurses reported that they did not hear about CNE or they found out about them too late to include CNE in their work schedule. Expanding marketing efforts through posting on the council Web site and e-mail would help increase awareness of the CNE. More than half of survey respondents indicated that they benefited from CNE The study identified a number of benefits related to CNE presentations. Most knew that they needed the CNE and were interested in attending.

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