

PERCEPTION OF NURSES TOWARDS CONTINUING EDUCATION IN A TERTIARY HOSPITAL IN NORTHERN NIGERIA

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ABSTRACT

Nursing best practices and standards of care are continually changing. As more evidence is gained and new advances in technology emerge, nurses need to update their knowledge to imbibe 21st century nursing practice. Continuing education help nurses to acquire new knowledge and skills necessary to be in efficient service delivery. This study assessed the perception of nurses on the need for continuing education and factors affecting continuing education of nurses and also identify motivational factors for continuing education in nurses. The population of study include nurses working in Ahmadu Bello University Teaching Hospital, Zaria. Both quantitative and qualitative methods of data collection were used. Clustered sampling technique was adopted to select nurses within the different units of the hospital. Informants for the qualitative component were purposively selected. Questionnaires and In-depth interviews were the techniques of data collection. The result showed that majority of the respondents (94.4%) perceived higher education is relevant to the practice of nursing. The study further reveal that perceived factor affecting continue education for nurses include lack of time and financial constraints. Lastly, the perceived factors motivating nurses towards continue education is sponsorship by government and other NGOs. It was therefore recommended that the Government should make it mandatory for hospitals to sponsor their staff for the BNSc program. Universities offering the degree programme in Nursing should also start part time BNSc programs so that diploma certified nurses can be motivated to go for their degrees.

Keywords: Knowledge, Service Delivery, Motivational Factors.

INTRODUCTION

The need for quality care has always been desired by nursing practitioners since the time

of Florence Nightingale. Her drive to deliver quality nursing care to her clients motivated her to move nursing out of its state of uncertainty to a formal nursing education. However, that type of education cannot stand the test of time in our contemporary society. There has been demand for quality nursing care in the health care system (Kutney-Lee, Lake and Aiken, 2009). Nursing is an important central component of healthcare service. With the changing technology, nurses are committed to acquire new skills and attitude, update knowledge as well as be competent in the clinical procedure and judgment. These competences are developed through various continued professional development activities (Hariyati & Safril, 2018). According to Laal et al. (2012), continuing education, professional development and lifelong learning are interchangeably used terms for the same concept however lifelong learning is a wider concept (Alsop 2013). Lifelong learning is acquired from formal and informal learning (Puteh et al. 2015). Formal learning takes place at the learning institution such as accredited university studies. Activities that foster formal learning in connection with university studies are conferences, publications and lectures. Nurses are obliged to engage in lifelong learning and it is the responsibility of organization to encourage and create an environment for lifelong learning at work (Davis 2014).

The World Health Organization (WHO) and the International Council of Nursing focus much attention on improving healthcare disparities worldwide through strategies that include continuing education for nurses. The WHO (2011) has long acknowledged the crucial contribution of nurses and midwives to

improving the health outcome of individuals, families, and communities. Continuing education is a lifelong learning that takes place after a qualification and strives to meet the current need of the patient and improve the health care delivery thus providing quality care to the patients. As nurses are integral part of the healthcare system they are expected to meet the new demands that are arising in this field and undertake evidence-based practice. Continuous education is a way to maintain and acquire current knowledge and skills in the rapidly changing healthcare environment (Pryce-Miller 2015). Nurses continuously develop their professional skill and contribute in the development of nursing education and foster evidence - based practices (Finnish Nurses Association 2017).

Healthcare professionals have always been encouraged to update their knowledge and maintain clinical competence. The rapid changes currently taking place within healthcare systems have increased the pressure from direct care providers, professional bodies and the general public for nurses to engage in continuing education programmes. Légaré *et al.* (2017) posits that, involvement in continuing education is an effort for the improvement of quality of healthcare and is believed to transfer new knowledge so that health professionals not only gain skill but also provide optimal care to the patient and improve outcome of care. Many factors influence nurses to participate in continuing education. Taylor (2016) found the influencing factors to be economical gain, job promotion and financial rewards. A qualitative study by Pool *et al* (2016) found that the motives for engagement in continuing education are to increase competence in current work, requirement fulfillment, deepen knowledge, and enhance career development, to get relief from daily routine, to improve quality of care, increase self-esteem and to fill gaps in prior education.

Nurses play a crucial role in the healthcare

delivery system. Nurses are concerned with taking care of patients towards ensuring quality care and patient outcomes. Therefore, the importance of continuing education for the nursing profession, due to the value of nurses' contributions to interprofessional teams, and ultimately the delivery of safe, high-quality patient care cannot be over emphasized. For nurses to continually provide quality nursing care for patients, there is the need for nurses both in the academic and clinical settings to continually update their knowledge (Aiken *et al*, 2011). Literature suggests that informal learning which occurs at work is the best approach of learning and fills the gap of knowledge and skill which formal learning cannot fill up (Puteh *et al.* 2015). This will therefore help improve competency, patient safety and abridge the theory practice gap, thus enhance effective evidence-based practice. Nurses should be able to apply knowledge and critical thinking skills for providing cost effective and best practice care to patients.

OBJECTIVES OF THE STUDY

1. To assess nurses' perception on the necessity for continuing education program.
2. To identify the perceive factors affecting continuing education for nurses
3. To identify the perceived motivational factors influencing continuing education of nurses.

MATERIALS AND METHODS

The study adopted the cross sectional descriptive design. The study area is Ahmadu Bello University Teaching Hospital, the hospital was established in 1968 principally to groom and train medical personnel to take care of health delivery in Northern Nigeria. A new 1000 bedded Teaching Hospital was Commissioned in 1999 in Shika, Zaria. It was mandatory that all

the three complexes (Malumfashi, Kaduna and the Zaria (Tudunwada) move to the permanent site of Shika in November 2006. The hospital provides health services, educational services and research (ABUTH Information Unit). The population consists of nurses in various wards and units of the Hospital. There are 721 nurses in the hospital (ABUTH Nursing Audit Section) and 72 were used for the study as sample size which is 10% of the population of study as suggested by Ali (2006) for a population of hundreds and also considering the fact that a qualitative component will be included for the study. Simple random sampling technique was used to select twelve units out of the 40 nursing unit in the hospital. Questionnaires were distributed to respondents based on availability of nurses during the different shifts. Key informants (12 Matrons) were purposively selected from the twelve (12) wards with a representative from the in-service training unit. The questionnaire had mainly close ended questions. It had five (4) sections which were: Bio-data, nurses perception on the necessity for continuing education program, factors affecting

continuing education for nurses and motivational factors for continuing education among nurses. The instruments were self-developed and validated with reliability coefficient of 0.85. The in-depth interview guide had open questions to probe for responses.

RESULT

As presented in Table 1, the ages of 25% of respondents is within 26-35years, 27.8% are withing 36-45years and 47.2% are within 46years and above. The gender of respondents showed that 11.1% are male and 80.6% are female. The marital status are reported that 86.1% are married and 11.1% are single. The rank of the respondent showed that 5.6% are staff nurses, 5.6% are nurse midwives, 22.2% are nursing officers, 16.7% are senior nursing officers, 13.9% are principal nursing officers, 5.6% are assistant chief nursing officers and 30.6% are chief nursing officers. The year of service showed that 19.4% of respondents had 0-2years experience, 13.9% had 3-5years experience, 5.6% had 6-10years and 58.3% had 11years above experience.

Table 1:
Socio-demographic characteristics of respondents

Variable		Frequency	Percent
Age	26-35	18	25.0
	36-45	20	27.8
	46 and above	34	47.2
Gender	Total	72	100.0
	Male	8	11.1
	Female	58	80.6
	No response	6	8.3
Marital Status	Total	72	100.0
	Married	62	86.1
	Single	8	11.1
	No response	2	2.8
Rank	Total	72	100.0
	Staff Nurse	4	5.6
	Staff Nurse Midwife	4	5.6
	Nursing Officer	16	22.2
	Senior Nursing Officer	12	16.7
	Principal Nursing Officer	10	13.9
	Assistant Chief Nursing Officer	4	5.6
	Chief Nursing Officer	22	30.6
Years of service	Total	72	100.0
	0-2	14	19.4
	3-5	10	13.9
	6-10	4	5.6
	11 and above	42	58.3
	No response	2	2.8
	Total	72	100.0

Result as presented in Figure 1 shows that, (94.4 %) of the respondents agreed that higher education is necessary for nurses while only a small proportion 5% have a contrary opinion.

We can conclude from the result that, nurses' perception on the necessity for continuing education program is positive.

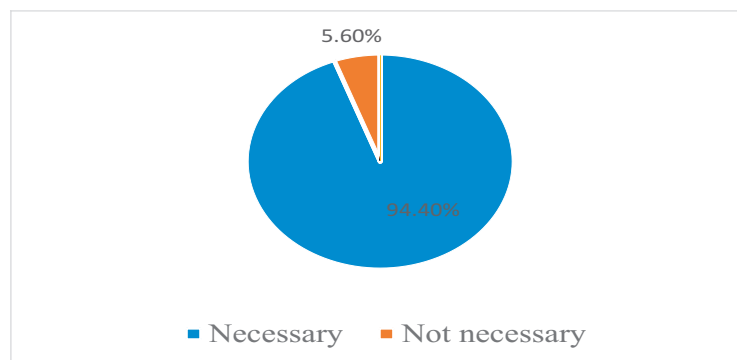


Figure 1: Necessity for continuing education for nurses

The result as presented in Table 2 shows that 2.8% of the respondents agreed that non-commitment to job is a factor affecting continue education for nursing while 55.6% agreed that Time and financial constraint to further, 8.3% agreed that Non-readiness to add to existing knowledge and lack of required entry qualification, 11.1% agreed that Poor performance of nurses on practical aspects and procedures, 2.8% agreed that Pride and no readiness to go back to the four corners of a class room after diploma program, 5.6% agreed that Non-availability of BNSc part time program, 8.3% Long length of time to obtain BNSc certificate after a diploma program, and 5.6% agreed that Organisations and hospital

prefers to employ diploma nurses because they are better off in practical are factors affecting continue education for nursing. This study implies that the perceived factors affecting continue education. To support the quantitative result, an excerpt from the interview support this result, viz:

The primary factor is the mindset. We should have nursing as a profession in our hearts not the division going on within us,.... categorizing some as graduates and some not. The main reason to continue reading is to acquire knowledge, develop ourselves and move the profession forward.

Table 2
Factors affecting continuing education for nurses

Factors affecting continuing education for nurses	Frequency	Percent
Non-commitment to job	2	2.8
Time and financial constraint to further	40	55.6
Non-readiness to add to existing knowledge and lack of required entry	6	8.3
Poor performance of nurses on practical aspects and procedures	8	11.1
Pride and no readiness to go back to the four corners of a class room	2	2.8
Non-availability of BNSc part time program	4	5.6
Long length of time to obtain BNSc certificate after a diploma program	6	8.3
Organisations and hospital prefers to employ diploma nurses because	4	5.6
Total	72	100.0

Results as presented in Table 3 shows that 11.1% of respondent agreed that salary increase and high professional status is a factor motivating nurses with diploma certificate to proceed BNSc while 11.1% agreed that employers should encourage and time for basic nurses to go for BNSC program, 48.6% agreed that sponsorship of nurses by government and other NGOs, 11.1% Availability of part time programs, 5.6% agreed that no or very little reward and motivation for diploma nurses, 5.6% agreed that Number of years for obtaining BNSC after diploma program should be reduce, 2.8% agreed that Introduction of good curriculum, 1.4% Status updating, improving on proficiency and knowledge, 2.8% agreed that

view BNSC program as a way of uplifting the profession not individuals are factors motivating nurses with diploma certificate to proceed BNSc. This study implies that sponsorship of nurses by government and other NGOs is the only factor motivating nurses with diploma certificate to proceed BNSc.

An interviewee, CNO stated that: *the older nurses before, when they reach Grade Level 14, they knew they were at the top. But when one or two made a move, and “moved up the ladder” meaning moved to a higher rank due to the degree obtained, this stimulated others to also continue their education. The younger nurses now are trying to compete among themselves because things will change in the future and we*

will not be talking of degree but Masters and PhD in Nursing. Presently the management is sponsoring a large number of nurses for short

duration programmes, not the longer ones like BNSc. The Main problem is shortage in man power and funding

Table 3

Factors Motivating Nurses with Diploma Certificate to Proceed for a BNSC Program

Factors that can motivate diploma nurses to go for BNSc programs	Frequency	Percent
Salary increase and high professional status	8	11.1
Employers should encourage and time for basic nurses to go for BNSC	8	11.1
Sponsorship of nurses by government and other NGOs	35	48.6
Availability of part time programs	8	11.1
No or very little reward and motivation for diploma nurses	4	5.6
Number of years for obtaining BNSC after diploma program should be	4	5.6
Introduction of good curriculum	2	2.8
Status updating, improving on proficiency and knowledge	1	1.4
View BNSC program as a way of uplifting the profession not	2	2.8
Total	72	100.0

DISCUSSION:

The demographic characteristic of this study showed that almost half (47.2%) of the respondents were within the age of 46 years and above. Majority of respondents (80.6%) were females, out of which most (86.1%) were married and majority (77.8%) were Christians. Our findings is reveal that the respondent perceived higher education as relevant because more than half of the respondents (58%) had been in service for at least 11 years while the least (5.6%) had been in service for only 6 to 10 years. Majority (80.6%) were non-degree holders. Among the non-degree holders, majority (30.6%) were CNOs followed by NO (22.2%).

The fact that majority of the respondents are females is not surprising as the nursing profession is dominated by females. All the respondents agreed that degree is relevant to the practice of Nursing. Irajpour., Norman and Griffiths (2006) stated that, University

education prepares one adequately, to edit roles and responsibilities in clinical education, administrative and research positions. More than half of the respondents (72.2%) agreed that nurse patient relationship is likely to improve with higher education in Nursing. This is similar to the finding by Kutney-Lee, Lake and Aiken (2009) who stated that health care consumers yearn for improved quality care which cannot be attained without the back-up of improved updated education. Majority of the respondents suggested that all potential nurses should go for basic nursing program before proceeding for a BNSc program.

Our findings also observed that time and financial constraints is a factor affecting continue education. This is similar to the findings by Aliyu, Ibrahim, Danjuma and Tawheed (2015) in Niger State where the major barrier for continuing education was lack of funding (97.9%) and family roles of child

bearing and caring (94.8%). Ni et al. (2014) categorized the five most important factors that hindered respondents from participating in continuous education as time constraints, work commitments and lack of opportunity. Lack of technical support at work was seen as a significant barrier for nurses (Ross et al. 2013).

This study revealed that sponsorship of nurses by government and other NGOs is a factor that will motivate nurses in diploma certificate to proceed for BNSc programme. This is not surprising as most of the nurses are the bread winners of their families and find it difficult to use their salaries meant for the family upkeep to further their education except with assistance from their places of work, the Government or other sources of support. Baxter (2012) stated that managers play an important role in facilitating employee to take part in continuous education program by arranging study leave, providing support to the employees. Nsemo *et al.* (2013) stated that there should be strategies that encourage the nurses to take part in continuous education program.

CONCLUSION AND RECOMMENDATIONS

Since the role of nurses is very important in the health care delivery system, it is necessary for nurses to attain its professional status through a university education to ensure access to high quality health care to patients. Nurses therefore need to continue updating their knowledge to meet the challenges of the 21st century. The need to adapt to these emerging challenges will require a new generation of leadership and innovation. As nursing becomes increasingly connected across systems and communities, the profession will look to confident, well informed leaders who understand these pressures and their role in developing the nursing workforce to meet them.

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