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Front Line Nurse Managers' Attitudes And Perceived Barriers Towards Continuous Education In Nursing; Sri Lanka

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Continuous education is a vital factor which contributes towards the professional development in nursing and it is directly associated with the health of a country. Continuous education is essential to maintain and improve the knowledge, skills, and attitudes of nurses and provide better health care. The objective of this study was to assess the attitudes and perceived barriers towards continuous education in nursing among the front-line nurse managers in Sri Lanka. A descriptive cross-sectional study was conducted among 555 front line nurse managers in Sri Lanka using a self-administered questionnaire. Data analysis was done using descriptive statistics. SPSS 25 version was used as the data analysis tool. Thirty-one special grade nursing officers and 524 grade 1 nursing officers participated in this study. The majority (73%) had more than 20 years of working experience as a nursing professional. Most of the nurse managers were diploma holders (83%), 3% undergraduates, 14% graduates, and 1% were reading for Masters. Attitudes towards continuous education were good among all the nurse managers, while 92% were willing to continue their education. The majority (96%) has perceived that continuous education is vital for professional development in nursing, and 91% has stated that the opportunities and facilities for continuous education and nursing research should be improved. The attitudes borne by the front line nurse managers towards the continuous education, were considered to have been very positive. Further, continuous education was perceived by them as a vital part of professional development. Therefore, it could be surmised that the opportunities and facilities for continuous education and research on continuous nursing education should be improved in order to facilitate the provision of better health care.

Keywords: Continuous Education, Nurse Managers, Attitudes

Introduction

Education is an interactive process that increases productivity and creativity by enabling individuals to adopt new behavior throughout stages of life. The process of education empowers individuals to achieve their life goals in their discipline (Agyepong, 2018). Nursing is a scientifically rigorous discipline that regularly requires updated information to ensure that the best care is provided to patients (Agyepong, 2018) (Ekici, 2003). The continuous education of the nursing profession, with psychomotor and critical thinking skills, together has proven to be cooperative in people and society in accomplishing the health-needs. Nursing educational materials such as "nursing texts" show that continuing education is a fundamental component of nurses' professionalism. Further, continuing education can act as an organising component in the nursing function (Demiray, 2008). The nurses need to continue education as it contributes to development in the health care sector.

Nursing education has a significant impact on the knowledge and competencies of nurses. Continuous education enables nurses to cater various patients' needs, function as leaders, and contribute to advances in nursing science to deliver safe, quality patient care (Institute of Medicine, 2011). However, as adult learners, nurses ought to proceed with their learning depending on their interests and address their educational needs.

Even though nursing has been established as a profession in most of the developed nations, in Sri Lanka, it is still an emerging profession in the health service, and the range of diversity in nursing in Sri Lanka is less compared to the other developed countries. The main reason for this slow growth of the nursing profession could be due to their attitudes and perceived barriers in continuing the education process. Therefore, it is imperative to investigate the attitudes and perceived barriers for continuing education among Sri Lankan nurses in order to improve the quality of care as well as nursing as a profession.

Although the bachelor's degree in nursing commenced in the country 26 years back, the majority of frontline nurse managers hold a diploma in nursing, which specifies the need to identify the barriers in continuing education in order to address the issues immediately. Hence, this study aimed to assess attitudes and perceived barriers towards continuing education among the front-line nurse managers in Sri Lanka.

Methodology

A descriptive cross-sectional study was conducted among 555 front line nurse managers working at government hospitals in Sri Lanka. The front-line nurse managers who participated in the Annual Sessions conducted by Directorate Nursing (Medical Services) were invited to take part in the study by the investigators after providing a detailed explanation regarding the study. Front line nurse managers who attended the Annual Sessions and consented to participate were enrolled to the study. Data was collected using a self-administered questionnaire developed by the researchers using scientific literature. The questionnaire consisted of three parts; Part A: Demographic data, Part B: Attitudes related to continuing education, and Part C: Perceived barriers for continuing education. The questionnaire was pretested with the 10 front line nurse managers, and they were excluded from the main sample. The pretested questionnaire was modified based on the feedback of the participants.

Data was analysed using descriptive statistics such as frequencies, percentages, means, and standard deviations to describe the interested variables. No inferential statistics were used due to the descriptive nature of the study. Interesting findings were depicted using appropriate tables and graphs. IBM SPSS version 25 was used as the data analysis tool. Ethical approval was obtained from the Ethics Review Committee of KIU (KIU/ERC/18/019).

Results

A total of 725 front line nurse managers, participated in the Annual Sessions, and 555 front line nurse managers consented to participate in the study. The respondent rate of the questionnaire was 77% (n=555). Among them 87% were female frontline nurse managers with a mean age of 51 ± 10 years. Most of the (n=73%) nurse managers had more than 20 years of work experience, and the majority (n= 94%) were Grade I nursing officers (Table 01). The participants' educational qualifications ranged from Diploma in Nursing to reading for Master of Nursing. Among the participants 85% were Diploma holders, 15% were Bachelor of Science in Nursing graduates, and only 1% were engaged in postgraduate studies.

Table 01: Demographic Data of the study participants

Characteristics	Frequency	Percentage
Gender		
Male	71	12.8%
Female	484	87.2%
Age		
Young adult (15 – 30)	0	0%
Middle age adults (31 – 50)	246	44.3%
Senior adults (>50)	309	55.7%
Ethnicity		
Sinhala	515	92.8%
Tamil	37	6.7%
Muslim	2	0.4%
Other	1	0.2%
Designation		
Grade 1	524	94.4%
Supra grade	31	5.6%
Working Experience		
Less than 10 Years	10	1.8%
10 – 20 Years	139	25%
More than 20 Years	406	73.2%

Among the front-line nurse managers 95% of the participants, agreed that the continuous education is a vital component in nursing towards their professional development and, 93% of the participants were willing to continue their higher education. Ninety three percent agreed that research in nursing was also important for professional development, and 91% of the participants stated that the opportunities and facilities should be developed to improve continuing nursing education and research in nursing. Majority (n= 98%) of the front-line nurse managers had a good attitude towards continuous education in nursing (Table 02).

Table 02: Perception towards the continuous education (CE)

Statement	Agree %	Neutral %	Disagree %
CE is vital to professional development in nursing	96.4%	3.6%	0%
I like to continue my education	92.4%	6.8%	0.7%
Nursing research is vital to professional development in nursing	93.2%	6.1%	0.7%
Opportunities and facilities for CE and nursing research should improve	90.5%	8.3%	1.3%
Professional Development in nursing is an important aspect of Health development	94.6%	4.7%	0.7%

Mainly three types of barriers for continuous education were identified through this study including, personal barriers, interpersonal barriers, and structural barriers. Among the personal barriers, most of the participants (n= 64%) perceived age and physical constraint as a barrier to higher education, followed by financial constraints (n=50%), domestic responsibilities (n=44%) and time constraints (n=41%). When considering the interpersonal barriers majority perceived a lack of family support (n= 70%) as a barrier to continuous education. Among the structural barriers majority has

perceived a lack of stability of the workplace (n= 62%) followed by the lack of organizational support (n= 61%) (Table 3).

Table 03: Barriers for continuous education

Type of barrier	Percentage %	
	YES	NO
Personal Barriers		
Time Constraints	41.3%	58.7%
Domestic Responsibilities	44.5%	55.5%
Financial constraints	50.3%	49.7%
Age and physical constraints	63.4%	36.6%
Interpersonal Barriers		
Lack of co-worker's support	62.2 %	37.8%
Lack of family support	70.3%	29.7%
Structural Barriers		
Work commitment	59.3%	40.4%
Lack of stability	62.5%	37.5%
Lack of organizational support of the hospital	61.4%	38.6%

Discussion

Among the front-line nurse managers, the majority were Grade I nursing officers having more than 20 years of experience in nursing practice. Despite the experience, the highest educational qualification of the majority of the front-line nurse managers was a Diploma in Nursing. However, studies conducted in neighboring countries such as India (BSc Nursing Degree - 21.2%) China (BSc Nursing Degree - 40.4%) and Australia-Sydney (BSc Nursing Degree -35.7% and Masters and PhD -2.4%) have reported greater proportions of nurses, having a bachelor's degree as their current qualification level (Naicker, 2006).

Globally, technological advancements are increasing the responsibilities in different aspects of nursing in a complex manner (Mizuno-Lewis et al., 2014). Continuing Professional Development (CPD) and Continuing Education (CE) is vital with the continuous changes which occur within the healthcare field and outside. Ninety eight percent of the frontline nurse managers who participated in this study had positive attitudes towards CE. Most of the study participants perceived that CE is a vital component in the Nursing profession. In Naicker, (2006), the work supervisors and the peers of the participants identified CE as an important aspect of nursing professional development. Nursing education is an important aspect of career development, and it has been regarded as a supplement in growth and attractiveness of the nursing profession

(Price & Reichert, 2017). The participants in the current study also claimed that nursing research is an important aspect of professional development while addressing the necessity of improving and increasing the opportunities for CE and nursing research.

Barriers to CE as perceived by the frontline nurses were categorized as personal, interpersonal, and structural. Interestingly in this study, more than half of the participants did not perceive time (n=327, 59%) and domestic responsibilities (n=311, 56%) as personal constraints of CE. However, the 'time constraint' was marked as the highest perceived personal barrier in Iranian nurses (Shahhosseini and Hamzehgardeshi, 2015). The mean age of the participants of the current study was 51+ 10 years. The results observed with regard to time and personal constraints can be expected from this population as these nurse managers have already covered most of their family commitments by this age, unlike the other nurses. Concerns and dilemmas about nursing as a profession, the lack of ability as a nursing professional, and concerns regarding developing research and further CE activities were also found as personal barriers. (Mizuno-Lewis et al., 2014). As expected, financial constraints were perceived as a confirmative drawback on CE (Fawaz, Hamdan-Mansour and Tassi, 2018; Shahhosseini and Hamzehgardeshi, 2015; Naicker, 2006). Age and physical status were reported as a perceived personal barrier in the current study (63%). Poor health or physical status was also perceived as a personal barrier but considered lesser compared to the other constraints (Naicker, 2006). When considering the frontline nurse managers with long years of experience and age, the physical status can be accepted as the most common type of personal barrier.

Lack of support from the co-workers was perceived as a constraint among more than half of the participants (62%) in the current study. Lack of family support towards CE was also higher among participants (70.3%). According to Brown (2009), lack of support from the co-workers was perceived as (58.0%), which was less than the current finding. Cooperation within the organization and outside the organization, lack of knowledge and understanding related to the organizational hierarchy and structure were also reported as the work related barriers by other reports confirming what was seen by this study (Mizuno-Lewis et al., 2014).

Overall, half of the participant's perceived structural barriers affecting the CE. Work commitment, lack of stability and the lack of organizational support were

perceived by half the study participants as structural constraints for CE. Mizuno et al. in his study determined that lack of staffing, budget limitations and the relationship with the management also affect CE (Mizuno-Lewis et al., 2014). According to the literature, the structural constraints (time constraints, lack of co-workers' support and work commitments) were reported to have the highest impact based on nurses' point of view (Shahhosseini and Hamzehgardeshi, 2015; Naicker, 2006). Mid-to late-career nurses in a qualitative study claimed that CE and training were not identified as a priority by the management, and little support was provided (Price and Reichert, 2017). Organizational impact on CE and the consequences affect in terms of patient care, job satisfaction, recruitment and retention, and upgrading nursing skills (Coventry, Maslin-Prothero and Smith, 2015). Remedies to mediate the drawback in CE were discussed throughout the literature.

Continuous education for nurses needs modifications according to the necessity of the nursing learner (Eslamian, Moeini and Soleimani, 2020). Reevaluation of the current practices in CE and professional development is a must and should be encouraged (Webster-Wright, 2014). In different aspects, CE is affected, and these barriers and constraints should be addressed to maximize the retention and participation for CE. Financial support or reducing the financial burden and providing study time for CE would support the nurses to continue their studies (Lamadah and Sayed, 2014; Naicker, 2006). Offering opportunities for nurses that are reachable, convenient, and relevant to the needs of the learner would produce maximum retention and motivation among the nursing professionals (Birnie et al., 2003). These CE programs should be evaluated necessarily, to determine that the CE goals are achieved and upheld or to shift the teaching learning method of CE through evidence-based practice for better outcomes (Taylor and Hall, 2017). Governments can interfere through policy and law to uphold the CE among nursing professionals to ensure that they are recognized and considered in professional advancement (Mizuno-Lewis et al., 2014). Within the organization, there must be ways to implement financial support for CE, provide flexible times as well as to recognize the nurses who complete their advanced studies with proper remunerations (Altmann, 2012). Collaborative partnerships between educational institutions and healthcare organizations, timely and radical transformations in the curricula, increased use of simulation, inter-professional education, distance education, internships, innovative programs and many

more solutions and strategies were proposed in the literature to address the perceived barriers and negative attitudes concerning CE (Fawaz, Hamdan-Mansour and Tassi, 2018; Fitzgerald et al., 2012).

Currently, CE has become a vital requirement for meeting the international requirements to become a skillful nurse (Altmann, 2012). Therefore, the opportunities and facilities for continuous education and research in nursing should improve to provide better health care as well as uplift the professional development among nurses in Sri Lanka. While this population perceived it as a vital component, other nurses will also get the benefit of it as these frontline nurse managers would encourage their staff members to involve in the continuing education. According to the identified barriers among front line nurse managers towards continuing education can be overcome by, arranging flexible study/training programs that will match with their age, physical status and by improving the organizational support towards the nursing professionals.

Conclusion

Therefore, it can be surmised that attitudes towards continuous education among front line nurse managers were positive, and with relation to the barriers, age, physical constraints, and lack of family support were prominent among personal, interpersonal, and structural barriers. They perceived 'continuous education' as a vital part of professional development, which will have a positive impact on the nursing profession in Sri Lanka.

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