Nurses’ perceptions of continuing professional development


Abstract

Aim To investigate NHS and private sector nurses’ perceptions of the value of continuing professional development (CPD), and to analyse the factors that influence these perceptions and any potential barriers to successful CPD.

Method Questionnaires were sent to 200 staff working in two NHS trusts and 13 nursing homes. Following analysis of the questionnaires, interviews took place with eight self-selecting respondents to explore certain issues further. Each interview was taped and lasted 30-45 minutes. The venue for the interview was arranged to suit the respondent, either in a private office in the work environment or at home. Written consent was sought before taping the interview.

Results From the results of the postal questionnaires a largely positive perception of CPD was determined. However, it was shown that there were some barriers to professional development that have not previously been reported in the literature. Managers’ leadership styles were found to influence nurses’ perceptions of the value of CPD, as well as their ability to reflect, which affected the application of learning to practice.

Conclusion Influencing factors included managers’ leadership styles and their responsiveness to change, as well as a reduced ability for nurses to reflect. A disassociation between post-registration education and practice (PREP) and CPD in terms of understanding the purpose of PREP was also discovered among nurses.

Author

Elaine Hughes is senior lecturer, Edge Hill College of Higher Education, Faculty of Health, Liverpool. Email: Hughese@edgehill.ac.uk

Keywords

Continuing education; PREP; Professional development

THE GOVERNMENT advocates continuing professional development (CPD) as a method of improving patient care (Department of Health (DH) 1998, DH 1999). The post-registration education and practice (PREP) (CPD) standard stipulated by the Nursing and Midwifery Council (NMC) (2004) states that registered nurses must undertake a period of study equivalent to 35 hours over the three-year reregistration period while maintaining a professional profile to demonstrate their personal development.

Although there are national strategies which use CPD to attract staff (DH 1999), the Audit Commission (2001) found there were problems releasing staff from the workplace to study because of staff shortages, which was a barrier to meeting the PREP (CPD) standard (NMC 2004). The challenges to professional development highlighted by the Audit Commission (2001) raised the question of what value nurses, in both the NHS and private sector, placed on CPD, if the aim of it is to improve patient care. This formed the underlying theme for the research reported in this article, which focused on determining what factors influenced nurses' perceptions of CPD.

Literature review

While there are many methods of CPD, the government focuses on outcome and defines it as: ‘...a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the NHS and which enables professionals to fulfil their potential...’ (DH 1999). Jarvis (1987) recognised this and argued that nurse educators should not give nurses 'packaged knowledge' to pass exams, but...
cultivate professionals in such a way as to
develop the self-directed, lifelong learner rather
than becoming teacher-dependent for
information. Therefore, the aim of CPD is to
ensure that nurses are able to ‘critically assess
their clinical practice and identify their own
continuing education needs’ (Barriball et al
1992). However, it has been suggested that,
without careful planning, CPD will not
effectively deliver or develop the reflective
practitioner and critical thinker who is essential
to improve patient care (Barriball et al 1992).
The NMC agreed with this. It stated that PREP
courages nurses to think and reflect upon
their practice (NMC 2004). Gustafsson and
Fagerberg (2004) suggest that reflection is at the
heart of professional development.

While changes in practice are the goal of
CPD (NMC 2004) the situation in practice is
that the changes in practice are an indicator of
the value of education, while Tennant and Field
(2004) suggest that CPD has an impact on
practice. However, impact studies rely on self-
reported changes in practice, which could be a
disadvantage of such studies.

Although Barriball et al (1992) review the
literature they highlight some interesting
challenges which have been the source for other
scale qualitative study where respondents were
not chosen at random – which can affect the
reliability and validity of the results – but the
study highlighted challenges of combining study
with personal life, which is just as pertinent
today. Nolan et al’s (2000) study was larger scale
with 236 interview respondents and a postal
survey of 1,500 qualified nurses, enhancing the
validity and reliability of the study determining
the outcomes for professional development in
the UK. While the Audit Commission (2001)
found extreme variations in educational
opportunities and stated that ‘who you are, what
you do and where you work can determine
access to professional development’, it should be
noted that the compilation of this report was
extremely wide ranging, increasing the validity
of the results. The Audit Commission surveyed
eight trust study sites where it interviewed
members of staff, eight education and training
consortia and ten higher education institutions
to obtain a reliable picture of the current
tensions in professional development.

Despite the fact that CPD is now mandatory
in nursing, not only are there perceived
difficulties in meeting the requirements, there
are also perceived benefits for nurses and their
employers. Nolan et al (2000) reported that
professional development is essential if nurses
are to maintain and improve their knowledge
and skills. Yet a study by Dowswell et al (1998)
found that nurses failed to recognise that the
acquisition of skills and knowledge were
intrinsic benefits to professional development.
However, Dowswell et al (1998) acknowledged
that career progression was a motivational
factor in professional development.

What can be determined from the literature is
that there are several dimensions to professional
development. While a positive aspect is
identified in improving patient care there appear
to be some perceived difficulties in achieving the
PREP (CPD) standard because there are many
individual factors that influence nurses’
perceptions of CPD.

**Aim**

The aim of the study was to determine nurses’
perceptions of the value of CPD and what
factors contribute to and influence these
perceptions. Intrinsic to this is whether nurses’
ability to reflect on their practice and convert
new knowledge to the practice situation affects
their perception of CPD. The literature does not
provide an adequate answer to these questions
because perception of value does not appear to
have been explored.

The link between reflection, CPD and
improvements in practice, as advocated by the
NMC, remains largely unexplored in the
nursing literature in relation to value and
perception of professional development. By
exploring this link it will be possible to see how,
and in what ways, nurses perceive the value of
professional development as well as the tensions
and factors influencing nurses in meeting their
CPD requirements.

**Method**

The method of sequential triangulation was used
in this study. In this method, questionnaires are
used and then interviews are held to follow up
interesting lines of enquiry raised in the
responses to the questions. As suggested by
LoBiondo-Wood and Haber (1994) the findings
of this approach can complement each other,
while Polit and Beck (2004) suggest that this
method allows convergence on the truth while
enabling the problem to be illuminated from
suggest that this method causes a lack of
consistency, yet it can be argued that using the
questionnaires and interviews in sequence can
improve the validity and reliability of the study.
Therefore, sequential triangulation was used and a self-administered questionnaire – filled in without any guidance from the researcher – was designed following the literature review to establish nurses’ feelings towards CPD. A pilot study was undertaken before sending the questionnaires to the nursing homes and NHS trusts. Twenty qualified nurses were recruited to the pilot study and asked to complete the questionnaire before it was sent to the main group. The purpose of this was to verify the wording of the questionnaire and to determine if the questions would elicit the information it was hoped they would. From the main study it was possible to establish some of the challenges that nurses face in meeting their PREP (CPD) standard. The purpose of the questionnaire was to highlight themes for greater exploration at interview.

Two hundred questionnaires were sent to qualified nurses and divided equally in number between public and private sector nurses. The purpose of this was to sample the different nursing populations to determine if the challenges in meeting the PREP (CPD) standard were similar in both settings. Polit and Beck (2004) suggest that the average response rate for self-administered questionnaires can be 50 per cent or lower, while Denscombe (1999) suggests that it can be as low as 30 to 35 per cent.

Following postal contact with nursing home managers randomly chosen from the Thomson Local Directory, 13 nursing homes employing a total of 100 trained nurses were recruited to the study. Simple random sampling methods were chosen using a sampling frame as suggested by Polit and Beck (2004). A stamped addressed envelope was included in the package to aid the return of the completed questionnaires.

A corresponding number of questionnaires was sent to randomly selected nurses, using the same sampling technique, in two NHS teaching hospitals. Eighty five per cent were from one hospital and a 15 per cent convenience sample were from a second hospital whose unit managers had heard about the study and showed interest in participating. The response rate for both groups was 42 per cent and the data from the questionnaires were analysed using frequency distribution for simplicity of analysis.

Although the questionnaires allowed the respondents to remain anonymous in their replies, it also gave them the opportunity to take part in the second phase of the study. This was facilitated by asking for the name and contact details of the respondent only if they wished to be interviewed.

Follow-up interviews of four nurses, two grade D and two grade G nurses from each group (NHS and private), were selected according to the views expressed in the questionnaires. Because of time constraints eight nurses were chosen. This selection method would, therefore, reduce interviewer bias and increase validity and reliability because it enables the interviewer to explore respondents’ views rather than influence them (Denscombe 1999, Polgar and Thomas 2000, Morse and Field 2003). An interview schedule of semi-structured questions to explore the link between professional development and reflection was used to determine if the nurses’ ability to reflect affected their personal values, as well as the challenges, to CPD.

**Ethical issues**

Immediately before the interviews, written informed consent was obtained. This ensured that the ethical responsibilities of maintaining confidentiality and consent to recording were observed (Denscombe 1999, Polit and Beck 2004). Ethical approval was sought at local level in line with the Research Governance Framework for Health and Social Care (DH 2001) before beginning the study.

**Results**

Despite the recognised challenges to meet the CPD standard, the literature fails to indicate the reasons why nurses undertake study despite the barriers that have been identified. The majority of nurses in the public and private sectors identified professional development as having positive influences on their practice but while there were some similarities in the responses there was a clear difference between the responses of the nursing home and NHS staff on career prospects and being sent on particular study activities.

While it is a limitation of self-administered questionnaires that closed questions can fail to allow responses to be fully investigated, the results suggest that nurses in the NHS value professional development as a means of progressing their careers, while nurses in the private sector may have more difficulty in accessing professional development and undertake certain study activities because of their availability or they are sent on them by employers.

By looking at these reasons and identifying them positively and negatively it can be determined how nurses in both sectors perceive the value of CPD. This perception of value is illustrated in Figure 1.

Here it can be seen that 75 per cent of respondents working in nursing homes and 77 per cent working in the NHS had positive perceptions of CPD, which supports the
distribution of reasons outlined in Figure 2. Analysis of the results suggests that, although some nurses might not enjoy professional development, they perceive its value. While nurses indicated that they had a positive attitude towards professional development, it remained to be determined why this was so despite the challenges of meeting the CPD standard. In the questionnaire, open-ended questions were used to determine how nurses perceived the benefits, if any, of CPD. The responses were categorised into themes (Figure 3).

What can be seen in Figure 3 is that nurses view the benefits of CPD in a more wide-ranging way than is identified in the literature review. Nurses view the value of CPD positively but they also use their professional development to not only benefit their practice, but also that of those around them. This can be seen particularly in the response to education in the private sector where there are more untrained staff, and here the role of educating others is valued as a method of improving care. While this is true of NHS nurses, it was also true of the private sector, although to a lesser extent.

What can also be seen is that the NMC’s progression towards reflective practice is not being identified as a major benefit of professional development, and only 9.5 per cent of staff in nursing homes and 19 per cent in the NHS identified reflection as a method of improving practice.

What contributes to negative perceptions of CPD is a question that remains to be asked (Figure 4). Responses such as ‘not learnt anything new’ and ‘lack of relevance to practice’ show that these nurses have difficulty in reflecting critically on their own practice and applying new learning to everyday experiences. What could also be deduced from this is that nurses might be experiencing a lack of direction in professional development. An unexpected result of the questionnaires, which was not highlighted by the literature review, was the
apparent frustration of those with a negative perception caused by their inability to alter their working lives. This was shown as an inability to implement new ideas. While the results of the questionnaire aided an understanding of some of the barriers to CPD, it also raised other issues for exploration, such as nurses’ ability to reflect, the issue of family life and the underlying reasons for negativity toward CPD.

Interviews

Before undertaking the interviews written consent to taping was sought from the respondents, all of whom consented. Interviews took place at a convenient time and place for the respondents, ranging from the respondent’s home to a private office in the workplace. Each interview lasted for between 30 and 45 minutes and followed a semi-structured interview schedule, which allowed for all responses to be explored fully and the main themes from the questionnaires to be explored.

The issue of family life as a barrier to professional development was explored in the interviews. Significant barriers to professional development were identified in the interviews with the view being expressed that days off and family life are precious, while shift work caused tiredness and reduced motivation. This was illustrated by several of the participants, whose names have been changed to protect anonymity.

‘You get home, you’re so tired. I’ve got a little girl and I’d like to spend time with her. The last thing I want to do is read nursing journals when I get home’ (Patricia, grade G NHS nurse).

‘When you’ve done a full week’s work you want your days off for you. You can feel that your work is overriding your life and it’s nice to have time out and just enjoy being at home, being with the family… finding quality time for yourself. I just want to be Julia when I go home’ (Julia, unit manager private sector).

An important aspect of changing practice and professional development has been identified as the reflective process (Tennant and Field 2004). However, the interviews did show that some nurses found it difficult to reflect on their practice. Therefore, what can be suggested is that there is an inherent problem in developing professionally if nurses find reflection difficult. If some nurses are unable to reflect on their own learning they cannot be expected to improve their practice as a result of
studying. Study activities might be undertaken that are inappropriate for an individual nurse’s development needs.

This point was illustrated by one nurse. ‘I don’t think they [nurses] use it [PREP] properly and I think it’s because they really don’t understand. They haven’t got the guidance they need to get the most they can out of it. I think it’s very much CPD points they’re after and totting up their hours. I just don’t think it’s being applied in practice as well as it could because there really is a lack of guidance’ (Sarah, grade E private sector nurse).

What can be suggested from this is that some nurses find critical reflection difficult and this makes the learning process incomplete. The focus on meeting targets shows the lack of quality assurance associated with PREP where quantity rather than quality becomes the key. The evident disassociation of PREP and CPD begs the question of whether nurses understand the aim of professional development or focus on it wholly in terms of targets.

This was illustrated in one comment. ‘Every study day or study thing that I’ve done I have enjoyed, but as to whether it has made me a better nurse or anything… I’d say a lot of it was to do with PREP… I think that people like me will run around doing courses and doing things they know they won’t be able to implement so their folders can be full of little pages’ (Dorothy, part-time grade E NHS nurse).

Again this illustrates that nurses are disassociating PREP from lifelong learning and may be choosing study activities that will help them meet their PREP targets rather than CPD that can help them improve their practice. Although some nurses found reflective practice easy, one nurse illustrated the point that some nurses who see PREP in terms of targets are not getting the most from the ethos behind the CPD standard. ‘I’d say a lot of nurses fear it [PREP] more than it has been a positive thing for them, and they see it as a chore. I think a lot of nurses don’t see it as a tool that they can use to improve things for themselves professionally… some see it as something they’ve got to do but they don’t want to do’ (Julia, unit manager private sector). Although the questionnaires demonstrated that some nurses undertook CPD activities to comply with the PREP requirements, improve career prospects, or were sent on study days by their employer (Figure 2), it was also found that the reasons for negativity towards CPD were that nurses had difficulty in implementing new ideas, and although the majority had learnt something new (Figure 4), the interview participants provided further evidence about the problems of implementation.

While study should help nurses to improve practice it appeared that many nurses were being drawn into a cycle of frustration when learning new things. ‘I feel quite excited about bringing it [new ideas] to the workplace… that can quickly be turned to frustration when it is not met with the same enthusiasm by your work colleagues’ (Julia, unit manager private sector). This inability to alter practices can cause frustration and disillusionment and one private sector nurse indicated that she felt so disempowered that she had considered leaving the profession. Other nurses expressed apathy towards the change process because of previous experiences. A nurse in the NHS said that his inability to make changes because of the attitude of his managers and medical staff no longer frustrated him because he no longer attempts to make changes. This frustration (Figure 5) was identified by nurses of all grades who attempted to make changes to their working environment and encountered the third phase of the path, unable to alter working environment.

**FIGURE 4**

Reasons for nurses’ negativity to continuing professional development

<table>
<thead>
<tr>
<th>Responses</th>
<th>NHS</th>
<th>Nursing homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not learnt anything new</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Lack of relevance</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Lack of opportunity to implement new ideas</td>
<td>80</td>
<td>90</td>
</tr>
</tbody>
</table>

Percentage of responses
From Figure 5 it can be seen that learning new ideas can ultimately lead to apathy and disillusionment because of the climate of the working environment. Experienced nurses who attempt to make changes ultimately become disempowered by the process while more enthusiastic newly qualified nurses, after having attempted to change several times, become drawn into the path of frustration and hence apathetic to change at work. Reasons why nurses cannot effect change were illustrated by several respondents. ‘I think they’re [nurses] too busy. There’s no time… too many demands… they haven’t got the time to go and start a new idea with all the paperwork… you’re short-staffed and aware of it… people just can’t be bothered’ (Patricia, grade G NHS nurse).

‘There’s not enough staff [or] time to do the basics, let alone try out new ideas’ (Dorothy, grade E NHS nurse). ‘Other trained nurses’ attitudes can be a real problem… sometimes there’s resistance from other members of the multidisciplinary team… it fosters apathy and negative attitudes and that’s perpetuating’ (Sarah, grade E private sector nurse).

**Lack of support**

Most surprising of all was that the interviews identified a lack of support in implementing change as well as how managers’ leadership styles played a part in the ‘no change’ culture of nursing. In Figure 4, all nurses in both the NHS and private sectors with a negative perception of professional development indicated that they were not given the opportunity to implement new ideas. While this was an initial feature of the negative group, on interview the positive participants also indicated that this was the case.

It appears that leadership styles can affect nurses’ feelings of empowerment to implement new ideas from study activities. This link between frustration and management and leadership styles was evident at all levels. While senior nurses were often frustrated with junior colleagues for their apathy, one senior nurse was also frustrated with her manager because of the lack of support she received. Junior nurses also felt this way.

‘It’s still hard to make changes because people get into their habits… we have support group meetings for D and E grades and we feed back to the ward managers about things we want to change… but things don’t always change’ (Christine, grade D NHS nurse). ‘Our manager doesn’t listen with her ears open. It’s “we’ve always done it this way, I don’t see a need to change”’. I suppose it’s easy to get stuck in a rut but that doesn’t benefit the clients… no wonder nobody stays here long’ (Jack, grade D private sector nurse). These statements show how leadership styles can affect the way nurses feel about their working environment. The first manager is attempting to foster change in the workplace while the latter appears to be autocratic. This also illustrates the feelings of the staff, and the second comment illustrates that this attitude can result in a workplace that finds it hard to retain staff for long periods.

The senior staff nurses who were interviewed also felt this way and this manifested itself in one evidently progressive nurse as a need to change her employer. ‘If I had my manager’s support I’d feel very empowered, I’d feel a lot more positive and enthusiastic. I’d feel a lot happier in general… the management on the unit where I work are very negative towards nursing staff so I’ve had years of lack of support, lack of progression’ (Sarah, grade E private sector nurse).

However, experience could affect the success of the manager in fostering an environment of discussion and change. This was highlighted by the words of a relatively new grade G nurse who indicated that she would offer support to junior nurses to make changes and not take over the project. She did, however, highlight the problem of time and poor staffing and implied that they
would still have to do their work. Hence, any changes would have to be made in the nurses’ own time and it has already been indicated by other studies how nurses value their time away from the clinical environment (Barriball et al 1992, Dowswell et al 1998, Nolan et al 2000, Audit Commission 2001).

A more experienced manager illustrated her willingness to accept change, and the frustration caused by junior nurses: ‘It’s all about promoting a better working environment… anybody who wants to bring anything into this unit is welcome with open arms because it’s to the benefit of the clients… everyone’s encouraged with new ideas… it keeps them motivated and interested… it’s all about making your working environment interesting to be in’ (Julia, unit manager private sector).

There is a difference in leadership styles between the two managers who were interviewed. While both encouraged discussion, the inexperience of the former has not achieved the same success of motivation and support of the latter. Analysing the responses of the other interviewees’ motivation and support to implement new ideas attained from their study activities appeared to be a feature that was lacking in their working environment. Therefore it is suggested that the leadership style of the manager has a dramatic effect on the motivation of junior nurses to change practice as a result of CPD, as well as encouraging them to reflect on the things they have learnt, and hence the climate of change in the working environment.

Limitations

While this study has highlighted some interesting themes there are also several limitations to methodology. While the sample size of the self-administered questionnaires was sufficient to provide a snapshot of the sample population, the small interview sample could have adversely affected the validity and reliability of the study and it could be suggested a larger interview sample would have been more appropriate. The 15 per cent convenience sample from a second trust could also carry the possibility of bias. However, there was very little difference in the results obtained from this group and none of the respondents from this were interviewed.

Discussion

The choice of sequential triangulation as the method allowed different themes to be identified and explored. This was a useful element of the method because the questionnaires provided the basis of the study while the interviews allowed more in-depth discussion of the lived experience. It could also be suggested that without the triangulation design, the notion of leadership styles may not have been revealed.

In relation to the results of the study there were some comparisons with other studies that have been presented in the literature review. This indicates that nurses perceive the benefits of professional development in terms of skills, motivation, knowledge and career progression (Barriball et al 1992, Nolan et al 2000, Whyte et al 2000).

While there were some indications of negative attitudes towards CPD it can be suggested that professional development can equip nurses with the knowledge, skills and attitude to improve not only their own practice, but the working practices of junior colleagues and hence it can have a direct impact on the people they care for.

The issue of reflection in professional development remains problematic. Following the questionnaires a small percentage of nurses identified reflection as being intrinsic to the learning process and improving care, and at the interview stage the link between an individual nurse’s ability to reflect following study activity and improve patient care could not be conclusively determined. It could be suggested that this is due to focusing on meeting the CPD standard in terms of hours rather than the outcome in terms of patient care. However, it was seen that the ability to reflect did not affect the overall perception of professional development.

It is suggested from this sample that nurses do not understand the ethos behind professional development, or open exchanges of dialogue to improve practice would be occurring. It is also evident that nurses understand PREP and CPD to be different notions with many nurses solely aiming to meet the PREP (CPD) standard in terms of hours rather than using lifelong learning as a method of professional development and improving care. However, different factors need to be taken into account here and it is possible that nurses have not understood the initial message of PREP, which is to improve patient care through lifelong learning.

Although nurses view professional development positively, it could be concluded from this sample that practice rarely alters as a result of study activity. However, because of its limited size, the study would need to be
replicated with a much larger sample size to determine the generalisation of the findings. Nevertheless if these results were found to be widespread it would have significant implications for the future of professional development in nursing.

To find a solution to this problem the root causes have to be considered. These have been identified in this research as the poor ability to reflect, disempowering leadership styles, a lack of understanding about what CPD is, and hence the limited ability to apply new knowledge to practice because of the lack of appreciation of these challenges in improving patient care.

**Conclusion**

Nurses perceive professional development in a positive manner irrespective of their clinical environment in the main. Despite this it can be seen that the impact of CPD in the nursing profession is diminished for several reasons. The absence of reflection from the learning process is evident in some cases and this reduces the impact on practice that educational intervention can have. A reduced inability to alter working practices is evident in nursing, not only caused by colleagues, but by the leadership styles of managers. A lack of support has culminated in the frustration and disempowerment of nurses who are unable to improve their practices because of staffing, time and financial constraints. It is important that the nursing profession adopts a problem-solving approach to the challenges surrounding professional development so it can offer the modern service the government has visualised.

**IMPLICATIONS FOR PRACTICE**

- Leadership courses should be made available to all nurses to support and encourage each other through the change process. They will also assist in improving dialogue and facilitate clinical governance.
- If nurses continue to undertake study activities without reflection on their learning needs then resources will continue to be misdirected and PREP will continue to be a futile exercise for some.
- The evident disassociation between PREP and CPD highlights the need for further guidance in managing study activities to ensure that the developmental ethos behind PREP is attained.

**References**


