

Planning Continuing Nursing Education Programs and Curriculum Design

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ABSTRACT

Introduction: Education is an organized learning process aimed at acquiring knowledge and skills for a specific purpose as well as transferring knowledge and skills from the instructor to the learner through teaching one or more subjects.

Aim: The purpose of this review is to investigate the contribution of continuing nursing education programs regarding continuous development of skills and abilities of those involved with the possibility of obtaining certified qualifications that ensure their adequacy in the Field of Health.

Material and Methods: The study was conducted based on reviewing Greek and international scientific studies, focusing on contribution of continuing nursing education courses to continuous development of skills of employees in the Field of Health. The material of the study consists of articles on the topic found in Greek and international databases such as: Google Scholar, Medline, Pubmed, Scopus and the Association of Hellenic Academic Libraries Association (HEAL-Link).

Results: Education and training of employees in all Organizations, and especially in Health Care Field, is a key element so as quality services to be delivered at a time when developments are constantly rapidly progressed and technology leads towards the same direction, in order that services can meet the requirements of quality management.

Conclusion: It is necessary to make the appropriate arrangements and develop systems of human resources training, especially for nurses, in order the challenges of knowledge and technological developments to be met in society in the context of the policy for planning and development of the human resources in the health sector.

Keywords

Continuing nursing education, Continuing nursing education programs, Nurses, Nursing.

Introduction

Education is an organized learning process aimed at acquiring knowledge and skills for a specific purpose as well as transferring knowledge and skills from the instructor to the learner through teaching one or more subjects [1].

Most theories as regards education were based on the belief that the fundamental purpose of education was to transmit all human knowledge from one generation to the next one [2].

Nowadays, there is an explosion of knowledge and cultural and technological changes are rapidly evolving. The needs of the present would soon be a thing of the past in many fields such as technology, health, industry. Knowledge is devalued very quickly. Thus, education must be treated as an ongoing lifelong process [3]. Continuing education is necessary due to continuous development and rapid development of the era as professions are evolving and every qualified professional in every field must be aware of the work [4].

Education and training of employees in all Organizations, and especially in Health Care Field, is a key element so as quality services to be delivered at a time when developments are constantly rapidly progressed and technology leads towards the same direction, in order that services can meet the requirements of quality management [5].

The fundamental goal of continuing professional training is to help the service achieve its strategic goals and at the same time to provide value to the work of the staff it employs. Thus, training means investing in staff so as to improve their work performance and make better use of their skills [1].

The use of appropriate educational material as well as the learners' simulation in real working environment conditions lead to more effective training [6].

Staff training refers to adults and this training is completely different from standard training as adults need a different approach and have specific characteristics and needs [7].

Continuing education and self-education contribute to the ability of Health executives to be synchronized with new developments in knowledge and be able to confirm the development of skills and abilities in a continuous and evolutionary way; This contributes to the effectiveness of their action so that they can handle the new knowledge in a way that improves the quality of the services provided [8].

The purpose of this review is to investigate the contribution of continuing nursing education programs regarding continuous development of skills and abilities of those involved with the possibility of obtaining certified qualifications that ensure their adequacy in the Field of Health. Moreover, it investigates the way health services are led to exploit those qualifications of human resources available for more efficient provision of health services.

Methodology

The study was conducted based on reviewing Greek and international scientific studies, focusing on contribution of continuing nursing education courses to continuous development of skills of employees in the Field of Health. The material of the study

consists of articles on the topic found in Greek and international databases such as: Google Scholar, Medline, Pubmed, Scopus and the Association of Hellenic Academic Libraries Association (HEAL-Link). The keywords used were continuing nursing education, continuing nursing education programs, nurses and nursing. The exclusion criteria of the articles were the language, except for English and Greek while articles and studies mostly accessible to the authors were used.

Talking about continuing nursing education programs

In terms of planning, the study conducted by Zargham - Boroujeni et al. (2013) showed that the lack of staff for accurate training planning and the lack of consideration of learners' attitudes are among the educational challenges [9]. Arslanian-Engoren, Sullivan & Struble, (2011) also reported that overloading programs with extra assignments is one of the educational challenges. The increased workload of the school could disrupt the planning of educational programs and is an important repressive factor for the participation of nurses in continuing nursing education programs [3].

Chong et al. (2011) highlighted the type of planning of continuing education activities as one of the barriers to nurses' participation in educational programs [10]. Farzi, Shahriari, & Farzi (2018) reported that the nurses' views are not taken into account in the planning and therefore, it can be noted that the training programs implemented in the context of ongoing nursing do not meet their clinical practice needs [11]. Wilson et al. (2015) argued that if nurses, heads of departments, and supervisors jointly participate or could be involved in some way in the training programming process, design challenges can be reduced. They should also be encouraged towards this direction [12].

The study by Ghasemi -Emamzade, Vanaki & Memariyan (2004) described a model of continuing nursing education program planning where standards, priorities, educational methods, duration of training and location of the program were determined at the request of the staff and based on in the clinical facilities available within the health service in which they worked. In fact, all the issues addressed in the design were organized according to the staff attitude [13]. The findings of Ghasemi -Emamzade, Vanaki & Memariyan (2004) showed that the average and the degree of standard deviation of the quality of nursing care in relation to the nurses' treatment notes, patients' clinical condition, the quality of care provided and the quality of patients' education increased in both the case and the control group, with the results of the case group showing a more significant increase than those of the control group. In the aforementioned study, the training was perfectly tailored to the nurses' depending on their specialty and the department in which they worked. Since all the staff was involved in the planning, it can be noted that the number of designers was higher than usual [13]. Fulmer et al. (2011) stated that if an educational planning model is properly designed with the participation of academic, nursing authorities and nurses and is implemented accurately, it can improve the quality of nurses' education and, ultimately, their work performance [14]. Latter et

al. (2007) also in their own descriptive study for the evaluation of eligible nurses, reported that 82% of the participants were satisfied that they were controlled by a pharmacist, thus arguing that when the training program is taught by professionals of the respective specialty is much more effective than when teaching is done by doctors or other professionals who are not directly related to the specialty. In fact, nurses believe that frequent assessment of their knowledge after training can enhance learning and, consequently, promote the quality of education. In other words, the practice of the trainees must be supervised after the training to determine whether they have achieved the educational goal or not [15].

The study by Aarabi, Cheraghi & Ghiyasvandian (2014) showed that the lack of implementation for some educational programs and the inadequacy of some others are among the existing challenges related to the training programs that are conducted, which may be related to the lack of organizational budget. In the meanwhile, the inadequacy of some educational programs in such a situation, in terms of staff and time, is a challenge that negatively affects the available resources such as teaching time and time available for trainees, financial resources, etc. On the other hand, lack of implementation of education can be linked to the issue of needs assessment, so that the implementation and enforcement of training programs is possible with proper needs assessment [16].

In the study by Govranos & Newton (2014), the design of the model was based on the existing facilities of the departments where the participating nurses worked, implemented and led to the promotion of the quality of education with great success, increasing the newly acquired skills of the participants and at the same time, their satisfaction as regards the program [17].

The need for appropriate vocational training, especially the need related to clinical learning, has been an important issue for nurses. At present, there is a shortage of continuing nursing education programs that include material for different forms of learning [18].

Kataoka-Yahiro, Richardson & Mobley (2011) also stressed that appropriate continuing nursing education should include consideration of the different learning patterns observed between different generations of nurses, e.g. the younger generation of nurses is more familiar with online education than the older one [19]. Qalehsari, Khaghanizadeh & Ebadi (2017) identified in their research that educators cannot only help maintain the zeal of nurses who are willing to learn, but they can also help those who are less motivated if they use more learning-centered approaches when designing lifelong learning programs [20].

Studies also indicate the need for nurses to participate in continuing education programs that are exciting and make learning enjoyable and engaging. A study showed that 25% of people assessed the feasibility of lectures at low levels, while 45.2% of people considered it mediocre [21]. About 56.5% of the students found that the condition of the presentation materials and the educational material used in the continuing education is also moderate, while 28.2% were dissatisfied with the duration of both classes that made

up the program and the total duration of the program [21]. Farmani & Zaghimi-Mohamadi (2009) also reported that 67.4% of nurses reported that a combination of mandatory and optional attendance hours was the most appropriate way to conduct continuing nursing education programs that could address challenging participants' satisfaction with the duration of the program. Simultaneously, it will facilitate nurses' personal planning, which as mentioned above is a repressive factor of participation [13]. Mohamadhoseini et al. (2012) found that half other participants in their research rated the usefulness of compulsory attendance at training seminars as very high, yet almost the same percentage of participants rated the content of the programs as mediocre, revealing that the programs were not fully applicable [22].

The evaluation of participants in continuing nursing education programs is also important and should be properly planned when designing training programs. The study by Aminoroaia et al. (2014), explained that participants show a preference for periodic assessment, strict supervision of assessments, measuring the effectiveness of training and conducting knowledge tests both before and after the completion of the training program [23]. Fulmer et al. (2011) suggested that through group discussion sessions before an educational model is applied to a large number of participants but also after its implementation, an evaluation of its learning outcomes and effectiveness should be conducted in upgrading patient care to clarify whether or not it is applicable to large numbers of nurses [14]. Bloos et al. (2009), in a descriptive study on the effect of nursing education on the treatment of patients with mechanical ventilation, showed that it is possible to calculate the degree of achievement of goals by assessing the knowledge of participants before and after the completion of the program, so that after their implementation, their results can be evaluated while there would be continuing professional development requirements and continuing nursing education programs [24].

Among its many functions, continuous professional development aims to maintain competence and introduce new skills, as required for modern practice needs. Continuous professional development also enables nurses to "maintain, improve and expand their knowledge, expertise and develop personal and professional qualities required throughout their professional lives" [25]. In many countries, continued investment in maintaining the most up-to-date knowledge to ensure adequate provision of quality modern healthcare is considered a fundamental ethical obligation for all health workers and especially for nurses [26].

Human resources are considered to be the most important contribution to healthcare [26]. As knowledge is continually changing and technological developments take place in tools, diagnostic and therapeutic methods and procedures develop, continuing education and training of health professionals is considered a key investment strategy [26]. There has also been a great deal of discussion about the introduction of mandatory continuing professional development requirements for nurses and other health professionals. The professional literature, which spans over many decades, has consistently established that the need for

commitment to continuous professional development is essential for continuous learning. Power and autonomy accompanies a profession in order for nursing to be credited with status. Therefore, compulsory professional development was inevitable [29].

McCormick & Marshall (1994) found very early that compulsory continuing nursing development was not a random phenomenon and that the issue of professionalism should be linked to continuing education and learning which had to the responsibility of all nurses [30]. Thomas (2012) agreed, stating that nurses need ongoing training to provide ongoing high-quality patient care [31].

While continuing professional development is not a new concept, it is not well understood in some health professions, especially nursing. This may be due to the ad hoc process of undertaking continuing professional development, with states and countries worldwide having different legislation on continuing education [32]. In some countries, nurses are required to attend specialized continuing education and training programs in order to obtain specialized qualifications (e.g. mental health nurses) in order to carry out their professional duties. However, most states worldwide do not require nurses to attend such programs. For this reason, there is no corresponding global legal framework that requires mandatory compliance by all states [33,34].

Conclusion

It is necessary to make the appropriate arrangements and develop systems of human resources training, especially for nurses, in order the challenges of knowledge and technological developments to be met in society in the context of the policy for planning and development of the human resources in the health sector. Nursing staff should be rotated in-service with training programs to inform all nurses about new nursing trends. The range of knowledge of the staff is renewed and has the expected positive impact on the personal professional maturity, the rehabilitation of the patient and consequently on the service [35,36].

It should not be forgotten that not only the best possible treatment and the promotion of patients' health but also the effectiveness of the nursing staff through the renewal of their knowledge are the motivations for the respective service.

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