



A systematic review evaluating the impact of post-registration nursing and midwifery education on practice[☆]

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SUMMARY

Given the current focus on evidence-based practice, it is surprising that there is a dearth of systematic evidence of the impact on practice of post-registration nursing and midwifery education. The systematic review presented here formed part of a national review of post-registration nursing and midwifery education in Ireland [Health Service Executive, 2008. Report of the Post-registration Nursing and Midwifery Education Review Group: Changing practice to support service delivery. Health Service Executive, Dublin]. The review focuses specifically on the impact on practice from the perspective of nurses, midwives, patients, carers, education and health service providers. Sixty-one (61) studies met the criteria set. These studies were mainly of a retrospective and descriptive nature, often with small cohorts, set within one educational setting. The findings indicate that students benefit from post-registration programmes in relation to changes in attitudes, perceptions, knowledge and in skill acquisition. There is also some evidence that students apply their newly acquired attitudes, knowledge and skills. There is however limited evidence of the direct impact on organisational and service delivery changes, and on benefits to patients and carers. It can be concluded that the impact of post-registration nursing and midwifery education on practice has yet to be fully explored through a more systematic and coherent programme evaluation approach.

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Introduction

Major trends, driven and influenced by socioeconomic factors, ongoing developments in healthcare, and professional issues unique to nursing and midwifery, have been identified as likely to impact on future changes in nursing and midwifery education, especially at a post-registration level (Department of Health, 2006; Heller et al., 2007; Health Service Executive (HSE), 2007). The ability of health care systems to respond to changes, to maintain and improve quality, efficiency and equity of services, is dependent on appropriately trained and supported healthcare professionals who are available where and when they are needed (World Health Organisation (WHO), 2002). Although the availability of post-registration nursing and midwifery education programmes continues to grow, the benefits to students, employers, patients, and the overall impact on practice remains unclear (Pellier et al., 2003; Griscti and Jacono, 2006).

Against this background a review group, set up by the Irish Health Service Executive (HSE) to develop a new post-registration nursing and midwifery education strategy (HSE, 2008), commissioned a sys-

tematic review of post-registration nursing and midwifery education research. The review focused on nursing and midwifery education programmes leading to recognised academic awards such as higher or post-graduate certificate or diploma, masters' and doctoral education programmes. It excluded continuous professional development (CPD) and in-service training programmes and activities. This paper reports on one aspect of the systematic review, focusing on a review of studies which investigated and evaluated the impact of post-registration programmes from a nurse, midwife, patient, carer, education and health service perspective, including whether such programmes offered 'value for money'.

Methodology

A systematic search of the literature was undertaken in March–April 2007, using relevant search terms in various combinations (Table 1). Reference lists of retrieved papers were reviewed for additional studies. Although inclusion and exclusion criteria were discussed in advance, these were amended and expanded as the initial search results emerged. Searching and analysing papers raised a series of methodological and conceptual questions around the concept of 'continuing education'. Not only were the terms 'continuing education', 'Continuing Professional Education', and Continuing Professional Development' used interchangeably, their meaning varied and was not always clarified. Some interpreted this as all forms of structured and planned educational activities, including

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Table 1
Search strategy and evaluation of studies.

Databases searched	Cinahl, PubMed, ERIC, Academic Search Premier, Science Direct, Blackwell Synergy, Cochrane
Search terms	'nurs', 'educat', 'nursing education', 'midwi', 'postregistration', 'post-registration', 'post registration', 'postgraduate', 'post-graduate', 'post graduate', 'masters', 'doctora', 'post-doctora', 'post doctora', 'outcome', 'evaluat', 'impact', 'competenc', 'public health nurs', 'community health nurs', 'health visit', 'intellectual disability', 'learning disability', 'psychiatric'
Checklist for studies (adapted from Brooker and Brabban (2004))	Paper number, author, country of origin, year, focus of education, length of education full time/ part time, type of education/level of education, study design, aims, sample and response rate, key findings, comments, Barr's level and type of evidence
Barr's et al. (1999) evaluative framework	<p><i>Level 1: Learners' reaction</i> – the learners' views of their learning experiences and satisfaction with their training and education</p> <p><i>Level 2: Changes in attitudes and perceptions</i> – to changes in attitudes and perceptions towards patients and carers, their needs, circumstances, care and treatment</p> <p><i>Level 3: Acquisition of knowledge and skills</i> – the acquisition of concepts, procedures and principles of working with specific patient groups, and the acquisition of critical thinking and problem solving, intervention skills, and team working skills</p> <p><i>Level 4: Changes in behaviour</i> – implementing learning in the workplace, as a result of changes in attitudes and perceptions, or the application of newly acquired knowledge and skills</p> <p><i>Level 5: Changes in organisational practice</i> – wider changes in health care delivery</p> <p><i>Level 6: Benefits to patients and carers</i> – improvements in the health and well being of patients and carers</p>
Classifying of research evidence	<p><i>Type 1:</i> Evidence from at least one well designed randomised controlled trial or a systematic review of multiple well designed random controlled trials</p> <p><i>Type 2:</i> Evidence from at least one well designed controlled trial without randomization</p> <p><i>Type 3:</i> Evidence from published well designed trials without randomization, single group pre-post, cohort, time series or matched case controlled studies</p> <p><i>Type 4:</i> Evidence from well designed non-experimental studies from more than one centre or research group</p> <p><i>Type 5:</i> Opinions of respected authorities, based on clinical evidence and experience, descriptive studies, reports</p>

post-registration and post-graduate education delivered by higher education institutes, some excluded post-registration and post-graduate education, some used an all-encompassing term to cover any self-directed initiative that nurses and midwives might take, whilst a fourth group did not clarify the meaning at all. The following inclusion and exclusion criteria guided the search:

Inclusion criteria

- Research papers, literature reviews, systematic reviews, theses and conference proceedings which evaluated the impact of post-registration nursing and midwifery education programmes from a nurse, midwife, patient, carer, education and health service perspective.
- 'Continuing Professional Education' (CPE) and 'Continuing Professional Development' (CPD) studies which included post-registration education offered by third level institutions.
- Papers published in English between 1990 and 2007.

Exclusion criteria

- CPE and CPD in-service courses, workshops, self-directed study, and studies where CPE or CPD terms were not clearly defined.
- Studies which lacked clarity or detail about the setting of the course.
- Studies which explored the potential impact of post-registration education.
- Studies which evaluated multidisciplinary courses in which nurses and midwives were not differentiated in the findings or where details of participants were not provided.
- Studies which evaluated non-nursing or non-midwifery post-graduate programmes which nurses and midwives had attended.

Assessment of the studies

A review of abstracts determined whether full texts of the studies were retrieved. The inclusion of studies was considered by at least two reviewers. To ensure consistency, the process was guided

by an adapted version of Brooker and Brabban's (2004) checklist. This initial assessment reduced the volume of papers from 346 to 97 papers.

Barr's et al. (1999) evaluative framework provided the conceptual and analytical framework in which the studies were reviewed (Table 1). This consists of six levels of outcome for educational programme evaluation. The decision to use this framework was informed by a similar approach adopted by Brooker and Brabban (2004). While some studies evaluated one aspect of the programme e.g. learners' reactions (Level 1), others included more than one outcome, such as evidence of change in attitudes (Level 2), changes in organisational practices (Level 5), and patient and carer outcomes (Level 6).

Studies were also examined on the nature of the research evidence, using established criteria for classifying research evidence (Table 1). While 97 papers were included in the review for the HSE, the review presented here is based on the findings from 61 studies, which focused specifically on the impact of post-registration nursing and midwifery education programmes on practice from a nurse, midwife, patient, carer, education and health service perspective. The remaining 36 studies focused on other aspects of programme evaluations such as educational methods, clinical practice assessments, training needs analysis, purchasing of education, and reasons, benefits and constraints of undertaking post-registration programmes.

Included studies

The majority of studies were undertaken in the UK, Australia and the USA, probably related to the English language bias of the databases searched. These ranged from studies of evaluations of single modules, specialist courses, generic courses, to evaluation of masters and doctoral programmes. Two authors, Brooker (psychiatric nursing) and Pelletier (generic programmes), featured prominently in the literature, with both of them having evaluated programmes over an extended time period. Papers on the impact of doctoral education are in its infancy. No evaluations were located which examined intellectual disabilities nursing programmes, or the cost-benefit implications ('value for money') of programmes (Table 2).

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