



The relationship between continuing professional education and commitment to nursing

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SUMMARY

Nurses have a responsibility to undertake continuing professional development to enable them to keep abreast with changes in health care. Acquiring new knowledge and skills is essential for nurses to practice safely in new and extended roles. Opportunities for continuing professional development are thought to increase retention. The aim of this study was to explore the relationship between undertaking continuing professional development and commitment to the profession and the employing National Health Service trust and to explore any differences between nurses in standard and extended roles. A questionnaire survey was undertaken with 451 nurses employed in three contrasting trusts. The questionnaire incorporated a validated scale to measure organisational and professional commitment. Three hundred and eighteen (70.5%) of the nurses had undertaken continuing professional development over the previous 12 months. Ninety nine nurses (22%) had received only mandatory training over the same period. There was no evidence of a relationship between professional and organisational commitment and undertaking continuing professional development. There was no evidence that specialist nurses in extended roles had undertaken the developmental continuing professional development that would be expected in order for them to acquire new competencies and skills.

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Background

In the United Kingdom (UK) the Agenda for Change reforms have linked nurses' pay and progression in the National Health Service (NHS) to their ability to demonstrate advancements in competencies and knowledge (Department of Health, 2003). Thus continuing professional development (CPD) has become an explicit part of the nursing role. Much has been written about this important issue from the perspective of managers and nurse educators (Furze and Percy, 1999; Lawton and Wimpenny, 2003; Gould et al., 2004). In addition, policy documents have highlighted CPD as an important factor contributing to the retention of well qualified staff (Department of Health, 2000) and prompting enormous investment by the government 1997–2005 in nurses' CPD (see for example DoH, 2001, National Audit Commission, 2001). However the link between CPD and nurses' loyalty either to the profession or to their employing organisation has received little research attention. The need for appropriate CPD is reflected in the number of new and extended roles which nurses are adopting. Procedures once undertaken by medical staff are increasingly becoming nursing responsibilities in response to the reduction in junior doctors'

hours, scarcity in some medical specialisms and advances in technology (Gould and Fontenla, 2006). There is some debate at international level that nurses are not always fully prepared to undertake their new, extended roles, with clear implications for standards of patient care in addition to nurses' sense of well-being and satisfaction with their working lives (Collins et al., 2000; Gould et al., 2001). The importance of retaining core nursing skills for all clinical nurses regardless of whether they occupy an extended or standard role must also be acknowledged. Thus in the UK and other countries, mandatory updating has been introduced by employers to ensure that all practising nurses remain able to undertake key clinical activities such as infection prevention precautions and emergency procedures (e.g., cardiopulmonary resuscitation). Many factors are thought to contribute to nurses' job satisfaction, including the leadership style of their managers and other workforce issues, but compared to these the contribution of CPD to their job satisfaction has received little attention (Stordeur et al., 2007).

Literature review

The topic of nursing commitment has global relevance because of the international impact of the current nursing shortage of nurses and the implications that staff turnover has for nursing numbers (Wagner, 2007). Two types of commitment are differentiated in

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the literature: organisational and professional commitment (Allen and Meyer, 1997).

Organisational commitment has received considerable attention in research studies concerned with a wide variety of occupational groups because it has consistently demonstrated close relationship to staff turnover (Cohen, 1993). Studies undertaken mainly by human resource experts and occupational psychologists have been driven by the need for employers to understand how they can retain well-qualified and competent employees (Mowday et al., 1982) in order to secure a stable and productive workforce (Mueller et al., 1992). More recently organisational commitment has emerged as a useful predictor of nursing turnover and the antecedents of turnover, especially intention to stay in the employing organisation (Wagner, 2007). This relationship is built on the premise that highly committed employees will want to continue working for their employer or institution (Allen and Meyer, 1997).

Professional commitment is reflected in employees' attitudes to work and their behaviour in relation to it (Becker, 1960; Gardner, 1992). Employees demonstrating high levels of professional commitment take pride in their occupation and strive to perform optimally (Friss, 1983), usually stay for a long time (DeGroot et al., 1998), and are more satisfied at work than employees with lower levels of professional commitment (Carmel et al., 1988). Altschul (1979) has drawn parallels between professional commitment and the state of nursing generally. She has suggested that the existence of a cadre of practitioners demonstrating high levels of professional commitment is associated with the profile of nursing and the extent to which nursing is esteemed by patients and the public. The morale of the nursing workforce in the UK has arguably declined since this suggestion was made, and is lower than in other European countries, where nurses are more likely to express intention to stay (Camerino et al., 2006).

Among nurses, opportunity to undertake CPD has been suggested as a factor associated with increased job satisfaction and a possible factor related to intention to stay (Shields and Ward, 2001). However, these authors do not make any distinction between mandatory CPD intended to retain core nursing skills and the developmental CPD required to undertake extended roles which might also contribute to career development. The study reported below was undertaken to clarify the relationship between nurses' professional and organisational commitment, undertaking the two different types of CPD and holding an extended or standard nursing role.

The study

Aims

The aims of the study were to:

1. Explore the relationship between CPD undertaken by clinical nurses and their levels of professional and organisational commitment.
2. Explore differences in professional and organisational commitment between nurses in standard and extended roles.
3. Compare CPD undertaken between nurses in standard and extended roles.

Study design

A short survey questionnaire was designed especially for the study (see Appendix 1). Both types of commitment were measured with a validated scale developed in the US. (Allen and Meyer,

1990). The scale has predictive validity (Cheng and Stockdale, 2003), construct validity (Hackett et al., 1994) and has been widely used in health care settings (Meyer et al., 2002). A higher score on the scales indicated a higher level of professional or organisational commitment.

Pilot study

Before undertaking the main study a small in-depth qualitative study was undertaken employing an interview guide with open-ended questions to identify factors which contributed to nurses' commitment to their employing trust and the profession. The responses were analysed thematically and used to inform the main study (Gould et al., 2007).

Sample

Questionnaires were distributed via the internal hospital post to a random 10% sample of nurses identified from the payroll in three acute NHS trusts. The random numbers were generated against a list of the nurses eligible to be included in the study. Trust 1 was a large teaching trust comprising two hospitals on separate sites. One site admitted patients mainly from a local, severely deprived community. The other site admitted patients nationally and undertook more specialist work, with patients from a wider catchment area. Trust 2 was a small non-teaching trust serving a deprived, inner city area with a patient population drawn locally. Trust 3 was a large, highly specialist teaching trust with an international reputation. The trusts were purposively selected to ensure that differing nursing workforces serving different patient populations were included in the study.

Data collection

Questionnaires were distributed to each respondent's place of work by a research assistant and distributed to the wards and departments via the internal post. Each questionnaire was coded to preserve anonymity whilst allowing the research team to identify non-returns. Three reminders were sent. Completed questionnaires and consent forms were returned to the post-room in sealed envelopes and collected by the research assistant. The study was piloted: interviews took place with 27 nurses employed in the same trusts. Modification was not required for the main study.

Ethical considerations

Permission to undertake the study was granted by the multi-regional ethics committee. No ethical issues were highlighted by the committee or encountered during the conduct of the study.

Analysis

The pre-coded questionnaires were keyed into a computer and held in a Microsoft Access 2003 database. Descriptive and inferential statistical analysis was undertaken using SPSS version 11.5. Level of statistical significance was accepted at 5% with appropriate corrections for multiple testing. Each nurse was categorised as holding either a standard or extended role according to their job title. CPD was categorised according to whether it comprised mandatory updating required by the employing trust (for example emergency procedures, infection prevention) or consisted of education or training which could contribute to career development. Developmental CPD included taking a first or higher degree, attending a conference, or a study day not concerned with acquiring a routine skill. Two members of the research team undertook the coding for these categories independently. It was possible to

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