ORIGINAL RESEARCH & CONTRIBUTIONS

Barriers to Attendance at Continuing Nursing Education Presentations

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Abstract

Introduction: Kaiser Permanente Colorado (KP CO) has had poor attendance at its formal continuing nursing education (CNE) presentations. The Nursing Innovation Quality and Research Committee and the Department of Nursing Education wanted to explore the challenges to CNE attendance.

Methods: To gauge the potential barriers to attendance at CNE presentations, KP CO’s quality committee designed and sent a survey to all nurses in the Region. The survey consisted of 22 Likert-scale questions and a single open-ended question. Survey items were grouped into the following domains: scheduling and convenience, engagement and relevance, supervisor support, and CNE credits obtained outside KP CO. Each nurse was sent an e-mail with a link to an anonymous online questionnaire.

Results: Thirty-five percent of the registered nurses and a single licensed practical nurse responded to the survey (N = 212). Respondents who did attend presentations found them valuable. Most respondents indicated engagement and reported that they found the CNE topics interesting and relevant to their work. Barriers to CNE presentations included scheduling conflicts, not learning of presentations until it was too late to change one’s clinic schedule, reluctance by nurse managers to arrange coverage for staff to attend presentations, insufficient notice or not learning of presentations until it was too late to revise schedules.

Conclusions: Barriers exist, but most can be overcome. Suggested ways to improve attendance include scheduling CNE presentations in advance of clinic scheduling, improving and including multiple venues of advertising for presentations, and encouraging nurse managers and the Nursing Education Department to strengthen their support of CNE attendance.

Introduction

Clinical nursing mirrors the ever-changing field of the science and art of medicine, which demands proficiency of increasingly complex and technical skills. The scope of practice for nurses has expanded dramatically in recent years, and the extent of required nursing knowledge and resulting responsibility has increased. Newly evolved roles have been created for nurses in response to changes in the health care industry.1 Physicians, employers, patients, and the legal system expect more from nurses than ever before.

Nurses, by virtue of their licensure status, have a fiduciary duty to continually improve their professional knowledge and skill base. Maintaining and improving levels of competency and patient safety require nurses in clinical settings to constantly acquire new professional and interpersonal skills, keep abreast of evolving evidence-based practices, and become experts using new technology. Many nurses continue to seek knowledge by obtaining higher degrees, participating in professional organizations, attending conferences, or reading nursing journals.2 Others depend on their employer, state Area Health Education Center or accredited online entities to provide continuing nursing education (CNE) programs. Regardless of the means, continued learning is imperative to the practice of nursing. Research has shown that offering professional development opportunities in the work setting affects nurse retention and job satisfaction, and that employee satisfaction affects patient satisfaction and overall productivity.3-5

Surprisingly, there has been a lack of rigorous research in the areas of participation in and effectiveness of continued nursing education.6 Little empirically based research has examined nurses’ perceptions of their continuing professional education needs and the perceived outcomes in terms of knowledge accretion, attitudes, skills, job satisfaction, staff retention, and career development.7 A survey of 451 nurses found no evidence that specialist nurses in extended roles had undertaken the continuing professional development that would be expected of them to acquire new competencies and skills. Some individuals may practice nursing for years without seeking any new knowledge beyond what was required to obtain their basic state license.2 The Colorado State Board of Nursing does not require continuing education contact hours for nursing license maintenance or renewal.

Nurses may obtain CNE credit in a variety of ways. The Kaiser Permanente (KP) Colorado (KPCO) Nursing Education is an approved provider of CNE by the Colorado Nurses Association and is accredited by the American Nurses Credentialing Center’s Commission on Accreditation. This department arranges for approximately 15 to 20 continuing education programs each year. Nursing grand rounds programs are also offered twice each year. Alternative learning

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venues include online materials, nursing journals, or other sources external to KPCO.

The KPCO supports licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice nurses (APNs) with education-related paid days off and monies to use to attend CNE programs, provided that advance notice is given, the supervisor approves the request, and there are enough staff to cover in their absence. The Nursing Education Department’s financial assistance for CNE provides 1 paid day and $158.40 for 1 year of service; 3 days and $497.20 for 2 years; and 5 days and $792 for 3 or more years of service.

In addition, KPCO offers a program for nurses called Career Ladder. This voluntary program was developed to recognize and reward nursing excellence in four areas: education, experience, certification, and scope of responsibilities. Nurses participating in this program are expected to accrue continuing education units (CEUs), and 56 Career Ladder nurses acquired more than 3257 CEUs in 2009. These individuals were included in this survey but, to preserve anonymity, could not be distinguished by their responses.

Despite financial benefits and multiple educational opportunities, attendance at CNE presentations has been smaller than anticipated. At the time of this study, 109 APNs, 682 RNs, and 356 LPNs worked at KPCO. In 2009, a total of 22% of RNs and 6% of LPNs attended at least 1 CNE session.

The objectives of this study were to identify nurses’ attitudes toward CNE presentations, determine if barriers exist, and identify what prevents nurses from attending continuing education programs. Although this was a regional evaluation, results may stimulate other KP Regions’ nursing units to explore their CNE attendance rates and barriers to participation.

Methods

A 22-question Likert survey was sent via e-mail to all KPCO nurses (n = 1147) in January 2011. Nineteen of the items dealt directly with questions around CNE attendance, and each had 5 possible answers ranging from “strongly agree” to “strongly disagree.” The remaining 3 questions dealt with job type and CNE attendance history. To encourage completion, the survey was purposefully kept short, with an estimated completion time of 5 minutes. Nursing supervisors were alerted to support staff participation and permit work time for survey completion, and notices were posted in clinics reminding nurses to check their e-mail. The survey was anonymous, and consent to participate in this study was implied with voluntary completion and submission of the survey. The study was approved by the KPCO’s institutional review board.

Data Analyses

Frequencies for the 5 possible responses for each of the 19 CNE-related items were obtained using analytics software (SAS version 9.1, SAS Institute, Cary, NC). The number of responses for “strongly agree” and “agree” were combined, and the percentages of these combined responses were compared among the 19 items. We combined the responses for “strongly agree” and “agree” because we wanted to obtain an overall agreement score to the survey questions. We did not focus on the responses for “strongly disagree” and “disagree,” as the differences were small and less informative.

Survey Structure

The 19 CNE-related survey items were divided for analysis into 4 topic areas: scheduling and convenience, engagement and relevance, supervisor support, and CNE credits obtained outside KPCO. An open-ended comment section was included at the end of the survey. The survey items were as follows:

Scheduling and convenience:

1. It’s difficult to leave my station to go to CNEs.
2. The times CNEs are offered are not convenient.
3. If I go, I feel guilty about burdening my teammates with the work I should be doing.
4. I don’t hear about CNE sessions in time to plan for them.
5. The unit’s schedule is set before we hear about upcoming CNE sessions.

Engagement and relevance:

1. I don’t find the topics interesting.
2. I don’t think the CNE sessions can be translated into my daily routine.
3. The topics aren’t relevant to my work.
4. I don’t want to be the only one from my facility attending CNE sessions.
5. I don’t need CNEs.
6. I find it difficult to implement what I learned at the CNE session when other team members don’t attend.
7. I don’t have the energy to go.
8. I’m just not interested.
9. I learn the techniques discussed at the CNE session from teammates who attended.
10. I don’t work in a clinical capacity so these programs aren’t pertinent to my job.

Supervisor support:

1. I can’t or don’t get the time to go.
2. I feel some pressure from my supervisor not to go.
3. It is difficult to obtain permission to go.

CREDITS OBTAINED ONLINE OR OUTSIDE OF KPCO:

1. I usually obtain my CNEs online or outside of KPCO.

Results

Thirty-five percent of RNs responded to the survey. Ninety-five percent of respondents said they worked in a clinical setting. Of these, 22% of RNs indicated they had attended a CNE session at KPCO. Only 1 LPN responded to the survey.

Although APNs were included in this survey and 4% responded, their data were excluded from the analyses. Researchers learned after the survey was disseminated that CNE requirements for APNs differ markedly from those for RNs and LPNs. Thus, a large response from APNs was not anticipated, because they frequent continuing medical education presentations and are required by their certifying agencies to obtain certain CNE credit hours in their specialty areas. After exclusion of the APN and LPN data, there were 211 nurses in the sample.

Data shown in this section are for the combined responses of “strongly agree” and “agree,” as depicted in Figure 1.
Scheduling and Convenience

More than 80% of respondents reported that they could not leave their workstation. Of the respondents, 66% said they did not have the time to attend. Sixty-one percent felt guilty about leaving their coworkers to attend CNEs. Problems with scheduling time to attend was a common response. Of respondents, 51% said that they had no time to fit the CNE presentations into their schedule and 59% said that their schedule had already been set by the time the CNE presentations were announced. Fifty-seven percent reported that they obtained CNE outside of KPCO presentations.

We looked in more detail at the nurses who reported that they could not leave their station (n = 141). A subanalysis of this sample of respondents demonstrated that reasons for this included the following: they did not have time to attend CNE presentations (79.1%); the CNE presentations were not convenient (53.2%) (most CNE presentations were offered during their lunch hour); they could not obtain permission from their supervisor (40%); and they did not hear about the CNE presentations in time to include them in their schedule (52%).

Engagement and Relevance

Most respondents indicated that they worked in a clinical setting, found the topics interesting and relevant to their work, knew they needed and wanted to attend CNE presentations, and had the energy to attend. However, 16% did not want to be the only one from their facility to attend, and 19% found it difficult to implement what they learned when their peers did not attend. We explored whether some nurses circumvented the challenges of attending CNE presentations in anticipation of learning from others. Only 13% of respondents noted that they learned from others who attended CNE programs.

Supervisor Support and External Continuing Nursing Education

Twenty-two percent of nurses felt pressure from their supervisor to not attend CNE presentations, and 34% found it difficult to get permission to attend.

More than half of respondents indicated that they obtained their CNE online, from nursing journals, or from programs external to KPCO.

Comments

The open-ended comment section resulted in 73 entries. About half the comments reiterated the findings already mentioned. (Example: “The biggest problem is staffing. We generally run short so if someone needs to take off, it leaves our coworkers even more overworked.”) The other half indicated that the process for obtaining CNE completion certificates was difficult. (“I forget to struggle with the [electronic system] to attain the CEU certificate. The certificates should be handed out like most other organizations do at the end of the program.”)

Comments included several suggestions to improve the process. (“It would be nice to have a library of these CNEs and then I could view them on my own time. Make them available to be seen at home. I would watch them and obtain the credit at the same time.”)

All comments were extracted from the survey and sent to Nursing Services and the Nursing Education Department for informational purposes.

Discussion

The results of the survey highlighted a number of barriers to CNE attendance as well as a number of positive findings. Challenges to CNE attendance included program scheduling and convenience, lack of awareness about...
scheduled CNE presentations, and reluctance of the nurse supervisor to support staff attendance. All of these challenges appear interrelated.

The KPCO scheduling of CNE presentations often conflicted with clinic nurse staffing schedules because presentations were not planned in advance of unit staff scheduling. In many cases, work schedules prevented nurses who wanted to attend a CNE presentation from doing so. One obvious solution to this problem would be to schedule CNE programs in advance of unit scheduling, so clinical units and supervisors may plan on staff participation and secure adequate coverage.

Nursing leadership might encourage nursing supervisors to place a stronger emphasis on the importance of promoting staff attendance at CNEs. Supervisor resistance also has been reported as a barrier in at least one other study. Changing when supervisors develop and assign coverage schedules might enable two or more staff from each unit to routinely attend CNE sessions on a rotating basis, thus avoiding the barrier of being the only one from a facility to attend CNE sessions. With two or more staff attending, CNE attendance would increase, and knowledge dissemination and translation into clinic practice might be facilitated.

Handouts or other take-home materials might be provided at CNE presentations (called CNE Pearls) to assist attendees in sharing what they learned with their peers and to implement these practices in their work units if appropriate. A systematic process to develop and to practice presentation skills for nurses would also be helpful so that CNE attendees might be more comfortable presenting what they learned to their peers. Competitions among units or facilities to promote attendance at CNE presentations, with a reward from the supervisor for winning teams, might be something that would boost attendance and thus clinical knowledge.

Making the CNE process more customer-friendly might also improve attendance. Offering attendees the opportunity to download their CNE certificates from the nursing Web site might be easier for the attendees and relieve the Nursing Education Department of a time-consuming, paper-based duty.

A number of nurses reported that they did not hear about CNE presentations or they found out about them too late to include CNE attendance in their work schedule. Expanding marketing efforts through distributing posters on the unit, posting on the nursing Web site and in employee newsletters, and e-mail and unitwide announcements would help increase awareness of the presentations.

More than half of survey respondents indicated that they benefited from CNE presentations and obtained CEUs from online presentations, from nursing journals, or from other programs external to KPCO, perhaps because of the barriers that exist to attending KPCO’s continuing education programs.

The survey identified a number of benefits related to CNE presentations. As mentioned earlier, most nurses who attended CNE programs found the information provided was interesting and important for their work. Most knew that they needed the CNE and were interested in attending.

The results of this study highlighted several important challenges for nurses who want to obtain CNE credit within KPCO. The KPCO Nursing Education Department has already made one change to the CNE program as a result of this evaluation. The Region is now providing more advanced notice of CNE presentations to allow supervisors and nurses the time to schedule attendance at presentations. The study also demonstrated that nurses value CNE presentations, find them relevant to their work, and often go outside KPCO to obtain them on their own time. As in many pilot studies, these results have generated additional important questions that must be answered, specifically pertaining to increasing CNE attendance and what the value of CNE presentations is to improving nursing clinical practice and quality of care.

**Study Limitations**

This survey was sent to nurses via e-mail. Although all KPCO nurses and LPNs have access to e-mail, not all check their e-mail or have time to do so regularly. CNE offerings via the Internet or through sources external to KPCO could not be tracked for this study because this was a response that we did not anticipate would be as frequent as it was when the survey questions were developed. Therefore we did not break this question down into more detailed possible responses to the kinds of outside sources of CNEs. Because the survey was structured to protect anonymity, responses of Career Ladder nurses could not be distinguished from others, nor could more detailed demographics of respondents be obtained.

**Conclusion**

The results of this study highlighted several important challenges for nurses who want to obtain CNE credit within KPCO. The KPCO Nursing Education Department has already made one change to the CNE program as a result of this evaluation. The Region is now providing more advanced notice of CNE presentations to allow supervisors and nurses the time to schedule attendance at presentations. The study also demonstrated that nurses value CNE presentations, find them relevant to their work, and often go outside KPCO to obtain them on their own time. As in many pilot studies, these results have generated additional important questions that must be answered, specifically pertaining to increasing CNE attendance and what the value of CNE presentations is to improving nursing clinical practice and quality of care.

**Disclosure Statement**

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