

Evaluation of continuous nursing education

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ABSTRACT

Introduction: Continuing nursing education and the practice of newly acquired skills in clinical practice consist of increasingly important tools for improving patients' care in today's health environment.

Purpose: The purpose of this review study is to delve into the evaluation of continuing nursing education and its outcomes along with the educator's role and obligations.

Materials and Methods: A review of Greek and international literature was carried out, focusing on views regarding continuing nursing education and lifelong learning. The material of the study consisted of articles on the topic, found in Greek and international databases such as: Google Scholar,

Mednet, Pubmed, Medline and the Hellenic Academic Libraries Association (HEAL-Link).

Results: Evaluation of continuing nursing education is an integral part of improving the quality of educational activities. This assessment designates whether nurses meet the desired learning outcomes and provides feedback on ways to improve educational experiences that ultimately improve patient care.

Conclusions: The final results of continuing nursing education activities should be aimed at improving nursing professional practice, and therefore, the care provided to patients by nurses.

Keywords: Nurses, continuing nursing education, educators, obligations, importance

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INTRODUCTION

Continuing nursing education and the application of newly acquired skills in clinical practice are increasingly important tools for improving patient's care in healthcare settings today. Willingness and ability to transfer knowledge, skills and behaviour are critical to improving nursing care [1].

Concerning the factors related to educational processes, showed that when referring to the assessment of educational needs, the needs assessment method has to be revised [2]. Also depicted that 90.9% of nurses reported the needs assessment as the best method of selecting the continuing education program while 52.3% reported the relevance between the content of continuing education courses and their professional needs as an average [3]. In addition identified the educational needs of staff using a questionnaire. They concluded that the most important need for nurses was for them to be educated in ways that could facilitate their knowledge transmission more easily, and as a result, patient's education. Subsequently, all training programs were designed and implemented in the context of the educational needs of staff in the form of an educational model. The results showed that the quality of patient care was significantly higher in the experimental group, probably due to needs assessment and the related planning [4].

Also reported some key changes that could be made to the curriculum of the study as a strategy to improve the quality of education to support problem-based competence and learning [5]. Using Kirkpatrick's four-level evaluation model to measure the effectiveness of an educational program, this evaluation method takes into account only the first two levels: reaction and learning [6].

A review of the evaluation tools used to evaluate learning activities and seminars was conducted in 2015. It was carried out in the context of continuing professional development programs for nursing and midwifery staff. It was noted that the information collected through this tool depended on the satisfaction of the training participants and whether they felt that they had acquired relevant learning [7]. Recognizing the importance of redefining education in terms of not only satisfaction with participation but also the outcomes in patient health and health care upgrading [8]. The existing evaluation tool has been revised to be aligned with Kirkpatrick's Evaluation Model. and Level 3 in particular, which focuses on behavioural changes after the curriculum course, and Level 4 focusing on the effects of applying newly acquired knowledge regarding patient's care [6]. The revisions were basically predictions designed to capture learners' intention to change practice and their expected benefits for the patient's care resulting from education [9].

A systematic review found that intention is one of the two variable types, while the other is the acquisition of skills, which showed that health professionals intentionally choose to participate in continuing education and lifelong learning programs as part of their occupational behavior [10]. Intention statements can be a reliable tool for predicting actual workplace behaviour, and could, therefore, provide a close measure for Kirkpatrick's Level 3 evaluation model [6].

Concluded that the ability to complete and launch an intention may be affected by the extent of the learner's perception of controlling their intentions and the results of launching those intentions [11]. As described intention is a precursor of behaviour, and it is influenced by variables such as mood and perceived social pressures, and learners may not be able to display the intended behavior [12].

The **purpose** of this review study is to delve into the evaluation of continuing nursing education, its outcomes, the educator's role and obligations involved in the continuing nursing education process.

MATERIALS AND METHODS

Greek and international scientific bibliography was reviewed, focusing on views on continuing nursing education and lifelong learning. The study material consisted of articles on the topic found in Greek (5) and international databases (26) such as:

- Google Scholar,
- Mednet,
- Pubmed,
- Medline
- the Hellenic Academic Libraries Association (HEAL-Link),

using keywords: nurses, continuing nursing education, educators, obligations, and importance. The exclusion criterion for the articles was the language, except for Greek and English. Mostly, only articles and studies accessible to authors were used.

IMPACTS OF CONTINUING NURSING EDUCATION ASSESSMENT ON NURSING PRACTICE AND PATIENT'S CARE

Educators who design, implement, and evaluate the activities of continuing nursing education programs should do so in a way that integrates the identification and measurement of results that demonstrate how continuing nursing education has influenced the practice of nursing and patient's care [12].

Historically, the evaluation of the results of continuing education courses at the practical impact level has rarely been achieved. Until recently, accreditation criteria allowed providers of continuing education to evaluate activities at the participation or satisfaction level [1]. Consequently, recent changes in accreditation criteria by various bodies (e.g. American Nursing Association), require continuing education providers to assess the overall impact of their courses on nursing professional practice and / or outcomes in nursing patient care [8]. This step, reflecting the importance of continuing education programs for outcomes in patient care, is validated through comparative research studies conducted by peer reviews [13].

Managers of continuing nursing education are increasingly recognizing the importance of evaluating the outcomes of these courses, beyond levels of participation and satisfaction. Nursing evaluation is closely linked to quality assurance, as nurses strive to measure the effectiveness of their care, evaluate and change their attitudes when needed [14]. Additional interests requiring evaluation are those related to the patient, such as changes in behaviour or the conversion of professional behavior towards a more patient-centered focus and improved knowledge of nurses [15]. Disciplines of evaluation of educational outcomes include the development of occupational safety skills, such as safe drug handling, biosecurity and fire safety; they are also included in the list of studies as potential precursors to behavior or practice changes.

However, many nursing professors still find it difficult to identify and evaluate results that reflect the impact of continuing nursing education activities [16].

Challenges in evaluating results may reflect a lack of academic or professional preparation for measuring results. The challenges may also be the result of the fact that nurse educators do not take appropriate steps in the evaluation and planning phases of an educational activity [17]. It is crucial that nurse educators determine the source of a professional practice gap (single or inter-professional), design educational activities to bridge the gap, and clearly define what is expected to change, in terms of knowledge, competence / skills and patient care, as a result of participating in the activity [18].

Should nurse educators fail to take these measures, they may have problems evaluating the curriculum, and consequently, the results for both nursing education and the quality of care provided to patients.

It is difficult to assess the long-term effects of nursing care resulting from specific educational events, especially when education is provided independently in the workplace. The value of analyzing semantic evaluations, provides a deeper picture of nurses' intentions about how their learning

could affect patient care, and includes factors that may influence this outcome rather than just measuring satisfaction scores [19].

DESIGNING A RESULTS FRAMEWORK

The identification of outcomes so as to assess the impact of continuing nursing education on professional team performance and patient care should begin at the planning stages of an individual educational activity or series of activities. Nursing educators begin with a change in a level of care, an issue concerning performance or an opportunity for improvement [20]. This analysis is the basis for a professional practice omission or the difference between the current practice situation and the desired practice situation. Nursing educators, then, determine the reasons for the practice omission. This process determines the needs assessment and provides information on approaches to address the source of the omission in practice [21]. When conducting a needs assessment, the process described by Moore, Green, and Gallis describes a holistic approach using a pyramid model. They also recommend a pyramid holistic retrospective design and performing a gap analysis at each outcome level until there is no gap. Once a level of results has been established, nurse educators should [22]:

- aim for educational activity or a series of activities to bridge the gap to the next higher level
- clearly state the results
- Identify or calculate the outcome measure or measures.

This process would allow nurse educators to assess when the level of results is achieved. The desired outcome (or results) is also used to determine the appropriate content for the activity, teaching / learning methods and assessment method.

CONTINUING NURSING PROGRAM TRAINERS' ROLE AND OBLIGATIONS

Continuous evolution in combination with the requirement to provide adequate nursing staff in working surroundings of often limited resources, require educators to acquire a new level of knowledge, skills and competences [8]. Nurses' involvement in the decision-making process is potentially beneficial to patients, but it appears to be limited in daily practice due to the aforementioned omissions and problems [23]. Activities of continuing nursing education courses should incorporate adult education principles and other educational theoretical frameworks that link educational content to the challenges and responsibilities that nurses face in a complex

working environment such as health care settings [16].

Nursing educators should be able to identify gaps related to nursing practice and develop educational activities to address those gaps. Within a health interdisciplinary team, nurses' educators must also learn to assess gaps in team performance and serve to design interdisciplinary educational activities [8]. Interprofessional activities may then provide content appropriate to the scope of the practice of an interprofessional public health service. They aim to improve team performance by requiring nurse educators to extend beyond the expertise of nurses in order to integrate the needs of many health professionals, such as doctors, pharmacists and social workers, among many others [16].

In addition experiences of inadequate teachers led them to show a preference for training by senior nurses instead of physicians. The researchers found that educators who come from the nursing field themselves are able to better understand the needs, skills and university education of trainee nurses, and thus, the satisfaction levels of continuing education participants [2].

Mohamadi and Dadkha have recently shown that 55.2% of nurses evaluated physicians' education as mediocre, probably due to the lack of homogeneity between the instructor and the trainee [24]. Fairchild et al. showed that nurses' learning needs must be based on either skills or knowledge in a qualitative study of nurses' educational needs in rural areas. This happens when the teacher is well acquainted with the nursing skills and needs [25].

Farmani and Zaghimi-Mohamadi conducted a study that also showed that continuing education teachers' familiarity with new teaching methods and models, and particularly, interactive and laboratory methods are essential to attract and motivate students. So, it could be an effective factor in the quality of education [3]. Subsequent outcome measures serve as a basis for evaluating the value of continuing nursing education for improved performance and the value of investing in continuing nursing education for nurses, patients, and the healthcare system [26].

Furthermore, ongoing education has an impact on nurses' self-esteem and self-confidence, helping to change professional behaviors, and thereby, make the health system and services more effective [27,28].

The role of the nurse educator is critical to the professional performance of nurses and the positive outcomes in patient's care. The integration of a broader set of competencies and practical skills to respond to environmental changes is a prerequisite for hospital competence [29]. The skills of nurse educators need to evolve in response to changes in the health care environment, including the need to confirm the importance of continuing education for health professionals' performance, the impact of

patient's performance and the importance of interdisciplinary education [30].

Nursing educators need to act as dedicated professional development specialists. In fact, it is critical to the success of ensuring a link between continuing nursing education programs and improving professional nursing practice, team performance and patient care outcomes, looking for opportunities to develop and retain the knowledge and skills required [31].

Concerning teachers' motivation showed that due to delays in the payment of their allowances and the failure to register significant benefits (e.g., be placed in a permanent working position, teachers' promotions, etc.), teachers are not so interested in participating in lifelong learning programs [2].

Participating trainers in their research also highlighted the issue, claiming that, as teachers receive no extra bids depending on their abilities, and as a result, they have no incentive to conduct the training. The projected budget for teachers is insufficient. Indeed, there is a large gap between the budget and the project being implemented. On the other hand, facilitating and accelerating the payment of their financial allowances and providing sufficient benefits can act as a factor in increasing their incentives to participate in education [5].

Although the incentives may not be just financial, the benefits to educators from their respective academic organizations may motivate them to become more active in their participation in continuing education programs.

CONCLUSION

Evaluation of continuing nursing education is an integral part of improving the quality of educational activities. This assessment determines whether nurses meet the desired learning outcomes and provides feedback on ways to improve educational experiences that ultimately improve patients' care. However, evaluation is sometimes limited to activity satisfaction and learning.

Excellent opportunities for nursing educators to facilitate the transfer of new knowledge or skills are through utilization of design training processes and innovative delivery methods that may include the use of simulators, and interactive programs using computers and web applications whereas they are not limited. When patient care outcomes are predetermined, they guide the choice of educational approaches and the structure of learning experiences and provide opportunities for short and long-term improvement of the learner's performance.

Last but not least, it is vital the final results of ongoing nursing education activities aim at improvement of working nursing practice; and subsequently, the nursing care provided to patients.

Conflict of interests

None declared.

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