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## A Survey of Continuing Professional Education of Nurses in Ghana

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### ABSTRACT

*Continuing education in the professions has been a major discussion over the years. This is because the initial training of professionals may not equip them adequately in the discharge of their duties throughout their working life. One such critical profession is nursing. Nursing education in Ghana is done by the universities and the hospitals. These institutions train all categories of nurses. The study investigated the continuing education needs of Ghanaian nurses and the factors that influence their participation in such activities. The study found out that the needs of the nurses vary according to their area of operation, age, and geographical location. Many nurses participate in order to improve upon their skills and competence and to keep their professional standards. Few were interested in nursing administration and research. Financial support for participation is provided by the individuals themselves. The study concluded that continuing professional education for nurses is determined by the circumstances they find themselves and interest to continue to be abreast of new developments in the field of medicine and nursing.*

**Key words:** continuing education, nursing, continuing professional education, further education, adult learning

### 1. INTRODUCTION

The increasing complexity of applied technology and the dramatic impact of new knowledge in health have greatly increased the complexity of health care and placed unprecedented demands and accountability on health care professionals the world over (Perry, 1995 Wood 1990). This therefore, calls for emphasis on efficiency, quality and effectiveness on nurses to deliver. All over the world, the face of health care is changing rapidly and nursing education must be able to keep with these changes. Initial education or preparation in nursing places emphasis on general nursing education and the nurse cannot work with this knowledge throughout his/her working life

According to Neale (1997) continuing professional education is

The systematic maintenance, improvement and broadening of knowledge and skill, and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioners life (p.45).

Houle (1982) stated further that it is the ways in which professionals try throughout their active lives of service, to refresh their own knowledge and ability and build a sense of collective responsibility to society.

To the American Nursing Association, (1984) continuing professional education in nursing “consist of those planned educational activities intended to build upon the educational and experiential biases of the professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public” (1984, p.5).

The purpose of continuing education as indicated by Langenback (1988) centers on competence and maintaining quality of services. He stated:

Many organized groups encourage or require their members to participate in educational activities. Continuing one’s education in order to remain a member in good standing may be a house interpretation of why an adult who belongs to a group engages in an educational activity. A higher sounding reason for participation in continuing professional education is to keep abreast of changes in the field in order to improve the quality of services rendered. Continuing education is therefore intended to help individual professional practice and knowledge resources that can enrich practice.

As practitioners begin with general knowledge and pre-service preparatory professional education, lifelong learning needs to be emphasized alongside their early contact with members of the profession to gain a sense of what actually happens in practice (Houle, 1980).

Jarvis (1995) was of the opinion that continuing education in the professions may have a number of purposes including giving practitioners the opportunity to update their knowledge of new developments in their profession or to undertake an additional course so that the participants may move from one branch of the occupation to another, or to acquire additional specialist knowledge. It may be taken full-time, part-time or even through a combination of these, with in some instances, a distance education element added.

Factors affecting continuing nursing education include personal, professional and environmental needs. The personal factors describe demands on the nurses’ time and energy such as home, family, civic, religious and social responsibilities, financial obligations as well as self-imposed expectations. Hauf (1981) stated that the greater the number and extent of these obligatory responsibilities, the less time and energy the nurse has to devote to continuing education activities. Mature women pursuing further studies in Ghana were prevented by social and family responsibilities. Houle (1980) cited in Badu-Nyarko (2003) reiterated that feelings of alienation, hopelessness and defensiveness could discourage an individual from trying something new. Lack of engagement can also reflect depression that may result from emotional concerns as well as inactivity.

Houle (1981) cited in Badu-Nyarko (2003) noted that professionals employed in settings where they are no longer actively engaged in the work of the occupation might experience varying degrees of discomfort. It is this discomfort that affects the need for continuing education. Schoen (1982) found that most nurses in USA who participate in continuing education activities have a strong commitment to the profession. Nurses pursue professional continuing education that is directed towards credentialing, job skills, and professional knowledge (Urbano and Jahns, 1988; Schon, 1983). The professional factors that influence the need for continuing education reflect the professionals’ need to know, desire to meet the external expectations of others, and the commitment to meet the formal requirements of the profession to ensure job satisfaction and job security.

Popiel (1969) and Schoen (1979) cited in Badu-Nyarko (2003) reported that the purpose of continuing education for nurses is four fold:

- a. To gain knowledge, skills and attitudes that would enable the nurse to perform his/her job better
- b. To learn new nursing roles, techniques or skills
- c. To provide for self-development and professional growth; and
- d. To show competence for re-license
- e. To contribute to the professionalization of nursing

In a rapidly changing environment, professional knowledge is becoming increasingly complex and specialization. In most professions almost all the training budgets are spent on formal courses that are targeted at developing the knowledge-based of their particular disciplines. As a consequence, provision for professional skill updating is widely available and well accepted. The significant changes in the environment-technology, social economic, political and cultural developments are likely to affect the work practice of professionals (Badu-Nyarko, 2003). Accountability to the clients (consumers) of professional services and the desire for quality, together with the removal of restructure practices increase the need to keep up to date. According to Rapkins (1997), all these imply the need for different types of knowledge and skill for tomorrow's professional with, for instance, core communication, interpersonal negotiation, team working and selling skills.

In establishing an environment favourable to continuing professional education, there should be acknowledgement of, and the building of, partnerships between all those who will benefit from and have responsibility for continuing education - the individual professional, the professional body, the employer, provider and society (Rapkins, 1997),.

The professional body should act as ambassadors for continuous learning and encourage practitioners to start thinking about continuing professional development during initial professional education and establish a synthesis of initial and continuing education (Rapkins, 1997; Shoen & Morgan, 1993).

According to Rapkins, where, when and how CPE is provided must suit the individual practitioner. Emphasis should be on flexibility to include on the job learning, short courses and modular or open learning. CPE should meet the practitioners and employers need in terms of different learning needs, styles and opportunities. Anderson and Kimber (1991) stated that physical isolation has the greatest impact of all environmental factors that influence the need for continuing education. Rural nurses often see themselves out of the professional mainstream and they are often in situations where there is no collegial support.

In addition to the geographical area, the workplace is another environmental factor that influences the individual's need for continuing education. New technology and improved nursing techniques demand that the nurse acquire new skills to remain competent. However, institutional barriers may exist to prevent this from happening. Hauf (1981) noted some circumstantial factors that can affect the need for continuing education, such as staffing, scheduling, cost agency support and knowledge of available continuing education. It is only when staffing is adequate and some nurses can be released to participate in continuing education activities can programmes be attended. However, if relevant continuing education is provided

close to home, is convenient (time and place), and does not conflict with work and home responsibilities, then many nurses would participate.

In Ghana the process of continuing education in nursing has been thwarted by nurse managers and supervisors by the fact that they cannot be replaced while on study leave. Also incompetence, obsolescence, individualism and non-co-operative managers and officers fear nurses undertaking further education would overtake them due to long service and not qualification (Badu-Nyarko, 2003).

According to Gear, McIntosh and Squires (1994), some of the obstacles to continuing professional education include lack of time, isolation, competition, arrogance, and laziness. Other also lack awareness of what CPE is and how it relates to their job. In Ghana, there has been little research on continuing education for nurses and other professions. Anim (1993) writes:

Very little emphasis is placed on continuing professional education for nurses by the employing agency, the government. The main interest of government is continuous service delivery and job descriptions rather than looking into programmes that will enhance and ensure low labour turn over and efficiency. Nurses in Ghana nurses who desire to further their education are either frustrated, discouraged or denied the opportunity with the excuse that there is a shortage of nurses.

Bond (1995) stated that:

The pace of scientific and technological, social and political change is now so rapid and intense that an initial period of professional or occupational training can only provide the foundations of knowledge, skills and attitudes on which further development must be built, if it is to remain current. When we consider how quickly knowledge can pass its sell - by date, we start to appreciate the importance of life-long learning (p.145).

It is also evident that most nurses residing in urban centers are the major beneficiaries of continuing education. Information on areas for continuing education, although sent to all districts, those at the remote areas hardly notice them. Further, as the demand for health into specialized areas after initial training. In 1999, Dr. Ken Saigoe, The director of Human resources of the ministry of health commented that there were only few nurse and doctor anesthetists whose services are crucial and essential in the health delivery system primarily for surgical operation (Daily Graphic, March 13, 1999; p. 13). As a result efforts were being made to entice nurses (females) into this branch of health care delivery.

Mason and Wagner (1994) highlight the growing need for staff who can solve new and complex problems using analytical methods based on theoretical understanding rather than those who simply rely on past experience and trial and error. This growth in demand for high level skills and knowledge reflects intense competitive pressures on the part of the professional nurse who are obliged by their clients (patients) to achieve higher quality standards and meet the ever increasing elaborate performance specifications. The challenge to professional organizations, therefore, is to motivate the professional to continue with the training so that his/her contribution improves the performance and results of the whole organization. Ghanaian nurses as a vital group of health care personnel and front-line workers need to be abreast with current health practices to perform effectively to achieve Ghana's Vision 2020 health policy.

Training of health care professionals after initial training had not been mandatory. It forms part of the overall professional development of the health care system and the individual. The Ministry of Health, therefore, organizes development-training programmes as the need occurs. This invariably depends on the availability of nurses at each section of the health sector for development and training and availability of funds. For example in 2000, 162 nurses were at post in Western Region with 40 pursuing further education. There was also in-service training for the nurses to improve performance (Daily Graphic, July 15, 2000, p. 16). In Ashanti region out of 513 nurses, 125 were on further studies while in Upper West Region 15 were furthering their education in nursing out of 65 registered nurses.

Dublin (1974) indicates that learning late in life is becoming something more than merely a hobby for a large number of adults. Many face the possibility of job obsolescence unless they adjust and adapt to change. In the USA, the American Board of Internal Medicine expects its members to re-qualify every ten years and the American Board of Family Practice every six Years while in other states they require physicians to take further training every three years. In Ghana nurses are not mandated to do so and only register for continuous membership for good standing on payment of annual dues.

Based on the above issues the study investigated the continuing education needs of Ghanaian nurses and factors that influence their participation in continuing education in their professional fields.

### **1.1 Purpose of the Study**

The purpose of the study was to identify, describe, and analyze continuing education and training needs of registered nurses in Ghana and explore relationships between the personal characteristics of the nurses and participation in continuing professional education. Also, the study identified the various educational strategies that could be used on the education and training process to enhance the professional development of nurses.

### **1.2 Objectives of the study**

In line with the problem and the purpose of the study these objectives guided the study:

- a. To determine the educational needs of registered nurses in Ghana for continuing education
- b. To assess the factors that influence the continuing education of registered nurses in Ghana with regard to (i) institutional (ii) situational (iii) dispositional
- c. To identify the institutional support systems that exist for the further training of qualified nurses after graduation

## **2. RESEARCH DESIGN AND SAMPLING TECHNIQUES**

The research design used in the study was non-experimental. The cross-sectional survey design based on the critical method was utilized (Schneigert, 1994). This method was adopted because it provided the most meaningful way through which a large section of the nurses' views could be collected across the country, collated and analyzed for valid conclusions. The survey was used since it could describe the demographic characteristics or traits of the sample and explore relationships between different factors, and delineate the reasons for particular practices.

### **2.1 Sampling design**

A probability sampling design of the multi-stage random sampling was adopted for the study. The study drew inferences from the fact that subjects (nurses) were scattered fall over Ghana and found in the districts and regions. This therefore required careful selection and demarcation to make the study representative and generalizable. In the selection the country was taken as a unit. Four regions were selected at random and the two districts from each of the four regions sampled for data collection.

## 2.2 The population

The population was made up of registered nurses in Ghana, working in both Public and private employment as ward nurses or nurse administrators. There were 13720 nurses in all.

## 2.3 Sample size

The sample was based on the population of the districts selected. According to the Health Sector Five-year Programme of Work (2000) “.....health personnel throughout the service are inequitably distributed in relation to need, both in terms of level (public Health care, district and region) and in terms of geographical spread. The bulk of personnel are located in the southern half of the country”(p.5). This made the selection of the nurses higher in the southern sector. The study was designed using one region from three zones namely the north, middle belt and south except the southern sector where two regions were selected due to the heavy concentration of nurses.

The zones were:

- i. The North (Upper West, Upper East and Northern Region)
- ii. Meddle Belt (Brong Ahafo, Ashanti, Volta Regions)
- iii. South (Western, Central, Eastern, and Greater Accra Regions)

The three regions selected at random from the three zones were Upper West, Ashanti and Western. However, Greater Accra was included due to its position as the region with the national capital and the greatest concentration of professional nurses. In each region selected, two districts were randomly sampled for the study based on the number of nurses at post.

**Table 1: Sampling Frame**

Region	District Selected	No. of Nurses	No. Selected
Greater Accra	Dangbe-West	43	26
	Accra Metro. Area	206	124
Western	Nzema East	32	19
	Ahanta Shama	149	89
Ashanti	Kumasi Metro Area	111	67
Amansie-West		40	24
Upper West	WA	47	28
Nadowli		30	18
<b>Total</b>		<b>658</b>	<b>395</b>

Using a proportional representation of 605 from each district selected, a sample size of 395 was realized. The filed survey yielded 246 returned questionnaires representing 62.2% of the

sampled population. The selection of the nurses in the districts was based on the departments the nurses worked to make sure all categories of nurses were included using the systematic random sampling of every second nurse on the list. In the Greater Accra Region, the Military and Police hospitals were included in the population for sampling.

**Table 2. Characteristics of the Sample**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Sex</b>		
Male	30	12.6
Female	207	87.3
<b>Age (years)</b>		
20-29	30	12.7
30-39	65	27.4
40-49	110	46.4
50-59	30	12.7
60+	2	0.8
<b>Institution of Work</b>		
Government Hospital	193	81.4
Private hospital	13	5.5
Mission hospital	17	7.1
Military/Police Hospital	17	5.9

#### **2.4 Research instrument**

The principal tool used was the questionnaire. This was because all the nurses were literates and the demands on their time would not permit the use of direct interviews. The questions had 45 questions with eleven open-ended questions and five sections based on the objectives. The first section dealt with their personal and professional background information. The second section was on their knowledge and beliefs about continuing nursing education. The third was on institutional and personal support needed for continuing education the fourth was on information on the continuing education and training needs of the nurses. The fifth dealt with where, when and how training had to be organized and suggestions for the future.

The pretest was conducted on 29 registered nurses at the Ridge Hospital in Accra to determine its suitability or otherwise to fulfill the objectives of the study. The reliability of the pretested instrument yielded  $r = 0.89$ .

Fieldwork and administration of the questionnaire took three and a half months to complete. Returns were fast in the first week the slowed down. After one week about 30 percent were returned and about 55 percent within two weeks. By the end of the fourth week about 60 percent had been received after reminders.

#### **2.5 Data analysis**

Two forms were adopted. The first was that all the closed ended questions were quantitatively analyzed using percentages, means and standard deviations. Further, in order to establish relationships and differences that existed between personal characteristics and other variables, the chi-square analysis and t-test were used. All the statistical analysis and test of significance were computed at 0.05 (95%) significant level using the two tailed test of significance.

The open-ended structure adopted both quantitative and specific qualitative approaches using the constant comparative method advocated by Glaser and Strauss (1967). For effective discussions, the open-ended questions were analyzed using the descriptive-narrative methods. In this context the Cross-case analysis (CCA) which involves grouping together responses from different people into themes on a common question were used (Lincoln and Guba, 1985).

## **2.6 Ethical Issues**

Application for approval to conduct the research was sought through the regional directorates of the ministry of health and the principal nursing administrators. All forms of ethics such as anonymity and confidentiality of information were adhered to.

## **3. SUMMARY OF MAIN FINDINGS**

Consistent with the objectives set in the study the following finds were made

### **Further Educational Opportunities**

Employer encouragement towards CPE was high (78.2%) across the various organizations they were working. This indicates that their employers do not prevent nurses. Both the chi-square analysis ( $\chi^2_4 = 0.90$ ;  $p = 0.924$ ) and the practical significance alluded to this. However, the majority of the 21.8% who felt not being encouraged came from government establishments.

It was established from the study that most of the nurses had been attending continuing nursing education regularly as 45.6% had done so within the year, although more than 16% had not had the opportunity for the past 5 years and 21.5% for over 3 years. These nurses were mostly from the urban centres.

Although there are opportunities open to the nurses for further training, among those not currently participating in continuing education shortage of staff to replace them while on course 52.3% inconvenient time schedules (32.3%) and the high cost of attending such training were cited as the main reasons for non-participation.

The CPE programmes he nurses participated in were for upgrading (45.1%), professionalism (17.2%) and competency (10.8%) as well as skill development (16.1%). Most of those undertaking continuing education in nursing are doing so on full-time basis. Workplace in service was recommended to help the trainees or professionals to combine practical work with theoretical perspectives. Distance education was lowly ranked by the nurses. Perhaps, the practical orientation and use of aid hamper its use and promotion. Part-time study was also not highly considered.

One area that became clear was meeting the relicense requirements of the profession. In other professions the individual had to regularly attend courses to upgrade him/herself before being considered in good standing but this was not so among the nurses. The offers job security. Principally, it came out in the finding that nurses are interested in continuing education as important (77.2%) to gain knowledge, develop skills, to learn new nursing roles and to contribute to the advancement for the profession. About 46.5% found CPE inaccessible to nurses.

**Motivational Orientation to Participate in Continuing Nursing Education**

In every educational endeavour motivation to learn and participate becomes essential. Participating in continuing nursing education cannot be compulsory if the nurse is not motivated. The nurses in the study were self-motivated and interested in their professional advancement as well as meeting the job expectations of their employers. For instance, while others participate to seek boredom and simulation, the majority wanted to improve their social relationship with others in the community.

**Table 3 Reasons why nurses participate in CE (N = 237 in all cases across)**

Reasons	Agree (%)	Strongly Agree (%)	Mean	s.d
To gain/nurse knowledge	30.4	62	4.36	1.2
To gain/develop skills	42.2	48.5	4.19	1.2
To learn new nursing roles	37.6	43.9	4.03	1.3
To promote self-development	33.8	41.9	3.59	1.4
For promotion/higher salary	26.2	25.7	3.16	1.6
Change jobs from forest employment	43.1	10.5	2.28	1.4
To demonstrate competence	36.3	35.0	3.62	1.6
To meet re-licenses requirement	26.2	16.9	2.83	1.7
To contribute to advancement of the Programme	40.1	45.6	4.06	1.3

**Table 4 Barriers to Participate in Continuing Nursing Education**

Barriers identified	Mean	s.d
Lack of money	3.6	1.6
Lack of employer support	3.55	1.6
Lack of information on education	3.39	1.6
Inconvenient work schedules	3.26	1.6
Trouble to meet the large reference	3.26	1.6
Lack of child care	2.99	1.47
Lack of personal time	2.91	1.6
Feeling of being too old	2.84	1.6
Lack of family support	2.83	1.4
Lack of frequent CNE	2.79	1.6
Poor health	2.77	1.6
Lack of chests/relevant courses	2.76	1.4
Lack of pear support	2.43	1.5

According to Table 4, four main barriers were found to confront the growth and development of continuing education. These were financial problems, information on courses, lack of employer support and inconvenient time schedules for the courses.

For the nurses, the main focus of continuing nursing education must be in the area of nursing specialties such as emergency, first aid, and critical care nursing (83.5%) as well as anesthetics. Of equal importance was the legal aspect of the practice and health care reform in the area of HIV/AIDS education (84.4%). Technological skills were also identified as an area needing attention since modern nursing requires the use of computers and other electronic devices

(78.1%). Apart from these, the nurses felt that continuing nursing education must centre on nursing as a profession.

#### **Factors affecting participation in continuing nursing education**

Factors affecting participation in continuing nursing education were varied. These include the distance or geographical location of the nurse, dependents, the sector of health care in which the nurse works and the initial preparation in nursing.

It was realized that most nurses working more than 30 kilometres from the district capitals were not currently participating in continuing education. This trend was similar to those within 10 kilometres radius. It therefore came to light that distance has greater effect on participation ( $\chi^2_{10} = 5.23$ ;  $p = 0.043$ ). the reality is that while the majority was affected by distance, the others were not.

Similarly, 67.5% of nurses in the study were interested in training outside their respective districts. This might be expected as they would avoid constant demands on their time by the family, friends and social pressures and also to work and share experiences with colleagues in other districts. The chi-square analysis showed that there is a relationship between distance and where training should occur ( $\chi^2_4 = 86.77$ ;  $p = 0.008$ ). This means that the further the person was from the district capital the greater the desire to have training outside the district capital or hospital.

It was very clear that the nurse's initial training either in psychiatry, general nursing, and anesthesia or otherwise contribute to further education (70%). The requirements of certain courses and the individual's ability to undertake further studies influence continuing education. In short, the educational background and preparation becomes essential in continuing education.

Participation is also affected by the respondents' area of operation in the health sector. The area of operation and the requirements of the employer determine the chances and what is available. This presupposes that where a nurse is working as a theatre nurse she were no course in that field is available, the opportunity for further education becomes limited.

The effect of dependents on continuing education was a matter of concern. Dependents in some ways limit the chance of nurses. The chi-square analysis of ( $\chi^2_1 = 0.92$ ;  $p = 0.336$ ) showed that there was no statistically significant relationship between dependents and interest to participate in continuing nursing education as women with multiple roles in the family, such pressures as leaving the children, husband or aging parents for courses outside the district manifest itself on them. Consequently, most of them suggested training outside the district but on the job so as to escape the pressures of the home on their learning. it was therefore concluded that professionals and for that matter adults require peaceful environment to study to forgo competing demands on them.

#### **Support for Continuing Nursing Education**

Knowledge about the existence of policies relating to continuing education was highly inadequate as 52.2% were not aware of these. This was even higher among those in government and private hospitals. In addition certificate nurses were also unaware.

Financing continuing education in nursing was to be the responsibility of the organization the nurse works. In this case the Ministry of Health and the employing institution. NGOs were also mentioned in footing the bill for training nurses after their initial training.

Apart from financial assistance, the need for information on continuing education activities was cited. The lack of information prevents nurses from knowing which courses are available on offer, where to go and the entry qualifications needed. Supporting this claim was the time release to participate in such activities. It is often the employers who have to release the workers for further studies.

The most important item or support on employer can offer the nurse, as motivation for continuing education was financial support. This may take the form of study leave with pay, supplementation, attractive salary and promotion after undertaking a series of courses.

#### **Level of Interest In Continuing Education**

The level of interest in continuing education was very high. This implies that the nurse is ready to learn once the opportunity exists. Most of the nurses were willing to enter continuing education in order to acquire current knowledge in the field of nursing to perform efficiently rather than receiving higher pay or acquire higher certificate. A large percentage of those with dependents were interested in CPE. Old age and poor health were reasons assigned for the current lack of interest in further education. It was established that there was no relationship between educational background of the nurses and their interest in continuing education and that dependents had little affect so far as interest to participate is concerned.

#### **Continuing Education Needs**

The Ghanaian nurse had a large capacity to work effectively. There were, however avenues for improvement as new trends and changes occur in the nursing field. The majority of certificate and diploma holders felt their current training was inadequate.

The most important further education needs of the nurses were financial support, professional adjustment and orientation, safe motherhood and reproductive health, moral support, time off from work to study and nursing management.

The three most important courses relevant to them were (a) Public and community nursing, (b) midwifery and (c) emergency, disaster management and first aid.

The study found out that the age of the nurse had a direct effect on the length of an educational programme ( $\chi^2_{16} = 23.87$ ;  $p = 0.05$ ). About 63.3% of the youth aged 20-29 years wanted longer course duration while the older nurses wanted shorter periods of at least two weeks. This indicates that the older nurses were more interested in professional development courses than academic ones.

The nurses were dissatisfied with their current area of practice and would like to move to other lucrative and demanding areas (t - test = 3.33 with 32 degrees of freedom @ 0.005) showed a change or movement within the profession not outside it.

#### **Type of Continuing Education Opportunities Interested**

Professionals are interested in continuing educational opportunities that would give them satisfaction and in-depth knowledge (Houle, 1982). Preference regarding type of CPE was different across both professional and personal characteristics of the nurse. Hospital In-service training (47.7%). Seminars and workshops (62%) were highly preferred to university credit courses (40.5%) and general interest courses at the Nursing Training Colleges (24.9%). The interest shown in the various education opportunities resulted from the advantages they had on

the individual. Diploma holders, the middle and old aged, and married nurses preferred hospital in-service training.

#### **Teaching/Learning Methods Preferred**

An essential element of nursing needs for curriculum development rests on the delivery method. The method of learning and imparting knowledge helps to concretize the content, the level of absorption and participation. While some nurses were interested in teacher-centred approach to learning others were interested in individual and group learning.

Ghanaian nurses, it was established do not like reading on their own and did not know much about case studies as a form of learning. the nurses were interested in the lecture, demonstrations, workshops and group discussions as a table (Insert table). This trend was manifested in the personal and professional characteristics of the nurses. It was established that the older nurses were more interested in self-directed study than the youth. The indication is that the aged are able to understand and analyze issues on their own to apply them to their work than the younger ones.

Workshops and group discussions were popular among the certificate and diploma nurses while self-directed study was ranked higher among degree holders. The lecture was popular among certificate nurses. The study therefore established that the level of education has an implication for the method of learning one preferred.

Married nurses tended to like distance education and group discussion than any of the methods.

#### **Measures to Promote Continuing Nursing Education**

The study found out that the main measures to adopt for the promotion of continuing nursing education Ghana centred on availability of funds and logistics in supporting the nurses. Also, there is need to encourage the nurses through regular seminars and workshops of shorter duration. There was also the need to motivate the nurses through better re, remuneration and promotion prospects after attending in-service courses.

### **4. POLICY RECOMMENDATIONS/IMPLICATIONS**

Based on the findings of the study the following recommendations are made for curriculum development, adult and continuing education.

#### **4.1 Curriculum Development**

An area needing attention is the role of the programme planner and the curriculum developer for further education in nursing. There is the need for the Human Resource Unit of the Ministry of Health to fully identify the needs of the nurses in relation to the needs of the organization before programmes for in-service and further education are drawn. This is because the nurses are interested in courses that would promote their future security in terms of practice and professional growth.

Employers of all forms both government and private must ensure that policies pertaining to continuing education in nursing and made known to the nurses in order to make informed decisions about their studies. The employer must be ready to offer the professional information regarding continuing education.

As indicated in the study, the interest of the nurse is in full time study and so programmes and courses must be full time and of longer duration particularly those of academic nature.

Since the nurses were interested in group discussions, workshops and seminars, the curriculum developer must ensure that lessons are made adult friendly with discussions, demonstrations and practical. It must be noted here that older adults must be considered when designing programmes. For such categories of persons the time must be short but content worthy.

Continuing nursing education must take place in or near an established hospital that they can practice or observe at firsthand what had been learnt. This is also an opportunity to share ideas and experiences with fellow workers in other districts.

#### **4.2 Adult and Continuing Education**

Financing adult education is a difficult task. Therefore, both the employer and the employee must provide support. However, it is recommended that the employer must take up the greater share of the cost. The employer can provide for the payment of tuition and accommodation while the employee supplements feeding and stationery. However, where the continuing education is mandatory, the employer must foot all the bills including travel and transport expenses. Therefore, paid education leave must be instituted as a policy in the workplace.

Continuing education at the workplace must be encouraged and promoted. Nursing is a dynamic profession requiring constant knowledge. Every nurse must be encouraged and motivated to undertake it if they are to perform adequately and efficiently for the century. There are specific areas in health that needed to be addressed. These are safe motherhood and child-care, HIV/AIDS education and emergency nursing.

In developing programmes for nurses, women issues must be considered including factors affecting the welfare of women. Women's roles as leaders in the community and the search for partners must be considered. Longer duration of courses may disturb some marriages.

### **5. CONCLUSION**

In line with the objectives of the study, specific conclusions were drawn. It was established that nurses were interested in full time study than part-time study. As expected, many of the nurses want to study outside their workplaces in order to avoid the pressures of the home on their study.

Participating in continuing nursing education requires enough motivation than personal interest. This motivation arises out of the job specifications and commitment to learn than external factors like family pressure and institutional support. The nurses indicated that there are specific areas that need attention. The need of the nurses were in the professionalism of nursing as a whole, documentation skills, technological advancement, legal issues affecting the profession in terms of what ought to be done in order not to incur the displeasure of their clients. This idea cuts across both age groups and educational background. This special need is manifested in the fact that nursing is becoming complex with new developments, which require a more knowledgeable personality in the field to achieve maximum progress. This means that the notion of nurses mainly practicing in hospitals or within the walls of a hospital must change into how to educate and service the community.

An area that needs attention is information on continuing education opportunities in nursing. Such information is needed to critically evaluate the importance of the training and the benefits thereof. In addition, employer support and encouragement could serve as an

incentive for participation. This need although may be less influential could boost the morale of the work for him/her to realize that the employer cares.

Employer encouragement towards CPE was relatively high particularly across the various organizations they were working. Yet, a large percentage of nurses were unaware of their employers' policy towards CPE. This revelation shows that the information base of the government in terms of continuing education in nursing is low.

The main interest of the Ghanaian nurse was how to acquire knowledge in the field of nursing. This need supersedes all others when considering their interest in continuing education. Furthermore, the need to improve skill and experiences becomes paramount. These notwithstanding, the nurse needs job satisfaction and self-development through regular in-service training. It is the opinion of the nurses that people who qualify for further training or in-service activity should be given time off to participate in the training programmes. It is wrong for employees to prevent them from doing so on the grounds of shortage of staff to replace them.

Although there are opportunities opened to the nurses for further training some nurses were disinterested in continuing nursing education due to family constraints and poor health. Despite these shortfalls, nurses continue to pursue continuing education for future security and job retention as well as to grow in the profession.

Another CPE need was in the area of safe motherhood and reproductive health. The rate of maternal deaths continues to increase and it is a matter of course that this became an area needing attention. Nursing management and administration also require enough attention. So does the introduction of short courses, interpersonal relationships and issues relating to government health policies. In fact, issues of human relations are becoming central to the growth of organizations needing expansion and progress. A good nurse must know the dynamics of communicating. That is how to communicate with his or her clients, colleagues and superiors. The professional nature of the job requires courtesy, respect and love for one another. Therefore, the way the nurse relates to the patient, the doctors fellow nurses and the public becomes important.

It is important to note that today's nurse is more sophisticated and with the complex nature of the job, it requires a nurse who can perform creditably. Therefore, the focus of continuing education needs to be diverse, complex and in-depth. To the nurses the main focus of continuing nursing education had to be on specialties rather than general nursing knowledge. Another area of importance is the legal aspect of the nursing profession. The complexities of the profession demands that the nurse becomes well versed in the legal implications of the practice.

It came to light that Public and Community nursing is the course in great demand followed by Midwifery, Intensive and Critical Care, Emergency and First Aid Nursing as well as Pediatrics. There were other areas that were of lesser demand such as Gynecology and Theatre nursing, nursing research and Anesthetics. These are areas that to some extent fizzle out with the nurse once out of the job. While job security and future practice is found in Midwifery and gerontology, there were other areas where night duty and emergency calls are needed and these fields were not very attractive.

Adult education programmes require enough time for the learners to understand and assimilate what had been delivered. While some people may like short courses, others prefer medium to long term duration. The need of the nurses was that they require long to very long periods of time. As expected, both the young and the old require the same length of time statistically. However, in practical terms the youth required longer duration than the older ones.

Preference for learning methods also differed. The lecture was found to be a home with those with lower educational background and the youth. In all, the lecture ranked second to demonstration. Of lesser preference was a case study and self-directed learning or independent study.

The emerging scenario is that in Ghana, there is no incentive to encourage participation in continuing education and for those in private practice, such participation involves loss of earnings. It is also difficult to find sponsors. In spite of this a great deal of continuing education is available in short courses, seminars, conferences, and workshops for all categories of nurses usually organized by their respective professional societies, associations and to a lesser extent, by universities, nursing colleges and other institutions for nurses.

The organization and selection of nurses to courses by the Human Resource Development unit are not on the needs of the nurses at any given time but the resources available and areas the unit deems proper for training. This attitude is invariably wrong, as a nurse selected for a particular programme may not be interested. This disinterestedness would prevent her from attending or she may only attend because she is forced to do so. In this case little learning or interest may be shown. In the end the organization suffers financially, materially and time wise.

It must also be noted that professional nurses can no longer depend on their initial education and training to equip them for their entire working life. Sustained professional competence requires continuing professional development of the individual and of the organization. Increasingly, there is recognition that updating of existing knowledge and skill and the development of new knowledge and skill are part of professional life. Moreover, individual practitioners, employers, professional bodies and educational institutions are becoming increasingly aware that continuing professional education is a joint responsibility requiring shared commitment and action.

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