"The Value and Impact of Continuing Professional Education in the New NHS: Nurses' and Managers' Perspectives

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Abstract

The thesis explores the application of Continuing Professional Education learning in the work place, and evaluates the factors contributing to its application to clinical practice. The research specifically reviews and assesses relevant literature and theories of adult learning and evaluation. Using existing literature, empirical research work was undertaken in three case study sites. The methodological strategies of illuminative evaluation were utilised in the study, the innovation was examined in the context of "Learning milieu" (Snyder, 1971). Observations of documentary evidence, interviews with course participants and their respective managers and pre and post course questionnaires constituted the data collection. The combination of data assisted the researcher in "illuminating" issues, significant features and problems. The research study systematically and logically investigated, unfolded and clarified issues as they arose.

The study utilised a qualitative approach supported by quantitative data in order to reveal individuals' learning processes within the organisations (case study sites) and comprised of three main phases of action, which in practice were more like inter-related loops. A review of existing literature, an introductory visit to the three research sites; questionnaires, distributions and semi-structured interviews with the stake holders; and the writing of the case studies to reveal impact and application to practice. A cycle of "planning, acting, observing and reflecting" was implemented throughout.

In this research study the researcher constructed and adopted a multi-dimentional integrated approach, acknowledging not only the social environment in which adults find themselves, but also the cognitive dimensions. Therefore, the study was close to its social context and the "reality" as experienced by the course participants.

The researcher strived to understand programmes and situations as a whole. This holistic approach assumed that the whole is greater than the sum of its parts. It further assumed that a description and

understanding of a programme's social and political context is essential for overall understanding of that programme (Patton, 1990).

A number of issues were identified from the research study and recommendations made. Their adoption will be particularly valuable to those currently involved in Continuing Professional Education, Nurse Managers, Practitioners, Purchasers and Commissioners of Health Care.

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Footnote:

Throughout this study, for the sake of clarity, the following terms have been used collectively:

Nursing - denotes nursing, midwifery and health visitors

Practitioner - denotes nurse, midwife, and health visitor

Abbreviations:

CPE denotes Continuing Professional Education

PREPP Report denotes The Report of the Post-Registration Education and Practice Project (UKCC, 1991)

UKCC - United Kingdom Central Council for Nursing, Midwifery and Health Visiting

ENB - English National Board

RCN - Royal College of Nursing

BACKGROUND

CHAPTER ONE

1.0 Introduction

The overall aim of the study was to explore the perceived relevance of Continuing Professional Education to Professional Practice, from the view point of course participants and the service Managers. The primary purpose of this chapter is to outline the overall perspective of the study. This chapter begins with an explanation of why the researcher took the initiative to undertake the research study on "How Continuing Professional Education (CPE) is valued for its impact on practice in the new National Health Service (NHS)".

This is followed by a brief summary on the reform of the NHS and on the importance of CPE. A subsequent section highlights the NHS and it's workforce. The aims of the thesis are then provided and the chapter concludes with a brief statement about the remaining chapters in the thesis.

There is a growing interest in alternative and innovatory styles of training and education, and how these could promote organisational performance, effectiveness and competitiveness. Two of these concepts are of the learning organisation and "Lifelong Learning" (Senge, 1990; Dewey, 1916; Peters, 1966; Marsick and Watkins, 1993, and others). The thesis focuses on the impact of CPE on the participants' application of learning to practice. In doing so, it addresses issues about how people learn, develop and change.

The qualitative nature of the research and subject matter utilises semi-structured interviews focusing on individual experiences and perceptions and places the study broadly within a social research framework (Patton, 1990).

The fieldwork data is drawn from different disciplines. The research has been carried out in three sites in the United Kingdom and it is intended to contribute to the decision making arenas of the organisations under study. It is hoped that the study will provide an insight into, and raise questions about, the

experiences of participants and the support and facilitation they have received and, therefore, will be of value to the organisations involved, the course tutors, mentors and the managers of the units. It will also be of use to other key stakeholders who are interested in the experience of adults learning and CPE as well as improvements in the organisation as a whole.

Furthermore, by analysing the data in terms of Parlett and Hamilton's (1972) conceptual framework as well as those of Senge (1990) and Kirkpatrick's (1987), it has provided observations regarding organisations' strengths in terms of facilitating learning and their capacity for learning.

1.1 The background to the study

The Department of Health document on Nursing ("A vision for the future") speaks of a need for flexible, knowledgeable, and skilful nurses and midwives and Health Visitors, responsive to the needs of users and their carers (DoH 1993). The Report states that Practitioners must consider how to develop their practice and providers should be able to identify education that

promotes such development. At the same time, the report indicates that the employers should be able to identify potential leaders and managers.

Initial nurse training aims to provide a basic knowledge and understanding of nursing practice and its associated sciences, and to develop in the student a critical investigative approach. It is not intended to assure competence in a particular speciality in the health care settings (Sheppard, 1994).

Butterworth points out;

> *Patient care is only as good as the nurse who provides it. Good patient care comes from the nurse who is motivated, happy at work and has good communication skills, has relevant knowledge, is open to new ideas and willing to change her practice as required.*
> (Butterworth, 1994, P11).

It has been the implicit and explicit aim of the nursing profession to develop what is best in the profession e.g. the art, sensitivity and skills of nursing into a methodological and research based body of knowledge (Briggs Report, 1972; Wilson Barnett, 1990; DoH 1992 and 1996).

The aim of continuing professional education is to enable the qualified nurse, midwife or Health Visitor to maintain, develop and enhance sufficient knowledge and skills both professionally and clinically (UKCC, 1987; Cooper, 1983; Jarvis, 1983).

As stated by Abrahamson;

> *No Profession is better than its current practices.* (Abrahamson, 1984, P4*)*.

Rogers and Lawrence (1987) in their study highlighted that the provision and the organisation of CPE does not meet the needs of all nurses. A survey commissioned by the Department of Health indicated that only 18% of nurses working in high technology units were qualified in the speciality in which they are engaged to work (Roger and Lawrence, 1987). Furthermore, Lathlean (1988) highlights:

> *Basic training for initial registration and Continuing Professional Education has major consequences for Post-registration and that changes or deficiencies in the former are bound to have implications for the later, conversely the degree of continuing education of trained staff affects their potential contribution to students.* (P9.2).

A Strategy for Nursing Document has asserted that:

> *The profession must be prepared to meet the challenge of changing health care needs arising from population*

> *trends epidemiological shifts and the public's expectations of health care.* (DoH , 1989, P7)

The strategy further emphasises the importance of leadership as setting the pace and direction for change in nursing.

The key targets of "A Strategy for Nursing" (DoH,1989) document was that;

> *There should be strategic and operational plans to meet the educational needs of the future professional workforce.* (Target 26, P15)

The Government is determined to place quality at the heart of health care. The White Paper, ("The New NHS" A First Class Service, 1997), advocates strongly that health professionals need the support of lifelong learning through CPE programmes. The learning needs of the individual health professionals need to be met in order to inspire public confidence in their skills, but importantly, they also need to meet the wider service development needs of the NHS. (Paragraph 3-30).

The Report recommends a more integrated approach that successfully matches the legitimate aspirations of individual

health professionals and also responds to local service development needs of the NHS (Para 3.3).

The Government places emphasis on the individual health professionals' responsibility for the quality of their own clinical practice and advocates that professional self regulation must remain an essential element in the delivery of high quality patient care (Para 7.15 The new NHS. Modern dependable, 1997).

The Government believes that clinical governance and lifelong learning working hand in hand in instilling quality at a local level throughout the NHS (NHSME, 1997).

"The new NHS" White Paper proposes a drive for efficiency through a more rigorous approach to performance, so that every pound in the NHS is spent to maximise the care for patients. The focus is on quality of care so that excellence is guaranteed to all patients, and quality becomes the driving force for decision making at every level of the service (Para 3.2, P4). The Government will require every NHS Trust to embrace the concept of "Clinical Governance" so that quality is at the core,

both of their individual professionals and their responsibilities as organisations.

The Report acknowledges that lifelong learning is an investment in quality (Ibid, Para 3.31, P.42). The NHS must keep pace with a changing world, with medical advance, with fast changing new technologies, and new approaches to patient care. Greater public awareness of these advances has rightly created increased expectations of what the NHS can deliver (Ibid, Para 3.31).

The United Kingdom Central Council (UKCC) code of professional practice has further major implications for the practitioners to keep up to date with their knowledge and skills, and in 1994 the UKCC agreed arrangements for post registration education and practice (PREPP), which made CPE mandatory. The code endorses two points with specific relevance to Continuing Professional Education for the practitioners:

- Each registered nurse, midwife and health visitor is personally accountable for his or her practice and, in the exercise of professional accountability, must maintain and improve professional knowledge and competence.

- Acknowledge any limitations of knowledge and decline any duties or responsibilities unless able to perform them in a safe and skilled manner (UKCC, 1992).

The major review of the health services Research and Development (R & D) strategy (1993) has reinforced the view of many nurses that proper investment should be made in the health service research and effectiveness studies. The Government report specifically looks at the development of nursing, highlighting the need for a move towards more evaluative type studies of service delivery in order to judge the effectiveness of the care provided.

Although many of the continuing professional education programmes in the past have always, or nearly always, conducted some form of "evaluation", this often has been and still is in many instances limited to subjective assessment about course content and the effectiveness of teaching strategies. It is only over the past few years that there has been a limited, but steady, growth toward objective evaluation on the impact of

continuing education on the professional performance and practice (Abrahamson, 1984; Cervero, 1983).

A number of factors have given objective evaluation the impetus to flourish. These are:

- Increased pressure from the public for accountability of the health care professionals
- Concern by the managers and nurses themselves about the escalating cost of CPE, without some empirically-demonstrated data to justify the benefit in terms of time and benefits both personally and professionally

There have been major changes in all types of professional education and training in recent years and an overwhelming demand for CPE. These afore-mentioned issues inspired, the researcher to carry out this evaluative study with the prime aim of evaluating the realities of programmes.

1.1.1. Aim of the study

The overall aim of the study was to explore the perceived relevance of Continuing Professional Education to professional practice, from the view point of course participants and the service Managers.

The study's questions were devised from the literature on professional development and from the conceptual perspectives on evaluations and on the learning organisation.

The research questions for this study were:

1. How were Continuing Professional Education opportunities exploited by nursing staff in order to improve practice?
2. What degree of satisfaction with CPE existed among participants, managers and mentors with regards to improvement to practice?
3. What helped the participants to apply and utilise knowledge from Continuing Professional Education to practice?

1.2 Importance of continuing professional education

The last two decades have brought radical changes in the health care system. The ever-increasing complexities of technology and the explosion of scientific knowledge have escalated the cost of health care and brought about an unprecedented demand for accountability on the part of the health care provider (Connors, 1989). Writers e.g. (Popiel, 1973 Robinson, 1977) point out that continuing nursing education is essential to improving the quality of health care through changes in the behaviour and practice of nursing. Recently the Royal Society of Arts Report "Tomorrow's Company" (1994) has been promoting an initiative that paying attention to learning and development produces dividends for people and organisations as a whole. They further assert that development is necessary for the future of society in general.

A number of scholars in this field have been advocating how organisations should change and manage themselves as learning organisations and it has become generally accepted that Continuing Professional Education in all professions is important

to both institutions and the individuals (Cooper, 1983; Brown & Copeland, 1984). Many authors indicate that Continuing Education programmes for nurses can result in improved quality care to the patient and personal and professional growth (Urbano & Jahns, 1988; Hatton, 1987; Dodwell & Lathlean 1989; Warmuth, 1987; Cervero, 1985; Waddle, 1993; Bignell and Crotty, 1988). Continuing Education is important to nursing practice because it enables the nurse to provide care that is based on life long learning and research, thus enhancing technical, psychological and sociological aspects of patient care. This qualitative study examines nurses' perceptions of factors in the work environment that influence the uses of knowledge gained from Continuing Education. These outcomes are not achieved when nurses perceive barriers to putting knowledge from Continuing Education into practice (Summers, 1991; Keiner and Hentschel, 1992).

Continuing Education is one means of ensuring that members of the nursing profession maintain their competence to practice. In the last decade of the 20th Century, the technological explosion

and rapid scientific changes have continued to expand the role of the nurse, both in hospital and Community Health settings.

As hospital stays shorten, teaching patients self care, often with sophisticated equipment in their own homes, has brought new dimensions to the role of the nurses. Continuing Education is assuming an increasingly important role in the health care profession (Cooper, 1983; Allan and Jolly, 1989).

A laisser faire policy on educational provisions and attendance for staff members is not adequate and in recent years the issues concerning quality have changed greatly. Quality is no longer seen as a philosophical concept; it is now being pursued and measured by those who fund the organisation rather than those within it, purchasers rather than providers (Summers, 1991).

Practitioners are providing care in an environment which reflects what Handy describes as:

> *The discontinuous changes which are all about us.*
> (Handy 1989, P22-25).

Social legislative, educational, and epidemiological changes, together with manpower and employment variations which will impinge on the delivery of nursing care.

Day and Klein (1989) suggest that:

> *To shape the NHS into a more open, learning organisation where acceptance of change and the ability to cope with it become routine* (P339).

This style of organisation calls for practitioners with more flexibility and the ability to adapt to new situations and changing health care demands. One of the ways in which this can be achieved is by practitioners acquiring expertise through Continuing Professional Education and reflective practice (Orme, 1992, P4).

Today, both nurses and patients agree, and many demand that, practitioners need to be kept updated in their professional knowledge and practice. Consumers demand a flexible and responsive health service and seek lifelong care. If the profession is to meet these expectations, continuing professional education must prepare practitioners to recognise and be capable of meeting the needs of the particular groups for whom they care

(Orme 1992). Because continuing professional education is a means for professional development, and because development as the term implies is infinite, continuing professional education should be regarded as an infinite demand for professional development (Summers, 1991).

In democracy and education, Dewey (1916) states that:

> *It is commonplace to say that education should not cease when one leaves school* (P15).

Not only is it a "commonplace" it is also implied that the purpose of education is growth, for growth is a lifelong process and therefore it's value does not diminish with time, thus Dewey (1916) defines education as a lifelong process.

Peters (1966), like Dewey, regards education as life-long and essentially uncomplete. He claims in "Ethics and Education",

> *The need for people to be properly educated, so that they want to go on when the pressures are off* (P61).

They both further suggest that "education" should motivate people to pursue their learning beyond their 'schooling' and to ensure the continuance of education by organising the powers that ensure growth.

Hefferin (1987) suggests that programme effectiveness depends not only on how accurately the learners needs are assessed and met, but also on how well the learners apply what they have been taught in their practice. Applying new knowledge to practice is such a complex and difficult phenomena to assess, that nurse educators and other professional continuing educators in the past have tended to omit this criterion from evaluation designs.

The professional development of nurses in the U.K. has been debated within the profession for a number of years (DoH 1982; UKCC, 1991 & 1994; ENB, 1994; Rogers and Lawrence, 1987; RCN, 1983). The necessity will be discussed in detail in the following sections.

As far back as 1907 Mrs Ethel Fenwick told the International Council of Nurses (ICN):

> *We need post-graduate education to keep us in the running. We need special instructions as teachers to fit us for the responsible positions of sisters and superintendents* .... (Hector, 1973, P31).

It is with this commitment that the researcher has conducted this study in order to explore factors that facilitate and hinder the processes by which professionals incorporate learning into practice. What happens to learning when the course is over?

1.3 Continuing professional education in a changing world

The attitudes and expectations and beliefs of society in relation to health, illness, childbirth, old age, disability are changing significantly (DoH, 1989 and 1997). The medical model is losing some of it's attraction, the role of the nurse has to adapt to such transformations.

The UKCC (1998) in a Consultation Document "A higher level of practice", have highlighted the need to regulate a higher level of practice and outlined that nurses, midwives and Health Visitors are increasingly reshaping their practice and sharing skills with other colleagues in health and social care and as a consequence, professional boundaries are becoming less distinct.

The proposals are intended to safeguard the public and to meet their needs for competent Practitioners (P.2).

The new proposals not only set the scene for the next decade, but also into the next century. National and international forces also contributed to change.

In a complex, rapidly changing world, where the pace of change itself is accelerating (Toffler, 1975), questions about the need to know "who" and "what" appear to be gaining significance in recent years. This is not only because of the overwhelming pace of change, but also the nature of that change. The awesome scientific and technological advances which represent the progressive flow of the modern world threaten the very possibility of finding an ultimate meaning and purpose in life (Appleyard, 1993; P. 227).

It is assumed by many authors e.g. (Argyris and Schon, 1978; Eraut, 1989 & 1985), that continuing professional education has an important part to play in this 1) in fostering critical awareness, through which adults become aware of the

psychological and cultural constraints in their lives and to some extent, they can "transcend" these 2) in supporting adult development by providing the means, the "learning environment", whereby an adult can continue to flourish throughout life 3) in helping to create new meaning which will assist the adult to comprehend the world they live in better. Pearce, (1995)

1.4 Significance of the study

Nursing and midwifery education and practice in this country are undergoing a tremendous change as they attempt to develop education and training which are effective in practice and academically recognised.

In the document A Strategy for Nursing (DoH 1989) states:

> *New roles should be developed for practitioners to meet changing health care needs: Improve care provision and realise the potential of clinical practice.* (Target 3, P32).

There should be a coherent, comprehensive, cost-effective framework for education beyond registration endorsed by

recommendation 10 in the Project 2,000 A New Preparation for Practice.

Repeated studies e.g. Orme (1991), (ENB 1991), WNB 1993, (Maggs et al 1991) (Benner, 1984), have asserted that Continuing Professional Education is essential if standards of care are to be maintained and improved and the health care needs of the public to be met. The NHS has set challenging targets for service delivery in the new NHS when they proposed that the overall aim of education and training policy for non-medical health care professionals is:

> *To enable the NHS to secure a sufficient supply of health care professionals who are educated and trained to high standards and who are fit for the purpose of providing a high quality service to patients.* (Para 6, P.4, DoH 1989, HSC).

Benner (1984) claims "Currently nurses qualify with little understanding of the strategies for clinical competent levels. Therefore, they have secondary ignorance: they do not know what they do not know, and they have a limited understanding of how to go about learning it".

(Benner, 1984) proposes that:

> *Experience .... is .... a requisite for expertise and that experience is an important part of the Continuing Professional Education and its effectiveness depends on the development of supervised and reflective practice.* (Benner, 1984).

It is not difficult to accept that once nurses have qualified their skills will continue to develop as more experiences are met and worked through. UKCC (1990) supports this and it is clear that a learning curve will continue for some time after qualification.

The UKCC presents in its report a model of continuance to practice and suggests that a form of post-registration education must occur at least every three years. The report highlights that the nurses have no end point in their need to maintain and develop practice.

Changing health care needs and rising client expectations demands an expansion of knowledge, skills and expertise through Continuing Professional Education has given the impetus to the researcher to undertake this study.

Popiel (1973) also advocated this need for increasing staff development, and asserts that CPE has become so necessary that it must be accepted as an individual's right and social need and must no longer be regarded as luxury, and that a well planned programme of education and training can contribute positively to the Nurse Practitioner's future development.

Dodwell and Lathlean reiterate in a study of ward Sisters that CPE is not a luxury, but a vital component for the quality care delivery and practice of nursing in today's health service (Dodwell and Lathlean, 1989). They further emphasise;

> *Professional development is a concern of all those working in the health service, both personally and in terms of the effect that well prepared, trained supported individuals have on the whole organisation.*
> (Dodwell and Lathlean, 1989, P12).

1.5 Lessons from the business world

The world of work in the 1990s is much more complex and diverse than ever before. Toffler (1975) wrote about future shock, describing it as a collision of the present with the future. For many people the future had come to meet them too fast. He

described it as a condition that was going to become as a permanent fact of life. The pace is swifter, demands are greater and competition is stronger in all organisations. As Hammer and Champy (1993) highlight:

> *Advances in technology and the altered expectations of customers who now have more choices than ever before have combined to make the goals, methods and basic organising principles of the classic corporation obsolete both in the public and private sector. Reviewing their competitive capabilities is not an issue of getting the people in these organisations working harder, but of learning to work differently.* (Hammer and Champy, 1993, P11).

To succeed in the ever changing environments in which they find themselves today, organisations are discovering the importance of learning "how to learn". Marshall and Tucker (1992) contend that:

> *The key to both productivity and competitiveness is the skills of our people and our capacity to use highly educated and trained people to maximum advantage in the workplace.* (Marshall and Tucker, 1992, P16).

Senge (1990) expresses a similar view:

> *As the world becomes more interconnected and business becomes more complex and dynamic, work must become more learningful.* (P3).

It is no longer sufficient to have one person learning for the organisation. It is not possible any longer to "figure it out" from the top and have everyone else following the orders of the "grand strategist":

> *The organisations that will truly excel in the future will be the organisations that discover how to tap people's commitment and capacity to learn at all levels in an organisation .....*
> (Senge, 1990, P4).

Marsick and Watkins (1993) emphasise that the rapidly changing nature of work requires a commitment to lifelong learning in a variety of skill areas:

> *The need for lifelong learning is clearly evident in most people's jobs. The information that people need to perform effectively changes almost as quickly as it is produced. The intelligent technology on which many jobs are based requires a greater grasp of elementary and advanced mathematical and scientific principles. Enhanced needs for communication in today's flattened, participatory organisations call for new interpersonal skills, as well as high levels of ability in reading, writing and speaking; people must learn to learn collaboratively.*
> (Marsick and Watkins, 1993, P6, 7).

Drucker supports this clearly: "Being able to function and manage in a turbulent environment requires that people learn. More people need to learn, more to manage the future successfully" (Drucker, 1990, P91). Successful people of the

future will have a commitment to lifelong and continuous learning, and to taking responsibility for their own development.

He describes that, the industries moving into the centre of economy are those in the business of producing and distributing knowledge rather than goods. Economic success will depend on how successfully a country is able to invest in knowledge and how efficiently that investment pays off in productivity of knowledge.

Senge argues that learning organisations cannot merely focus on survival, or adaptive learning. A learning organisation is "continuously expanding its capacity to create its future" (Senge, 1990, P.14).

Marsick and Watkins (1993) agree with Senge that organisational learning is an on-going process:

> *The learning organisation is one that learns continuously and transforms itself. Learning takes place in individuals, teams, the organisation and even the communities with which the organisation interacts. Learning is a continuous, strategically used process, integrated with, and running parallel to, work. Learning results in changes in knowledge, beliefs and behaviours. Learning also enhances organisational capacity for*

> *innovation and growth..* (Marsick and Watkins, 1993, P152).

The Total Quality Management (T.Q.M.) concept has also been a deciding factor in broadening approaches to training and learning. The Total Quality Management movement (Deming, 1986) has changed the perspective of business leaders and the expectations of public, both in private and public sector organisations. The ethos has become that current and future services must be customer focused. The public have begun to expect quality in the health care services. The loyalty of the patients is being replaced with a search for the best value. The public are beginning to assess health services on the measures of performance and service quality.

The scope of challenges that is facing health services is much broader than quality. These challenges indicate a new way of thinking and addressing organisational issues.

Michael (1985) has highlighted:

> *...in a world where uncertainty is pervasive and unrelieved and the capability to control outcomes is steadily decreasing, organisational survival and development will depend not on the ability to*

> *control, but on resilience, on the ability to discover what is going on, what is changing inside and outside the organisation, on the ability to adjust to and influence it, on the ability to unlearn and relearn* (Michael, 1985, P98).

For the health care providers to develop new ways of thinking, changes will be required in organisational culture, leadership skills and abilities (Senge, 1990). It is the purpose of this study to assess the impact of staff development and the mechanisms and/or strategies needed to facilitate this change in the work environment.

The new NHS (1997), the recently published policy papers from the four Government health departments indicate that;

> *In an increasingly competitive labour market, local health service employers must recognise the value of appropriately managed CPD Programmes in attracting, motivating and retaining high calibre professionals, managers and others.....* (Para: 3.37, P44).

As Drucker (1990) points out:

> *People determine the performance capacity of an organisation. No organisation can do better than the people it has.* (Drucker, 1990, P465).

Anxiety is being expressed in many circles that service enhancement could be underpinned by appropriate educational

opportunities. These conceptual frameworks gave much food for thought in this research study. It is appropriate here to discuss the health service reforms.

1.6.0 The health service reform

Since the health service reforms of 1991 there has been profound changes within the National Health Service. In setting the overall direction the Trust must strive constantly to improve their efficiency and quality of services and the ability to change them to meet future needs.

The reforms of the health service are a programme of initiatives designed to secure two main objectives:

- To give patients, wherever they live in the UK, better health care and greater choice of the services available;

- To provide greater satisfaction and rewards for those working in the NHS who successfully respond to local needs and preferences.

The Government is determined that all patients should receive a first class service. They place quality high on the NHS agenda.

> *The new NHS will have quality at heart, without it there is unfairness. Every patient who is treated in the NHS wants to know that they can rely on receiving high quality care when they need it. Every part of the NHS, and everyone who works in it, should take responsibility for working to improve quality.* (The new NHS Modern. Dependable, 1997, Para 3.2, P2).

The Government advocates that professional organisations have a major role to play in supporting quality. The White Paper indicates that patients and their relatives place their trust in health professionals. They need to be assured that their treatment is up to date and effective and is provided by those whose skills have kept pace with new thinking and new techniques. They promote lifelong learning and support the continuing professional development and recognise the key part it plays in improving quality.

> *Clinical governance and lifelong learning will help instil quality at a local level throughout the NHS. Both are founded on the principle that health professionals must be responsible and accountable for their own practice.*(Ibid,Para 3.42, P46).

Recognition of every practitioners professional accountability and full responsibility for individual patients in every health care

setting is the key to the future of development of practice throughout the nursing and medical professions.

New mechanisms have been proposed to enable clinical and service standards to be defined and set. The National Institute for Clinical Excellence (NICE) and the National Service Frameworks (NSFS) (DoH 1997). These issues will be discussed further in the later chapter.

The Government believes that significant improvement in the quality and efficiency of services will require substantial redesign of organisational systems, processes and jobs. As well as setting the conditions for change, managers need to be able to influence staff and their activities driven by needs of patients in order to deliver to plan. They need to recognise the importance of reliable and educated staff.

These reforms have affected, and will continue to affect the nursing profession in many ways. The delivery of quality, cost effective care, prevention of ill health and promotion of health is central to Government initiatives. Much research has indicated

that in order to deliver high quality care, nurses, midwives and health visitors should develop outcome measures based on sound knowledge and ensure that their work is based on research evidence based practices (Kitson, 1987; Wilson - Barnett, 1983; Carr-Hill et al, 1995; DoH R & D, 1997).

The Government furthermore states that they are committed to the implementation of strategies outlined in "Our Healthier Nation" and advocate towards health gain and improvement rather than health care alone. They state that an understanding of policies and cultural need should be reflected in education and development of the staff. Furthermore, participation in education consortia by Social Services and by independent and voluntary sector providers of health and social care sector is vital. These proposals will have a profound effect on how health care is delivered and the provisions of CPE in the future.

1.6.1 Political & Legislative Changes in the NHS

In the Government's 1989 Health Service White Paper, one writer concluded that a major strand in the Government Policy:

> *Has been to restructure the NHS along commercial lines with a strengthened management function, facilitating the links with the private sector. By instituting an internal market in the NHS; the currency of the market place is being brought into the heart of the NHS.* (Bach, 1989, P39).

There is no doubt that change has been dramatic in the NHS and many of these changes have served to bring about managerial attention to strengthen the ethos of efficiency and effectiveness.

As a result of changes in the structure and management of the health services (the NHS and Community Care Act 1990). The first NHS Trusts came into being on 1 April 1991. The NHS Trusts have assumed responsibility for the management of hospitals or community previously managed by Regional, District or Special Health Authorities. Health Authorities and Trusts can enter into contracts for the provision of care and health services, as well as purchasing education from the providers.

Consumers of health care expect practitioners to fulfil many roles, they highlight those as follows:

> *The caring role is a composite one which involves acting as a health educator, making a holistic*

> *assessment of needs, supporting, advising and enabling clients and their families. Meeting the social, emotional, spiritual and psychological and physical needs of their clients and referring them to other professionals when necessary. At times acting as advocate for the person whose care (and resources supporting that care) the practitioner is managing, monitoring and evaluating.* (Consumer Working Group 1991).

The NHS reforms in recent years have brought about a major review of the arrangements for the training of non-medical professional staff: DoH (1989) "Working for Patients, Working Paper 10: Education and Training", established a frame-work to ensure the quality of training for the NHS staff, and that training should reflect requirements. The paper covers all staff groups with the exception of doctors and dentists. This approach was in line with government policy that training should be employer led with employees to determine the type of trained workforce they require. Their role will be to contract with the supplier of training (Colleges and Universities). This top slice funding approach was applied to pre-registration training (Glascott 1993/94). Responsibility for funding post-registration training remains with the employing authorities/units/Trusts.

The steering group on Post Graduate and continuing Medical and Dental Education published its medical evaluation second report about the implications of the white paper, NHSME, (1991); (Working For Patients; Post Graduate Medical and Dental Education). The Group recommended ten key principles to guide the future of training for undergraduate and dental education; the emphasis here too was on the importance of high professional standards fostered in an environment based on active research and development programmes. The universities and the NHS have a shared responsibility for this, and the report recommended improved joint working between universities and the NHS.

Separate earmarked budgets for both postgraduate training and continuing medical and dental education will be identified. The budgets for continuing education will be held at unit level and the budgets for postgraduate education will be held by the Regional Post Graduate Medical or Dental Dean. The key aim was to remove the costs of training from the service costs in order to secure education programmes which will contribute to the provision of high quality NHS services (NHSME, 1991, P.2).

Since 1948, the NHS has experienced significant technological and scientific progress. Sophisticated treatments like chemotherapy, heart bypasses, organ transplantation and kidney dialysis have been developed over the last 20 years or more. The average length of stay in hospital has decreased dramatically. Day Surgery has increased the speed with which patients can be treated. Hospitals and Community Units face a rapidly changing environment and must be able to adapt accordingly. There seems to be a broad consensus on the principles of CPE, as evidenced in the recent Report by the Chief Medical Officer (1998). A review of CPD in general practice. The report highlights that a great deal of good CPD is already in practice throughout the NHS; nevertheless, links between CPD programmes, audit, clinical effectiveness and research and development have often been poorly developed; and there have been inequalities of access.

1.6.2 The work force - the NHS and it's staff

In the United Kingdom the NHS as a whole employs over one million whole time equivalent (WTE). When part-time working

is taken into consideration the health service actually employs significantly in excess of a million people, making it a major labour intensive service industry.

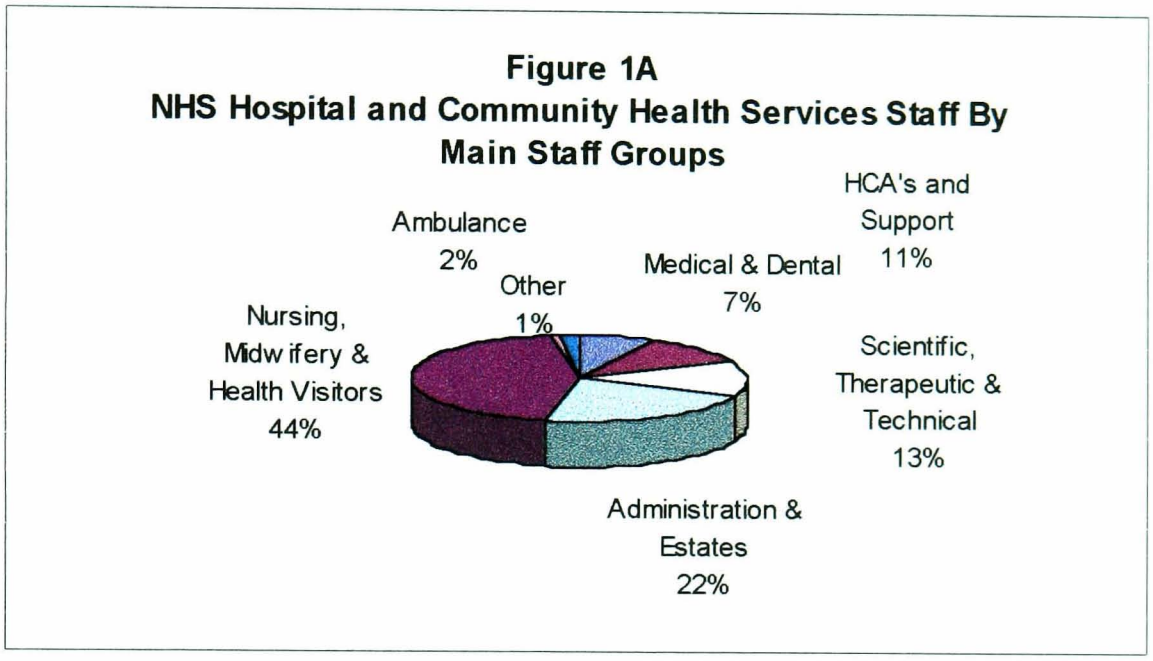
Staff salaries and wages account for almost 75% of net revenue expenditure for English Health Authorities (Glascot NAHAT, NHS Handbook 8th edition 1993/94)

1.6.3 The Non Medical Workforce

On 30 September 1997, 935,000 staff were employed in the NHS Hospital and Community Health Services in England. Of these, 93 per cent were non-medical staff. There were 330,620 whole time equivalent nursing, midwifery and health visiting staff, which at 44 per cent forms the biggest single staff group in the NHS Hospital and Community Health Services. After excluding learners, three quarters of these staff (249,240) were qualified and a quarter unqualified (i.e. nursing assistants and auxiliaries). There were also 100, 440 scientific, therapeutic and technical staff (13 per cent). Figure 1.A on page 38 below

shows the breakdown by main staff groups. (DoH NMET, 1997/98, Para 2, P1).

Figure 1A



The tables below provide an analysis of the number, type and combinations of qualifications held on the UKCC's register on March 1998.

Table 1A

Number of practitioners	Number of entries on the register	Percentage
1	424,741	66.63%
2	185,922	29.17%
3	25,282	3.97%
4	1,441	0.23%
5	61	0.01%
6	1	0.00%
Total	637,449	100.00%

Source; UKCC: March 1998

1.6.4 Education & training of the workforce

The Secretary of State for Health in July 1998 launched the Consultation document "A First Class Service". Through this document, a focus on quality in the NHS was signalled. Quality had already been identified as a key Government commitment in it's NHS White Paper of December 1997, by stating that there should be "a shift of focus on to quality of care". Therefore, CPE appears to be high on the Government agenda.

NHS professional training is characterised by its cost, size and complexity. Training activities ranges from pre-and post-registration training of healthcare professionals such as nurses, which encompasses on the job training and staff development courses of all staff.

The education and training demands of the professional non medical workforce places an enormous burden on the NHS. The demands include the need to educate new professionals to replace existing staff, to train professionals to a higher level for particular specialties and to continue to develop professionals throughout their career.

The policy for the planning and commissioning of NMET has involved the establishment of education consortia who are responsible for:

- workforce planning and translating these into numbers of students to be trained; and
- commissioning NMET from education providers.

1.6.5 Education and training in the new NHS

The implications of the review for the education and training were set out in the "Managing the new NHS"; Functions and responsibilities (1994, Chapter 7). This report set the course for the abolition of Regional Health Authorities and creation of Regional Offices (RO). (NHSME, Education and Training in the new NHS, Para 1) These new arrangements for planning and commissioning education and training were introduced in April 1996 which devolved responsibilities from Regional Health Authorities to education consortia and their role in the development of health care staff (excluding medical and dental staff, EL (95) 27. Consortia are representatives from providers and purchasers of health care to assess the workforce and

development requirements of local health care services. Consortia should provide a forum to link service objectives with workforce planning to enable the development of a flexible and competent health care worker enable to the changing nature of service delivery (EL (97) 130).

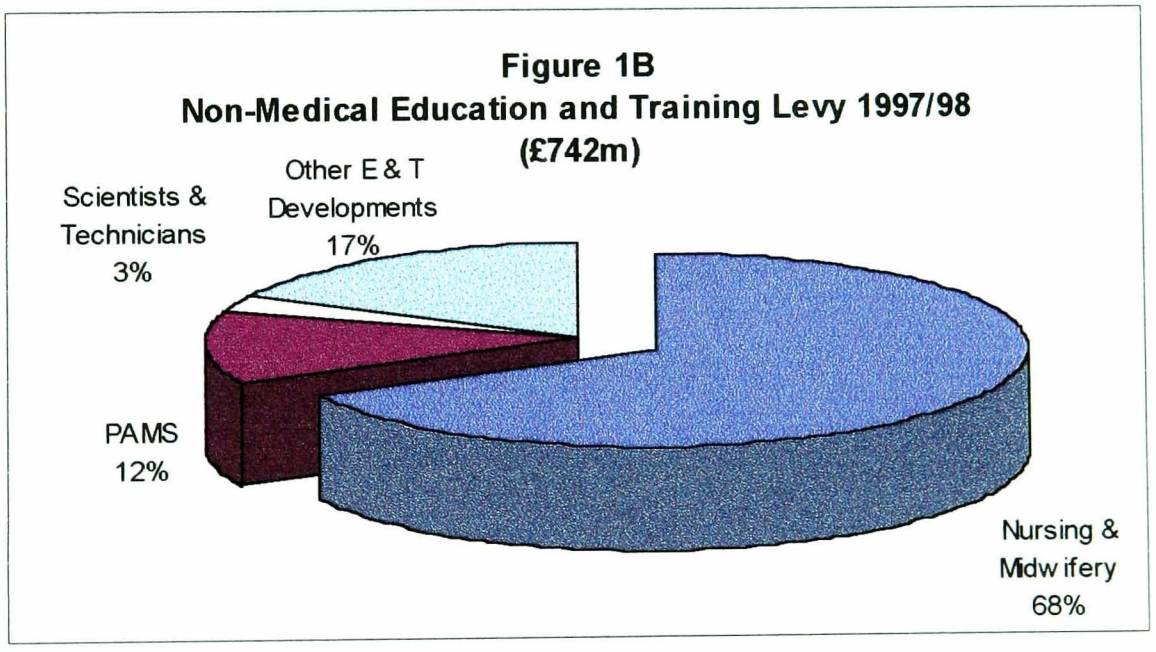
The number and size of consortia will depend on local circumstances. They will increasingly commission education direct from education providers, the role that was formally carried out by Regional Health Authorities under the Working Paper 10.

1.6.6 Funding Non-Medical Education and Training (NMET).

Prior to 1991, the costs of non medical education were an integral part of District Health Authority (DHA) budgets. In addition, some funds were channelled via Regional Health Authorities (RHA) to schools of nursing.

Since April 1996, NHS funding to support pre and post registration, non-medical education and training (NMET) has been raised by a national levy on health authorities. In 1998/99 the NMET levy will account for some £800 million of health care resources, of which £787 million will be spent by education consortia or Regional Offices of the NHS Executives, mainly in contracts with higher education institutions. (HSC 1998/044, Para 2, Page 4). See Figure 1B below.

Figure 1B



Consortia plan to spend some £72 million on post basic education and training in 1990/00. These monies are spent on nursing and midwifery; PAMS, Scientists; Technicians (Dental and Pharmacy) and other non-medical professions. There is no information centrally on the amounts spent on each professional group. The local employers (NHS Trusts) have additional funds that can be spent on post basic and CPE of nurses.

The NHS Executive remains accountable for the National Stewardship of the NMET levy and for issuing guidance and setting out national priorities.

The Secretary of State empowers NHS bodies to work together inconsortia to commission non-medical education and training (NMET) from education providers.

The Education Reform Act of 1988 resulted in changes in the general education, and the potential impact of the recommendations in The Report of the National Committee of Inquiry into Higher Education (The Dearing Review, 1997) has further implications for continuing professional education.

Polytechnics and Colleges of Higher Education have become corporate entities since 1990. The need to increase the number of students in these establishments has stimulated the development of flexible courses in order to accommodate and recruit increased number of participants, some of which could be taken up by nurses.

Credit Accumulation and Transfer Scheme (CATS) has recognised the value of practice based on learning (Evans, 1988). The scheme is a dynamic entity which will offer practitioners the chance of progression towards Academic Awards.

Health Pick Up is another innovation which has become established in recent years. This is a modular training programme devised for the development of non-clinical skills of health professionals including nurses. Currently the National Health Service Training Authority (NHSTA) has planned and developed forty modules with an inter-disciplinary frame-work. The aim is not only to develop an individual's knowledge and skills, but to help the whole organisation to meet its new corporate objectives.

The National Council for Vocational Qualification (NCVQ)

Established in 1986 in order to facilitate access, progression and continued learning of the health care assistance, this is a national framework and its aim is to improve vocational qualifications through levels of competencies (I-IV) which are required in employment.

The Open University has been developing many distance learning packages and has recruited many from the medical and allied health professions (6% of all those enrolled in 1989).

The English National Board (ENB) has produced Open Learning materials also via Open College, which has been another useful form of education enabling practitioners to incorporate their learning into practice. Links between CPE Programmes, audit, clinical effectiveness has been poorly developed. We need an integrated approach encompassing the needs of the NHS Professionals and the professions. This is when the professional bodies can play a key role in developing innovative approaches to work based learning.

1.7.0 Legislative bodies in nursing and midwifery education

The nursing profession in the United Kingdom at present is regulated by the United Kingdom Central Council (UKCC) and the four National Boards for England, Scotland, Wales and Northern Ireland. These were established in 1979 under the Nurses and Midwives and Health Visitors Act, creating a new statutory framework.

Primarily the UKCC is responsible for establishing and improving standards of training and professional conduct for nurses, midwives and health visitors. The UKCC sets rules which determine the conditions for entrance to training and education of nurses and the standard of that education which will lead to registration.

The UKCC established the Educational Policy Advisory Committee to deal with required changes. This committee determined the required education and training for the professional practitioners for nursing, midwifery and health

visiting, responding to demographic health care needs of Community in the 1990's and beyond. (UKCC, 1984). The committee's report was published in May 1986: "Project 2,000 - A New Preparation for Practice" (UKCC, 1986). The report was accepted by the Government recommending its implementation for nurse education in the Spring of 1988 (DHSS, 1988). The Project 2,000 report required a new single level of Practitioner, competent to assess care requirements and to plan, provide, monitor and evaluate care in a range of settings, both institutional and community environments.

The length of training remained the same: a three year programme of theory and practice, leading to a qualification in nursing, mentally ill, the mentally handicapped, the physically ill adult or child.

The UKCC is responsible for maintaining a single professional register of all qualified nurses, midwives and health visitors, as well as policy formulation on professional education and training. One such is the Post Registration Education and Practice Project (PREPP, 1991). The PREPP proposal states that in the future, evidence of mandatory periodic formal

education will be required for re-registration. One of the main responsibilities of the statutory bodies is to improve and maintain the professional education of nurses. The National Boards Act as an accrediting/approving body for post-registration and pre-registration courses.

PREPP advocated that:

> *Successful organisations of the future will be those that see people as an asset and an investment and not just a cost. Such organisations will function as learning organisations.* (Para 6.5, P4).

1.7.1 Key recommendations of PREPP

1. There should be a period of support for all newly registered practitioners to consolidate the competencies or learning outcomes achieved at registration (4.4)
2. A preceptor should provide the support for each newly registered practitioner (4.10).

All the following recommendations will be statutory requirements.

3. All nurses, midwives and health visitors must demonstrate that they have maintained and developed their professional knowledge and competence (5.4)
4. All practitioners must record their professional developments in a personal professional profile (5.8)
5. During the three years leading to periodic registration, all practitioners must complete a period of study or provide evidence of appropriate professional learning. A minimum of five days of study leave every three years must be undertaken by every registered practitioner (5.14).

The PREPP Report has received a mixed response from the profession. Bolger (1990) indicated that the UKCC has concentrated on some areas in greater depth whilst leaving a gap on other major issues, mainly research, cost benefit systems and quality assurance.

As well as The PREPP Report the English National Board for Nursing, Midwifery and Health Visiting has carried out two reviews of the organisation and provision of continuing

professional education for Nurses, Midwives and Health Visitors, and have recommended:

> *Training in the future will not be limited to initial preparation in occupations and professions, but will be a process of continuing learning, updating and training to keep pace with changing technology and work practices.* (ENB 1990, P3).

They further assert that:

'There is a direct relationship between effective care and effective continuing professional education'. and in 1991 published a report on the identification of the CPE needs of qualified nurses. The report highlighted the need for an effective system of training needs analysis and emphasised the following:

1. The organisation must set out its goals and objectives and make those available to all employees
2. A process must exist in the course of which employees come to feel that they are valued and that their expertise is respected
3. There should be an assessment of client/patient satisfaction which, in turn, influences training needs
4. An effective system would acknowledge that individuals may have needs which are not necessarily those of the

> organisation and provide an opportunity for that disjuncture to be articulated and negotiated.
>
> (Larcombe and Maggs 1991, P7).

As a result of these studies the ENB has published a concurrent scheme known as 'A framework for continuing professional education and Higher Award' (ENB 1991). The framework was introduced to assist with career pathway and career progression enabling qualified nurses to gain academic accreditation. Furthermore, Colleges of Nursing the merger with Universities are offering a wide range of modular and flexible courses by which nurses can accumulate Credit (CATS) Points Systems towards higher Education Awards.

One of the purposes of the report was that it should be linked to the quality of care, that it was cost effective, and that it was designed to meet the changes in healthcare needs (Maggs, 1991, P55). The learning would be placed in clinical practice and should be designed in ensuring that the nurse would 'instigate, manage, and evaluate clinical change' (Maggs, 1991, P56).

Managers are beginning to question and require their staff to return not only better educated, but also more 'skilled' in practice, more 'knowledgeable doers'. It is within the context of quality and standards that the researcher instigated this study.

The Board announced its intentions in April 1992 with a framework for continuing professional education which leads to a new ENB Higher Award. The review sets out the broad structure of the framework and illustrates the process by which the Board will grant the Higher Award (ENB, 1990).

The ENB endorse that:

> An educated and trained workforce is an effective workforce. An effectively prepared and continually updated workforce is essential to the maintenance and where appropriate improvement of the quality of care and to the management of the changes that are taking place in health care.

1.8.0 Nursing in the political and economic market place

At a time of rapid change in the health care market place there are both great opportunities and substantial risks for the nursing profession. The down-sizing which is occurring in the health service is one of the most critical issues facing the nursing profession. Recently hospitals have been experiencing nursing shortages. The shortage of registered nurses in the 21st century may be even worse than that in the 1990's. Hospitals are moving registered nurses from direct patient care roles into roles where they are managers of care, eliminating registered nurse positions or converting them into unqualified personnel or with National Vocational Qualification (Support Nurse) or Bank Nurses.

Part of the aims of the NHS reforms are directed at NHS organisations seeing themselves less as direct employers and more as purchasers and providers of services.

As the year 2000 approaches nursing faces the following challenges:

- Demonstrating that nurses provide cost effective, high quality care that can be measured. The need for good data that can be related to both the cost of care and patient outcome is critical
- Adopting educational requirements for the profession in order to achieve full recognition of its potential to the development of nursing
- Overcoming the mentality of an oppressed minority. Nurses as a group need to develop the self confidence necessary to assume positions of leadership, both as clinicians and in management roles
- Accepting job insecurity, the turbulence of the market place will affect other professions in addition to nursing, but nurses need to prepare themselves for the inevitable dislocation that will occur as a result of hospital down-sizing and other changes in the reform of health service and in the delivery of health care
- Sustaining a commitment to life long professional learning, such a commitment is one of the defining characteristics of professions and professionals.

Nursing has two notable strengths in the political arena: the large number of registered nurses (approximately 600,000) and their tremendously positive public image. Numbers can translate into political strength. Nurses need to work productively both individually and in teams, in hospital and in community settings. Policy makers have an inadequate understanding of the scientific basis of nursing, and this is because the profession itself undervalues its intellectual legacy. As a consequence the need for Continuing Professional Education becomes greater.

1.8.1. The need for education, training and continuing education

As previously discussed, continuing education is essential for today's professional nurse to keep up to date with professional, scientific and technological advances in nursing care. The patient's dependency level expectations and demands in the acute care hospitals of the 1990's are constantly escalating and likewise demands in the Community Health Care setting are becoming increasingly complex. Advances in health technology have encouraged nursing specialisation. Nurses frequently have

been promoted to positions on the basis of their clinical skills and expertise alone. However, to manage effectively today, a nurse must use planning, financial information, motivation, counselling, group leadership and personnel management skills as well as clinical nursing skills.

The provision of continuing education has developed over the years. Primarily influenced by Service Managers and educationalists, this has resulted in the development of ad-hoc short in-service training courses and many English National Board Clinical Courses. The English National Board (1991) stated that:

> *Existing Continuing Education is un-coordinated, frequently repetitive and often difficult for practitioners to access.*

Today, with the rapid expansion of new knowledge and technology, health professionals will find much of their knowledge outdated and most of their technical skills obsolete. Increasingly most professionals recognise the need for updating knowledge to remain in practice (licensure).

Continuing education is considered one way of closing the gap between an ever-changing healthcare knowledge and its application to clinical practice.

The ENB further asserted that:

> *Current Continuing Professional Education must meet the changing Health Care needs of the clients and patients within the changed health structures, matching the objectives of the organisations responsible for providing health care, contribute to professional and personal development and ensure value for money in education.*
>
> (Maggs et al, 1991).

This will lead to improvements in professional expertise and quality of care (ENB, 1991).

All this carries major implications for professional education which has, in the past, perhaps placed more emphasis on the achievement of skill in specific clinical practices than on imparting the comprehensive knowledge base on which these practices and of health care responsibilities are founded.

1.9 Conclusion and summary of the chapter

This chapter presented the basis of the study, considering the background and the aims and objectives of the research and stated its anticipated significance.

In addressing the aim of the research a multi source approach to data collection and analysis was employed as it was considered that this would elicit the most valuable information and enable the researcher to build a more complete picture of the issues and events under study. The intention was to seek the views and perceptions of a number of key stake holder groups, including educational providers, purchasers of education, participants, and their mentors.

The aim of the evaluation is not to provide information to influence decision making in the future, as most decisions about the course under study had already been made. The study is investigating the development of the ongoing educational activities/application in the workplace.

One of the other intentions to this study is the approach of Eisner (1991) when he referred to the work of anthropologists

> *Who have no professional mission to change what they find" and that; their interest .... is not to improve but to understand.* (P174).

A single researcher can offer no consensus of opinion and no tests were given to determine any statistical significance. All the researcher is offering are the findings as she saw them and as expressed by the population under study.

The researcher endeavoured to highlight an independent body of evidence, not being subject to any pressure from any groups who may have a vested interest, attempting to remain impartial, fair, objective. Maintaining confidentiality when reporting with the assimilation of all information by the Course Participants, managers, mentors and tutors. Consulting throughout to ensure accuracy of information and explicit fairness of interpretation.

In *Chapter Two* the thesis continues in two sections with a review of previous literature on continuing professional

education and a section on curriculum and evaluation research and technology, as well as learning and the learning organisation.

Chapter Three presents the study design and *Chapter Four* presents the framework for the study: defining subjects, instruments, considering the method of data collection and analysis.

Chapter Five focuses on the main study and the analysis of the quantitative data from questionnaires and qualitative data from pre and post course interviews and observations.

Chapter Six presents the findings.

The final chapters present a discussion of the findings, summarising the quantitative and qualitative results the limitations of the study and ends with suggestions for possible future research and concluding remarks and recommendations.

Finally, the appendices, tables and figures contain materials which are relevant to the observations, interviews and questionnaires made throughout the study.

CHAPTER TWO

Literature Review of C.P.E. and Curriculum Models

Section 1

2.0 Introduction

The review in this chapter covers the distinctive nature of evaluation, it emphasises the wide range of models and purposes of evaluation and evaluation research, it stresses the sensitive nature of evaluation. The literature review also explores the concepts of curriculum and curriculum models, and briefly looks at learning and the Learning Organisation.

2.1 What is learning?

It is perhaps pertinent here to briefly describe learning and how people learn in a wider organisational context.

As Ivan Illich (1971) indicates:

> *Learning is the human activity which least needs manipulation by others. Most learning is not as a result of instruction. It is rather the result of unhampered participation in a meaningful setting.* (Illich, 1971, P39).

The most distinguished contributions that have been made since the 1970s are those made by Argyris and Schon (1981) with their single-loop, double and triple loop learning model, and their concept of learning maps and Kolb (1974) with his learning cycle.

There is a substantial body of literature on how adults learn, namely (Schon 1983; Knowles, 1980 and 1984; Brookfield, 1986) and others, and especially how "creativity" is acquired and developed, writers such as (Schon, 1985; Knowles, 1980; Brookfield, 1986). Cullingford (1991) states that organisational learning often focuses on "development" rather than purpose. He asserts that this is probably because developmental activity can be measured much more easily whereas learning does not lend itself to analysis. According to Knowles (1984) organisations often ignore "andragogy" principles. He states that adults prefer self-directed learning and that they learn most effectively through experience, by means of actual job activities rather than from formal training and educational programmes. Cullingford (1990) reminds us:

To study and understand learning is to enter that no-

> *man's land between thinking as a capacity, and development, as a process of change. Learning is both constant and changeable; it depends on moods and on general attitudes (and) the distinction between the capacity to learn and the actual performance of learning is crucial.* (Cullingford, 1990, P2).

Therefore, what people do and what they actually perform could be quite distinct this has many implications in health care and in the delivery of care.

Brookfield (1986) has identified that adults do learn throughout their lives, that experiential learning is vital to enhance further learning and that adults learn best when there is meaning and relationship to their learning. Brookfield supports Knowles' concept of adult learning (1980, P43-46). He further suggested that participation in the construction of learning events is essential.

> *Adults may exhibit diverse learning styles - strategies for coding information, cognitive procedures, mental sets - and learn in different ways, at different times for different purposes. The past experiences of adults affect their current learning, sometimes serving as an enhancement, sometimes as a hindrance. Effective learning is also linked to the adult's subscription to a self-concept of himself or herself as a learner. Finally, adults exhibit a tendency toward self directness in their learning,* (Brookfield, 1986, P31).

Both Knowles and Brookfield's theory on the adult learning concepts have much application in the teaching methods in the classroom for Nursing Staff, that adults do favour active participation and involvement in the learning events.

Danis and Tremblay (1985) have found that meaningful adult learning occurs when it is based on problem solving and connects with a person's life events and activities, which can create a new learning experience.

Schon (1983) indicated when people are given the chance to pursue their own ways of solving a problem, without the prescribed framework, they performed three times better.

This supports Brookfield (1980, 1986, P.45) who highlighted that successful adult learners "were formed to contradict the mode of learning on which many institutionally organised education and training programmes are structured."

Another author who has advocated the importance of education

and experience is Connor (1991). In a recent research study he found that job rotation has become one of the most frequently used techniques for management development. Much literature in recent years on management and staff development has focused on management effectiveness and the competencies required to be effective (Mumford, 1984; Kolb, 1987).

From the literature, as mentioned above, the widely held view is that the traditional learning and training system, which gives too little emphasis on learning from and through experience, places a challenge to educators and, therefore, suggest that experiental activity is the most valuable in the development of individual learners.

The Unit for the Development of Adult Continuing Education (1984) (UDACE) suggests that each student's accomplishment in meeting course objectives should be assessed. They further indicate that continuing education should follow business and industry's lead in making a commitment to customer satisfaction. It is possible to draw a parallel between a continuing education department and a retail business: each is engaged in the business

of providing a service that is aimed at motivating the consumer to use some of his resources. Education requires an expenditure of time, mental energy and money. The students and their managers should feel that investment was of value, both to the individual and the organisation.

2.2 An Overview of the Learning Organisation

The notion of the learning organisation developed mainly during the 1960s and in the 1970s. Lippit (1969) described development as "organisational renewal". The idea of 'learning system' was first introduced by Argyris and Schon (1977, 1978) and in the 1980s the link between learning, training and company performance was developed. Pettigrew (1975, 1985) and Pettigrew and Whipp (1991) have widened the debate about organisational learning, co-operative culture and strategies for change. The focus on the self development of employees in the workplace was further developed in studies by Welshman (1990); and Pedler, Burgoyne and Boydell (1991).

They define the learning organisation as :

> *An organisation which facilitates the learning of all its members and continuously transforms itself.*
>
> *One which the general management style is to delegate responsibility in an attempt to foster employee involvement, personal initiative and generate effective internal communications.*
>
> (Mike Pedler, Tom Boydell, and John Burgoyne, 1988, P3).

Kanter (1985) points out that successful change and learning occurs only when change activities focus on both immediate and long term issues and that real change can only occur if those who can make it happen, have the authority and permission. She further asserts that the most successful firms she studied in the U.S.A. put an emphasis on people development and involvement. She also notes the importance of a 'shared vision'/'philosophy' and 'family feeling'. (Kanter, 1985, P27).

Roger, (1986) pointed out the need for job challenges, enrichment and enlargement were regarded as crucial factors in creating learning for change. Organisations can disadvantage themselves if the focus is on dividing, assessing and auditing by

controlling with the hierarchical structure.

Henry (1991) indicated that to generate the learning resulting in the change required in people, organisations need to focus on "creativity" the "place" and the "context". The "structure" of the organisations or events can encourage or inhibit creativity. Henry, 1991 further suggests that the flatter the organisation the greater the opportunity for creative thoughts and action (Henry, 1991, P9).

This reinforces Illich's (1971) definition of learning noted earlier, being "unhampered participation in a meaningful setting".

The literature identified that: "the climate" or culture of the organisation also has an impact on creativity. Creative ideas flow where new ideas and challenges are welcomed and where people are encouraged to play, rather than controlled and threatened. (Henry, 1991, P9). "Climate" or culture is seen as being important in providing an environment in which people can automatically know they can be innovative. An organisation

which operates by labelling everyone with a specific task and status was seen as being less conducive to learning. Such organisations lend themselves towards bureaucracy and the creation of interfunctional rivalries and power-politics, all of which inhibit learning.

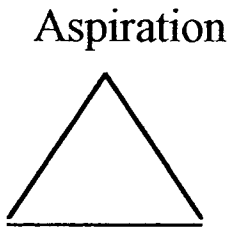
Like the concept of excellence as described by Peters and Waterman (1984), a learning organisation is never an end product, but more of an on-going process. Senge (1990, P13) describes a learning organisation as one which is "continually expanding its capacity to create its future". A related definition reported by Hawkins (1991) defines the learning organisation as "an organisation which facilitates the learning of all its members and continuously transforms itself".

Senge (1992) further describes the learning organisation in terms of the core competencies or distinctive capabilities in thinking and interacting which are needed to continually improve the total behaviour of organisations. These competencies (or disciplines) include the abilities to think systematically, surface and examine

mental models about the world, create shared vision, commitment to personal mastery, and practice, team learning (Senge 1990).

2.3 Senge's Conceptual Framework

Senge (1993) describes three cornerstones of a learning organisation:



Conversation Conceptualisation

For the purposes of this study, the definition of the learning organisation offered by Garvin (1993) appears to be more appropriate for this study. A learning organisation is an organisation skilled at creating, acquiring and transferring knowledge, and at modifying its behaviour to reflect new knowledge and insights (Garvin, 1993, P80).

The above definition is pertinent to the study as it recognises the

need for applying the new knowledge to practice. On the other hand, Organisational learning is often used interchangeably. The learning organisation usually refers to an entity that actively engages in the processes that create, acquire and transfer knowledge, and modifies its behaviour, whereas organisational learning refers to the act of creating, acquiring and transferring knowledge and modifying behaviour. There appear to be many similarities and overlap in the terms discussed above.

Fiol and Lyles (1985) further suggest that organisational learning means the process of improving actions through better knowledge and understanding (Fiol and Lyles, 1985, P803). Therefore, organisational learning occurs through shared vision, knowledge and mental models which build on past experience and knowledge.

The research study will focus on some of these issues and attempt to explore whether the participant's behaviour is changed as a result of educational programmes that they have undertaken.

2.4 Review of Previous Research on Continuing Professional Education and Management Training

Reviews of previous literature, for example by Campbell, Dunnette, Lawler and Weick (1970) in the USA, and (White Law, 1972, Hamblin, 1974; Pettigrew and Whipp, 1991; Pedler, Burgoyne, and Boydell, 1990 and 1991) in Europe, revealed numerous empirical studies of management education. The literature search highlighted that the field of education had seen considerable experimentation and research, and the growing discipline of evaluation research in the United States in recent years provided a wealth of methodological approaches, experimental and "quasi-experimental" designs and examples of application in many diverse fields. The issue of mandatory Continuing Professional Education has generated considerable debate among health professionals, educators and legislators throughout the past decade, namely (Cooper, 1983, RCN, 1983, ENB, 1987, UKCC, 1991).

Many educators have formulated measures to evaluate outcomes

of the programme in the same units as costs, i.e. in monetary terms, and when this proves not possible there is a tendency to proclaim its impossibility. (Summers, 1991).

The 1960's were dominated by attempts to measure the value of training by conducting cost benefit analysis studies (Easterby-Smith, 1981). Measures often derived from questionnaires and the assessment of superiors. Any apparent differences were due to the effect of course. This type of analysis may be valid where standardised jobs are being undertaken and the training is directly related to improvements of the precise component of the job (Lathlean, 1984). This type of measurement is less appropriate where there is variability in the job content and in the standard of performance.

Hamblin (1974) argues the need to look more closely at the output measurement of training. Although the output of a course can be measured, it is highly difficult to attribute this solely to training and education programmes. These studies led to the focusing of attention on two particular aspects of the evaluation

process: the context of training and the use of the evaluation information. Davies (1972), in her evaluation of management courses, suggested that management training is likely to be more effective if it is related to the organisational structure. The institutional climate is important to the encouragement and promotion of continuing learning activities (Houle, 1980). The climate of the specific nursing unit also influences the use of Continuing Professional Education knowledge. It is logical that nursing peers, supervisors and philosophies of the unit areas would greatly influence nursing behaviours. Cervero (1985) provides a useful summary of the influence of the work environment on the use of knowledge gained from Continuing Professional Education programmes. Behaviour changes occur within a social system. As a result educators must take into account the constraints and opportunities within the work environment of learners in planning programmes that are intended to improve not only their competence, but their performance. In addition, the social system in which a behaviour change must actually be implemented may be the most powerful yet overlooked variable in analysing the effectiveness of

Continuing Professional Education. In this study the work environment is clearly an important factor in the use of knowledge gained from Continuing Professional Education programmes.

The field theory of Kurt Lewin (1951) has also influenced the conceptual framework for the study. Lewin saw the learner as a purposive person whose view of reality lies in the perception of an event rather than within the external event itself. Each person is believed to have a psychological reality, which is grounded in that person's life space. The reality of an event for that person consists of the individual's interpretations of the surroundings and interactions within those surroundings.

Behaviours including action and thinking, learning, wishing, striving, valuing, achieving, etc, a function of change in some states of the perceptual field in a given unit of time. Lewin describes learning as a dynamic process that occurs in the individual when there is a change in the cognitive structure of our insights in regard to one's life span. The methodology that is

being used in this study will examine nurses' perceptions and the researcher believes that by examining this, it is possible to identify factors in the work environment that influence the behaviours related to the utilisation of Continuing Professional Education knowledge to the Practice of Nursing. Few models currently exist, many professionals engaged in continuing education have for many years felt the pressure of society and the profession upon them to demonstrate positive results. The movement to mandatory continuing education as a requirement for re-licensure (PREPP, 1991) imply that continuing education assures competence and will result in desired patient outcomes.

The definition of Continuing Professional Education used here is that of the American Nurse Association (1984) (A.N.A.), which has been adopted by the English National Board.

> *Continuing Education in nursing consists of those planned educational activities intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research on theory development to the end of improving the health of the public.* (ANA, 1984, P1; ENB 1987).

The English National Board for Nursing, Midwifery and Health Visitors have expanded the above definition during the work on development of the framework for Continuing Education of Nurses, Midwives and Health Visitors project. The ENB states:

> *Continuing Professional Education encompasses those teaching and learning activities, including open and experiential learning, which follow registration and are directed towards improving the quality of nursing care provided to the public. Continuing Professional Education contributes to the development of the habit of learning which enables the individual practitioner, the profession and the health service to critically evaluate the quality of care and improve it through practice, education, management and research in nursing.*
>
> (ENB, 1991).

Drawing from works of Kirkpatrick, (1987); Anderson (1982); Shores and Mitsunaga, (1977), four stages for the classification of continuing nursing education have been suggested. Stage one involves the evaluation of the participant's perceptions, opinions and attitudes about a continuing education event. Data for this type of evaluation is usually collected during or immediately after the continuing education offering. Some suggest that this form of evaluation of the participants ratings of their perceived learning satisfaction to be of limited value. The subjectivity and limitations of these measures is documented; nevertheless, their

value is also recognised. Acknowledgement of participants as adult learners, and direct involvement in the evaluation process can only be of value and provide valuable and essential data if it is incorporated with other measures.

Stage 2 refers to the measurable affective, cognitive and psychomotor changes which may occur in continuing education participants. This type of evaluation provides objective data regarding the amount and type of knowledge required. Stage 3 is the behavioural performance evaluation which is a complex and challenging type of evaluation. At this stage, the purpose of evaluation is to determine the extent to which the behaviour of the participants have changed. Stage 4 is outcome - results evaluation. In this the overall efficiency, effectiveness and appropriateness of a programme of continuing education is sought. The authors acknowledge the complexity of those models used and the variables involved. However, the model appears to provide a framework for assessing the various types of evaluations that are being conducted in continuing education. These endeavours help us to determine where we are and where

we need to be in the challenging question of effectiveness of continuing education to practice.

2.5 Effectiveness in continuing professional education

Institutional effectiveness is a current buzz word in higher education. Too often, it is a vaguely understood goal that is pursued primarily to appease accrediting bodies and legislators (Summers, 1992). Educators who are comfortable with developing ideas for dynamic programmes may be less comfortable that their programme effectiveness must be illustrated in ways other than increasing enrolments and positive participant evaluation. Summers (1992) further argues that many experienced educators view the pressure to develop an effectiveness plan as an annoying interference from outside forces. App (1985) suggests that a more workable approach is to view effectiveness as a goal that is valued for its intrinsic worthiness. He further suggests that an effectiveness plan can define the mission of the programme, establish parameters for goals and objectives and document the outcomes. The

effectiveness plan can be an integral part of strategic planning, and a way to compile systematically descriptive data.

Palmer (1983) indicated that it is vital for the continued success of the programme that an ongoing system of evaluation be implemented. Deshler (1984) calls for both summative and formative kinds of evaluation. A reputation for quality programming must be earned and then maintained with continual vigilance and quality monitoring.

Section II: (Literature Review of Evaluation Technology)

2.6 Evaluation research

A review of the literature has revealed widely ranging, often complex definitions, interpretations and purposes applied to evaluation. Skillbeck (1984) writes:

> *Evaluation its normality, it is customary to reflect on our experiences, and in life we continually make assessments on the value of actions and intentions and relate their consequences to aim.*
> *(Skillbeck, 1984, P64).*

Curriculum evaluation; he suggests, is a manifestation of this, comprising the numerous appraisals that are made on how effectively the aims of education are achieved. Harrison (1984) draws distinction between evaluation and assessment. He believes, evaluation is the process by which educational experiences, and the course overall, is judged to be of value (P107).

Evaluation - The value of learning experiences and the course overall.
Assessment - A measure of student competence and progress.

Fig. 2.1 (Harrison R., 1984, Cited in Teaching and Assessing in Clinical Nursing Practice - Bradshaw, P (1989)(ed).

Stufflebeam, Foley, Guba (1971) refer to the purpose of educational evaluation as seeking to "improve" rather than "prove", therefore distinguishing the fundamental differences between research and evaluation.

Considerable consensus has been reached among evaluators regarding the definition of evaluation as the assessment of merit or worth (Eisner, 1979; Glass, 1969; House, 1986; Scriven, 1967; Stufflebeam, 1974), and as an activity comprised of both description and judgement (Guba and Lincoln, 1981; Stake, 1967).

The aim of evaluation must be to support the organisation in achieving its goals.

2.7 The purpose of evaluation

The literature of evaluation seems to suggest that a wide range of information should be collected by evaluation regarding the evaluated object. Evaluation is used to enable institutions to operate as a learning environment. Argyris and Shon (1978) have put forward an argument, a feature which is the view of the organisation as a whole in respect of reviews of performance and the implementation of subsequent modifications. Evaluation is a continuing process concerned with making judgements It

should be planned systematically and focus on specific areas of concern to ensure that difficult areas are addressed (Cohen and Manion, 1983).

The development of educational evaluation was initiated in the 1960s by Stake (1967), resulting in a shift from mainly quantitative to qualitative research design. Stake (1967) considered a much wider range of perspectives. He argued that both description and judgement are vital components of evaluation.

Wolf in 1987 had indicated:

> *Most models of evaluation are generally limited in terms of the purposes envisaged for educational evaluation, each tending to emphasise a limited set of purposes.* (Wolf, 1987, P22).

And Hirst (1971) stressed:

> *We must set about finding practical and efficient means for achieving the full range of objectives and we must in every way seek to assess the value of the means we use, being prepared to change both content and methods where these are patently not the best for achieving the objectives.* (Hirst, 1971, P236).

In a study Kogan (1989) described the complexity of the way in which the nature of evaluation is determined when he commented that:

> *The nature of evaluation will vary according to whether an intervention is primarily directed to, for example, improvements in quality, reduction in cost, equalisation of access, or improvement in working conditions; and it will also vary according to its sponsors whether they be managers, political leaders, client groups, or the workers who are subject to the evaluation.* (P63).

Kogan was drawing attention to the fact that evaluation is not a clear-cut activity. Primary purpose of the evaluation and the interests of sponsoring group will combine to define what kind of approach and what kind of focus the evaluation will have.

Throughout the North American Literature there is evidence of self evaluation being greatly favoured. Writers such as Palmer (1969), and Chaun (1972), advocate its virtues and teaching as having various strategies for enabling students to benefit from assessing and evaluating their own progress. Kenworthy and Nicklin (1989, P69) refer to the "whole student" perspective of assessment/evaluation offered by the experiential taxonomy of Steinaker and Bell (1979). They suggest that through this

approach it is possible to avoid domination of the curriculum by assessment. Course members' participation, including self assessment, is said to be an explicit requirement of this taxonomy, and it therefore subscribes to the adult and andragogical model of education, which has become more popular in recent years.

Swanson and Cunning (1979) suggest "different level - different evaluation" as they believe that the nursing curriculum operates at several levels and that evaluation must measure the directions as well as the amount of change, and this can only be achieved through conducting evaluation/assessment at different levels each having a different purpose and requiring different data on which to judge the progress of each student. They further argue for educational goals to be clearly stated in behavioural terms, they say this will enable the learning environment to be structured in a way that desired responses will have the opportunity to occur.

More recently, Nolan et al (1992) in "An Evaluation of the Welsh National Board's Framework for Continuing Education"

(WNB, 1992), recognised that evaluation is needed to determine both the extent to which a programme meets its implicit/explicit objectives and the degree of benefit or disbenefit that results. In a review of the literature on Continuing Professional Education for nurses, Barriball et al (1992) argue that despite the importance of the subject there have been very few detailed evaluations of its impact. They too contend that there is a need to identify the benefits of Continuing Professional Education for nursing and for patients. Barribal et al (1992) recognised that there have been relatively few longitudinal studies in the UK, nor studies which observe actual changes to practice.

2.8 Definitions of curriculum evaluation

Definitions of curriculum evaluation may reflect particular perspectives or biases.

> *Evaluation entails a view of society. People differ about evaluation because they differ about what society is, and what it ought to be. Much of the debate about evaluation is ideologically disguised as technology* (Hamilton et al, 1977, P15).

> *Evaluation is a judgemental process, in which people attempt to ascribe a degree of worth or value to an object or an event. The judgement is based upon an*

> *interpretation of observations, performance tests or any data.*
> (Wells, 1987, P176; cited in Allan & Jolly, 1987).

Harris (1963) suggests: "The systematic attempt to gather evidence regarding the changes in student behaviour that accompany planned educational experiences".

Stufflebeam (1971) highlights that:

> *Curriculum evaluation is the process of delineating, obtaining and providing useful information for judging decision alternatives* (Stufflebeam, 1971, P43).

Cronbach (1963) defines evaluation as "the collection and use of information in order to make decisions about an educational programme", distinguishing three types of decisions for which evaluation is used. Cronbach (1963) lists:-

1. Course improvement - deciding on instructional method.
2. Decision about individuals - identifying the needs of the student.
3. Administration regulation - how good teachers are.

(P672).

Houle, (1980) on the other hand explains "Evaluation is a process of collecting and communicating information and evidence for the purpose of informing judgement and ascribing value to a particular programme, it must be accurate, relevant,

fair and credible".

Jenkins (1976) reminds us that:

> *Evaluation is essentially a practical activity; it is not an abstract theory but a body of practice, it is something that people actually do and do for a purpose*
>
> .

This is done through the systematic collection of comprehensive information about the effectiveness of the curriculum, the result of which can be acted upon to allow modifications to improve it.

Scriven (1967), who first advocated the distinction between formative and summative evaluation related it to the effectiveness of the instruction or teaching. The role of formative evaluation is to discover deficiencies and successes in the intermediate stages of a curriculum. Formative evaluation is useful to shape or influence the development of the curriculum, improving the functioning of an activity on the effectiveness of a component, and of trials of systems in order to iron out the wrinkles before adapting them fully. Summative Evaluation can indicate whether the theoretical content has been sufficient to equip the students with the knowledge and understanding they

require for practice, and also whether the course has provided a foundation for self directed continuing education.

Stenhouse (1975) emphasised "the teacher as a research model", a paradigm of evaluation. Stenhouse (1975) argues that "the curricular specification should feed a teacher's personal research and development programme through which he is progressively increasing his understanding of his own work and hence bettering his teaching" (Stenhouse, 1975, P.65). A definition of the curriculum put forward by Stenhouse (1976)

> *A curriculum is an attempt to communicate the essential principles and features of an educational proposal in such a form that is open to scrutiny, capable of translation to practice.*
>
> (Stenhouse, 1976, P143).

The close links between evaluation and accountability is emphasised by Stenhouse (1982) and Macdonald (1974).

The purpose of an evaluation is to assess the effects and effectiveness of something, typically some innovation or intervention: policy, practice or service. These sample definitions provide some indicators as to what an evaluation is

thought to be.

2.9 Distinction between Evaluation and other types of Research

According to Patton (1990);

> *The term evaluation can be used quite broadly to include any effort to increase human effectiveness through systematic data based inquiry* (Patton, 1990, Pll).

He further suggests that;

> *When one examines and judges accomplishments and effectiveness, one is engaged in evaluation. When this investigation of effectiveness is conducted systematically and empirically through careful data collection and thoughtful analysis, one is engaged in evaluation research* (ibid).

Wolf (1987) describes: "Research typically aims at producing new knowledge which may not have specific reference to any practical decisions, while evaluation is deliberately undertaken as a guide to action".

It is worth mentioning that early curriculum writers, e.g. Tyler and Taba, had a different view of "evaluation" which mainly

focused on assessment of learning outcomes, and learner performance on the basis of pre-specified objectives so it is a product or summative type of evaluation. Later generations of authors focused more on the process of learning than on the outcomes.

Tyler (1949) proposed that the fundamental purpose of evaluation process was one of determining the degree to which the educational objectives are being realised by the programme:

> *The process of evaluation begins with the objectives of the educational programme. Since the purpose is to see how these objectives are actually being realised, it is necessary to have evaluation procedures that will give evidence about each kind of behaviour implied by each of the major educational objectives.*(Tyler, 1949, P110)

Tyler's rational bias contributed in increasing the scope of evaluation beyond that of individual achievements, incorporating a formative element to supplement the summative forms.

Worthen and Sanders (1973) developed a different view of evaluation when they defined evaluation as "the determination of the worth of a thing" which includes:

> *Obtaining information for use in judging the worth of a*

> *programme, product, procedures or objectives, or the potential utility of alternative approaches designed to attain specified objectives* (Worthen and Sanders, 1973, P19)

Beeby (1977) defined evaluation as a systematic collection and interpretation of evidence, leading as part of the process, to "judgement of value with a view to action" (Beeby, 1977).

Richards et al (1985) suggested another definition which incorporates both the outcome and the methods involved. They described evaluation as:

> *The systematic gathering of information for purposes of decision making and uses both quantitative and qualitative methods and value judgement* (Richard et al, 1985, P98).

Therefore they appear to have added a new dimension, that is, value judgements which fall in with the competence of the evaluator. Patton (1990) proposes a similar element: "the process of systematically collecting and analysing information in order to form value judgement based on firm evidence".

2.10 Evaluation methodologies

An evaluation is a study that has a distinctive purpose; it is not a

new or different strategy. Cronbach (1982) claims:

> *Much has been said in favour of the qualitative evaluation in recent years and the approach has gained more prominence.*

Patton (1987), observes the political inherency of programme evaluation and the recognition that politics and science are both integral aspects of evaluation.

Weiss (1987), reinforces this notion:

> *By it's very nature 'evaluation' makes implicit political statements about such issues as the problematic nature of some programmes and the unchallengability of others.*
> (Weiss, 1987, P48).

Greene (1994) argues that evaluation results enter the political arena of social programme and policy decision making not decontextualised and abstract, but rather as practical knowledge base claims, as empirically justified value judgements about the merit or worth of the programme evaluated. He further asserts that evaluations do more than just describe and infer about the practical matters, evaluation is about "valuing" in the words of Scriven (1967) and "Judging" according to Stake (1967), and is embodied in the social policy making and political agenda.

From the literature examined it appears that the definition of evaluation has undergone very little change over the last 30 years. Considerable consensus has been reached among evaluators regarding the definition of evaluation, as the assessment of merit or worth (Eisner, 1979; House, 1986; Scriven, 1967; Stufflebeam, 1974) and as an activity comprised of both description and judgement (Guba and Lincoln, 1981; Stake, 1967).

2.11 Curriculum models and evaluation approaches

The literature offers a number of models which reflects the nature of the task and the relationship between the evaluator and the stakeholders (Murphy et al, 1998, P223). Some of the most closely associated models with qualitative methods are:

- **goal free evaluation:** gathering data on actual effects and evaluating their importance in meeting demonstrated needs, without discussion of goals, therefore avoiding the possibility of missing unanticipated effects (Scriven model, 1991)
- **responsive evaluation:** emphasising continued contact with

programme staff and dealing with issues as they arise (Stake's model as described by Guba and Lincoln 1989, Patton, 1990 and Scriven, 1991)

- **Illuminative evaluation:** concerned with description and interpretation rather than measurement and prediction and seeking to explore a vast array of questions (Parlett and Hamilton, 1977)
- **Pluralistic evaluation:** informed by theories of political pluralism and sensitive to the ways in which different groups define success (Smith and Cantley, 1985)
- **Fourth generation evaluation:** indicate how at various times the word evaluation has been associated with various technical and, later, moral/political value judgements (Guba and Lincoln, 1989). (Cited in Murphy et al, 1998, P223).

An evaluation must be appropriate in the programme setting, responsive to programme issues, and relevant to the programme, community and interested observers. An evaluation design must be renegotiated as the study progresses in the light of changing circumstances, issues and interest (Kemmis, 1986, P138). It is

acknowledged that the true concept of assessment and evaluation is intrinsically linked.

Stenhouse (1975) discusses two common but different meanings. One is that the curriculum is a "set of intentions or instructions", to be followed by teachers, as if the curriculum can be handled in the form of a manual. The second is that the curriculum is "what actually happens?"; the achievement, the reality and not the intentions.

In essence the curriculum study is concerned with the relationship between two views - "intentions and reality". It is therefore the curriculum evaluation that brings about a comparison between "curriculum intention" and "curriculum in action".

Lawrence and Lawrence (1983) advocate that "the statement of a philosophy is the most important document in the curriculum development process, that will provide the foundation for developing the objectives and conceptual framework of the

programme".

Cronbach (1982) has further argued that it is an art to design an evaluation, and each new undertaking requires a fresh approach.

Evaluation is not simply making observations and collating data. Evaluation is the interpretation of the data; placing meaning upon it and making judgements about its effectiveness. It is this phenomenon that will enable decision to be made to retain or modify certain elements within the curriculum (Wells, 1987).

2.12 Illuminative evaluation

Concerns about methodological problems and the recognition of the importance of understanding more about the process of education led to the development of a very different methodological approach, namely "illuminative evaluation". An approach which finds much in common with the work of Scriven and Stake.

Parlett & Hamilton (1972), who developed and introduced this approach saw the pre-test and post-test approach as a paradigm for plants not people. They noted that such evaluation is inadequate for elucidating the complex problem area, they confront and as a result provide little effective input to the decision making process. In the field of educational research, there has been a move from scientific paradigm towards a more interpretative one by combining qualitative and quantitative data in a triangulation design, an approach they termed illuminative evaluation, an approach towards the anthropological or ethnographic model.

Implicit in this is the acknowledgement of the intentionality of human action, the importance of subjective opinions and perspectives, and the possibilities and implications of multiple realities. Attempted measurement of "education products" is abandoned for intensive study of the programme as a whole: its rational and evolution, its operations, achievements and difficulties. The innovation is not examined in isolation but in the context of the "learning milieu". In other words, the

evaluation was based on a holistic study of the social processes of education. The evaluators are not concerned only with "How good is it?" but with "what is happening?" (Lathlean 1986). It is felt that future efforts should be "illuminative of the complex organisation, teaching, and learning processes and responsive to the needs of the different audiences and perspectives (Walker, 1982). Parlett and Hamilton (1972) suggest the collection of data by variety of methods including:

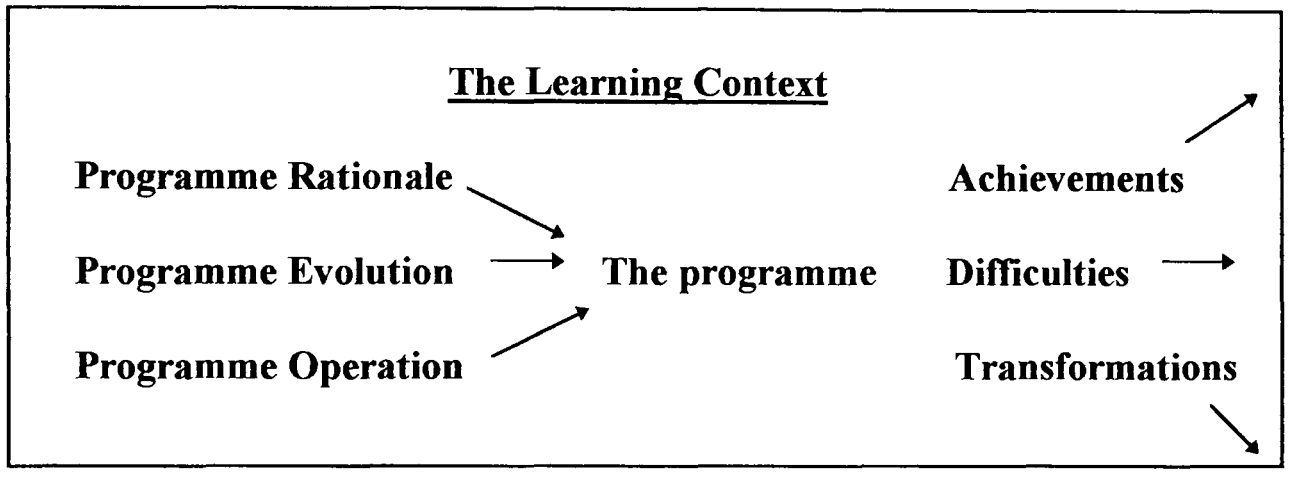
> *Observation, interviews with participants (students, instructors, administrators and others), questionnaires, and analysis of documents and background information are all combined to help illuminate problems, issues and significant programme features.*
> (Parlett and Hamilton, 1972, P10).

This strategy for evaluation recognises that attempts to isolate variables from their context can be detrimental. Parlett and Hamilton are identifying the importance of process as well as the impact and the outcome, also equally of importance are a recognition of the context in which the learning occurs, as context can affect outcomes, for example through its influence on implementation of what is learnt to practice. (Table II)

Illuminative Evaluation

Table II

Cited in; Calder, J (1994) - Programme Evaluation and Quality Kogan Page - Open University Press.



In the new paradigm of evaluation research illuminative evaluation was developed as a response to the "agricultural - Botanical" approach which had previously predominated. The move is away from trying to compare the characteristics of the participants after a training programme to a control group. The concern here is with description and interpretation rather than measurement and prediction (Hamilton et al, 1977). The emphasis is on the discovery and development of categories. Potentially this type of evaluation aids to decision making through greater understanding of what happened within

educational programmes.

The aims of illuminative evaluation are to study the innovatory programme: how it is influenced by the various case study sites in which it is applied; what those directly concerned regard as its advantages and disadvantages; and how course participants' intellectual tasks and academic experiences are most affected. It aims to discover and document what it is like to be participating in the scheme, whether as a tutor or learner, and in addition, to discuss the innovations most significant features, recurring, concomitants and critical processes. In other words it seeks to address and illuminate a complex array of questions (Ibid).

The illuminative evaluation approach has been criticised by some scholars and in particular Parson (1976) who argues firstly that its advocates have paid too little attention to the rigour and systemisation which could add to the value and credibility of the investigation. Data can be collected, analysed and interpreted in an illuminative evaluation without compromising its principles. Secondly, he suggested that the emphasis on the provision of

information for decision maker "here and now" is implicitly conservative. By accepting the perspectives of participants, evaluators corroborate the status quo where they should be challenging it in: (McCormick and James, 1983, P184). Parlett and Hamilton (1972) assert that in evaluation by illumination the evaluator does not attempt to demonstrate the value of a particular programme. The task is to provide a comprehensive understanding of the complex reality or (realities) surrounding the programme and that the evaluator concentrates on the information gathering rather than the decision making component of the evaluation. The research proceeds from relatively an open-ended enquiry, to a more structured data collection, by a process known as "progressive focusing".

Another evaluation model which formed some of the conceptual framework for the present study is Kirkpatrick's Evaluation Model. Kirkpatrick's model describes four distinct levels of training evaluation:

1. *Reaction* Did training session attendees <u>like</u> the training?

2. *Learning* Did training participants learn from the training?
3. *Behaviour* Did training session participants change the way they performed their jobs as a result of the training?
4. *Results* Were there tangible results from the program in terms of reduced cost, improved quality, improved quantity etc.? (Kirkpatrick, 1987, P302).

In effect, assessing participants' reactions involves measuring "customer satisfaction" (P302). *Learning* as Kirkpatrick explains is defined in terms of changes in attitudes, knowledge, and skills (Kirkpatrick, 1987, P309). However this "does not include the on-the-job use of the attitudes, knowledge and skills" (Ibid). A company's training program could produce favourable results in terms of the first two levels of Kirkpatrick's model, yet have no impact on either employee performance or results. That is why Kirkpatrick argues that training programs should measure behavioural changes and results (Levels 3 and 4 respectively).

According to Kirkpatrick (1987) "five requirements must be met for change in behaviour to occur: (1) Desire to change; (2)

Know-how of what to do and how to do it; (3) The right job climate; (4) Help in applying the classroom learning; (5) Rewards for changing behaviour." (pp 312, 313).

As Kirkpatrick explains, "The results of most training programmes can be stated in terms of results such as reduced turnover, reduced costs, improved efficiency, reduction in grievances, increase in quality and quantity of production, or improved morale" (Kirkpatrick, 1987, P315). According to Kirkpatrick, "it would be best to evaluate training programmes directly in terms of results desired" (P315). In discussing methods for evaluating results of training programmes, Kirkpatrick (1987) describes a study in which two techniques were used to measure results: (1) Conducting interviews with employees and their supervisors several weeks after they attended training; and (2) Mailing questionnaires to employees and their supervisors. As he explains, "the results on the questionnaire were not nearly as specific and useful as the ones obtained by personal interview. The study concluded that it is probably better to use the personal interview rather than a

questionnaire to measure results" (P317). The examination of the literature has produced a comprehensive range of strategies pertinent to generalist education evaluation, and many of these models can be applicable to nursing.

In relation to the study, it would appear that employment of a judgement decision approach would provide information that would allow decisions regarding the value/worth and appropriateness of the programme under study, and as an understanding of the context of the programmes was vital. The approach chosen for the study combines many features of responsive evaluation and illuminative evaluation and uses, a case study framework whereby the views, feelings and opinions of participants are presented and the strength and the weaknesses of the programme are discussed. In short, it is a process of illuminative evaluation where the strength and weaknesses of application processes are highlighted.

The diversity of the potential audiences and multiplicity of purpose for the subsequent evaluative research study found

illuminative evaluation an option appropriate to the aims of the study. It was envisaged that this evaluation model would effectively reflect and portray the day to day reality of the major participants.

For the purpose of this study the researcher adopted the following definition and purpose of evaluation by Tobin et al (1979) when they stated:

> *Evaluation is the process of ascertaining or appraising the value of something, and as such, requires that a judgement to be made. In C.P.E., evaluation is aimed at determining the value of specific C.E. Programmes and the effectiveness of the overall efforts. Evaluation differs from measurement while evaluation ascribes worth or value, measurement documents quantity.*
> (Tobin, et al, 1979, P162).

This definition of evaluation seems to cover and address the major aspects of the research under study.

The research is concerned both with immediate or short term impact as well as long term impact to practice.

2.13 Conclusion and Summary

The investigation of this literature has indicated a common message that there is great concern about conceptual understanding of evaluation. Nevertheless it is encouraging that educators are increasingly reflecting on evaluative research endeavours with an emphasis on conceptual developments and its effectiveness in a changing healthcare environment.

This chapter has sought to explain the various conceptual frameworks for the understanding of curriculum models, CPE, evaluation and the Learning Organisation and evaluation.

The literature places much emphasis on the evaluation methods and advocates that qualitative research into the parameters of education is extremely beneficial and proposes that feedback from students and other stake holders is central to any evaluation system.

The literature provided the key issues which theorists have

identified as being important for the development of the individual in organisations. An emphasis on self development, and a clearer understanding of the developing nature of evaluation in today's society was highlighted.

CHAPTER THREE

THE STUDY DESIGN - RESEARCH APPROACH AND METHODS

Section 1

3.0 Introduction

This chapter begins with a brief overview of the quantitative and qualitative paradigms of the research as a background to the approach used in this study. The chapter focuses on the theoretical frameworks on evaluation and explains the rationale for the choice of the methods and approaches applied in this investigation. A discussion on generalisability and objectivity is also included.

3.1 Influences on the choice of study design

- Qualitative enquiry

Methodological text books have outlined two traditional schools of thought in social sciences, positivistic and anti-positivistic

from where methods are derived. Positivism stresses that reality is external and objective, secondly that knowledge is only of significance if it is based on observation of this external reality (Easterby-Smith, Thorpe and Lowe, 1991, P22). "Anti-Positivism or Interprevitism on the other hand is concerned with reality which is socially constructed rather than objectively determined in the focus, therefore the aim is to try to understand and explain why people have different experiences, rather than search for external causes and fundamental laws to explain" (ibid, P24).

Some social scientists argue that qualitative research should be treated as a gold standard for quantitative work because of its inherently more comprehensive approach and greater validity (Murphy, Dingwall, Greatbatch, Parker and Watson, 1998, P3). They further state that the very notion of a gold standard is questionable because it implies a prior reality which can control the methods applied to it (ibid).

Qualitative research enquiry is basically an investigation process that focuses more on words than on numbers that are important

to quantitative researchers (Miles and Huberman, 1984). Researchers who initially denounced qualitative inquiry as a legitimate means of generating valid knowledge have now shifted to endorse this (Sommer and Sommer, 1980).

Larsen-Freeman and Long (1991) have defined the following terms in quantitative and qualitative methodology. The prototypical qualitative methodology is an ethnographic study in which the researchers do not set out to test hypothesis, but rather to observe what is present within their focus free to vary during the course of observation. A quantitative study, on the other hand, is best typified by an experiment designed to test a hypothesis through the use of objective instrument and appropriate statistical data.

In qualitative enquiry, the problem of design poses a "paradox". The term design suggests a very specific blueprint, but design in the natural sense means planning for certain contingencies without, however, indicating exactly what will be done in relation to each (Guba and Lincoln, 1989, 226). A qualitative design needs to remain sufficiently open and flexible to permit

exploration of whatever the phenomenon understudy offers for inquiry (Patton,1990, P196).

There are strengths and weaknesses in using both qualitative and quantitative methods. The combined strength of both methods is to unravel universalism and particularism. Recognition of the complexity of educational research has generally encouraged a shift from a quantitative approach, with its inherent danger of being engulfed by vagueness and ambivalence.

Therefore the human investigator can explore the atypical responses in ways that are not possible by other instruments which are constructed in advance of the study (Guba & Lincoln, 1985, P193-4). Patton's work (1990) also suggests that qualitative methods consist of three kinds of data: in depth, open ended interviews; direct observation; and written documents. The data from interviews consists of direct quotations from participants about their experiences, opinions, feelings and knowledge. The data from observations consist of detailed descriptions of people's activities, behaviour and actions and the range of interpersonal interactions. Documentary analysis

involve a whole range of records, memoranda, reports, programme records and correspondence. The data mainly comes from fieldwork. Extensive field notes are collected through interviews, observations, and documentary reviews (Patton, 1990, P10).

Patton further states:

> *The validity and reliability of qualitative data depend to a great extent on the methodological skill, sensitivity, and integrity of the researcher* (Patton, 1990, P11).

Qualitative research is multi-method in focus, involving an interpretative, naturalistic approach to its subject matter. This means that qualitative researchers study events in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meaning people bring to them. Qualitative research involves collection of a variety of empirical materials, e.g. case study, personal experiences, life story, interview, observation, and so forth. Qualitative researchers therefore invariably deploy a wide range of methods (Patton, 1990). The use of multi-method or triangulation, reflects an attempt to secure an in-depth

understanding of the phenomenon in question. Objective reality can never be captured totally.

Worthen and Sanders (1969) consider the distinction of the two approaches by referring to evaluation in the 1950s and 1960s when studies were conducted mainly in the experimental traditions. Concerns about the feasibility of such approaches in classroom situations underpinned the development of the move towards qualitative and naturalistic models in the 1970s.

The methodological literature on qualitative research reflects two conflicting sets of basic philosophical assumptions. Some authors believe that qualitative and quantitative research methodology drive from radically incompatible paradigms or world views (e.g. Guba and Lincoln, 1994), and argue that the differences in the two paradigms are so great that it is impossible to "mix and match" between them (Murphy et al, 1998).

Others believe that qualitative and quantitative methods are seen as different and potentially complementary ways of data gathering. McKinley (1993) has described qualitative and

quantitative methods as mutually enriching partners in a common enterprise. Qualitative methods are particularly suited to answering *"How does this come to happen?"* questions rather than *"How many?"*, *"How much?"* or *"How often?"* questions. One of the major strengths of qualitative research lies in its emphasis upon understanding the phenomenon of interest holistically (Murphy et al, 1998, P5).

At the preliminary stages of deciding selection of the methodological alternatives a number of issues came to light. Qualitative design is holistic, compatible within the healthcare world and in particular nursing and nurse education. It looks at the larger picture, the whole picture, and begins with the understanding of the whole.

There are no rules to say that both methods cannot be used in the same study. In order not to fall into the trap of quantitative supremacy the advice of Glaser and Strauss was taken into account when they highlight:

> *In many instances, both forms of data are necessary, not quantitative used to test qualitative, but both used as supplements, as mutual verification and ... as different forms of data on the same subject, which when compared,*

> *will each generate theory* (Glaser and Strauss, 1967, P18).

John Dewey (1934) has stated that; "there is no work of art apart from human experience"; he sees art as engaging and developing experience with a sense of meaning. Nixon, (1992) sees this as a "fundamental paradigm shift from measurement to rich description" (Nixon, 1992, P6).

The qualitative researcher, as the designer of the project, in a sense, recognises the potential of design. The design serves as a foundation for understanding the participants' world in a given social context.

Lincoln and Guba further argue that

> *There exist multiple, socially constructed realities, ungoverned by laws, natural or otherwise, the construction is devised by individuals as they attempt to make sense of their experiences.*
> (Lincoln and Guba, 1989, P86).

Cronbach (1992) warns against early decisions when he highlights that designing an evaluation is a continuing process; the variable chosen evolve as the study progresses. If one decides to focus on one aspect others may receive less scrutiny.

Many of the authors pointed out the choice of method ultimately must be the best match, in relation to the nature of question, between the theoretical and philosophical perspective governing the individual researchers values and beliefs and the focus of the study. Many of the authors highlighted the impossibility of singling out one ideal research method. The literature stressed the importance of the needs of key participants and audiences.

Qualitative design requires the researcher to become the research instrument. By this the researcher must have the ability to observe behaviour and have the skills necessary for face to face interview and indeed must be pro-active in obtaining informed consent and be responsive to ethical concerns.

Qualitative Design requires the description of the role of the researcher as well as description of the researcher's own biases and ideological preferences.

The quantitative researcher attempts to achieve objectivity through the use of their information gathering tools such as standardised tests and statistical analysis tendency to "fix

meanings". Whilst working from a different worldview, the qualitative researcher attempts to gain an understanding of a person or situation that is meaningful and associated with a preference for methods that allow the researcher to get close to those in the inquiry. According to Lincoln and Guba (1985), "a human as an instrument means the person with all of her/his skills, experiences, background and knowledge as well as biases." They suggest that a human instrument is responsive, flexible and holistic and has an immediacy of the situation, which allows the researcher to put themselves "in the shoes" of the subjects.

The knowledge base in qualitative research is largely subjective and the researcher seeks insights into patterns of human interaction and subjects under study. The focus is on their perceptions, values, beliefs, knowledge and interests, achieving too much objectivity may result in the loss of reality and the richness of human experience and interpretation.

Eisner (1986) on the importance of objectivity in research argues that perception and understanding are dependant on a basis of

pre-suppositions that cause us to be selective about what we see and what we overlook:

> *All methods and all forms of representation are partial.* (Eisner, 1986, P15).

Triangulation is not a tool or a strategy for validation, but an alternative to validation. (Denzin, 1989, P244; Fielding and Fielding, 1986, P33).

Triangulation is an approach which was defined by Jick (1983) as a multi method combination of data collection that considers a variety of aspects of a phenomena of interests and, in doing so, addresses contextual aspects. Jick asserts that the process of triangulation clarifies criticism of validity that are plagued to single method qualitative research studies, and is particularly appropriate for exploration of value in evaluation studies.

Flich (1992) further states that "the combination of multiple methods as a strategy is best understood that adds breadth and depth to any investigation" (P194). The literature advocates a combination of both qualitative and quantitative paradigms. The proposed evaluation model, however, will primarily use the

qualitative paradigm. The suitability of this model is demonstrated by the superiority of the data and the compatibility within the nursing and healthcare ethos.

The literature revealed a wealth of issues that required to be taken into consideration in the design of the study. This led to the recognition that the most effective focus would be the extent to which CPE promoted professional and personal development in the participants. Consideration of the philosophical arguments demonstrated the importance of choosing an approach that could address not only the issues raised in the research questions, but also the complex processes and outcomes of the innovations under study. This is very much in keeping with the nature of nursing and it often results in the discovery of far greater value for those involved in the innovation. In this evaluative approach the researcher moves away from trying to compare and contrast: the emphasis is less on hypotheses testing and more and description and the meaning attached to the different events. The researcher makes no attempt to manipulate or hold certain variables constant and then measure results. Rather the researcher takes the given situation under study and attempts to

find out the views and perceptions of the participants and other key stake holders. The researcher is not only interested in the outcomes, but also the (structure), people, resources (the inputs) and the way they interact together (the process), was considered to be appropriate and relevant.

The following section describes the theoretical basis of the models and methods used in the main study.

Section II

3.2.0 The Theoretical basis of the main study

3.2.1 Introduction

Evaluation can be used as a way of trying to understand the core of professional practice. The most critical issues about practice activities is whether or not they are effective (Schuerman, 1983). The intent of this research study is to propose and describe two methods of evaluation that use naturalistic methodologies in its application.

The two most influential models have probably been responsive evaluation (Stake, 1967) and illuminative evaluation (Parlett and Hamilton, 1977).

Illuminative evaluation has been a successful strategy in use in higher education for some years now (Parlett and Hamilton, 1977) and is one of the family of "naturalistic" enquiry. This frees the evaluator to be responsive to both the subjects and the clients of the evaluation understudy. However, naturalistic enquiry is a very broad concept and not closely defined as it stands, is a rather vague term, which serves as a useful umbrella for a number of evaluative models.

Although the technique had been adapted by several previous researchers, few have devoted attention to the perceptions of the stake holders. It is a model which stresses the relationship between evaluator and clients (Kirkup, 1976).

The work of Stake in (1967, 1972, 1976) on "Responsive Evaluation", when he wrote of evaluation in terms of "portrayal" of cases and emphasised responsiveness to all of the "stake

holders' in evaluation. He saw the evaluator as processing the judgement rather than rendering judgements. Stake suggests that both description and judgement are essential and in fact they are two basic acts of evaluation. Stake's Responsive Model required the evaluation plan to address three separate aspects:

1. The programme activities rather than intents
2. Responsiveness to audience information requirements.
3. Reference to the differing value perspectives of the audiences when reporting the programme success or failure (Stake, 1980, P523-540).

Stake sees the setting in which the innovation takes place an important one, as expressed in his use of the term "responsive". He advocates that a flexible design, rather than a pre-determined research plan, can have sufficient scope and adaptability in the development of the experiment. Stake describes:

> *An educational evaluation is 'responsive evaluation' if it orients more directly to programme activities than to programme intents, if it responds to audience requirements for information, and if the different value perspectives present are referred to in reporting the success and failure of the programme.* (Stake, 1975, P525).
>
> .

Guba and Lincoln (1981) argue for the use of this method wherever the study of human behaviour is involved. Hamilton (1977) has characterised this model as "pluralistic" evaluation models, that is, models that take account of the variation in value positions of multiple audiences. In practical terms, compared with other models pluralistic evaluation models tend to be more extensive and naturalistic (Parlett and Hamilton, 1972; Patton 1975; Stake, 1967), as they are based on programme activity rather than programme intent and tend to be more adaptable, They therefore show sensitivity to the different values of programme, a shift of formal judgement from evaluator to participants involved in the study. It is appropriate here to elaborate and focus further on responsive evaluation, which has its roots in the Stakes (1976) model.

3.2.2 Pluralistic models of evaluation

Guba and Lincoln (1981) assert that responsive evaluation provides the most "significantly useful" approach to evaluations, the reasons being:

a) it provides audience responsive information;

b) it can encompass all other models because it addresses audience concerns and can meet their needs;

c) it can focus on objectives or alternatively, if required, influence decisions, assess general effects, extract critical judgements.

In reviewing these opinions and counter arguments on the merits of the various models, a concern remained whether a single method, can address the issues and concerns of the study and the audiences among them in relation to the study. Therefore, the literature review continued to examine a pluralistic model of evaluation.

Guba and Lincoln (1981) consider that responsive evaluation approach has potential for enhancing the quality of an evaluation research. They also question the total commitment to any particular model at any one time, and suggest that the ideal situation is one in which the researcher selects according to appropriateness of the approach. Norris (1990) supports this notion when he suggested:

> *A paradigm of choices emphasising multiple methods, alternative approaches and the matching of evaluation methods to specific evaluations and questions* (Norris, 1990, P50).

Guba and Lincoln (1981) highlight Stake's proposal on pluralistic evaluation models. They assert such models, take account of the variations in value positions of multiple audiences, are more extensive and naturalistic in their approach, and show sensitivity to the values of those involved. It is aimed at "interpretative view of reality" reflected from the participants, frame of reference. The question remains: 1) is it possible to enter the reality of another person? 2) Is there any common understanding, a collective reality?

The following section continues with the discussion of issues pertinent to the choice and selection of method chosen for this study.

3.2.3 Justification for the choice of method in this study

It is accepted that evaluation design needs to be pragmatic, and often it is beneficial to include multiple methods to increase both validity and reliability Stufflebeam, (1991). The primary intention of an evaluation is to add to the wider body of knowledge, or to develop theory. Views about the nature and

purpose of evaluation have developed dramatically since the 1960s within management training and in relation to general educational and social programmes (Lathlean, 1986, P9). The limitations of experimental studies led attentions to studies which seek to "illuminate" the literature indicated that an illuminative design would effectively present the range of "snapshot images". The design would utilise a number of methods exploring a range of issues then combine them to verify and validate the findings. It was considered that this approach would illuminate the realities from the perspectives of the key participants. The literature demonstrated the importance of active involvement of participants.

Cronbach (1982) described the design of educational evaluation as an art. He further supports Silverman (1985) that each evaluation needs to be designed in relation to the context, within which it is to take place, and in such a way as "to produce maximally useful evidence". Taylor and Bogdan (1984, P.8) highlight that qualitative researchers are flexible in how they go about conducting their studies. The researcher is a craft person. There are guidelines to be followed, but never rules. The

methods serve the researcher; never is the researcher a slave to procedure and technique.

Therefore, the naturalistic evaluation, described by Parlett and Hamilton (1972) seemed to be particularly appropriate for the study of Continuing Professional Education 'Programmes'. The holistic approach of illuminative evaluation appears to be mostly suited to the holistic model of nursing, where decisions have to be made over a variety of circumstances and issues. Numerous researchers favour this approach mainly Stenhouse (1975) MacDonald and Walker, (1977), Worthen and Sanders (1987). It was felt that this method of evaluation, as previously discussed, would illicit information more holistically than quantitative evaluation, both as an intensive and extensive focus (Lathlean et al, 1986).

The study was based mainly on an interpretivist (Smith, 1989) and employed a multisite (three) case study approach.

An intensive approach calls for a detailed consideration of specific cases in order to identify important factors and an

extensive approach builds on this to determine regularities and commonalties across a large number of cases (Nolan et al, 1994).

Therefore, within the present research study it was intended to elicit the views of the three stake holder case study sites who were willing to participate in the study using an intensive and extensive approach.

The Structure - Process - Outcome framework of Donabedian (1980) provided a useful basis for the study. This model was originally designed for the evaluation of the quality assurance model and proved to be an attractive option. Within such an approach evaluation may be undertaken from one, or a combination of those areas.

The researcher believed that to look at one aspect in isolation will portray a limited view of the research, therefore looked at the following:

1. The Structure of Care

This addresses relatively objective factors such as staffing levels, building and other material resources.

2. The Process of Care

Does care delivery accord with currently accepted definitions as to what constitutes "good" practice?

3. The Outcome of Care

Measuring the effects of the interventions on those receiving them (Cited in; WNB, 1994).

Donabedian sees that causal order running in the direction:

Structure ---------- Process ---------- Outcome framework formed the basis and provided the structure for the evaluation under study. The researcher believes that to look at elements in isolation is inadequate and would portray a limited view of the research.

The design for this study verified data through triangulation and cross checking in order to obtain internal validity and the overall credibility of the findings. The need to take account of the different value perspective, and the critical issue of what constitutes an appropriate outcome and from whose perspective it is seen, is one of the major roles of the evaluator and evaluation (Lincoln and Guba, 1985). Silverman (1985) argued

that one of the strengths of the qualitative method is its recognition of the context - boundedness of data. Therefore, the researcher was most sensitive to these issues and utilised progressive focusing throughout the study as advocated by Parlett and Hamilton (1972) Having placed the evaluation into context, attention is now placed on the presentation of data collection and analysis.

3.2.4 Case study

The use of case study in this research was considered to be of most value. Yin (1981) described the distinguishing characteristic of the case study as an attempt "to examine" a contemporary phenomenon in its real-life context, especially when the boundaries between phenomenon and context are not clearly evident, and which multiple sources of evidence are used (Yin 1990, P23). Case study is a familiar concept to the healthcare professional and has assured much greater currency for educational evaluation (Atkinson and Delamont, 1985, P27).

The case study provides a framework in which the perceptions and reflections of the individual researcher will be systematically analysed to reveal patterns and processes of developments. Pettigrew, Whipp and Rosenfeld (1989, P130) conclude:

> *The research framework demands both the craft skills associated with social and historical reconstruction together with the critical process of triangulation between: the personal testimony of those involved, appropriate documentary evidence and the researchers developing understanding...*

Case studies stress the holistic examination of a phenomenon, and they seek to avoid the separation of components from the larger context to which these matters may be related. The case studies may be a culture, society, community, sub-culture, organisation, group or phenomenon such as beliefs, practices, or interactions. Becker et al (1961) studied the case of student medical school culture, and Ellis (1986) compared and contrasted two fishing communities which enabled her to gather data on a large cross section of population.

Some qualitative researchers favour the use of case study as an effective means of focusing and recording information, furthermore the case study also provides a framework in which

perceptions and reflection of the individual researcher can be more systematically analysed to reveal patterns and processes of the activity, development and behaviour under study.

One of the advantages of case study research seems to be the need for reflection from a range of perspectives. No claim is made by the researcher that the cases studied are representative, but rather indicative of the type of social situation existing in that particular setting: case studies illuminate the critical or significant elements of the situation (Lathlean, 1986).

Bell (1987) highlights the work of Adelman et al (1977), who perceived case study combining a variety of research practices, and Nisbet (1980), who emphasises the fact that looking at one particular issue in an organisation enables the researcher to discover a wide range of data about other issues and events which may not be immediately relevant to the study but possibly could be of great importance at a later date. Bell (1987) points out:

> *A successful study will provide the reader with a three dimensional picture and will illustrate relationships, micro political issues and patterns of influence in a particular context.* (Bell, 1987, P7).

Cohen and Manion (1989, P.125) highlight that the case study is the record resulting from in-depth analysis of that which is being researched *"with a view to establishing generalisations"*.

Bryman (1989, P203) emphasises that "the main aim of case study rests with its explanatory power rather than its typicality."

A case study must avoid becoming simply a collection of descriptive anecdotes of particular relevance, for this is the role of theory, historical perspective and choice of methods. Stoecker (1991) argues that theory must determine which questions are to be asked, and consequently, the structural boundaries of the research frame.

Yin (1989) suggests there are two broad categories of analytical strategies in case study: firstly relying on theoretical propositions, and secondly, developing a case description. The research under study is not about testing a particular set of hypothesis, but it was going to be "descriptive and exploratory", which could help develop ideas, concepts and perhaps patterns

of how learning did or did not occur in the three case study centres. The researcher wanted to capture the learning in an holistic manner for it to unfold as the study progressed, and for it's "complexity" to reveal itself. The research method therefore had to be constructed to enable those involved to give input to these processes, while at the same time recognising that it brought various aspects of her personal and professional background and thinking to the study. Thus the case study approach, as defined in the literature, seemed to adequately address the concerns of the researcher and she, therefore, decided to proceed and present the findings this way.

3.2.5 Generalisability

The broad theoretical issues upon which the current case study was founded and the choice of methodology was driven by the research questions under study. Within the broad paradigm of the methodology the methods were selected both as being appropriate to analyse the data and also as reflecting the underlying values inherent in the research design.

Researchers and commentators are often vexed as to the generalisability of qualitative research, which is often small in scale and focused on a particular social settings. Wolcott (1994) problematises generalisability by suggesting that there is no one single "correct" interpretation of a social setting or event. Qualitative research captures multiple versions of multiple realities. We do not need to reconcile the particular and the universal moving from the uniqueness of an individual case or setting to an understanding of the more general process. The generalisability of our inferences and our ideas should be thought about carefully, but it should not overtly preoccupy us. The researcher believes that every deliberation of the particular phenomena should be informed by an understanding of more general forms and processes. The generalisation that takes place must always remain firmly grounded in the empirical details at a local level.

In this research study the researcher is not engaged in generalising in a way that a survey researcher hopes to extend her/his findings from a sample to a population. She does not think that this piece of research in the three case study settings is

"representative" or "typical" of a population or social mould. However, at the same time she has not disregarded the empirical justification for the particular ideas and propositions that may emerge. But what she intended to do as a researcher in this study was to engage in the analysis with close attention to details, both in terms of internal patterns and forms, and attempts to use these findings to develop theoretical ideas about social processes and cultural forms that have relevance beyond the data.

The researcher was aware that such an intellectual work calls for a creative as well as disciplined researcher to tackle the challenges within the qualitative data.

3.2.6 Bias - Objectivity

The concern with bias has been a long-standing criticism against qualitative research and case strategy. Denzin has indicated:

> *To the changes that the researcher brings her own biases. The term bias is a misplaced term if the researcher is sufficiently reflective about her project. She can evoke these as resources to guide her data gathering and for understanding her own interpretations and behaviour in research.* (Denzin, 1992, P49-52)

Wolf (1987) has highlighted this:

> *The subjectivity that the researcher brings to a study is openly confronted in naturalistic design.* (Wolf, 1987, P51).

One of the main criticisms of illumunitative evaluation is that there can be a tendency towards subjectivity (Hopkins, 1989), thus questioning the validity of the result. This issue will be discussed further in the next chapter. However, since to *"tell it as it is"* involves self judgement, demanding adaptation by the evaluator to the situation being studied. Lawton (1980), in support of illuminative evaluation highlighted;

> *There was, however, no agreement among the evaluators as to whether evaluation should consist of observations being interpreted by the evaluator himself, or whether the evaluators' role was simply to present data* (Lawton, 1980, P175).

Parlett and Hamilton argue whether it is possible for individual interpretation to be scientific. They further argue that one might equally question that there are no forms of research that are not prone to "prejudice, experimenter bias and human error". Progressive focusing in this study has been used extensively to overcome this criticism. This included;

1. Cross checking
2. Ensuring findings include critical research processes

Theoretical principles and methods
3. Discussion of criteria for selecting or rejecting.
(Parlett and Hamilton, 1972, P18).

A large amount of raw data has been included and the use of triangulation has been one of the vital components in this research study in order to contribute and add to the rigour of the case studies being researched.

In this study the researcher from very early on attempted to raise awareness of this factor. From the beginning of the research study, decisions on informed consent and other ethical considerations within the fieldwork have been observed, allowing for the possibilities of recurring ethical dilemmas, as well as any biases, to be kept at minimum. This issue is further discussed in Chapter Four.

3.2.7 Research Strategies Design

As Krathwohl (1993) highlights, "qualitative data may be gathered from situations as diverse as human imagination permits" (P314). However, Kirpatrick's evaluation model, and Senge's conceptual framework for a learning organisation were

used to supplement data collection, guide analysis of the study and serve as the basis for recommendations regarding how organisations might be able to increase their capacity for effectiveness.

Qualitative research is essentially an investigative process that focuses more on words than on the numbers that are important to quantitative researchers Miles and Huberman (1984). While there is no ideal research technique in the behavioural sciences, qualitative inquiry is an appropriate technique for finding explanations and interpretations of processes occurring in local contexts (Sommer and Sommer, 1980).

Qualitative researchers are more interested in how people negotiate meaning and come to interpret events.

Patton (1990) states that qualitative studies use an inductive approach, whereby the researcher:

> *Attempts to understand the multiple inter-relationships among dimensions that emerge from the data without making prior assumptions or specifying hypothesis.* (Patton, 1990, P44).

In a way, understanding emerges from experience with the setting. Patton indicated that the data gathering methods to be used are determined by the approach one chooses: deductive approaches might use a forced choice questionnaire while an inductive approach might employ open-ended interviews.

Bogdan and Biklen (1982) state that one of the primary concerns of qualitative research is with the "meaning". Qualitative researcher believe in the uniqueness of each case (Patton, 1990) because of the belief in the importance of the individual perspectives of each participant.

The diversity of the potential audiences and multiplicity of purposes for the subsequent evaluative study made the responsive evaluation model an option appropriate to the aim of the study. The researcher had the freedom to adapt the overall evaluative design: it was felt that the responsive modal would have the capacity to provide the foundation for "illuminating" the experiences of participants in the study and of organisation of the programme. This was considered to be an effective means of undertaking the study and exploring the processes and outcomes

of the courses of study that would meet the needs of the three case study sites (the key audiences).

Other researchers (Patton, 1990; Miles and Huberman, 1984) have identified several additional characteristics they believe are common in qualitative inquiry: a holistic perspective (i.e. one that believes an entity can not be adequately studied by only investigating its parts); empathic neutrality; and a flexible research design.

There are three characteristic stages to illuminative evaluation: the exploratory stage through which the researcher becomes "knowledgeable" about the scheme; the selection of questions for more sustained enquiry; and finally general patterns are interpreted within the broader explanatory context.

Illuminative evaluation could, therefore, be placed in the case study tradition. This type of evaluation levels itself to quantitative and qualitative data production and the triangulation of the results.

The multi method approach of triangulation (Parlett and Hamilton 1977; Denzin 1978; Cohen and Manion 1989) was used in data production and analysis.

The utilisation of multiple data collection methods and triangulation to study the same phenomenon seems particularly appropriate because of involvement of human behaviour and interactions (Denzin 1978).

The researcher attempted to illustrate and address many of the issues by observing the "instructional system" and the "learning milieu" as well as the "social milieu", the clinical environment, (with its constraints of teaching methods), individual tutors' interpretations, and the reactions and perceptions of course participants, managers and mentors.

A range of methods was used to collect information, the most important being interview, observation and documentary evidence and reference to the literature. The study placed an emphasis on interviewing course participants, tutors, mentors and immediate clinical managers. The study followed the three

characteristic stages of illuminative evaluation that "investigator observe; inquire further; and then seek to explain" (Parlett and Hamilton, 1977).

The researcher felt it was essential to provide a balanced perspective which is considered to be of vital importance for illuminative case study research (Parlett and Hamilton, 1972).

3.2.8 Conclusion and Summary

The literature revealed that both qualitative and quantitative methods are relevant to the study of C.P.E. and much can be gained by integrating both methods within an educational study. Thus the research study utilised multiple case study sites and sought to collect data from a variety of sources.

Trow (1957) indicates that "the problem under investigation properly dictates the methods of investigation". An alternative view is that "it is not so much a problem that determines the use of a particular research technique, but a prior commitment to a

philosophical position" (Bryman, 1984). The aim was by illuminative 'situations as they exist', from the world view of those involved, recording, clarifying, interpreting in an approach that encompasses both context and outcomes, which included

organisational background, processes and the learning milieu. The study examined the three case study sites' innovatory programmes of CPE by discovering;

a) how it operates

b) how it is applied

c) how it affects practice

d) its perception/satisfaction in the eyes of those directly concerned (participants, managers).

The desire was to see the world from the point of view of the actor. A largely qualitative approach was adopted, therefore in view of the nature of this study the research design took the form of an empirical approach employing a case study method, this was both exploratory and interpretative. Case study evaluation approach rejects positivist assumptions that simple relationship

between key variables can be used to provide complete explanations of educational phenomena (Murphy et al, 1998).

Through this approach the researcher was able to explore respondents' views and facilitate "finding out" and "understanding" the world from the actor's or stakeholder's point of view. Such aims require qualitative methods such as non-participant observation, semi-structured or focused interviews, and career or life histories (Blaxter, 1979).

The choice of illuminative evaluation methodology with elements of responsive evaluation model was the task to observe, enquire and explain with the focus on the effects of the innovation on the learning milieu. This process of progressive focusing is one of the unique features of the illuminative evaluation.

A range of methods was used to collect information, the most important being interviews, selected observations, documentary reviews, questionnaires and reference to the literature.

These methods follow the broad approaches of evaluation such as Stake (1975), Guba and Lincoln (1981). The combination of methods aimed at producing a broad representation to provide a means of validation and reduce risk of biased interpretation.

Finally, the researchers contribution has been to design and conduct a survey which seeks to illuminate and describe the meaning attached to the phenomenon under study. The information gained would reveal trends that would interest the wider C.P.E. audiences at both local and national level.

The next chapter describes how the study was carried out in each of the three case study sites.

CHAPTER FOUR

The Course in Action - Overall plan of the study

Data Collection, Pilot Work and Analysis

4.0 Introduction

This chapter describes the exploratory work which informed the selection of instruments for the main study, placing emphasis on a research method known as illuminative evaluation Parlett and Hamilton (1972). The section describes the pilot work which informed the main study design and the overall plan of the study.

Phase One

4.1.0 Exploratory study

At the first phase of the exploratory fieldwork a comprehensive literature review highlighted the main issues and ideology pertaining to CPE. The statutory requirement for qualified nurses and midwives. Early discussions were held with the key stake holders, which included six Directors of nurse education

and Directors of nursing services. The purpose of the exploratory work was conducted to ascertain the following issues:

1. To familiarise the researcher with the study context.
2. To provide an opportunity for the researcher to gain insight into the work environment of the course participants in the case study sites, (the learning milieu).
3. To give the researcher an overall familiarisation and orientation to the roles, responsibilities, and the work of nurses in an intensive care situation and research as well as the experience of conducting interviews with both course participants and their respective managers.

It was important for the researcher to get to know the settings, through the observations of the activities, events and behaviour of the individuals and groups in order to:

> *Provide an account of the phenomenon and an explanation of it through an understanding of the perspectives of the actors.* (Melia, 1982, PP327-335).

The first stage of the study was specifically kept fairly open-ended since it aimed to discover as many issues relevant to the study.

This stage of the research did more than setting the scene for the study, as it highlighted many issues which proved to be valuable for the fieldwork later on at the case study sites.

Following the conclusions drawn from the exploratory work, the researcher pursued a further detailed review of the available research literature surrounding continuing professional education, organisational learning and evaluation, in order to substantiate the suitability of the techniques selected for the purpose of the investigation in the main study.

The research approach and detailed methodology were piloted at case study site C and proved to be generally satisfactory.

Phase two

A questionnaire was devised to obtain information on the respondents biographical profile and obtaining their perceptions to CPE and their intentions and expectations for attending the educational programmes.

Phase three

Qualitative studies can utilise many different data gathering techniques but the great majority of social science, behavioural studies utilise either interview, observation or questionnaire.

The researcher in this study employed four data collection methods; individual and group interviews, selected observations, questionnaires and documentary evidence. The aims of multi method data collection were to increase both validity and the rigor of the research in the three case study sties.

Through such an approach the researcher was able to be responsive to the individualism of different programmes and to the perspectives conveyed by the participants, clinical managers, mentors and course tutors.

The interview was the primary technique used in this study. The purpose of the interview was to measure individual and group responses, obtaining information on the respondents' perceptions and values of the courses and the learning experiences, in other words during the processes of research not only to describe and portray, but also to interpret and to critique the impact of C.P.E. in their practice.

The interviews will particularly provide the researcher with an opportunity to discuss some of the issues raised from the questionnaires. This could be seen as a measure of internal validity.

4.1.1 Sources of Data

The data were generated primarily through a case study approach from three case study sites. From each of the case study sites there were four different sources of information. The two most important were the course participants (N=36), and the nurse managers of the Units (N=10), where the course participants were currently practising, the other two were the course leaders

(N=6) and the mentors (N=9) (See table 1). As well as the above mentioned, relevant documentary evidence (e.g. timetables), course philosophy, outcomes, as well as selected observations of the course members in action (clinical areas) formed the basis of data collected.

4.1.2. Selecting the Samples

The study was designed to gather data which would be relevant in relation to the study aims. Four population groups were selected for the purpose of data collection:

1. Course participants from the three case study sites on ENB Courses.

   Two colleges of nursing in the South and Central and one institute of higher education in the West. A total of 35 students/course participants.

2. Nurse Managers of the above course participants.

3. Course leaders and educationalists from the providing institutions. A total of 6 Tutors and Course

directors.

4. Mentors of the Course participants.

(Please see Table III)

4.1.3 Finding the location

Evaluation can be an emotive issue, one that can be enhanced with fear and anxiety. From the very beginning I realised that I needed to be sensitive to this fact and that I gave adequate information about the study. Murphy, Spiegal and Kinmouth (1992) emphasise the importance of obtaining good quality access, and indicate that it has a direct effect upon the quality of the subsequent research data and that it minimises the risk of co-operation being withdrawn at a later date

4.1.4. Access to organisations

The sample included a full range of institutions (twelve in total), providing continuing professional education. Main investigation and exploratory work started with an introductory letter sent to

twelve directors of nurse education in the UK. The letter gave an outline of the research study inviting and requesting their participation in the study. Three Colleges of Nursing were selected from five affirmative replies, mainly those institutions willing to co-operate to the study and also the limitations imposed by the geographical boundaries and time constraints (the researcher is engaged in full time employment - this constraint was highlighted by the researcher's supervisor). The researcher adopted a mixture of purposive and convenient sampling and selected three different types of institution in order to compare and contrast: one within an established university; one college, in the process of being merged with a University; and the third a college of nursing within a large city undergraduate teaching hospital (at the time, it's future was not determined). The courses selected for the evaluation were those clinically related courses (Intensive Care - ENB 100) in two of the institutions and the third was a Research Appreciation Course (ENB 870).

4.1.5 Theoretical Sampling

Patton (1990) recommends sample selection; there are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources (Patton, 1990, P184).

Theoretical sampling is used in qualitative research for data collection, pioneered by proponents of the grounded theory method (Glaser & Strauss, 1967, Chenitz & Swanson, 1986) where events are sampled on the basis of concepts that are relevant to evolving theory (De La Cuesta, 1992).

Participation of the Directors and of various managerial levels in the organisation has formed the selection process, together with representation of course leaders and mentors in the different sectors.

Antle May, 1989 suggests:

> *Selection of the informant must also be determined initially by the research question and availability of informants and then modified as needed, based on experience gained in the field about who or what is the "natural unit" of analysis.* (Antle May, 1989, P56).

The term theoretical or purposive sampling refers to a system whereby the researcher selects "key" respondents as the research progresses, i.e. respondents who are thought to be most able to clarify aspects of the research questions.

Morse, 1989 states:

> *Rather than selecting a sample using criteria based on typical or representative population characteristics, such as age, the sample is selected according to the informants knowledge of the research topic.* (Morse, 1989, P117).

Therefore, at the very start of the study the researcher felt that it was important to have means of selecting and identifying those who would have the information and knowledge required for the study.

A purposive approach for identifying interviewees was felt to be more effective. Purposive sampling is not concerned with how

representative the sample is, but rather it contains individuals who are likely to have an informed opinion on the area under study (Nolan et al, 1993).

4.1.6 The rationale for selection of more than one institution

In view of the paucity of theory and research on the value of CPE and its impact on practice, three case study institutions providing intensive care courses on two sites and one write a research ENB (870) were selected across England. It was thought more prudent to orientate a series of studies to explicate as much information as possible. Once each case study site had been selected, a total course sample from each of the Colleges were selected, undertaking the above mentioned courses. It was felt essential to study each of these variables in order to gain insights into the nature of the phenomenon. The issue of generalisation arises because sample size is often smaller than those in quantitative research. The guiding principle in sampling is to maximise diversity in order to describe the range of phenomenon more effectively (Hogarth, 1986).

The advantages of this decision are: first, "failure" of a single programme would not endanger the whole research study, and second, the sites/units chosen for this could be selected so that the sum of knowledge gained from all projects would be greater than the sum of individual contributions. Multiple sites were used: a deliberate attempt was made so that different studies/programmes chosen would be likely to give a varied and broad view and have some degree of overlap in the ENB courses being examined. This was done so that overall conclusions reached in one study could be cross-checked by conclusions on the same or by similar issues reached in other studies/programmes.

Various steps were taken to minimise sources of bias in the selection of the samples to the study. Attention was paid on the principles of access outlined by Murphy et al (1992). The course participants were invited to volunteer to participate in the research study if they wished to be involved. Most of the cohort agreed to participate except in case study site B, where six course members preferred to opt out. However, it was possible

to obtain a wide diversity of representation across the cohorts.

4.1.7 Participants Consent/Confidentiality

Trust and respect are two vital components of the relationship between interviewer and the respondents during an interview (Benjamin, 1981). The collection and tabulation of questionnaires, interviews or/and any other form of data collection and analysis should have similar conduct of confidentiality and ethical considerations. The researcher must retain his or her integrity at all times, which requires respect for the confidentiality of the information to which they have access (Lathlean, 1986). Building trust can be facilitated by the researcher at the very start of the interview by reinforcing that the interview is confidential and that the information given by the interviewee will be treated respectfully. It also involves the researcher listening attentively and with interest to what the interviewee has to say (Lofland, 1971). Parlett and Hamilton highlight:

> *There are specially difficult decisions to make at the report stage: though full reporting is necessary, it is*

> *essential to safeguard the individual's privacy.* (Parlett & Hamilton, 1972).

This often proves to be difficult where the "respondents" have been publicly identified, therefore careful presentation of the data should be adhered to in order not to breach the confidentiality code.

The skills of interpersonal communication and a commitment and dedication on the part of the researcher to the idea of reciprocity within the relationship are key factors (Brigg, 1986; Morse, 1989).

Confidentiality

Throughout the study confidentiality was of the utmost importance. Rigorous professional guidelines were followed: numbered questionnaires were used; data and comments were anonymous; and information regarding respondents was only accessible to the researcher.

Respondents were each guaranteed anonymity and confidentiality. This point was stressed to the clinical managers and the course participants at each hospital/interview visit. All other staff in the study were also reassured, prior to interview. The study findings are presented in chapter six, covering the main areas. The words of participants and their managers are used to illustrate and illuminate the points being made. Quotations, with modifications to maintain anonymity, come directly from the questionnaires or interviews.

Assurances were given that no individuals, student, mentor, educator or manager would be identified in any report or analysis.

4.1.8 Sample population

Qualitative researchers set out to build a sample with a view of gaining deeper understanding of the phenomenon in mind by carefully selecting a group of people.

Three groups of course members were included in the research from three study sites, as well as interviews with managers, mentors and course tutors. (See table III)

Group 1 (Index C)

The main cohort of nine students on an ENB Intensive Care Course, all of whom were interviewed twice over a one year period, form the central focus of the study.

Group 2 (Index N)

Eight course members on ENB Research Diploma Course, five of whom were individually interviewed twice and the remaining three did not undergo in-depth interviews, but discussed many of the issues raised in a group discussion.

Group 3 (Index B)

Eighteen course members on an ENB Intensive Care, Coronary Care and Cardiac Care Course. Six course members from the above course agreed to be interviewed before and after the course. The remainder of students participated in informal

discussion groups. These do not form a substantial component of the study, but provide contextual material as and when necessary. They do not contribute to primary scale material, but help to create a more "rounded picture" of experience on these courses. The inclusion of additional post course members providing a broader perspective of experiences also relates to methodological questions of validity and reliability, since they provided a wider student "population group".

Interviews and group discussions also took place with other nursing staff in the clinical areas. These do not form a substantial component of the study, but provide contextual material as and when necessary, in this way they do not contribute to the primary source, but help to create a more 'rounded picture' of experience on these courses.

The inclusion of additional students, providing a broader perspective of experience, also relates to methodological questions of validity and reliability, since they provided a wider student 'reference group'.

There were only two male participants in the group. National figures also indicate similar representation, men occupy only 10% of the nursing staff workforce in this country.

Table III

THE STUDY SAMPLE CONSISTED OF:

35 Students
9 Mentors
6 Educators (tutors and course directors)
10 Managers

TOTAL 60

INDEX B

6 Course Members
3 Mentors x 3
2 Managers x 2
3 Course Tutors x 3

INDEX C

9 Course Members
2 Mentors
4 Managers
1 Course Tutor

INDEX N

8 Course members
4 Managers
1 Course Director

4.2.0 Data Collection Methods and Pilot

The methodological tools used to collect the data were:

1. A pre-course questionnaire of course participants to establish biographical profile.
2. Pre and post course interview with participants to determine why they were attending the Continuing Professional Education and if/how they thought the training would contribute to their effectiveness in practice.
3. Interviews with participants' managers before the training to determine why they felt the training was important, and what their specific expectations were of the Continuing Professional Education.

Because of tight time and locationing schedules, there was not time to interview all managers pre-course. A selected number of managers were interviewed in this investigation from a variety of positions, and with varying levels of responsibilities.

4. Selected observations during the course and post-course both in the classroom and in the clinical environment to gather information relating to participants' perceptions as to the appropriateness of the training, as well as data relating to any concerns they might have had about application. Attending these training programmes demonstrated the researchers commitment to the investigation and reinforced the appropriateness of the approach.

Phase II - Data Collection

4.2.1. Questionnaires

A series of questionnaires formed an important part of the research. The questionnaire was designed following the guidelines in Oppenheim (1966).

Questionnaires were chosen as a method of data collection because they are an efficient and economic way of obtaining a useful amount of meaningful information by personally

presenting and explaining the questionnaire and allowing time during the course programme. A high response rate is ensured and any misunderstanding about the course could be discussed appropriately (Oppenheim, 1966). By allowing it to be anonymous it is hoped that students will feel able to give open and honest answers.

A structured questionnaire will not reveal the whole truth so open ended questions were included to enhance the richness of the data. There are advantages to using a questionnaire in that it gives the respondents the opportunity for careful reflection both before and during the composition of answers. The main advantages (Caves, 1988) of the questionnaire approach is the greater standardisation afforded by the written format. This eliminates bias and ensures uniformity of information to all respondents. Questionnaires were delivered to course members by the researcher and in each instance there was time allocated to explain the purpose of the research study. The presence of the researcher also gave the opportunity to administer the questionnaire directly to participants and collect them at the end

of the allocated time. This was by and large achieved. The response rate from the questionnaire was good from two of the institutions and fair from the other.

4.2.2 Design of the questionnaire

The questionnaire was designed to take approximately half an hour to complete in order to record factual information on course members prior or immediately after the course (pre and post course questionnaires).

The first part of the questionnaire included a mixture of forced choice and free response questions which related to the areas of respondents, demographic and work background. The second part of the questionnaire was open choice, Likert style questions.

The main aims of the questionnaire were: to collect information about the respondents' demographic background (i.e. age, gender, career and professional background, reasons for being on the course, previous professional experiences and training, length

of time in current position, career aspirations, numbers of jobs and roles held and the speciality they were presently engaged with. Within the sample selected there was an interesting variation in terms of background, levels of responsibilities, grade and age.

4.2.3. Piloting the Questionnaire

A small sample of five for the pilot study was taken from course members and nurse teachers at the College of Nursing where the researcher is working. This was considered to be a sufficient number to assess the suitability of the questionnaire. Access to these groups was initially negotiated by asking for volunteers from student groups being taught by a researcher who agreed to participate in the initial pilot study as well as tutorial colleagues who expressed a desire to participate.

Four out of the five pilot questionnaires were returned. The four respondents completed the questionnaire with some constructive comments on the design and clarification to some of the

questions. The questionnaire was examined in some length. Several recommendations for editing the questionnaire were made following in depth analysis of the responses. The pilot work revealed also that it was not necessary to devise a tailor-made set of questionnaires for the three sites and that many of the 'basic' or core questions could be identical in all the three research sites.

The revised version of the questionnaire revealed that the questions were comprehensive and that the questionnaire appeared to be appropriate to meet the aims of the study.

The questionnaire enabled the researcher to collect information over a wider number of people and to ascertain the extent to which study of cases were illustrative of the whole group.

Since the major purpose of the questionnaire study is to illuminate issues, two types of questionnaire were collected at two points in time at the beginning of the course and on course completion. Both questionnaires comprised closed and open

questions.

In addition, the final interviews at the end of the course contained questions about how the participants have envisaged applying the learning into their clinical environments. These included a focus upon how they perceived the value of the learning experiences received both personally and professionally.

Copies of both questionnaires and tabulated data are included in Appendix 1 and 2.

4.2.4 Questionnaires distribution

Within each institution and the respective course, a whole group sampling procedure was adopted. The questionnaires were distributed during a tutorial period by the researcher. The researcher in each instance explained the purpose of the investigation and an assurance of total confidentiality was given. The questionnaires were, in most instances, completed and sent back to the researcher via the self-addressed envelope.

In one of the study sites, the researcher collected them herself from the course members. The response rate has been 100 per cent in two institutions and 95 per cent in the third. This was achieved by sending extra questionnaires to Course Tutors and in two instances, questionnaires were given when the students volunteered to be interviewed, at the time of the interview.

Phase III

4.3.0. Interviews

The research interview can be seen as a purposeful exchange of information between people in a face to face setting (Carr, 1984). Asking questions, in a variety of ways, ranging from informally conducted discussions to formally constructed interviews, was a key feature of the research design. The type of interview undertaken will depend entirely upon the purpose of research.

The interview is a flexible and adaptable way of finding things out. The main aim of the question in the interviews were "initiated by the interviewer for the specific purpose of obtaining

research relevant information and focused by her on content specified by research aims of systematic description, prediction or explanation". (Cohen and Manion, 1989, P307). The questions in the interviews were a guiding factor in this study.

4.3.1. Interviews Techniques

In this investigation a series of interviews were conducted over a period of one year.

Qualitative interviews are often seen as particularly suitable for exploratory studies Murphy et al (1998). Some researchers believe the use of qualitative interviews can more likely extract a true version of events or experiences from the respondents. Interviews may also have the advantage of convenience, as they can be scheduled to meet the constraints of both researcher and respondents.

Burgess (1982a) highlighted that, qualitative interviews allow the researchers to follow up interesting ideas and to open up new

dimensions.

Advocates of qualitative interview indicated a number of threats to the validity of qualitative interviews. Denzin (1970) indicated:

> *The investigator must show the extent to which his questions measure what is intended, as well as demonstrate the reliability of his instrument.*

In this study selected observation and diary methods have been utilised to supplement the interviews. The use of observational techniques is one of the hallmarks of the qualitative research tradition Murphy et al (1998). Advocates of qualitative observation highlight that unlike structured observation, the researchers involve themselves in the settings they study (Denzin, 1970; Silverman, 1985; Hammersley and Atkinson, 1995). Silverman (1985, P15-16) indicated that:

> *The advantage of observational research is that it is able to produce descriptions and explanations appropriate to the way in which people actually behave"*

The relative merits of non-participant observation will be discussed further in this chapter.

The semi-structured interviews involved a selected number of middle managers, mentors and educators as well as participants. (See table IV).

Table IV

Interviews data

Total interviews at case study sites:-

Precourse:-

Index B = 24 interviews
Index C = 31 interviews
Index N - 19 interviews

Grand Total = 74 Interviews took place

Interviews broken down to:

Index B	Managers and Mentors	7 interviews
	Course Director	1 interview
	Course Tutors	4 interviews
	Course members	12 interviews
	Total of 24 interviews	
Index C	Managers and mentors	12 interviews
	Course members	18 interviews
	Course Tutors	1 interview
	Total of 31 interviews	

Index N	Managers and mentors	3 interviews
	Course Tutor	1 interview
	Course members	15 interviews
	Total of 19 interviews	

Overall total of 74 interviews took place

Of the above interviews, **43** took place **Precourse** and **31 Post Course.** A number of interviews at Index N & B were group interviews.

A structured interview is useful when one hopes to compare common lessons or experiences among numerous people. This type of interview is called a standardised, open-ended interview. Patton (1990) has described the advantages of providing an instrument that can be inspected by decision makers, minimising the variations when a number of interviewers are being used, and being highly focused so as to more effectively utilise the interviewee's time. A standardised semi-structured interview format was used in this study because the same type of information was sought from each participant and this enabled, as part of the study's purpose, the data to be compared within the three case study sites (McCall, Jr., Lombardo, and Morrison, 1988).

Interviews are often necessary to elicit information, e.g. past behaviours, feelings and intentions, and mental models, that cannot be observed. "The purpose of interviewing, then," according to Patton (1990), "is to allow us to enter into the other person's perspective" (P278). Such interaction with the interviewee can lead to insights and information that might not be revealed in any other way. The interview is a kind of conversation, a conversation with a purpose. (Borg, 1989; Lincoln and Guba, 1985)

Interviews were arranged with people whom the researcher believed would add to her understanding of the phenomenon under study, both formally and informally (see table IV for interview data). Elliot Mishler highlights this very essence when he suggests:

> *At its heart is the proposition that an interview is a form of discourse. It's particular features reflect the distinctive structure and aims of interviewing, namely that it is discourse shaped and organised by asking and answering questions. An interview is a joint product of what interviewees and interviewers talk about together and how they talk with each other. The record of an interview that we researchers make and then use in our work of analysis and interpretation is a representation of that talk.* (Mishler, 1986, P8).

Mishler's model of interview as a method of data collection has contributed substantially to our knowledge in the field of research interview.

There is some disagreement about the use of recording devices in the interview. Sommer and Sommer (1980) recommend against electronic recording because of the chilling effect it may have on the interviewee; others (Merriam and Simpson, 1984; Patton, 1990; Lincoln and Guba, 1985; Miles and Huberman, 1984) feel that such recording is a valuable aid in capturing all the oral information and intonations that help in analysing the data. The interviews in this study were mainly tape recorded because: a) it allowed for a more thorough transcript with which to work; b) it allowed the interviewer to concentrate more on the participant and the direction of the answers than if extensive note-taking was required; and (c) the assumption on the part of the researcher that this study's participants - nurses - were used to dealing with people and media and equipment of all types, and would consequently not be bothered by the presence of a tape recorder.

According to Denzin (1970), interviews are the favourite "digging tool" of the sociologist and in the hands of a skilled interviewer the interviews can "hardly be surpassed" (Denzin, 1970). Others have indicated its difficulties by simultaneously eliciting information of intimate nature and at the same time observing etiquette and polite conversation (Burgess 1982, Whyte 1982, 1984, Cohen & Manion 1988).

It is generally considered that the less structured techniques are most appropriate when the purpose of the interview is to ascertain meanings from a subjective viewpoint, (Denzin, 1970).

Semi-structured interviews do not have a schedule with a predetermined order, but instead the researcher tries to ensure that the respondents reflect upon the same broad topic. Intensive or structured interviews, on the other hand, are used by the qualitative researcher to explore new territory and tap areas of people's experiences such as attitudes, beliefs and perceptions about past events and future intentions together with explanations or reasons for any of these factors (Seltiz et al,

1965).

Many other researchers put forward a number of criticisms. Becker and Geer (1960) have highlighted that misunderstandings can happen; that while interviewers and respondents may speak the same language, this does not mean that they understand exactly what another person means by a particular word.

Dingwall (1977a) argued that we can have no certainty that interview data represent literal descriptions of the respondents' reality. He suggests that interview data are fraught with problems because of the interviewer producing them. (P123)

Melia (1977) on the other hand recognises the limitations of interview data, but agrees with Strong's notion when he said "the best we can hope for".

Qualitative methods have an underlying philosophy of creating or generating theory in areas that are previously unresearched, therefore a conversational style of interviewing is commonly adopted (Schatzmann & Strauss, 1973).

The literature suggests that interviews should not be longer than one hour (Field & Morse, 1985). In the case of intensive or focused interviews (Benjamin, 1981), has argued that every interview is a social encounter and that the length of the interview should be determined by the interaction that takes place during the interview. Burgess (1984) indicated that intensive interview is essentially a "guided" purposeful conversation between two people. It has been suggested that, in qualitative research, early interviews may look much more like "guided conversations". Interviews become more focused as the interviewer uses more topic guidance to explore areas of special interest, begins to test preliminary findings or begins to look for areas of commonality and difference in respondent's stories (Antle May, 1989).

The semi-structured interview schedule (see figs 1, 3, 4, 5, 6 & 7) facilitated the collection of information from respondents. The overall structure of the interview schedule was modelled in a pattern of open questions, on expectations and selection until this line of questioning was exhausted. Then prompt questions were

also constructed and used when needed.

The interview schedule proved to be a useful check list to ensure that important points are not missed out. Some of the questions in the schedule may seem repetitive but the purpose was to reinforce the issue. The schedule was not strictly adhered to in each case and ad-hoc questions were asked to pursue leads in the responses to elicit further details.

At the very start of the research study a small number of group interviews and individual exploratory interviews were undertaken. These interviews were recorded in the form of brief notes. The notes of these earlier interviews were used along with other sources of information to create a continuous record of events. The knowledge and insights that arose were cumulative and were constantly being elaborated and updated (Lathlean, 1986).

As the research study proceeded emergent, themes were highlighted and placed into categories. These categories were

used to focus discussion in the follow up interviews and to generate a 'second record' as suggested by Stenhouse (1979), of the researchers interpretation and understanding of participants meaning. This demonstrates the progressive nature of qualitative research interviews, that initially the interviews are intensive (unstructured) in nature and become more focused as the research progresses. This is largely due to a process known as 'Concurrent Analysis' where analysis and development of categories derived from the initial interviews inform and guide the later interviews (Pursey, 1992).

Focused interviews were selected for this study as the method of data collection for two reasons. First, all the respondents were known to have been involved in nursing and nurse education or nursing management, therefore the interview could immediately focus on these areas. Second, the tool is compatible with the exploratory nature of the study.

The interviews were conducted over a year, between January 1994 - January 1995, using the interview schedule shown in

figures 3, 4, 5, and 6. Some of the interviews were conducted on a one to one basis, whilst others were in small groups of between two to three individuals.

The researcher attempted to establish a degree of mutual trust with the interviewees, although the interactions was bounded by a semi-structured interview schedule. The metaphor with which the researcher was operating here was that of human being in a role; nevertheless, the central focus of the dialogue remained the subject matter of the interview. The interview schedule was designed to tap into issues pertaining to courses under study.

Powney and Watts (1987) warn against the tendency to ask more questions than necessary in interviews. The reason for this is the well documented difficulties encountered when transcribing lengthy taped interviews, a short list of relevant questions were devised and directed by the researcher who would control the order of questions. By this it was anticipated that each of the interviews would be no longer than 45 minutes. See Figures 3, 4, 5, 6 and 7 for a copy of the interview schedule (pre and post

course) for respondents.

The majority of the interviews were audio taped and each lasted approximately 45 minutes (except for six of the interviews). No one refused outright, but preferred not to be tape recorded; data was then collected in note form. The reason for tape recording of the interviews was twofold. First, it enabled a verbatim account of each interview to be gained, an advantage which far outweighed the disadvantages of having large amounts of data; secondly, the notes and the transcripts of the first interviews were used to formalise the second interviews and to create a continuous record of events.

The researcher was the sole interviewer and each interview was considered to be a unique social interaction so intra and inter-interviewer reliability was not investigated (Martin, 1986).

Summary notes were kept for each interview. The interviews have provided a rich source and set of data for the study. Interview findings and analysis will be discussed in the next

three chapters.

4.4.0 Observation of people, events and activities (Course members in Intensive Care Unit)

An important part of the evaluation was non-participant observation of the course participants on the clinical units. Most studies in qualitative research emphasise the appropriateness of 'observation' so that the observer can get close to their subjects and see the world from their perspective.

This took place on six occasions including six separate days. Observation on selected members was used in order to see if there was a common perspective or individual variation and to increase the possibility of obtaining the fullest possible picture. An observation checklist (figure II) was used.

In a research study of this kind on the effectiveness of Continuing Professional Education to clinical practice, the observation of activities, events, behaviour of the individuals was felt to be essential.

Initially the researcher took the role of the detached recorder/observer. To use Anderson and Burns (1989) description, in trying to remain aloof, she was the proverbial "fly on the wall", trying to make objective notes but also trying to understand the events that occurred. As the researcher was most familiar with clinical practice she was more an "involved interpreter". She compared these notes later with the views of course members and the tutors: the opportunity was made a 'triangulation exercise' in order to increase the validity of the whole exercise, and to have other sources of information other than the researcher's own judgement.

The observational style was relatively open-ended at the beginning. Later in the study selective observation of the course members took place and specific issues were observed (Figure II). Observation is particularly useful where a researcher needs to verify situations between the informant's reports of behaviour during an actual interview, with the actual behaviour that occurs in the setting (Morse, 1984). The researcher observed a number of events such as dealing with relatives, handovers of patients,

interactions and communications with other members of the team writing reports of patients' condition.

The researcher at the end of the observational period clarified any issues with the participant which were unclear. The researcher found these selective observations most informative and of paramount importance in facilitating greater understanding of the unit, the way it was organised and the performance of the participant in the actual reality of the learning environment. As she was not considered to be a 'native to the ward'. She was able to conduct these observations objectively and learn from the experience.

Emerson (1983) indicated that it is impossible to observe everything that takes place in a particular scene, as there is simply too much happening at too many different levels ... it is impossible to describe everything that has been seen ... any and all description is inevitably partial and selective. He further suggested that:

> *"What is included or excluded, however is not determined randomly; rather processes of looking and*

> *reporting are guided by the observer's implicit or explicit concepts that make some details more important than others".* (Emerson, 1983, P20 in: Anderson and Burns, 1989).

Thus, what is selected for observation and recording reflects the working theories or conceptual assumptions employed.

4.5.0 Documentary materials

In addition to interviewing and selected observations, another good source of information in a qualitative research design is through printed materials. Having access to programme records, newsletter articles and other documents allows the researcher to increase his or her understanding and knowledge about the subject being investigated. Patton (1990) describes two purposes for use of such materials: 1) "they are a basic source of information about programme activities and processes, and 2) they can give the evaluator ideas about important questions to pursue through more direct observations and interviewing" (P152). It is important to note that, as interviews can include inaccuracies due to errors of perception, documents are subject

to a variety of errors as well: they may be inaccurate, incomplete, misleading, uneven in their treatment of events, and so on. Although these kinds of errors are possible, documents can still provide the researcher with important information not available through other means.

Various items of documentary evidence were collected, those items deemed relevant to the overall picture selected.

4.6.0 Reliability and Validity and Generalisability

There are no straight forward tests for reliability and validity in qualitative research; reliability and validity can only be judged by the quality and the rigour with which methodology is informed and by the skill and competence of the person undertaking the fieldwork (Patton, 1990). Regarding methodology, multiple sources of data are preferred over single sources such as interviews, and the period after the interview, during which the interviewer reflects and clarifies information and makes field notes, is vital to the rigor and validity of the qualitative enquiry.

Lincoln and Guba (1985) suggest the value of prolonged engagement in research and peer debriefing as means of enhancing the credibility and trustworthiness of data collection for qualitative research. Time and space triangulation was used in this study utilising three different case study sites (Colleges of nursing) questionnaires were distributed to students prior to the course or immediately after the course - interviews took place mid and post course as well as selected observation of the course members in action in the clinical areas. Therefore, the data was not collected at a single point in time.

The initial interviews in this study were conducted in a conversational style where the researcher allowed the interviewee to discuss issues of importance to them as well as those which fitted into the researcher's schedule. The advantage was that the researcher did not impose her constructions of important issues on to the interviewees.

The interview schedule utilised an open-ended interview, which according to Patton (1990) minimises interview effects, reduces

the need for interview judgement during the interview, and makes data analysis easier.

Patton (1986) alerts the researchers to the intensity of the debate, he suggests that it is important to be aware that both scientist and non-scientists hold strong opinions about what constitutes credible evidence and the dominant view has favoured quantitative data. Given the potentially controversial nature of methods decisions, evaluators using qualitative methods need to be prepared to explain and defend the value and appropriateness of qualitative approaches. Patton further highlights that:

> *The most common concern about qualitative methods is the subjectivity of the evaluator. Science places great value on objectivity. A parallel concern is the concern for truth. A search for truth suggests a single right answer. Qualitative methods assume multiple perspectives and multiple "truth" depending on different points of view. It is encouraging to know that researchers now typically doubt the possibility of anyone or any method being really objective.* (Patton, 1990, P479).

The validity and reliability of the data rests on the coherence between the literature in this field and the empirical data collected and a coherence between the views of participants,

their managers, tutors, and mentors. The researcher has been engaged in conducting evaluative research previously and is conversed and has experiences in nursing, research and of continuing professional education.

It was evident at the very early stages of the study that a variety of data would be required to increase the validity and reliability of the research (McNiff, 1988; Michael, 1987; Grant, 1990). For this study four sources of data and interviews, selected observations, documentary evidence and questionnaires were used.

The "triangulation" approach in research was developed by Elliott and Adelman (1977). Triangulation will involve gathering data from three distinct points of view namely, those of the current students, their managers and mentors and document analysis of course programmes.

This approach to data collection has many advantages as discussed by Cohen and Manion (1989).

> *Triangulation techniques in social sciences attempt to map out or explain more fully the richness and complexity of human behaviour by studying it from more than one stand point and in doing so by making use of both quantitative and qualitative data.* (Cohen and Manion 1980, P208-223).

The explanation is that exclusive reliance on one method may distort the researcher's picture and that they may feel more confident when the data generated is confirmed by other methods.

The study attempts to incorporate other triangulation techniques as designated by Denzin (1970) namely "time triangulation" and "space triangulation". Most studies in social sciences according to Cohen and Manion are conducted at one point in time, whereas by collecting data from the same cohort of respondents before and after the course, this study will gain a much more cohesive picture of the process of education and learning. Carrying out investigations in three different Colleges of Nursing and Midwifery nationally in the UK, both within the NHS Trusts and a University setting, the study also introduced some degree of "space triangulation".

Michael Scriven (1972b) has justly argued that quantitative methods are no more synonymous with objectivity than qualitative methods are synonymous with subjectivity.

Patton suggested that:

> *The ways in which tests and questionnaires are constructed are no less open to intrusion of evaluators biases than the making of observations in the field or of the interviews. Numbers do not protect against bias; they sometimes merely disguise it.* (Patton, 1990, P166).

He emphasises that all statistical data are based on someone's definition of what to measure and how to measure it.

Guba (1978) pointed out that all evaluation data should be reliable, factual and confirmable:

> *There seems to be no intrinsic reason why the methods of a properly trained naturalistic inquirer should be any more doubtful a source of such data than the methods of an investigator using a quantitative approach.* (Guba , 1978, P74-77).

Another concern of qualitative approaches is of the validity of generalisation. Critics of the case study method often highlight the fact that generalisation is not usually possible from a single event. Adelman et al (1989), also highlights the problem of

representativeness and generalisation. The sample for this study was a purposeful sampling and time and space triangulation was utilised. Three different institutions were selected and data collected at two points in time, two different stages of the course at the beginning of the course and on course completion.

At this point the crucial methodological issues of generalisation and theory building in qualitative research comes together. Silverman (1993,P160) points out the relationship: "it is important to recognise that generalising from cases to populations does not follow a purely statistical logic in field research". In terms of the study, the research claims to be more than a 'local accomplishment' rests not simply on its generalisability to other educational institutions on the grounds of similarity, but on the findings sustaining a conceptual framework which may be brought to bear on a varied range of research situations.

Parlett and Hamilton (1972) defending the interpretative nature of the approach argue that behind the question *"can personal*

interpretation be scientific?" lies a basic erroneous assumption:

> *That forms of research exist which are immune to prejudice, experiment bias and human error - even in evaluation studies handle automatically processed numerical data, judgement is necessary at every stage - particularly in the selection and presentation of findings in reports.* (Parlett and Hamilton, 1972, P8).

As Heron (1985) has suggested, it is important in the reflection phase that when inquirers in a co-operative inquiry are making sense of their own recent experiences they do not distort or misrepresent it.

> *It is wise for the inquirers to be divergent, that is to explore several different aspects of the experiment being inquired into, to do so in diverse ways. This is to ensure that reflection in later stages of the inquiry is not too narrow, but has available to it a comprehensive array of data and varied and complementary perspectives, which can generate a holistic view.* (Heron, 1985, P129).

As Guba and Lincoln (1985) explain;

> *Naturalistic enquirer focus upon the multiple realities that, like the layers of an onion, each layer provides a different perspective of reality, and none can be considered more "time" than any other. Phenomena does not converge into a single "truth" but diverges into many forms, multiple "truths".* (Guba & Lincoln, P57).

The naturalistic inquirer, given his view of multiple realities and the complex interactions tends to portray generalisation in favour

of "thick descriptions" (Geertz, 1973, P58).

The focus of naturalistic enquiry is as often on differences as on similarities. Cronbach (1975) has suggested that generalisations decay over time and exhibit a half-life. Cronbach further indicates that after a time every generalisation is less "science" than it is "history".

4.6.1 The roles and the relationships of the researcher

A remaining question is whether the researcher's involvement in the research undermines her "objectivity" towards the research. This is a familiar issue addressed by many other researchers. In this the researcher holds a profound commitment to the principles of C.P.E. and to the value of that education to the practice of nursing, commitments which inevitably influenced the choice of research questions asked as well as many conclusions drawn at the end.

Much of the original motivation to conduct the study came from her commitment and interest and personal experience and the previous work that she has undertaken over the past fifteen years on the development of CPE and on the role development of qualified nurses (Sisters). This encouraged and enabled her to reflect and to think critically about the processes and outcomes of the educational innovations that she was investigating. As Stoecker (1991) argues, "attachment to the subject being researched should be regarded as a source of strength rather than weakness." Nevertheless, she was aware of her involvement in all aspects of the study and her participation in one of the course programmes in one of the study sites; The researcher was aquainted with nine of the thirty six course members who were interviewed as well as some of the managers that were interviewed, and had participated in case study site C. This could have affected her perceptions of their interviews and questionnaires.

However, the researcher's acquaintances with the participants were, all on a professional rather than personal basis.

Nisbet contends:

> *Accountability structures put the evaluator into a powerful position, they give him the role of the 'game keeper' in that the evaluator controls access to information .... decides what information will be gathered, how will it be processed, which part will be reported and the survival of institutions and individuals may be affected by the evaluators decisions.* (Nisbet, 1988, P49).

These dilemmas do exist and must be challenged throughout the study for a balanced "world view" debate. It seems that we bring a range of personal and group beliefs, attitudes and assumptions to whatever we think and do in the world and that these will impinge on how we perceive things. It is the view of the researcher that this "personal" influence could add richness and value to the research under study, and that a great deal of social science research may be missing something by attempting to adopt a research process which tends to focus more on knowledge as description rather than knowledge or learning gained from experience (Jones, 1994).

Scriven (1977) highlights that there will always be a degree of "contamination". He asserts that "we would never accept an

evaluation by a co-author of his own materials as meeting even the minimal methodological standards for objectivity" (Scriven, 1977, P132).

However, Kelly (1987) suggests the researcher be clear about what is the pursuit of truth and the maintenance of "trust" in order to sustain the collaboration necessary rather than over-emphasising the researcher's interest (Kelly, 1987, P147).

4.6.2 Conclusion and Summary

When the research was focused, an agenda became apparent, that there was a need to establish the relevance and status of personal and grounded experiences as a source of data in order to incorporate the personal and professional aspects of the research. Over a relatively short period of time, substantial amounts of data were collected from all the professional groups concerned, the details of which are contained in the analysis and the findings presented and discussed in the following chapters.

CHAPTER FIVE

Main Study - Data Analysis

5.0 Introduction

In this qualitative study a theoretical construction was applied to the analysis of three case study sites' educational programmes. The focus of this investigation was to explore the impact of organisations' efforts to support and facilitate the training programmes. The aims of the innovatory programmes were to equip individuals with the information and skills needed, in order to enable application of knowledge to their practice/clinical work environment, thereby improving the quality of care in the organisations.

The researcher's contribution has been to design and conduct a study which seeks to explore and interpret issues upon which judgements could be made.

A multi-method case study design, or deconstructing and re-constructing data in a sociological format, formed the basis of

data analysis.

Assessing the impact of training and education on organisations is a difficult task. There are a number of challenges associated with it, including isolating other factors, maintaining objectivity, ascertaining the validity and accuracy of the data. By compiling and recording assessments of the programmes over a period of time by participants and managers, mentors and course organisers. The researcher was able to hold up a mirror "reflecting back" participants' perceptions regarding the impact of training on their knowledge and practice.

The course members' perception of the educational milieu and their overall responses for the clinical experiences and the opportunities for reflection of the learning achieved were a topic for explorations.

5.1.0 Characteristics of the case study units

5.1.1 Case study site N

A department of Nursing and Midwifery within a University. The department has a broad based research tradition. The research course under investigation is a part-time research appreciation and methods course.

- The Course Aims

The course aims to provide professionals with a high quality course which will equip them with the knowledge, skills and confidence to find, evaluate and discuss research literature and encourage them to participate authoritatively with research in the health service.

- Course Participants - understudy

The course participants were from a wide selection of specialties from the two local NHS Hospital Trusts practising in nursing and midwifery, as well as one course participant from another NHS Trust who is employed as a research nurse.

- The Course (Research)

There was general agreement that the course had been interesting and the modules well organised. The content they felt was both varied and challenging. The participants indicated that they had developed as individuals and appreciated the peer support they received on the course. They felt strongly they had enabled them to cope and continue with the academic demand of the course.

5.1.2 Characteristics Of The Case Study Site - Site B

A College of nursing in a prestigious teaching hospital large cosmopolitan location. The college is committed to help staff to reach their full professional and personal growth and offers both undergraduate and post graduate education in nursing. At the time when the researcher was undertaking the research study, the college was in the process of negotiation for possible closure/merger. The ITU course under investigation has been running for some years and had a very good reputation for its

good educational provision. It was attracting staff from further afield in the UK, from the Army as well as other centres.

The Course Aims: (Intensive Care Course)

Clinical competence is established at the point of registration. The aim of this course is to build upon this foundation and further develop and enhance management, research, clinical and academic skills.

5.1.3 Characteristics Of Case Study Site C

The Course - Intensive Care Course

A College of Nursing within a large NHS Hospital Trust. The College was in the process of merging with one of the Institutes of Higher Education. The I.T.U. Course has been running for the last 2 years and was developing credibility amongst Managers to release students onto the course. The course participants were all members from the NHS Trust Hospitals which the college was serving at the time of research. The course initiation was recently awarded credit at diploma level education by the

English National Board (ENB).

The Course Aims

The aim of the course is for nurses to develop their practice within the professional pathway for critical care nursing. The programme of study is designed to provide learning opportunities to enable nurses to develop knowledge, clinical skills and critical analysis skills related to providing quality critical care nursing. Successful completion of the course provides the student with both academic and professional awards in critical nursing that would support career aspiration.

5.2.0 Method of Analysis

The process of analysis was not as straightforward in some cases. Several levels of analysis were occurring at once. In terms of cognitive complexity, for example, a course member may be giving a self description, but at the same time also making reference to her attitudes, values and beliefs, or personal standards. On these occasions the categories provided a useful analytical framework for investigating the particular dimensions

of individual experiences, therefore course members' answers incorporated several layers of meaning and related to different categories at the same time.

Yin (1994) views analysis as;

> *Examining, categorising, tabulating or otherwise re-combining' the evidence to address the initial purposes of the study. Accordingly, the "ultimate aim" is to treat the evidence fairly, produce compelling analytical conclusions and rule out alternative interpretation.* (1994, P102).

The processes used to analyse the data collected in a qualitative inquiry are generally designed to reduce the bulk of data and to find patterns in them (Miles and Huberman, 1984). One of the methods for doing this is content analysis, which is a technique for systematically identifying, coding and categorising the primary patterns in the data (Patton, 1990). The characteristics of content analysis have usually been defined as follows (Guba and Lincoln, 1981; Holsti, 1969): (1) rule-guided; (2) systematic; (3) aims for generality; and (4) deals with apparent content (what can be seen). While content analysis can be used for both quantitative and qualitative studies, it has historically been considered a quantitative method.

Miles and Huberman (1984) claim that one of the reasons why qualitative research has often been denigrated by "serious" researchers is that the data analyses that are often used have not been well classified. They and others (Patton, 1990; Holsti, 1969) feel that content analysis is possible in qualitative studies, although it may take a somewhat different form than in quantitative studies. It is possible, according to Miles and Huberman, to reduce data in non-quantified ways and to be inductively-oriented in one's approach to empirical work. They pose the following methods for on-going qualitative content analysis: (1) the use of a contact summary sheet to capture the main themes of the interview; (2) employ codes and coding (although not all pre-coded); (3) the use of pattern coding to identify emergent themes; (4) the use of memoing to conceptually tie together different pieces of data; (5) site analysis meeting to test understanding with others on-site; and (6) interim site summary to help reflect on the appropriateness of the data being collected/questions being used.

> *The challenge is to make sense of a massive amount of data, reduce the volume of information, identify significant patterns and construct a framework for communicating the essence of what the data reveal.* (Patten, 1990, P371).

The main form of analytical technique applied to the qualitative data in this study was content analysis. Weber (1985) pointed out that there is no single "right" way to conduct a content analysis, and because of the variety of its forms, suggested that it is the responsibility of the researcher to describe how the data were collected and to justify the steps taken in the analysis. Field and Morse (1985) refer to another form of analysis know as latent content analysis, a technique by which:

> *Passages or paragraphs are reviewed within the context of the interview in order to identify and code the major significant features within the passage. This permits the overt intention of the participants to be coded, in addition to the analysis of the underlying meanings in the communication.* (Field and Morse, 1985, P103).
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> .

Patton (1990) recommends flexibility in qualitative designs on which this evaluation is based when he says:

> *A qualitative design needs to remain sufficiently open and flexible to permit exploration of what ever the phenomenon under study offers for inquiry.* (Patton, 1990, P196).

Given the diverse number of factors which can potentially influence CPE for nurses, the Structure - Process- Outcome framework of the Donabedian Quality Assurance Model

provided a useful device imposing some order in an otherwise overwhelming situation. The researcher felt that to concentrate on one area alone is insufficient. Authors such as Bloch (1975) also suggest that to look at the elements in isolation is inadequate.

In order to meet the criteria of flexibility, subjectivity and grounded experience of the research the methodology needed to be responsive. The subjectivity of the process was acknowledged through recognition that there are factors within the research process which needed to be adhered to:

- choosing the focus
- choosing the participants
- choosing the methods of data collection
- choosing the methods of data analysis
- choosing the narrative format of the final report and presentation.

There is no single method that can answer all questions, or offer all perspectives, as there are multiple ways of knowing.

Therefore, the approach used is multi-methodological and at the level of reflection requires the personal involvement of the researcher, for in interpretative research the unique strengths of the researcher shape the research, rather than the positivist myths of standardisation and uniformity.

The data has high validity, but may be less reliable due to the subjective nature of coding. A great deal of qualitative data was generated from the interviews and general discussion. This was reduced to a set of manageable conceptual categories. Emerging themes were written onto sheets of paper. At this stage sub-categories were added to some major categories formation in order to ensure no data was wasted.

The categories which developed were grounded in the data and the salient points from each interview were assigned to a set of meaningful categories. These categories were not pre-selected, but were developed from the responses themselves by a continuous process of sorting and grouping.

5.2.1 Analysis of quantitative data

5.2.2. Presentation of Questionnaire findings:-

The data represented in the diagrams on (Appendix 1) Data analysis was performed by computer on SPSS and Excel Programmes, in order to present totals, percentages and bar charts for each variable by means of frequencies and chi square. The main form of analysis was the comparison of frequency. This analysis is presented in a histogram format which highlights significant variations between the course members. (Appendix 2)

A complete analysis of each college and course and individuals was considered to be excessive, because of time and space constraints, as the objective for the questionnaire was not to analyse respondents' opinions in any way, but to examine trends or broad overall patterns of responses as a general indicator.

Here the advice of Morris, Fitz-Gibbon and Freeman (1987, P68) was found relevant when they said: the simplest way to present

questionnaire data is to put summary statistics - the average response, or the number and percentage of persons choosing a particular response directly on a reproduction of the questionnaire. The data therefore is presented according to the section by section order in the questionnaire.

Thirty five course members completed the questionnaires. Their responses assisted in illuminating issues and revealed biographic profile of the respondents relating to the individuals, their present posts, grades, specialty areas, age, sex and qualifications, both academic and professional, as well as their expectations from the course.

Age and Gender

Four (11%) of the participants were male and thirty one (86%) were female. Age of the respondents ranged from twenty four (67%) under 30 years, eight (22%) 30-35 years, one (3%) being between 41-45 years with the average age being 31-35 years. None were 50 years or over.

Grade:

Seventeen (47%) were of E grade and seven (19%) were D grade, there were six (17%) F grade, three (8%) G grade, one H grade and one respondent did not state the grade.

Years of Qualification

Nine (25%) of the respondents have held their first nursing qualification since 1991, five (14%) in 1992, four (11%) in 1986. The rest qualified between 1977 to 1990.

Further Qualifications

Thirty one (86%) had only one RGN qualification, three (8%) had two qualifications, and two (6%) held three qualifications.

ENB Courses attended:

Respondents were asked about ENB courses attended. Of all respondents, fourteen (39%) attended one ENB course, eleven (31%) attended two ENB Courses, three (8%) of the respondents attended three ENB Courses. It is interesting to note that access to continuing education appears to have been fairly good,

although eight (22%) course members did not attend any.

The courses varied enormously. Ten members (56%) attended ENB 998, five members (28%) attended ENB 100, and three members (8%) attended ENB 923. None of the respondents were currently undertaking academic (degree level) study.

Attendance to None ENB Courses

Respondents were asked about their participation in In Service, short course and study day training. One of the characteristics of the data was the variation in the way in which respondents answered these questions. It is appropriate only to analyse this data in a general way to obtain a broad picture. Eight (22%) of the respondents attended one short course, 55% attended two courses, and two (6%) attended nine other short courses. Six (17%) did not attend any. This pattern of participation reflects the availability of in-service events within organisations.

Work Pattern and Length of Employment (Full time - Part time)

Thirty four (94%) respondents were full time and two (6%) were in part time post. Information was requested about respondents

length of time in the health service: sixteen (44%) had less than two years service in their present post, and nineteen (53%) had been in their present post two - five years. One of the respondents had held the post over ten years.

Break from employment:

Four (11%) have had a career break, thirty two (89%) of the respondents did not have a break from employment.

The focus of nursing responsibilities:

Thirty 83% of respondents ranked first clinical practice to be their main area of responsibility, four (11%) management, two (6%) education, and three (8%) indicated research to be their main areas of responsibility.

Areas of nursing they are engaged in at present (speciality)

Thirty (83%) of the respondents were in adult nursing. Ten (28%) were in children's nursing, two (6%) in community, one in mental health, and one in mental handicap nursing.

Expectations of the Course

Course members were asked to state what they expected to gain from the programme in order of importance for contributing to "career progression", "professional development", "self fulfilment" and "knowledge enhancement". Their responses were grouped under the four categories of "major requirement"; "important"; "desirable"; "not expected". Course members ranked career progression and knowledge enhancement to be a "major requirement" and "self fulfilment" came lower down in the ranking selection. The ranking exercise caused some difficulty for a number of respondents and this resulted either not ranked the items at all, or had given equal ranking to two or more items. This made it difficult to include these responses in the analysis. Youngman (1984) suggests that the ranking of items often raises response and analysis problems which places reliability of a ranking questionnaire in doubt. This was particularly evident in question 10, where several of the respondents have only ticked 1 category, least information received or no information received. However, of the responses received it seemed that the most information about the course

was from the College of Nursing. Sixteen (44%) and fifteen (42%) were from other colleagues and only two (6%) received information regarding the course from their Managers.

No significant differences in responses were indicated between clinical grades, length of employment or specialty groupings. Summary and conclusions to draw from the questionnaires are as follows:

- It appeared there is evidence of CPE in the three study sites - the participants were by large female and early middle age, 20-30 age groups
- The majority were full time and their areas of work in adult nursing and mainly engaged in clinical units
- There seem to be on-going education taking place in the Units. Most participants have been in the post not more than five years
- None of the participants had academic qualification.

The respondents indicated major areas of their work and responsibilities were in clinical practice, management second,

research third and education fourth. This could possibly have a bearing as 8% of the course members were undertaking a research course in one of the study sites.

Course expectations did not appear to have been highlighted in any depth in the completion of questionnaires. It seems the majority of the information regarding courses was received through the Colleges of Nursing and the University and a small number were received from their respective managers.

5.3.0 Analysis of qualitative data

5.3.1. Interviews:

The interviews were conducted using qualitative methodology. The aim was to capture the individual's thoughts and ideas. The semi-structured interviews proved to be an effective method of obtaining feedback, producing a great deal of constructive and thought provoking data. The interview itself was an enriching experience. The interviewees appeared comfortable with the process of questioning including being audiotaped and showed

great openness and honesty.

Stenhouse (1977) stressed, the good organisation of 'case records' is crucial for writing up. It should be carefully indexed. In this research study photocopies of the transcribed interviews were made and used to cut and sort under different topics. Another useful strategy was the margins were colour coded using a different colour for each section. Different colour papers were used for each case study site, the same as the questionnaires for easy identification. Meticulous details initially made an enormous difference in the writing up stage.

According to Miles (1979) a systematic approach to the data analysis is still necessary. Ferner (1992) highlights the importance of not just the content of the information provided, but also the form of words, the type of recurring phrases and concepts used. These could provide cues to underlying issues, as well as to the deeper management 'culture'.

A system of producing summaries of each interview, listing the main points, issues and themes, was utilised to analyse the research understudy. The summaries then served as an index to locate issues and questions at hand. This approach systematically combed the interview data for themes and the position adopted was one of allowing the data "to speak" and themes to emerge from the data (Miles, 1979; Mintzburg, 1979)

Interviews were scheduled with each of the 60 persons in the sample. Where appropriate, schedule arrangements were made with the managers of those participants. The interviews were conducted over a one year period between January 1994-January 1995 (Figure 1) using the interview schedule shown in Figure 7. Other materials continued to be gathered until 1997.

Each taped interview was transcribed and the responses written under each question. All unit references that could be used to identify the participants were deleted. The interview questions became the initial category for organising the data. The data analysis was informed by the semi-structured questions included

in the interview schedule, which in turn was informed by the relevant literature. Within the questions were some analytical themes, for example the inner and outer contexts which may facilitate or inhibit learning. Other issues were derived inductively from the literature search and from the identification of patterns and categories in the interviews themselves. In view of the fact that the study would be written up some considerable time after the interviews, the researcher felt it was important to make a diary of personal notes after each interview and these notes subsequently assisted the trawl through all the interview schedules. Reading the interviews at the end of the data collection period/process also produced broad themes. These themes have enabled the researcher to compare and contrast similarities and differences in the three organisations/units. Although the interaction was bounded by a semi-structured interview schedule, the researcher attempted to establish a degree of mutual trust with the interviewees at the interviews. The researcher used her own experiences to provide the reflective and personal focus, and at all times was aware of the professional focus and her role as interpreting the perceived

reality, and has previously engaged in textual analysis of interview transcripts. The analysis has been inductive, allowing the patterns, themes and categories to emerge from the data and ordering the data as a way of trying to refine her understanding of those emerging themes and patterns.

The researcher's own bias was tested in discussion with her Supervisor, who slowed down her enthusiasms to 'pronounce' too readily from generalisation. This review of the material having an outsider to read the field notes and interview categories, was an internal check for reliability and validity to minimise bias.

The data was analysed in several ways. First the interviews were transcribed. Even after transcription tapes were listened to several times. This is because the printed word does not always convey the nuance of the spoken word. A hesitation, a particular tone of voice can convey meaning but can not be captured on the page. What reads like spontaneously natural speeds is a highly conventionalised reconstruction (Atkinson, 1992, P26) The aim

was to attempt to create an honest representation of course members' experience in what was written. The manuscript was carefully checked against what was spoken in order to have a 'feel' for what was being said by listening to the words directly. The researcher returned to the raw data over and over again during the course of analysis.

The steps of analysis were as follows:-

Transcribing interviews, categorising responses:- The interviews were transcribed and the responses written under each question. The interview questions became the initial categories for organising the data. Seeking the views of the course members were crucial to assessing the impact of the course programme. The course participants were asked about their work, their course, how the experience differed from previous experiences they have received, and also the impact and value of the innovations. As well as course participants, other relevant figures at the University and college level, curriculum developers and managers were interviewed.

Documentary and background information also served a useful function and provided a historical perspective to the courses under study. The ultimate intention was producing more than a summary of what occurred in the three case study sites. The programmes were seen in the eyes of its developers and clients. Benefits were described and interpreted, not reduced to a quantity. Observations were opportunistic and responsive to the local scenes, not pre-structured. The evaluation was empirical, examining events in sites where the programmes were in operation, scrutinising the reactions and subsequent developments and the performance of the participants served.

Hamilton et al (1978), indicated that "they trust sensitive observers much more than they trust measurements".

Aside from the formal interviews, many opportunities were taken to talk with a wide range of individuals. This was regarded as being of considerable importance. Although the case studies were being conducted within a certain analytical framework, it was vital to have sensitivity to the perceptions of those involved. From talking to a wide range of health care staff, many insights,

views and feelings emerged which were essential in developing a view of their own construction of their social world. Although this was not the main focus for the research, nevertheless, it represented a vital element and contributed to the context of the research.

5.3.2 Coding and analysing the transcripts

Each tape recorded interview was carefully listened to by the researcher once or twice, the tapes were then transcribed. Complete transcripts of the taped interviews were typed. A number of verbatim have been used to illustrate a number of issues, key quotations are included. Care was taken not to omit or distort any relevant items of the interviewees' discourses. The text for each interview was transcribed and organised under topic headings developed as a result of emerging themes. Of the 74 interviews conducted seven interviews had difficulty with machinery because of poor sound quality, or the tape recorders were switched off at the request of the respondent tape. Each

transcribed interview was checked by the researcher for accuracy. Data were converted into categories. (Figures 8a and 8b). An example of a sample interview can be found in appendix II.

After all the interviews had been analysed in this format the researcher returned to the preliminary interviews to ensure that key themes have been identified.

5.3.3 Problems Encountered In The Interviews

Interviews are costly, not only in terms of equipment and other resources needed, but also in the amount of time which can be wasted. Interviews were conducted in a place that was convenient for each individual respondent or their managers. The majority of the interviews were conducted in the work settings where respondents were working or at the end of a tutorial, or at class sessions. There were several disadvantages to conducting interviews in the work place. Mainly lack of time or unsuitable locations e.g.: the interviews were prone to interruptions by telephone in the clinical areas, or by queries

from other colleagues. In one case study interview the room the Manager had selected was most unsuitable, where a patient was being nursed. Three of the interviews had to be rescheduled at least twice either because of change of off duty or sickness and on one occasion the student groups were sent home after a tutorial as they had finished lessons earlier, although confirmation was arranged beforehand. All these interviews were rescheduled at another time.

The interviews with the clinical managers were on the whole disappointing, particularly in case study site B. In general the time taken to arrange a mutually convenient time to interview proved to be less than easy; therefore, it was decided to supplement some of the follow up interviews as a series of group and individual interviews in the clinical units. A change of mode was, therefore, adopted which also added an extra dimension. Crabtree (1993) highlights the benefits of conducting more than one type of interview. In this study the researcher utilised individual as well as group interview, both open and semi-structured.

Audio taping was considered an accurate record of each interview. On three occasions due to mechanical failure and on two other occasions the quality of recording was poor because the interviews were conducted in a noisy area, so notes had to be made on the general content of the interview. On another occasion during two separate interviews, respondents asked the researcher to switch the recorder off because they did not wish to be quoted on verbatim. The researcher respected this request. In all these instances notes were taken. In both cases the issues were about professional hierarchy, the influence of these persons on the work practices, and lack of support in the management of change.

5.4.0 Observations

The use of observation of research techniques is one of the hallmarks of qualitative research tradition (Murphy et al, 1998). As the actions and behaviour of people are a central aspect in any enquiry, a natural and obvious technique is to watch what they do, to record this and then to describe, analyse and interpret

what has been observed.

Observation also seems to be the appropriate technique for getting at 'real life' in the 'real world'. The idea is that by 'immersion' in the setting under study, the researcher comes to fully understand the meaning of the events and relationships in a setting (Strong, 1979, P9).

Some authors have highlighted the very practical problems with observation that it tends to be time consuming.

Strong (1979a) pointed out that it is important not to over-estimate the reactivity impact upon the setting associated with observational studies, particularly where the researcher engages in the setting for a long period of time, as the "daily life" in hospitals has to get done. He found his presence was relatively minor. One of the advantages of qualitative observation studies lies in their ability to study process rather than merely to record outcome. It is also highlighted that observation studies can give access to important facets of social reality that would otherwise be inaccessible (Silverman, 1985).

Strong (1979a) and Silverman (1985) have advocated that clinical units can be studied in rather the same way by researchers as villages and tribal groups are studied by Anthropologists.

Dingwall (1997) indicated that non-observational methods:

> *Generate problems of validity and reliability which are so fundamental that the neglect of observation, and it's proxies in direct audio and video recording, fatality undermines many of the conclusions which are alleged to have been drawn.* (Dingwall, 1997, P55).

Observation as a research method in the present study is related to two research questions which consider, firstly, factors in the work environment that influence the use and utilisation of knowledge gained from CPE experience to practice, and secondly, what facilitation is available to assist the participants to apply knowledge from CPE to practice.

The observation played a central role in the evaluation, whereby the researcher was able to build a snapshot record of day to day activities of the course members, their environment, and their attendance at meetings and seminars.

The research questions aim to examine the extent to which the knowledge and learning are utilised by participants and whether management commitment, support and encouragement exists in the work settings.

5.4.1 The objectives for the observations

The observation took place on a small sample of respondents and was selective as it was not possible to observe everything in a busy unit (Intensive Care Unit) which will be relevant to the evaluation. Therefore, a selection of what to observe and how to observe was necessary. An observation schedule was developed prior to attending to the unit (Figure 7). Appointment to gain access was organised beforehand. The researcher used a non-participant observation technique.

The objectives set for observing respondents were to discover the extent of:

1. The skills and the competency in conducting their care for the patient.

2. What support mechanism exists in the management of change.

These data from field observations provided the actual linkage between processes and outcomes. The individuals felt an increased amount of sensitivity to the environment that they were practising. They expressed that they had gained a great deal of confidence in what they were doing in a way they felt that they had reached. One respondent said *"I know I can handle a lot of things I didn't think I could handle before"*. (Participant Case Study C).

Another respondent expressed that *"I use all my senses now when dealing with a difficult situation eg. relative of a patient. It is important to pay attention not only to the need of the patient, but a wider context of how I can be supportive and helpful to the whole family, how I can affect the situation"*. (Participant Case Study B).

Many of the participants commented that the way they organise their workload, plan and deliver and care was different. They were thinking more about both the impact of care delivery at the individual level, and effects on other members of the team as well as the effect on the organisation as a whole and the impact on the standard and the quality of care. were highlighted by many of the participants.

Observation has already been mentioned as a valuable research tool. It is useful here to add some additional statements about the experiences during the data collection of this method. As well as selected observation, the researcher also participated in a number of events: attending meetings, classroom and seminar presentations in two of the organisations. The value of this type of observation was the ability to observe the interactions and the personal relationships of various participants, their managers, tutors and mentors.

The researcher did seek to elicit what is important to individuals as well as their interpretation of the environments in which they

work (Bryman, 1989, P24). The researcher sought to observe, and in doing so was able to experience the events and activities in the clinical areas at first hand.

5.5.0 Summary

In this chapter the processes of analysis and the methods utilised in the analysis have been discussed. A description of the three case study sites provided an overview and a useful account of the courses under study.

The place of observations as well as questionnaires and interviews within qualitative research were highlighted. The next chapter describes the findings of the study.

CHAPTER SIX

Findings

6.0 Introduction

This chapter provides an account of the evidence that emerged from the research study. The results are presented in a narrative form followed by a preliminary discussion of the findings. Chapter Seven then contains a detailed analysis of the findings. This type of study sheds light and illumination on the processes which seem to stand out to the researcher and to the staff involved in the organisation being observed and considers the identifiable effects of the programmes on the stake holders - participants.

The study has raised questions about some of the issues involved in the professional education of adults, drawing not only on the perspectives of theorists, but on the very voice of the respondents themselves. Comments received were consistent throughout and revealed no significant differences amongst the responses. Where differences did occur, these were highlighted.

6.1 Interviews

Narrative as a form of presentation constrains the author from presenting his own logic in the teeth of resistance from the story. Stenhouse (1987) states:

> *The subtlety of narrative lies in its capacity to convey ambiguity concerning cause and effect, which invites reader to speculate about causes and effect by providing him with a basis for alternative interpretation.*
> (Stenhouse, 1987, 219, cited in: Murphy et al).

The findings of the study were obtained mainly from the semi-structured interviews. In places it has been possible to quote actual responses. There are a number of reasons for the use of quotes; the researcher shares the approach of Wood (1993) to the presentation of research findings, when he said the subjects do a great deal of speaking for themselves. The themes are theirs, the categories are theirs.

He further states:

> *The 'rhetoric of interaction' should not be coloured by the analysis, and should be available for alternative analysis* (1981, P24).

Ruddock (1993) gives further support for using quotation from interviews when she indicated "I respect the power of the direct quotation to capture succinctly and vividly what could only be expressed dully and less economically in the researchers own words" (P19).

Elsewhere, as appropriate for qualitative data, a simple account of items of information are given in the text, but where an individual view or opinion is cited, it is because that reflects a broad theme emerging from the interviews, often expressed by interviewees. Para-phrasing has also been employed to reduce the length of text in order to assist analysis and some parts of respondents' replies have been taken out of sequence and relocated under the relevant headings.

The issues raised in this research reflect the attitude, beliefs, values, feelings and perceptions expressed by the respondents. The findings are drawn from the interviews and the discussions of the various areas in the research questions explored in the interviews.

From the questions chosen on section 4.3 the following categories presented themselves as significant factors common to all interviews. They were typically related to research questions, concepts and themes (as stated on P184). As these were general to all participants they were the logical choice for headings.

The main aim of the questions in the interviews were to seek out what people know, what they do and what they think or feel.

6.2 Course Members' Perspectives - from Index B

The participants were asked to state how the course had helped them. The respondents expressed general satisfaction with the course and the tutorial support they had received.

Shared learning

Two thirds of the course members did not favour the shared learning approach, they felt they were losing out on the I.T.U. specialty. This view was not universal: there was agreement by some participants that shared learning was useful and understood the rationale of using shared learning.

Mentorship

More than fifty per cent of the participants expressed regret that conflicting work demands on mentors reduced opportunities for ward based learning. In addition, staff shortages in some areas were the probable cause of alleged failure of clinical staff to recognise participants supernumerary status. Course members felt that facilitation and support was not always satisfactory; the mentoring system was haphazard in practice due to staffing constraints and night duties of mentors. Several indicated that this was the only area where the course did not work so well.

Five course members, particularly those who were self funding, expected more supernumerary status which proved to be difficult in some instances.

In the opinion of one third of the participants the Learning contract was too time consuming and cumbersome.

6.3 Course Members' Perspectives from Index C

Views of the participants halfway through the course reflected the uncertainty they were still experiencing regarding their ability to cope with the demands of the course. Their concerns and anxieties resulted from their personal need to perform well on the course as a useful member of the clinical workforce. Many of the complaints regarding adequacy of preparation, inappropriate teaching approaches, and the volume of teaching seminars and assignments, were possibly due to rationalisation of blame to the organisation of the course.

More (1974) suggests that people pass through different stages in the learning process from initial intellectual awareness, through emotional responses and finally, resolution of conflict as new knowledge is assimilated.

Course members reported discomfort, frustration, anger and lack of confidence with some aspects of the course. They expressed surprise that they were not doing as well as they expected,

anxiety because they were unable to absorb certain components of the course. They felt this was due to excessive coursework load, leaving them insufficient time for background reading. Nevertheless, they seemed to have assimilated the new information which resulted in a feeling of achievement and a change of perspective later on the course. Perservering under adverse conditions is identified by Albrecht (1987) as a characteristic of intellectual courage that is shared by creative people.

6.3.1 Course Members' Perspectives from Index N

Several students expressed gaining in confidence was the most important thing that happened to them as the result of the course. This mainly came about through developing new academic and practical skills. Supervised practice was favoured by many as they felt it gives time to reflect and learn.

The index N participants felt a certain amount of resentment with the shared learning in Year 1 when they were with the pre-

registration group of students. They claimed they were adversely affected by the presence of these students on the shared learning component of the course and the limited clinical experiences that these pre-registration held, as it created an environment not conducive for them to expand and enhance their knowledge.

Participants reported exemplary standards of tutorial support received in Index N, which a) facilitated them to develop the skills necessary for research; b) provided them with confidence to disseminate some of their knowledge to a wider audience in order to stimulate debate, and c) examine how a more structured approach could be implemented for research based practice.

6.4.0 Overall Responses

6.4.1 Follow Up Interviews On Course Completion from Participants (Individual and Group Views)

The participants were asked to reflect and take a holistic view of the course and the various learning experiences they had

undertaken during the six month duration. They were also asked to express their views on the impact the course has had both on their clinical ability and their professional development. The findings are drawn and categorised from questions asked, responses received, and are presented in the following pages.

The first three research questions relate to the processes of education and expectations from the courses.

6.4.2 Research Category One

Is continuing education important in your opinion?

Continuing education was perceived to be important for a number of reasons. They felt patients, other staff, and particularly students would benefit from the increased knowledge, and highlighted higher standards of care, more informed professionals, and more teaching on the ward.

"Yes, I do think it's important because I think general training gives you a basic understanding of care and I think if you go into specialist areas that you need to update your knowledge to the specialist needs of that area."

(Case Study C)

'I feel that today continuing education is really important, especially I think, with the Project 2000 students coming in with the diploma. I feel that nurses who have trained previously to them need to keep themselves updated, especially when we have these students coming onto our wards and our units, we need to keep on top of all the theoretical work and research, just so we can feel competent in teaching them.'

(Case Study N)

The participants responded positively to this question. Their view seemed universal. Their responses related to length of experience, amount of time spent in the specialty and of their commitment to the specialty; nevertheless, this has highlighted the participants' recognition of the need for their C.P.E. Knowledge was not the only expressed reason for attendance - this was stated in the answer to the next question.

6.4.3 Research Category Two

What factors influenced nurses participation in CPE activities?

The respondents expressed a number of reasons for participating in C.P.E. Primarily, they wanted to enhance their knowledge and acquire increased understanding of the clinical environment

in which they were currently engaged. Changes in the health care system was another area about which several respondents expressed concerns. Clearly, the participants recognised their own limitations;

"I mean I just felt I've been qualified for twelve years as a nurse and I've got loads of other qualifications and I thought, it's an ideal time to do a research course."

(Case Study N)

"Largely so that it would help me with my job and a lot of the things you learn from research, introducing new ideas, practices that are based on research. Basically it just helped to prune up my knowledge of research."

(Case Study N)

"I wanted to do it myself, I've actually applied, this is my second time of applying and I eventually got on, I was quite interested myself because having worked on ITU I wanted to do the course. Because my manager didn't want me to go on full time course, I've had to use my holiday time."

(Case Study C)

"Well it was my manager that selected me, but it was me that wanted to do the course and initiated it myself really. Because this is actually the third year that I've applied to get on to the course."

(Case Study C)

The participants' reaction to this topic was that with all the changes that were taking place in the NHS and nursing, it gave them peace of mind to know that they had an ENB recordable

qualification to fall back on if necessary.

"I do actually have to do quite a lot of talks on the project I am doing as part of my job, so it just helps in front of the medical staff, to answer any questions about the design of the study and everything.

(Case Study N)

"I applied for this course to several places. Because of the location, size and the name of the institution I chose to do the course here. I thought the experience I get here would be the best"

(Case Study B)

Another participant felt that it was time to progress and recognised the ENB course content covered all the areas she needed updating upon.

"Well after working in ITU for so long and not actually having the course, I thought I actually applied for it before I went to Hong Kong and was on the waiting list because they're quite keen in the army to send people out to courses and the money's available.

(Case Study B)

"Quite a few people in the army that I know have done the course here and I've heard quite good reports about it."

(Case Study B)

"I applied everywhere, but I was lucky to get on the course here first of all, I mean they are so difficult and so competitive nowadays"

(Case Study B)

"I worked on the ward for two years before I got placed on the course. First time I applied I was not short listed. My managers were very supportive, I have been qualified since 1991"

(Case Study C)

"The fact that my manager said yes, I am going to second you and you're the person and I'm giving full secondment. I thought was very good and really respect her for that. So, I mean I've tried to make as little demands on the unit in terms of special duty as I can. I haven't been claiming special duty, but I haven't worked a lot any way and I've taken quite a lot of holiday time for study so, I just try and pay back that way".

(Case Study C)

"I wanted to do the ITU course because that was my field and I wanted to improve my knowledge for teaching and practice. My choice of this course at this college was really pragmatic in that I'm a single parent and I'm an E grade and I'm finding my financial circumstances difficult and so I need financial support. I could, no way have done this course on my own. So the course wasn't chosen because I thought it was going to be a good course. I think it's been good, but it's been hard". (Case Study C)

The purpose of the question was to ascertain why, and by what mechanism/system, nurses were selected to participate in a specific course.

Recognition of personal limitations and weaknesses, discovering what they really wanted to do, indicated a personal awareness in

which participants expressed that they wanted to take control of their own career and be ready to take opportunities.

However, many of the participants exclusively and consistently described the main reason for attendance was to gain further knowledge.

6.4.4 Research Category Three

What is it like to be participating in the course process?

Feelings amongst the participants on the organisation and structure of the course was perceived to be broadly positive, as the following statements highlights:

"Well I do not have an awful lot to compare it with, but it seemed to have an awful lot of stuff to put into a very small amount of time."

"Well we were given a timetable at the beginning which they tried to stick to but sometimes lectures are cancelled. However, if they are cancelled they try and fit in something else, so we don't have much spare time"

(Case Study N)

"I think we had a lot of biological sciences input, and that was good. Mentorship was a bit of a waste of time to be honest, I didn't really work with them"

(Case Study C)

Course members in index B felt the biological sciences lecture were too high powered and at diploma level and some felt it was "above their head", but they were not given a diploma for it. They preferred teaching sessions by nurse tutors rather than being taught by doctors.

A common problem reported by more than one participant was:

"I thought it was relatively well organised. There was just one particular area that did not work well, the mentor and facilitator organisation. I came from another hospital, coming to the unit not knowing anyone, it was terrible. I never really, hardly any day worked with my mentor at all, so I found that very stressful. But I did study very hard, put a lot into it myself during the six months and got through all of it well at the end. It is not a reflection on the ward, because staffing levels were very low at the time. They did not have much time for mentoring. In fairness, patient care is the priority above anything else"

(Case Study B)

"Each student is given two mentors. I mean sometimes it's quite difficult working with them, you don't see them for weeks on end because they're on night duty, nights off, but when staffing levels allow it, then we get to work with them"

(Case Study B)

"They're all from the unit, they've all got the ITU course. There's always someone around if you're worried about something"

(Case Study B)

"They just assign them to us when I came on the course, I didn't know anybody. We were supernumerary for the first ten days and after that part of the workforce"

(Case Study C)

"I feel because I am funding myself to do the course, they could provide me with more supernumerary days so I can obtain more learning, but this has been difficult to get. I am very much part of the workforce."

(Case Study C)

"The learning contracts, I think they are vague. They are time consuming and I can't really see the relevance of them"

(Case Study B)

"I enjoyed the teaching sessions. They teach us what we want to know. Sometimes the sessions aren't very good, but in general I am getting a lot of teaching and the support is good."

(Case Study N)

"I think it's a good course. It was a very well run course and you know I learnt a lot from it."

(Case Study N)

General satisfaction for the modular basis of the course, shared learning and course organisations was expressed. Concerns were raised about the size of the group in terms of the case study sites.

"Sometimes there were a lot of people in the classroom at one point, which must have been difficult for the teachers, but I

think we did well as a group, we all contributed in our own different ways"

(Case Study B)

The responses of the participants of courses as a whole were positive. The most frequent comment was that they enjoyed and valued the learning experiences. There was general agreement that the courses had been interesting.

The interviews highlighted a lack of systematic educational need identification in the selection of staff to attend courses and forward planning in many of the units.

In all three case study sites the groups found the programme structure and content to be relatively appropriate to their preparation. The following are examples of the students comments:

"Well I knew it was going to be hard work after talking to other people on the course and everything that I wanted to learn we've sort of covered and everything."

(Case Study B)

"I did find it quite difficult to start with, getting back into studying again, but now I'm enjoying it."

(Case Study C)

"I feel sometimes we spend times on things I can't yet see the relevance of, although it will probably click into place later on"

(Case Study N)

"I felt equally valued, they gave us ample opportunities to speak freely and discuss issues in a relaxed environment"

This comment was appreciated by the majority of course participants.

6.4.5 Research Category Four

"Mentorship tutorial support/facilitation"

"I'd like to say that I really appreciated the help that our tutor gave us. He is coming in his spare time and he's been quite available to all of us and I know that he doesn't get paid for it. He is excellent. All the tutors that we have are very knowledgeable and if they don't know they'll go and find out for you, but they usually know most of them"

(Case Study B)

"The tutorial support has been excellent. I mean you can always get to see .... whenever you need him"

(Case Study N)

However, a significant number of participants also reported they did not see enough of their mentors, therefore did not receive sufficient mentor support during placement.

"The mentorship could be better arranged. If you are allocated to a mentor, there shouldn't be any reason why you can't work with them"

(Case Study B)

"Because no matter how much you read or listen to a lecture, you have to try it out yourself and I think it is the practical experience that helps put the theory into practice"

(Case Study C)

"I work at least two shifts with my mentor. I have two mentors , they do nights and sometimes it means two weeks out of every five you do not see them. She makes sure that we keep up to date with our assessments, progress and evaluation all the time"

(Case StudyB)

"We are getting the support I think we need. There's a good sense of team work and team morale."

(Case Study N)

"The support throughout the course was good. If I had any problems there was somebody always there to help through the case study and the essays. Except for the learning contracts, weren't outlined at all well, so I did not really gain very much from that".

(Case Study B)

The mentor serves as a facilitator, supporter, advisor and motivator. Throughout the clinical placement (clinical experience) the mentor reviews progress, offers re-enforcement to classroom teaching, provides direction to literature, teaches

additional techniques, and in general provides instructional and moral support.

This clearly was not taking place in some of the clinical units, and participants were not experiencing the support.

This category addressed by the respondents/course members represents the spectrum of problems encountered in nursing practice; examples include inadequate staffing, low morale and the particular role of the mentor/manager.

Half of the participants felt they had received adequate support. In many cases where mentorship had fallen short, other clinical staff members stepped in to bridge the gap. In addition, respondents received support from each other which they found most valuable. The need for sensitive allocation of mentor support was evident in a large number of units.

6.4.6 Research Category Five

"What did you hope to achieve from the course?

This question generated a lot of feelings amongst the participants, summed up in the following statements;

"I hope to achieve and find out what I don't know and want to get a good baseline knowledge of intensive care nursing. Obviously you can't learn everything in six months, you can only find out what you do not know and improve on that and take it from there"

(Case Study B)

"I find I'm learning lots of things that I've been doing for years and now it's all sort of falling into place why, you do things and act on changes to the patient, like fluid management and things like that, they're into fluid management in a big way here"

(Case Study B)

"I hope to gain research base knowledge so I can feel confident to take any patient still knowing I have to learn a lot"

(Case Study N)

"I would hope it improves my client care"

(Case Study N)

"I wanted to improve my knowledge and understanding of all the aspects of ITU like monitoring systems and so improving the care that I give the patients and then after the course to go back and pass on my knowledge to others, the junior staff from the ITU where I work."

(Case Study C)

"Well originally I think what I wanted to achieve and what I've actually stated in my personal professional profile, I wanted to achieve the clinical knowledge in order that I could teach better and I could understand and justify what was going on. I felt that my observation of patients and my sort of general understanding of conditions and things."

(Case Study C)

Responses on specific technical knowledge were fairly evenly distributed, these included areas such as planning care, blood gases, aspects of I.T.U. monitoring, and base line knowledge.

Comments about learning specific functional skills needed by staff in building an effective performance included sharing responsibilities, building competence, challenging teaching and motivating others. Almost all cases the benefits reported by the participants were of a practical nature. In all cases the respondents were convinced that they learned a good deal from the course and that it provided them with personal insight to continue with their practice and further career progression.

6.4.7 Research Category Six

"Application to practice facilitation"

Support and need for facilitation varied from individual to individual. Some participants needed much support and encouragement at the beginning, particularly on the application of knowledge in the clinical areas. They were able to reflect and express freely any accumulative changes in their attitude and performance. Some of their comments gave interesting insights.

Some course members in Index N echoed these sentiments:

"I suppose I've read things that I would not have read so that I can discuss different topics that I would not have known before and can have an in-depth discussion"

"The skills of developing interview schedules and questionnaires, that's been tremendously helpful"

"Oh yes, I mean I am already using a lot of the things that I've learnt. I've done a research proposal. I want to develop an appropriate staff support mechanism and I shall use action research to do that".

"The managers and staff are very friendly, very approachable and willing to help me whenever I ask, but I suppose I am still not totally confident in sharing my new knowledge with people. That's why I am here now, to consolidate my learning. "

(Case Study B)

"There is nobody observing me although there's always people more senior close by, if ever I have any queries I go to them"

(Case Study B)

"I am beginning to find my feet, it has taken me a while to settle in because it's so different, but I am gaining confidence, learning".

(Case Study N)

"Well I believe my direct care to patient is much improved. It's much more holistic. I understand what I am doing. I have more ideas on ward rounds and be clear within the team and just, even with my care planning, it's much better because you are educated and have learnt so much".

(Case Study C)

"From a clinical point of view, I feel I can teach better at ward level because I understand theory behind a lot of the practical aspects of work, so I find that I can teach now far better".

(Case Study C)

"My clinical practice is as good as it was before the course, but I understand more about the practices that I am actually carrying out".

(Case Study B)

"I learnt many challenges and lots of things that I haven't had any experience with before, like cardiac outputs and haemofiltration".

(Case Study C)

"I definitely have a grasp now of what I think different patients could be nursed in an ITU situation".

(Case Study C)

"Just making me think more, instead of just going along day to day making me more aware of research really".

(Case Study N)

"We've started to develop a resource box on the ward which everybody puts pieces of research which they think are interesting"

(Case Study N)

"It is just bringing things to light, with the reasonable proposal that I am undertaking it is about rehabilitation so it's actually going to affect the work that goes on this Unit,... application to practice...".

(Case Study N)

6.4.8 Research Category Seven

"Outcome/satisfaction"

The objective of this question was to explore participants' views and feelings as they anticipated their transformation and overall satisfaction from the course.

Respondents agreed that the courses were effective. Many different views were expressed. The participants commented on different attributes of the courses under study. In addition to those already quoted, the most frequent comments were;

"I am much better now at teaching and developing other nurses"

(Case Study N)

"It makes you think more why you're doing things. You look for changes when you've done things, like for example fluid management or explore and be creative to provide a wider perspectives to care delivery.

(Case Study C)

"I just wanted to improve my skills and to further my career. I don't think you can get on. You can't be safe in intensive care unless you've got the knowledge and the ability. I think now on reflection, the course has given me that what I was hoping to gain"

(Case Study B)

"It has increased my knowledge generally about conditions, about what's happening inside their body. So when you've got a really sick patient and you're monitoring cardiac output and you've got a patient on adrenaline and blood pressure's falling, you know you are giving the adrenaline to increase cardiac, you know just things like that. Whereas beforehand, I didn't really understand"

(Case Study B)

"I think partly my clinical skills that has greatly improved, my theoretical knowledge is greatly improved. I think the way the course was structured as well was very good, also I hadn't done a theoretical course for a long time, so it was just right for me"

(Case Study B)

"I feel I gained a lot from the course,and I am pleased I did the course"

(Case Study N)

"I just feel I gained so much from it and I would definitely, from what I have gathered, recommend the course to colleagues".

(Case Study B)

"I thought it was good. I really enjoyed it. I wish I was still studying. I would love to do more studying. Yes I really enjoyed it".

(Case Study C)

"I think towards the last few months, it's come together more and I do understand the research process and things more than I did obviously at the beginning."

(Case Study N)

"As a clinician it is the importance of promoting research in the field of nursing, research helps with future change in nursing and we need to be research based practice"

(Case Study N)

"On the negative side of the course, it's been hard fitting in work and the course, also financially it's an expensive course.

(Case Study C)

"It's definitely improved my knowledge of lots of different things, how to critique a piece of research, how to read research, and how to go and do a literature search properly, how to write and reference."

(Case Study N)

"I've learnt a tremendous amount about a particular subject that we've been working on towards our project".

(Case Study B)

Reflecting on Mezirow's (1991) perspective on transformation, the participants indicated that they had moved on to new levels of awareness (P225).

"I gathered a lot of knowledge through my own teaching and learning and from asking questions of doctors and other senior nurses, but I still felt there were big gaps, the course has shown me that yes there are some big gaps"

The same respondents went on to say:

"Not perhaps as big gaps as I thought they were, but I needed to just take that time to actually really read up and listen to

things. But the other, what I think I've benefited from even more is understanding what's going on in nursing and what's going to happen with nurses".

(Case Study B)

"It's made me think about what I want to do and it's actually made me question what I want to do, so it's been like sort of a stepping stone into sort of thinking about different things and like not just stopping. I don't want to stop learning".

(Case Study C)

6.4.9 Research Category Eight

"Personal & professional benefit as the result of the course"

For participants the courses appear to have enhanced their 'Personal and Professional Development'. Respondents remarked that educational studies make you "a more rounded person."

"Career progression and some job satisfaction, because I felt frustrated working in the Unit when really I did not know the full dimension of nursing and research application"

(Case Study N)

"I can still see myself in the clinical area. Possibly as a Clinical Nurse Specialist"

(Case Study C)

"To continue reading, I mean we all need to continue learning. It is obvious that is not the end and there is a lot more need to learn, it's just like a starter really"

(Case Study C)

"I'd just like to consolidate what I've done and maybe think about doing something later"

(Case Study B)

"Well I think it is a good idea to study further because you do get a bit sluggish. I mean I haven't studied for a while and you know it does refresh you studying. There is a lot more to learn than what you realise."

(Case Study B)

"I want to do the Teaching and Assessing Course 998. I also wish to gain some Paediatric experience so I want to feel competent in caring for Children."

(Case Study B)

"I think it's just helped to promote my confidence really, working and meeting and talking in front of people. That is it really, increasing my teaching skills because I have had to do quite a lot of seminars as part of the course".

(Case Study N)

Most commonly expressed feelings in relation to personal and professional development were: increased confidence, greater awareness of own performance, clearer insight and understanding of their roles, responsibilities and accountability, and greater depth of knowledge in the specialty. There was complete agreement that the course had enhanced their communication skills.

Self confidence are those of self trust in one's own competence, skills and abilities. These were learned from successfully dealing with challenging assignments and handling difficult cases which further strengthened the participant's willingness to share knowledge with others. Seeing typical statements of self confidence included the following:

"That was a successful course because it put into my mind ideas that I could do other things, that I could be effective and that I could make a difference to patient outcome..."

"The course raised my mental expectations from myself tremendously ... I have started to really stretch myself..."

Participants felt that it was important to them, now that they have completed the course, to continue with their learning.

Finally, some overall comments from the participants:

"I loved the course and really enjoyed it"

"Yes, absolutely I loved it"

"I found the course very enjoyable"

"I've thoroughly enjoyed myself"

"I was happy with the course. Apart from the mentor system, I mean that was the only thing that didn't work"

"Just that I've enjoyed it and I found it very valuable"

"On the whole, Yes, I've enjoyed it, although it's been hard work".

One course member captured the essence:

"I just feel I've grown a bit. I've matured more and am a lot more prepared to tackle any difficult situations".

The data from the course has provided broader utility in educational terms in building the self confidence of the course members, which was expressed both by the managers and participants perceptions. Participants became motivated to pursue further education and challenging professional goals, which clearly implies that such experiences can supply participants with implicit professional values against which they can create effective 'performance'.

Although no formal post-course monitoring of course participants' career progression has taken place, it is known that

a number of respondents in this research study have continued with further studies and consequently received promotion in their current employment and several of them gained new employment at a desired grade. Transmission of general knowledge makes workforce more mobile in the external job market.

MENTORS' PERSPECTIVES

6.5.0 Mentors perspectives from the interviews

The mentors felt that their role was to be seen as a catalyst or facilitator who would share skills, knowledge and understanding. They appeared to be good communicators who would stimulate the course members to extend themselves and expand their knowledge to develop and challenge.

Mentors expressed a need for greater communication and raised concerns about the lack of contact with the course teachers, knowledge of course content, and course expectations and requirements. The following paragraphs are some of their

comments received from the mentors' interviews.

i) Mentors were asked to describe how they saw their role:

"My role is to familiarise her to the new environment with the type of patients. Checking that she's actually reaching the level expected from her, regarding her learning contract"

(Case Study B)

"It's a large busy unit, quite difficult to actually find the time to be able to sit down and discuss things out, there is a second mentor, that mentor is on holiday in Canada for five weeks and I had a holiday in between and for the last couple of weeks it's been too busy. But today we've been able to have some time together"

(Case Study B)

"Well I haven't actually worked with her a lot. It's just the way that rotas have worked out. Even though she's on my line, the same team as me. Because of days in school and days that I have off and then I do nights and have nights off, I haven't worked with her a lot".

(Case Study C)

"They have their supernumerary days, they have ten supernumerary days, they can choose to work with their mentors or not, they can choose to do what they want with those supernumerary days. I mean I'm always available for her to work with or talk to or go through things while she's on the course, and there's not only me. There are two other E grades as well that work with me, so when I'm not here they're always available to support her"

(Case Study B)

"After the initial first two weeks we give them quite a lot of support, making sure that they're okay and taking the initiative to go up to them and making sure that all their criteria is being fulfilled. After that and especially after the first month, from my point of view, I very much leave it up to them to come to me. If they want anything because it's their course, they have to get out of it what they want and I don't know what they want to get

out of it unless they come and tell me, so I leave it up to them to approach me"

(Case Study C)

Mentors were asked regarding;

ii) Learning Contracts - (The Process)

"I think its a good thing in that it, it gets you to sit down with course members and go through things and talk through things and think about things and look at things together".

(Case StudyB)

"It's very time consuming and on a very busy unit like this, it's very difficult to find the time, especially if you don't actually see your mentor a lot.

(Case Study B)

"I've not, I mean .... is probably half way through her course now and I've not even started doing her learning contract with her yet. I think that it's up to the student to take the initiative because they're not my learning contracts, they're their learning contracts. Although we are here to give them a lot of support, you know they're adults and they should be able to take the initiative"

(Case Study C)

iii) Application of knowledge to practice

"I think so. I mean I don't see why not. We have quite regular unit meetings and if they did have anything they could bring it up in the meeting and it is quite an innovative unit."

(Case Study B)

"There's quite a lot of new practices that go on here and I'm sure they'd be encouraged to, if it was thought to be beneficial to the unit/ward"

(Case Study N)

6.6.0 COURSE TUTORS' PERSPECTIVES

The following section contains the abridged and paraphrased transcripts of taped interviews with the course tutors. The interviews were managed by introducing the topic and the purpose of the interview, then using the questions for the purpose of generating relevant responses. Additional prompting was employed when this was thought likely to elicit further useful information.

Tutors and course directors formed a fairly homogenous group of people of similar backgrounds, working in fairly similar environment (except for one based at a university). There was a greater consistency in their replies to the interview than those of the managers and mentors.

The focus of the interviews was threefold: firstly, to explore the criteria for selection, secondly, the implementation phase and the process of the course, as well as facilitation, and thirdly, the possible expected outcome/impact of the course on practice.

Questions set in the tutors' interviews will be found in (Appendices 4). (A sample interview of Tutor in Appendix 5)

Almost all of the tutors considered the course to be of importance and valued the vital role of CPE in the enhancement of knowledge. They were happy with the teaching style, which they felt was very individual to the course and subject matters. Tutors placed great emphasis on the development of knowledge and clinical competence and the acquisition and enhancement of specialist knowledge (two of the case study sites were undertaking ENB 100 Intensive Care Nursing Course and the third ENB Research 870 Course). They were confident that the students in their placement would learn to apply this new-found knowledge, skills and theories. They further indicated that professional and personal development would take place through the ability to analyse and reflect upon practice and upon research based practice. The tutors saw practice as inter-relating and integrating with theory. They highlighted that the purpose of practice was enabling students to become safe practitioners and it was seen as a continuation of classroom learning. Tutors also

emphasised that practice and experience alone are not enough: critical thinking and reflection are essential to enhance learning and turn it into a valuable experience.

Several of the educators expressed concern about a shortfall in the number of appropriate qualified staff to support the participants in a range of practice settings. It is important to note that only one of the case study sites had lecturer practitioner posts in operation. The contribution of lecturer practitioners might make a difference to the application of knowledge to practice.

On the Course Success and Effectiveness

One tutor commented: 'I think the course has been generally successful. In a sense that the students have developed a lot of skills and confidence in research knowledge. They really have been producing some very good work and the course work I have just marked for them is easily equivalent to undergraduate work .... which I think is very good for part-time students who are starting with very little academic base. To be able to produce work of that quality is excellent...'

However, there are aspects of the course that have not gone so well. The following points were raised:

"the shared learning in the first year where they spent two terms with the third year undergraduates, was not successful as they generally felt over awed in a way made them take a step backwards and they lost confidence, but since then they have come on a long way."

(Case Study N)

Another tutor expressed:

"The students here are more challenged, that is what the University is all about, challenging people, at first they do not like it, and find it difficult but it pays off at the end. They get more confident and more academically skilled through that process".

(Case Study N)

6.6.1 Sample Interview Transcript (Course Tutor)

Selection: Recruitment to Courses

Course tutor in Index B indicated:

> *At the moment the recruitment to our courses are by the word of mouth with regard to outreach people. Vice Principal, goes out actually canvassing in other Colleges of Nursing and Health Authorities to see if there's anybody who wants to buy a cardiac or an intensive care nursing course so to speak. So that's how our courses are marketed.*

Involvement in Curriculum Planning

In all the case study sites the tutors participated in course planning:

"Yes actually, we were invited to be involved in the curriculum planning which was quite novel, that was quite interesting and there was a group of us from both education and Clinical Units got together fairly regularly to discuss and plan the curriculum pertinent to organisational and individual needs and directives from the National Boards."

Course Organisation and Methods of Teaching and Learning.

Course tutors reported that a variety of teaching methods e.g.; lectures, discussions, seminars - are utilised to deliver the curriculum

"I get the students to do a case presentation, they take it in turns and in six months they do about three presentations. They present research papers as a kind of discussion method."

Shared Learning;

Views on this subject varied enormously:

"I think shared learning is good because you can become very blinkered into the urology mode. You need to consider the patient as a whole or the human being as a whole. And I think by putting people together with other nurses you can facilitate cross fertilisation of ideas. I don't think there's a problem. I've grown to like it actually, because when I first started teaching five years ago, I was running the ITU course. We were almost incestuous, we're a very close little group and very much bound up within our own philosophy of intensive care nursing and

when started doing some shared learning, although at first a number of students would say that they felt that they were losing the focus of intensive care nursing, in actual fact I think what we gained more than made up for anything that was lost. I like having specialist days but I enjoy doing the shared learning with the students. I think actually just as a teacher and also it's good for others as well."

Mentorship, tutorial support and facilitation.

"I'm the Personal Tutor for the academic work. At this unit facilitation/support seemed effective.I'm also their facilitator for clinical work. In each ward they have one main facilitator, they have one core facilitator and a personal tutor. So between the three of us we make sure that they are facilitated well. I try and see them at least once a week on the ward. It could only be a five minute chat or it could be longer, if there are problems."

Application to practice;

Interesting comments were highlighted:

"I suppose it can be demonstrated clinically to a greater extent, but how you actually get the proof of that is more difficult. We've tried a variety of ways of clinical assessing, from the sort of working a shift with them to self-assessment, to what we have in our learning contracts and I think we're still running with the learning contracts, we're still sort of learning a bit about them ourselves, but it does give us some idea, it becomes less task focused and more holistic and that's quite good."

The impact of Training and Education to practice

"I was thinking that the individual, the nurse who may be at one point, lets say take some intensive care project, of very technological nature. They might at one point simply have looked at the technology and nursed the patient attentively, but

now they might consider the wider uses of technology. What this means for the patient, for society, for the family. They actually take a much wider view, rather than just focusing on, I've got to change this adrenaline now or such and such will happen. They actually can consider the adrenaline if you like in the whole scheme of events. Sometimes some students, don't get this effect until sometime after the course. I think there's quite a steep learning curve in the three or four month post course when they'd have settled down. They start to feel and be comfortable out there within themselves in the Unit. Reacting to the changing needs of their patients. That is when the education is applied to practice."

Factors that influence application to practice

"That people know, and realise in the changes in their behaviour as a result of the course that they will be able to apply theory to every bit of practice. They might not of course and we can't be there all the time and nor other staff on the unit can perceive this because they might not have any expectation of what the student covered in the course content or did go through and should now be able to do. So it's very, very difficult."

The translation of theory into practice was discussed with course tutors. The majority felt there was evidence to show that this transition has been made to a greater or lesser degree by a large number of course participants. They particularly highlighted that the respondents demonstrated greater awareness of their roles and an increase in their confidence.

6.7.0 Interviews with managers from different case study sites

6.7.1 Managers' perspectives from interviews

Interviews were conducted with twelve managers of the three case study sites. The semi structured interviews explored their views on the respondents' preparedness to learn and subsequent satisfaction and value for the investment they had purchased. Questions formed the basis for the interviews and a schedule of questions will be found in (Appendix 4). The interviews had two principal objectives; firstly, to investigate what employers expected of the courses, and secondly to explore their views on the impact of the educational activities on the behaviour of the respondents.

All managers showed an ample commitment to continuing professional education of their staff. They were employers interested in C.P.E. and involved in the selection of staff. They were also reasonably well informed about the present educational requirement of PREPP (1991) for practice. On the

whole managers exhibited awareness of the vital processes of reflection in learning through practice.

Managers indicated that they were satisfied with the grasp of complex subject matter and the course members ability to address problems successfully. Communication skills and ability to work as team members were regarded as important qualities, and appeared to be the main features emerging from the managers interviews. They expressed the relevance of the courses to the work of the units, in particular the ability of the course members to cascade and disseminate good practices were summarises of their responses.

The interviews confirmed that the training and education programme taken with other developmental activities such as, in-service and professional development courses, had enhanced their knowledge and that the participants have changed the way they perform their job as a result of the training. Although these improvements were difficult to quantify, It was evident that motivation had increased and the quality and standard of work

improved. These managers were also asked once again to highlight the effectiveness and importance of the training. Managers expressed the importance of the course. Only one manager was sceptical about the effectiveness of the training, saying it was early days yet! Four of the managers were not totally satisfied with the way the courses were advertised and organised. More than half of the managers indicated the need for further and continuing support to participants in order to facilitate the ongoing application of what is learnt to practice long after the course is completed. Seven highlighted lack of time on their part in facilitating the education and training as effectively as possible. One manager explained:

"It's been effective in identifying where we need to focus, it's not been effective in application, except that we are more aware that we need to give more facilitation."

Five managers stated that there had been a positive change in their employees' approaches to problem issues, which are being solved much more readily. An analytical, systematic approach and improved communications were common responses.

Managers were asked how they selected course members to attend educational activities.

"We do have an appraisal system in the Unit and the Ward Managers are involved in selection criteria of staff to go on courses. I feel it is not always a perfect system, we primarily select staff to attend courses for the benefit of the Unit and whether it is related to the speciality they work in and secondly if it is of benefit to the individual.

(Case Study B)

Another manager indicated the cost of a course is the first factor she will look at when considering whether to send staff, and secondly, if the course will be beneficial to the Unit.

"We often have more staff requesting to undertake courses than we have budget allocated'. 'We have not as yet established a comprehensive educational need identification system whereby both individual and organisational needs are addressed."

(Case Study N)

Eight managers pointed out that the personal growth and development of the individual may lead to a motivated workforce and benefit the service/unit in the application of knowledge to practice and quality care. Managers were questioned regarding the benefits of the investment they have made and whether it was value for money. Many found this to be a difficult question to answer as they felt there was not a specific system or strategy of

measuring the outcome of a course.

Two thirds of the managers interviewed indicated that the one measure of success is that the participants come back with an increased body of knowledge base, appear more confident, and participate in cascading new knowledge with other colleagues. Others felt that the value of a course is not always evident immediately after a course; it may take some participants six months or more to apply what they learned from the course, or even to initiate any changes in practice.

Two managers suggested more collaboration on course outcomes with the educational institutions/colleges would be most useful to measure the impact of courses to practice.

All managers indicated that they will consider any changes that the course participant may put forward, but demanded a carefully planned approach and a sound justification to support the case for change.

One Manager expressed:

"We listen to their ideas. We are in favour of trying out new ideas and evaluate it after a trial period. We do believe in risk taking and in risk management."

(Case Study C)

Several Managers echoed:

"Anybody on this Unit can make a change or suggest that a change be made, their opinion is always listened to."

(Case Study N)

"Yes, very much so. I think it is a new concept within this unit, but we are very receptive to new ideas".

(Case Study B)

6.7.2 Follow up interviews on course completion from Managers

The following responses were expressed from the interview data:

6.7.3 Research Category One

"Importance of continuing professional education"

"We value continuing professional education highly and in the standards set in the Patients' Charter, looking at the health of the nation and also looking at the educational aspects of and needs of the staff at the unit and taking education forward."

(Case Study B)

"Staff can actually leave the unit and be educated off the unit and obviously any other study days they want to go to and this is not exclusive of any other study. It's just that we're trying to set up for the specialist needs of our directorate and then any other study days that we can contract out."

(Case Study C)

"I think it's very important. I think it's one thing that keeps staff up to date, keeps them on their toes, keeps them motivated and makes for a kind of happier workforce"

(Case Study N)

One manager in case study B expands on this point:

"CPE is critical to building up and maintaining staff morale. It helps people do the job better; it helps to widen staff horizons to begin to accept change. It helps to raise standards to achieve and deliver better quality care."

6.7.4 Research Category Two

"Expectations/reasons for choosing/selection"

"The course needs to be something that is appropriate to their role and that they can bring back and use on the unit"

(Case Study N)

"We'll take each case on it's merit and if it's appropriate to their role we then give them the time to undertake the course"

(Case Study B)

"It certainly does change practice, it brings people back with fresh ideas, better ways of looking at things, it gives them broader outlook. When they are on these courses they meet people from all different places, they bring back a lot of good ideas, it really broadens their outlook on the whole service"

(Case Study C)

"You get some people who just want to do courses, you as a manager must make sure it is appropriate to the service"

(Case Study N)

"To be able to carry out research in the proper manner, using statistics properly and may be able to carry out some research within the Directorate to be a resource person for others"

(Case Study N)

"It has to be a course that's going to be appropriate and they've got to be able to come back and use it in their practice and be able to teach and share with others"

(Case Study C)

"Training needs of staff within the Directorate is looked at and staff are selected through the process of IPR"

(Case Study B)

"People can do what they want providing we can see that's in the interest of the service and secondly personal interest, My priority is to make sure that what the staff are doing is in the interest of the service and the way the service is going in the future."

(Case Study B)

"My support for 'R' is that she is working in an area that is developing and changing, there is going to be a lot of research into rheumotology rehabilitation, so she is an ideal person to be doing the course."

(Case study N)

"My expectations are that she is going to be the leader in the research process up there, looking at what the nursing role is in rehabilitation, and hopefully I want to use that across the Directorate as well"

(Case Study N)

"I need to see that it's relevant to the work that people are doing and I need to see some spin off effects for the Directorate."

(Case Study C)

"We have supported people to do things in the past and then we lose them, we are getting a bit more parochial now and I think

we need to know that we are going to get some direct benefit from supporting people"

(Case Study N)

"As resources and finances become tighter, we are going to have to make much clearer cases of needs as to why we want to support staff and what the benefits are going to be both individually and to the Trust"

(Case Study B)

"We need people with cardiothoracic skills and ITU experience. I need a mixed balance of both by sending them on the ITU Course. I am hoping that they come back with a very sound clinical knowledge and a good sound basis for working in the ITU, to develop practices. Particularly with the changes that are likely to come into place e.g. the Advanced Nurse Practitioner and the changes in doctor's hours"

(Case Study B)

"I like to see them being more confident in their own skills and abilities and to be able to pass that on to their peers and junior members. To influence and manage changes in practice. Put forward ideas of innovative practices they've seen in other areas on their placements."

(Case Study C)

"They were all interviewed and all the places were funded and I was actually involved in the interviewing process and the whole reason for sending them on the course was to increase the skill mix of the unit and to improve, well to educate the staff of all the needs of the unit"

(Case Study B)

"To be able to demonstrate that they have a keen interest within a specialty to be able to demonstrate that they are, that they have the commitment to study for six months.

(Case Study C)

"I think that from my role I can rely upon them to fill the function of their grade and, and with their colleagues I think their other colleagues are able now to rely upon them as

knowledgeable doers and good reliable co-workers"

(Case Study B)

"Well I wanted them to become knowledgeable doers and not just doers and I felt they've become knowledgeable doers now and that through that they are able to show more initiative. I think is the best description of what I perceive them and hoped that they would become and they have become."

(Case Study N)

6.7.5 Research Category Three

"The Process of the Course"

"Some of the tutors have been very good and communicated very well with us and certainly come and see us before the placements of their students. Others we do not see them that often, so we do not build up a good communication network"

(Case Study N)

"Yes, certainly we are committed to further education for the staff and it's just a question of how many you can send, you know how much money you've got, but we have to be aware of people who are course collectors".

(Case Study B)

"They all have facilitators, they will have an appraisal every six months. They will have IPRs done. All the grades and above have IPRs done every six months with review periods every three months."

(Case Study B)

On the whole the majority of the managers were reasonably happy with the communication received from the educational

establishments that they had purchased education from.

"We have a good relationship with the tutors at ... Yes. Any dealings we have had with them, they've been very good and they've come to see us before students allocated to this Unit. They evaluate how we felt so that's been pretty good"

6.7.6 Research Category Four

"Factors that influence or hinder application to practice"

"We are very willing for any change that's going to better the nursing practice, we need to have research and research based care which is very important, but we need also to know if it had any financial implications, resource implications, they then need to speak to their staff and try and get them on their side in order to implement and evaluate the change"

(Case Study N)

"We have individual performance reviews, whereby we set their objectives for the year and they are measured against. If they've done the research course the objective would be to put something of that nature into practice for the coming year and their performance is measured for those set of objectives"

(Case Study B)

"We have clinical supervision G grades here and we also have quality circles between the G grades and myself and the F grades as well and send those off, that we use as a forum for sounding ideas off and sharing information".

(Case Study B)

"Clinical supervision is very much sort of peer review, peer support and setting up, discussing things amongst each other, giving people, empowering people to be able to discuss any

problems they have and look at it, turn it into a good learning outcome"

(Case Study B)

"Anybody can make a change or suggest that a change can be made and their opinion is listened to. I think this is a relatively new concept within this unit, with all staff, but we are very, very receptive to new ideas."

(Case Study C)

"I can't think of a specific thing, but they've certainly been able to carry out their own projects. They've done research critiques and they've done assignment and essays, they're more used to writing. They are better able to take on a project and they know how to do that better than they would have if they had not done the course"

(Case Study N)

"I think it's more the knowledge and the confidence they have and in the confidence to teach others, to teach the junior staff nurses. The Project 2,000 students. We've an awful lot of learners coming through and they get very involved with both formal and informal teaching once they've done the course"

(Case Study C)

It is important to note that managers do not appreciate the extent to which the participants rely on them for help and support.

One third of the managers reported that they are beginning to realise that they have a long way to go in helping participants to develop initiatives, confidence, and self-resourcefulness in order to apply learning to practice and to introduce change in the work

environment.

There was widespread recognition of the investment that was needed to prepare and support practitioners in the Unit and to resource adequately the intensive nature of this requirement.

6.7.7 RESEARCH CATEGORY FIVE

"Success of the Course"

"I think they've all progressed very well. I think that the achievements that I expected have been met and I think they've all benefited a great deal from the course."

(Case Study N)

"Certainly it is a personal thing, they come back with an awful lot of knowledge. They come back with a lot more confidence and they come back with enthusiasm and wanting to teach others what they've learnt. So from that point of view, definitely it's good"

(Case Study C)

"Because they've got the confidence, their knowledge is sound and they know what they're really talking about. I think they have a better rapport with the patient and the relatives. We've quite a lot to do with cardiac rehabilitation here which brings in patients and their relatives/families, certainly the course gives them a lot more confidence to deal with these situations effectively."

(Case Study N)

"Enhancing self-confidence was a major outcome of course experience"

(Case Study B)

It was acknowledged that the way the participants worked together as a "team" on the courses and helped each other as a self help group, has been one of the successes of the course.

6.7.8 Research Category Six

"Overall Satisfaction"

"Generally, yes, courses that they've been on, I would say they have been of value, definitely yes"

(Case Study N)

"We are not very good at assessing how useful a course has been. We send people and we spend a lot of money on them, we are not always sure that's money well invested quite honestly."

(Case Study N)

"I am, I anticipate that it's going to be beneficiary to the course members and to the organisation."

(Case Study B)

"I don't think that any money invested in education is wasted quite frankly"

(Case Study N)

"It certainly does change practice, it brings people back with fresh ideas, better ways of looking at things, it gives them broader outlook. When they are on these courses they meet people from all different places, they bring back a lot of good ideas, it really broadens their outlook on the whole service."

(Case Study C)

One manager in case study site N explains:

"The investment I make in my staff and their development is a calculated decision. I need to get the best out of people; anything that facilitates that process is for the better".

Managers commented frequently that behavioural changes or changes in practice are not often evident immediately post course.

"I think inevitably it takes a while for the course members to consolidate their experience and therefore if you're looking purely from cost effective terms you won't reap the benefit of the course unless they stay here for some time after the course. However, looking at it from another perspective that because you've got people on courses they feel more satisfied that they feel more valued. They respond to you because you've shown them that they have some worth and so within that yes, it's valuable and effective in that sort of framework."

(Case Study B)

One manager highlighted that;

"We have clinical supervision here and quality circles, which we use as a forum for sounding ideas off and sharing information."

Two managers in Index B indicated:

"We have a lead nurse who will be responsible for Practice Development in the Unit as well as teaching and education."

"Peer support through clinical supervision whereby staff discuss things amongst each other empowering people to be able to discuss problems and turn it into a good learning

outcome."

The remainder of this chapter draws together discussion of the findings and issues emerging from the data of interviews with managers, tutors, mentors and participants.

6.8.0 Discussion of the findings

The interview findings commonly expressed in a summarised format were;

- Greater confidence (observed)
- Capacity for self growth and further CPE
- Analytical approach to problems and problem solving
- Broader perspectives and greater depth of knowledge
- Social integration
- Greater job mobility/role enhancement

The analysis of the data involves interpretation of the meanings and functions of human actions and mainly takes the form of verbal descriptions and explanations, with quantification and

statistical analysis playing a subordinate role at most. (Hammersley, 1990, P1-2)

Course participant perceptions regarding the impact of CPE in terms of behavioural changes were specifically explored. Those were:

1. Do nurses utilise the knowledge gained from CPE to change nursing practice?

2. Factors in the work environment that influences the use of and utilisation of knowledge gained from CPE experiences to practice.

3. What facilitation is available to assist the participants to apply knowledge from CPE to practice?

The participants were asked to reflect and take a holistic view of the course and the various learning experiences they had undergone during the six month duration. They were also asked to express their views on the impact the course has had both on their clinical ability and their professional development.

All participants were offered equal opportunities to contribute and were invited to draw attention to issues which they regarded as important to their learning.

6.8.1 Course Participant - (Post Course)

Interviews took place post course in order to clarify course members' perceptions of changes in clinical practices as a result undertaking the course.

For each of the three study sites the basic principle was maintained of seeking individual and group opinion and encouraging constructive criticism in a shared evaluative undertaking.

Respondents were required to indicate their views on the effectiveness of the content in enabling both personal and professional growth to be achieved. Other issues explored included the effectiveness of the preparation for the clinical placements, and the quality of opportunities for consolidation,

reflection and sharing of the learning achieved.

The participants' perception of the educational environment and the learning milieu and their response to the overall teaching and learning methodologies were also explored. Additional comments for clarification of responses were encouraged.

The objective of the research reported was to explore factors that influenced the transfer of theoretical knowledge gained to practice. The institutional climate is an important influence to the encouragement and promotion of CPE activities. Houle (1980) highlighted the climate of the specific ward as influencing factor in the use of knowledge. Scheller (1993), asserted that given the nature of group dynamics it is logical that nursing peers, supervisors and ward/unit philosophies would all have great influence on the behaviours of the nursing personnel. Cervero (1985) further provided a summary of this influence on the use of knowledge gained from CPE programmes when she indicated that:

> *Behavioural change occurs within a social system. As a result, educators must take into account the constraints*

> *and opportunities within the work environment of learners in planning programmes that are intended to improve not only their competence, but their performance ..... the social system in which a behaviour change must actually be implemented may be the most powerful yet overlooked, variable in analysing the effectiveness of CPE.* (Cervero, 1985, P86-87)

The work environment, the clinical nursing unit in this study, has clearly been an important factor in the utilisation of knowledge gained from C.P.E.

The study provided a number of factors in the work environment that influenced the use and utilisation of knowledge to the practice of nursing.

The study, however, did not attempt to include other factors e.g. motivation. Some of these themes, e.g. the value of experience in learning enhanced the research perspectives. Experience played a major part in the students' learning and can be categorised into three areas:

1. The prior experience that the course member brought to the course.

2. The shared experiences of course members with the group.
3. The actual experience of being an adult.

Prior experience held by the course participants played an important factor in the perceptions of their course tutor in one of the case study sites. They felt at times they could have explained the subject matter better than the tutor, and that some of the sessions were unsatisfactory. This was particularly evident in case study site C, where they had change of tutors and in case study N, where they had much shared learning with the undergraduate nursing student. They felt that the course tutors were lecturing at them from an academic perspective rather than speaking from direct experience. Those tutors who taught and were able to draw on the course participants' experience enabled them to enjoy the approach and they found it a more interesting style than pure lecturing.

While most of the course participants enjoyed discussion as a teaching method, they stated that they preferred a structured

approach, particularly those on the two ITU courses.

The students felt that more could have been made of their experience in the classroom, and highlighted the fact that their previous experiences could be an asset to the course. In case study site C, because of the changes to the programme and the teaching team, the students felt disrupted, and the latter tutor seemed to lack practical experience. This undermined some of the course members' confidence in the tutors (which may have contributed to the apparent fragmentation of the group).

Some course participants in case study site B found aspects of the theoretical concepts in Physiology and Biological Sciences; 'heavy going', nevertheless, others in the same group felt the tutors on these courses had pitched their lessons at the right level. The general feeling was the lessons provided a challenge and were a motivating factor for them to study in depth.

6.8.2 Participation in CPE

The initial perceptions and reactions of the majority of the participants (75%) were that they attended because they felt it was necessary for them to attend. 25% said they were attending because they were asked to attend by their managers.

A number of studies by Houle (1980) and O'Connor (1979, 1982) have indicated why individuals may or may not participate in C.P.E.

O'Connor suggests seven factors which influence qualified nurses' participation:

- Compliance with authority
- Improvement in social relations
- Improvement in social welfare skills
- Professional Advancement
- Professional Knowledge
- Relief from routine
- Acquisition of credentials

There was evidence that C.P.E. has impact on the practitioners' ability to reflect and 'self direct' their professional development. The data suggest that once an individual practitioner has had an

experience of C.P.E. they seem to be likely to be involved in other educational events. The 'habit of learning', of life long education, was evident. Similar findings were noted by Maggs and Rogers (1987). Several of the course members pursued further formal and informal training and education and degree courses.

According to Senge (1990), organisations must focus on Personal Mastery and building shared vision in order for personal growth to develop (P.172). The way to promote and develop personal mastery, is to provide an environment that supports personal growth. Organisations often, in efforts to improve effectiveness, send staff to education and training without fully considering individuals' personal motivation levels, and other issues relating to employees' ability to learn and apply new skills to practice (e.g.; timing, relevance of training to their current work responsibilities, the degree which the employees can/will be supported in applying the knowledge, skill upon returning to practice).

Many nurses may pursue the continuing education route, with the hope that these courses will eventually be credited towards a nursing degree. In recent years an increasing number of nurses seek degree education in the hope that it may enhance their career prospects.

The participants' reactions to the course reflect the feelings of being empowered to think and work creatively. Some common responses have included the following:

"It provided me with a new way of thinking"

Dealing with people involved understanding the perspectives of persons other than one's peers, it included recognition that different people had different needs and perspectives, and communication strategies must be adjusted accordingly. Comments about dealing with people and difficult situations.

A number of participants were encouraged to attend by management and given time to be seconded on the courses. In

all the case study sites there were evidence of support to educational endeavours.

6.8.3 Support: Mentorship/facilitation

The provision of a mentor was appreciated by most course participants. They felt in order to internalise behaviour they needed the mentor to monitor and evaluate their performance. The feedback and supervised practice assisted them to internalise the course content much more readily. Cronbach (1977) suggests that the learner may use mental practice as a guide, but in order to internalise behaviour most learners need first to have a supervisor/mentor to monitor and evaluate the learner's active performance. This was most evident in the course members on the two I.T.U. and C.C.U. courses under study.

The participants of case study site B paid particular tribute to the support they received from course tutors.

However, several of the respondents in case study site B voiced some concern about their practical placement. Whilst they valued the theoretical input, they regretted the placement allocation system which they felt reduced overall practical experience and limited the integration of theory and practice.

Disappointment was particularly expressed by a number of course members in case study C, because of the economic climate that adversely affected the wards. This placed limitations on their placement (the learning milieu) with the result that participants were part of the workforce on the off duty roster in the clinical environment. Many students expressed inadequate learning experiences in these placements.

The majority of participants indicated that they placed a particular value on the practice and the skills they gained by the experience, and the wealth of information they received in the clinical area.

6.8.4 Peer Support

A large number of respondents appreciated and recognised the contribution of peer support, which has been most effective in enabling them to continue and cope with the demand and stresses of the course. This was particularly noted in case study site C that had change of tutors and other problems associated with the course.

6.8.5 Participants perception regarding the impact of training and education

Participants were asked to describe their satisfaction of the course, as well as its importance. They perceived the course to be both valuable and important, and indicated skill levels had been enhanced as a result of the course. The overall responses were positive about their learning experiences. The most frequent comments expressed were *"I enjoyed and valued the course and the challenges that the course has offered to expand my knowledge and skills"*.

The participants indicated that they looked at issues and incidences now "more openly" and looked at changes "more flexibly", trying to look at issues and problems from a "broader perspective", and analysing "the whole picture, not a small component of it".

The course members indicated that the education and training received was effective. The reasons for its effectiveness varied, e.g. "broadening their perspective, successful resolution to problems, more analytical in the care giving processes". "It made me think differently, improved my ability to assess the risk in advance and improved my ability to solve problems on the job". Most importantly, participants in the ITU felt that the CPE had changed the way they solved problems and cared for patients. That it increased their focus on facts rather than making assumptions and jumping to conclusions without a sound knowledge base.

Other lessons learned were finding alternatives in solving problems.

Those were:

"I really do approach patient and relatives differently. Patients are people who are relying on what I do"

Argyris and Schon's (1978) assertion that critical reflection is necessary to be able to reframe situations. Albrecht (1987) states mental flexibility, which is one of the basis for creativity and problem solving and option thinking.

Kuhn (1986) refers to the fact that a skilled ICU Nurse who has the ability to meet the changing needs of patients has a potential cost-effectiveness quality, through the use of effective and appropriate care practices for the patient, and an anticipative and problem solving approach to potential problems.

6.8.6 Application to practice

In the ever changing health care environments, course members felt some of what they learned was difficult to put into practice realistically. The themes which emerged and were frequently discussed by the nurses in interviews were:

1. non-priority status of CPE
2. inadequate time
3. lack of control
4. resistance to change
5. stress of job demand

The majority of students perceived the course to be of value to their practice. They valued the challenge advocated by the course to be of most benefit in building their confidence. The interactions they have had with other course members, and the practical and intellectual skill they have gained, were of great use in their practice.

In general, course members found the course had a positive impact on both their knowledge and skills. Most importantly it added an extra dimension to their role, enabling them to meet the needs of their patient and their relatives. Increased understanding widens intellectual horizons.

There was general agreement that on the whole the courses had been enjoyable. The course content in all case study sites was valued as interesting and varied. The learning environment was perceived as most positive, particularly those areas where they were not part of the workforce and were given supernumerary status to the workforce in the unit. Peer support was highlighted on several occasions by course members to be of immense value.

Sharing experience with others in terms of personal background or professional expertise helped to provide the participants with a sense of belonging, support and learning from the experiences of others.

The quality of the students/teacher relationship is very important in promoting learning, and it is encouraging that some course members particularly valued the 'safe environment' of learning with their tutor.

The impact of learning on practice is a process that is determined by the internal and external factors that result in behaviour and

cognitive changes (Argyris and Schon, 1978; Crossan, 1991; Garvin, 1993). The findings of this study give empirical support to prior research, showing that both internal and external factors are conducive to the individual and organisational learning, and that individual and organisational learning subsequently will lead to improvements in performance. The research findings further support behaviour and cognitive changes as a result of a systematic course of study.

Hendry and Pettigrew (1990) in a paper on 'Human Resource Management: An Agenda for the 1990s", highlighted themes related to the concepts of 'inner context', 'outer context', content and process of change, to analyse strategic change and human resource management. They contend the importance of an organisation's adaptability or responsiveness to change this same issue has been highlighted by Senge's framework for a learning organisation.

As indicated previously, Senge (1994) suggests that there are three cornerstones of learning organisations: Aspiration,

Conversation and Conceptualisation. To develop these, organisations must focus on five interdependent disciplines:

1. Personal mastery
2. Building shared vision
3. Mental Models
4. Team Learning
5. System thinking

The importance of creating and sustaining a vision in an effort to facilitate change has been researched by many authors, both in business and educational organisation settings, e.g. Bennis (1985), Day et al (1985), Fullan, (1991); Hammer and Champy, (1993); Marsick and Watkins, (1993). There is general agreement that the challenge for all managers today is to help to shape their organisational visions that will unify and drive efforts toward accomplishing their organisations goals. Senge (1990) argues that "shared vision is vital for the learning organisation because it provides the focus and energy for learning" (P206) and he further asserts "it is vital that all the five disciplines develop ensemble" (Senge, 1990, P12).

The research provided an opportunity to see the excitement,

frustration, and complexity inherent in efforts to effect organisational change. The individuals participating in the study believed the change was important, and wanted to support it.

The results imply that the environment strategic mission and intent and organisational openness - represent an important determinant of the learning processes. In one of the case study sites in particular, there was much evidence of openness and commitment to change.

As (Senge, 1990) notes:

> *organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where people are continually learning how to learn together, are the organisations that would benefit the most in the long-term.*(Senge, 1990, P3).

6.9 Managers (Post Course)

The twelve direct managers of the participants were interviewed six weeks after training. When asked how their staff were performing differently as a part of training, their responses varied. Seven managers' responses were favourable: "an

analytic approach to care, improved communications and more confidence in the care settings and care delivery", were common statements. Two managers said it was early days and they were not able to answer the question yes, and three managers said there were no "marked changes" in the participants' approach to care, but that there were signs of improvement in the way they dealt with other colleagues.

Managers were asked how important they viewed CPE to be. They all felt that it was a "clearly important" factor to be kept up to date for the maintenance and enhancement of quality care and standard of practice.

There was widespread agreement amongst managers that CPE is very important and that they are totally committed to it, providing they had a sufficient budget.

Several of the case study managers admitted, especially at the initial stages, that they had not been sufficiently involved in giving management support to the course members in the

application of knowledge to practice. In some cases managers failed to set objectives and to provide course participants with opportunities in the management of change. Only some of the managers in the study were trying to create a collective sense of purpose without undermining the individual sense of ownership. Managers play an important role in helping staff in a variety of situations. Theoreticians have argued that only persons with close ties to the recipient's natural professional network can actually understand the recipient and therefore can anticipate his or her needs. Professionals provide support that is not necessarily based on mutual expectations, but instead is based on expectations inherent in their professional role. Managers have a degree of power and responsibility within their role in facilitating successful change.

When asked how they viewed their roles in implementing and facilitating changes within their units, responses varied. One third of the managers related to their supportive role in coaching their staff to apply learning into practice. One manager said 'I personally will not have as many opportunities to spend time

with the participants, nevertheless I do not oppose any innovations they wish to apply, providing they are thought through properly'.

Nurse Managers acknowledged the benefit of the course to participants. Managers recognised that support and facilitation was needed to apply what was learnt into practice in the management of change, although they highlighted that the ultimate responsibility lies with the practitioners themselves.

In offering explanation for their satisfaction and value, managers frequently pointed to the utility and practicality of the course content. Two managers indicated the "shift of mind" the C.P.E. helped to provide. It made the course member look at things differently, in a different manner, it helped the ward as a unit to think as one with much more team working. It "provided another way of looking at things - a shift of paradigm" and it "helped everyone to think as one team".

All managers indicated that there was no formal method to assess whether the courses under study led to improvement in patient care. They all expressed the view that there is an urgent need for an assessment strategy to measure the benefits of the course to the performance of participants.

Despite difficulties encountered in measuring change, there is evidence to indicate that the participants have enhanced their role performance in key areas of practice.

One third of managers were less than satisfied with the way the Colleges of Nursing presented and circulated the course and its contents. Much more importantly, a number of managers cited lack of time to use external and internal networking to discover more about courses. One pointed out that now the Colleges are merging with the University they feared greater problems in the future, because of the geographic location, they may need to purchase education from the Universities outside the location.

From the finding of the study it appears that participants would be able to perform more effectively in many organisations if a

more structured approach was demonstrated in educational needs identification and evaluation. The case study organisations who were consistent and supportive reaped dividends from their investment. They saved time because the learning process was accelerated and participants became fully productive far more quickly: mistakes were avoided and good practices were encouraged. Higher standard of care, in terms of customer service, was delivered.

Finally, some case study organisations were able to promote the participants more readily, and evidence of the "competent practitioner" were more easily identifiable. One manager's lasting comment was "as a result of the course, the whole profile of our unit is raised. Training and education has become part of the overall transformation to a culture of life-long learning and of continuous improvement".

6.10. Conclusion and Summary

Data obtained from questionnaires, observation, interviews with

participants, mentors, tutors and managers and document analysis, established the value and benefit of courses under study.

From the data specific activities were highlighted as being significant in terms of learning and application to practice.

The concluding chapters of the research will be discussed against the conceptual framework that was introduced at the beginning of this thesis, and which has been referred to throughout, i.e.:

- the impact of education on practice
- the changes produced as a result of the course, it's success, value and satisfaction.

The research project set out to consider the impact that continued professional education has had on the course participants. This has been examined from a number of perspectives, but particularly in regard to how far it depended upon:

I. The attitudes, support and facilitation by managers within the units/ward towards management of change/application of knowledge to practice

II. The nature of the course itself and the learning milieu, the importance of the clinical environment.

III. The nature of change within the participant both personally and professionally.

This empirical study supports prior research that CPE makes a difference and significant improvement in knowledge, wider intellectual skills and work performance has taken place. In addition there are significant socio-cultural factors which equally influence change in work application and quality care. These include; the conduciveness of the social system/the learning milieu, change in society and the management of change. These will be discussed further in the following chapters.

CHAPTER SEVEN

Discussion and Analysis of the Findings

7.0 Introduction

The dynamic changes that are occurring in our society and, specifically in the health care environment, present new challenges for the professional nurse. Challenges focused on patient outcomes dictate that the nurses of the 21st Century must have the potential for nursing within a much wider context of health care and the imminent challenges of the coming Century. Evaluation is becoming a vital part of that change process. It is hoped that this evaluative study has "illuminated" in some way and assisted in the interpretation and exploration of these processes.

The aims of this research study were to evaluate 1)how continuing professional education is valued in the new NHS 2) to

determine the extent to which CPE has had a positive effect on participants' professional practice in three case study sites and 3) to identify factors that facilitate the process by which professionals apply learning to practice. The study was an opportunity to investigate the processes used in implementing and applying what was learnt. The research methodology adopted enabled the participants and their managers on the course to discuss the processes and their relative values.

Several models for evaluating the effects of CPE on nursing practice have been developed (Cervero, 1985; Goswell, 1984; Mitsunga and Shores, 1977; Warmuth, 1987). Cervero examined the phenomenon of 'effect' as being directly related to other sources of variance and proposed that the extent of behaviour change is affected by five categories of variables. These are: the characteristics of the course members; the environment; the social system; the nature of change, and the

educational programme. This model offers the most promise for highlighting the relationships between CPE participation and the effect that has on professional nursing practice. Once again, the social system and the learning milieu play an important role in the process by which knowledge translates into performance.

The researcher has studied the innovatory programmes in the three case study sites, seen and observed how this operates, how they are implemented and influenced, and received feedback in terms of satisfaction. The study compiled opinion details on what it is like to participate in the scheme, from teachers, mentors and managers and perceptions over time regarding individual and collective view points. It then pinpointed most "significant features" as well as behavioural changes and tangible results from the educational endeavours. The researcher was able to illuminate a complex array of questions relating to the impact of learning to practice.

By analysing the data in terms of Parlett and Hamilton's "Illuminative Evaluation" approaches, Stake's responsive evaluation model and Senge's conceptual framework for "learning organisation", the researcher was able to offer observations regarding the organisation's strength in terms of facilitating learning as well as areas in which the three case study sites may have an opportunity to enhance their capacity for learning and effectiveness.

7.1 The Learning Milieu

The researcher was particularly aware of the diversity and complexity of learning milieu which is an essential pre-requisite for the study of the educational programmes. Frequent visits to the University and the other the educational establishments, Colleges of Nursing and Midwifery, and the clinical settings, encouraged a degree of informality in order to observe the students/course members and their peers more closely within

their learning milieu. A range of important effects were observed from the instructional system. To attempt to explore the impact of the innovation without much attention to the learning environment would clearly be inadequate. Connecting changes in the learning milieu together with intellectual experiences of course members is one of the chief concerns of illuminative evaluation. The researcher paid particular attention to 'hidden' as well as 'visible' curricula (Snyder, 1971). The researcher began by examining the innovations as an integral part of the learning milieu, paying particular attention to observation at clinical and classroom level and to interviewing participating tutors and course members as well as their managers. The three stages of illuminative evaluation whereby the researcher observed, enquired further, and sought to explain, followed characteristically. Early visits to the three case study sites yielded a number of recurring trends and raised issues for discussion. The second stage of enquiry enabled the researcher to be more focused and the observation to be more systematic

and directed. The third stage explored a broader context by weighing alternative interpretations in the light of information obtained. The researcher was able to systematically reduce the breadth of the inquiry to concentrate more attention on the emerging issues.

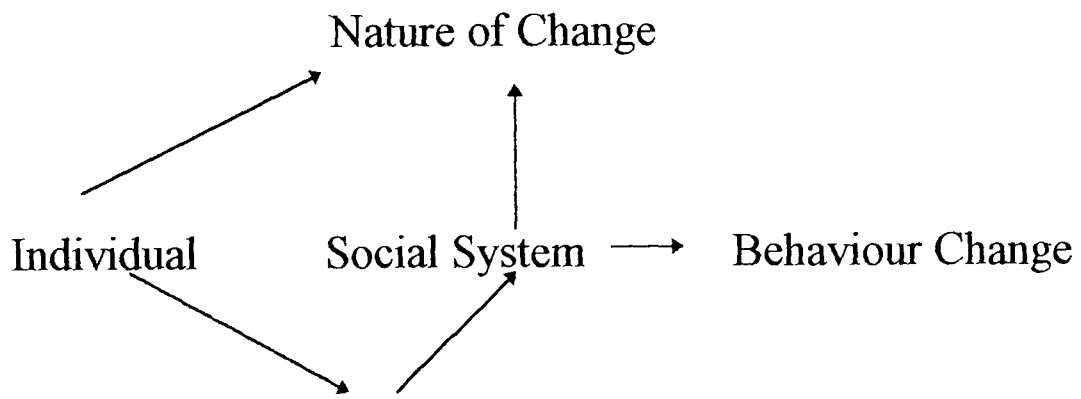
7.1.2 Data Analysis

One of the first efforts of data analysis was to determine the impact of CPE on actual practice/performance in the work settings. Nurse managers indicated a significant improvement in the participants knowledge and their work performance after the course members had attended the Continued Professional Education. Although the participants praised the value of their new knowledge, the change in workplace application is dependent upon the conduciveness of the social system/learning milieu. Babbit, Breinholt, Doktor, and McNaul (1974) have highlighted that the role of the social system is complex and,

depending on the organisation's communication, may not always be fully understood by its employees.

> *The behaviour of a system is basically it's functions - especially how the system (1) maintains the integrity of it's structure and elaborates on it(2) transforms inputs into outputs, and (3) takes action in response to specific internal or external stimuli. Each function implies interaction with the environment.* (P238).

ADOPTION OF CHANGE



Continued Professional Education

Cited in: (Babbit et al, 1974, P239).

In considering the transference of learning, emphasis that the social system, the environment in which the nurses work, is a key element in applying new knowledge to practice in the clinical setting.

7.1.3 Factors influencing Change

The forces that produce educational change are complex.

Day, Johnson, and Whitaker (1985) point out that the 'human factors are of prime importance. Key factors in bringing about worthwhile change in any organisation are the quality of leadership relationships, communication and the quality of the teaching.' Day et al (1985) further supports the notion that 'the general stance taken by head teachers who achieve success in promoting change is consultative rather than directive or prescriptive'.

Havelock (1985) described three broad phases to change. These phases were unfreezing, moving and freezing. Fullan (1982) used adoption, implementation and continuation. Although both Fullan and Havelock used a three phase framework, the areas covered by the phases differ considerably: Fullan's adoption

phase covers areas before implementation, whereas Havelock's unfreezing stage is concerned with the development of an awareness that change is necessary.

Bennis et al (1976) suggested that there were three reasons why people were motivated to change. They classified educational change into three basic categories; power coercive, rational and normative re-educative. Most changes would contain elements of all three areas and one category alone would not provide sufficient motivation to achieve change.

The evidence from the empirical data suggests that the outcome provided a measure of participants' own professional competence, and fulfilled their aspirations, gave the motivation necessary to bring about changes in their practice. To be able to harness this motivation to achieve change and sustain it in the long term, is the central feature in the management of change.

There are many routes to change, far too many to discuss within the context of this research; however Bennis, Chin and Benne (1985) proposed that there is;

> *One element in all approaches to planned change, that is the conscious utilisation and application of knowledge as an instrument or tool for modifying patterns and institutions of practice.* (P33).

Bennis et al suggest three methods to change. In the Empirical-rational strategies they advocate that the primary agents of change are knowledge itself and a system analyst in this instance is the participants, the recipient of input. The basic assumption with this approach is that,

> *Men are guided by reason and that they will utilise some rational calculus of self interest in determining needed changes in behaviour.*
> (ibid, P35).

Participants in this study clearly exhibited changes in their every day practice. In the power-coercive strategies the agent of change is the source of power, the supervisor, nurse manager, the participants viewed here as complying; hence change must be brought on by coercion.

Finally, in the normative re-educative strategies the participant is an active collaborator in defining change and in its implementation, using self discovery and problem solving techniques it aims to foster the personal growth of the participants in the present study. A number of participants from the case study sites N and B in particular had changed their practice by examining the "meanings and values and traditional habits".

This approach stresses the importance of course participants taking an active role as the change agent him/herself and how the participants understand the problem and their role within it.

In the complex field of human interactions, the perceptions of observers, the intentions of participants, the reflections and exchanges of all involved parties, are of vital importance in constructing and understanding of events on which action may be

necessary. The experiences and reflections of the participant and the facilitator are viewed as equally significant, as it is through the exchange of ideas, thoughts and feelings that problems can be identified and resolved.

The accumulated evidence about management of change suggests that a 'power coercive' approach will not secure compliance on a long term basis. A climate of mutual trust and support in which overall performance of the unit is monitored and reviewed is worth considering, as was highlighted by Senge (1990) and others in Chapter One and Two.

7.1.4 Learning and Change

Huber (1991) offers the following definition:

> *An entity learns if, through its processing of information, the range of its potential behaviours is changed (P89).*

Huber maintains the psychological stance that any change in behaviour can be called learning, not just those that lead to improvement of performance.

> *Learning does not always increase the learners effectiveness, or even potential effectiveness. Entities can incorrectly learn or correctly learn that which is incorrect.* (P89).

•

Another interesting aspect of Huber's definition is the introduction of the notion of change in potential behaviour rather than actual behaviour.

Winter (1985) had earlier proposed the possibility that a system may learn without actually improving its performance. He defined learning as an 'increase in behavioural variety' and argued that learning is simply the generation of new forms of behaviour (1985, P75) or acquisition of 'new behaviour which is relevant: behaviour that is useful if put to use' (1985, P89).

Following this line of reasoning, Friedlander (1983) has proposed that learning may not even lead to any change of behaviour, but in a different understanding of previous behaviour:

> *Change resulting from learning need not be visibly behavioural. Learning may result in new and significant insights and awareness that dictate no behavioural change.. In this sense the crucial element in learning is that the organisation be consciously chosen are of these alternatives. The choice may be not to reconstruct behaviour but, rather to change one's cognitive maps of understanding.* (Friedlander, 1983, P194, quoted in: Huber, 1991).

The notion that individual learning is necessary for organisational learning is readily accepted, as Senge (1990) indicates:

> *Organisations learn only through individuals who learn. Individual learning does not guarantee organisational learning. But without it, no organisational learning occurs* (P139).

Argyris (1990) has gone so far as to propose that the very structure of groups such as management teams, the corporate culture, and individual defensive routines, result in developing 'skilled incompetence' that prevents the group, and by implication, the organisation from learning.

Jelinek (1979), Argyris and Schon (1978) highlight the relationship between individual and organisational learning as a process of transference of learning of individuals to that of the organisation. In a way, individual learning becomes 'organisational' to the extent that it becomes available to other members of the organisation.

Jelinek identifies three conditions as necessary for the process of learning to take place: preservation of knowledge, accessibility to others, and a shared frame of reference. The emphasis for this approach is clearly in devising a mechanism to facilitate members learning from each other. The organisation learns only to the extent that the members can share their learning. From this it follows that there is no organisational learning without individual learning and that individual learning is insufficient in itself for organisational learning.

Work place supportiveness has further been highlighted by (Kanter, 1983) when she said:

> *The involvement of managers provide a support within the system to perhaps ease the transfer of course knowledge in the workplace.*
>
> *Organisations that are change orientated will have a large number of interactive mechanisms encouraging fluidity of boundaries, the free flow of ideas, and empowerment of people to act on new information.* (Kanter, 1983, P32).

Nurses do not practice in isolation. Attendance at Continued Professional Education may challenge a nurse to return to work setting and implement new knowledge; however, peer group and managerial response to new knowledge and ideas may often determine whether the nurse is able to apply any changes to practice. Kuramoto (1985) identified peer review and performance review as a more objective measure of verifying improvement in patient care

The effect of education on quality care has been measured by many authors. However, in the study under investigation the researcher felt it would be very difficult to demonstrate that any improvements in quality were solely due to education rather than any other factors. Nevertheless, the study highlighted improvements in knowledge and skill levels and changes in attitudes of course members as a result of the course attended. This was indicated frequently by managers, mentors and course participants themselves. Furthermore, the researcher has observed in the participants a greater confidence and capacity for self-growth, as postulated by Rogers (1964) and Knowles (1984).

Managers reported enhancement in performance of the course participant, and noted increased knowledge and change in skills and attitudes (see Table IV), as Bruner (1972) suggested:

> *Learning should not only take us somewhere, it should allow us later to go forward more easily.*

Learning is a change in the individual, caused by the interaction of that individual and the environment. Learning is gradual (continuous), rather than an all-or-nothing (discontinuous) phenomena. (Ausubel, 1968).

The author suggests that although the process of education is linear in some ways, in other ways it is better described by the notion of a spiral. The spiral view suggests that the expert can return at any time to another level of study or practice and work towards expertise in another field, using and developing the previous knowledge and expertise. In this way the knowledge and experience are not just added as discontinuous layers, but become integrated and contribute to a much deeper understanding.

The taxonomy described by Benner (1984) does not suggest that all nurses go from novice to expert as they progress throughout the profession, but that they become more or less expert at each

stage of their career.

John Burgoyne (1992) provides a useful analogy. The course member is an 'agent' not a 'patient' and has the freedom to modify or reject any, or indeed all, of the offered training programme. What he eventually takes away depends not only on his initial motivation, based on his perception of the course and of his own training needs, but also on his earlier experience, his value judgements and the way he relates to other course members and course tutors.

In discussion with managers, it was felt that the more tangible and long-term benefits were that the course members exercised a more analytical approach as to problems and problem solving, that they demonstrated ability to employ a broader perspective in their thinking and have developed greater self confidence. These were regarded as the most potential benefit to practice, and were in fact the most fundamental and durable benefits

explored during the semi-structured interviews. Those managers who worked closely with the course members reported an approach to care delivery in the course participants that is both sharper and broader, the broader thinking leading to a higher standard of care, and the sharper to an increased focus on performance (table IV).

Table IV - Managers Reported Perceptions

Professional Ability	**Behaviours**
Professional Attributes	Ability to show insight into a situation or broader professional knowledge, autonomy and independence. Emotional maturity, willingness to share knowledge with others and confidence. Maintaining and furthering continuing education. Perceived as being a positive role model.
Clinical Practice	Better at problem solving. Demonstration of resourcefulness and demonstration of alternative actions. Documentation with an awareness of legal implications. Demonstration of enhanced technical skills. Awareness of evidence based practice and participation research.
Management/ leadership	Co-ordination of care/ward/unit. Better decision making and delegation. Much more open to change. Participation in meetings and a desire to advance.

Training and development may produce effects that can facilitate or hamper the transformation of human resources into work performance, in addition to developing purely operational competencies. Development may also transmit values, attitudes and norms. The process consists of learning and 'delearning' in order to internalise local norms (Van Maannen, 1983). It is often necessary to change or eliminate previous values and attitudes.

7.1.5 Social integration

The course included employees from different parts of the organisation, both locally as well as nationally, where they were given opportunities to exchange experiences from their respective fields of activity. This in turn lead to an increased understanding of problems and networking methods in other units, as a consequence more extra social networks and useful contacts formed. This may, in turn, contribute to making the flow of information more efficient (Galbraith, 1977).

Building and nurturing networks was additional benefit added by this study. The participants recognised the importance of establishing a broad network of colleagues and associates both within and outside their units, examples included:

> *"The other thing I learned is that working life in the health care system is truly built on relationships, and that maintaining and supporting those relationships is one of the important things you must do".*

Training and development may be used as a criteria for selection and promotion. It is reasonable to believe that: firstly, participation has a subjective aspect, as the employee by participating demonstrates motivation and interest in self development and improvement of job performance. Secondly, the possibility of promotion may partly depend on the individual's readiness to pursue training. In this case, educational activities may become an organisation's career system and probably be crucial for organisational survival. This is particularly the case in the NHS and in the fields with many rapid changes in healthcare and technology. That is why it is

considered likely that demonstration of willingness to acquire Continued Professional Education will be more frequently rewarded in the future (Nordhaug, 1993).

In the rapidly changing environment that NHS faces today, a workforce that is motivated for continuous learning will probably be one of the most crucial competitive advantages in the future (Handy, 1985). Experience from Continued Professional Education is likely to arouse interest in informal learning in the health care units. Thus the impact of Continued Professional Education on the learning environment may be measured by the degree it motivates individuals to pursue further formal and informal training.

Transmission of general knowledge makes the workforce more mobile in the external labour market.

The study highlighted that more than one third of the participants reported their participation had contributed to their promotion (Nordhaug, 1993). In addition, the empirical evidence has demonstrated that the majority of those participants who themselves wanted upward mobility in the job market, considered Continued Professional Education to be the most efficient means of attaining this.

The evidence from the empirical data further indicated that, as well as work related activities outcomes, participants stressed even more benefits in the form of increased understanding and widened intellectual horizons. Furthermore, it appeared that most of the participants sought to pursue further training and education (Dewey, 1916; Peters, 1966).

The course evaluation is a complex phenomena; the time scale for the evaluation and how they contribute to the individual and organisational performance as a whole probably requires longer

time than the time scale employed in this research. Nevertheless, an attempt has been made to resolve this dilemma by taking two approaches. The first of these is aimed at better understanding of the learning process, by looking at the effects of the course on the members not as a separate entity, but as part of their continuing development as practising professionals. The second approach was to assess the course members' perceptions of the course as part of their learning experiences, and discuss and compare their work to elicit information both from the course members and their respective managers and mentors.

The need for job challenges, enrichment and enlargement were regarded as crucial factors in creating learning for change. Opportunity to devote some time during the course of actually doing a job, giving room for reflection and 'personal space', were also thought to be important.

Teamwork was perceived as getting away from traditional individual assessment and isolationism. Where there is

teamworking combined with networking as a result of job enlargement, it was thought that learning was further helped along.

Great mobility between department and functions, and knowing how to gain access to organisational information to create shared experiences, were also identified as crucial factors in the learning process.

Participation and communication were viewed as positive factors. Performance review processes, linked to the clear understanding of organisational mission and strategy, were important for learning. Organisations which encouraged participation and communication were seen as being ones where decision making and role support are generated, and the learning which ensues produces team work and team decision practices (Jones, 1994).

Organisations which provided work and experience with long term objectives which are not shared or achievable were seen as creating barriers to personal learning. Bureaucratic decision-making provided a poor learning environment, while virtually all respondents believed that the predominance of directive management styles in organisations blocks essential learning.

The starting point for becoming a learning organisation seems to require a change of perception, what Senge (1990) terms 'mind-shift', a recognition that people matter and must be developed to their fullest potential (Pedler, Burgoyne, Boydell and Welshman, 1990).

Overall evaluation of the programmes under study was positive and this is the response of the total population over the six month programme of study. This confirmation was gained by the selected scrutiny of all three research instruments, through

interviews, observations and documentary evidence (course work).

There were increasing positive responses to the courses as they progressed.

This study provides strong evidence that the course has had much influence, both on the clinical performance of the course members and on their personal approach that they employ while exploring problem solving in the care delivery.

Findings from this study suggest that in all three case study sites the course contributed to enhancing course members' existing knowledge in the provision of delivery of better care to patients and relatives.

- The participants in the three study sites expressed overall satisfaction and appreciation of the educational programme.

- They pointed out that the course had provided them with a broad base of theoretical knowledge and felt that
- the course had increased their confidence in performing specialist care and/or research. However, their less favourable comments can be summarised as follows:
- The quality of teaching and placements were not a uniform standard. The participants described the variation of experiences offered to them on their placements.
- The shift patterns and the supernumerary status posed some problems in some of the units which was expressed strongly to have been a negative factor in some instances.
- The level of knowledge and the personalities of the mentor and the ward managers, the learning climate and the staffing level were factors that the students remarked on as having had impact on and influencing the full utilisation of the experience provided in the clinical areas.

In all groups the course participants showed a remarkable consistency in their achievements and in the impact on their performance in the clinical field.

The very real issue of the role and responsibilities of the "mentor" and "manager" has been reflected in some of the comments of the course members, sometimes expressing strong dissatisfaction with the mentorship, supernumerary status, and the managers role in facilitation, as they perceived it.

Daloz (1986) suggests the mentor as being supportive, challenging and the provider of vision (cited in; Reid, 1994).

The study suggests the important contribution the clinical environment, the clinical staff and the mentor make to course members acquisition of knowledge. The study furthermore indicated the need for consistent facilitation and support long after the course completion for reflection, consolidation, and

application of gained knowledge and their ability to transfer and generate that learning and knowledge to practice.

The need for management support was indicated by several of the course members.

"I enjoyed the course and found it most useful, but in the clinical area I have had very little support and back up from my Manager".

The above comment was expressed by at least four of the respondents from the case study sites, although it does not represent the views of the majority. However, it demonstrated the feeling of some of the participants.

The role of the manager as a leader is to build the conditions for reflection, open dialogue, mutual respect for ideas, both for professional and institutional growth.

A number of authors have argued for a paradigm shift in conceptions of leadership which start not from a basis of power

and control, but from the ability to act with others. As Murphy (1994) highlighted:

> *"Leaders have to lead not from the apex of the pyramid, but from the centre of human relationships"*
> (Murphy, 1994, P26).

The role of the mentor in the application of knowledge to practice and assessment is seen as critically important in monitoring progress; however, in one case study site this was less developed and defined.

Richardson (1988) has highlighted this when she points out that:

> *The nurse who is able to initiate and direct his learning to meet changes is more likely to remain competent in the delivery of a humane and effective service than the nurse who has not acquired these skills.* (P3,5).

Finally, the respondents exhibited evidence of high levels of self confidence both cognitively and in skill level in practice. This was particularly highlighted both by managers and mentors.

Data from this research study have been compiled through four different perspectives and represent views on satisfaction and

success of the course from the consumers and stakeholders as well as the providers' points of view. In making recommendations it is assumed that readers will accept the limitations of data obtained from a sample of 35 students, 10 mentors, 12 managers and 6 educators, representing the three case study sites of training and education institutions in the United Kingdom. From the evidence presented there emerges a probability for the findings to have relevance on a wider scale.

7.2 Conclusion

Education is today's great enabler. It is the key to all, or nearly all, the developments outlined in the chapters. Continuing Professional Education is critical for the maintenance of standards and the development of clinical practice to meet changing needs. The concerns are not so much with the form in which education is provided in the nursing professions, as with the results it aims to achieve. (DoH, 1989, A strategy for

Nursing, P23).

CPE is very much evident and high on the agenda for quality and clinical effectiveness, as discussed in Chapter One.

CPE is advocated by many of the recent reports concerning nursing, medical and dental education. One such is a report by the Chief Medical Officer "A Review of Continuing Professional Development in General Practice" (1998). The principal recommendation is to integrate and improve the educational processes through the practice of Professional Development Plan (PPDP), developing the concept of the 'whole practice' as a human resource for health care.

This report also suggests that:

> *Quality health care for patients is supported by maintenance and enhancement of clinical, management and personal skills.*(ibid, P5).

Quality care requires considerable knowledge and skills from its practitioners as well as the best professional attitudes.

The knowledge and skills of practitioners require refreshment, and good professional attitudes need to be fostered through the process of Continuing Professional Development (P6, Ibid).

Properly educated nurses can provide and perform comprehensive and effective care as interdependent professionals, and will be working in an environment in which authority rests on competence. This should result in more satisfied patients. There is much data to support CPE being an important factor on practice and that it has an impact on participants own professional activities and care delivery.

The Secretary of State for Health has been moving swiftly. The Labour Party promised to work in partnership with nurses, to use their clinical experiences, expertise and knowledge of the needs of the patients in order to contribute to policy processes.

This should encourage a focus upon health outcomes that provide bench marks for effective nursing practice, underpinned by education, research and improved communication.

We need to develop a nursing leadership initiative that has the visionary capacity for improving health-care in our wards/units. It is essential for the future of nursing to have well prepared nurses who can guide others and reach their full potential.

The researcher believes that nursing's future is the ability not only to demonstrate what we are capable of doing, but also to reach the societal, business and political decision-makers in our Units and Trusts. We must convince our leaders and our Politicians to open doors for nurses in order to participate fully in decision-making regarding our healthcare organisations that they are educated to provide. A more systematic understanding of what nurses actually do, how nursing care is provided and the organisational characteristics such as management and leadership

styles linked with patient outcomes is needed and is of vital importance.

We need better methods to establish the right balance of education and practice with interventions and quality outcomes measures. Furthermore, the increasingly multi-disciplinary nature of clinical care re-inforcing the need for an inter-disciplinary approach to the development and evaluation of outcome measures.

The findings have emphasised the necessity of recognising diversity in aptitude, motivation, creativity and learning styles of the individual course participants. It has also highlighted the unique contribution that each member can make to the learning environment, the differing values, reflections and interpretations they bring to the learning situations.

The characteristics of the students entering the course (students' inputs), the cognitive and non-cognitive changes that occur in students after exposure to the programme (educational outputs); financial resources available (financial inputs) and the social, political, legal, economical structure of society, all have enormous impact on the application and utilisation of knowledge to practice.

The discipline of nursing is slowly evolving from the traditional role of apprenticeship and intuition to the advancement of knowledge. There is mounting pressure on healthcare professionals, and in particular nurses, to ensure that their practices can be justified on scientific grounds and research evidence. Whilst there has been significant commitment both at Governmental and Professional body level, there is indication that care practices remain entrenched in customs, hunches and habits. (Wright, 1992).

Modern health care calls for nurses, midwives and health visitors to be prepared in a way which is relevant and responsive to the needs of patients and clients and the health services. For meaningful standards to be achieved a framework is needed which matches practice and education, and which brings order, consistency and logic to the practice of nursing and midwifery. Effective growth and development has two outcomes in work terms: firstly, improvement in performance, and secondly, change. Both of these outcomes are essential to the individual and to the organisation in the future world of work, and were discussed in detail in Chapter One.

Data collected in this study indicates that change in a complex setting such as the NHS is not easily accomplished. The study demonstrated that a system perspective provides an effective vantage point for leading in change efforts.

Time appeared to be one of the most significant barriers to change. The research clearly demonstrated that change takes time through exhibiting patience throughout the change process is difficult when individuals are under pressure for outcomes.

As highlighted in the literature review, becoming a learning organisation requires a major shift in thinking, ownership, and responsibility. The commitment of management in supporting the processes and the individuals that drive that change effectively is of paramount importance. "A learning organisation is a place where people are continually discovering how they create their reality and how they can change it" (Senge, 1990, P12,13).

Senge further indicates:

"Successful organisations of the future will be those that see people as an asset and investment and not just a cost. Such organisations will function as learning organisations." (ibid).

A learning organisation is one which invests, through continuing education and training, in the personal and career development of its staff. Such organisations integrate learning with work and

create internal structures to capture and develop the ideas of their people.

People are the Health Service's most valuable resource and, having an appropriately educated nursing and midwifery workforce is vital to improving the health care needs of patients/clients.

As Drucker (1990) points out:

> *People determine the performance capacity of an organisation. No organisation can do better than the people it has!! (P91).*

The process of identifying and meeting the educational needs should take place within the context of, and should contribute to,

planned career development, including career counselling. The process of identifying a need should include an agreement about how the participants - and employing authority - will measure whether and to what extent the need has been met and the courses have been effective in achieving the expected outcomes.

Communities of learners can thrive in an environment whereby managers help keep the system integrated. Participation is a very important aspect of the learning organisation. It's importance, however, is not in the sharing of knowledge, but in the creation of the possibility of a synthesis, and the emergence of a different kind of learning at the level of organisation as a whole.

Organisations are regarded as an epistemological entity. The effort of management support and the learning system in place help this entity gain knowledge.

7.3 Summary

It is important to note that it is the totality of the organisation that learns and develops. Research studies of the kind recorded in this thesis are one aspect of a supporting system that helps such learning and developments to take place.

The evaluation strategy adopted was designed to produce a broadened representation of participants perceptions and interpretations. The aim was to provide illumination of the impact of CPE on clinical practice and the process of change that took place. As the participant became a "knowledgeable doer", the accounts of the participants, managers and other stake holders produced evidence of the apparent success of the course programmes in the three case study sites. Overall, the evaluation responses were overwhelmingly positive.

7.4 Issues to be Addressed

It is recommended that in future research studies there needs to be an even closer link between the evaluation of learning and the impact it may have on practice.

The following issues need to be addressed:

- An agreed and systematic Individual Performance Review (IPR) scheme is of utmost importance
- It will be necessary for practitioners to be involved in identifying their personal educational needs attainment, which may lead to career progression
- It is essential that managers are able to offer support and develop skills in preparing staff, prior to and post course, in order to facilitate and utilise learning effectively on return, thus minimising the education practice gap by ensuring a sensitive transition of the impact of learning to practice

- Closer liaison with educational establishments and educational colleagues to ensure that opportunities are provided which will motivate and influence nurses with skills of critical thinking and reflective practices, empowering them in becoming long life learners throughout their professional career
- Understanding the critical role that mentoring plays in the development of needed skills and ability in the application of learning to practice. This would suggest that appropriate facilitation be established and developed as part of staff development. Time must be made available for reflection and analysis. Critical reflection is such an important skill, making time for such reflection will not happen without a personal commitment on the part of the managers of the unit and organisational support.

The timing is opportune: life-long learning is now seen as a priority, and a stream of reports have been published over the

past few years, emphasising the need for individuals to prepare themselves for changing career structure.

As these changes become more apparent, patients, carers and their representatives are becoming more vocal in their demands on the health services. If CPE is about professionals who are "fit for purpose", the views of consumers and government agencies must be taken into account. The message is clear from recent consumer research (largely unpublished) that the public would like an integrated public service, and that they are looking for professionals who have been adequately prepared to work in these evolving and complex environments of health care delivery in the 21st Century.

CHAPTER EIGHT

Concluding Remarks

8.0 Introduction

The study primarily relies on the perception of course members, managers, mentors and tutors. Despite the fact that the participants in the study are highly informed people, they may have their biases or cognitive distortions. The high correlation between data on performance and self-reported data on perceptions within and across groups encourages a confidence in the accuracy of data reported and adds to the validity of the results (McShane, 1986). The evolutionary nature of learning effectiveness would require a longitudinal approach specially for tracking and identifying the factors of sustainability of quality care and would require an extensive research programme.

While this study supported the assumption that CPE has a positive effect on nursing practice, the results did not yield

information about why it does. There is a need for further research studies to illustrate that the learner characteristics can contribute and have impact on the application and utilisation of knowledge to practice and change in performance.

8.1 Possible Limitation of the Study

Examination of the literature revealed a wide range of options for choice of method. Advantage and disadvantages were identified in each of the approaches. From the wide range of options for choice of methodology, illuminative approach was chosen as the most appropriate for the type of study carried out.

This research study used three case study sites which were considered to produce sufficient validity in the result.

Data reduction methods and the resulting aggregation of information into categories, could lead a different researcher to

different conclusions. Merriam and Simpson (1984) argue that while this may be true, it does not necessarily invalidate the researcher's conclusions and theories: if assertions are supported, there is an internal logical consistency to the theory and it has overall explanatory power, then the theory should be judged as valid. As an attempt to minimise the limitation of the research and of the findings, the theoretical model proposed in Chapter 3 was discussed with the researchers' supervisor and other academic colleagues, and adjustments were applied where appropriate.

Miles and Huberman (1984) claim that:

> *Qualitative enquiries lack predictive power, as they are generally focused on a small sample and are primarily concerned with "what is" versus "what will be".*

Predictive statistics cannot be applied to such a study; however, the existence of multiple sites or multiple case studies, which were used in this study, can "lead to characterisations about a far larger population of sites than might be legitimate on purely

statistical grounds" (Miles and Huberman, 1984, P28). In this study the results might suggest characterisation about other participants or case study sites that were not part of this study: this may have useful implications for CPE nationally. However, it must be acknowledged that the participants selected for this study may not truly reflect the qualified nursing population, their abilities, skills or motivations and aptitudes.

It must also be recognised that qualitative content analysis is a subjective process and that the discourses are open to re-interpretation by others. Eisner stresses the responsibility of the reader to this when he proposed;

> *Researchers strive to make their conclusions and interpretations as credible as possible within the framework they choose to use. Once they have met that difficult criterion, their readers are free to make their own choices.*
> (Eisner, 1991, P56).

Generalisation is a metaphorical process (Adelman, Jenkins and Kemmis, 1976) which is that of the reader not the author. The insights gained from one piece of qualitative research can be

transferred by analogy to another context when the reader recognises that a situation is analogous to the other.

8.2.0 Reliability and Validity

The information which was obtained from the field study was constantly tested against the perceptions of others through triangulation approaches and by analysing the responses both verbally and in written form. The data from the interviews, observations and questionnaires (multiple realities) gave a consistent account independently, and with "warranted assertability" (Dewey 1916) that the picture that emerged appeared to be valid. It was not possible to obtain views of all the participants and interested observers, or to observe all aspects of the courses in the three case study sites. As a result, the information obtained are from a limited sample and it was always possible, therefore, that different views might have been expressed by others. Opinions about the courses under study

were sought from a cross-section of participants, and included tutors, course members, as well as course directors and managers. As far as possible, within he available time, the samples used were representative of the broader community.

Concern with bias, has been a long-standing criticism of quantitative and qualitative research (Huber, 1974; Denzin, 1992, P49-52). To these allegations that the researcher brings her own biases, qualitative feminist researchers would reply that bias is a misplaced term. To the contrary, these are resources, and if the researcher is sufficiently reflexive about her study, she can evoke these as resources to guide data gathering or creating and for understanding her own interpretations and behaviour in the research. Daniel (1983) argues, what is required is sufficient reflexivity to uncover what may be deep seated, but poorly recognised views on issues central to the research.

8.2.1 The links between illuminative evaluation and performance indicator and evaluation of learning outcomes

The approach used during the research was illuminative. Many of the developments taking place in recent years in the field of evaluation are concerned with the development of performance indicators, a scientific approach. It would be most useful to produce a more composite picture both of learning, learning outcomes and its impact to practice.

However, the researcher concludes that the adaptation of an illuminative evaluation research methodology for this study was appropriate since it provided the researcher with a set of parameters for the research, whilst allowing for systematic planning and evaluation at specific stages of the courses in the case study sites throughout.

The research design enabled the researcher to incorporate her own professional development in understanding the study of evaluation and evaluative research in greater depth. This facilitated and enhanced the conduct and eventual outcomes of the study.

8.2.2 Contribution of Research

The final section looks briefly at the contribution of this research study. The research has raised questions about the continuing potential of adults to benefit from learning. The aim was to look at related effects that training and education development may have on the organisational level and job performance. This is a controversial topic which influences both the public perception of adult education and it's funding (Legge, 1982).

The discussion of the possible effect of training to performance and transformation does not pretend to be exhaustive. I have,

however, endeavoured to present the effects that are held particularly important. The study highlighted the following factors:

Facilitative factors:

- identified new knowledge or understanding can be a factor to incorporate the planned change into practice
- commitment to change
- networking

Hindrance factors:-

- workload, lack of time
- lack of managerial/resource support

Because of the exploratory nature of the study, it was not possible to determine if specific new ideas were linked to specific facilitative or hindrance factors, and how the factors affected that process.

Rogers and Goombridge (1976) stated:

> *If society does not believe adults can learn well then adult education itself can be dismissed as a foolish pretence, functioning at the trivial level of hobbies and past times.*

The study has taken a step further and demonstrated that adults are 1) able to continue learning and 2) that learning not only "benefits" them but also has impact on their identity, self confidence, and their sense of who and what they are (Woodley, 1994).This is empowering the adult learner. Brookfield (1986), on the other hand, argues that much of adult development and creativity fails; in his view empowerment to change only results when people have the strength to challenge behaviour, values and beliefs in a critical way. He further states;

> *Such challenges and confrontations need not be done in an adversarial, corroborative or threatening manner; indeed the most effective facilitator is one who can encourage adults to consider rationally and carefully perspectives and interpretations of the world that diverge from those they already hold.* (Brookfield, 1986, P286).

Pettigrew, Ferlie, and McKee (1992) identify the need for organisations to produce "sanctuaries of comfort". The literature of learning (Illich, 1971; Brookfield, 1986) records the need for

'communities of learning', which develop at the mastery stage of learning to refine and develop what has been learned (Jones, 1994, P324). The emphasis is on staff working and learning together in an organisation to facilitate mastery. This leads to an evaluation of learning to determine the extent to which learning has taken place and hence leads to illumination.

(Cullingford, 1990) argues:

> *The more we understand the way in which any organisation works the more we see the difference between the changes willed on us by the person in command and the actual changes in spirit and level of work. Organisations change as a consequence of changes in individual self-concepts.*
> (Cullingford,1990, P220).

The study further suggests a number of determinants of the way organisational learning is structured. The learning process provides support for a relationship between strategic intent and organisational learning, and between organisational openness and organisational learning.

The findings imply that environmental turbulence, strategic intent, and organisational openness are all important factors of

the application of knowledge to practice. Argyris and Schon (1978) have argued that, a high environmental turbulence and lack of team working might inhibit organisational learning.

This study on effectiveness and personal and professional benefits, although still preliminary in some aspects, has shed some light on our level of understanding and our ability to evaluate the strategic dimension of organisational learning and evaluation.

The findings demonstrate that it is a pro-active rather than a re-active attitude of management that increases organisational learning, thus supporting the difference between learning and environmental adjustment/change (Fiol and Lyle, 1985). The three case study sites used the courses as a part of their organisational adjustment as well as their means to improve performance and quality of care.

It is argued that the organisational learning process is determined by internal and external factors and their interactions.

Henry (1991) states the structure of the organisation encourages or inhibits creativity:

> *creative ideas flow where new ideas and challenges are welcomed and where people are encouraged to play, rather than controlled and threatened.* (Henry, 1991, P9).

The DoH. Report (1989) A Strategy for Nursing, makes it explicit that whilst the prime responsibility for CPE rests with the individual professionals, the professional manager has a particular responsibility for setting and monitoring professional standards of practice, for developing policies and for supporting and developing staff. The role and responsibilities of the managers in supporting staff in the application of knowledge to practice and in facilitating successful innovation is crucial.

(Day et al, 1985) pointed out that the managers role is a combination of a number of roles, they describe as:

- catalyst
- solution giver
- process helper

They suggest the role as being of particular importance in giving long-term support, in order to assist the innovation to take place, in providing resources, offering alternative strategies, providing appropriate moral and intellectual support and evaluating and monitoring success.

The findings of this study give empirical support to prior research findings highlighting that both internal and external factors are conducive to organisational learning, and that organisational learning implies behavioural and cognitive changes. These subsequently lead to improvement in organisational performance and possibly to competitive

advantages and quality care.

Frank Dobson, the Secretary of State for Health, in his first speech delivered to the Royal College of Nursing Congress in 1997, pledged to abolish the internal market. He also announced the idea of 'Health Action Zones', a concept he envisaged would bring together all those involved in delivering health care. He and the Government have been looking at radical changes of the welfare state, as discussed in Chapter 1. If the nursing profession is to play a significant role in the future, it needs to get our story out and provide a platform for cross fertilisation of ideas which lead to involvement and influence the futurist who in turn influence the strategic planning efforts of businesses, corporations and educational institutions. Nurses need to be involved in shaping future public policies. More nurses must extend their influence to people outside the profession of nursing. Presenting nursing issues and nursing knowledge relevant to the future well-being of the profession is another way

to connect with the Health Ministers' thinking. To have influence on future, nurses need to advance a platform for the nursing profession.

The goals set out in the NHS 1998/99 priorities and planning guidance EL (97) 39 advocates that Education Consortia need to work with employers and education providers to ensure that staff with the right skills, aptitude and knowledge are available to support all priorities. Successful implementation of strategies such as "Our Healthier Nation" will require the NHS to re-orientate its workforce towards health gain and improvements rather than health care alone. The government further highlights that an understanding of health policies and cultural need should be reflected in education and development programmes.

As highlighted previously, some 70 per cent of health and social care resources are invested in the employment, education and development of staff. It is not surprising that the government

requires that consortium will need to plan an integrated education and development strategy which will address both local and national priorities.

The aim is to enable the development of a flexible and competent workforce able to respond to changes in society's needs and the changing nature of service.

The PREPP report (1991) envisaged practice as a continuance on which to build a structure that will maintain and enhance professional standards. With the present climate of nurse shortages and recruitment problems the new reports, the NHS and the Community Care Act will mean that skilled up to date nurses/midwives will be encouraged.

As a value based profession, nurses have much to offer the future in order to provide visionary leadership to the nursing profession and the public in shaping health care policy and practice that

optimises the health and well-being of the 'people' in this country. Through synthesis of knowledge as the basis for effective health care delivery.

Professional nurses of the future can not offer health care services, provide advocacy for clients, or assume leadership role in shaping health care delivery system and policies without continuing professional education. Nursing needs professionals whose practice is grounded in the new realms of professional practice and challenges. Failure to institute this notion in the face of the social revolution that is taking place around us, could seal nursing's fate as, at best, a technical workforce and, at worst, as an irrelevant profession. As Dodwell and Lathlean (1989) pointed out:

> *Professional development is a concern of all those working in the health service, both personally and in terms of effects that well prepared, trained and supported individuals have on the whole organisation.*
>
> (Dodwell and Lathlean, 1989, P12).

8.3 Final Conclusion

The study findings demonstrate that theory is used by the participants with the kinds of claims perceived by Eraut (1989), namely that it should 'help students interpret and criticise their observations and experiences'. Some participants were significantly influenced by theory in relation to personal development. This is consistent with the view that theory ought to give students opportunities 'to sort out their own fundamental values'.

The participants in this sample were united in their view that placement in the Units and the experience they received had played a significant role in fostering their professional development, and that apparent failure of mentorship in some instances could have implications for the effectiveness of the educational programmes.

Evidence of change and development of participants was found in a variety of areas. There seems to be a deeper or extended understanding of the theoretical or conceptual issues underpinning nursing practice, which leads to an improvement in standards of care. One respondent in Index N said that, in her view, the course had not changed her "clinical skills' but, "just my theoretical understanding". Another participant highlighted "it encouraged me to do research and read more broadly and reflect about issues". This was reinforced by many managers in the Units: one manager in Index B pointed out the need to create an environment of learning, within which staff could feel confident about changes they might wish to implement. This manager highlighted that the climate of good learning environment, linked to clinical practice; an environment of care in which education is seen as part of a whole. Experience on the courses under study and the results of its evaluation support the notion that adults learn better from specific subject matter, and that applying theory to their own practical experience leads to

greater internalisation to what has been learnt, becoming so much part of the learner that he does not know that, formerly he did not know it.

The other very important issue learnt was that the participants began to see the unit as a whole, seeing beyond day to day activities of the unit, looking at the organisation from a broader perspective "the big picture", recognising the inter-relationship of departments to health service to society, health and illness etc. The following were examples of the participants' comments describing seeing their unit as a whole.

Self confidence and seeing the organisation as a whole is clearly one of the learning organisation skills. Many of the reported achievements involved the recognition of the importance of inter-relationships with others within and outside the unit, and the recognition of wide-spread effects caused by one's actions.

However, the research has begun to illuminate the values placed on educational endeavours in the three case study sites. The main single challenge for future research is to link the levels of organisation and individuals. Important questions are how and under what condition individual effect of Continued Professional Education may be converted into organisational effects and what measures organisations can take to facilitate an efficient transformation processes.

The study has demonstrated that a large proportion of participants have indicated that the courses under study had effectively achieved its aims and that it had enabled them to achieve their expectations and personal goals. Despite this, it is important to note that there were some areas of concern. The fact that the participants felt confident to offer the researcher their views, and voice their criticisms on some aspects of the courses, provided evidence of their professional maturity and greater professional accountability. This is essential for the future

development of nursing and midwifery in the next century.

The findings have highlighted the necessity of recognising the needs of the individual students and the diversity of their aptitude, motivation and learning styles. The study also demonstrated the contribution that each participant makes to the overall learning milieu and their peers in the classrooms. Clearly some of the students did not favour shared learning. The study also indicated the need for the recognition of teaching styles, whilst this appears to be individualised, nevertheless an important factor, several of the respondents indicated that they valued the variety of methods used.

Cullingford (1990) observes that:

> *Adults prefer to acquire knowledge and ideas by themselves and learning depends as much on the way it is transmitted and received as on the individuality of knowledge.* (Cullingford, 1990, P197).

Preceptorship and clinical supervision need to be enhanced. Consistency of such support was denied to a number of

participants.

Some concerns were raised by the mentors in two of the case study sites with the learning contract and of competencies and assessments. They expressed the view that the type of assessment required was both time consuming and cumbersome to disseminate.

Nurses in all the three case study sites overwhelmingly reported an increase both in their knowledge and confidence. The findings suggest that continued professional education has had a positive impact on the behaviour and attitude of nurses.

Larcombe and Maggs (1991) have highlighted the benefits of continued professional education when they said:

> *The relationship between continued professional education and quality of service is widely acknowledged and supported, even though in practice there are difficulties in making that link explicit.* (P8).

The study further implies that staff need to be supported and feel valued for the learning to be effectively utilised.

It is acknowledged that in the climate of competing values that currently exist in the field of health care and of education, there is an increasing need to demonstrate efficiency and effectiveness in CPE provision. For this reason the present study on evaluation of CPE is particularly timely and appropriate.

Researchers and educators in the fields of continuing professional education have an opportunity to build upon this empirical base, by conducting research studies that will generate even more substantive data pertaining to outcomes and impact of continuing professional education, in the work environment.

8.4 Recommendations/Future Directions

In today's rapidly changing National Health Service, the pressure

to improve the quality of services to patients has never been so prominent. Rising expectations of the healthcare consumers and the purchasers, the move towards evidence-based practice, performance targets, quality and standards all present considerable challenges both to the providers of the service and to the busy health care professional striving to improve health care delivery and outcomes on often limited resources.

The continuing rapid expansion of medical knowledge and technology and increasing consumer expectation are having a significant impact on the way medicine and nursing is practised. This led the Chief Medical Officer to consider the type of doctors that will be needed in the next century. The Report on Continuing Professional Development of Medical Staff (Calman, 1994) acknowledged that students of the future should not be burdened with excessive knowledge which will soon be out of date. Instead, they need to be encouraged to be lifelong learners.

The UKCC also advocates lifelong learning.

> *Developing professional expertise depends not only on experience in an area of practice, but also on access to continuing education and the commitment of both practitioner and employment.*(UKCC, 1991, PREPP, P21).

The most important factor in the delivery of health services is the availability of well motivated staff who are appropriately experienced, educated and trained. Commissioners of education and providers of health care need to work together to consider how workforce and development strategies can contribute towards achieving the goals set out in the NHS 1989/99 (NHS Executive) EL (97) 58 (P1-2) priorities.

NHS Executive have endorsed the need for an integrated education and development strategy which will address local and national priorities. The objective is to enable the development of a flexible and competent workforce, able to respond to changes in society's needs and the changing nature of service (ibid).

1. Managers and health professionals have a responsibility to maintain an environment conducive to learning, one in which there is a commitment to supporting and preparing future practitioners.

2. Continuing professional education programmes should prepare qualified nurse practitioners to make a full contribution to high quality care and inspire a commitment to lifelong learning and personal development.

3. The requirement for every member of staff to accept responsibility for their own learning and continuing professional development.

4. Emphasis on facilitating learning, and the importance of identifying key members to support staff in bringing change.

5. Training and development of staff to be more local so that managers take an active role and responsibility for developmental activity.

6. The need to offer continued professional education and personal development plans in order to retain and motivate staff.

7. To demonstrate to the purchasers and in the business plan, the impact of learning on the organisation's performance/care delivery, in order to secure required investment for continued professional education in the future.

8. Managers in the Units need to create a learning environment necessary to equip practitioners with competencies required in order to enhance quality of care.

9. The development of cost effective and coherent continued professional education requires the support and commitment of educational institutions. This can be fostered through an awareness campaign to highlight the importance of continued professional education.

10. The motivation of individual staff is critical to the successful development of an institutional response. This can be raised by increasing the dissemination of information on continued professional education and giving this area of activity a higher profile and the recognition of this activity as a criteria for promotion.

11. Programmes of education and training need to take into account the identification of the need of the practitioners as well as organisational needs and the national directives. Clinical placement and student supervision need to be

developed in order to secure appropriate levels of clinical supervision and support both during and after course completion.

12. There has been a significant increase in the number of continuing professional education programmes for nursing within the educational establishments. Whilst this trend needs to be welcomed, it is not generally the case (with notable exceptions) institutions are involved in identifying individual professional needs in formulating a comprehensive provision.

13. Library facilities are the bedrock of education and training and are critical in the development of evidence-based practice and clinical effectiveness for supporting continued professional education. The need for provision of adequate library facilities for supporting continuing education is of vital importance.

Demand for appropriately qualified nurses continues to grow in areas of greatest shortage, attention needs to be given in fostering a climate in the NHS which encourages staff to stay and remain in the profession, in order to ensure an adequate supply of qualified staff available for the next century.

As the NHS becomes the focus of how health care is delivered, evaluation of CPE programmes will be an essential component.

The descriptive information obtained in this exploratory research study provides useful instruction for considering issues that need to be addressed in planning and implementing CPE in the future. In this era of capitation and re-design in the health care system, CPE must prepare Practitioners who can successfully perform in an environment that demands creative thinking and an innovative problem solving member of the health care team.

This new paradigm of nursing needs creative development of

future professionals by offering them challenges to use creative thinking in solving problems.

Combining the concepts of problem solving and creative thinking creates the notion of "creative problem solving" as thinking directed towards the achievement of a goal. This is a cognitive process that extends current thinking and builds on existing expertise.

The primary role of CPE is to facilitate the expansion of knowledge (Bevis and Murray,1990) to develop analytical thinking skills which facilitate higher reasoning levels and strengthen ethical decision making (Bowers and McCarthy,1993).

Nursing by definition and practice has become a "generative" profession; that is, nurses seek to generate competence in their patients and themselves and create value and new learning

through their work. Maintaining this generative focus can be difficult for professionals, in some units much of this focus can be re-claimed through re-visioning and re-educating phases of CPE The greatest thrill will be assisting Practitioners to transform their vision of nursing into reality, and observing the excitement, confidence and empowerment which inevitably ensues.

The intent of this study was to draw conclusions about factors that affect the incorporation of learning to practice. The enthusiasm reflected in the evaluation and identification of new ideas and practices indicated that individuals have progressed. The study suggests that more managerial support needs to be provided during and in subsequent stages for adaptation of behaviour changes.

It is then that nursing and health care will be ready for the challenges of the 21st Century.

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APPENDIX I

QUESTIONNAIRE

Thank you for agreeing to participate in completing this Questionnaire which seeks to explore your view on the Continuing Professional Education Course. Data collected will give a national perspective on Continuing Professional Education and its application to practice.

All replies will be in confidence and no individual will be identified in any report.

Thank you once again for your co-operation and help in taking part in this survey.

Completed Questionnaire to be sent to:

Mahrokh Dodwell

COVENTRY & WARWICKSHIRE COLLEGE OF NURSING & MIDWIFERY

COURSE MEMBERS' QUESTIONNAIRE (Pre Course)

1.0 **Biographical data:** (Please tick the appropriate box)

1 **Nursing Grade:** Please state the grade of your post ☐

1a Is your post ☐ Full Time

☐ Part Time

1b Age: Less than 30 yrs ☐ 31-35 yrs ☐ 35-40 yrs ☐

41-45 yrs ☐ 46-50 yrs ☐ 51+ yrs ☐

1c Gender: Male ☐ Female ☐

2d Date of first qualifying .....

2e Further qualifications, including academic qualifications:

2f E.N.B. Courses attended: .....

.....

.....

2g Please list short non-ENB courses attended:

.....

.....

.....

7. **Please state what you expect to gain from this programme:**

.....

Please rate each item:	Major requirement 4	Important 3	Desirable 2	Not expected 1
a) Career progression				
b) Professional				
c) Self Fulfilment				
d) Knowledge enhancement				

8. **Who selected you to attend this course:**

Manager ☐ Self ☐

9. **Why did you choose to attend this course:**

.....

.....

.....

10. **How well were you prepared for attending the course:**

No Preparation	Some preparation	Probably Sufficient	Well Prepared

COVENTRY & WARWICKSHIRE COLLEGE OF NURSING & MIDWIFERY

COURSE MEMBERS' QUESTIONNAIRE (Pre Course)

1.0 **Biographical data:** (Please tick the appropriate box)

1 **Nursing Grade:** Please state the grade of your post ☐

1a Is your post ☐ Full Time

☐ Part Time

1b Age: Less than 30 yrs ☐ 31-35 yrs ☐ 35-40 yrs ☐

41-45 yrs ☐ 46-50 yrs ☐ 51+ yrs ☐

1c Gender: Male ☐ Female ☐

2d Date of first qualifying .....

2e Further qualifications, including academic qualifications:

2f E.N.B. Courses attended: .....

.....

.....

2g Please list short non-ENB courses attended:

.....

.....

.....

2h Courses being undertaken at present: .....

.....

.....

3 **Career Pattern**

How long have you worked in your present post?

- 2 yrs ☐ 2-5 yrs ☐ 6-9 yrs ☐

10 yrs or more ☐

3a Have you had a break from employment: Yes ☐ No ☐

If YES, how long for? .....

4 **Please describe the focus of your nursing responsibilities:**

(Please number in order of priority e.g. 1 = main)

Clinical Practice ☐

Management ☐

Education ☐

Research ☐ Please specify:

.....

5 **Please state which areas of nursing you work in at present:**

Yes = 2 No = 1

Adult ☐ Children ☐ Mental Health ☐

Mental Handicap ☐ Community ☐

Please specify which specialty, i.e. Surgery, Medicine etc.

.....

.....

.....

6. **Please state previous employment in the last five years**

Employing Authority Posts Held

.....

.....

.....

.....

.....

.....

.....

7. **Please state what you expect to gain from this programme:**

.....

Please rate each item:	Major requirement 4	Important 3	Desirable 2	Not expected 1
a) Career progression				
b) Professional				
c) Self Fulfilment				
d) Knowledge enhancement				

8. **Who selected you to attend this course:**

Manager ☐ Self ☐

9. **Why did you choose to attend this course:**

.....

.....

.....

10. **How well were you prepared for attending the course:**

No Preparation	Some preparation	Probably Sufficient	Well Prepared

10a Who gave you the most help in this area? Tick one or rank in order of most helpful:

Information from College of Nursing

Manager

Other staff who had attended the course previously

11. **Further comments:** You are welcome to make additional comments on any of the questions or any areas not covered by the questionnaire.

Please list any further training, educational needs you might have.

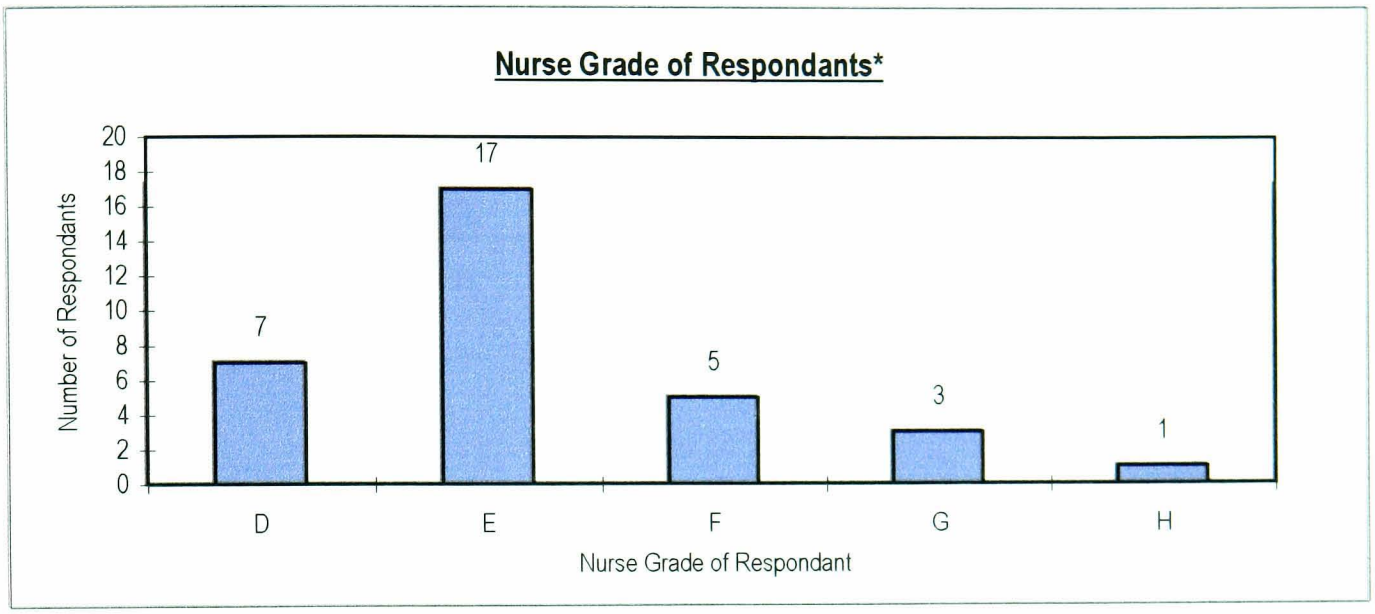
THANK YOU ONCE AGAIN. Please send completed questionnaires to:

Mahrokh Dodwell

Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

A. Biographical Data

Nursing Grade



* Two null nurse grades from respondants

Nursing Post

	Number of Respondants	% of Total
Full-Time	33	94%
Part-Time	2	6%
Total	**35**	**100%**

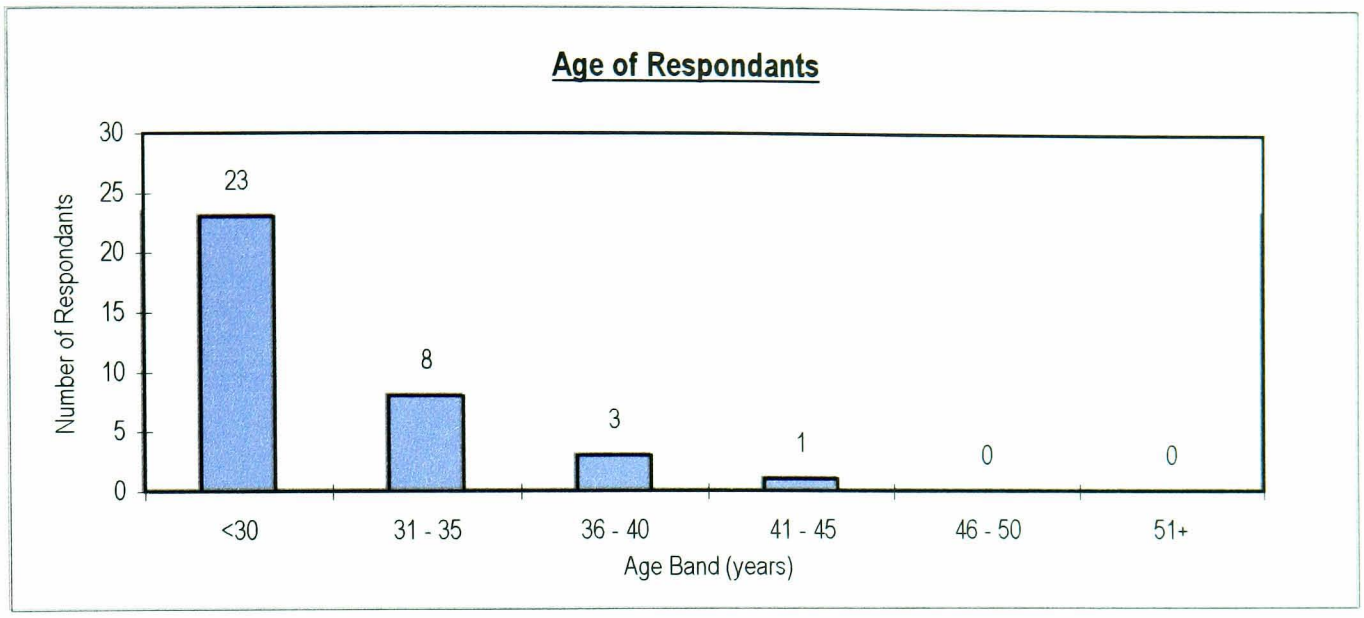
Career Pattern

Time spent in Current Post	Number of Respondants	% of Total
- 2 years	15	43%
2 - 5 years	19	54%
6 - 9 years	0	0%
10 + years	1	3%
Total	**35**	**100%**

Break from Employment	Number of Respondants	% of Total
Yes	4	11%
No	30	86%
Null	1	3%
Total	**35**	**100%**

Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

Age of Respondant



Gender

	Number of Respondants	% of Total
Male	4	11%
Female	30	86%
Null	1	3%
Total	**35**	**100%**

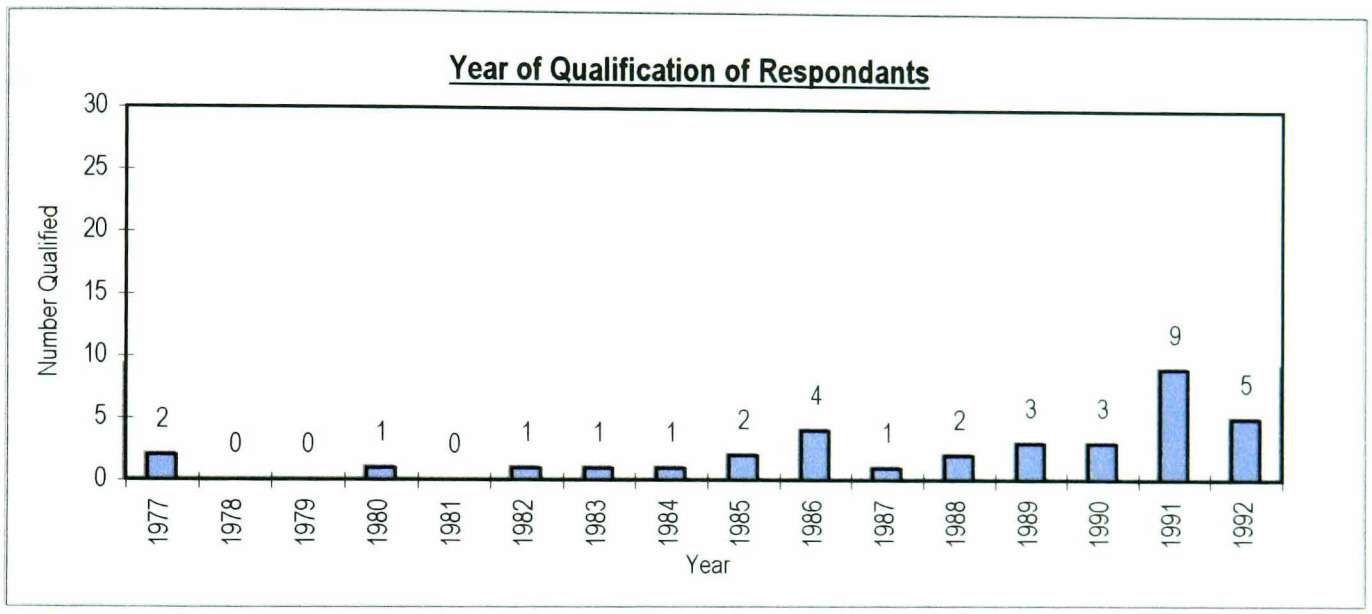
Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

B. Professional Qualifications

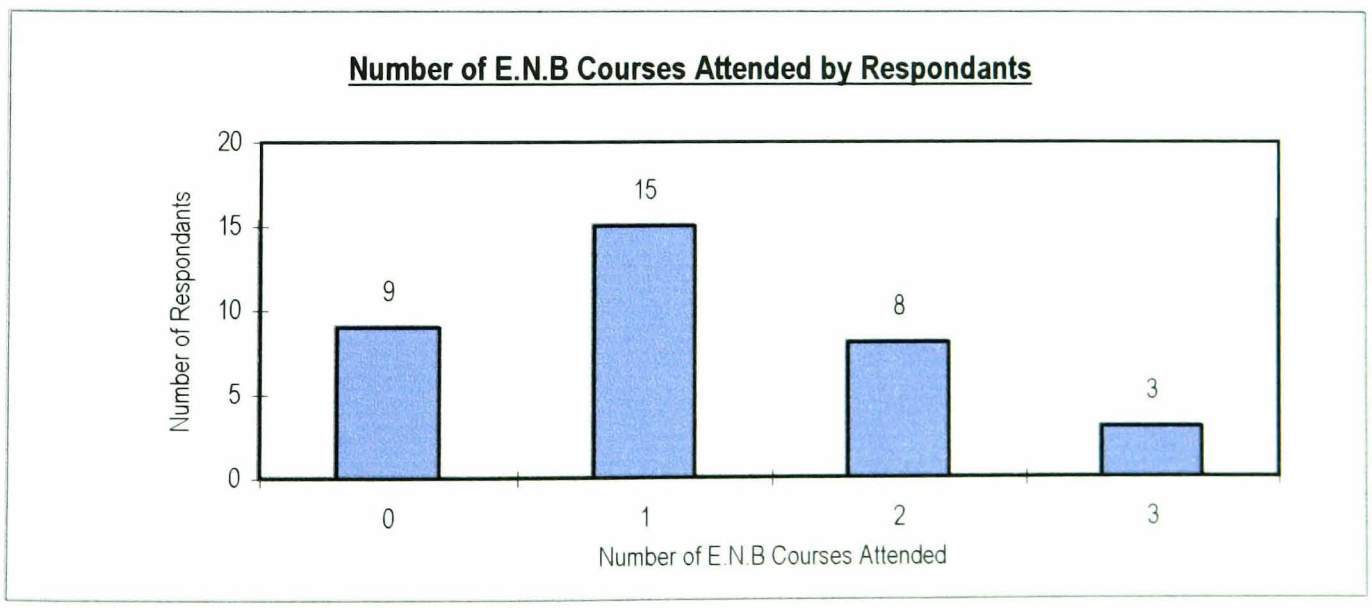
Professional Qualifications

Professional Qualification	Number of Respondants	% of Total
RGN	31	88%
RGN; RM	2	6%
RGN; RMN	1	3%
RGN; RSCN	1	3%
Total	**35**	**100%**

Year of Qualification

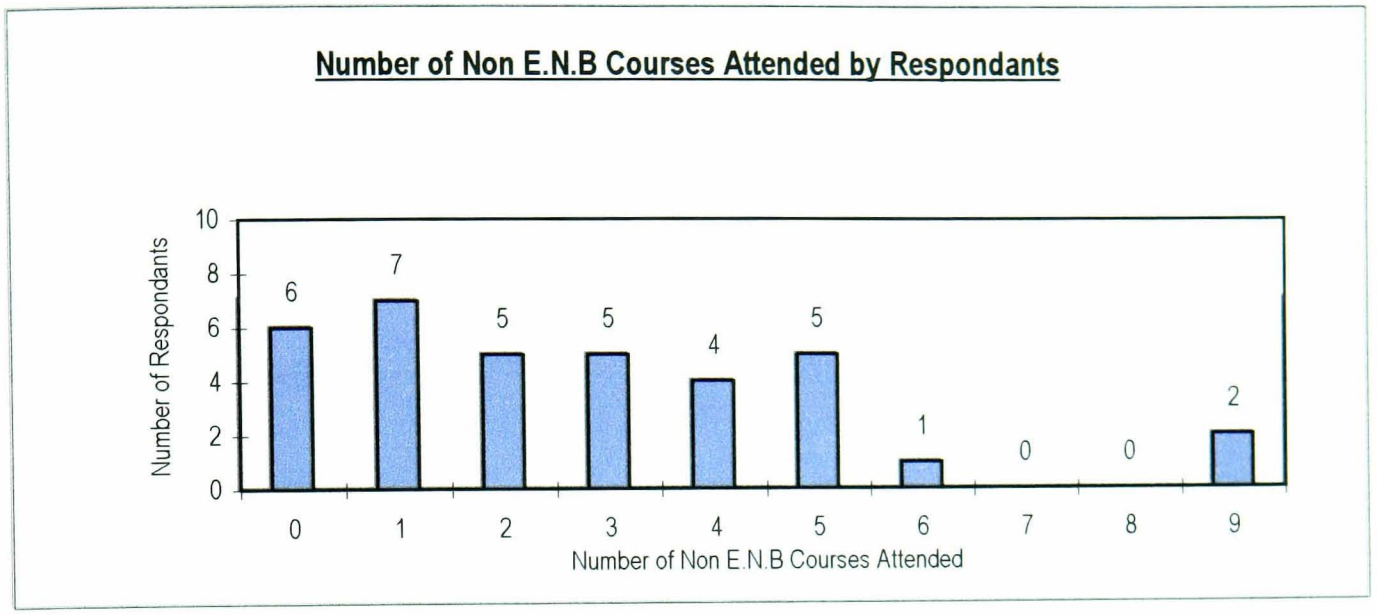


Further Qualifications : E.N.B Courses Attended



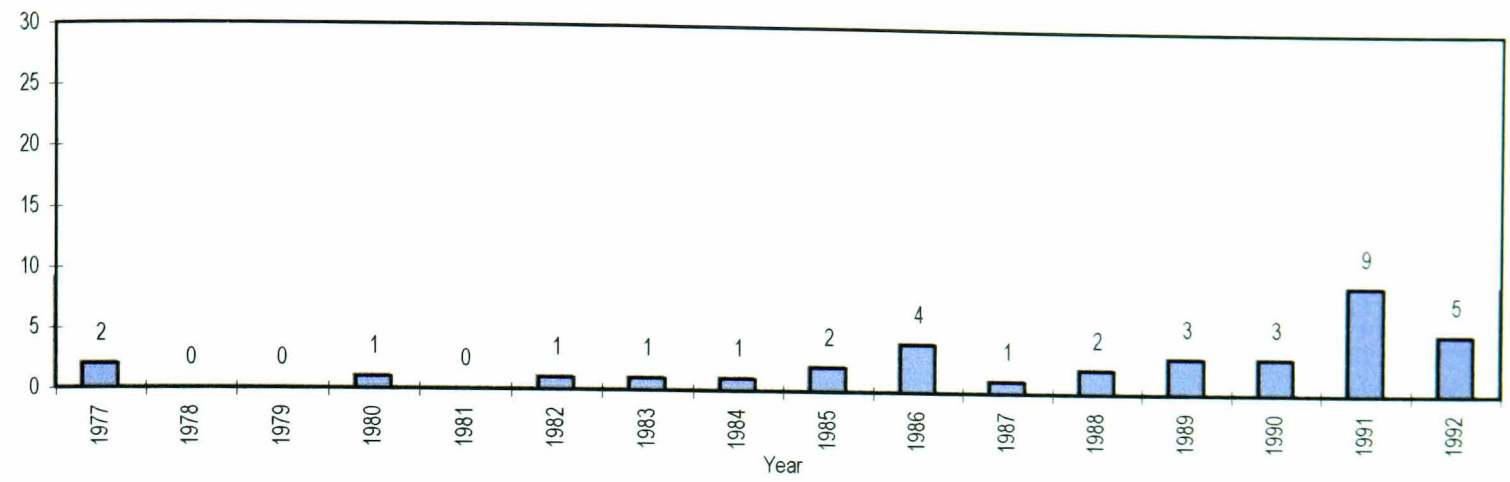
Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

Further Qualifications : Non E.N.B Courses Attended

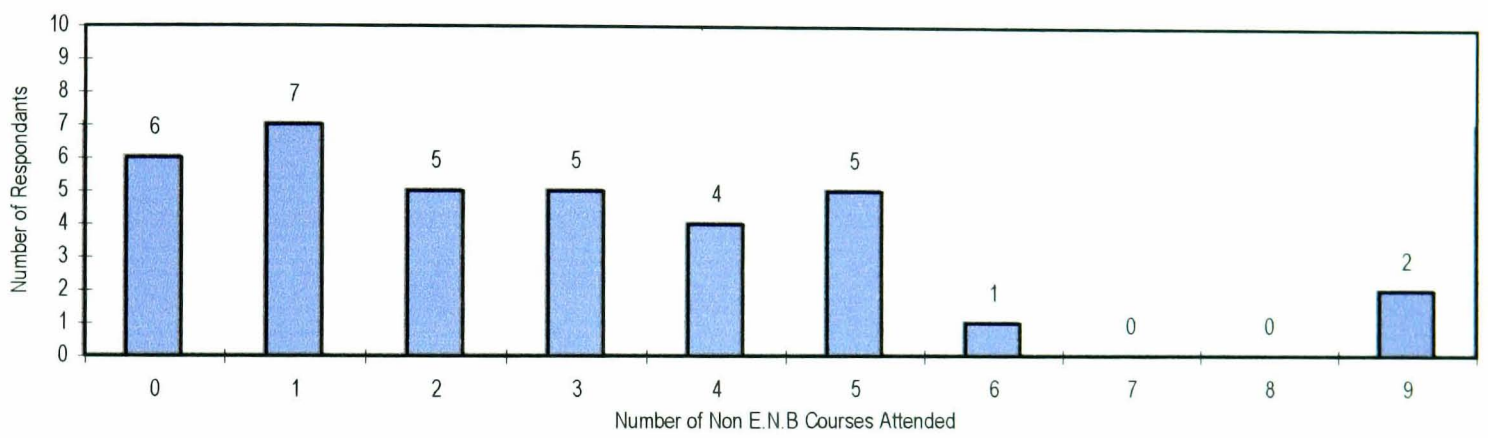


APPENDIX II

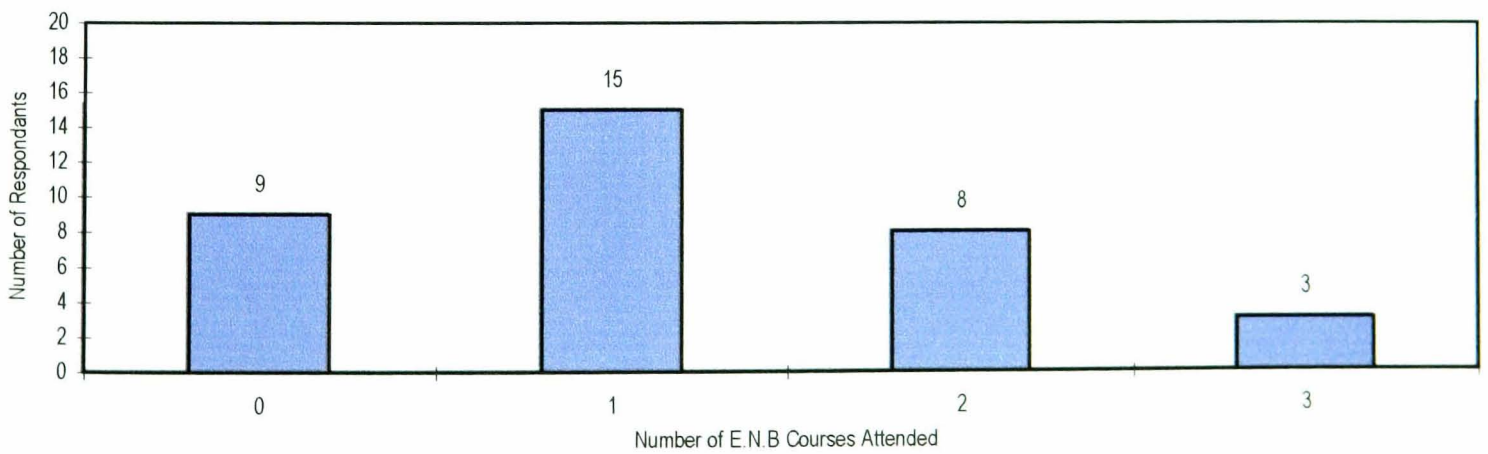
Year of Qualification of Respondants



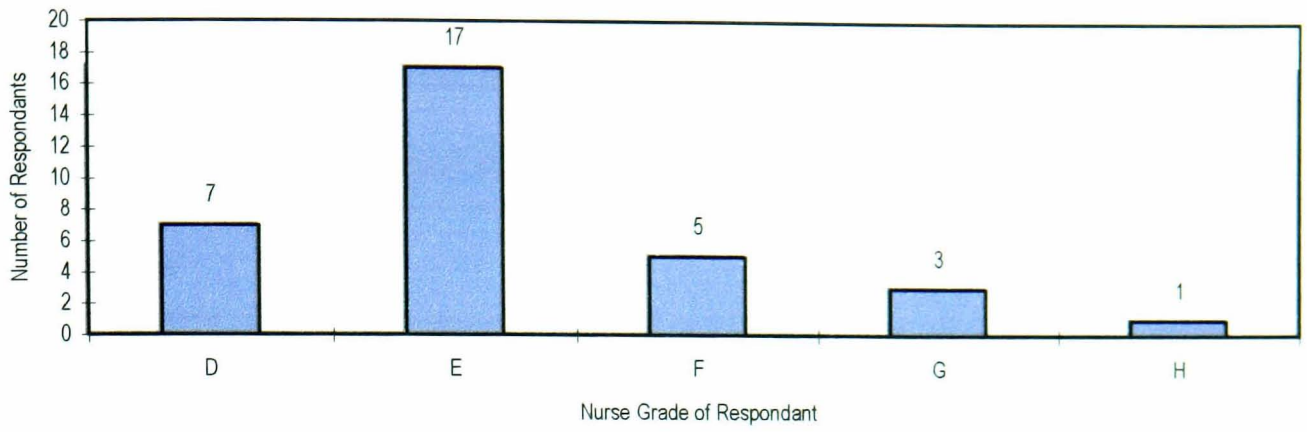
Number of Non E.N.B Courses Attended by Respondants



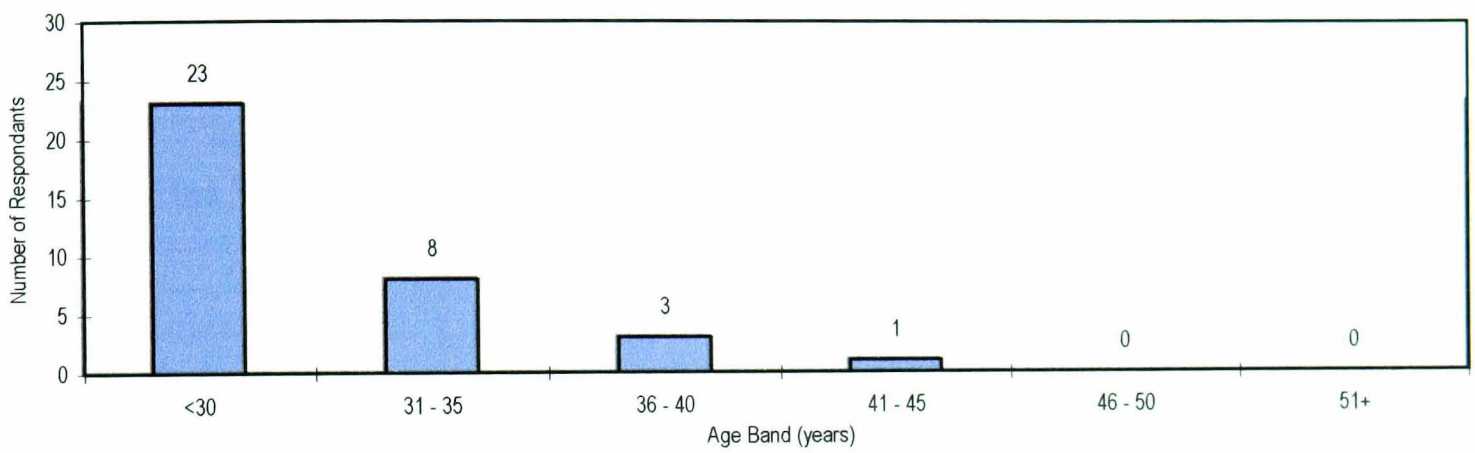
Number of E.N.B Courses Attended by Respondants



Nurse Grade of Respondants



Age of Respondants



Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

Crosstabulations of Respondants Answers

The age of the respondant against the focus of their nursing responsibilities

i.e 19 out of the 23 respondants aged 30 or under felt that Clinical Practice was a main prioirty

A. Clinical Practice

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
1	19	6	3	1	0	0	29
2	2	1	0	0	0	0	3
3	0	0	0	0	0	0	0
4	0	0	1	0	0	0	1
Null	2	0	0	0	0	0	2
Total	23	7	4	1	0	0	35

B. Management

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
1	2	2	0	0	0	0	4
2	6	2	1	1	0	0	10
3	8	1	2	0	0	0	11
4	2	2	0	0	0	0	4
Null	5	1	0	0	0	0	6
Total	23	8	3	1	0	0	35

C. Education

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
1	1	1	0	0	0	0	2
2	10	2	2	0	0	0	14
3	7	3	1	1	0	0	12
4	0	0	0	0	0	0	0
Null	5	2	0	0	0	0	7
Total	23	8	3	1	0	0	35

D. Research

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
1	3	0	0	0	0	0	3
2	1	1	0	0	0	0	2
3	2	2	0	0	0	0	4
4	12	3	3	1	0	0	19
Null	5	2	0	0	0	0	7
Total	23	8	3	1	0	0	35

Order of what the respondant feels is the focus of their nursing responsibilities against age band

i.e 1 = First

Expect to Gain	Age Band (years)					
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +
Clinical Practice	1	1	1	1	-	-
Management	4	4	3	1	-	-
Education	3	2	3	1	-	-
Research	2	2	1	1	-	-

Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

The age of the respondant against what the respondant expects to gain from the programme

i.e 8 out of the 23 respondants aged 30 or under felt that career progreesion was a major requirement when thinking about what they expected to gain from the programme

A. Career Progression

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
Major Requirement	8	3	0	0	0	0	11
Important	9	2	1	0	0	0	12
Desirable	4	2	2	0	0	0	8
Not Expected	2	0	0	1	0	0	3
Null	0	1	0	0	0	0	1
Total	23	8	3	1	0	0	35

B. Professional Development

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
Major Requirement	17	6	3	0	0	0	26
Important	4	0	0	1	0	0	5
Desirable	1	1	0	0	0	0	2
Not Expected	0	0	0	0	0	0	0
Null	1	1	0	0	0	0	2
Total	23	8	3	1	0	0	35

C. Self Fulfilment

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
Major Requirement	15	6	2	0	0	0	23
Important	6	1	1	0	0	0	8
Desirable	2	0	0	1	0	0	3
Not Expected	0	0	0	0	0	0	0
Null	0	1	0	0	0	0	1
Total	23	8	3	1	0	0	35

D. Knowledge Enhancement

Prioirity (e.g 1 = main)	Age Band (years)						
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +	Total
Major Requirement	16	6	2	1	0	0	25
Important	6	1	1	0	0	0	8
Desirable	0	0	0	0	0	0	0
Not Expected	0	0	0	0	0	0	0
Null	1	1	0	0	0	0	2
Total	23	8	3	1	0	0	35

Order of what the respondant expected to gain from the programme against age band

i.e 1 = First

Expect to Gain	Age Band (years)					
	30 or under	31 - 35	36 - 40	41 - 45	46 - 50	51 +
Career Progression	4	4	2	1	-	-
Prof. Development	1	1	1	1	-	-
Self Fulfilment	3	1	2	1	-	-
Knowledge Enhance	2	1	2	1	-	-

Coventry & Warwickshire College of Nursing & Midwifery
Course Members Questionaire
Results

The Nurse Grade of the respondant against what the respondant expects to gain from the programme

A. Career Progression

Prioirity (e.g 1 = main)	Nurse Grade						
	D	E	F	G	H	NULL	Total
Major Requirement	4	5	1	0	0	1	11
Important	2	8	1	1	0	0	12
Desirable	1	3	1	2	1	0	8
Not Expected	0	1	1	0	0	1	3
Null	0	0	1	0	0	0	1
Total	7	17	5	3	1	2	35

B. Professional Development

Prioirity (e.g 1 = main)	Nurse Grade						
	D	E	F	G	H	NULL	Total
Major Requirement	7	14	2	2	0	1	26
Important	0	2	2	1	0	0	5
Desirable	0	1	0	0	1	0	2
Not Expected	0	0	0	0	0	0	0
Null	0	0	1	0	0	1	2
Total	7	17	5	3	1	2	35

C. Self Fulfilment

Prioirity (e.g 1 = main)	Nurse Grade						
	D	E	F	G	H	NULL	Total
Major Requirement	6	11	2	2	1	1	23
Important	1	5	1	1	0	0	8
Desirable	0	1	1	0	0	1	3
Not Expected	0	0	0	0	0	0	0
Null	0	0	1	0	0	0	1
Total	7	17	5	3	1	2	35

D. Knowledge Enhancement

Prioirity (e.g 1 = main)	Nurse Grade						
	D	E	F	G	H	NULL	Total
Major Requirement	7	13	2	1	1	1	25
Important	0	4	2	2	0	0	8
Desirable	0	0	0	0	0	0	0
Not Expected	0	0	0	0	0	0	0
Null	0	0	1	0	0	0	1
Total	7	17	5	3	1	1	34*

* One Null Nurse Grade from a respondant

Order of what the respondant expected to gain from the programme against Nurse Grade

i.e 1 = First

Expect to Gain	Nurse Grade				
	D	E	F	G	H
Career Progression	4	4	4	1	1
Prof. Development	1	1	1	1	1
Self Fulfilment	3	3	1	1	1
Knowledge Enhance	1	2	1	1	1

APPENDIX III

APPLICATION AND IMPLEMENTATION OF

LEARNING INTO PRACTICE

You completed the course some time ago. It would be most helpful to know what you learned on the course and how it has helped you in your workplace and practice, both personally and professionally.

Please give some thought to the following questions, then complete and return this questionnaire within the next two weeks to the address below.

Your name in full .....

Name of the course .....

Where attended .....

Date attended .....

1) What were the most memorable things you learned from the course?

2) What effects has the course had on your practice and knowledge?

3) What are the factors in the work environment that influences the use and utilisation of knowledge gained from CPE to practice?

4) Have you utilised the knowledge gained from CPE to your practice?

5) What changes have you made in your area?

6) What facilitation is available to assist you in the management of change/application of CPE to practice?

7) What difficulties (if any) did you encounter when trying to implement any changes?

8) What were the most significant things about the course?

9) Did you think the course was value for money/satisfactory?

10) On reflection was the course right for you at this time?

11) How was the course effective in the application of knowledge to practice?

12) Please state which area of practice in which you are currently engaged :

13) Did the course enhance your career progression?

14) What is your next plan of action?

Signed ..... Date .....

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE, YOUR CO-OPERATION IS MUCH APPRECIATED

Mahrokh Dodwell (Mrs)

APPLICATION AND IMPLEMENTATION OF LEARNING INTO PRACTICE QUESTIONS AND ANSWERS

(1) *What were the most memorable things you learned from the course?*

- In depth theory to allow greater comprehension's of concepts
- Learned how to validate research
- Learned the importance of suitable teaching methods
- Working in other areas - gained new ideas

(2) *What effects has the course had on your practice and knowledge?*

- My knowledge has been deepened and broadened. I feel I can provide improved quality of care and make more informed clinical decisions

(3) *What changes to your practice have been made in your area since your return?*

- Increasing undertaking of roles - scope of professional practice e.g. canulation, taking blood from arterial lines, blood gas analysis
- I have improved knowledge to base clinical decisions upon
- Increased responsibility is undertaken and expected from me

(4) *What difficulties (if any) did you encounter when trying to implement the changes?*

- Possibly increased need to communicate reasons behind decisions if there is any dispute regarding a particular action

(5) *What were the most significant things about the course?*

- Theory based practice
- Ability to clinically-analyse care working in new areas to allow comparisons
- Introduction to wider related issues, e.g. sociology, psychology
- Achieving new status

(6) *On reflection was the course right for you at this time?*

- Yes, but I had five years experience in I.T.U. I feel that undertaking the course earlier would have been more useful to me.

(7) *Please state which area of practice you are currently engaged in*

- Intensive care nursing

(8) *What is your next plan of action?*

- I am currently pursuing a promotion - F Grade
- I intend to pursue a degree or ENB Higher award within the next 2 years

APPENDIX IV

INTRODUCTORY LETTER TO THE PRINCIPALS OF COLLEGES/DIRECTORS OF NURSING AND MIDWIFERY

Dear Sir/Madam

I am currently studying for my Ph.D at the University of Nottingham and I wish to formally seek permission to undertake research study at your College as part of this survey. I also intend to approach five other Colleges of Nursing in the U.K. in order to access a representative population.

In view of the interest that has been generated after my Masters thesis on the Need Identification Survey, and the National Bodies recommendations i.e. the English National Board's proposal of 1990 and the U.K.C.C. recommendations, are a strong basis for this project. Please see the enclosed proposal for further details of the study.

The survey attempts to explore the National position in Continuing Education in order to ascertain whether Continuing Professional Education makes any difference and is it value for money? The sample selected will be 10 post registration students and their respective line managers, from each College of Nursing.

The main body of research will be conducted by interview and Pre and Post Course questionnaires.

I look forward to receiving your permission to undertake this study and in anticipation wish to thank you in advance for your co-operation in this matter.

Should you wish to have further discussion, please do not hesitate to contact me.

Yours sincerely

Mahrokh Dodwell (Mrs)

Enc.

Tutor (Sample Interview) Index B

Application to practice

I suppose it can be demonstrated clinically to a great extent. How you actually prove it is more difficult. We've tried a variety of ways of clinical assessing, working a shift with them and self assessment, all these are in our learning contract, all these give us some idea, less task focused and more holistic, but with regard to can we actually see evidence and changes in their behaviour, it is difficult to observe that will they be able to apply theory to every bit of practice, we cannot be there all the time.

Another tutor was more forthcoming on this question:

I saw a girl who finished the last course and I saw her three months after the course completion, she has gone back to her old job and I asked her how she enjoyed the course, she said the course has made a difference to her, I said give me an example. She said people asking me more now than they used to six months ago and I can actually answer them. The other thing which is interesting, is I'm doing nothing differently, but my mind is working differently. Yes? So it is there, although you can't actually, I don't think anybody can ever prove it, therefore, I think we have to accept subjective accounts by the course members.

Mentor (Sample Interview) Index C

Support/Facilitation/Change

Well, I think they have changed certainly, I haven't worked with one of them much so I cannot comment on her but the other two, they were good before they went on the course but they're even better now, they've got sound knowledge to back up everything that they do.

They've come back with just the way, different units do things and they're both very diplomatic, they don't throw ideas in your face they just sort of gently push them forward. They are both excellent.

Application to practice

It is difficult to make the transition from coming back from the course. Particularly in the first few weeks. Certainly, ... was feeling a little nervous, but with the support and facilitation of myself and the Clinical Manager, and much reassurance, they became much more effective in day to day activities and management of their patients. Although we haven't got assessment forms or any things like that but I certainly felt that they progressed and benefited from the course when I would watch them a few times, taking blood gases, that they definitely seem to know what they are doing.

Significant things learnt

I mean practically, they are all fairly experienced nurses anyway, so I don't think they learned a lot practically on the course but theoretically they've definitely improved and now they teach others. We learn from each other really. They did move on research and staff like that which I think they improved a great deal, know the rationale behind what they are doing.

Benefits/personally/professionally

They've both come back more confident in themselves certainly. I think they both think that it was hard work while on the course, but I think they did splendidly both of them.

I know it sounds awful, but if you want to get on anywhere these days, you've got to have the course haven't you? I think that, I mean, I am not saying that's the only reason people go on the course, because it's not, it is to learn but, yes they have developed personally and professionally and hopefully in their future career progression too.

Clinical Manager (Sample Interview) Index C

Expectations

I think overall we would hope to see that the course member will be coming out as a clinical expert and that is able to perform well and competently in the ITU situation. I think along with that they would then be able to utilise those skills and pass on to others both in teaching and supervision of others and do it confidently. Recognising that they are of value to others. I like to see that they look at the unit overall, instead of just looking after x patients who are critically ill, helping towards managing the ITU more effectively... the overall care ..... and the willingness to pass on that information to others ..... benefits as well.

Facilitation: / Change Management

They have a mentor, it is recognised that mentor is part of the team structure, we are reliant on their initiatives as well as through appraisal and support. If there is practice or knowledge issue they want to impart and they are willing, we would try and assist them to put into practice. I personally feel the onus is on the individual, they are in the best possible position having done the course to be innovative and enthusiasm to come forward.

We've recently had someone at a fairly junior management level, developing change of the shift patterns within ITU as part of the course work, it involved enlisting the support of two senior members to initiate communicate and follow through that change, it is on a trial basis, but it's happened. So clearly there are opportunities that are open. The answer to your question is although there might not be any formal strategy to implement change, this is what you have to do. The onus generally is on the individual.

Significant things learnt, personally/professionally

I can see the immediate effect of the course on the participants has been, the clinical side of things, the opportunity to teach at the bedside, it's been able to communicate with medical staff in a much more competent and confident fashion and feeling that they have got the responsibility for that patient and they know a great deal. In fact, they know a great deal more than a lot of the SHS do. This I think is the immediate. In terms of long term, I hope that they go further, getting skills is essential but combining it as and developing a role I think can be difficult, but hopefully they would be able to.

Satisfaction/Benefits

.... obviously you can see that they have developed personally and professionally. It's just knowing that has to be useful for us. It's got to be of value because it's a way of expanding their knowledge and the knowledge of others and the way that information is disseminated and the way the clinical skills can be shared has to be of value because it's happening in the workplace, it's there and it's happening.

Categorised under question headings

- Importance of CPE
- Choice of course/selection
- Expectations
- Process/facilities/learning milieu
- Course organisations
  - Tutorial Support
  - Mentor Support
  - Peer Support
- Facilitation in the Units
- Application to practice
- Change in practice
- Significant things learnt
- Personal and professional benefit as the result of the course
- Satisfaction/success of the course

Categorised

Course organisations

Support and facilitation
- on the course
- in the clinical practice

Shared learning

General satisfaction

Significant things learnt

Personal and professional benefits

Career progression

Categorised

The quality assurance format that was followed in categorisation and influenced the line of questioning.

Structure evaluation

1. Curriculum; aims, learning outcomes

2. Organisation of the course - pre-course briefing, tutorial support

3. Facilities - classroom, library, study blocks

Process evaluation

1. Teaching and learning strategies - content and length of course

2. Teaching approaches - lecture, workshops, group work, discussion, guided study, methods of assessment.

Outcome Evaluation

Perceptions and views - Satisfaction
Benefits - Personal
Professional

Figure 2

PhD STUDY ON THE EFFECTIVENESS OF CONTINUING PROFESSIONAL EDUCATION AND ITS APPLICATION TO PRACTICE

Observation Checklist

TO LOOK AT AND GET A SENSE OF THE UNIT

1. Activity of the day

- Plan of Care
- Off Duty Rosta - Staffing levels
- Interactions with Colleagues, Patients, Relatives
- Hand over report
- Planning of Care
- Caring for terminally sick
- Work organisation
- Ward climate
- Ward philosophy and ethos
- Leadership style
- Relationships
- Systems and Procedures

Figure 3

INTERVIEW QUESTIONS TO ASK THE MANAGER (Pre-Course)

1. What do you wish to achieve as a result of this?
   - Perception - Purchase

2. What is your expectation from the Course?

3. As a Manager, what do you like to see in behavioural changes of your staff?

4. How do you think, the Course member , benefit from the course?

5. How do you know you have satisfaction from the Course?

6. What clinical audit takes place in your unit?

7. How is this education facilitated in the clinical area?

8. What strategies - re. Management of Change?
   Do the course members have opportunities to implement / change innovations?

9. What other Courses, In-service or ENB opportunities exist in your unit?

10. Is the Course Member motivated towards:
    Clinical? Teaching? Management?

11. What Quality Assurance measure do you use to evaluate the education you have purchased?

Patients No.

Staff No.

How long was the course?

Budget of the Unit, Budget for Education and Training, who is the budget holder?

Any other comments?

Figure 4

INTERVIEW QUESTIONS TO ASK MANAGERS (MID-COURSE)

1. Why do you send nurses on courses?
2. How is staff appraisal used to identify who needs some further training?
3. How do you decide to send someone on a course?
4. What do you hope to achieve out of the investment/purchase?
5. What is you expectation of the course?
6. Where do you look for suitable courses?
7. How do you know if the course was successful?
8. What does successful mean to you as a manager?
9. How do you evaluate the usefulness or success of a course?
10. What changes do you wish to take place in the course members?
11. How do you support changes which nurses want to make?
12. What other ENB or In-Service Courses are available in your unit?
13. what is the education budget for your unit?
14. Who holds the budget?

ANY OTHER COMMENTS:

Figure 5

INTERVIEW QUESTIONS TO ASK COURSE MEMBERS (PRE-COURSE)

1. Reasons for undertaking the course.

2. The Organisation of the Course
   - Pre-Course Briefing
   - Tutorial Support/Mentorship
   - Study Blocks

   Facilities: - Classroom, Library

   Contents: - Teaching, Learning Strategies

3. The Curriculum (the Structure, the Process, the Outcome)

4. Style of Teaching and Learning
   - Independent Study
   - Tutorials
   - Methods of Assessment / Evaluation
   - Personal Objectives
   - Professional Objectives

5. Expectation of the Course/Satisfaction/Benefits

6. Future career progress.

Figure 6

Interview Questions to ask Course Members (Post-Course)

1. Which areas do you work in?
2. Why did you decide to go on this particular course?
3. How did you find out about this particular course?
4. On reflections, was this course right for you at this time?
5. What effect has attending the course had on your knowledge/skills:-
   a. Clinical
   b. Managerial
   c. Teaching
   d. Improved client care
6. Who did you ask for support to go on the course?
7. How has the course helped you as an individual?
8. Has the course met with your expectations/objectives?
9. How has the course helped you with your work?
10. What was the most significant things you learnt on the course?
    a. as a person
    b. as a clinician
11. What changes will you be able to implement on your return?
12. Who would be able to help you with this transition?
    a. Manager
    b. Self
    c. Colleagues
    d. Peer group

13. What do you need to develop your clinical practice?

14. What formal processes available for reviewing your practice, i.e., IPR, Peer Review, Clinical Audit?

15. What has been the most appropriate methods of study for you?

a. Private study - groups

b. Open Learning

c. Distance Learning

16. Was the organisation of the course satisfactory?

a. Pre - Course briefing

b. Tutorial support/mentorship

c. Study blocks

d. Facilities - classrooms/library

e. Content - Teaching and learning strategies

- Tutorial support

- Methods of assessment/evaluation

f. Your overall achievement/satisfactions

i. Personal objectives

ii. Professional objectives

17. Would you recommend this course to your colleagues?

18. Do you have any comments about the way in which your clinical practice is monitored?

If **No** what would you like to see in its place?

Do you have any other comments about the link between your CPE and your clinical practice?

NB. Thank you for taking part in this research, your replies will be treated in confidence, no individual will be identified in any report.

Figure 7

INTERVIEW SCHEDULE FOR TUTORS/COURSE LEADERS/MENTORS

1. What is the course philosophy?

2. What do you see as the contribution of CPE?

3. What is the teaching/learning strategy?

4. How do you think the course members benefitted, achieved the course objectives?

5. Do you think the course members are satisfied (customers satisfaction)?

6. Who nominates/what factors influence nominations?

7. How is the clinical placement selected/evaluated?

8. How is the education facilitated in the clinical area?

9. Is there a follow up post course evaluation?

10. What quality assurance measures do you use to evaluate the course?

Figure 8

Interviews

At C:

5 Managers - 7 Interview (Pre and Post)
4 Mentors - during and post Course = 8
9 Course Members - (pre and post) = 18

Total Interviews = 33

At N:

2 Managers x 2 - Post Course + 2
8 Course Members - 5 x 2 group (mid course and = 10
interviews. Post Course)
= 1 course tutor x 2 = 2

Total Interviews = 14

At B:

5 Managers x 1 = 5 Interviews
6 Course Members x 2 = 12 interviews
3 Mentors x 2 = 6 Interviews
1 Clinical Nurse Specialist x 1
4 Tutors x 2 = 8

Total Interviews = 28

TOTAL INTERVIEWS = 75

Meetings took place with:

- 2 College Principles
- 1 Course Director
- 1 Nursing Services Director
- 1 Directorate Manager

TOTAL = 5

Figure 8a

When Analysing - Categorising

1. The reactions and perceptions of course members to the:

   - Course organisation

   - Course contents and methods of teaching and learning

   - Factors perceived as relevant

2. Learning attained - Did the course member learn what was intended?
   Overall achievements/satisfaction

3. Behaviour in the work environment - Did the learning transfer to job/clinical situation? (Course members, Managers, Tutors, Mentors perspectives.

4. Has the course helped with the well being of the organisation in terms of value, benefits and organisational learning.

5. Would the course members recommend the course to their friends and other colleagues?

Figure 8b

ANALYSIS OF QUALITATIVE DATA

Categories

1. Importance of C.P.E.

2. Criteria for selection/choice for course
   - Managers
   - Course Members

3. Expectations

4. the Process of the course
   - The learning milieu
   - The management of the course
   - Teaching, learning, strategy methodology
   - Support and facilitation on the course

5. the effect on knowledge from CPE to practice

6. Factors that influence or hinder application of knowledge

7. Facilitation available in the management of change (application to practice/in the clinical environment)

8. Success and benefit of the course
   - Satisfaction overall
   - Perceptions of managers
   - Course Tutors
   - Mentors
   - Course members.