Summary  The [Dearing, R., 1997. The Report of the National Committee of Inquiry into Higher Education. London, DfEE.] and the [Department of Health, 1998. A First Class Service: Quality in the New NHS. London, DOH.] have recommended widening access to Higher Education in the United Kingdom. Attention has recently focused on qualified nurse education. This has evolved as a result of the Government drive to expand the role of the nurse as a consequence of the shortage of doctors and the ambitious proposals set out in the NHS Plan [Department of Health, 2000. The NHS Plan: A Plan for Investment, A Plan for Reform. London, DOH.]. Subsequently whilst they are learning, many qualified nurses need to work in a demanding environment in addition to caring for their families. These combined activities often result in difficulty in sustaining their required learning experiences. This study explores how the positive aspects of University based learning may be combined with more flexible means of learning to improve recruitment and retention. A flexible modular programme may provide a solution to the problem of combining earning with learning. However, an effective staff and student support infrastructure must be established to ensure that flexible learning modes remain successful and viable alternatives to more traditional means of learning.

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KEYWORDS
Post registration nurse education; Expanding nursing roles; Flexible learning modes; Staff support for IT skills development; Student support

Introduction

This paper, based on a study conducted in a United Kingdom North West Community Trust as part of an educational management project aims to examine the perception of post registration nurses to alternative educational approaches as a means of improving recruitment and retention; a topical concern for Higher Education Institutions. It is also intended to explore means of addressing expressed concerns of nurse managers regarding attrition rates of employed community based nurses by building upon any identified positive aspects of more traditional University based teaching methods. During the period that this study was conducted, the project researcher was employed in one Directorate of the highlighted Community...
Trust as a team leader with a partial remit for Directorate nurse education. The project was publicised via the Trust Team Briefing Process.

Background

The demography of the population is changing and in the Western hemisphere at least, the population is growing older both in terms of the workforce and those for whom healthcare professionals provide care. Waterman et al. (1998) make explicit the notion that the skills, knowledge and attributes for safe practice learned in the infancy of one’s healthcare career are not sufficient for lifelong utilisation. This philosophy is not simply based upon the fact that the expectations of service users have grown in response to Government policy initiatives, such as “The NHS Plan” (DOH, 2000). It is also because we all live in a more litigious society where continuous quality improvement and appropriate skill mix for service delivery at the point of access are the necessary cornerstones of healthcare provision (British Medical Association, 2002). Additionally, traditional nursing roles are expanding as a response to a range of factors. These include the increasing number of people living with long term conditions, advances in both medical and information technology and more recently, a series of high profile public health concerns.

A reduction in Junior Doctor’s working hours initiated by the European Working Time Directive (HSC, 2003/001 cited in DOH, 2001) has resulted in further increased pressure on qualified nurses working in the acute sector to diversify and extend their roles and responsibilities. Within primary care nurses have been placed at the frontline of the Government’s demand that service users have access to a healthcare professional within 24 h of need (DOH, 2002). This first contact initiative combined with the introduction of the new GMS Contract (DOH, 2003) and acute sector changes have opened a potential wealth of opportunities for new skills and knowledge acquisition. The introduction of Clinical Governance as a quality framework has further influenced the focus upon healthcare professional development and evidence based practice with staff performance being one of the four pillars of governance (Scally and Donaldson, 1998).

A recognised shortfall in appropriately skilled practitioners (DOH, 2000; RCN, 2002, 2003) and the fact that those who wish to develop their knowledge and skills base must remain economically active either from a professional or, financial perspective highlight the need for more flexible and responsive means of learning. An ageing workforce, many of whom trained prior to nurse education being transferred to higher education institutions may not have the necessary entry qualifications to access traditional University based education. Cooper (1996) also details how most institutions have fixed programmes of enrollment and delivery, requiring attendance at University based lectures and tutorials that may not be convenient for the learner. Additionally, some practitioners will have taken vocationally orientated courses that attracted academic credits. However, because those accredited units belonged to degree programmes with fixed menus, their portfolio of credits may well have acquired orphan status. This means that the credits may no longer carry any currency and will therefore not be accepted by other Universities as appropriate accredited prior learning (APL) experience acquired in practice (APEL) also appears to carry little, if any academic credit although more recently, work based portfolio development opportunities may be a means of addressing this deficit (Manchester Metropolitan University, 2004). This perceived barrier to academic progress has been further reinforced by the introduction of new professional goals within the proposed Agenda for Change Agreement (DOH, 2004). This agreement determines occupational roles and responsibilities and the application of skills and knowledge, indicating that career progression and indeed improved remuneration is very much dependent upon higher level affective, cognitive and psychomotor skills.

Current trends

It appears clear from the above evidence that post registration educational development is high on the political and professional agenda. From this plethora of drivers it would seem to make sense then that there is a need for more imaginative and flexible approaches to knowledge and skill development.

The Dearing Report (1997) stressed the importance of improving access to higher education and as a result within higher education institutions there is a drive to introduce or increase the portfolio of on-line learning and distance learning units which would seem obvious answers to the problem of fixed University attendance days (Twomey, 2004). Whilst both of these solutions have their merits, this does not address the issue of access or enrolment. The latter aspect particularly, relying on potential students being available for a September start to their academic studies. Increasing opportunities for people to learn and widening
access are at the centre of the incumbent Government’s policies for creating a learning society. Open learning is another potential response although not a new concept. Field (1996) suggests that both distance and open learning are an ideal means of combining learning whilst earning. Kirkup and Jones (1996) state that open learning whilst sharing many similarities with distance learning is differentiated by the access perspective in that pre-existing entry qualifications are not a condition of admission to learning opportunities. Open learning may also operate with the learner controlling the pace of learning and the learning approach being one of self-direction. On-line and distance learning provision generally imply that the learning activity takes place in a remote venue from the University and that the timing of the activity may well take place at the discretion of the learner within a fixed timeframe. For example, one academic term although where facilities, such as video conferencing or on-line tutorials are utilised, the timing aspect may be less flexible.

Whilst all three approaches (on-line, distance and open learning) clearly have merits in terms of wider access, learner directed pace, increased learner-centredness and flexibility, it is prudent to be aware of any potential negative aspects. This perspective is especially important to highlight when applied to a group of learners that may be more familiar with traditional, didactic teaching methods. Anecdotally some academic colleagues argue that expanding the entry gate will inevitably lead to a decline in standards. The Government however argue that all those working in healthcare need continuing professional development particularly when the well-being of others depends on the skills involved (DOH, 1998). Whilst the perception of academics is far from egalitarian, there is a valid point to be made. Those nurses who trained in the traditional manner may be least able and thus most at risk of failing academically as they may lack the skill to plan and manage their own learning. Additionally, not all nurses have access to, or feel comfortable with information technology and other forms of new multimedia communication. Also, Cooper (1996) highlights how peer and tutor support are taken for granted in University based approaches to learning. Alternative approaches may not benefit to the same extent from the scaffolding effect that peer group support, face to face tutor contact and a sense of belonging that learning in an institution can offer. Thus, the very mechanisms that increase learner access and flexibility of educational delivery may well represent the key deterents to learning for some sectors of the potential learning community of post registration nurses. **Methodology**

This piece of qualitative research aimed to explore the importance of student support mechanisms (the scaffolding elements) identified in the literature review as positive factors for University based learning. The intention was to explore the values of post registration nurses within the context of barriers and drivers to learning and discontinuation of available formal learning episodes but there was also the intent to generalize the findings into key domains as detailed by Spradley (1979). In order to reach a wide range of post registration nursing disciplines given time and cost limitations inherent to a part time researcher, a questionnaire was the most appropriate method. The difficulty with questionnaires lies within the design and in determining the right questions to ask (Henry and Pashley, 1990). Closed questions would provide only limited information and the questions asked may be the antithesis of what the respondent would consider important. Conversely, open questions requiring lengthy written answers may discourage the respondents from participating at all. In an effort to overcome this potential problem and thus minimise design errors a decision was taken to first of all to interview a random selection of the target population, this comprised selecting every 100th nurse listed on the nursing establishment of the targeted Community Trust. The taped thematic interviews could then be used both to drive the questionnaire and to contribute to the analytical process. Thematic analysis of the interviews enabled progressive refocusing of the questionnaires that would eventually facilitate responsive reflection on any newly identified concepts as the project evolved (Hammersley et al., 2001). Using this method of data triangulation enabled the respondent’s version of reality to become laid open to interpretation and allowed a more detailed qualitative picture of the subject matter to emerge (Potter, 1997 in Silverman, 1998).

The target population for this study was a systematic selection from 1320 whole time equivalent qualified nurses working across a Community Trust based in the North of England. Systematic sampling was employed to select 1% (N = 13) of the target population for interview and all tapes were transcribed by the researcher. Thematic issues analysis that enabled the discovery of regularities as detailed by Robson (1993) was then used to formulate a questionnaire posted to 10% (N = 132) nurses selected by systematic sampling. Systematic sampling was achieved by selecting every 10th nurse on the staffing establishment (StatPac Survey Software Inc., 2004). Permission was given by the Trust
Senior Management Team to use internal mail as a means of questionnaire distribution and return. Content analysis as defined by Burnard (1991) was employed as a means of sifting the data from the returned questionnaires.

**Ethical considerations**

As the target population for this research were active qualified nurses working across a Community Trust based in the North of England it was important to pay attention to ethical considerations. The permission to interview and question employees of the Trust was sought from appropriate managers following Trust Ethics Committee approval. Verbal agreement and written was obtained from each person interviewed to participate and have their responses taped. The participants were also informed of their right to withdraw from the project at any time and assured of their anonymity and confidentiality in participating, although the intention to publish findings was made clear. When conducting any form of research according to The Social Research Association (2003, p. 14) ethical considerations should be determined by the philosophy that:

"Social researchers must strive to protect subjects from undue harm arising as a consequence of their participation in research."

**Results**

Of the 132 questionnaires distributed, 6 were returned indicating that the individual had left the employment of the Trust therefore 126 questionnaires were expected for use in the final analysis. Sixty-one completed questionnaires were eventually returned by the specified deadline, this represents 48%, a reasonable response rate for this type of methodological tool.

**Learner status**

The 61 respondents came from a range of community nursing disciplines comprising community staff nurses (N = 24), a learning disability nurse (N = 1), a sexual health nurse (N = 1), mental health nurses (N = 9), paediatric nurses (N = 3), health visitors (N = 14), a range of nurse managers (N = 5) and some specialist nurses, for example, McMillan nurses (N = 4). The range of community nurses represented in this sample illustrates how these results are salient to community nurses as a whole. The respondents’ duration in post varied from more than 3 months but less than 1 year to greater than 10 years. All respondents had completed some form of post basic qualification but this fact is unsurprising for two reasons. All nurses must meet PREP requirements and additionally most community based nursing posts demand post registration qualifications as a basic condition of employment. Thus, both professional and employment dictates necessitate nurses who are familiar with the concept of studying beyond their initial qualification as a registered nurse. Therefore, the target population were familiar with learning as a condition of continued employment.

Surprisingly, at the time of response, all respondents were actively engaged in learning either for professional or personal development (learning for self). All of those respondents engaged in the latter form of learning were seeking to gain qualifications that were job related, in other words all learning activity was linked to nursing but not necessarily linked to the job role that the individual was currently employed within. Healthcare related diploma and degree subjects, management and teaching qualifications comprised the ‘learning for self’ category. Since September 2001, all nurses who have responsibilities for teaching others whether it be in the practice environment or in an institutional setting must be in possession of a recognised teaching qualification (DOH & ENB, 2001). Furthermore, the nurses’ Code of Professional Conduct (NMC, 2002, 4.3; 6.4) specifies that nurses have a duty to share their knowledge and skills with colleagues and facilitate learning for student nurses.

**Defining flexible learning**

For the purpose of the questionnaire and as a response to data emerging from the 12 semi-structured interviews, the terms ‘distance learning’ and ‘open learning’ were used interchangeably. I shall subsequently refer to both as flexible learning modes.

**The key domains**

Respondents were asked to indicate their perceptions of the advantages and disadvantages of flexible learning modes, what pre-requisites for flexible learning modes they considered necessary and what kind of knowledge or skills development could feasibly be provided via flexible learning modes?

A majority of respondents (N = 41) thought that flexible learning modes provided more opportunities for negotiable time management than traditional approaches. However, one negative aspect of this flexibility was that it was also perceived
(both by the nurses themselves and by management) that the learning could be done in the nurse’s own time rather than that of the organisation. This is interesting given that all concurrent learning was nursing focused. Additionally, one specialist nurse remarked:

'Flexible learning is something that you do in your own time and plan around your day and do it really at home and on days off when you’re not at work, something quite flexible that you do yourself and send work away to be looked at.'

A critique of flexible learning that was raised within the literature (Cooper, 1996) and reflected in both the interviews and the returned questionnaires was the perception that communication and student support may well be problematic where face to face contact was not the main mode of teaching provision. One community staff nurse commented:

'I don’t like Open Learning, there’s not enough communication or help.'

This notion was echoed by a majority of respondents (N = 49) who thought that self-directed learning was more difficult to manage than traditional learning modes and perhaps more worrying from a student retention perspective was the idea that motivation would be quickly lost if the learning experience was not being directed (N = 41). Half of the respondents (N = 31) believed that they would only put in the minimum effort required if they were left to their own devices and important in terms of supporting learning (N = 29) respondents considered flexible learning modes equated with difficulties in contacting tutors. This perception is one that requires great consideration, especially as the drive for more on-line provision from Higher Education Institutes (HEIs) and the Government may result in the assumption by HEI managers that less face to face contact provision means less teaching hours. This is not the case Twomey’s (2004) cites three functions of on-line teaching which are:

1. To pioneer new teaching methodologies.
2. To facilitate student to student discourse as a community of learners.
3. To provide direct technical instruction.

This latter aspect alone is problematic as identified by Cole and Kelsey (2004) in that learning whilst earning often precludes post registration nurses from attending pre-course computer literacy sessions. Although the decision by the National Health Service (NHS) to fund basic computer qualifications for all health care professional staff as a benchmark standard will eventually address this issue (DOH, 2003a) the agreed initiative will of course take time to roll out.

With regard to the primary function, Haynes et al. (2004) in their research discovered a deficit in the computer literacy skills of Higher Education teaching staff. They recommended that such skills development would need to become a fundamental part of the staff development strategy and review process alongside other less prosaic scholarly activities if students are to benefit from new and more flexible teaching methods. Twomey’s (2004) second function of on-line teaching highlights the potential problem of student to student or group interaction. Essential ingredients if learning communities are to grow and develop are peer group scaffolding, as well as timely motivational and evaluative tutor feedback mechanisms (Gipps, 2003). Twomey (2004) also outlines how on-line tutorials and chat rooms can be confusing for the learner as asynchronous and non-serialised discourse often takes place thus making difficult concepts harder to grasp. This perspective is particularly pertinent to a potential group of learners who may be more familiar with didactic teaching methods and possibly not au fait with alternative coping strategies, especially where non-verbal cues are absent.

Pre-requisites for flexible learning modes

On a more positive note a majority of participants (N = 48) believed that flexible learning modes were less discriminatory than traditional methods of learning in terms of access to opportunity. This is interesting as only one quarter of respondents (N = 15) thought that no prior qualifications were necessary. This anti-discriminatory notion perhaps arises from the consideration that because flexible learning modes are self-directed (N = 51) they are subsequently less formal, more adaptable (N = 38) and the range of options that can be made available would encompass all levels of learning ability (N = 41). Many respondents (N = 51) thought that flexible learning modes widened people’s options for study and an overwhelming number (N = 58) believed that flexibility was the key to better meet individual learning needs. One Specialist nurse commented:

'Flexible learning could mean that you’re open to learning every day of your working life.'

This ethos very much sums up both the philosophy of the nurse’s Code of Professional Conduct (NMC, 2002) and of Clinical Governance (Scally and Donaldson, 1998).
Perceptions of learning needs

When asked what kind of knowledge or skills development could feasibly be provided via flexible learning modes, one Health Visitor stated that the relatively easy access to more flexible learning modes could be used to:

‘Gain insight into new areas of professional study. To try it out before deciding on a career change.’

This comment echoes the perceptions of other respondents (N = 41) who believed that engaging in flexible learning would enable them to access more formal courses. For example, courses that they considered valuable in that they attracted either academic credits or professional qualifications. In other words, many of the nurses questioned believed that flexible learning equated to less academic, less valued learning that was useful only as a means to gaining access to more rigorous, professionally valuable, academically accredited learning experiences. As only (N = 19) respondents believed that flexible learning modes could address perceived need for development in research skills, it appears that post registration nurses either, did not envisage a need for critical thinking or that flexible learning modes lack academic rigour. The Health Visitor’s statement and the number of respondents who considered flexible learning as an access point to more formal learning approaches would support the lack of academic rigour perspective. In addition, Kajermo et al. (2001) and Seymour et al. (2003) detail how organisational complexities regarding research implementation rather than lack of practitioner insight and critical thinking are responsible for the research practice gap.

However, most respondents considered that flexible learning modes could be useful in addressing the theory/practice link (N = 50). Also, (N = 55) respondents thought that flexible learning modes were appropriate for updating professional knowledge and for self-development. (N = 45) respondents believed that flexible learning modes could address any theory based education, although only (N = 22) respondents considered that practical skills development could be addressed via this mode. This latter aspect was a question triggered by two interviewees, one having remarked that flexible learning was about:

‘Developing your own plan and knowing where you’ve got a weakness and using whatever facilities the Trust has, you can improve your own career and improve your prospects in the future’.

The other interviewee stated that flexible learning was:

‘A flexible way of learning within your own working environment without having to go through a more formal structure.’

These comments and the more positive questionnaire responses perhaps suggest that flexible learning modes could be used to combine theoretical knowledge acquisition with work based learning of skills and attributes. This concept is compatible with some of the key recommendations of the DOH (2004a, 4.2.9) consultation document that states:

We recommend that substantive learning beyond registration should:

- be jointly developed and provided by institutions of higher education and health services organisations.
- be constructed as learning pathways comprising core and specialist credit-rated modules of learning, that can be undertaken on a full or part-time basis, that comprise both theoretical and practical learning, that give due weight to the acquisition of clinical competence and that build towards recognised awards at Masters and Doctoral level within the framework of qualifications for higher education.

Conclusion

Given the range and scope of skills, knowledge and attributes acquisition challenges that face post registration nurses working in the modernised NHS and other healthcare settings, it is judicious to acknowledge that HEIs providing post registration nurse education must be equally responsive and flexible. Responsiveness is not only necessary to survive economic competitiveness but also to educate nurses who are fit to practise according to NMC Standards (UKCC, 1999; NMC, 2004). In order to be responsive to the increased demand for flexibility in educational provision, funding for modular units of study and flexible learning modes must be given equal status to that afforded to more traditional University based programmes of education. Post registration funding currently relies upon Strategic Health Authority contracts, healthcare staff capability and capacity building budget sources and the preference of self-funded learners rather than Higher Education Funding Council (HEFC) sources.
A pick and mix menu of units that can be delivered on-line, via distance learning packages and through work-based learning as well as by traditionally taught University based modes may well be the answer. Work based learning is not only valuable because employers do not need to release learners from the practice arena but also because work based learning engenders integration into communities of practice (Gips, 2003). This means that practitioners develop practice focused skills and cultural identification with their occupational peer groups. This eclectic mix of units could be stand alone units for vocational or self-development purposes which can then be used in the future (within a realistic, appropriate timeframe) for accreditation against a broader portfolio of study that builds into Diploma, Degree and Masters level programmes. This perspective echoes the values explicit in the DOH, 2004a, 4.2.6 consultation document:

'...We recommend that there should be arrangements to recognise and accredit existing qualifications and experience.'

Such course design is not only more flexible but also more student centred as the menu of study is self-selected to meet the needs of the student and their employers rather than those of the University. Additionally, the mixture of traditional University based and flexible learning modes would ensure that enrolment, registration and study periods do not all coincide with the traditional start of the academic year, often a busy period for both acute and community service sector nurses as Winter approaches and morbidity and mortality rates increase (Bowie and Jackson, 2002). Furthermore, as NHS and Clinical service budget cycles differ from HEI budget cycles potential contracts can remain unfulfilled as funding is not available co-terminously with the commencement of the traditional academic year (Audit Commission, 2001). Close collaboration with clinical service and Strategic Health Authorities therefore needs to be a feature of unit design and development.

Some aspects of traditional University based taught modes of learning are valued by post registration nurses, in particular they value face to face contact and the more closely directed teaching style inherent in traditionally taught units of learning. These findings support the literature in that scaffolding provided by peer group and direct tutor contact are a valued and essential component of any successful programme of study. This is especially applicable where the student group have not developed the skill of self-directed learning.

However, to foster increased capacity for critical thinking and applied research skills some elements of self-directed learning will also need to feature in the student’s selected portfolio of study. Given this need for the development of critical thinking and the dictates of clinical governance (Scally and Donaldson, 1998), research skills development should be a mandatory core of any post registration study portfolio and the outcomes strongly linked to the practice environment. Additionally, where distance and on-line learning constitutes a significant portion of the programme of study, then mechanisms need to be put in place to ensure that opportunities for peer support and direct contact with a personal tutor are established features of the programme. (QAA, 1999) Work based learning will also inevitably require support from established practitioners working alongside learners in the clinical practice arena. This learning mode enables problem based learning in a real world environment but requires active support from practitioners and effective tripartite liaison between learner, practitioner and HEI tutor. For successful achievement, practitioners supervising work based learning will also require HEI facilitated operational support mechanisms to ensure standards are established, maintained and monitored and that learning outcomes are understood, agreed and achieved (ENB/DOH, 2001; Moreton-Cooper and Palmer, 2003). One innovative, effective means of achieving operational support for practitioners and their students in the clinical practice arena is to provide the practitioner as well as the student on-line access to course materials. In practice, this has resulted not only in shared learning experiences but also engendered a feeling of connectivity with the University and increased work based support for the learner.

References


