Chapter 2

Literature Review

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Chapter 2

LITERATURE REVIEW

2.1 Introduction

"Let us never consider ourselves as finished nurses.....We must be learning all our lives"

---Florence Nightingale

The nurse has assumed an important position in the healthcare system since ancient times. The idea of continuing education in nursing is as old as organized nursing, but the concept of lifelong learning for the nurse has developed slowly. Nurses throughout the world now are called to work in a health care environment that is undergoing reform as never before imagined[1]. Hospitals are becoming increasingly diverse, cultural melting-pots where nurses work on the front lines of race, religion, and gender.[2] Medical technology and science are developing rapidly, resulting in the need to learn new skills and procedures and acquire the knowledge necessary to operate complex equipment.[3] Patient needs have become more complicated; nurses must implement requisite competencies in leadership, health policy, system improvement, research, evidence-based practice, and teamwork and collaboration in order to deliver high-quality care. Nurses are called upon to broaden their scope of practice and to master technological tools and information management systems while coordinating care across teams of health professionals.[1] Doctor-time is limited, but nurses deliver hour-to-hour care and interact with the families of patients. It requires the ability to listen and understand people from all walks of life. Whatever the tools and technologies, the job of the nurse will remain caregiver and advocate for the most sick and vulnerable members of our communities.[2]

2.2 Nursing Education in India

In India, Nurses are often critically judged based on their communication abilities and professional skill. More than often cited reason is their lack of knowledge/awareness of the rapidly changing healthcare scenario. Hospital personnel in general fail in developing their excellence in the face of latest developments on medical sciences. Does this have any connection with the basic nursing course and the training programs conducted for these nurses? This draws our attention on the Nursing Institutes engaged in educating and training the hospital personnel of tomorrow.

2.2.1 History of Nursing Institutes:

In 1871, the first school of nursing was started in Government General Hospital, Madras with a six month diploma midwives program with four students. Four female superintendents and four trained nurses from England were posted to Madras.

Between 1890 and 1900, many schools, under either missions or government, were started in various parts of India.

In 1918, training schools were started for health visitors and dais, at Delhi and Karachi.

In 1926, Madras State formed the first registration council to provide basic standards in education and training.

In the 20th century, National Nursing Associations were started.

2.2.2 Indian Nursing Council Act:

The Indian Nursing Council, which was authorised by the Indian Nursing Council Act of 1947, was established in 1949 for the purpose providing uniform standards in nursing education and reciprocity in nursing registration throughout the country. Nurses registered in one state were not necessarily recognized for registration in another state before this time. The Condition of mutual recognition by the state Nurses Registration Councils, which is called

reciprocity, was possible only if uniform standards of nursing education were maintained.

The only national legislation directly related to nursing practice, also provides a basis from which rules for nursing practice can be developed. Among other responsibilities, this Act gives authority to the Indian Nursing Council for prescribing curricula for nursing education and recognising qualifications of institutions with teaching programmes for nursing. This means that the INC has authority to control nursing education and what the nurse is prepared to do. It is important because legal responsibility does finally depend upon what you should be able to do and how you should do it as well as what you are not prepared to do. The INC uses this authority in nursing education but it delegates authority for control of nursing practice to the State Nurses' Registration Councils.

Today, **Indian Nursing Council (INC)** is a statutory body that regulates nursing education in the country through prescription, inspection, examination, certification and maintaining its stands for a uniform syllabus at each level of nursing education.

2.2.3 Nurse- to- Beds Ratio: The Nurse to Beds Ratio should be 1:3 according to the Indian Nursing Council in all types of wards. It also depends on the kind of ward in the hospital. The specialized units like the ICU, CCU, Casualty, Operation theatre should have a ratio of 1:1

The Council has also prescribed that for every 100 beds and to cover 24 hour period, there should be 4 ward sisters and 30 staff nurses[4]

2.2.4 Functions of INC

1) It provides uniform standards of in nursing education and reciprocity in nursing registration.
2) It has authority to prescribe curriculum for nursing education in all states.

3) It has authority to recognize programme for nursing education or to refuse recognition of a programme if it did not meet the standards required by the council.
4) To provide the Registration of foreign nurses and for the maintenance of the Indian Nurses Register.
5) The INC authorizes State Nurses Registration Council and Examining Board to issue qualifying certificates.[5]

- **2.2.5 Seven levels of nursing education in India**

1. Auxiliary Nursing and Midwifery (ANM) or Multi-Purpose Health Worker (MPHW) - The ANM training was for 2 years and mainly covered maternal and child care and family welfare. The Indian Nursing Council revised the ANM's syllabus in 1977 and reduced the duration to **18 months.** The focus of training is on community health nursing. The employment opportunities are that can work as multipurpose health workers

Eligibility: Minimum education all students should pass 12 classes or its equivalent, preferably with science subjects but both science and arts students are eligible

2. General Nursing and Midwifery (GNM) The general nursing and midwifery are a diploma course. The syllabus has undergone many revisions according to the change in the health plans and policies of the Government and changing trends and advancements in general education, nursing health sciences and medical technology. The latest revision of syllabus by INC in 2004 has increased the duration of the course from three year to **three and half year.**

Eligibility: Minimum education all students should pass 12 classes or its equivalent, preferably with science subjects

3. Basic Bachelor of Nursing (B.Sc. Nursing): It is a **four years** graduate degree course of nursing for students who have passed the 2 year of pre university exam or equivalent as recognized by concerned university with science subjects i.e. Physics, biology and chemistry.

4. Post Basic Bachelor of Nursing (P.B.B.Sc. Nursing)

Regular B.Sc (Post Basic) course for those who have 10+2 + GNM (General Nursing & Midwifery). It has a duration of 2 years

Distance B.Sc (Post Basic) course for those who have 10+2 GNM + 2year Experience. It has duration of 3 years.

5. Masters in Nursing (M.Sc. Nursing)

A two years post graduate course for those who have passed BSc. Nursing/post certificate BSc, or nursing degree of any university and have a minimum of one year of experience after obtaining BSc, in hospitals or nursing educational institutions or community health setting.

6. Masters of Philosophy in Nursing (M.Phil)

Started to strengthen the research foundations of nurses for encouraging research attitudes and problem solving capacities and to provide basic training required for research in undertaking doctoral work.

Duration of the **full term** M.Phil course **one year** and **part time** course will be two year

7. Doctorate in Philosophy in Nursing (Ph.D)

PhD programmes in nursing was first started in India in 1992

Eligibility criteria. The candidate should be post graduate in nursing with more than 55% of aggregates of marks. Should have research background. May or may not published articles in journals

The course duration for **regular PhD** course is **3 years** and for **part time** is **4 years**

2.3 Current Scenario:

Modern Hospitals in India are still organized along the British lines of Hierarchical structure. Government hospitals have to face increasing bureaucratic difficulties at different levels before goods and services are rendered. Traditionally, the Medical Director or Medical Superintendent is the head of the organization with the matron handling the nursing staff, maintenance, house-keeping, linen and other non-medical departments. There are delays, frustrations and inefficiencies. The unhealthy growth of

trade unions in hospitals has only added to the difficulties. Organizational change is a requisite with the increasing complexity of medical care and acceptance of hospital as a service industry. While similar pressure for social change has resulted in the private hospital sector attempting to change from the hierarchical model to the functional model, there has been little or no realization in the Government hospital organization of this need to change[6]

As nursing education in Institutes all over the world is charged with the responsibility to prepare nurses to enter a workforce that is complex, uncertain, and constantly evolving, it is widely recognized that a critical goal for the future is to endorse academic progression options for all nurses. All nurses must be engaged in lifelong learning to maintain clinical competence and meet the demands of a reformed health care system.7
Competence is defined as having the abilities to meet the requirements of a particular role. Health care organizations use many resources to determine competence. State board licensure, national certification and performance review are some of the methods used to satisfy competence requirements (Huston, 2006a)

Continuing Professional Nursing Competence is on-going professional nursing competence according to level of expertise, responsibility, and domains of practice as evidenced by behaviour based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of practice, policy, *Code of Ethics,* standards, guidelines, and benchmarks that assure safe performance of professional activities. (American Nurses Association, 2000.)[8]

The American Nurses Association Code for Nurses (1985) states: "The profession of nursing is obligated to provide adequate and competent nursing care. Therefore it is the personal responsibility of each nurse to maintain competency in practice....The nurse must be aware of the need for continued professional learning and must assume personal responsibility for currency of

knowledge and skills.....evaluation of one's performance by peers is a hallmark of professionalism and a method by which the profession is held accountable to society. Nurses must be willing to have their practice reviewed and evaluated by their peers." (The American Nurses Association, 1985)[9]

In-Service Training: There is a new trend of training being imparted in different departments of Hospitals. In small hospitals, the training function is taken care of by the human resource department while in big hospitals it is entrusted to the training department which functions under the guidance of an expert who is well versed with the functioning of the hospital[6]

The Training and development of nurses is pivotal to the provision of high-quality care and effective hospital management. Training nurses helps in increasing the efficiency of the nurses as well as the reputation of the Hospital. Training programs, process clinics, counselling sessions can serve a very useful purpose by helping nurses to examine and reflect about their own education and behaviour patterns as well.

High quality nursing care can only be a reality in an environment where registered nurses are kept up to date with modern developments by means of in-service training, which should be seen as an integral part of the work situation.[9]

In-service Training is a "Planned instructional or training program provided by an employing agency in the employment setting and is designed to increase competence in a specific area"

In-service Training is one aspect of continuing education, but the terms are not interchangeable

Mellish and Brink (1990:377) state that one of the purposes of in-service training is to assure independent, thinking, competent, knowledgeable registered nurses who are capable of exercising educated judgement in the delivery of patient care.

Nurse Educators: To prepare a more educated and diverse workforce, nurse educators and clinical practice partners must work together to create new models of academic progression that move graduates to advanced degrees more efficiently and with less cost[7]

Offering training services through a central area is ideal. However in a number of hospitals and health systems the training/education function is administered by many different educators in unrelated department across the facility. In this case, the organization should assign a coordinator of educational services to ensure that the training and other instructional programs are not duplicated, the offerings are necessary, and the educational process is consistent throughout, including the design facilitation and participant tracking elements[5] Fundamentals of Human Resources in Healthcare; Bruce J. Fried and Myron D. Fottler, AUPHA Press, Washington DC, 2011

2.4 NABH: The NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS [10]

NABH standards for hospitals have been prepared by Technical Committee of NABH and contain complete set of standards for evaluation of hospitals for grant of accreditation. The standards provide framework for quality assurance and quality improvement for hospitals. It focuses on patient safety and quality of patient care. It sets basic standards that all Organizations must achieve and is revised periodically and raise the "bar" It helps organisations achieve International recognition.

The NABH book of standards has10 Chapters, 100 Standards, 503 Objective Elements.

- A standard is a **statement** that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care
- Objective element is a measurable component of a standard
- Acceptable compliance with objective elements determines the overall compliance with a standard

Chapter 1 of **STANDARDS FOR NURSING EXCELLENCE** describes Nursing Resource Management (NRM)

Intent of the chapter: Nursing staff is the most important resource of a hospital and healthcare system. The goal of nursing resource management is to acquire, provide, retain and maintain competent staff nurse in right numbers to meet the needs of the patients and community served by the organization.

Training and development of the nursing staff must be in consonance with the expected performance in the present and future anticipated jobs. The nursing professionals shall be provided with opportunities for professional advancement. The organization shall lay down the job description and procedures for credentialing and privileging of the nursing staff.

There shall be an established procedure for addressing grievances.

NRM.2.

The organization has structures and processes for induction and for enhancing the transition of novices to competent nursing professionals.

Nursing shift plans based upon timings of shift, day or week shall identify and depute nursing professionals to various areas based on their skills and competencies.

Training need shall be identified on a continual basis by the senior nursing professionals as well as the Clinical Heads as appropriate.

Required competency parameters shall be evaluated by such senior nursing professionals and the clinical and support service Heads and shall be recorded in the training records

NRM.3.

The organization has processes in place for induction training, In-service education and Continuous Nursing Education (CNE) programmes and for documentation of the same in the personal files.

Every nurse entering the organization is provided induction training. A documented training and development policy exists for the staff

The organization maintains records of training. Nursing professionals shall receive adequate training when there is a change in job responsibilities or when new equipment is introduced.

All nursing staff shall be trained to provide BLS. Nursing professionals working in intensive care/high dependency units shall undergo training in ACLS or PALS or NALS as applicable.

NRM.4.

There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.

The education, registration, training and experience of nursing staff is recorded and updated periodically.

Nursing staff permitted by law, regulation and the organization to provide patient care without supervision are identified.

All such information pertaining to the nursing staff is appropriately verified when possible.

Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.

The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the organisation.

Nursing professionals care for patients as per their privileging.

NRM.5.

An appraisal system for evaluating the performance of nursing staff exists as an integral part of the nursing resource management process.

A recorded performance appraisal system exists in the organization for nursing professionals.

The nursing professionals are made aware of the system of appraisal at the time of induction.

Performance is evaluated based on the pre-determined criteria.

Performance appraisal is carried out at pre-defined intervals and is recorded.

NRM.6.

There is a provision for acknowledging outstanding

performances/contributions of nursing professionals.

Patients, families and staff shall be encouraged to report positive feedback about nursing care delivered in relevant areas.

Nursing staff with managerial responsibilities shall ensure that soft skills in nursing, qualities of leadership and professional competence are duly reported to higher authorities. This shall be recorded.

Chapter 4 of the standards talks about Education, Communication and Guidance (ECG)

Intent of the chapter: The organization shall ensure that nursing professionals are trained in communication skills

Summary of standard

ECG.1.	The organization shall ensure that **nursing professionals** are trained in communication skills.
ECG.2.	Nursing professionals shall maintain confidentiality of all patient information.
ECG.3.	Nursing professionals communicate with patient, family and relevant team members to reflect continuity of care as and when required.
ECG.4.	Patient and family are educated where essential and in case of any change in nursing care plan.

2.5 Types of training for Nurses:

- **Orientation**:

Orientation programs use fast paced training techniques. In healthcare workplaces, feeling the impact of an unfulfilled position, management wants

to initiate the new hire quickly and speed up the learning curve. One of the best approaches to orienting a new employee is the 'eating of the apple method'- one bite at a time, breaking up the orientation into brief sessions over a period of days or weeks. The employee remembers much more because he is given bites of information that he can digest thoroughly as he adjusts to his new work surroundings. Because the employee stays connected to the work process during orientation, he may be more satisfied and more likely to stay with the organization long term, so this orientation style benefits the organization well[7]

- **Continuing Nursing Education**:

"Educational activities primarily designed to keep registered nurses abreast of their particular field of interest and do not lead to any formal advanced standing in the profession"[11]

Continuing Nursing Education (CNE) consists of various educational activities that maintain and develop the knowledge, skills and professional practice of nurses/ midwives. Nurses / Midwives need to maintain their competencies through continuing nursing education in order to provide safe patient care and to keep pace with advances and innovations in healthcare.[12]

Contents of CNE can be divided in three areas:

General Programs -Nursing process, Intravenous therapy, nursing ethics, etc.

Hospital specific - Maternity, Paediatrics, Surgical, Orthopaedics etc.

Area Specific - CVP care, Neonatal CPR, Ventilator, Dialysis etc

- **Leadership and Management Skills Training**:

While it is true that leadership and management skills is commonly attributed to and expected of people who are in nursing management and administrative positions, staff nurses must develop leadership skills in order to be effective as well.[11] Skills such as facilitating, mentoring, empowering others, communicating, negotiating, developing nursing knowledge, working

with and through others to achieve success (Antrobus and Kitson, 1999) are a few examples of the non-clinical skills that the nurses should be trained in[16]

Marquis and Huston (2003) generated a partial list of the many roles a leader takes on: Decision maker, Communicator, Evaluator, Facilitator, Mentor, Role model etc

2.6 Evaluation of Training Programs:

One of the most common and basic way to conduct an evaluation in Nursing is the Pretest and Posttest method. This method presents information that reveals the differences in knowledge and skills before and after training. Having a control group take the pretest and posttest without going through the training is recommended to make the evaluation much clearer and establish support for training[7]

Steps of evaluation

- Conduct summative evaluation:

Summative Evaluation is posttest to determine what the trainee has learned. The term "summative" refers to assigning a grade for student's achievement at end of a term, course or programme. Summative evaluation typically comes at the end of a course of instruction. It is designed to determine the extent to which the instructional objective has been achieved and is used primarily for assigning course grade or certifying student mastery of the intended learning outcome.[15]

- Analyze collected information:

Quantitative Techniques: These are mainly used in educational evaluation. These are highly valid and reliable. They possess all three characteristics of a criterion test which includes appropriateness, effectiveness and practical ability.

The quantitative test can be classified into three types:

1. Oral technique: Oral techniques of evaluation are used as lower level in organizing and teaching activities. The oral questions, debate and drama are used for this purpose.

2. Written techniques: these include the written questions that are asked and student has to write their answers. The written test are most effective than oral test. The written test is usually essay type and objective type test.

3. Practical technique: in practical technique type of evaluation some work is assigned to the student to accomplish it such techniques are used to assess the skills. This technique is used in science, medical, nursing and engineering etc.

Quantitative Techniques:

1. Check list: this is used for evaluating interest, attitude, and values of students. It includes certain statement of yes or no type; the student has to check either of two.

2. Rating scale: the rating scale is used for assessing the attitude of students towards teaching and subjects. It is used for higher classes because it requires the power of judgment of students. The statement of scales is concerned with the specific objectives and learning.

- Initiate corrective action

Identifying outcomes to evaluate the impact of CNE on professional nursing practice, team performance, and patients starts in the planning stages of an individual educational activity or series of activities. When conducting a needs assessment, the process outlined by Moore, Green, and Gallis (2009) describes a top-down approach using a pyramid model. Moore and colleagues (2009) recommend using backward planning by starting at the top of the pyramid and conducting a gap analysis at each outcome level until no gap

exists. Once it is determined that an outcome level has been met, Nurse Educators should (a) target the educational activity or series of activities for closing the gap at the next-highest level, (b) clearly articulate the outcome(s), and (c) determine the outcome measure(s). This process will permit Nurse Educators to evaluate when the outcome level has been attained. The desired outcome(s) is also used to determine the appropriate content for the activity, teaching/learning methods, and method of evaluation. It is important to note that a professional practice gap may exist for registered nurses regardless of the practice setting.[16]

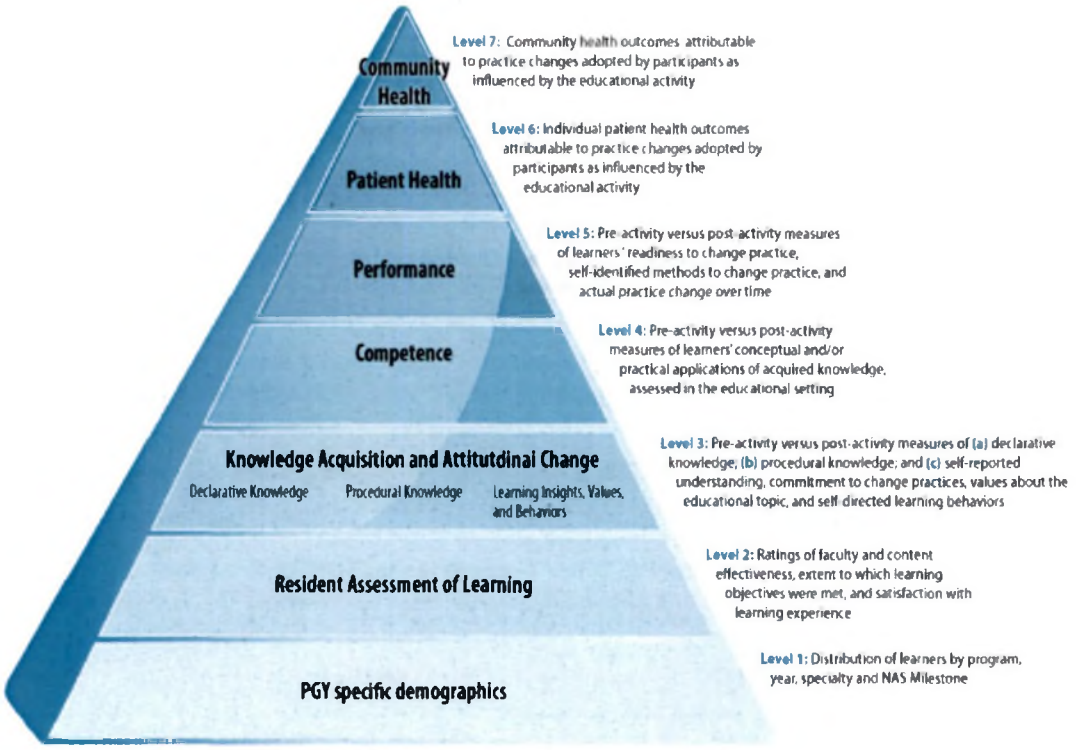

Figure 1. Adapted from PRIME Model of Learning[1], Kirkpatrick[2], Miller[3] and Moore et al[4].

Figure 2.1: Evaluation Model (adapted from PRIME Model of Learning)

2.7 Criteria for Effectiveness of Training Programs[17]:

1. Regularity of schedule of the training program: This criterion of effectiveness of training program encompasses the frequency and regularity of the training programs. It also aims at identifying the

following of actual training program timings and schedule. It also checks the execution of number of scheduled programs per year.

2. Contents of the training program: This criterion aims at the identifying the technical contents based on the theme/ subject of the training sessions and, of course, use of the contents for the practical application. The contents should be related to what is needed as on today. It includes the most recent techniques and technologies invented in medical field.

3. Study material provided during the program: Under this criterion, it is weighed how effective is the study material provided. The study material includes mainly the circulated material during or after the training program for future reference for the trainee nurses. Study material in hard as well as soft copies is provided wherever required. Study material of programs speaks about the quality from the view point of understanding the concepts taught in the training program.

4. Explanation/ demonstration ability of the trainer: The success of any training program depends on the quality of the trainer. In case of the training programs of nurses, the trainer is usually a trainer or a nurse of senior cadre. The ability of the trainer to explain or demonstrate the required contents/ operations decides the success or failure of the reception of training. Hence in making training programs effective, skilled and experienced trainers are must who are the key contributors to the efficacy of the program. Qualification, experience and expertise of trainer are the most imperative factors for training effectiveness.

5. Facilities provided for the training: Facilities for training means the tangible facilities which may include even the quality of food and

refreshment during training, if any. It also includes the physical environment of the training venue if it scheduled out house. Facilities also envelope tools, demonstration instruments, mock machineries etc

6. Quality of materials and equipment: This criterion of effectiveness of training talks about the proper maintenance of machineries, equipment required for demonstration type of training. Material required for demonstration and training should be of expected standard. All equipment used for training should be free from errors and giving accurate results for clear understanding use and application of these paraphernalia.

7. Cleanliness of the venue: Hospital is the place where clean, healthy and hazard free physical environment is must. Clean, healthy and hazard free environment is the one that is free from any kind of pollution. Hospital should be well ventilated allowing sufficient and fresh admittance of light and air remaining circulated so as the air pollution can be avoided. All public, private places, wards, OTs, Cold Storages, Material and equipment storages, canteens, entrances, MRI rooms, ICUs and all similar critical as well as generic places in hospitals including training venue must be cleaned, disinfected time to time as per the standards so that the atmosphere remains refreshing, healthy and soothing to all concerned. Studies have proven that the fresh surroundings can cure patients faster. It is true with the training venues as well. The better maintained is the venue, the easier and faster learning is possible.

Though not concerned with the cleanliness, the location of training premises has also proven affecting the effectiveness of training sessions. It should preferably at a calm and quiet place where

disturbance of surrounding is almost negligible avoiding crowding and sound and noise pollution.

The interior of the training place should be well designed with all required amenities in it. The internal environment should be encouraging to the reception of training. Behavioural scientists have proven the established link between physical environment and high degree of learning. Hence a properly maintained training venue adds up to the effectiveness of the training sessions.

8. Usefulness of training program: The criterion is also imperative from the viewpoint of outcome of the training program. Most of the organizations have a planned budget for training programs for a financial year. The sanctioned budget amount is expected to get reflected in audit spent on training programs. Training programs conducted in organizations should be designed such that those are practically useful for the trainee nurses. Those must aim at practical applicability of their contents. In a sense, usefulness of training programs contributes major to the effectiveness of the program rather than an exhaustive list of training programs happened without any output or use for the practical purpose. Hence departmental trainings are important from this angle. Different specialized programs also are taken into consideration for viewing effectiveness of training such programs.

9. Learning from the training program: The main intention of any training programs is to make trainees learn new things, new techniques, new concepts etc. In medical field, due to advancement in technology, drastic changes are happening. The upgrading to changed environment must be learnt through training programs. Hence 'learning from the training programs' contributes major to the

effectiveness of the program. Whatever is learnt during nursing training is just an introduction to the nursing profession. Hence learning from training programs, whose contents differ to a greater degree from the nursing course, is different and helpful for practically applicable therapies, techniques and skills.

10. Learning lessons reconfirmed: There are certain training programs called as refresher training programs. These programs are aimed at refreshing or revising what is learnt but might have been lapsed from the memory. Such things required to be reworked. This criterion of effectiveness of training program looks up to the revision of nursing lessons learnt during the nursing training wherever applicable. It sees revitalization of the learning. Some programs do try to establish relationship between nursing lessons and practical training sessions. At this juncture, reconfirmation of lessons is anticipated to happen and treated as one of the measure of effectiveness of training program.

11. Update on the new nursing techniques: As mentioned in 'Learning from the training program' above, training programs for nurses are expected to update the new trends and techniques upcoming in medical field. This criterion for effectiveness highlights the importance of managing with the technological change in medical science and nursing techniques. For examples many innovations specifically in cardiac and neurosciences demand more out of nurses and care taker level staff.

12. Knowledge of new changes in the field of medicine: Like the point mentioned above, continuous updating of happenings in the medical field is essential. The revolutions in medical field impinge on the nursing community and their work. Hence this criterion for

effectiveness is also vital. In critical cases, knowledge of specialized field is indispensable making it as one of the foremost criteria for deciding the effectiveness of training sessions.

13. Utilization of skills and knowledge at work: The ultimate aim of any training program is the use of acquired knowledge and skills for the actual work. Proper implementation and practical use of skills learnt and updated knowledge gained through training sessions result in proving the effectiveness of the training program.

14. Improvement in abilities to handle the demands of duty: Nursing duty always demands alertness and timeliness of service. Training sessions for nurses are expected to impart these skills amongst nursing community. Irrespective of the subject and contents of the training sessions, effectiveness is judged on how far there is an improvement in abilities to handle demands put forth by the duty responsibilities; especially in critical circumstances. Hence this becomes one of the significant criteria to measure effectiveness of training programs as it is also one of the end results of any training session. For example, in "Code Blue" training the concerned staff member should be available within 30 seconds. If this does not happen then the training given proves to be in vain.

15. Improvement in ability to manage stress: Nature of nursing duty imposes a lot amount of stress and stressed situations especially in critical and emergency cases. In such critical situations, maintaining balance of emotions and responsibilities is expected not only from nursing staff from entire hospital staff, in fact. Training programs for managing stress are found helpful in managing stress in day to day life. Stress management techniques at organizational level may or may not

be followed but those at individual level definitely help. Hence training programs specially aimed at stress management must be planned to organize. Therefore the ability to manage stress through such programs becomes one of the key criteria for effectiveness of training programs. As a corporate social responsibility, training program on stress management for police staff in Pune was recently conducted. Similar work stress management programs earmarked for nursing community as well. The programs are to achieve the estimated objectives of nurses managing their work stress effectively giving best service to the patients.

16. Degree of motivation: Attending training program should not only be the routine activity. It must motivate the trainees to attend the programs and remain motivated to work as an outcome of the program. The contents, environment, delivery and quality of training program in all aspects should be a motivating factor for the trainees. Most importantly the continuing motivation at work is the crux of any training program as a post-training consequence. Hence the degree to which trainees get and remain motivated after training program is one of the decisive factors for measuring effectiveness of training program.

17. Improvement in career opportunities: One more focal aim of training programs is advancement in career. Programs should not aim only at limited and defined goals but an overall development of trainees. Especially for nurses, improvement in the technical (medical) is not the only thing expected. They are expected to be good natured human beings as well. Training programs irrespective of subjects and contents should be designed to provide opportunities in career improvements- may be to get promotions or work at senior responsible level or any similar advancements. Some training programs help nurses receive

exclusive training and work experience which in turn help them a career growth and better opportunities

18. Communication skills with patients and relatives: One more important skill nursing community is expected to possess is a compassionate communication skills with patients and their relatives. Nurses are expected to possess the skill of sympathetic, decent and subtle communication. To develop such skills becomes the accountability of training programs. Hence all training sessions for nursing community must intend at developing communication skills of nursing community. Communication with patients in the most practiced languages in that region is essential and unavoidable. Training sessions on communicating in English and Hindi add up to the effective results of effectiveness of the training sessions.

19. Program up to expectations: A well designed training program, not meeting the expectations of the trainees it is treated as failure. Though expectations may differ from person to person, training programs designed should be such to satisfy almost all the trainees' expectations on all fronts. Even if the program yields 80-90% of the satisfaction of trainees, it can be treated as successful. Consequently individual satisfaction of programs should be necessarily achieved. So program up to the expectations becomes one of the criteria for the effectiveness of training programs.

20. Overall impression of the program: As a whole, the complete training program should satisfy the trainees in all respects. Weighing all criteria of the program, training session should satisfy all demands and requirements of trainees. Hence in addition to individual aspects mentioned in 19 points above, overall impressions and effectiveness of the program adds up to be the criterion. Some or the other points

of effectiveness of training sessions (mentioned in points 1 to 19 above) may be weak or strong depending on individual's perception but the eventual effect of training programs should serve the purpose of being effective and impressive overall.

2.8 Barriers to Evaluation of CNE: (D. R. Hill 1999, P. P. Phillips 2003, Gomez 2003)

- Cost in person and/or capital
- Unavailability of Data
- Not required by the organization
- Lack of training / experience
- Evaluation takes too much time from the activity/course
- Little perceived value to the organization

2.9 Research papers:

Extensive research has been conducted and various papers published in different countries about the need for Continuing Education of the Nurses, training programs conducted for nurses in Public and Private Hospitals, perception of the nurses regarding the training and development programs implemented and the effectiveness of these programs.

Lorraine Gallagher in her paper *Continuing education in nursing: A concept analysis*[18] tries to explain, describe and clarify the concept of continuing education in order to encourage nurses' involvement in continuous education initiatives. Using Rodgers' (1989) evolutionary approach, an on-going dynamic process was viewed consistent with the concept of continuing education, as it is context bound and continues to evolve with time. The analysis sought to identify how the concept of continuing education was defined in the literature along with its use in nursing practice. Consequently, the concept was defined, compared and contrasted with other associated terms, and explored for its

integration into nursing; all which are necessary for enhancement of knowledge and theory development (McEwen and Wills, 2002).[18]

Griscti O, Jacono J in their *Literature Review of Effectiveness of continuing education programs in nursing*[19] studied factors on what facilitates or inhibits continuing education in nursing and to identify ways to make continuing education more effective. Factors that facilitate the implementation of continuing education in nursing arise from individual, professional and organizational perspectives. While the philosophy behind continuing education is to encourage nurses to become lifelong learners, the learning method chosen for such programs is often didactic in nature, as opposed to encouraging nurses to take initiative and direct their own learning. Continuing education is intended to ensure healthcare practitioners' knowledge is current, but it is difficult to determine if those who attend these courses are implementing what they have learnt.[19]

Hennessy D, Hicks C, Hilan A, Kawonal Y studied *The training and development needs of nurses in Indonesia*[20] which aimed to establish the occupational profiles of each grade of nurse, identify their training and development needs and ascertain whether any differences existed between nurses working in different regions or within hospital or community settings. Significant differences in job profile were found in nurses from different provinces, suggesting that the nature of the role is determined to some degree by the geographical location of practice. The roles of hospital and community nurses, and the different grades of nurse, were fairly similar. All nurses reported significant training needs for all tasks, although these did not vary greatly between grades of nurse. The training needs of nurses from each of the provinces were quite distinct, while those of hospital nurses were greater than those of community nurses. The results suggest that the role of the nurse is not as diverse as might be expected, given the different levels of preparation and training and the diversity of their work environments. This may reflect the lack of a central registration system and quality framework,

which would normally regulate clinical activities according to qualifications. The differences in training needs between subsections of the sample highlight the importance of identifying skills deficits and using this information to develop customized post-registration education programs. Together, these results provide a rigorous and reliable approach to defining the occupational roles and continuing education needs of Indonesian nurses.[20]

A recent article by Tyer-Viola LA, Timmreck E, Bhavani G in Bangladesh about the *Implementation of a Continuing Education Model for Nurses in Bangladesh*[21] studied the need for continuing education for all practicing nurses and describes the implementation of a model for professional development of nurses in Bangladesh. The learning was that professional nursing practice depends on the commitment of nurses to obtain new knowledge through continuing education. In many global settings, regulatory agencies oversee nurse registration and licensing. However, once they complete their formal nursing education, nurses often receive no further professional education. To ensure their continued competency, all nurses need to participate in continuing education and professional development. A partnership between a clinical agency and practicing nurses to implement an educational program allows nurses to obtain new nursing knowledge and apply it immediately in the clinical setting.[21]

Katsikitis M et al efforts to study the *Continuing Professional Development in Nursing in Australia: Current Awareness, Practice and Future Directions*[22] aimed to ascertain the current understanding, practice and future continuing professional development (CPD) needs of nurses and midwives employed in a regional area of Queensland, Australia. Perceived barriers and incentives for CPD were also measured. 289 public and private hospital nurses and midwives responded to the survey. Results showed that participants understood the new requirements, valued on-going learning, preferred education to occur within work hours, and considered their workplaces as accepting of change. Approximately 2/3 of participants believed CPD should be shared between

them and their employers. Barriers to undertaking CPD included understaffing, and the concern that CPD would interfere with time outside work. Organizational support positively influenced attitudes to CPD. This study highlights the importance of supportive management in encouraging their workforce to embrace on-going learning and change.[22]

Thompson P, Kohli's study about *Health promotion training needs analysis: an integral role for clinical nurses in Lanark shire, Scotland*[23] describes the results of a health promotion training needs analysis undertaken on qualified, hospital-based nurses in Lanark shire, Scotland. Information on the nurses' current health promotion practices, their attitudes and beliefs, their views on role development and priorities for further training were collated, analysed and discussed within the framework of the Health Action Model. This model was originally designed to assist understanding of the gap that exists between an individual intention to act and the eventual health action. However, in this study the ways in which 'cognitive factors' (knowledge and beliefs) and 'motivational factors' (considering values, attitudes and drives) and pressures from social norms and significant others assisted in the understanding of the nurse's orientation to, and beliefs about, health promotion practice. Fifty-seven per cent of nurses in the study considered health promotion activities to be emerging in clinical care and 4% considered them to be advanced. The interest respondents have in role development and the further integration of health promotion activities into nursing practice was explored by ascertaining the nurses' attitudes and beliefs about their own health promotion role. Of 107 respondents, a majority 72 (67%) agreed health promotion interventions to be an important function of the nurse with 29 (27%) strongly agreeing (n = 107). Sixty per cent stated they would be interested in developing their role and 30% were very strongly interested[23]

Four different studies explore the perception of nurses towards continuing education in clinical settings.

Govranos M, Newton JM paper on *Exploring ward nurses' perceptions of continuing education in clinical settings*[24] analyses the multiple factors that influence ward nurses' ability and motivation to incorporate lifelong learning into their practice gathered through interviews. Despite variance in nurses' values and perceptions of continuing education (CE) in clinical environments, CE was perceived as important. Nurses yearned for changes to facilitate lifelong learning and cultivate a learning culture. It came to light, through this study, that the clinical nurse educators need to be aware of adult learners' characteristics such as values, beliefs, needs and potential barriers, to effectively facilitate support in a challenging and complex learning environment. Organizational support is also essential so ward managers in conjunction with educational departments can promote and sustain continuing education, lifelong learning and a culture conducive to learning.[24]

Bahn D's exploratory study of 162 nurses tries to understand the *Orientation of nurses towards formal and informal learning: motives and perceptions*[25] the factors might influence the participants' learning activities and the views and perceptions of their learning experiences. For many of these nurses, the initial motive for taking part in continuing education was the perception that they were being left behind by the higher educational level of nurses entering the profession. The participants generally felt that higher education (HE) contributed to enhanced client care, reporting additional personal and professional satisfaction. Alleged poor support from managers for continuing education and the lack of parity, often within the same organization regarding the selection criteria to take part in a variety of learning activities, was a source of dissatisfaction for some of these participants. Their determination to learn, however, remained strong.[25]

Hughes E study of *Nurses' perceptions of continuing professional development*[26] aimed at investigating NHS and private sector nurses' perceptions of the value of continuing professional development (CPD) and analysing the factors that influence these perceptions and any potential

barriers to successful CPD. From the results of the postal questionnaires a largely positive perception of CPD was determined. However, it was shown that there were some barriers to professional development that have not previously been reported in the literature. Managers' leadership styles were found to influence nurses' perceptions of the value of CPD, as well as their ability to reflect, which affected the application of learning to practice. From the results of the postal questionnaires a largely positive perception of CPD was determined. However, it was shown that there were some barriers to professional development that have not previously been reported in the literature. Managers' leadership styles were found to influence nurses' perceptions of the value of CPD, as well as their ability to reflect, which affected the application of learning to practice.[26]

Pool and Poell's paper on *Nurses' and managers' perceptions of continuing professional development for older and younger nurses: a focus group study*[27] explored nurses' and their managers' perceptions of the differences in continuing professional development between younger and older nurses. The findings suggest that participants perceive differences in continuing professional development between younger and older nurses. Its purpose and the contributing learning activities are considered to change during the lifespan. When developing strategies for continuing professional development, the requirements and needs of different age groups need to be taken into account. Whether the scope of professional development is confined to "keeping up to date" or used in a broader sense, including "expansion of skills and knowledge" seems to relate more to nurses' attitudes towards work than to their age.[27]

Ni C, Hua Y with a few others' study about *Continuing education among Chinese nurses: A general hospital-based study*[28] confirmed that majority of nurses (97.3%) attended CE activities in the last twelve months. More than 92.2% of the nurses were familiar with the value of CE. Nurses expected CE activities to take place within a five-day period and to consist of 2 hours per activity. The major factors that motivate nurses to participate in CE are the

desire to gain and update their knowledge of the newest nursing development and procedures, to improve their practical skills and comprehensive qualities, to maintain professional status and to receive an academic degree. Factors that hindered nurses' participation in CE included time constraints, work commitments, a lack of opportunity, cost of the courses and previous negative experiences with CE programs.[28]

Narayanasamy et al in their paper- *Advancing staff development and progression in nursing*[29] talk about staff development in the NHS. It is concerned with all the activities that advance knowledge, skills and attitudes of staff, embracing induction, and mentorship, continuing professional development, learning beyond registration, performance appraisals, promotion, personal and professional development, and related activities. The recent contraction in nursing posts and services and competition for jobs means that only well-qualified staff with an impressive portfolio of staff development is likely to climb the career ladder. Nursing staff development and training needs in the NHS are huge and multifaceted. Healthcare providers need to invest in clear staff development strategies if they are to maintain their status as effective care delivery organizations in an increasingly competitive market-driven economy. This article examines the many features of staff development and highlights the benefits for both staff and organizations[29]

Review of continuing professional education in case management for nurses [30] by Liu WI, Edwards H, Courtney M speaks about the nursing training methodology. The studies were examined in terms of their educational focus and strategies, evaluative methods, and effectiveness. The programs assessed focused either on the provision of new knowledge or skills, or aimed to teach specific case management delivery models. The most appropriate program length appears to be at least 16 hours. A combination of learning strategies, incorporating interactive lectures and small group discussions, are often used

in case management educational programs and are associated with positive learning outcomes.[30]

Special training programs for nurse leaders were evaluated in two research papers.

Kvas A, Seljak J study *of Continuing education and self-assessment of knowledge of nurse leaders*[31] surveyed 296 nurse leaders from 15 hospitals in Slovenia. The result showed that participation in continuing education was lowest among younger nurse leaders, those with lower leadership positions, and those employed at medium-sized general hospitals and specialized (non-psychiatric) hospitals. The total number of continuing education hours did not affect self-assessment of knowledge among nurse leaders. Slovenia's experiences in this area indicate that greater attention must be paid to an equal distribution of continuing education programs among the various groups of nurse leaders. Additionally, it is important to monitor the quality of program implementation[31]

Platt JF, Foster D article on *Revitalizing the charge nurse role through a bespoke development program*[32] describes the genesis, contents and outcomes of a bespoke Charge Nurse Development Program which was designed to enhance the propensity of nurses to manage in an acute hospital setting. Evaluation from 95 charge nurses was obtained using an anonymous questionnaire. Qualitative analysis demonstrated the program satisfied its original aims by having role models and experts teaching relevant subjects to a group who have consequently established their own peer network.[32]

Eman Banerjees paper *'Comparative study on Healthcare facilities produced by Government and privately owned hospitals in Kolkata Municipal Corporation'*[33] attempts to conduct a comparative study between Government and Private Hospitals in Kolkata Municipal Corporation. Four Government hospitals and four private hospitals are selected and along with the secondary data, some primary data are collected by interviewing 100

patients to reveal the differences on the basis of infrastructural facilities, treatment, workload, utilization and pricing of hospitals' services and also to offer suggestions to make overall service quality in private and government hospitals more effective and efficient. The major finding suggests that the overall healthcare facilities are better in the private hospitals. These disparities are created mainly by the overburden of patients, low infrastructural development and lethargy of the staff in the government hospitals. In spite of that, this study reveals that the government hospitals still act as a pillar of hope for the poor and middle-class people, who cannot bear the high cost of the treatment in the private hospitals.[33]

Similar study has been done in Mumbai, India by Suhasini B. Arya *"A Comparative Study of Public and Private Health Services in Mumbai Region –Availability and Utilisation Pattern"*[34] suggests that there are disparities in healthcare services in rural and urban areas and in public and private healthcare services. Indian Government's healthcare infrastructure is inadequate to meet the burden of disease[34]

"In-service training in Nursing"[35] a research paper by Marie Poggenpoel, Lynette Labuschagne et al talks about In-service training in nursing as a necessary component to help the professional nurse to keep up to date on the most recent developments in nursing and to be able to manage the demands of nursing. This research describes in-service training in the Witwatersrand area.

In order to provide these description eight criteria for effective in-service training were identified through a literature study and interviews with representatives of other occupational groups.

Possible problem areas identified in the results were discussed and recommendations made about the approach to in-service training in nursing.

The most important recommendations are that more attention should be given to the manner of planning in-service training and more consideration should be given to the principles of adult and general education in the

presentation of the programmes. The eight criteria can serve as a frame of reference for future planning of in-service training programmes in nursing. The results of this research study can also serve as a basis for future intensive research into the problem areas in in-service training.[35]

2.10 Conclusion:

Chapter 2 discusses the changing role of nurses and nursing. The literature review of related research has provided a guide for the examination of all factors influencing the training and development practices of nurses in public and private hospitals. The need for CNE, the nurses' perception, current practices and their evaluation stress the importance of continuing nursing education throughout the discussion. The theoretical aspects of different types of training and their evaluation have been studied to correlate them to their practical application. Previous studies which address the current topic of CNE provide a very useful benchmark for the current study.

Chapter 3 contains the methodology for study. The chapter includes the important terminologies and concepts related to the research, the tools used for research, the scope, hypothesis and objectives of the study. It discusses the Universe and the sample size selected, with the final conclusion of the methods used for analysis of data.

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