

CONTINUING EDUCATION NEEDS OF STAFF IN LONG-TERM CARE FACILITIES

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Background: A rapidly changing health and long-term care environment characterized by efficiency and cost-containment is resulting in changing roles and responsibilities among all levels of staff who work with seniors in long-term care facilities. Continuing education is important to enable health-care personnel to meet the increasing challenges of care. We studied the learning environment of health-care providers who care for seniors in long-term care facilities. Data were gathered about the learning needs, learning resources and preferred learning styles of health-care personnel who work in long-term care facilities in the Ottawa-Carleton region.

Methods: Methods were exploratory and descriptive, and used mail-back questionnaires from a proportional and randomly selected sample of registered nurses, registered practical nurses and health-care aides.

Results: Learning needs related primarily to communicative and interactional aspects of care and dealing with stress and changes associated with health-care delivery. Residents and supervisors were important sources of learning. Respondents preferred learning styles that were practical, interactive, and did not infringe unduly on their personal time.

Conclusion: Long-term care facilities should be encouraged to value continuing education as a means of ensuring the delivery of high-quality care to seniors. Such programs should emphasize both professional and personal development.

Key words: Continuing education needs, long-term care facilities, geriatrics, health-care providers

INTRODUCTION

Fifteen years ago, the government of Ontario published *A New Agenda: Health and Social Service Strategies for Ontario Seniors*,¹ which noted the importance of developing continuing education programs that meet the learning needs of health-care workers. Since the publication of this document, there has been increasing scientific evidence to support the importance of continuing education for both staff and their clientele. More recently,

however, there is increasing anecdotal evidence of the difficulties that staff have in accessing programs of continuing education. McDiarmid² and Barriball and White³ found an overall lack of participation by staff in continuing education programs. Long-term care facilities, which are seriously under-resourced from a human and material perspective, face particular difficulties with respect to mounting programs that support the ongoing learning of staff,⁴ despite evidence that continuing education can be effective in assisting staff to provide for the increasingly complex care required by seniors who live in long-term care facilities.⁵⁻⁸ In addition, continuing education is reported to contribute to personal and professional growth, thus leading to a greater awareness of care-related issues.⁹ Furthermore, continuing education leads to better career planning, improved prospects for promotion¹⁰ and increased motivation and morale.¹¹ To ensure high-quality care for seniors in long-term care facilities, continuing education must be viewed as an essential element of personal and professional development.¹²

We undertook a project to strengthen the learning environment of health-care workers who provide care to seniors in long-term care facilities. Objectives included assessing the learning needs of registered nurses, registered practical nurses and health-care aides, determining their preferred learning styles, and identifying their learning resources. These data would serve as the basis for recommendations aimed at supporting the development of continuing education programs in long-term care facilities.

METHODS

This project, which was descriptive and exploratory in nature, employed a secondary analysis of data from a larger study designed to explore the experi-

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ence of providing formal care to seniors who live in long-term care facilities. The University of Ottawa Human Ethics Committee provided ethical clearance. An advisory committee representing a variety of health disciplines and long-term care facilities provided direction for the study to ensure its relevance and feasibility. In addition, the Council on Aging of Ottawa-Carleton and the Seniors' Resource Centre of the University of Ottawa were invited to participate by bringing the perspective of seniors themselves and their families. A purposive two-stage procedure was employed for data collection. A list of the 19 long-term care facilities in the Ottawa-Carleton Region was generated, and nine facilities were invited to participate in the study. Facilities were selected to represent provincial patterns of size, rural/urban location, language, and type of ownership. Letters of information and questionnaires were mailed to a random and proportional sample of registered nurses (RNs), registered practical nurses (RPNs) and health-care aides (HCAs). Consent was implied by return of the completed questionnaire to the investigators.

Measures

Data were gathered about the age, gender, marital status, experience, education, occupational status and length of experience of respondents. A modified version of a questionnaire developed by Kelley et al¹³ in a study of continuing education in long-term care served to gather data about learning needs, learning resources and preferred learning styles. Respondents were also asked to identify the strategies they used to meet their learning needs, including the use of formal and informal resources. Additionally, they were asked about factors that facilitated or inhibited their continuing learning and their preferences for specific educational methods and delivery systems. Respondents also responded to questions inquiring about their level of satisfaction with the learning environment. Questions were primarily but not exclusively fixed-choice. Open-ended questions provided an opportunity for respondents to elaborate on the reasons for their responses to fixed-choice questions.

Analysis

Descriptive statistics were employed to analyze the major variables, and analysis of variance and Sheffe's test served to compare the responses among categories of respondents.

Sample

A total of 275 health-care providers from nine long-term care facilities responded to the questionnaire for an overall response rate of 60%. More specifically, the response rates were as follows: health-care aides (HCAs 52%), registered practical nurses (RPNs 66%) and registered nurses (RNs 68%). The typical respondent was female, married and educated at the certificate or diploma level. Most had children. Their ages ranged from 24-59 with a mean of 45 years. Just under half worked on a full-time basis with seniors who were cognitively impaired. The majority of RNs provided care of a direct and indirect nature and the majority of HCAs and RPNs provided direct care only. Respondents were, in large measure, long-term employees, having worked an average of 12 years at their current place of employment.

RESULTS

Learning Needs

Respondents identified a wide variety of learning needs (Table 1). These related primarily to bringing about change, managing personal stress, providing care for residents, and inter-personal communication. Learning to bring about change in the routines and practices of the organizations was problematic for the vast majority of respondents, in particular

Table 1. Learning Needs

Needs	RNs n=86	RPNs n=92	HCAs n=49
Bringing about change	80%	82%	68%
Managing personal stress	70%	72%	68%
Dealing with problems			
Supporting mental health*	74%	72%	60%
Difficult behaviour	70%	70%	68%
Pain	55%	68%	66%
Falls*	55%	38%	32%
Incontinence	2%	18%	12%
Providing supportive care			
Acting as advocates*	62%	68%	45%
Providing emotional support*	48%	46%	38%
Interacting with supervisors	48%	46%	38%
Interacting with families	52%	48%	40%
Interacting with residents*	28%	50%	48%
Interacting with peers*	40%	52%	28%
Providing physical care			
Assisting with mobility*	14%	15%	40%
Providing personal care	2%	7%	10%

*ANOVA significant at the 0.5 level.

Note: Categories are not mutually exclusive.

RNs and RPNs. The majority of respondents also reported managing personal stress as problematic. Dealing with resident problems, in particular managing mental health problems and difficult and disruptive behaviour, were identified as learning needs by the majority of respondents. Supporting mental health was particularly problematic for RNs and RPNs. Preventing falls was of particular concern to RNs. A substantial proportion of respondents found providing emotional support difficult, in particular RNs and RPNs. Learning to interact more effectively was a major learning need of respondents. Interacting with supervisors and families was problematic for a substantial proportion of respondents. Interacting with residents was difficult for RPNs and HCAs in particular, and interacting with peers was particularly problematic for RNs and RPNs. With respect to providing physical care, the major learning need was assisting with mobility. This was particularly so for HCAs.

Learning Resources

The learning resources used by staff are presented in Table 2. Residents and supervisors were major learning resources for the majority of staff. Families were also learning resources for the majority of staff, in particular RNs and RPNs. Case conferences were a major source of learning for RNs, less so for HCAs and RPNs. Just over half of the respondents reported using professional journals as a source of learning, with a trend for the incidence of journal reading to increase with level of education. Physicians were a source of learning for the majority of RNs and for about half of the RPNs. Few HCAs reported physicians as a source of learning. Formal educators served as learning resources primarily for RNs and RPNs. Qualitative data revealed that only a minority of long-term care facilities had

libraries with professional books and journals in them, and the audio-visual departments were evaluated as inadequate. Only one facility funded the position of staff educator; however, the person holding this position was also responsible for social aspects of resident care, organizing and participating in case conferences, and communicating with other long-term care facilities. The majority of respondents (72%) evaluated their learning resources as inadequate.

Preferred Learning Styles

There were no statistically significant differences among categories of respondent with respect to their preferences for learning styles and strategies. The majority viewed interactive workshops favourably. Demonstration sessions, guest speakers, and formal courses were also viewed favourably. Self-directed learning and computer-assisted instruction were the least favoured learning strategies, although just over half of respondents provided qualified approval of these strategies as methods of learning. There were also many comments in the qualitative data describing the infringement on their personal time that resulted from self-directed learning activities.

Satisfaction with the Learning Environments

A substantial proportion of respondents (41%) were not at all satisfied with their learning environment (HCAs 44%; RPNs 34%; RNs 42%). Fully one-third (34%) were somewhat satisfied (HCAs 30%; RPNs 35%; RNs 38%) and one-quarter (25%) were very satisfied with their learning environment (HCAs 26%; RPNs 30%; RNs 20%). Most members of staff reported that they had not attended any continuing education sessions within the past year. Reasons related to availability and accessibility. Respondents reported that there were few educational sessions available in their institution and when they were available, timing was often problematic, making it difficult for them to attend. In addition, they reported that sessions were not always relevant to their learning needs. Of those who had participated, the vast majority had attended only one session. In addition, there were many verbatim comments indicating a lack of support on the part of long-term care facilities for continuing education activities.

Table 2. Learning Resources

Resources n=86	RNs n=92	RPNs n=49	HCAs
Residents	90%	88%	
Supervisors	90%	88%	90%
Families*	90%	80%	62%
Case conferences*	90%	40%	40%
Physicians*	90%	45%	10%
Journals	68%	66%	40%
Educators	52%	40%	40%

ANOVA* significant at the 0.5 level.

Note: Categories are not mutually exclusive.

DISCUSSION

A rapidly changing health and long-term care environment characterized by efficiency and cost-containment is resulting in changing roles and responsibilities among all levels of staff who work with seniors in long-term care facilities. In addition, the care required by residents is becoming more complex and demanding as levels of physical and mental acuity decline and levels of dependency increase.¹⁴ This study derived from concerns about the quality of care provided by front-line workers who are portrayed in the literature and popular press as over-worked and under-prepared.

With respect to learning, respondents' needs related to bringing about change, dealing with stress (work-related and personal), managing residents' problems and interacting more effectively. The ability to bring about change in one's working environment and deal with personal stress may help to increase staff's feelings of autonomy and self-determination and result in an increase in satisfaction with the quality of their work-lives. An increase in their ability to manage difficult behaviour, prevent and manage pain, and prevent falls will add substantially to the quality of life of residents. The ability to interact more effectively with peers, supervisors, residents and families will add substantially to the quality of care provided residents and quality of the work-life experienced by staff. These findings are congruent with, and go beyond, those of Glass and Todd-Atkinson,¹⁵ who found that management skills and dealing with behavioural problems were problematic for nursing staff in nursing facilities.

Respondents' learning resources were primarily residents, supervisors and families. Their preferred learning style was interactive. Their least preferred learning style was self-directed learning, which they felt interfered with their personal lives. In large measure, respondents were not satisfied with the quality of their learning environments. With only one exception, long-term care facilities had no person in the role of educator. A minority had libraries that housed professional journals, and the majority of respondents rated their learning resources as inadequate. The general consensus was that there was a lack of opportunities for continuing education within long-term care facilities. Given the known linkages between continuing education and quality of care, these findings do not auger well for the provision of high-quality care for seniors in long-term

CONCLUSION

There is increasing evidence of the importance of continuing education in assisting staff to provide the care that is required by seniors.⁵⁻⁷ In addition, continuing education contributes to personal and professional growth,⁹ raises motivation and morale,¹¹ and ultimately leads to improved care.⁸ Continuing education is a viable means by which nurses in long-term care facilities can remain competent in the face of increasingly complex care requirements and the ever increasing knowledge and technological developments associated with health-care. More attention to the ongoing learning needs of staff is crucial for the provision of high-quality care to residents of long-term care facilities.

Recommendations for Policy and Practice

It is crucial that the provision of care of seniors in long-term care facilities is based on a solid foundation of knowledge and skill. To ensure a high quality of care for seniors, continuing education must be viewed as an essential element of personal and professional growth and continuing quality improvement. To ensure opportunities for continuing education, it is important that long-term care facilities:

- Establish programs of continuing education that are concrete, practical and relevant to the learning needs of staff.
- Ensure that continuing education focuses not only on specific technological aspects of care but also emphasizes the interactional and communicative aspects.
- Recognize and value the importance of personal as well as professional growth in the development of continuing education programs.
- Recognize and reward the role of team leader, charge nurse, manager or supervisor as educator and role model.
- Ensure that programs of learning do not infringe unduly on the personal time of employees.

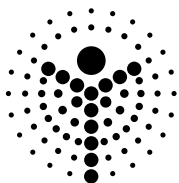
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