

Continuous professional education of nursing staff in national hospital, Colombo, Sri Lanka

JLHR Wijegunasekara

Senior Registrar (MD–Medical Administration), Post Graduate Institute of Medicine, Colombo, Sri Lanka

Abstract

Introduction: Continuous Profession Education (CPE) is given after basic undergraduate training and post graduate training to improve the standards of a professional to become a competent professional. CPE with regard to nursing professionals in Sri Lanka shows a variety of programmes such as; orientation programme for nursing graduates; lateral entry programmes for nursing degrees; private nursing degree programmes; post graduate degree programmes and grade promotions. Further, Training at hospital level such as; on – the - job training, special training programmes and in - service training too provides a great learning opportunity to improve CPE of nursing professionals. However, there is greater opportunity to strengthen this system.

Root cause analysis: Out of the several key problems identified “Gaps in Training Need Analysis” was selected as the priority problem for root cause analysis.

Conclusion: Findings concluded that process factors - unavailability of a hospital policy; less stakeholder involvement; inadequate training; rewarding; comprehensive nature of the process; financial factors - unavailability of sufficient budgetary allocations; delaying in receiving approval for proposals; human factors - time constraints; poor delegation; deciding on the training needs without proper analysis and material issues - unavailability of guidelines, procedures, questionnaires, survey material & interview guides, were the root causes and recommendations were made accordingly.

Keywords: Continuous nursing professional education, Training need assessment

Introduction

Continuous Profession Education (CPE) is the education carried out for the professional development after completion of either; 1. Basic under graduate training or 2. Post graduate training. It aims at improvement of professional life till the retirement and standards of a professional to become a competent professional. It has a broad concept including knowledge, skills, research, teaching and scientific writing. It should be a lifelong and a continuous process and a self - directed and an internally motivated process which handles practically relevant topics. In CPE, what learner expects to develop needs to be targeted at, to change his professional performance and behavioral. It is a prerequisite for quality health care.

CPE is a vital aspect in health care; because of rapid advancement of medical knowledge & technology; patient empowerment; changing expectations of the patients; frequently seen incidents of performance deterioration and legal inquiries of poor performance. In Sri Lanka, CPE is not mandatory but only voluntary. However, in other countries, it is mandatory as it is directly related to health care outcomes.

Most appropriate method, needs and preferences need to be considered when designing CPE programmes for different categories of staff in different areas. Suggested National CPD framework of the Educational, Training and Research unit of the Ministry of Health, Sri Lanka describes following items when implementing CPE programmes;

1. Identification of training needs (based on the principle of transformative education);
2. Formulation of standard training programmes (based on the principle of outcome and competency-based education);

3. Implementation of training programmes using strategies, structure and resources to achieve outcome;
4. Quality Assurance using pre - determined standards and evaluation of outcomes;
5. Information management and;
6. Funding on prioritized programmes.

Nursing profession is one of the most important category of staff which needs CPE to perform its duties in keeping with the fast growing medical science. National Hospital of Sri Lanka, has currently employed 2300 Nursing staff to provide services in diverse areas. There are diploma holders, degree holders and post graduate degree holders. There are 17 Special Grade Nursing Officers (SGNO); ward sisters, ward masters and ward in - charge nursing offices to carry out the management of nursing staff which includes their CPE. For this case study, the CPE of the Nursing Staff was selected, considering its importance in nursing profession, and it was basically focused on “the need assessment”, “written plan” & “training calendar” which are essential requirements of the “Continuous Professional Education”.

Continuous Professional Education of nursing profession in Sri Lanka

There are two types of nursing categories differently recruited to nursing profession and serving in the hospital. They are those who are holding a (1). Nursing diploma of 3 years duration offered by 17 Nursing Training Schools in the country; and (2). BSc – Nursing degree of 4 years from 3 public universities selected using the Z score of Advanced level exam; based at Sri Jayawardanapura, Peradeniya and Karapitiya.

Those who have passed out from universities with bachelor

degree have been provided with another 06 months orientation program attached to 03 Teaching hospitals; National Hospital of Sri Lanka, Teaching Hospital, Peradeniya and Teaching Hospital, Karapitiya which is organized by Nursing Training Schools. There is a curricula for this practically oriented program prepared by the Educational, Training and Research Unit of the Ministry of Health, Sri Lanka.

There is a lateral entry programme which is free of charge; with paid leave; for a 03 year period to obtain the BSc – nursing degree; for a team of selected nurses in the profession. This opportunity is offered; following an application and a selection process; using defined criteria.

There is another private program to obtain a BSc degree of nursing of 02 or 03 years duration in training institutes such as the Open University, IIHS in Walisara and KIU in Battaramulla. Only leave of 30 days per year is granted to follow these programmes.

Further, there are MSc - Nursing degree programmes of 02 years in public universities, Open University, IIHS and SLIIDA and in foreign universities.

Finally, there are PHD programmes for nursing in both national and international universities which have been followed up by some nursing officers.

When grade promotions are considered newly recruited nurses are put on to grade - 3 level for a period of 03 years; after passing Efficiency Bar (EB) - 1 examination, they are put on to grade - 2 level for 05 years; after passing EB - 2 examinations, they are promoted to grade -1 for 10 years; after passing EB - 3 examinations, they are promoted to Supra Grade to continue with annual increments.

Promotion to “Nursing Sister grade” needs minimum requirement of nursing at grade - 2 for 03 years and passing a competitive exam to be selected for 3 groups; 1. Education; 2. Ward sister and 3. Public health. After 1 ½ years of training at “Post Basic School of Nursing” they are promoted to (i). Tutor grade - 1, (ii). Ward sister and (iii). Public Health Nursing Sister.

After 5 years of experience, depending on the vacancies available, they are promoted to Special Grade through an interview and using the merit order. Likewise, three categories named Special Grade Tutor; Special Grade Nursing Officer and Special Grade Public Health Nursing Officer are offered. Final position in career development is to become the Director - Nursing Education, Director - Nursing Medical Services and Director - Nursing Public Health Services.

Continuous Professional Education for the nursing profession in National Hospital, Colombo

In NHSL, There are 2300 Nursing Officers who they are divided into 10 sections under the leadership of a separate Special Grade Nursing Officer namely; Surgical – A, Surgical – B, Old Medical, 3rd Medical, Neuro - Trauma, Cardiology, Neurology, Out Patient Department & Orthopedic, Paying, and 02 Special grade nursing officers for sections namely; Theatres and Accident service.

With regard to Continuous Medical Education, Chief Special Grade Nursing Officer is the one holding the key responsibility of all the nursing staff in conducting need assessments, collecting proposals from each section for the next year, preparing budgets, obtaining the approval from the ETR unit of the Ministry of Health for in - service programmes.

A “Need assessment” has been carried out in the last year to identify priority areas for training; through a self - administered questionnaire distributed among randomly selected nursing officers. Here, Both hard skills and soft skills have been identified and prioritized.

There is a “Training plan”, prepared taking into consideration of the topics identified in the need assessment process. The topics are given high priority by all the section heads when preparing their proposals annually.

A “Training Calendar” is prepared for the whole year; allocating time periods for different SGNO to plan and implement her programmes; in a very systematic manner. Anyway; whole calendar is not communicated among the responsible leaders; leading to gaps in awareness.

Hard skills which included areas such as; wound care, stoma management, tracheostomy care, IV therapy, documentation, infection control, waste management, ward management, Central venous line management, maintaining drug charts, safe blood transfusion and hemodialysis; have been identified as priority areas and training programs of 2-3 days have been planned and implemented.

About 50 Nursing officers selected for participation, equally representing each unit. Resource personnel are obtained from Health Promotion Bureau, Consultants in the hospital and from some private sector institutions.

Further, Educational programmes for all the categories of staff including the nursing staff are organized and coordinated by the “Health Education Unit” of the hospital. At the same time, Training programmes on quality and safety are organized and conducted by the “Quality Management Unit” with funds from quality secretariat.

Additionally, “On the job” training is done; especially for skills development such as injection procedures, tracheostomy care and infection control by in - charge sisters. Some consultants pay an interest in sharing knowledge and practical experience with nursing staff as an “on the job” training. Furthermore, Nursing Officers are selected from all over the country including NHSL; for training programmes organized by the ETR unit.

There are educational programs organized even overseas; such as pain management, dengue management, management training and quality management.

Furthermore, 6 months special training programmes are organized by the Educational, Training and Research (ETR) unit of the Ministry of Health such as; midwifery training, mental health training, accident and emergency training, stoma care training and so on; for selected Nursing officers; on seniority and merit order basis; at the Post basic School of Nursing.

“Infection Control Unit” of the hospital carries out training programmes for nursing staff especially for Liaison Nurses; on infection control and hand hygiene. In addition, Infection Control Review Meetings are conducted monthly in each matron section and one important topic is discussed in every meeting to upgrade their knowledge.

Apart from on the job training and in - service training there are degree programmes for nursing staff conducted by public and private universities and other academic institutes. In - service programmes are conducted according to an “Annual Plan”, planned and coordinated by the CNO, to streamline the process. It is planned to be prepared before the beginning of the year; but usually there are delays due to various reasons. However, the total plan is not communicated among all the Special Grade Nursing

Officers, instead they are provided with the required list of programmes to be carried out in their sections individually. Fund approval by the ETR unit is given as the total allocation for the whole hospital, hence each SGNO makes arrangements to receive her funds through the approval of the director and the accountant and to settle the bills.

Analysis

CPE is provided to Nursing Officers of all kinds; 1. After basic diploma training and 2. Even after post graduate training; irrespective of the initial qualifications obtained; to maintain equity and fairness.

Compared to some other staff categories in the health sector; NOs are internally well motivated for their academic development. Interest and the commitment of leaders and obedience and the respect towards leaders have increased the necessary motivation which has resulted in a better qualified and skilled Nursing staff in the public sector.

They are conducted after identifying priority areas which are mainly practically relevant to the work place and the work specialty.

In NHSL, training need assessment has been done in the correct way in one year. However, it has not become a routine in every year. SGNO's list of requirements and inputs from consultants are taken into consideration when preparing the annual proposal which takes only the supervisors involvement. In this process, officials such as the Director - Nursing Education or other ministry officials and the trainees are not consulted much. This process could be further improved if the need assessment process is carried out according to a set guideline; collaborating with all the stakeholders in both need assessment and prioritization. Most importantly, the need assessment needs to be based on "Transformative education" which is the high light of the Ministry.

Annual plan is prepared by the Chief Nursing Officer (CNO) in a comprehensive way with very much commitment. The leadership commitment towards training is an essential factor for improving human employee capacity in keeping with the advancing clinical nursing and technology. This commitment in a final reference centre like NHSL is indeed vital for the improvement of service delivery. Anyway, there are some gaps seen; such as inadequate communication, sharing and collaboration within the nursing subunits and other responsible units for training in the hospital.

Training Calendar" is prepared for the whole year; allocating time periods for different SGNO to plan and implement her programmes; in a very systematic manner. Anyway; whole calendar is not communicated among the responsible leaders; leading to gaps in awareness. The new way of obtaining funds collectively for the whole hospitals is efficient and easy for both the ministry and the hospital. However, due to some delays in approval of funds "Annual Training Calendar" cannot be finalized with the beginning of the year.

The resource personnel are taken both from the medical and the nursing professions. Anyway, there are more effective and less effective aspects when selecting medical personnel over nursing personnel to educate the nursing staff in nurses' perspective. Apart from that, usually highly qualified nursing personal are selected over highly trained nursing personnel with much experience in real practice; for resource personnel which has led to a loss of valuable

opportunity.

Both hard skills which are important in technical aspect of patient care management and soft skills needed for communication, courtesy, respect, empathy, responsiveness, team work, etc. are selected for training; which are highly important for the nursing staff; as the front line service providers.

The topics covered seemed to be relevant, appropriate and required for training. Most of the Training programmes last for 2-3 days to prevent interruptions for day to day activities of nursing staff, with a shortage of about 800. Anyway, highly specialized programmes are conducted for 6 months and 1 year to provide the trainees with the necessary competency in such specialties. Usually, they are revert back to the same hospital and thereafter placed in the right place to get the maximum benefit.

The coordination of training programmes within 10 Special Grade Nursing Officers; with the leadership of the CNO is satisfactory; while coordination with other units such as Health Education, Quality Management Unit are not satisfactory enough due to poor communication and poor information sharing which could lead to inefficient utilization of limited resources.

When training programmes are organized by the ETR unit; selection of officers from NHSL is not proportionate to the number of staff employed. Even though, ETR unit tries to distribute the opportunity among all the hospitals in the country, it has affected the NHSL badly. which is even raised by the union leaders.

Post basic School, Colombo which is the only post diploma/post graduate training institute for Nursing in Sri Lanka. There, examinations, selection and training are not done on a regular basis as by the Post Graduate Institute of Medicine, Colombo; which has established different boards of study for all the medical specialties; to be responsible for teaching, coordinating, reviewing, and conducting examinations. Post basic education also needs to be strengthened by increasing the capacity of centres and establishing new centres to cover the whole country.

Problem identification

Following key issues were identified;

1. Process of training need assessment is not properly established in NHSL.
2. There are inadequate collaboration with leaders of health training units in NHSL when preparing the written training plan.
3. Communication of the Annual training calendar with Nursing heads of 10 matron sections of the hospital is not satisfactory.
4. The opportunities received by the nursing staff of NHSL for the training programmes organized by the Ministry of health is low.
5. Delay in obtaining funding at the beginning of the year from the Ministry of Health.

Prioritization

Problem prioritization was done by a Nominal Group Technique taking into considerations the following criteria; 1. Technical feasibility for intervention 2. Administrative feasibility 3. Financial feasibility 4. Practical feasibility 5. Impact 6. Time factor and 7. Acceptance.

Marks were given under each criteria out of 10; total score was obtained for each problem and highest was selected for

in depth analysis. "Process of training need assessment is not properly established in NHSL" was chosen for root cause analysis.

Root cause analysis

Key Informant Interviews, review of manuals and guidelines, review of secondary data and review of literature were carried out in this regard.

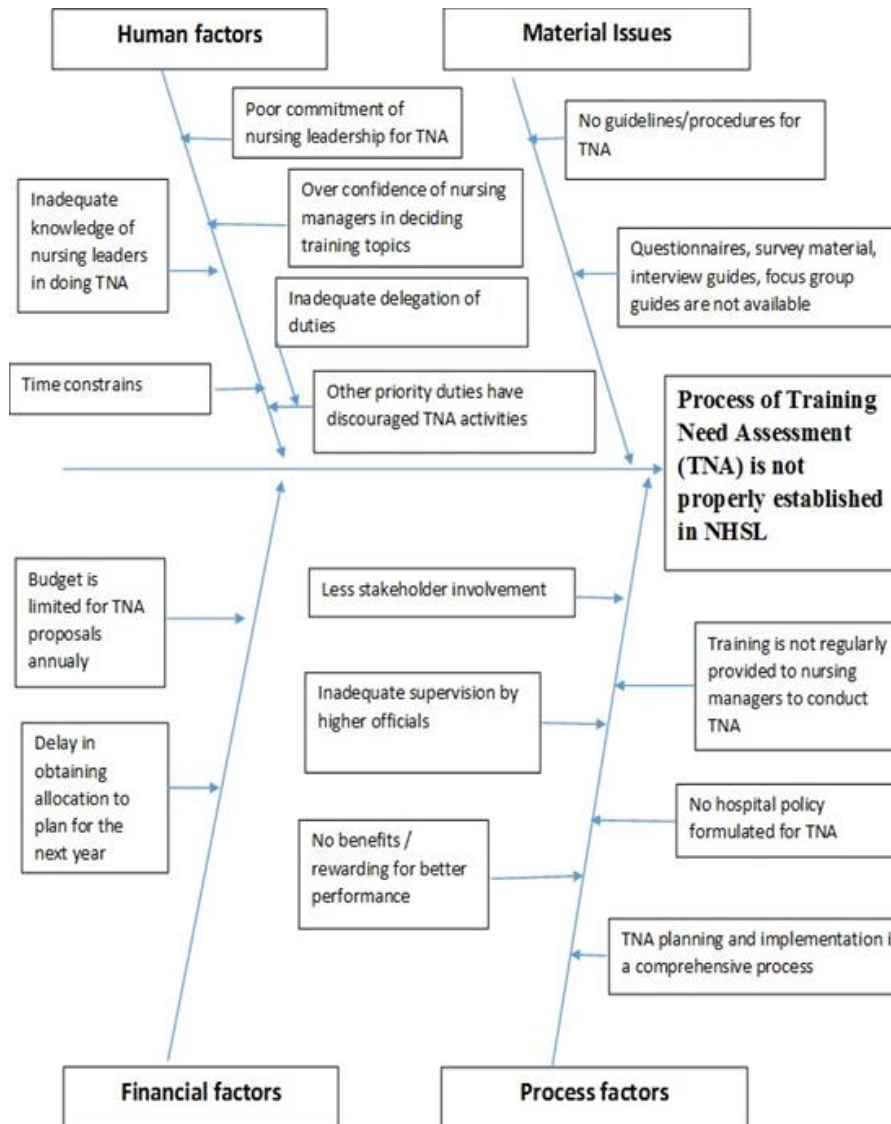


Fig 1

Conclusions

1. Process factors such as; unavailability of a hospital policy, less stakeholder involvement, inadequate training, supervision and rewarding, and the comprehensive nature of the process; have adversely affected, in proper establishment of the process of Training Need Assessment.
2. Unavailability of sufficient budgetary allocations and delaying in receiving approval for project proposals are financial factors for not establishment of the TNA process.
3. Human factors such as; Time constraints, poor delegation of other responsibilities to subordinates to give priority to TNA, over confidence in deciding on the training needs without proper analysis, in adequate knowledge and commitment have resulted in not establishment of a TNA process.
4. Unavailability of guidelines/procedures, Questionnaires, survey material, interview guides, focus group guides are some factors related to material issues affecting this problem.

Recommendations

1. Hospital policy needs to be formulated on Training Need Analysis.
2. Training should be given to the nursing managers to plan and implement TNA and to improve stakeholder involvement.
3. A formal set of guidelines/procedures and data collecting instruments for the hospital, should be prepared to be used in TNA in knowledge, skills and attitudes.
4. Implementation of TNA should be supervised by the hospital management and ETR unit of the Ministry of Health.
5. A Performance appraisal and a rewarding system should be established for nursing managers involved in this process to improve their commitment.
6. TNA should be inculcated to the planning and budgeting process of training programmes to make the responsible nursing managers be familiar with the process.

7. Budget proposals for TNA should be planned, one year in advance so that the required training programmes can be planned for the following year with no delays.
8. Nursing managers should be encouraged to delegate as much routine responsibilities as possible among subordinates for them to devote more time on processes such as TNA.
9. Nursing leaders should be educated on the importance of TNA, over deciding on training programmes on assumptions.

References

1. Gaspard J, Yang CM. "Training needs assessment of health care professionals in a developing country: the example of Saint Lucia"; Published online 2016 Apr 16. *Bio Medical Central - Medical Education*. 2016; 16:112. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4847227/>
2. Ghoreyshyzadeh F, Hosein Pour Feizi AA, Ghaffari R, Nourdadgar A. Educational needs assessment of family health providers in Tabriz health care centers in 2015. *Res Dev Med Educ*. 2017; 6(1):12-18. doi: 10.15171/rdme.2017.003. Available at <https://journals.tbzmed.ac.ir/RDME/Manuscript/RDME-6-12.pdf>
3. Re - organizing Primary Health Care in Sri Lanka; preserving our progress, preparing our future; Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka, 2017; Published in 2018; Available at http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2018/ReorgPrimaryHealthCare.pdf
4. Training Need Assessment; Published on Apr 10, 20142014 Available at <https://www.slideshare.net/wicaksana/training-need-assessment-33397711>