Mandatory continuing education among nurses in Ghana

Accepted 4th September, 2013

ABSTRACT

Compulsory or mandatory continuing education is a means through which professionals in their fields of practice engage in learning to improve upon practice and to continue to stay abreast of the new trends in the profession. This practice has been the trend in the United States of America and Western Europe. In Ghana, this practice is hardly enforced in some professions but more often than not advertised for people interested to participate. In the nursing profession, it is mandatory for practicing nurses to be in good standing by attending regular short courses or updating their knowledge through the ministry of health’s in-service programmes and that of the Ghana registered nurses association and the Ghana midwives council. This study was a survey conducted on 237 nurses across the country using questionnaires to find out their reasons for engaging in continuing education and whether it should be mandatory or otherwise. It also looked at the challenges this would bring to them. It was concluded that the nurses were interested in Continuing Professional Education (CPE) but being mandatory would limit their participation due to financial constraints and professional commitment for nurses in the rural areas as they may not have replacements while they are away.

Key words: Mandatory/compulsory professional education, professional education, nursing, continuing education, education.

INTRODUCTION

The issue of mandatory or compulsory continuing education has been an ongoing debate among professionals. In many instances, attitudes toward mandatory continuing education have been blamed on managers of programmes. In Ghana, it has been a big debate among the professions such as lawyers, accountants, engineers, medical doctors and the nurses. This stems from the fact that it is either a personal choice, that of the employer or the professional body in which the professional belongs.

Thus, Apps (1989) argued that it is very essential that the practitioner is brought regularly to the learning situation to learn new things happening in the profession. This will help practitioners who lack the financial resources and isolated to have the opportunity. Thurston (1992) cited in DeMong and Aussier-Lassier (1999: 20) shares this view and stated that ‘as the level of nurses’ education increased, there is a greater tendency of attendance with the exception of the diploma graduates who was far less likely to attend”. It was further indicated that justification for a mandatory continuing education requirement for re-licensure is obvious when the typical non-attender is a nurse with minimal preparation for nursing employed in a situation with regular contact with the patient.

Perry (1995) cited in Demong and Aussier-Lassier (1999) therefore suggested that the need to keep abreast of a changing world should be enough motivation to get nurses into continuing education programmes. Perry (1995) however, indicated that mandatory continuing education can create a barrier because participants will experience the ‘I have been sent to a course” syndrome and thus learn nothing. This goes to support the notion that such mandatory continuing education would not let the practitioner feel the need to participate to improve his/her competence (Badu-Nyarko, 2003; Hewlett and Eichelber-
ger, 1996).

In another study, Barriball et al. (1992: 1129) reviewing the literature on continuing professional education indicated that "there is a lack of empirically based work analyzing nurses' perception of their continuing professional education needs and perceived outcomes of continuing professional education in terms of changes in knowledge accretion, attitudes, skills, job satisfaction, staff retention and career development". To them, the introduction of mandatory continuing professional education by the United Kingdom Council for nursing, midwifery and health visiting will have the maximum benefits to clients, nurses and the health service in general.

Even though, adult education is supposed to be voluntary (Ofori-Asare, 2006), it is increasingly becoming fashionable, for some providers of continuing education to demand that members engage in compulsory learning (Darkenward and Merriam, 1982; Brookfield, 1986; Woodward, 1996). However, Apps (1989) noted that there is controversy as to whether or not professionals, and for that matter adults, should be forced to participate in continuing education in order to be certified and remain in good standing in their respective fields.

According to Darkenward and Merriam (1982), underpinning the trend toward mandatory continuing education is the idea that adult education is a kind of intervention that is prescribed for the prevention of performance inadequacies or deficiencies. Some of the groups that need continuing education include nurses and teachers.

Proponents of mandatory continuing education argue that it is good for both beneficiaries and the society as a whole. They claimed that if individuals lack the appropriate knowledge and skills to be good workers, then, it is necessary that the appropriate authorities come out with measures to remedy the deficiencies (Ofori-Asare, 2006). Professionals are therefore required to regularly acquaint themselves with recent developments in legislation or technological developments. In the same vein, Hendry et al. (1994) noted that learning organization must facilitate the learning of all its employees with a view to ensuring continuous improvement and innovation.

Another justification for the institution of mandatory continuing education is the assumption that professional bodies and for that matter, nurses, know what is deemed good for their members, for which reason they are justified in forcing people to do what is deemed to be good for them or society. Closely related to this is the assumption that whenever continuing education is mandatory for members of a group, learning will occur, and that the learning will be applied to improving efficiency (Darkenward and Merriam, 1994 cited in Ofori-Asare, 2006). In fact, there is no guarantee that this will happen even under the most ideal circumstances. This could be due to the fact that acquisition of knowledge and skills is one thing and their application another.

Brookfield (1986) indicated that mandatory continuing professional development is not good for learners because they are forced to learn against their will and desires, which may later become a hindrance to any kind of meaningful learning. He argues that even though compulsory continuing development may result in increased adult participation, it may bring about absenteeism. According to Darkenward and Merriam (1982) cited by Ofori-Asare (2006) "compulsory attendance of formal courses may even have the effect of discouraging the self-initiated and self-directed which for many professionals, is more relevant to their needs than the formal opportunities" available to them.

The principle of self-directedness encourages facilitators to guide adults to become self-directed learners. This means that adults should on their own, decide what to learn and not to be dictated to. This assumption is strengthened by writers like Kidd (1993) that the purpose of adult education, or any kind of education, is to make the subject of continuing education "inner-directed" and "self-operating learner".

Even though the main underlying principle of mandatory continuing education is enhancement of knowledge and skills of professionals, a review of mandatory continuing education by Cunningham and Hawking (1980), revealed that there was no correlation between mandatory continuing education and improved practice. This is expected because the resentment that is engendered by the compulsion participation of mandatory continuing education is bound to block any effective learning.

It is clear that the concept of mandatory continuing education violates the cardinal principle of voluntary learning in adult education. Woodward (1996) argued that adult education is inherently voluntary and therefore, after the need to learn has been identified, it is up to the individual to decide whether to engage in either formal or informal learning organized or unorganized learning.

A very important criticism of mandatory continuous education is that poor performance by the professional or worker might not necessarily be the result of deficiency in knowledge and skills. It could be to inadequate supply and ineffective co-operant factors of production that the professional has to combine or work with (for example, equipment and co-workers), supervision, conflicting expectations and regulations governing the professional's performance (Ofori-Asare, 2006).

DeHaven (1990) further indicated that compliance with employer mandated continuing education in a teaching hospital in northern New York has a policy requiring all nurse employees to attend any six continuing education or in-service education programmes per evaluation a year. Her study revealed that 79% of the staffs and all nurses (100%) complied with the employer’s requirements for continuing education. Also, Roberts (1996: 177) stated that mandatory continuing professional education is major issue for nurses in Australia and that this has been in force for
Table 1. Interest in continuing education by educational background.

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Interest in continuing education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (86.1%)</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>No (89.2%)</td>
<td></td>
</tr>
<tr>
<td>Certificate</td>
<td>180</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>15 (7.2%)</td>
<td>17</td>
</tr>
<tr>
<td>First Degree</td>
<td>11 (5.3%)</td>
<td>12</td>
</tr>
<tr>
<td>Masters</td>
<td>3 (1.4%)</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>209 (100%)</td>
<td>237</td>
</tr>
</tbody>
</table>

Roberts continues that:

“The major arguments against mandatory continuing professional education are that it violates the principle of adult education and professional behavior. The major arguments for it are that it protects the public against incompetence and voluntary CPE does not work. The major issues are its effectiveness, cost, educational implications, impact on the workplace and methods of regulation”.

Based on the aforementioned issues raised, the study set out to answer the basic question: What are the main reasons why nurses in Ghana favour or oppose the issue of continuing education in nursing being mandatory?

Objectives

The objectives of this article are:

1. To determine the acceptability or resistance to the principle of mandatory continuing education for Ghanaian nurses.
2. To find out the relationship between personal characteristics and level of support for mandatory continuing education

METHODOLOGY

A survey design of nurses in Ghana was conducted using four regions namely Upper-West, Ashanti, Western and Greater Accra. In all 237 nurses representing 83% of the 286 targeted respondents filled and returned the questionnaires. The main element in the research instrument was on their need for Continuing Professional Education (CPE) of which mandatory continuing education was featured prominently and the interest in this area, stems from the fact that many nurses find it difficult to participate in such activities through no fault of theirs but due to environmental circumstances they find themselves. The administration of the research instrument took three weeks to conduct through personal contacts by the researcher and the research assistants; these assistants were trained for three days to get an insight into the content and nature of the questions as well as, how to administer them. The administration of the questionnaires were based on the list system of nurses at the hospitals in which every third nurse on the list was selected; these included only nurses at post at the time of the research.

This type of sampling termed systematic sampling enabled the researcher to avoid bias and to offer every nurse in the study the opportunity to be part of the study. Where an individual nurse refuses to participate in the study, he or she is not replaced. This provided a means of consistency and representativeness.

RESULTS

The results or findings of the study are presented with reference to the nurses’ interest in continuing education, views on mandatory continuing education and the relationship of personal characteristics to mandatory continuing education.

Interest in continuing education

The study looked at the nurses’ interest in continuing education as a means of sustaining their professional positions and improving their knowledge and skills in nursing. The results are provided in Table 1.

Evidence from Table 1 clearly indicates that the majority of the nurses in the sample 209 or (88.2%) were interested in continuing education. Except less than a fifth of nurses possessing certificate in nursing who were less interested in mandatory continuing education, the others expressed interest. It must be noted that at the time of the research many of the nurses with certificates were upgrading themselves to become Diploma holders.

Professions like medicine, nursing and psychology in the United States of America require their members to have mandatory continuing education to remain in the profession and maintain competency. On the basis of this,
the study sought to find out if continuing professional education should be compulsory in Ghana. Table 2 shows their response.

It was realized from the study that nearly two-thirds of the respondents (62%) wanted continuing nursing education in Ghana to be mandatory with 19% strongly agreeing with the statement. However, 18.8% disapproved continuing education being mandatory. The mean data produced a mean of 3.413 and standard deviation of 1.355 depicting that the nurses wanted CPE to be mandatory.

Further evidence regarding personal characteristics of the nurses on the variable mandatory continuing education shows that there were relationships between age and areas of operation as shown in Table 3. The chi-square analysis depicts that apart from working experience and dependant, there were no significant differences between personal characteristics and mandatory continuing education.

Evidence from Table 4 shows that, the three variables of mandatory continuing education, attitude and interest towards mandatory continuing education when combined yielded a multiple regression coefficient (R) of 0.258. The interpretation of this is that 13.4% of the variance in mandatory continuing education can be explained by the combined influence of the three variables. The table also shows that analysis of variance for the multiple regression data produced an F-ratio of 6.45 which is significant at the 0.05 level. This indicates that the effectiveness of the predictor variables in predicting mandatory continuing professional education could not have occurred by chance.

Further to the understanding of the aforementioned prediction, an explanation was sought from the nurses on their support or otherwise of the mandatory continuing education.

**Reasons for supporting mandatory continuing education**

Several reasons had been offered by Ghanaian nurses as to why continuing education in nursing ought to be mandatory. These reasons are subsequently provided.

About 36% of those in support of mandatory continuing education for nurses were of the opinion that as professionals they must regularly get abreast of the current trends existing in the profession in order not to offer the old ways of practicing nursing. This is because every now and then, new cases of illness occur as well as, new ways of managing the clinics and hospitals. Also, for personal growth, nurses must continue to advance themselves in their careers in order not to be obsolete and stale. Nursing is a dynamic profession and as a result must be abreast of modern trends through regular training and education.

Also, 18% supported mandatory continuing education for the very reason that as nurses they need to be self-motivated in their orientation towards learning in order not to be left behind in the current situation and times. This will enable them to gain confidence in the work they do and as well gain enough respect from other health professionals they are working with in the health sector.

There were 12% who in supporting mandatory continuing education related it to get insight into new areas in the profession as this statement from a nurse with Diploma in nursing stated in the questionnaire:

**Table 2. Position on mandatory continuing education.**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>45</td>
<td>19</td>
</tr>
<tr>
<td>Agree</td>
<td>102</td>
<td>43</td>
</tr>
<tr>
<td>Cannot decide</td>
<td>18</td>
<td>7.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>39</td>
<td>10.4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>20</td>
<td>8.4</td>
</tr>
<tr>
<td>No Response</td>
<td>13</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 3. Personal characteristics and mandatory continuing education.**

<table>
<thead>
<tr>
<th>Personal characteristics</th>
<th>Chi-square value</th>
<th>Degree of freedom</th>
<th>Probability level at 0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21.15</td>
<td>20</td>
<td>0.806</td>
</tr>
<tr>
<td>Marital status</td>
<td>33.47</td>
<td>20</td>
<td>0.67</td>
</tr>
<tr>
<td>Rank</td>
<td>54.65</td>
<td>24</td>
<td>0.048</td>
</tr>
<tr>
<td>Working experience</td>
<td>25.01</td>
<td>30</td>
<td>0.05</td>
</tr>
<tr>
<td>Dependants</td>
<td>27.71</td>
<td>6</td>
<td>0.012</td>
</tr>
<tr>
<td>Sex</td>
<td>18.99</td>
<td>6</td>
<td>0.36</td>
</tr>
</tbody>
</table>
Table 4. Analysis of Variance on combined effects of mandatory continuing education, attitude and interest in participating in continuing education.

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of squares</th>
<th>Df</th>
<th>Mean square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>223.58</td>
<td>3</td>
<td>74.52</td>
<td>6.45</td>
<td>0.000</td>
</tr>
<tr>
<td>Residual</td>
<td>1330.61</td>
<td>116</td>
<td>11.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1569.20</td>
<td>119</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple R</td>
<td>0.258</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple R square</td>
<td>0.134</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted R Square</td>
<td>0.112</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard error = 3.173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"I have worked in the nursing profession for more than 15 years. The first 8 years did not provide me with enough in-service training for the work I do. But thereafter, the training I received on yearly and sometimes every two years provided me with enough insight as to what is prevailing presently in the nursing profession which was different from what I learnt in training college. So I think nurses must be forced to attend such professional activities and conferences. It helps to open up our horizon".

Another 12% will support mandatory continuing education on two grounds. First, the hospital or institution must be ready to finance nursing training and pay or reimburse nurses of their financial and other commitments put into attending such programmes for upgrading and seeking of further knowledge.

The study also found out that 8% who supported the idea stated that it was necessary for such activities or programmes to be mandatory at least for every two years or may be five days in a year on different topics. This should be so because if it is run every five days in a month over a year, people would be prepared to attend some of them without sacrificing the duties they perform at the hospitals or health facilities.

About 14% of the nurses also held the view that it is necessary for nurses to get enough information to update their skills and to discuss new trends in the nursing profession as they learn from the experiences of colleagues in other fields of nursing. This is because at such continuing education programmes one is bound to learn something new. This view was supported by a Senior Nursing Officer who stated that:

"I will say that it must be compulsory in the sense that everybody in the society whether rich or poor, educated or not, religious groups look up to us as nurses for information on diseases, patient’s care and management and as such, we cannot sit idle not improving or learning new things. Continuing Professional Education (CPE) in nursing if made compulsory will help us a lot in our daily activities and interaction".

Finally, 8% of the nurses held the view that they will support mandatory continuing education for nurses on the basis that if the government and health service providers are to ensure quality of nursing provision and relevance, then, nurses must be encouraged to attend such continuing education programs and made compulsory so that they do not see the profession as a onetime activity. Nurses must learn throughout their lives. If it is not compulsory, nurses will not attend and will be at the service without thinking of improving or developing themselves. As human nature has it, if nurses are not pushed or forced, sometimes they may not take the needed action or make the efforts.

Reasons for disapproving mandatory continuing education

Other nurses also came up strongly as to why they felt continuing education in nursing should not be compulsory. Their views are subsequently summarized.

There were 42% of those nurses who opposed continuing professional education on the grounds that nurses should not be forced into attending such activities. The reasons being that sometimes the topics to be discussed have been treated in trainings or have been read about in books or the internet, and so, when the nurse is forced to attend he or she will not get interested. She or he may attend only because he/she has been asked to do so. In effect, not much learning may take place.

Also, 20% said it should not be compulsory if the individual is to finance it, and that looking at salary levels of nurses it would sometimes be difficult to part with money to undertake such activities when made compulsory.

In addition to the aforementioned views, 16% felt that making such programs compulsory requires that the GRNA and the midwives’ council ensures that the content of the continuing education programmes are relevant to the field of nursing practice and to follow up to see if participation
is active. 10% rejected the idea of continuing professional education by stating that if continuing education is to be compulsory, then, it must be tied up to certification or number of attendance for promotion. It is by this method that nurses may be compelled to participate.

In rejecting such a proposal on mandatory continuing education, 12% felt this is a matter of personal choice and interest. Nurses have different goals and aspirations. The course proposed may not interest the nurse or not in their area of interest, thus, asking the nurse to participate will not bring any benefit. There are also other interferences such as family and lack of staffs to replace the nurse while away for such programmes.

DISCUSSION AND CONCLUSION

The controversy as to whether Continuing Professional Education (CPE) in nursing should be mandatory was supported by the majority of the nurses. The major arguments that were advanced for supporting mandatory continuing education stems from the fact that such an activity ought not to be too expensive so as to exclude potential participants to the programme or in-service training.

Also, such requirement must actually result in better practice and improve patient’s care and the required outcomes. The relevance of the programme is very important because not all courses are taught in every aspect of nursing during the training period. This supports Munro (2008: 593) that the nature and type of continuing professional development “required seems to be determined by the individual on the one hand and the organization on the other, rather than an integral part of professional activity within the context of work”.

As a result, nurses are to attend such continuing education programmes to adjust the shortfalls in their training and also learn new things happening within the profession. It must also be noted that in as much as the institutions or professional bodies require nurses to attend compulsory training after graduation, efforts must be made to finance their participation. As Roberts (1999) observed, the bottom line rests on how effective such activities are, the cost involved and the educational implication relating to type of in-service training, and certification either participatory or on merit.

Albeit, there exist the notion that continuing education in nursing may not produce the best from the nurses where many of them had already been knowledgeable about. The essence here is that knowing the content of the training programme and the purpose of the in-service training may motivate nurses to attend (Hughes, 2005; Gopee, 2005). However, where it is a basis for compliance, then, obedience to the policy prevails. In such circumstances, the nurse may participate but as to whether she is going to learn or enjoy him/herself or just offering him/herself for attendance is another issue worth discussing.

Opinions may differ but where the participation is compulsory as a basis for promotion or to stay in good standing or competence in the profession, then, nurses may attend such further education programmes. In some instances, incremental jump in salary may be advocated to enhance the financial position of the nurse. In such instances, participation may be enhanced. For many nurses, although continuing education in the profession is advocated, those in the rural areas or remote centres may not hear or get the opportunity to participate because of lack of staffs to take over while they are away to such programmes. This requires that such compulsory continuing education need not be too long; may be three days in a week over a period of time.

The deduction from the study indicates that Ghanaian nurses are in support of continuing education irrespective of age, sex, educational level and marital status. Support for mandatory continuing education rests on the institutions and the professional association to support the nurses to pursue such learning activity based on financial commitments, time for the programmes and the nature of topics to be discussed as well as, commitments from employers to support such programmes.

REFERENCES


**Cite this article as:**

Submit your manuscript at:
http://academiapublishing.org/journals/ajar