Mandatory Continuing Nursing Education: Factors Influence Nurses’ Participation in Hong Kong

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ABSTRACT

Background
Continuing Nursing Education (CNE) is of paramount importance to ensure safe and high quality nursing practice, and to improve quality of care. In some Western countries, mandatory continuing nursing education (MCNE) for relicensure had been implemented for more than ten years. In Hong Kong, it was proposed by the Nursing Council of Hong Kong in 2002. A review of the literatures showed that to involve potential CNE consumers in identifying factors influence their CNE participation is useful for potential CNE providers to plan for effective CNE programs, to make the programs responsive to the CNE needs and preference of nurses, and to increase nurses’ satisfaction and participation. In order to implement MCNE successfully in Hong Kong in the nearest future, identification of factors influencing Hong Kong nurses’ CNE participation is valuable to help the potential CNE providers plan for effective CNE programs and to maximize participation.

Aim
This study was designed to examine factors influencing CNE participation of nurses in Hong Kong.

Methods
A descriptive mailed survey was conducted on a stratified random sample of 606 registered nurses (RNs) and enrolled nurses (ENs) in Hong Kong who were recruited from the Association of Hong Kong Nursing Staff. A modified and validated questionnaire entitled “Continuing Education Survey” was used to collect data on nurses’ attitudes towards CNE and MCNE for relicensure; nurses’ preferred CNE topics, formats and scheduling; and the difficulties nurses encountered in the past which deterred them from participating in CNE activities.

Findings
Results of this study showed that the attitudes of nurses towards CNE were positive,
however, almost half of them disagreed with the legislation of MCNE for relicensure in Hong Kong. Moreover, ENs were significantly more likely to disagree MCNE than RNs. Regarding nurses’ preferences of CNE topics, formats and scheduling; the most preferred categories of CNE activities were care enhancement, nursing specialty development and technology advance in clinical practice. Irrespective of the categories of CNE activities, Traditional Chinese Medicine and issues on aging population were the most popular topics. The most popular CNE formats were enrollment in formal academic courses, attendance at a live conferences, seminars or workshops, and watching video-taped/VCD/DVD instruction whereas the most favourable CNE scheduling was part day CNE activities on weekdays. Barriers such as tiredness due to heavy workload, expensive course fee, and difficulty in requesting duty were mostly encountered by the respondents in the past which deterred them from participating in CNE activities.

Limitation
The small sample size of this study may limit the generalizability of the study result to the nursing population in Hong Kong.

Recommendations
The potential CNE providers can organize CNE programs based upon the identified CNE needs and preferences of CNE format and scheduling to maximize participation. They can also tailor-made some responsive programs to motivate the opponents, especially ENs, to participate more in CNE activities. A surveillance system should be developed by the Nursing Council of Hong Kong to monitor the course fee set by potential CNE providers to reduce nurses’ worries. The nursing management personnel should support their nurses to attend CNE activities through facilitating their request on duty arrangement.

Conclusion
Although some nurses showed a bit resistance to the implementation of MCNE for relicensure in Hong Kong, their attitudes towards CNE were positive. Thus, the potential CNE providers need to pay more efforts on designing favourable CNE programs based on the study findings, hoping to motivate them and maximize their participation. On the other hand, the potential CNE providers should set a reasonable course fee and the nursing management personnel should be more supportive to facilitate nurses in attending CNE activities.