

## **NURSES CONTINUING EDUCATION WITH THE APPROACH OF DISTANCE EDUCATION**

**EMİNE ŞENYUVA**

Istanbul University Florence Nightingale Nightingale Nursing Faculty  
Department of Education of Nursing Şişli/Istanbul/TURKEY  
Posta Code: 34381

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### **ABSTRACT**

When the changes/ developments in health care services, the quick increase and aging of information, the tendency to expertise and lifelong learning are considered, it has been inevitable for continuing education programs in nursing which include all educational activities and which has a very important place both in the world and in Turkey to be given through distance education. Besides, it should be remembered that distance education programs which are prepared in accordance with scientific and contemporary approach and national and regional requirements will contribute to both the solution of quality and quantity problems in nursing, continuity of nursing and increasing the country's health. It should also be evaluated by considering the fact that without borders education will be given to a big group when and where they want and necessary studies and regulations should be carried out.

**KEYWORDS:** continuing education, distance education, continuing education in nursing, distance education in nursing, nursing

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### **INTRODUCTION**

#### **Key Points**

1. When the changes/ developments in health care services, the quick increase and aging of information, the tendency to expertise and lifelong learning are considered, it has been inevitable for continuing education programs in nursing which include all educational activities and which has a very important place both in the world and in Turkey to be given through distance education.
2. Besides, it should be remembered that distance education programs which are prepared in accordance with scientific and contemporary approach and national and regional requirements will contribute to both the solution of quality and quantity problems in nursing, continuity of nursing and increasing the country's health. It should also be evaluated by considering the fact that without borders education will be given to a big group when and where they want and necessary studies and regulations should be carried out.

The most valuable natural source a country has is "human". Improving and evaluating this source in direction of the needs and development of the country will provide to realize the aims of progress and civilization. To bring up a human at will is possible through education (Ekici 2003). Education is an

interactive process which prepares the individual to the social functions, which increases productivity and creativity, which enables to get new behaviours and which includes every stage of life (Alspach 1995, Anderson 2001, Pektekin 1996). Today, the traditional education has left its place to continuing education view which is supported by technology, in which the learner is in the centre and takes responsibility, and which is based on lifelong learning (Alspach 1995).

### **A GENERAL OVERVIEW OF CONTINUING EDUCATION IN NURSING**

The rapid and intense social, economic and technological developments, and changes and developments in health care services cause individuals' need of education rise rapidly. In fulfilling these education needs, it is important for nurses to be qualified. Nursing is a scientifically rigorous discipline, which requires the updated information on a regular basis to ensure best possible care is provided to patients. Nursing is a profession, used together psychomotor and critical thinking skills, which helps individuals and society with health-needs. In the health field including nurses with critical thinking skills will enhance to problems look and qualitative of the solution. To have qualified nurses is possible only by continual education which means to fulfil not only basic education but also professionals' need of education systematically (Boz & Kurubacak 2008, Gallagher 2007, Taşocak 2000).

Today, nurses who do not renovate their information, skills, attitudes and behaviours through continual education cannot be effective enough in health care services even though they might have received educational programs which may be thought to be sufficient in terms of time and content. Some of the information learnt in basic education may be forgotten in time, nurses may fall behind practicing innovations, and some may lose validity as a result of scientific, technological changes/developments. Nurses may lose validity in case of not having the opportunities of completing and renewing themselves socially and professionally. Such a result shows the importance of continual education for nurses. Moreover, new technologies that have been started to be used in health care services, rapid changes in patient treatment and care, individuals' expectation of better health service, the reflection of scientific information into nursing practices, the need to update nursing information and skills, the tendency to expertise, and lifelong learning have made continuing education a must for nurses (Abruzzese 1986, Alcan 1997, Alspach 1995, Mouzakitis & Tuncay 2011, Stein 1998).

According to the International Council of Nurses (ICN) continuing education is,

“all the educational activities including individual education, in-service training, formal courses after basic education and academic studies after graduation”.

A frequently quoted definition of continuing nursing education is that of the American Nurses Association (ANA 1984):

“... planned educational activities intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public.”

Since 1984 the field of professional development has become more sophisticated. The ANA, in their Standards for Professional Development (1994), reflect the path pursued by the English National Board (ENB 1990) in combining continuing education and staff development (in-service) to create a more encompassing definition, thus to the ANA (1994) nursing professional development is:

“... the lifelong process of active participation in learning activities to enhance professional practice.”

As it can be understood from the definition, the determinants of continuing education in nursing are

the needs of nurses ( professional development), health care system ( qualified service) , and the society ( to increase the quality of health and living) (Abruzzese 1986, Alspach 1995, Stein 1998). According to another definition continuing education in nursing is a planned education process which continues after the basic nursing education, which improves information, behaviour and skills in order to fulfil the requirements of the profession. Nursing literature has stressed the importance of continuing education since the beginning of the profession, as recounted in Florence and annotations, encouraging nurses to continue to learn. There continues to be uniformity in the definition of continuing education between the Irish and American literature, with continuing education defined within an Irish context as:

“a life long professional development process which takes place after the completion of the pre-registration nurse education programme. It consists of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice, patient/client care, education, administration and research”

An American definition offered by Mosby’s, Medical, Nursing and Allied Health Dictionary (Anderson et al., 1998) corresponds with the above definition by stating that continuing education encompasses:

“formal educational programs designed to promote the knowledge, skills, and professional attitudes of nurses. The programs are usually short-term and specific; a certificate may be awarded for completion of a course, and a number of continuing education units or contact hours may be conferred”

In other words, continuing education is a professional attitude adopted by nurses because of the rapidly expanding and aging database and the necessity to use the technology and shapes what nurses can do in the future and aims to form the basis of the content. For this reason, in every continuing education to expand information, to provide new information, to improve the already existing skills, the reflection of information on behaviours and forming a behaviour change should all be considered (Abruzzese 1986, Gökçebay et al. 1997, Mouzakitis & Tuncay 2011, Thurstone 1992). Furthermore nurses will continue their individual and professional development through continuing education in accordance with contemporary approaches and increase the quality of the service and care (Abruzzese 1986, Alspach 1995, Stein 1998, Taşocak 2000, Thurstone 1992).

In keeping with Rodger’s evolutionary approach, which seeks meanings in the concepts’ use; emerging from the above definitions is ‘education is continuous’ with ‘planned learning to enhance nurses’ knowledge, skills and attitudes’. Such definitions concur with An Bord Altranais (1994) view, that nurse education should be viewed on a continuum, and not something that begins on entry to nurse education programmes and ends at the point of registration as a nurse.

Evidently, throughout the evolution of continuing education (CE), the terminology has been used interchangeably with other related terms. A confusing number of terms exist, which can be viewed essentially as the same concept (Quinn, 2000). These include continuing professional development (CPD), continuing professional education (CPE), Lifelong learning (LLL) and staff development (SD) (Quinn 2000).

When sources are examined, it can be seen that the roots of continuing education in nursing go back to Florence Nightingale. Florence Nightingale pointed out the importance of continuing education in nursing by saying, “We shall never think ourselves as nurses whose education has finished... We should continue to learn lifetime.” (Pektekin 1996). When we examine the world, it is seen that the first continuing education started in the U.S.A in Columbia University Teacher College in 1899 and systematic activities gained wide currency in the second half of the 20<sup>th</sup> century. It is necessary to participate in continuing education programs and take proficiency tests periodically to obtain work

permission especially in health institutions in developed countries where accreditation system is implemented. For this reason a lot of private companies, health organizations and trade bodies benefit from the support of technology and practice continuing education in nursing in the direction of top level structuring and standards. Government supports these activities by implementing necessary regulations and allocating sources and necessitates participation. In England, the first studies on continuing education in nursing started after the World War I in order to educate the nurses who worked for the Red Cross. From 1920, studies started by opening courses in King's and Bedford Colleges. Red Cross and Florence Nightingale Foundation have organized education programs and Bedford College has been the first significant program to accept international students. After 1930, a separate department from Royal Nursing College was founded to organize continuing education programs and an internationally important source has emerged. The education programs were given by this organization every year. In Canada correspondence education program which was started by nurses and hospital organizations in 1961 is important in terms of bringing extension courses (Abruzzese 1986, Alspach 1995, Dimauro 2000, Stein 1998, Thurstone 1992).

As adult learners, nurses need to feel in control over their learning which enables them to access education programmes that reflect their personal interests and addresses their learning needs (Timms 1995). A survey conducted by Beatty (2001) with a sample of 199 nurses, described nurses' attitudes toward continuing professional education. The finding from Beatty's study support earlier quantitative research by Arneson (1985) exploring nurse's attitudes towards mandatory continuing education. Both studies indicate that higher levels of education i.e. academic diploma or degree are predictive of nurses' participation in continuing education. However, a review of the literature on the effects of continuing education on professional practice conducted by O'Brien et al. (2001) cited in Gopee (2002) revealed that interactive workshops resulted in improvements in professional practice, and that just attending lectures was least likely to achieve any improvements. The Report of the Commission on Nursing (1998) highlighted the need to develop and strengthen the availability of professional development for all nurses and midwives. The commission reported that professional development should be considered under the headings of in-service training, specialist training and continuing education. As the nursing literature evidently shows, continuing education is an essential component to the professionalisation of nursing and could be viewed as a catalyst for the development of nursing practice (Unsworth 2000). This perhaps suggests that continuing education is the driving force that promotes nurses to continue their professional development. Therefore, the continuum between continuing professional development and lifelong learning should be supported by a continuing education structure.

In our country the importance of education was determined in 1981 after the "Nursing in Basic Health Services" meeting held in Geneva saying "The basic changes which will enable the needs of the society to integrate with the nursing education and practice should be carried out in every level of nursing education, in in-service training and in postgraduate studies." In "The Health Manpower Nurses' Group Report" published in the I National Health Congress which was held in Antalya in 1992 by the Ministry Of Health; among the problems of nursing services has been the insufficiency of after graduate education programs, which provide orientation and refreshment. Also, under the title of "developing qualities of the nursing education" it has been stated that after graduate certificate programs should be carried out in order for the nurse to be more effective in the field s/he wishes to expertise, refresher courses should be provided when needed, and education nurse position should be provided to the ones who will work in continuing education and in-service training programs (Taşocak 2000). With these approaches, in recent years Turkish Republic Ministry of Health has organized continuing education programs together with the Organization of Turkish Nurses, branch organizations in nursing and other organizations towards the improvement of nurses and nurse trainers. Besides, continuing education programs are organized by private organizations for a fee.

In short; the most significant implication of continuing education is its ability to enhance practice and promote the health of the public. The impact of continuing education must be fully recognized, be accessible and relevant for nurses so they can engage fully in all continuing education opportunities. Importantly though, this can only be achieved when government policy, health service agencies and educators understand the importance of accessibility to continuing education opportunities and place enough value on the implications of the concept. Only then, might responsibility be accepted for providing more opportunities for nurses to attend continuing education initiatives throughout their career.

### **DISTANCE EDUCATION and CONTINUING EDUCATION IN NURSING**

Distance education which uses the opportunities of information communication technology and education technology and which aims to provide education for a lot of people uses a variety of information technologies to connect students and faculty who otherwise are not able to meet because of barriers of time or space. Because the student and teacher are not in the same classroom, distance education focuses on designing instruction that transcends the classroom, supporting the learner who must assume additional responsibility for learning, and promoting meaningful interaction that overcomes the separation of the teacher and student. The primary value of using information technology to connect teachers and students is that learning opportunities can be accessible to students who live a distance from the faculty, and learning opportunities can occur "on demand" at a time and place (often the work site or home) convenient for the learner. Distance education can be used to deliver credit courses and entire curricula, continuing education, and on the job or just-in-time training. Offering courses using distance education strategies also can serve as a vehicle for recruitment and retention for schools of nursing, and health care agencies. From the instructional view-point, course work can be designed to be consistent, reproducible, and used at multiple locations. Distance education is not for all teachers, all students, or all instructional activities, and nurse educators must make careful choices about using distance education technologies. Distance education requires additional course preparation and role changes for faculty and students. Finally, distance education involves the costs of managing such a program, additional faculty time, and technology, and initial efforts to develop distance education programs may be possible only with additional funding. Although the benefits of distance education, such as public relations, recruitment to a campus, and access for students, can be achieved through distance education, economic benefits to the provider (school and university, health care agency) come from large enrollments, access to experts, or salary savings when faculty are not employed at multiple sites, and the costs and benefits may or may not be revenue-neutral (Billings et al. 1989, Maltby, Drew & Andrusyszyn 1991).

Through distance education, it is possible to educate a lot of nurses within a short time. By this way the professional qualities of nurses may be improved, in other words lifelong learning and continuing education is provided. Nurses are unable to continue the traditional education services because of daily life conditions and they might experience individual, professional or familial problems. For instance family, shifts, working conditions, geographical distances and time limitations are among the obstacles for nurses to continue their education. Nurses tend to prefer distance education programs in order to have constant education and to get a higher rank in their jobs (Boz & Kurubacak 2008). Through distance education nurses develop professionally without neglecting their duties, without placing a burden to the economy and they also become economically productive because carrying on their job at the same time (Türker 2002). As distance education provides opportunities for nurses who live in rural areas and who have problems in reaching central places, it provides equal opportunities for education.

For instance, it makes education available for a nurse who lives in a far away village in East Anatolia. By this way, interregional differences and problems in having education disappear. When resources in this direction were examined, it is emphasized in the sources that with distance education the nurses can get access to a distant program/university without any time or geographical restrictions,

therefore many nurses can be trained simultaneously within a short period of time, they can improve their life-long professional and individual qualifications/ roles, develop themselves and continue their training activities (Armstrong, Gesser & Cooper 2000, Blakeley & Smith 1999, Carr & Farley 2003, Christianson, Teine & Luft 2002, Hoeksel & Moore 1994, Holly 2009, Mahoney et al. 2005, Mallow & Fredricka 1999, McGreal et al. 2006, Taşocak 2000, Taylor 2003). In addition, the distance education of nurses proved to be successful in completing and continuing graduate and post graduate studies as well as various professional sources and certificate programs (Adams & Timmis 2006, Atack & Rankin 2002, Carr & Farley 2003, Yu & Yang 2006). The national and international nursing organizations point out that distance education is vital/essential for nurses in terms of their life-long individual and professional development and continuing their education while working on the field (Farrel et al. 2007, Glen 2005, Heidari & Galvin 2002, Holly 2009, McNeil et al. 2003, Reiners 2005, Şenyuva & Taşocak 2010).

Distance learning programs are proving to be very popular for advancing nursing education from both a continuing education and academic degree perspective. Whether one is exploring opportunities to maintain certification or to pursue an advanced academic degree, distance learning technologies offer many feasible options (Messina 2002). Starting from 1990s, completing undergraduate degrees, graduate and post graduate studies and certificate programs have been given through distance education in countries such as the United States of America (USA), England, Germany and many other developed countries. Phoenix University (<http://online.phoneix.edu>), East Carolina University (<http://www.nursing.ecu.edu>), Pennsylvania State University ([http://deexel.com/Fields\\_of\\_study/nursing/RN\\_BSN/index.shtml](http://deexel.com/Fields_of_study/nursing/RN_BSN/index.shtml)) and Washington State University (<http://distance.wsu.edu/degrees/nursing.asp>) in the USA are some of the universities that provide undergraduate, graduate, post graduate and certificate programs through distance education (Armstrong, Gesser & Cooper 2000, Blakeley & Smith 1999, Billings 1999, Glen 2005, Hoeksel & Moore 1994, Reiners 2005). When resources are examined, according to the 1995-1996 statistics of the US Registered Nursing Association, there were 5,514 registered nurses in Newfoundland, 90% of whom were unable to continue to any graduate programs or further education after graduation, and it was emphasized that distance education was appealing for nurses not only due to their residential location, but also life style and working hours (Mallow & Fredricka 1999). In their study, Christianson, Tiene & Luft (2002) emphasized the importance of distance education for nurses who worked/wanted to continue their education while working, receive education at later stages of life, and be with their families. In another study conducted by Sit, Chung, Chow & Wong (2005), it was found out that the nurses who are still working and who do not want to stay/live away from their families, and who want to participate in continuous training programs for professional development are very satisfied with distance education. Yu & Yang (2006) found out in a study that especially nurses who work in health centres in rural areas show more positive attitudes towards distance education compared to nurses working in health centres in cities, and because nurses in rural areas cannot reach sources such as books or journals easily, they demand more for continuing education through distance education.

In Turkey, the first distance education practices in nursing started in 1982 when the "Associate Degree Department for Health Administration and Health Personnel" was founded within the Open Education Faculty upon opinion of the General Directorate of Healthcare Education stating in order to "communicate the medical and paramedical developments to the assistant healthcare professionals working at healthcare institutions, and raising professionals meeting the standards of the European Community by improving the knowledge and skills of the intermediary workforce in healthcare industry", and by decisions no: 90, 30, 1074, dated 21.08.1990 of the Higher Education Institution. In parallel with this, upon Statutory Decree No: 496, dated 18.08.1993, an agreement was made with the Ministry of Health and the "Nursing Associate Degree Program" was started within the Open Education Faculty to allow the working nurses who graduated from vocational health high schools to complete the associate degree program. Within one year, the program was enlarged to include midwives and healthcare

technicians as well. This program which aimed "to relieve the pressure on higher education, and to provide advanced knowledge to professionals by increasing their educational level, and giving them the opportunity to get a higher education diploma in their field" 39,913 nurses and 16,916 midwives graduated including 2006-2007 academic year (Şenyuva & Taşocak 2010, <http://ogrsayi.anadolu.edu.tr/pdetay.htm>, 05.06.2007). Today, Article 1 of the "Nursing Law" stating that "the title of nurse shall be given to those who have graduated from faculty and schools providing undergraduate degree on nursing at Turkish universities, and whose diplomas are registered at the Ministry of Health, and those who have graduated from a foreign nursing school recognized by the State, and whose diplomas are approved to be equivalent and registered at the Ministry of Health" as published in the Official Gazette number 26510, dated 02.05.2007 upon Statutory Decree no: 5634, dated 25.04.2007, and the changes and developments in today's world have brought forward the subject that the nurses with associate degrees should complete the undergraduate degrees by means of distance education (Şenyuva 2011, <http://rega.basbakanlik.gov.tr/#> 14.05.2007, <http://saglik.gov.tr/TR/Genel> 17.02.2010).

In line with this requirement, the Ministry of Health and the Higher Education Institution have cooperated, and protocols have been signed with Samsun Ondokuz Mayıs University for Midwifery Undergraduate Degree Completion Program, with Erzurum Atatürk University for Nursing Undergraduate Degree Completion Program, and with Malatya İnönü University for Healthcare Training Undergraduate Degree Completion Program in the communiqué no: 9532, dated 05.08.2009 of T.R. Ministry of Health General Directorate of Healthcare Training, and the midwifery, nursing and healthcare training undergraduate degree completion programs started in 2009-2010 academic year through distance education. 24082 nurses have enrolled at the program and 23857 nurses have continued the program (225 nurses have dropped out) and at the end of 2010-2011 academic year 10727 nurses have graduated. 13130 nurses are still continuing their education (<http://saglik.gov.tr/TR/Genel> 17.02.2010). Besides, in 2011-2012 academic year, İnönü University Institution of Health Sciences Nursing of Surgical Diseases started a distance education graduate program without thesis, approximately 1500 student applied to the program and 50 of them were admitted to the program.

As it is seen, in our country studies regarding distance education in nursing are available in associate degree, undergraduate academic degree and post graduate degree, and undergraduate completion degrees are not constant. Distance education programmes for continuing education for nurses are not available yet. However, in training nurses who are willing to learn how to learn, who have adopted lifelong learning and in developing these qualities, it is of great importance to evaluate the situation in nursing education and to develop programs in line with these results. This study is important in terms of contributing to the literature and lighting the way for related studies

## CONCLUSION

When the changes/ developments in health care services, the quick increase and aging of information, the tendency to expertise and lifelong learning are considered, it has been inevitable for continuing education programs in nursing which include all educational activities and which has a very important place both in the world and in Turkey to be given through distance education. Besides, it should be remembered that distance education programs which are prepared in accordance with scientific and contemporary approach and national and regional requirements will contribute to both the solution of quality and quantity problems in nursing, continuity of nursing and increasing the country's health. It should also be evaluated by considering the fact that without borders education will be given to a big group when and where they want and necessary studies and regulations should be carried out.

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