



# BARRIERS TO ACCESSING PROFESSIONAL SKILLS IMPROVEMENT TRAINING FOR NURSES

## BARIERY W DOSTĘPIE DO SZKOLEŃ PODNOSZĄCYCH KWALIFIKACJE ZAWODOWE PIELEŃNIAREK

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### ABSTRACT

**Introduction.** Nurses are obliged by law to constantly update their knowledge and professional skills. Awareness of barriers to accessing training is necessary to provide favourable conditions for postgraduate education for nurses. The study aimed to analyse opinions and experiences of nurses concerning barriers to accessing professional skills improvement courses and trainings.

**Material and Methods.** The study enrolled a total of 1244 nurses taking specialisation examinations organised by the Postgraduate Training Centre for Nurses and Midwives in Warsaw. The study was conducted during the fall examination session in 2014 using a diagnostic survey carried out via an original questionnaire comprising 7 questions with a five-point Likert scale concerning the assessment of barriers to accessing training. An additional part with sociodemographic data was also included in the questionnaire.

**Results.** The higher the level of education of nurses, the more important were financial barriers to accessing training. A barrier arising from the distance between the place of training and the place of residence was recognised as having the largest impact by nurses providing home care for elderly and ill patients as part of their professional work. The significance of obligations related to the care of child/children or other persons constituted a more important barrier to accessing training for charge nurses than for departmental nurses (57.3 and 26.0%, respectively). Bad work environment and a lack of approval for persons developing their skills were identified as important barriers to accessing training significantly more often by charge nurses (64.0%) than by the remaining nurses.

**Conclusions.** The adaptation of working environment and use of measures motivating and enhancing nurses to participate in trainings should take account of the needs of nurses. Therefore, there is a need for each individual assessment of needs and difficulties a nurse can encounter in accessing postgraduate training.

KEYWORDS: barriers, qualifications, nursing staff, education.

### STRESZCZENIE

**Wstęp.** Pielęgniarki mają ustawowy obowiązek stałego aktualizowania swojej wiedzy i umiejętności zawodowych. Stwarzanie odpowiednich warunków sprzyjających kształceniu podyplomowemu pielęgniarek wymaga znajomości przeszkód w dostępie do szkoleń. Celem badania była analiza opinii i doświadczeń pielęgniarek na temat barier w dostępie do kursów i szkoleń podnoszących kwalifikacje zawodowe.

**Materiał i metody.** W badaniu brało udział 1244 pielęgniarki – uczestniczki egzaminów specjalizacyjnych zorganizowanych przez Centrum Kształcenia Podyplomowego Pielęgniarek i Położnych w Warszawie. Badanie przeprowadzono w sesji jesiennej w 2014 roku metodą sondażu diagnostycznego, z użyciem autorskiego kwestionariusza składającego z 7 pytań na 5-stopniowej skali Likerta dotyczących oceny barier w dostępie do szkoleń. Ankiety uzupełniono o dodatkową część pozwalającą na zbieranie danych socjodemograficznych.

**Wyniki.** Im wyższy poziom wykształcenia pielęgniarek, tym większe było znaczenie bariery finansowej w dostępie do szkoleń. Najsilniejszy wpływ bariery wynikającej z oddalenia miejsca szkolenia od miejsca zamieszkania był dostrzegany przez pielęgniarki, które w ramach pracy zawodowej sprawują opiekę domową nad osobami starszymi lub chorymi. Znaczenie obowiązków wynikających z opieki nad dzieckiem/dziećmi lub innymi osobami jako istotna bariera w dostępie do szkoleń była znacznie silniejsza u pielęgniarek odcinkowych niż pielęgniarek oddziałowych (57,3 vs 26,0%). Znaczenie niesprzyjającej atmosfery w pracy i braku akceptacji dla osób doszkalających się jako istotna bariera w dostępie do szkoleń była znacznie większa u pielęgniarek odcinkowych (64,0%) niż w pozostałych grupach.

**Wnioski.** Dostosowanie warunków w miejscu pracy oraz stosowanie mechanizmów motywujących i zachęcających pielęgniarki do udziału w szkoleniach powinno uwzględniać ich potrzeby. Konieczna jest więc każdorazowa indywidualna ocena potrzeb i trudności jakie może napotkać pielęgniarka w dostępie do szkoleń podyplomowych.

SŁOWA KLUCZOWE: bariery, kwalifikacje, personel pielęgniarski, edukacja.

## Introduction

The Nurses and Midwives Act of July 15, 2011 imposes on nurses and midwives an obligation to constantly update their knowledge and professional skills and gives them an entitlement to professional development on a variety of postgraduate training programmes [1]. Professional development is also regulated by the Code of Professional Conduct of Nurses and Midwives of the Republic of Poland [2]. The postgraduate education system in Poland as of December 17, 1998 comprises the following forms of training: specialised courses (also called “specialisation”), qualifying courses, specialist courses, and skills improvement courses. Their aim is to provide nurses with knowledge of and skills in a particular field in order to be able to provide health services and exercise professional activities while providing nursing, preventive, diagnostic, treatment, and rehabilitation services as well as improving and updating their knowledge and skills. Each nurse and midwife with the right to perform their profession is allowed to enrol in a specialist and skills improvement course. Professional experience of at least two years in the preceding five years is required to start a specialisation and experience of at least 6 months is required in the case of a qualifying course [1].

Ongoing changes and rapid development of modern medicine force all healthcare professionals to constantly update their knowledge. In addition, nurses and midwives have gained new powers and competencies, which has increased their responsibility, autonomy, and professionalism. Recent years have seen a growing interest of nurses in improving their knowledge by attending various forms of trainings. This results from growing awareness of statutory need for training, availability of a broad range of educational offer, and co-financing of trainings from the state budget [3–5].

A systematic review by Santos [6] demonstrated that there were few studies on the effect of selected factors on the difficulty in getting access to professional skills improvement training for nurses. Nevertheless, the available world literature focused on this issue showed that nurses continued to face barriers to accessing postgraduate education [7–17]. These include several major restrictions: the lack of time for professional development, the structure and nature of work, financial barriers, lack of superiors’ approval, insufficient training dates, the fact that the employer does not require further training of employees, as well as transportation difficulties [5, 6]. The lack of time is, according to nurses themselves, the most crucial factor. Nurses often devote their free time to participate in training [13, 18, 19]. This affects work-life balance [13, 20, 21]. In addition to

the barriers mentioned above, the literature enumerates disincentives for nurses to make an effort to improve their professional qualifications [11]. These factors are largely the same as the barriers mentioned above. A critical literature review by Schweitzer and Krassa [11] listed the following factors: family responsibilities, travel distance, and inability to get time away from work, lack of quality or interesting topics, lack of benefits connected with continuing education, lack of support from administration, and peer opinions and attitudes.

There is only a few Polish studies that aimed at specifying the influence of potential barriers on nurses’ participation in postgraduate training courses [5, 22–24]. Additionally, no major national studies relating to the present issue have yet been performed. For the above reasons, the authors tried to assess and analyse the opinions and experiences of nurses taking their final specialisation examinations concerning the barriers to accessing trainings and courses that improve their professional qualifications.

## Material and Methods

A voluntary and anonymous cross-sectional study was carried out during specialisation examination at the Postgraduate Training Centre for Nurses and Midwives in Warsaw during the fall examination session from September to November 2014.

The study enrolled a total of 1244 person, including 1165 women (93.2%) and 17 men (1.4%); the remaining persons did not reply to the question about gender. The mean age of the study participants amounted to  $42.7 \pm 6.37$  years (min. 26, max. 58, median: 43). The largest proportion of the study participants lived in towns with low and medium population density (26.3% each). Nearly one in four respondents (19.8%) lived in large cities.

The mean job tenure of the respondents was 20.3 years (min. 2, max. 37). Nearly one-third of the total (32.3%) had secondary medical education and a similar proportion had graduated from the first-cycle programme (31.5%). The remaining study participants had a Master’s degree in Nursing.

Nearly half of the total (48.8%) worked in town hospital departments and 23.4% of the respondents worked in teaching hospitals. Senior nurses constituted the largest group of study participants (38.3%), followed by operating room nurses (21.4%) and charge nurses (10.5%).

A diagnostic poll method with a survey technique was used in the study. The survey was anonymous and voluntary. The questionnaire comprised seven questions in which the respondents were supposed to rate on a five-point Likert scale how a specific barrier hinders their access to training (**Table 1**). In addition, the

questionnaire comprised a personal data form consisting of six questions related to sociodemographic data.

**Table 1.** Potential barriers to accessing professional skills improvement training for nurses

1.	financial barriers
2.	insufficient dates of available courses
3.	lack of replacement
4.	distance between the place of training and the place of residence is too long
5.	obligations related to the care of child/children or other persons
6.	lack of available trainings in a particular discipline
7.	bad work environment, lack of approval for persons developing their skills

Source: author's own analysis

The STATISTICA version 13.1 (StatSoft®) software package was used for analysis. Descriptive statistics and mathematical statistics were applied. Chi<sup>2</sup> test of independence (the strength of association was measured with Cramér's V coefficient) and the  $\gamma$  correlation coefficient were used to demonstrate a correlation between a dependent variable (barriers to accessing training improving professional skills of nurses) and independent variables (such as: age, job tenure, place of residence, education level, place of work, and position at work). For all analyses, the a priori level of significance was established at 0.05.

## Results

The assessment of the significance of individual barriers to accessing training showed that according to the study participants the lack of adequate financial resources (average 4.3/5) and lack of replacement for an employee on training (average 3.7/5) constituted the greatest difficulties. The least important obstacles comprised the one associated with the duties related to the care of child/children or other persons (average 3.1). It needs to be emphasised that all seven barriers were rated above the value of 3.0, which means that the answers "rather yes" and "definitely yes" were most common (**Table 2**).

**Table 2.** Assessment of significance of particular barriers to accessing training

Barrier to accessing training	Mean	SD	Median	Min	Max
financial barriers	4.3	1.10	5.0	1.0	5.0
insufficient dates of available courses	3.4	1.22	4.0	1.0	5.0
lack of replacement	3.7	1.28	4.0	1.0	5.0
distance between the place of training and the place of residence is too long	3.5	1.32	4.0	1.0	5.0

obligations related to the care of child/children or other persons	3.1	1.45	3.0	1.0	5.0
lack of available trainings in a particular discipline	3.4	1.33	3.0	1.0	5.0
bad work environment, lack of approval for persons developing their skills	3.5	1.46	4.0	1.0	5.0

SD – standard deviation

Source: author's own analysis

There was a correlation between the financial barriers and the place of residence of the study participants. The larger the town, the smaller the significance of this barrier for the respondents ( $\gamma = -0.127$ ;  $Z = -3.282$ ;  $p = 0.001$ ). However, the significance of financial barriers to accessing training grew along with the increase in the level of education ( $\gamma = 0.159$ ;  $Z = 3.813$ ;  $p = 0.000$ ). In addition, a weak correlation was observed between the age and the significance of this barrier to the respondents ( $\gamma = 0.091$ ;  $Z = 2.518$ ;  $p = 0.012$ ).

A weak positive correlation was found between the place of residence of the respondents and the significance of the barrier related to the distance between the place of training and the place of residence ( $\gamma = 0.076$ ;  $Z = 2.695$ ;  $p = 0.007$ ). The larger the town, the smaller the significance level of the distance between the place of training and the place of residence ( $\gamma = -0.280$ ;  $Z = -9.327$ ;  $P = 0.000$ ). In addition, the largest impact of this barrier was observed among home care nurses ( $\text{chi}^2 = 14.791$ ;  $p = 0.02$ ;  $V = 0.087$ ).

There was a significant correlation between the importance of the barrier related to the duties associated with the care of child/children or other persons and age ( $\gamma = -0.224$ ;  $Z = -8.144$ ;  $p = 0.000$ ) as well as job tenure ( $\gamma = -0.191$ ;  $Z = -7.164$ ;  $p = 0.000$ ). The significance of this barrier for nurses decreased with age and job tenure. In addition, the larger the town of residence, the smaller the significance of this barrier ( $\gamma = -0.081$ ;  $Z = -2.769$ ;  $p = 0.006$ ). The importance of obligations related to the care of child/children or other persons constituted a more important barrier to accessing training for charge nurses than for departmental nurses (57.3 and 26.0%, respectively) ( $\text{chi}^2 = 26.999$ ;  $p = 0.003$ ;  $V = 0.116$ ).

The importance of bad work environment and the lack of approval for persons developing their skills was far more significant for charge nurses as compared with the remaining groups ( $\text{chi}^2 = 22.776$ ;  $p = 0.012$ ;  $V = 0.106$ ).

No statistically significant correlations were found between the independent variables and difficulties consisting in insufficient dates of available courses and the lack of replacement for employees on training.

## Discussion

A new system of education provides nurses in Poland with new prospects for their professional development. It allows for gaining independence as well as for continuous improvement and broadening of medical knowledge. However, numerous studies have demonstrated that nurses continue to face barriers to accessing training that would improve their professional competencies [25].

The present results showed that financial barriers as well as the distance between the place of residence and the place of training constituted the most significant difficulties in improving professional qualifications for nurses studying at the Postgraduate Training Centre for Nurses and Midwives in Warsaw, with home care nurses being most affected by this obstacle. Responsibilities related to the care of child/children or other persons as well as bad work environment and lack of approval for persons developing their skills had a significant influence on the decision-making process. Both barriers were of particular importance for charge nurses.

A study by Cisoń-Apanasewicz et al. [22] demonstrated that financial reasons (62.1%) were mentioned in the first place as a barrier or obstacle to participating in training, followed by the lack of motivation to undertake professional development (34.8%). Other reasons included the lack of interest of employers in professional development, overloading with work responsibilities, and the lack of training programmes [6]. Similar results were obtained in a study by Nowicki et al. [25]. Financial reasons (71.4%) and the lack of time (55.8%) were indicated by a vast majority of nurses participating in the study as the major barriers to undertaking training [25]. The lack superior's approval also seems to pose a considerable problem (32.5%). Other reasons here included insufficient training dates (15.6%), transportation difficulties (7.8%), and the lack of requirements on the part of employers (2.6%) [25].

In a study by Kobos et al. [23] respondents pointed to circumstances at work as the main barrier to undertake training. The lack of clear rules applying to the training leave was the most important concern, which was encountered by 76.0% of the study participants. Similarly to other studies, the following issues were also mentioned: financial barriers and the lack of financial support from employers (74.0%), as well as little interest of employers in improving skills by employees (62.0%). The working pattern, particularly a 12-hour shift system, night or weekend work (65.0%) as well as physical and mental tiredness from work constituted another barrier for the respondents. Approximately 60% of the study participants were not sure whether it was profitable to undertake training and for over half of the total expenditure arising during the course was important [23].

According to respondents participating in a study by Tomaszewska et al. [24], financial barriers and high costs of postgraduate training were among factors that limited the professional development of nurses (80.0%). Over half of the study participants said that the access to training was limited by managerial staff of healthcare institutions (66.0%) and nursing management staff (55.0%). Nearly 60% of all pointed to the difficulty in gaining access to conferences, courses, and workshops, without providing reasons. The remaining answers suggested a link between the difficulties and other work-related circumstances, such as the lack of time, burnout, the lack of motivation to development, the lack of the training leave and the lack of career advancement opportunities as well as the lack of financial motivation [24].

A study by Shahhosseini and Hamzehgardeshi [17] conducted among Iranian male and female nurses demonstrated that they faced similar barriers to professional development to those in Poland. The barriers were divided into three basic groups: personal barriers, interpersonal barriers, and structural barriers. The first group comprised time constraints, household chores, emotional stress, and poor physical health. Interpersonal barriers included little support from colleagues, no family support, negative experiences with previous trainings and poor cooperation between staff members. Structural barriers comprised the largest number of obstacles, including occupational obligations, course costs, distance, insufficient training dates, the lack of organisational support, the lack of information on skills improvement programmes and the lack of access to them, the lack of support from superiors, the lack of appropriate skills improvement courses and their poor quality, as well as the need for vocational training [17].

Similarly, time constraints, professional obligations, the lack of opportunity to participate in training, course costs, and negative experiences with previous trainings such as inexperienced teachers and the lack of order in classrooms were mentioned by Chinese nurses participating in a study by Ni et al. [9] as five most important obstacles to attend skills improvement courses.

## Conclusions

1. Securing external funding could effectively decrease difficulties in that regard encountered by nurses willing to improve their qualifications.
2. Offering training and courses in smaller towns would facilitate access and decrease costs.
3. There is a real demand for training among managerial staff of healthcare institutions focusing on the need for improving qualifications of nurses and motivating them to develop their skills.



- Better access to the training leave, interest in training showed by employers, as well as career advancement and financial bonuses may constitute significant incentives for improving qualifications.

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