Investigating motivational aspects of continuing professional development amongst nursing staff in the Irish health service

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Introduction

In the past individuals attained their educational credentials and that was considered to be the sum total of their professional development. However, in an era of decreasing job security and fewer opportunities for upward mobility, organisations must provide employees with career growth opportunities to ensure their future employability (Chay & Ayree 1999). Thus the provision of Continuing Professional Development (CPD) opportunities for employees has become an increasingly salient issue for many organisations. This is particularly the case for healthcare professionals. CPD is particularly important in the health service sector because of its constant state of flux, attributable to constant technological, social and economic changes, both domestically and internationally (Commission on Nursing 1998). Such services rely heavily on their employees’ ability to keep up-to-date with frequent changes to the structure and nature of work undertaken within this dynamic environment.

Nurses comprise the largest group of people employed in the health sector in Ireland. The Government Department of Health and Children established a Commission on Nursing to investigate a framework to provide a secure basis for the further professional development of nursing and midwifery in the context of anticipated changes in the health services, their organisation and delivery. In their 1998 report the Commission noted “the absolute importance of continuing education to the quality of services offered to patients and the development and growth of professional nursing and midwifery” (Report of the Commission on Nursing 1998:64). In fact, according to Cranston (2002), a key element of clinical governance is to ensure that health professionals have the right to education, training, skills and competencies to deliver the necessary care for patients.

In light of the significance of CPD to the nursing profession, our research concentrates on a cohort participating in a CPD course at a third-level institution in Ireland, which was related to developing basic management competencies. The study employs both quantitative and qualitative methods. Findings were elicited by way of a four-page survey where some questions required respondents to answer on a Likert scale and others allowed free writing in the space provided. A sample of seventy nurses who had participated in the CPE course was surveyed. Our investigation centres on motivation to participate in CPD and the perceived benefits and drawbacks for the individual participant and their organisation. The paper concludes by drawing out implications for the learning provider and the organisation.
Continuing Professional Development

The profile of CPD has risen significantly across all employment sectors in recent years. It is essentially the process through which individuals undertake lifelong learning in order to enhance skills and knowledge that will lead to improved performance in the workplace. It provides professionals with an opportunity to commit to learning as an integral part of their work. Madden & Mitchell (1993) define CPD as the maintenance and enhancement of the knowledge, expertise and competence of professionals throughout their careers. Walton (1999) argues that CPD needs to be both systematic and on-going in order to be successful. For her part, Bolam (1993) argues that CPD aims to add to professional knowledge, improve professional skills and clarify professional values leading to a more effective profession. Bolam espouses that CPD embodies three essential components: professional training, comprising of conferences and workshops focusing on practice and skills; professional support, encompassing the creation of structures allowing for greater contact and interaction among members of the profession and professional education, which entails larger courses focusing on theory and research-based knowledge.

Continuing professional education forms a significant element of CPD and comprises of a range of longer-term courses, focused on knowledge of a range of subject areas (or in some cases precise in-depth knowledge of one particular area), designed to provide participants with content-based expertise in a particular field. Professional education may take the form of lectures, guided readings, debates and self-managed learning, often with an emphasis on situating local developments within an international context, leading to the awarding of a qualification upon completion. Broadly speaking, education is defined as learning undertaken in educational institutions in pursuit of qualifications (Gibb 2002: 6). Garavan et al. (1995: 5) consider education to be “learning by doing” and argue that it encompasses the structured development of individuals over a specified period of time to achieve particular stated outcomes. He argues that the learning process is often structured and mechanistic and the content is dictated through imposed curricula. Education is considered broader in its scope than training, as it is more person-oriented than job-oriented and involves activities that can change employee attitudes and increase their knowledge and understanding (Garavan et al. 2003: 22).

The third-level education sector in Ireland has established a number of higher diploma/postgraduate programmes in the specialist areas of nursing and management to provide the continuing professional education element of CPD. Healthcare organisations have also linked up with the Irish education sector to provide tailored programmes. Specific provisions outlined by the Irish government under the Health Strategy (Quality and Fairness: A Health System for you (2001)) provide for a structured system of continuing education and training, providing re-accreditation of professionals at regular intervals and facilitating existing staff to undertake programmes that enhance the quality of patient care and contribute to their own career development.
Rationale for CPD

Knowledge has become one of the most important resources of the 21st century. As knowledge workers, health care professionals are required to make prompt adjustments to new developments in clinical practice, accessing new areas of know-how and experience. Stephenson (1999) maintains that two critical characteristics required of knowledge workers in this new economy are an ability to learn and adapt and an awareness of the changing environment. Continuing professional development is therefore not a luxury, but a necessity. In our fast-paced, modern environment, the rate of change is increasing all the time and to cope with the level of change, individuals must continue to learn (Roscoe 2002). As Roscoe (2002:3) states “no professional completes their initial training equipped to practice competently for the rest of their life.” Such a realization underlines the fact that professionals must relearn and retrain to maintain the relevance of their skills (Lester 1999).

Additionally, the changing nature of careers requires professionals to look ahead and prepare for change as well as respond to more immediate needs and challenges (Browell 2000). Professionals “need to understand the considerable likelihood of there being dramatic changes of course in their own careers” (Boerlijst 1994: 265). This realisation encourages greater control by professionals of their own careers and a commitment to continuous learning (Brown 1996; Feldman 2002; Leana 2002; Upton et al. 2003). A commitment to learning will enhance a professional’s ability to keep up-to-date with frequent changes in the structure and nature of work and ease the transition to new positions and challenges.

CPD in the nursing profession

The concept of life-long learning is not new, but it is only in recent years that the nursing profession has taken a strategic approach to the provision and support of nurses undertaking CPD. The rising importance of CPD to the nursing profession is obvious from the recent initiatives introduced by health sector bodies across the globe. In the UK the NHS published a document in 2001, entitled “Working Together, Learning Together” which sets out a vision of lifelong learning in the NHS. It asserts that CPD is one of a number of ways in which to maintain professional competence after registration, improve skills and deliver lifelong-learning for its workforce. In the USA, the national nursing organisations developed a strategic plan to address the complex, interrelated factors that have resulted in a growing shortage of nurses. In its nursing agenda for the future, they highlight the importance of professional development opportunities that are supported through a variety of resources such as paid time off, education days, cost reimbursement, or as part of the scheduled workday (American Nurses Foundation 2002).

In the nursing context, continuing professional development is described as ‘a life-long professional development process, which takes place after the completion of the pre-registration nurse education programme,’ (An Bord Altranais 1994; Peck et al. 2000: 432). 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 care, education, administration and research. The importance accorded to CPD in the Irish nursing profession is immediately evident from the establishment of a National Council for the Professional Development of Nursing and Midwifery in 1999, a statutory body with its own officers. This organisation was founded as a result of a Commission on Nursing established by the Irish Government. The Commission espoused the need to develop and strengthen the availability of professional development for all nurses and midwives and identified continuing education as one of the key areas in the professional development of the profession. Allied to this was the proposal that every nurse and midwife in the public service should be afforded a certain amount of paid study leave each year for continuing professional education. The significance of CPD is additionally emphasised by its position as one of the key objectives of the Irish Nursing Board, An Bord Altranais: to support continuing professional development of nursing and midwifery (An Bord Altranais 2004).

**Motivators for CPD**

The motivators for participation in any CPD activities are diverse and complex and are significantly different for the key stakeholders. Governments’ motivations are similar to those of individuals and are to some extent shared with employers. Continuously educating and developing professionals provides economies with employable, innovative and productive knowledge workers, effectively resulting in national prosperity. Lifelong learning has become a theme adopted by governments to encourage us to remain competitive in the global marketplace (Roscoe 2002). Almost all professional institutes now have a CPD programme and are active in promoting the concept. They espouse the virtue of CPD as a critically important method of endorsing and supporting ongoing commitment to professional development to their members. Organisational rivalry has intensified as competition is globalised and the pace of change accelerates. CPD has now become a weapon with which organisations endeavor to compete. In this regard Browell (2000) views CPD as a strategic tool because of its potential to increase both quality and performance. Professional and government strategies alike emphasize that health professionals have a duty to the public to keep their knowledge and skills up to date (Department of Health 1999; Department of Health and Social Security 1998; RCN 2002; Scottish Executive 2001; UKCC 1994). Research also suggests that the provision of career development opportunities encourages the retention of nurses, an issue of critical concern to employers globally (Buchan and Calman 2004; Zurn et al. 2005). This is taken one step further in the USA, where mandatory continuing education requirements exist, varying from state to state (ICN 2005). Arising from this review of the literature, we derive hypothesis 1, which states that:

**H1: Participation in CPE is positively related to the expectation of organisational benefit in completing CPE**

From the individual’s perspective the changing nature of the employment relationship with the loss of lifelong employment security has motivated individuals to seek independence from the employer and strive to achieve lifelong employability through engaging in CPD activities. The changing nature of the employment relationship from
relational to transactional has been extensively investigated using the concept of the psychological contract (e.g. Atkinson 2002; Flood et al. 2001; Lemire & Rouillard 2005; McDonald and Makin, 2000; Pate et al. 2003; Rousseau 1990, 1995; Schein 1980). Because the nature of jobs is now predominantly based on the transaction of money for work, employees are more aware of the necessity to be fairly rewarded for their efforts. The concept of met expectations captures the employee-related aspect of the psychological contract. When expectations are met, it tends to result in positive outcomes for the organization and when they are not met or psychological contract breach occurs, the consequences for the organization are generally negative (Rusbuldt et al. 1988; Turnley & Feldman 1999, 2000; Withey & Cooper 1989). When expectations are met, feelings of reciprocity are often engendered in the employee, which result in employee willingness to extend themselves for the organization in many ways, including enhancing their value to the organization by increasing their knowledge and skill levels.

H2: Met expectations are positively related to motivators and negatively related to inhibitors

Sadler-Smith et al. (2000) contend that survival, maintenance and mobility may not be the only impetus for CPD. They suggest that many individuals may wish to improve their capability and self-esteem within their current role, qualify themselves for career progression and engage in learning for its intrinsic worth. Waddell (1993) carried out a meta-analysis examining the motivations of nurses in participating in CPD initiatives and personal motivational orientation was found to be the most influential factor. O’Connor (1979), in her seminal study determined that there were seven dimensions of the motivation of nurses in participation in CPD, the most influential of which was the improvement of professional knowledge and skills. According to Kristjanson & Scanlon (1989) one of the most important factors underlying motivation to participate was the desire for increased professional competence. Studies such as Barriball & White (1996) indicated that potential for promotion and personal development were foremost amongst motivators.

H3: Participation in CPE is positively related to the expectation of personal benefit in completing CPE

H4: The likelihood in participating in further CPE is related differentially to specific motivators

Inhibitors to CPD

Even when CPD programmes are available, a significant proportion of nurses do not participate (Acharya 1994; Rashid 1992). From an individual’s perspective, a number of factors are well reported in the literature as discouraging participation in CPD. Shepherd (1995) points to lack of study leave and balancing study with domestic responsibilities and work as providing significant discouragement to participation. A study carried out by Dowswell et al. (1998) indicates significant feelings of resentment at the perceived lack of financial support that is available for CPD. The cost of education is recognized as a
common barrier to accessing learning in the health sector (Ayer and Smith 1998). In their UK study, they found that 33% of individuals self-funded the education courses they undertook. Other studies have also mentioned lack of financial support as a significant barrier to participation (Hogston 1995; Nolan et al. 1995). A national survey of qualified nurses by Ayer and Smith (1998) found that the time, pace and place available for study were influential and that they could be described as either motivators or inhibitors depending on the extent to which they were positive or negative. Another discouragement to participation in CPD is the frequent lack of support from managers (Hogston 1995; McDonald 1994). According to Dowswell et al. (1998: 1328) “lack of time, money and other practical constraints inhibit participation”.

H5: The likelihood of participating in further CPE is differentially related to specific inhibitors.

H6: The likelihood of participating in further CPE is negatively related to age, tenure and number of dependents and positively related to highest prior level of education attained.

Data analysis

Research sample

The research population comprised 70 health care professionals working in various areas throughout the health services, who participated in a continuing professional education course during the academic year 2003/2004. Data were collected by means of a postal survey early in 2005. 44 participants responded to the questionnaire, resulting in a usable response rate of 62.9%. The high response rate may be attributable to the fact that the researchers were personally known to the course participants, having lectured on the CPE course. All but four of the respondents were female and 64% were in the 25-34 age category, 27% were in the 35-44 category and the remaining 9% were in the 45-54 category. Respondents had on average 1.1 children (S.D.=1.0) and had post-registration tenure of 15.3 years (S.D.=6.7).

Quantitative Measures

The following quantitative measures were utilised to elicit the information required for this study.

Met expectations

The concept of 'met expectations' can be described as the degree to which the employee perceives that the promises that the company has made have been fulfilled or the expectations that the company has engendered in the individual have been met. Met expectations were measured using a 29-item scale, an adaptation of a scale reported by Flood et al. (2001). Responses were given on a three-point Likert scale, which ranged from one (representing ‘not at all’) to three (representing ‘to a great extent’). The
question was phrased “To what extent have your expectations concerning your job been met in relation to the following?” Sample items included: “A competitive salary” and “a job that is challenging”. The data was coded such that a higher score indicated a greater level of met expectations. In this study, the 29-item scale yielded an internal consistency reliability of 0.92.

Motivators (Factors encouraging participation in CPE)

This scale measures the relative importance attached to factors that influence the decision to participate in CPE. This eleven-item scale was developed for this study. Responses were given on a three-point Likert scale ranging from 1 (representing ‘not at all influential’) to 3 (representing ‘very influential’). The question was phrased: “To what extent were the following factors influential in your decision to participate in an educational course relevant to your job?” Sample items included “increased level of self-confidence” and “greater awareness of personal and professional values”. The data was coded such that higher scores signified a greater influence. In this study, the scale yielded an internal consistency of 0.86. In order to further refine the results, factor analysis was carried out and we determined that the scale should be divided into two distinct factors, namely one consisting of job-related motivators (α=0.83) and the second one consisting of personal motivators (α=0.82).

Inhibitors (Influences discouraging participation in CPE)

This scale measures the relative importance attached to factors that discourage participation in CPD. This eleven-item scale was developed for this study. Responses were given on a three-point Likert scale ranging from 1 (representing ‘not at all influential’) to 3 (representing ‘very influential’). The question was phrased: “To what extent would the following factors discourage you from partaking in another educational course relevant to your job?” Sample items included “time required to attend the course” and “lack of personal motivation”. The data was coded such that higher scores signified a greater influence. In this study, the scale yielded an internal consistency of 0.66. In order to further refine the results, factor analysis was carried out and we determined that the scale should be divided into three distinct factors, namely one consisting of time-related inhibitors (α=0.83), the second one consisting of outcome-related inhibitors, in other words disappointing outcomes from the CPE experience (α=0.70) and finally employer-related inhibitors (α=0.75), in other words issues relating to lack of employer assistance. We also determined that lack of personal motivation should be treated as a singlet as it did not load with any other items on a factor.

Demographic and human capital characteristics

Respondents were asked to indicate their age and the year in which they commenced employment with the organisation, from which the length of tenure in the health services
was calculated. These variables were measured as continuous, ratio level variables. Respondents were requested to indicate their highest educational qualification from four options, which were ranked from undergraduate certificate/diploma through to Masters/PhD. degree. Respondents were also asked to indicate their gender, their number of dependents and the area of the health services in which they were employed.

Qualitative Measures

Respondents were asked to write freely in the spaces provided in response to the following open-ended questions:

Personal benefits

Respondents were asked to answer the following question; “In what ways has your participation in continuous professional development courses benefited you personally?

Organisational benefits

Respondents were asked to answer the following question; “In what ways has your participation in continuous professional development courses benefited your organisation?

Space was also made available for the respondents to identify any additional issues they would like to mention that were not asked in the questionnaire.

Results

A broad correlation table, which includes all of the variables measured, is presented in Table 1.

Table 1: Means, standard deviations and correlations

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>S.D.</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Met Expectations</td>
<td>2.03</td>
<td>.33</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Motivators</td>
<td>2.30</td>
<td>.42</td>
<td>.551**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inhibitors</td>
<td>2.09</td>
<td>.32</td>
<td>.303*</td>
<td>-138</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Likely</td>
<td>3.64</td>
<td>.49</td>
<td>.000</td>
<td>.299*</td>
<td>-.090</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td>-</td>
<td>-</td>
<td>-.251</td>
<td>-.200</td>
<td>.151</td>
<td>-</td>
<td></td>
<td></td>
<td>.418**</td>
</tr>
<tr>
<td>6. Tenure</td>
<td>15.3</td>
<td>6.69</td>
<td>-.365*</td>
<td>-.367</td>
<td>.299</td>
<td>-.025</td>
<td>-.176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Age</td>
<td>-</td>
<td>-</td>
<td>-.160</td>
<td>-.320*</td>
<td>.145</td>
<td>.236</td>
<td>-.235</td>
<td>.869**</td>
<td></td>
</tr>
<tr>
<td>8. Dependents</td>
<td>1.1</td>
<td>1.15</td>
<td>-.267</td>
<td>-.057</td>
<td>.690**</td>
<td>.442**</td>
<td>-</td>
<td>.502**</td>
<td>.722**</td>
</tr>
</tbody>
</table>

We present our findings in relation to each hypothesis, with reference to Table 1 and further statistical analysis as described where necessary.
Hypothesis 1, that participation in CPD is positively related to the expectation of organisational benefit in completing the course, was tested using cluster analysis and t-tests. The two organisational benefit clusters that emerged were becoming a better manager and gaining more knowledge. T-tests were used to determine if there was a significant difference between those who had mentioned and had not mentioned each of these factors and their subsequent likelihood of participating in further CPD. There was no significant difference between those who did and did not mention becoming a better manager and their subsequent likelihood of participating in further CPD.

The mean likelihood scores of respondents who mentioned gaining more knowledge as a personal benefit of CPD (M=3.75, S.D=0.44) were significantly higher (t=-2.710, df=42, p=0.010) that those who did not mention gains in knowledge (M=3.30, S.D.=0.49). This is evident in the following responses, which indicate clear support for Hypothesis 1:

*I feel my the hospital has benefited as my skills are utilized in a more beneficial way* (Respondent 14)

*The service has benefited from my personal benefits* (Respondent 10)

Hypothesis 2, that met expectations would be positively related to motivators and negatively related to inhibitors was supported. This suggests that the greater the extent to which ones expectations of the job are met, the more motivated one will be to participate in CPD initiatives and the lesser the extent to which ones expectations of the job are met, the more inhibited (discouraged) they will be from participating. When the motivators were considered in terms of the factors, we found that both job-related motivators (r=0.505, p<0.01) and personal motivators (r=0.525, p<0.01) were strongly related to met expectations, with personal motivators displaying the slightly stronger relationship. Time-related inhibitors (r=-0.435, p<0.01) were negatively related to met expectations. This suggests that individuals have certain expectations around the amount of time that employers will offer for participation in CPD. This is captured succinctly in the following response:

*Study time provided is minimal; we only got three days for this course* (Respondent 8)

If this expectation is not met, it may act as a discouragement to participation in CPD. It also suggests that employees have certain expectations about the amount of personal time that they can afford to use for job-related activities, hence education providers may need to look at the time commitment required for some courses. Some comments which illustrate this point are as follows:

*I found the course very time consuming…there were a lot of assignments* (Respondent 21)

*I enjoyed the course but I felt there were far too many assignments* (Respondent 15)

Out-comes related inhibitors also exhibited a negative relationship, however, this was insignificant. Employers’ assistance related inhibitors (r=-0.681, p<0.01) are strongly negatively related to met expectations, suggesting that employees have certain
expectations around the extent to which employers will offer financial support and study leave to enable participation in CPD.

Hypothesis 3 that participation in CPD is positively related to the expectation of personal benefit in completing the course was tested using cluster analysis and t-tests. The three personal benefit clusters that emerged were gaining more confidence, becoming more motivated and increased likelihood of gaining a promotion. T-tests were used to determine if there was a significant difference between those who had mentioned and had not mentioned each of these factors and their subsequent likelihood of participating in further CPD. The mean likelihood scores of respondents who mentioned gaining more confidence as a personal benefit of CPD (M=4.00, S.D=0.01) were significantly higher (t=-5.57, df=31, p<0.000) that those who did not mention gains in confidence (M=3.50, S.D.=0.51). This is also evident in the qualitative comments:

It increased my confidence, motivation, knowledge in management techniques and ability at groupwork (Respondent 3)

This course has given me more confidence (via the knowledge therein) in dealing with managerial issues (Respondent 14)

It has given me more confidence when dealing with issues ay work like conflict between staff members. I feel I am better at being in charge now (Respondent 38)

There was no significant difference between those who did and did not mention becoming more motivated and their subsequent likelihood of participating in further CPD.

The mean likelihood scores of respondents who mentioned increased likelihood of securing promotion as a personal benefit of CPD (M=3.83, S.D=0.38) were significantly higher (t=-3.17, df=35, p=0.003) that those who did not mention gains in confidence (M=3.40, S.D.=0.50). Some of their responses include:

I feel that it has been instrumental in my recent promotion to a managerial role. This has helped my self-confidence (Respondent 9)

A management course is more or less essential if you are going for a management position (Respondent 8)

I have no problem applying for a more senior position now (Respondent 34)

These provide considerable support for Hypothesis 3 that participation in CPD is positively related to the expectation of personal benefit in completing the course. Hypothesis 4, that the likelihood in participating in further CPE is related differentially to specific motivators was supported. Respondents were asked to indicate the extent to which the following factors motivated their participation in CPD. In It was found that the relationship between likelihood to participate in further CPE was strongly positively
related to the expectation of promotion on foot of completing CPE courses \( (r=0.670, \ p<0.000) \).

Table 2 we have ranked the motivating factors in order of importance according to the respondents. As can be seen, the top three motivators are related to increasing knowledge and skill levels, increasing career satisfaction and gaining promotion. Interestingly, higher levels of professional respect from colleagues was ranked joint last of the options offered.

It was found that the relationship between likelihood to participate in further CPE was strongly positively related to the expectation of promotion on foot of completing CPE courses \( (r=0.670, \ p<0.000) \).

Table 2: Factors Motivating Participation in CPD

<table>
<thead>
<tr>
<th>Motivator</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updating of knowledge and skills</td>
<td>2.64</td>
<td>.49</td>
</tr>
<tr>
<td>Greater levels of career satisfaction</td>
<td>2.60</td>
<td>.50</td>
</tr>
<tr>
<td>Increased expectation of promotion</td>
<td>2.45</td>
<td>.66</td>
</tr>
<tr>
<td>Greater level of awareness of personal and professional values</td>
<td>2.45</td>
<td>.66</td>
</tr>
<tr>
<td>Greater clarity and understanding of your own role within the organisation</td>
<td>2.45</td>
<td>.79</td>
</tr>
<tr>
<td>Quicker identification of concerns and issues within the profession</td>
<td>2.36</td>
<td>.65</td>
</tr>
<tr>
<td>Increased level of self confidence</td>
<td>2.27</td>
<td>.45</td>
</tr>
<tr>
<td>Greater levels of collaboration and knowledge sharing</td>
<td>2.18</td>
<td>.72</td>
</tr>
<tr>
<td>Possibilities for networking leading to career progression</td>
<td>3.09</td>
<td>.80</td>
</tr>
<tr>
<td>Higher levels of professional respect from colleagues</td>
<td>1.91</td>
<td>.68</td>
</tr>
<tr>
<td>Increased likelihood of influencing changes in the health services</td>
<td>1.91</td>
<td>.68</td>
</tr>
</tbody>
</table>

Hypothesis 5, that the likelihood in participating in further CPE is related differentially to specific inhibitors was supported.

Respondents were also asked to indicate the extent to which the following factors inhibited their participation in CPD. Table 3 ranks the inhibitors according to the order of importance attributed to them by the respondents. Unsurprisingly the most inhibiting factor was balancing the demands of home, work and study and interestingly, of the 11 factors listed the most influential six related to factors over which employers can exercise some control. Respondents also ranked insufficient personal motivation as the least important inhibitor.

Also the inhibitors that were most significant in decreasing the likelihood of participating in CPE were lack of study leave \( (r=-0.449, \ p<0.01) \) and lack of personal motivation \( (r=-0.503, \ p<0.01) \).

Table 3: Factors Inhibiting Participation in CPD

<table>
<thead>
<tr>
<th>Inhibitor</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing the demands of home, work and study</td>
<td>2.64</td>
<td>.49</td>
</tr>
<tr>
<td>Time required to attend course</td>
<td>2.55</td>
<td>.66</td>
</tr>
</tbody>
</table>
Time required to study and complete assignments 2.55 .66  
Insufficient study leave provided by employer 2.45 .50  
Insufficient financial support from employer 2.18 .84  
Lack of recognition from employer 2.00 .86  
Return to education more challenging than expected 1.91 .68  
Lack of possibility to transfer learning to the workplace 1.91 .80  
Caring responsibilities 1.64 .49  
Educational courses not leading to career progression 1.64 .65  
Insufficient personal motivation 1.55 .66  

Hypothesis 6, that the likelihood of participating in further CPE is related to age, tenure, number of dependents and highest prior education attained was partially supported. The likelihood of participation in further CPD course was unrelated to age and tenure, but negatively related to the highest level of education attained thus far (r=-0.418, p<0.01). This may be because due to the well-documented pressures associated with participation in CPD, in that many employees strive to participate in the minimum amount of CPD possible to continue doing their job adequately, rather than relishing the opportunity to continuously develop. An unexpected positive correlation was revealed between the number of dependents and the likelihood of participation in further CPD (r=0.438, p<0.01). This might be because those with more dependents feel a greater level of responsibility in providing for them and therefore are more likely to participate in further courses to ensure their CPD to enable them to gain promotion.

Limitations of the Research Methodology

This study is based on a relatively small sample (n=44). The population (N=70) consisted of those who undertook a specific management development course and hence the generalisation of results to other situations must be carried out with caution. This study is entirely based on self-reported data, which is subject to some well-documented response biases, such as social desirability bias and the consistency motif (Martocchio & Harrison, 1993. In some cases, self-reported data is a close correlate of actual data. However Ferrell (1998) compared self-reported behaviour changes of CPD participants with that of non-participants and interestingly discovered that there was no significant difference between them. However, this paper is examining the motivations to participate, which is a very personal issue. Thus individual’s perceptions of the situation are at least as important if not more important than the objective reality of the situation.

Discussion & Conclusion

There is agreement in the extant literature that engaging in CPD activities will lead to significant benefits for both the employing organisation and the individual. The most often cited benefits for those in the nursing profession include updating the knowledge and skills of participants, increasing an individual’s motivation to remain within the nursing profession and committing individuals to a process of continuous learning (Marchington and Wilkinson 1996). The myriad of benefits for the organisation stem
from the individual’s improved capabilities and increased levels of commitment to the service. Such benefits include the retention of staff and the enhancement of the profession’s overall standing. In agreement with Rusbuldt et al. (1988), our findings show that the realisation of these benefits is to a certain extent dependant on the organisation meeting the expectations of those engaged in the CPD process.

Taking into consideration both the qualitative and quantitative results in this study, the findings indicate that for our respondents, the personal benefits of increased knowledge and skill levels are inherently connected to an increased expectation of promotion. This is no doubt based on the logic that if one is continually learning new skills and updating knowledge, their employer will recognise this and reward accordingly. If all other factors are equal, one who has engaged in CPD expects to be a more suitable candidate for promotion that one who has not. In agreement with a number of other studies conducted across the globe (Barriball and White 1996; Kristjanson and Scanlon 1989; O’Connor 1979), it appears that this is the key motivator for participation in CPD. Those individuals engaged in CPD thus appear to have a clear understanding of both the rationale for and outcomes of CPD.

However, it also appears that though our respondents understand and accept these positive outcomes, they believe that CPD is essentially a job-related activity, specific to their employing organisation. Most believe that it is something that they need to do in order to ensure promotability, rather than something they do for intrinsic reward. This is evidenced in their comments in relation to employer assistance. The findings in this study, as in previous studies, clearly indicate that employer assistance has a significant bearing on further participation in CPD. Interestingly in this study, the six most significant factors acting as inhibitors for further participation in CPD were all related to issues over which the employer has control. From an organisational perspective, if they are to encourage as many nurses as possible to engage in CPD, it is important that employers understand this perception of their lack of support, and act accordingly. Providing an increased number of days for study leave on continuing education courses alone would appear to go a long way towards removing the feelings of resentment.

Also in agreement with previous research, individuals find trying to balance work, education courses and home-life very difficult. Our research indicates that it is perceived as a very significant inhibitor for participation in CPD courses. This concern has been raised by other commentators and is an issue that perhaps needs greater attention by education providers.

In short, some motivators and some inhibitors are more important than others and employers and education providers need to direct their attention and energy toward those that if rectified will lead to the greatest positive change. Where there is a very tight budget for CPD, it may be best to target initiatives where there is likely to be the greatest uptake. Our research suggests that for example, those currently with lower levels of education may be more motivated to participate in a CPD activity.
Finally, as Ashton & Green (1996) argue, the ability to learn and to convert learning into practice creates extraordinary value for individuals, teams, organisations and professions. It is crucial therefore that organisations acknowledge the benefits to the participant, the patients and the health care institution, by providing greater levels of support to individuals engaged in CPD activities.

**Bibliography**


