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## **Nurses' Perceptions of Continuing Education and Barriers: Case Study of a Prison Hospital in Zimbabwe**

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### **ABSTRACT**

*The study sought to examine prison hospital nurses' perceptions towards continuing education and barriers following declining participation trends. A case study method comprising a randomly selected sample of twenty-nine (29) participants was adopted. Soni's (2012) Lifelong Learning Conceptual Framework guided the study. Data that were collected using semi-structured questionnaires were presented in tabular form and then analysed using coding and theme development procedures. The findings were that nurses perceived continuing education as being important, were intrinsically motivated to improve their knowledge and health care practice but faced a shortage of both funding and study time. The study recommended that employers should create a continuing education fund and policies that support nurses' continuing education. Higher education institutions were challenged to provide continuing education programmes tailor-made for the complex health needs of prisoners, through degree programmes of shorter duration and lesser cost than was currently obtaining prevailing.*

**Key words:** *perceptions, continuing education, factors, participation, nurse education*

### **1. INTRODUCTION**

There is snowballing focus on continuing education in order to enhance practice, status and on the job satisfaction across all professions, globally. The World Health Organization World Health Report (WHO 2000), reiterates the important role of human resources as inputs of the health system and of their development for ensuring both quality and quantity of health care. As such, investing in the development of health practitioners is a noble endeavour of necessity, prompting Mizell (2010), to posit that professional development assures institutions the accomplishment of the communities' aspirations for quality health delivery. Therefore, education and training are key investment tools for addressing obsolescence in the profession in the face of new technologies. Globalization, technological advancement and consumer behaviour have challenged the health care environment to provide, promote and sustain best practices and services. Given that nurses are the largest group of health care professionals with a huge impact on the health sector globally, it is prudent that nurses participate in continuing professional education that update skills and competences, (World Health Organization 2000).

In pushing forward the agenda for the professional development of nurses, the International Council of Nurses Code of Ethics (2012), reiterates that, while it is a personal responsibility and accountability of each nurse to maintain a high level of competence and practice;

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the professional development process is the dual responsibility of the nurse and the employer. The individual nurse has perceptions of continuing education and barriers which will impact the decision to engage in continuing education (Knowles, 1980; Jarvis, 2012). In view of the important role of continuing professional education for nurses, many countries such as the United Kingdom, Hong Kong, Kenya, Uganda and South Africa have implemented mandatory continuing professional education for nursing personnel. Similarly, in Zimbabwe, the Nurses Council of Zimbabwe implements a minimum requirement of twelve (12) continuing professional education credit points for registered nurses, as a condition for the annual renewal of practicing certificates.

### **1.1 Statement of the Problem**

Although by virtue of the dynamic nature of the nursing profession where change is a constant and the solution is for nurses to participate in continuing education regularly, participation rates at a selected state prison hospital were on the decline. The reasons for this phenomenon were not yet known thereby motivating this investigation into the perceptions of nurses of continuing education and related barriers.

### **1.2 Purpose of the Study**

The purpose of the research was to explore the perceptions of registered nurses of continuing formal education in order to influence mindset change by the nurses and institutional policy changes towards participation in continuing education programmes that improve knowledge and practice in a state prison hospital.

### **1.2 Significance of the Study**

The findings were to help bring about a positive attitude for continuing education among nurses. Health institutions and practitioners were to become informed of the nurses' perceptions of continuing education and the factors that militate against participation. Healthcare institutions would thereafter be persuaded to plan continuing education programmes while being cognizant of the interest and concerns of the registered nurses and on ways to mitigate the barriers to learning.

### **1.3 Research Questions**

1. What are the registered nurses' perceptions of the concept of continuing formal education?
2. How do the nurses perceive the role of continuing education in the nurses' careers in a state prison hospital?
3. What are the nurses' perceptions of the factors that militate against continuing education?
4. What interventions do the nurses suggest on how to promote continuing education for nurse at a state prison hospital?

## **2. REVIEW OF LITERATURE**

### **2.1 Importance of Continuing Formal Education for Nurses**

Literature pointed out two types of continuing education for nurses globally. One of them is the requirement for them to remain licensed to work in the health sector while the other for them to advance their knowledge and competences in the face of pressure from global

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developments and technology (Griscti & Jacono, 2006; South University, 2012), so that nurses do match the rising consumer demand on quality health care, says Skees (2010). It is unimaginable to think of a health care delivery system that would remain static for the next few years and equally inconceivable for professional nurses to expect to duplicate today's knowledge and skill in their lifetime of care giving (Skees, *ibid.*). Continuing education ensures that nurses become relevant to their profession since they would have added value to themselves and their organizations (American Nurses Association, 2010).

In Zimbabwe, the Nurses Council of Zimbabwe also encourages nurses to engage in continuing education in order to legitimize their work status and remain competent at work, in all health care institutions, including prison hospitals.

## **2.2 Barriers to Continuing Formal Education**

### **2.2.1 Situational Barriers**

Situational barriers are those barriers which relate to a person's life context at a particular time including both the social and physical environment surrounding one's life (Cross, 1981; Boeren, 2011). Such barriers revolve around a lack of time due to work load, cost, transportation, family and child care responsibilities and geographical isolation (Byrd, 1990; Gear, McIntosh & Squires, 1994). Many nurses' services globally and in Zimbabwe must be accessible on a twenty four hour basis which necessitates shift work. Such arrangements have denied some employees access to continuing education (International Council of Nurses, 2006). In Zimbabwe, nurses are on duty most of the time in order to provide essential services since government health care institutions are critically short staffed due to financial constraints. As a result the employer fails to meet requests for the financing of formal continuing education diploma and degree programmes requests.

### **2.2.2 Dispositional Barriers**

These include individually held beliefs, values, attitudes or perceptions that inhibit participation in organized learning activities (Darkenwald & Merriam, 1996; Falasca, 2011). Adults often say, 'I am too old to learn; I do not enjoy school or I am too tired'. Lack of confidence in one's ability to learn is a commonly raised reason for non-participation in continuing education activities (Cross, 1981). This lack of confidence is often attributed to unpleasant past academic experiences from which adults develop a negativity about continuing education.

### **2.2.3 Institutional Barriers**

Institutional barriers are synonymous with structural barriers and are those barriers erected by institutions to exclude or discourage certain groups of learners through the implementation of such things as inconvenient schedules, high full-time fees for part-time students, restrictive locations and discriminatory policies, Cross (1981). All such barriers de-motivate adult learners from engaging in continuing education.

## **2.3 Strategies for Overcoming Barriers to Formal Continuing Education**

Brookfields (1996) and Falasca, (2011), are some of the researchers who argue that adult learners defy age when it comes to succeeding in their chosen programmes if they get the chance and support they require. However, barriers are real and must be addressed collaboratively by individuals and institutions. Falasca (2011), encourages institutions to deal

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with issues of fees, distance travelled and insensitive scheduling of programmes and as such views institutional support as an entitlement. The ‘fees must fall’ debacle that was experienced in South African in 2015 highlighted the need for institutional sensitivity towards overcoming financial hurdles to continuing education.

## **2.4 Conceptual Framework**

Soni’s (2012) Concepts of Lifelong Learning framework describes some unique characteristics that deepen our understanding of lifelong learning, namely: informal/formal and non-formal learning; self-motivated learning; self-funded learning and international participation. Of these four themes, continuing education for nurses is informed by formal learning, self-motivated learning and self-funded learning.

Formal learning is the process by which nurses, as participants in continuing education, aspire to earn points and certificates that contribute to their regularization and registration as genuine practitioners (Health Professions Authority of Zimbabwe, 2001). By engaging in formal learning, the nurses will acquire knowledge, skills and attitudes for the competent delivery of health care to the prisoners at the targeted state hospital.

The self-directed learners are often motivated by a range of factors such as to acquire knowledge, skills and attitudes for use in developing themselves and their communities, in spite of the presence of challenges.

## **3.0. RESEARCH METHODOLOGY**

A survey research design was chosen since the study sought to collect data with which to explore people’s perceptions in their natural setting (Cohen, et al 2007).

### **3.1. Data Collection Procedures**

The study employed questionnaires which consisted of closed-ended and open-ended questions to gather qualitative information as recommended by Blaxter, Hughes & Tight, (2006). The questionnaires were personally delivered to each participant. The completed questionnaires were dropped in a collection box at a central and safe place at the hospital. There was a hundred percent return rate probably due to the discipline that is associated with state security employees in Zimbabwe.

## **4. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS**

Content analysis and the Statistical Package for Social Sciences (SPSS) computer software were used to analyse data.

### **4.1. Participants’ Perceptions of Continuing Education in a State Prison Hospital**

#### **Table 1: Participants’ Reasons for Engaging in Continuing Formal Education**

To unlock the investigation, the participants were asked on their perception of continuing education. Of the 29 participants, 13 (45%), understood continuing education to be a process of acquiring knowledge throughout one’s lifespan. Nine (31%), participants responded that continuing education was about seeking further educational opportunities after obtaining an initial professional qualification such as a diploma in general nursing, while 7 (24%) of the participants understood continuing education as a way of obtaining new knowledge, attitudes

and skills through various means in order to be relevant in the profession. With regards to perceptions for engaging in further education to service health needs of prisoners, 20 (69%) participants perceived that health practitioners did not practice discrimination. The participants further pointed out that health was actually a human rights issue.

**4.2 Table 1: Participants’ Reasons for Engaging in Continuing Formal Education**  
**Table 1: Participants’ Reasons for Engaging in Continuing Formal Education N=29**

Reason	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total (n) (%)
(a). To gain new knowledge and skills	18 62%	11 38%	0 0%	0 0%	0 0%	29 100
(b). To get job security	8 28%	12 41%	6 21%	3 10%	0 0%	29 100
(c). To be promoted and get well remunerated	17 59%	12 41%	0 0%	0 0%	0 0%	29 100
(d). To stay informed of new developments in my area of work	22 76%	7 24%	0 0%	0 0%	0 0%	29 100
(e). To obtain additional qualifications	5 17%	5 17%	0 0%	8 28%	11 38%	29 100

The findings in Table 1 revealed that all of the participants agreed that they would engage in continuing formal continuing education for the purpose of gaining new knowledge and skills. Brookfields (1996) concurred with Knowles (1980) in explaining adult learners’ characteristics and by reiterating that adults are more intrinsically than extrinsically motivated. The consistency of the findings was validated with the responses to whether or not it was a priority to obtain a certificate. It was discovered that as many nineteen (66%), totally objected to motivation which was associated with materialism. Again the findings showed the power of internal driven motives in adults since all the participants agreed to the need to become informed first. Continuing formal education is important as it helps one to learn new roles, techniques or skill. A nurse who engages in continuing formal education will be able to maintain, improve and broaden knowledge and skills, commented Mason and Wager (1994). By so doing the nurses would strive to keep pace with the global movements in health care practices and to fend off obsolescence, American Nurses Association (2010), Skees (2010). With knowledge and skill, nurses become relevant to their profession since they would have added value to themselves and their organizations, noted the American Nurses Association (2010). This point is further reiterated by the American Nurses Association (ibid), that the amount of knowledge required to take care of critically ill patients cannot be obtained simply through experience. State prisons in Zimbabwe are faced with such patients.



The findings revealed that all the participants wanted to stay informed about developments in their profession. Thus, continuing formal education gives practitioners the opportunity to update their knowledge of new developments in their profession.

**4.3 Table 2: Perceived Barriers to Continuing Formal Education**

**N=29**

Reason	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total (N) and (%)
(a). Lack of money or funding.	23 79%	6 21%	0 0%	0 0%	0 0%	29 100
(b). Heavy workload	3 10%	4 14%	3 10%	11 38%	8 28%	29 100
(c). Social responsibilities (family and childcare)	15 52%	10 34%	4 14%	0 0%	0 0%	29 100
(d). Learning facilities are too far	0 0%	3 10%	3 10%	17 59%	6 21%	29 100
(e). Fear of negative past experiences in academia (failure)	0 0%	0 0%	4 14%	13 45%	12 41%	29 100
(f). Less chances of being promoted in the field	9 31%	13 45%	3 10%	0 0%	4 14%	29 100
(g). Unclear selection criteria for being granted study leave	4 14%	3 10%	3 10%	13 45%	6 21%	29 100%
(h). Lack of information about educational programmes for nurses.	3 10%	6 21%	3 10%	17 59%	0 0%	29 100%
(i). Unavailability of appropriate programmes that are relevant for nurses.	13 45%	7 24%	2 7%	7 24%	0 0%	29 100%
(j). Lack of cooperation from employer	14 48%	6 21%	9 31%	0 0%	0 0%	29 100%
(k). Strict conditions are attached to the granting of study leave.	18 62%	6 21%	5 17%	0 0%	0 0%	29 100%

Table 2, indicated that of the eleven (11) perceived barriers from the literature that the research explored, six (6) barriers received high scores of prominence. These ranged from 'strongly agree' to 'agree' as follows: a lack of funding (100%); social responsibilities (family and child care) (86%); strict conditions for being granted study leave (83%); few chances of job promotion (76%); lack of employer cooperation (69%) and the unavailability of appropriate programmes (69%). Literature on barriers to participation in adult education at

best categorizes the barriers into institutional, dispositional and situational barriers, Cross (1981); Boeren (2011). The research findings revealed two categories of deterrents namely situational and institutional barriers. The mean score for situational barriers was 86 %, while that for institutional barriers was 79.4% .These barriers are external to the learner and are presumed to be less difficult to resolve than dispositional barriers that may sit deep in learner's hearts and minds (Boeren, 2011). The evidence of the prevalence of more external barriers than internal barriers was that 26 of the 29 participants (86%) rejected the influence of dispositional factors such as age and previous school experience as major barriers to continuing education.

#### **4.4 Suggestions for the Promotion of Formal Continuing Education among nurses.**

The major suggestion by 91% of the participants was identical to what Cross (1981), St Clair (2008) and Boeren (2011), indicated in literature, namely that there is need to improve funding prospects if continuing education is to be a success. The other profound suggestions were the need for employers to recognize one's qualifications (69%), relaxing entry requirements by institutions (77%) as well as increasing the palate of degree programmes offered to nurses by local universities (86%). There were also a small number of participants who proposed curriculum reform that should accommodate indigenous knowledge and practices (45%). All the participants expressed optimism that the elimination of barriers would improve their participation in continuing formal education. In addition there were suggestions for higher education institutions to recognize prior learning and award credits for holders of non- degree nursing qualifications on the understanding that it would motivate adult learners to participate in continuing education. There was also a suggestion by many as many 77% that called for a reduction in programme duration which would lead to reduced costs.

### **5. SUMMARY OFFINDINGS**

The research findings revealed that nurses understood continuing education to mean all the lifelong learning activities towards the development of nurses in Zimbabwe. They perceived continuing education to be a trajectory for personal development beyond the mandatory nurse training phase. The findings further revealed that the provision of quality nursing was a human rights issue and prisoners were entitled to quality health services, too. The findings also pointed to a plethora of barriers that are derailing the nurses' pursuit of continuing education and career advancement. Employer restrictions on funding and study leave as well as the unavailability of suitable study programmes at higher education institutions, weighed heavily against nurses' self- development.

The following mitigatory measures were suggested:

- the creation of a continuing education fund for health professions by central government;
- reforming continuing education policies so that paid study leave was available to employees;
- access to a wider range of degree programmes at higher education institutions and
- for higher education institutions to innovate learning programmes that address the health needs of both prisoners and the larger community.

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## 6. RECOMMENDATIONS

The study recommended that:

- health institutions should support the continuing education of nurses by providing finance and time to enable nurses to constantly seek new knowledge and new competences
- higher education institutions must fill the gap that exists for relevant nursing education programmes at a time when competent practitioners are required to deliver a cleaner health bill not only to Zimbabwe but globally.
- nurse education institutions must embrace indigenous knowledge as part of curriculum reform in an age that recognizes indigenous knowledge systems.
- further research that seeks to deepen our understanding of perceptions of nurses on continuing education and support systems for this critical services sector.

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