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Original Article

EXPLORING THE CHALLENGES AND OPPORTUNITIES FOR CONTINUING PROFESSIONAL DEVELOPMENT FOR NURSES: A QUALITATIVE STUDY WITH SENIOR NURSE LEADERS IN NEPAL

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ABSTRACT

Background: Continuing professional development for nurses is internationally recognised as a key factor in improving quality of care, career progression, job satisfaction and professionalization. Meeting the global and national challenge of Universal Health Coverage will require a flexible and skilled workforce. Since nurses are the backbone of health care in Nepal, their professional development is a key contribution to this task.

Objective: To explore the views of senior nurses on the need and opportunities for continuing professional development in nursing in Nepal and current barriers to its development.

Methods: Purposive sampling was used to identify participants and semi-structured interviews were conducted until saturation was reached. Interviews were transcribed verbatim and analysed using thematic analysis. 19 senior nurses, female (n=17) and male (n=2) working across the sector as clinicians, teachers and managers in Nepal participated in this study.

Results: Analysis revealed several themes and subthemes, including: the conceptualisation of CPD in Nepal; provision and funding; barriers – fiscal, political and geographical challenges; and future priorities which included a discussion around basic skills versus advanced practice.

Conclusions: The study provides an overview of opportunities and challenges for equitable access to continuing professional development in Nepal. Our findings illuminate the need for nurse leaders to work with policy makers and nursing organisations to establish the priorities for continuing development in light of increasing demand and expectations of health services.

Keywords: Continuing Professional Development, Continuing nurse education, Low- and Middle-Income Countries, Nursing in Nepal, Increasing health demand, Universal Health Coverage, Workforce Retention.

INTRODUCTION

Professional nursing in Nepal with its relatively short history is now a well-recognised career path, especially for young women[1,2]. The liberalisation of health worker training in the late 1980s initiated rapid growth of private colleges offering nurse education programmes nationally[3]. This increase in student numbers and registered nurses in Nepal, however, currently outstrips job opportunities[4]. In addition, questions have been raised as to whether recently qualified nurses are fully equipped to deal with the practicalities of nursing practice as many programmes are heavily theoretical; and student nurses are not always trained to be 'hands on'[4]. Most nurses in Nepal work in urban areas despite only around 20% of the population living there. Nurses form the backbone of the Nepalese health system, especially in rural areas, as such skilling up and retaining nurses in low resource settings is critical to the ambitions of Universal Health Coverage (UHC)[5,6]. In Nepal, nurses continue to practise without any post registration training or compulsory continuing professional development (CPD). Improving the Nurse Registration process and developing CPD are key areas of policy discussion within the Nepal Nursing Council (NNC) and underpin this research project.

Definitions of CPD vary but most imply improving the quality of care, updating skills and professionalization. According to Illife[7]'CPD entails a continuous process of learning to ensure contemporary safe practice which benefits the person undertaking it, as well as the recipient of

care and the profession itself' (p.189). Clark and colleagues[8] refer to three 'potential interrelated benefits': (a) improved retention and outmigration; (b) increased motivation and job satisfaction; and (c) greater professional identity and unity (p.55). However, providing

CPD that is relevant, timely and equitable is a challenge across low resource settings where pressures on the health workforce are high[1].

Despite the challenges of low income, Nepal has improved its health indicators in recent years.[9] Life expectancy has increased, and infant mortality and maternal mortality rates have significantly decreased[9]. However, Nepal still has a high prevalence of communicable diseases, and is now witnessing a rapid growth of non-communicable diseases (NCD's) [10]. Increasing medicalization and expectation of nurses to be able to provide safe and effective care and respond to the ever-increasing health needs of the population has implications for the quality of initial training and subsequent CPD [11,12,13]. Whilst CPD could increase out-migration and brain drain [14]; conversely, it could also enhance job satisfaction and retention[4].CPD is an important element of strengthening human resources for health and particularly in under-served rural areas [15].

There is a lack of knowledge concerning current levels of CPD for nurses in Nepal; a previous study highlighted a need for CPD but response to this has been limited [16].A recent integrative review by Coventry and colleagues[17]highlighted the challenges of attending or engaging with CPD in nursing across several countries. Demanding workloads, inadequate supply of nurses, increasing expectation for nurses to use their own time/money and the lack of supportive organisational leadership were key findings in this review. Macaden and colleagues [18] reported similar barriers and facilitators of CPD for nurses in rural India.

Nepal recognises the challenges of providing good quality, affordable and timely health care and has ambitious targets to meet the health-related Sustainable Development Goal (SDG)3 and most specifically 3.8 to achieve UHC[15].Under the new federal structure, Nepal's Constitution enshrines 'The right to healthy living and access to health services as a fundamental human right'[10](p.viii).However, UHC will not be achievable in Nepal without strengthening the health system, including the workforce. This requires the government to

engage with professional organisations and academic institutions to implement continuing professional development.[10]

Aims: To explore the views of senior nurses on the need and opportunities for continuing professional development in nursing in Nepal and current barriers to its development.

METHODS

2.1 Participants

Purposive and snowball sampling was used to recruit senior nurses working across Nepal. Participants were recruited via Email.

2.2 Methods

The COREQ reporting guidelines were used in both the framing and reporting of this study. As the research wanted to illicit nurses understanding, knowledge and perceptions of CPD in Nepal qualitative methodology was chosen. Data was collected through face to face semi structured interviews in Nepal by two UK based researchers. Interviews were conducted in locations convenient to the participants and in a mixture of English and Nepali. Interviews lasted between 30-60 minutes. All were audio-recorded and transcribed verbatim. Translation of Nepali interviews was completed during transcribing. Interviews were conducted until saturation of new information was reached.

2.3 Ethical Considerations

Ethical approval was obtained from the Nepal Health Research Council (NHRC) (Reg. no.68/2OL6) and Liverpool John Moores University (16/CPH/006). Interviews were conducted by two researchers based in the UK with no Nursing experience in Nepal.

2.4 Data Analysis

Interview data was initially coded thematically by hand and followed up by an NVIVO based thematic analysis. Initial themes and sub-themes were reported back to key stakeholders via a

dissemination programme held in Kathmandu. Subsequent analysis has allowed for a deeper and more robust interpretation of the findings.

FINDINGS

A total of nineteen senior nurses were interviewed, seventeen females and two males. All were senior health professionals with at least 10 years' experience. Most participants worked in a clinical setting in senior positions, though some worked in the education sector and others in administrative roles.

Key themes emerged around: the conceptualisation of CPD in Nepal; provision and funding; barriers – fiscal, political and geographical; and future priorities which included a discussion around basic skills versus advanced practice.

3.1 CPD as a concept in Nepal

This theme captures a general understanding of what CPD is and what it means for nursing and nurses in Nepal. All participants spoke enthusiastically about the importance of CPD for nurses. 'It is my inner enthusiasm to know about the how we can develop our profession. Where we have to go, what we have to do, when we have to do it' (P15). One participant regarded CPD as 'an essential aspect in the field of nursing as it is a skill-based profession. So, skills should be updated in timely basis as people tend to forget the skills with time' (P2).

CPD is seen as having multiple benefits, for example: 'Continuous professional development is a must for professional growth and personal development. It also beneficial for providing quality nursing care to the patient' (P9). 'There are two main benefits of providing training to the nurses. One is the self-satisfaction and actualization of the staffs and the other is that the institution is benefitted through the training of their staffs' (P8).

The advancements in medical knowledge, technology and in nursing practice make CPD even more relevant in Nepal. Participants noted:

We need to update our knowledge and practice. We need some additional training or education about the new techniques, technology, and methods' (P17).

'There is always development of new ideas and technologies in the field of medicine which urges the change in the practice. It is essential to update and upgrade the personnel engaged in nursing profession, which will help in providing quality services to the patients according to the change'. (P8).

CPD important for all professional nurses and not just those working in clinical settings as noted here: 'They all need practical trainings those who are working in the teaching as well as in the clinical site because teachers also have to teach their students' (P16).

'If I'm working in an academic field, I need more advanced teacher training and how to use different teaching learning methods. I should be exposed to new knowledge and practices in nursing so I can give new things to my students. I am teaching same things since last 20 years', same things' (P18).

3.2 CPD in action: funding, access and availability

Examples of CPD focused on continuing education (in-service) and short course training. Short course training is often provided centrally with funding coming through the Ministry of Health. 'So, the national health-training centre is there in the national level, which comes under ministry of health and population…. they run the trainings on different subjects. It might be immunisation, family planning or related to childhood disorders' (P14).

'From Government sector there are a lot of skills related training like Skilled Birth Attendance (SBA), midwifery related, research related training, teacher training (TOT)' (P2).

'The counselling training is focused helping clients for selecting and using various methods of family planning. There is nothing new at the recent moment even though a lot of NGO's are active here. They all focus on the family planning (P11).

Some regional teaching hospitals have in-service training units; some are government-based hospitals and others not-for-profit. Private institutions were less likely to provide in-service training, or continuing education. Examples of good practice included:

'Here we have a nurse educator who coordinates the classes and all the nurses from the ward go every Tuesday to attend the class. So, it's very unique and good practice for the nurses, I think, they keep updated' (P19).'Some of the hospitals do have in-service education unit. The unit will focus on major issues like major subjects like ICU or infection prevention (P14)'.

Funding is a critical element as is the role of external organisations. Global priorities like maternal and child health, HIV/AIDS, and family planning dominate funding for training.

'Most of the trainings have been sponsored and supported by sometimes WHO, sometimes UNDP, sometimes UNICEF. Like topics related nutrition, immunisation most of the times UNICEF supports' (P14).

'From Helen Keller, we just conducted two groups training for breast feeding practices for 3 days' package. Also focusing on HIV/AIDS counselling and clinical management training' (P15).

3.3 Barriers in developing and accessing CPD in Nepal

Barriers to CPD development and access generated several sub-themes including financial, geographical, and political.

3.3.1. Fiscal Challenges

Not all training is free and individual nurses' often self-fund.

'If it is organised by the hospital then it is free of cost. But if it organised outside like research, management, educational trainings and if we search it our self then yes, we have to pay for those trainings' (P1).

Working in the private sector disadvantages nurses further as their wages are often lower and opportunities for CPD rarer. For example:' Private sector they do not focus on the promotion of the nurses because they just focus on the provision of the service. Also, low salary provided by the private hospital is less, so turnover rate is so high' (P13).

'The available trainings are not enough. There is a lot of discrimination in the availability of these training because the priority is given to the governmental staffs only. The nurses working in the private sector don't have any chance to get involved in these trainings' (P10).

3.3.2 Political and Organisational Challenges

Several participants noted that the regulation of Nursing practice and CPD rarely gets on the policy agenda. In addition, frequent changes of government and ministers do not enhance understanding of professional standards.

'One minister will know our problem and 'he' will change or do something, but it suddenly changes. Next government will come, and they will not know all those things. Then instability, changing, changing, changing many times it is also problem' (P18).

In addition, nurses lack power in Nepal and their voice is overshadowed by the medical and business sector. As noted by several participants:

'There are many challenges, really many challenges because we are women' (P18).

'Number one problem is that the nursing profession is in the shadow… not taken very seriously' (P15).

'In Nepal nurses are not in the level of decision-making. They don't have any power for making decision and leadership even though they work at the managerial level in any institution' (P2).

'CPD is very important for the professional growth and development, but it is very difficult in Nepal for the CPD programme because, policy from nursing professional organization is not yet developed' (P18).

3.3.3. Geographical challenges

The lack of infrastructure including roads and affordable safe transport compound the topographical difficulties. Training opportunities are usually scheduled in and around major cities.

'There are a lot of barriers, personal barriers, economic barrier everything so how to go through that. Because if I called the nurse from remote area e.g., from the far western development region to come to Kathmandu to take a training, how much is it possible for her. We have to be there to provide training' (P14).

'It is difficult to manage human as well as logistic resources to conduct training in the remote areas. Even if it is conducted in the central, all the people might not be able to participate in that particular scheduled training programmes due to financial barrier or family barrier' (P8).

3.4. Priorities and moving forward

Discussing priorities for CPD very much focused around patient needs, and rights. Quality of care was very much at the forefront of the discussion. Increasing patient knowledge and expectation can be challenging for nurses as noted here: 'Nowadays public are very much concerned about their' rights. People are aware about the health, they query many things, and when they get some medicine and some care, they raise the questions and queries, nurses cannot tell them all the things, all the details' (P17).

3.4.1. Basic skills and nursing care

Basic nursing skills are sometimes underdeveloped with an increasing theoretical nursing curriculum. One participant commented: *'They don't want to touch the patient. They don't want to do bed making. How will they learn?' (P15).*

Communication was mentioned frequently:

'It should be more about the patient care I think and all those things, about the communication, attitudes and patient care' (P19).

'There is lack of good communication and counselling skills in nurses which is important in patient care. Most of the nurses cannot provide sympathy to patients during care because of the overload of work. But most of the nurses do not have skills about the sympathy to be given to patient during care. (P8).

3.4.2. Advanced practice and specialism's

The increase in NCD's in Nepal is challenging nursing care. Technological advancements in clinical care require specialisation yet training and updating remains largely absent as noted here:

'The main thing is that they should be aware of the importance and necessity of CPD. Because with the advancement of technology many changes are obvious in the field of nursing care too.

There have been changes in socio-political circumstances, types and burden of disease like communicable, non-communicable disease, maternal and neonatal health services and others like

RTA, trauma and all different causes according to present. They must organize the trainings related to these' (P1).

'There have been establishment of many specialised hospitals here but there is lack of specialized training for the nurses working in those hospitals' (P9).

'The council should specialize the nurses. We don't have any specialization system in nursing in our country Nepal. The specialization will help in providing quality care to the patient' (P10).

DISCUSSION

There was a clear understanding across all participants that CPD is an important element of nursing practice and professionalization however, it is not viewed as a government priority in Nepal. Like other LMIC's Nepal has been slow to formalise CPD for health workers even though it is internationally recognised as critical to health system development and improving

quality care [10, 11, 12, 13]. Like other studies participants here regarded CPD as essential for personal growth, professionalization and providing good care[7,8]. In addition, there are benefits for health institutions, where better care can improve patient outcomes, throughput and satisfaction[12]. As such, there is a business as well as a health care case for increasing CPD opportunities for nurses.

Increasingly nurse-training programmes are theory heavy and practice light. Many participants commented on the lack of 'hands on' experience and communication skills of newly qualified nurses. Moving towards advanced practice and specialisation was spoken about passionately in this research yet there was a realisation that knowledge and skills related to NCD's and mental health for example are woefully out of date. Given increasing patient expectation and health rights there is an urgent need for task shifting and the up skilling of nurses[19], who form the backbone of care in Nepal [5].

Despite the lack of mandatory CPD, there was plenty of evidence that continuing education and skills-based training was available though not always accessible to nurses. Access to CPD in Nepal very much depends on where you work with the focus of training in national or regional training centres. Urban based government and not for profit hospitals are the most pro-active institutions in providing in-service training or some form of CPD. Unlike many other LMIC's [20], Nurses in Nepal prefer to work in the public rather than private health sector, where opportunities for CPD and pay and conditions are generally higher. This is a significant finding and somewhat surprising; it highlights the strength of the public sector in Nepal in providing quality care in an era of health sector commercialisation. Yet this also highlights inequalities in opportunities for nurses depending on where they practice. Inequalities in access to CPD are geographical as well as institutional. Aside from geographical determinants, other factors, which militate against CPD access, include staff shortages, financial and organisational barriers, which are similar findings to other studies [17, 18].

Strengthening the health sector workforce and health system delivery is critical to achieving SDG 3.8 (Universal Health Coverage). According to the UN (2019) governments will need to increase 'health financing and the recruitment, development, training and retention of the health workforce' [22]. The lack of work opportunities, poor pay and limited job satisfaction is

identified as push factors for out-migration [23]. Nepal cannot compete with the financial rewards that nurses receive overseas; however, steps can be taken to retain nurses who are not looking to leave. Increasing remuneration is not always possible and particularly in low resource settings like Nepal. CPD, however, is a recognised mechanism to enhance job satisfaction and motivate the nursing sector [24, 25, 26.]

CONCLUSION

This research highlighted a 'hunger' for CPD and further professionalization of nursing in Nepal. Nurses want to become empowered as carers and decision makers and not feel 'under the shadow' of doctors. Nurses need to lead the development of their own profession and make decisions about training and CPD which should be relevant, timely, accessible and equitable. CPD in nursing is an important quality marker and is not only good for the professionalization of nurses and personal career development, but also for patient care.

Our findings have implications for policy development as this research highlights that there should be some minimum standard of CPD in Nepal linked to the nursing re-registration process. This should be mandatory for all nurses working in all sectors and areas. Developing provincial centres of training is important, as these would offer a more equitable geographical access across both private and public health care providers. For the foreseeable future nurses in Nepal will need to perform more with less; developing a robust policy on CPD could enhance both performance and retention.

LIMITATIONS

This study provides rich data, which reflects the passion of senior nurse leaders in Nepal for CPD. However, as with all qualitative studies, these findings cannot be generalised across Nepal. Although there was an attempt to visit as many regions as possible, time and monetary constraints made this challenging. In addition, the mixture of interviews in Nepali and English means that key ideas and opinions could have been lost in translation.

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