ABSTRACT

Previous literature has focused on the need for support of undergraduate nursing students during clinical placements. Little is known about the support provided by employers for registered nurses (RNs) who pursue further education

This study sought to identify and describe the types, levels and perceived need for support in the workplace for RNs as they undertake further postgraduate nursing study by distance education (DE).

Using an exploratory descriptive design a self-report questionnaire was distributed to a convenience sample of 270 RNs working in one acute care public hospital in Tasmania, Australia.

92 questionnaires (response rate 34%) were returned with 26 (28%) reporting being currently enrolled in further study by DE and a further 50 (54)% of RNs planning future study. Results revealed that 100% of participants with a Masters degree completed this by DE. There were differences between the support sought by RNs to that offered by employers, and 16 (34%) who had done or were currently doing DE study, received no support to undertake DE. There was an overwhelming desire by RNs for support; 87 (94%), with a majority believing some supports should be mandatory 76 (83%).

This study may encourage employers to introduce structured support systems that will actively assist nurses to pursue further study.

KEY WORDS

Nursing, post-graduate study, distance education, workplace support

BACKGROUND

There is general recognition of the importance of continuing or life-long learning for all nurses (Department of Education Science and Training [DEST] 2002; Jarvis 2005; Royal College of Nursing Australia [RCNA] 1998). Following completion of initial nursing courses leading to registration (commonly at an undergraduate level), post-graduate education has been suggested as the appropriate avenue for development of expertise in nurses (Pelletier et al 2000). In Australia, the Nursing and Midwifery Labour Force Survey has defined further education as including hospital-based certificates and tertiary qualifications in nurse management, clinical practice and nursing education while excluding in-service/continuing education sessions, refresher or re-entry courses or courses of less than 6 months duration (Australian Institute of Health and Welfare [AIHW] 2008).

The continuing and expanding provision of post-qualifying courses for nurses is a clear demonstration of the acceptance of the value and importance of further education. In recent years, other reasons for further education in nursing have included an increasing shortage of nurses, competition in the labour market, and recruitment and retention issues (DEST 2002). The 'Magnet Hospital' principles in the United States note the importance of education support for nursing staff as essential to staff satisfaction and consequent staff retention (Kramer & Schmalenberg 2005; McClure 2005; Westendorf 2007). The Australian Evaluation and Quality Improvement Program [*EQUiP 4*] for hospital accreditation, recognises that staff educational support, to achieve skills and maintain competence, is essential for quality health care (Australian Council on Healthcare Standards [ACHS] 2008).

Quality health care should also be based on evidence at planning, development and delivery stages (ACHS 2008), and there has been a trend towards emphasising the importance of evidence-based practice within clinical nursing. This is now paralleled by recognition of the importance of evidence-based nursing education (Clark 2005; Yonge et al 2005). Benner (1984; 2004) contends that development of expertise occurs within the practice setting. The importance of clinical and workplace learning has thus long been recognised.

Increasingly, distance education (DE) is the vehicle for the delivery of further education for nurses (Cook et al 2004). Distance, time and ability to attend classes are factors that limit nurses' ability to engage in post-qualifying study, and DE is seen as an obvious solution to this (Cook et al 2004; Oehlkers & Gibson 2001; Pym 1992). Education providers and students are finding that the increasing use of information communication technology is conducive to DE (Adams & Timmins 2006; Bruskiewitz & De Muth 2005; Hollis & Madill 2006; Janes 2006; Shovein et al 2005; Zalon & Meehan 2005). DE takes many forms but can include video conferencing, resource packages along with on-line components (such as discussion boards, Wikis, podcasts, and email). DE, especially online, offers increased access to education for nurses who find it difficult (or impossible) to attend traditional on-campus classes.

Previous studies into DE for nurses' have focussed on support structures provided by education providers (Lawton 1997; Oehlkers & Gibson 2001;

Pelletier et al 2003; Pym 1992). According to Fortin (2007), students who studied via DE frequently reported feeling isolated and had to develop routines to foster self-motivation and study habits without the structured routine and collegial support provided in a classroom. Other authors acknowledged that to study by DE whilst working is problematic for life/work balance (Cragg, Andrusyszyn & Fraser 2005; Evans et al 2007; Oehlkers & Gibson 2001; Pym 1992). One of the ways DE students aim to achieve this balance is with help or support from a variety of sources.

Oehlkers and Gibson (2001) classified support as formal (provided by the educational institution) or informal (provided by family, friends, mentors, colleagues, employers). Cragg, Andrusyszyn and Fraser (2005) previously examined the support received by professional women whilst studying by DE. Findings concluded that support comes from the woman's family, the educational institution and their employer; however Cragg et al's study focussed more on the support received from the family and educational institution rather than workplace support.

The nurse education literature reveals limited discussion on the place of employment-based support for nurses undertaking post-qualifying study by DE. In separate reviews, Long and Johnson (2002) and Yonge et al (2005) found little on learning in practice and no research specifically on workplace support for RNs undertaking study by DE. Against the background of the promotion and, in some states, the mandating of further education for RNs in Australia, this is a significant omission.

There is clearly a need to examine how work-based education support can be effectively provided. Workplace support needs to be identified and described, thus allowing employers to seek ways to create or strengthen support structures. This paper reports on a study into the importance of workplace-based support from the nurses' perspectives whilst studying by DE.

METHODS
Study Design and Aims
This study sought to identify different modes of employer-based support for RNs who were undertaking further study by DE, and to explore, from the point of view of participants, whether the existence or absence of such support had any bearing on the uptake, ease or difficulty of undertaking and completing a formal program by DE. In this study, DE was defined as education that was not time- or place-specific and included correspondence courses, televised or videotaped lectures, online courses (internet and e-mail), where the education institution was different to the employing institution.

Sample and Setting
In June 2008, a convenience sample of 270 Registered Nurses (RNs) employed at a major metropolitan hospital in Tasmania, Australia was provided with a self-report questionnaire. The sample was drawn from four wards (medical, surgical, Emergency Department and Anaesthetics / Peri-Operative Department). These were selected to provide a range of nursing contexts and also to capture areas where there was no or limited local provision of further education.

The Tasmanian Human Research Ethics Committee provided institutional ethics approval. Information sessions were provided in each area to inform RNs about the study and to extend an invitation to participate. Flyers were posted in ward offices and staff rooms to encourage participation. Packages containing the questionnaire and associated explanatory information, including informed consent and ethics approval, were mailed internally to potential participants.

Data Collection
A questionnaire was specifically developed for this study. Content validation of the questionnaire was determined through a pilot study with 13 RNs from one work area (Nephrology Department) who were asked to complete the draft questionnaire specifically looking at readability and applicability. The questionnaire was modified based on the feedback. It became apparent from the pilot that some RNs had done more than one DE course. Thus the question on types of support sought, received or offered, during a DE course was replicated.

The final questionnaire comprised three sections. Firstly demographic information such as location of initial nursing education (i.e. hospital or university); number of years as a registered nurse (RN); current level (position); main role in current job; and nursing qualifications held. The second section focussed on relevance of qualifications to current job; whether the qualification was undertaken by DE; current enrolment in nursing related study; types of course (i.e. bachelor degree, postgraduate certificate, postgraduate diploma, masters, doctorate); and relevance to work. Gender, age and specific area worked were intentionally omitted to ensure anonymity due to the possibility of later identification by the first author.

The third section focussed on workplace support with fifteen support types specified plus a category for 'other'. Prior to data analysis, the types of support were grouped as i) *cost related* (fees, study leave and material resources purchased); ii) *system related* (clinical placements, roster requests, study group, material resources available and preceptorship); iii) *academic related* (study skills, IT assistance, literature searches and formal, e.g. proofreading and referencing); iv) *social / emotional related* (emotional, study buddy, sounding board and mentor); and v) *other*. The questionnaire enabled nurses to indicate different responses if they had undertaken more than one course by DE.

Data Analysis
Statistical Package for the Social Sciences (SPSS 14.0) was used for data analysis. Descriptive statistics including cross tabulations and Chi Square analysis were computed: significance was set at $p < 0.05$.

RESULTS

Demographic Data, Qualifications and Distance Education
The response rate was 34% (n=92). Sixty four percent of participants were initially tertiary educated, while 83% held a minimum of a bachelor degree and over 40% have further nursing qualifications, 22% of these were gained by DE. In this study, 66% of participants were level 1, 20% level 2 (both levels are clinically-based) and 13% level 3 (management or education). Over half the

participants (n=52, 56%) had more than 10 years full-time equivalent (FTE)
nursing experience (see table 1).

28% of participants reported being currently enrolled in further study by DE,
with the majority in either a post-graduate certificate or a post-graduate diploma.
88% of participants studying by DE reported that the qualification would be
relevant to their current job. Almost half the study participants (46%) plan future
study by DE. Table 2 reveals results for distance education.

Workplace Support for Nurses Studying by Distance Education
In this study, fifteen types of support were identified including course fees, study
leave, resources purchased or available, roster requests, clinical placements,
study buddy, sounding board, study group, study skills (literature searches,
Information Technology and formal), mentorship, preceptorship, emotional, plus
other. Participants indicated a low level of employer support. 28% of participants
who had done, or were currently doing DE, received no support, whilst a further
19% received only one type of support. Of these same nurses 59.5% had sought
support whilst for 71.4% no support was offered.

Table 3 illustrates the types of support reported during current / most recent
course and earlier course (for those who have done more than 1 by DE). In
current / most recent: study leave (36%), course fees (31%) and roster requests
(31%) were the support types most frequently *received;* while the most
frequently *sought* were: mentor (24%) and study buddy (24%). The most
frequently *offered* were study leave, study group and emotional (each 10%).
Also of note was the number of support types that were *sought* more often than
received. Study group was the only support *offered* more than it was *sought*.

For those participants who have completed more than one DE course,
mentorship (30%) was the most frequently *received* support. Study leave,
sounding board and mentorship (each 20%) were the most frequently *sought*
types of support. No support was *offered* to RNs during earlier DE courses.

A comparison between support *sought* and *offered* in this study highlights the
gap between the two with very little support of any kind *offered* for either current
or previous DE students. According to participants in this study, there was little
support *offered* by nursing management or from the health department for DE
study.

Support for Distance Education in an Ideal Workplace
The final aspect explored was the support nurses would *like* or believe should be
mandatory, with 94.6% of participants reporting they would like to receive
(*liked*) three or more types of support and 73% believing some forms of support
should be compulsorily provided by the employer (*mandatory*). Table 4 shows
support RNs would *like* or they believe should be *mandatory*. Support *liked* and
mandatory were compared between those currently enrolled (n =26) with those
who have previously undertaken DE study (n =21). There was a difference
between *liked* and *mandatory* support to this question. The most frequently *liked*
support types were; course fees (74%), roster requests (61%), study leave (60%)
and study groups (58%) whereas *mandatory* support types were; study leave
(75%), clinical placements (62%), roster requests (60%) and formal clinical

supervision (preceptorship) (47%). However, none of these reached statistical significance.

DISCUSSION

Fostering further study amongst nurse employees is an important recruitment and retention strategy for hospitals (Kramer & Schmalenberg 2005; McClure 2005; Westendorf 2007). Encouragement and support for nurses to undertake further study is also a key characteristic of 'Magnet' hospitals (Kramer & Schmalenberg 2005; McClure 2005; Westendorf 2007). This study found that in this workplace nurses received little support for further study by DE. There were clear differences between what nurses wanted and what they received by way of support. Little was offered and what was received was apparently a result of nurses' initiative, demonstrated by the nurses having to seek support. In addition, the majority of nurses would either *like* or believe support should be *mandatory* and yet only a minority of nurses actually *received* or were *offered* support. Some of the differences in frequency seem to be related to whether the support is cost, system, social/emotional or academic-related.

Oehlkers and Gibson (2001) described support as resources that nurses received to enable them to undertake further education (e.g. fees, roster support). In this study some cost-related support (fees and resources purchased) were generally reported with greater frequency under *sought* and *liked* than *offered* and *mandatory*. Similarly Cooley (2008) found that when nurses pursued further education more support in terms of study leave and funding was needed. Cost issues in health and education have been identified as a constraining factor in supporting clinical learning (Wellard, Williams & Bethune 2000). Interestingly study leave was more frequent under *mandatory* than *liked* and almost identical under *sought* and *offered*, with a relatively high frequency under *received*. This indicates an expectation from the participants for this type of support. Having an expectation that support ought to be provided may reflect the nurses' in this study belief that study leave is part of the current leave allowance entitlement. While study leave is provided for residential (on-campus) components of courses and to sit examinations, it is not recognised by employers that study leave is also needed to complete courses through DE modes of learning. This is an interesting and hidden aspect to DE courses and that RNs undertaking these course seem to be disadvantaged. In this study course fees and resources may have been more frequent under *mandatory* had the question posed 'an ideal workplace'.

The Tasmanian Department of Health recently announced the availability of post-graduate scholarships for RNs wishing to undertake post-graduate certificates or diplomas through the University of Tasmania. It could be inferred by the provision of scholarships is the purported increased staff satisfaction and the flow on to the department due to higher staff retention rates and lower overall staffing cost-savings (Westendorf 2007). However, RNs wishing to study at other universities are not supported, and this will hinder some nurses undertaking post-qualifying courses in some specialty fields.

This study found that the system-related support (roster requests, preceptorship and clinical placements) had very similar frequencies for *liked* and *mandatory*. This was an unsurprising result given that participants would recognised the ease

with which such system support could be provided. However these forms of support were *sought* far more frequently than *offered*, indicating that reality does not yet reflect need in this workplace.

Definitions of support have included advising, counselling, enabling and advocating (Lawton 1997). Although Lawton was referring to the educational institution as support provider these could equally be provided in the DE student's workplace through the aegis of informal collegial relationships. In this study, social and emotional-related support (emotional, mentorship, study buddy, study group and sounding board) was generally *sought* more often than *offered* or *received* and also more frequently *liked* than *mandatory*. A majority of participants may believe social-emotional support cannot be mandated, as they are all dependent on naturally occurring, inter-personal relationships. A workplace culture can, however, be cultivated in which further study and care of colleagues are highly valued. Such a culture would in effect provide an employer mandate for less formal modes of support such as these for nurses undertaking further study. A values statement at institution level, backed by action at all nursing levels, promoting further study and collegial support would be of benefit within the workplace.

In this study, digital information and communication technologies were referred to as information technologies (IT) as this term was in general usage at this hospital. Within nursing workplaces IT support is generally systems orientated, for example electronic patient records or online pathology results (Eley et al 2008; Simpson 2007). The specific IT support needed by nurses as they study may be more oriented towards less workplace specific programs such as word-processing and spreadsheet skills. The reasons for study skills (IT assistance, literature search and proof reading / referencing) being reported more for *liked* than *mandatory* are likely to relate to the academic nature of the support. Respondents may have believed this type of support is more within the remit of education providers than that of employers and that these are not readily available within the workplace. Occasionally these types of support may appear serendipitously if a colleague has the ability, time and willingness to assist. A formal relationship between workplace and education providers may increase access to these forms of support for nurses who are studying.

Lawton (1997) contends that a structured approach to supporting DE learners will ensure the support is more effective. If employers develop formal frameworks within their systems to identify and support nurses who are studying through DE, the learning outcomes can be enhanced. A system of support must start at the level of organisational culture and look at cost-benefits associated with increased staff expertise, satisfaction and retention. A system can be designed to value workplace study and encourage collegial support and should include formal partnerships with education providers. The corollary for the employer will be better prepared practitioners with improved recruitment and retention rates.

Limitations
This was an exploratory study using convenience sampling from one hospital, and although we had a response rate of 34%, the sample nevertheless is consistent with the demographic profile of the Australian nursing workforce

(AIHW 2008), so the potential for non-response bias is slow (Polit & Beck, 2010). We do, however, caution that the generalisability of these results to other countries may be limited. In addition the scope of the study did not explore support for RNs who had studied traditional on-campus courses. Lastly, there were low numbers of participants who reported withdrawing from DE courses thereby limiting the ability to explore the relationship between support and the non-completion of a DE course.

Potential Contribution of This Study
These research findings can help employers and distance education providers improve their understanding of the factors that impinge on working RNs when they undertake further study by DE. Such understanding will allow systematic planning of support networks with specific areas of responsibility lying within the remit of the workplace or education provider or both. Employers seeking to improve recruitment and retention of experienced RNs may be encouraged to further develop workplace cultures that value study, through direct action not simply inert 'values statements'.

Future Research
The findings of this study warrant further research. For instance, whether workplace support has a direct effect on the uptake and completion of study by nurses, either by DE or face-to-face course delivery and how workplace support impacts on nurses' stress levels when they study. Rural and remote nursing employees may be at a disadvantage in terms of access to face-to-face further education. This aspect warrants further research to determine the impact of workplace on the provision of workplace support for RNs studying by DE.

CONCLUSION

Employer support for RNs studying by DE has generally been absent in the extant nurse education literature. From the nurses' perspective, current support arrangements do not correspond to what is desired or should be required. If employers are to be credible advocates of further education this study suggests that there are simple and practical measures that could be taken to support nurses as they study by DE.

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