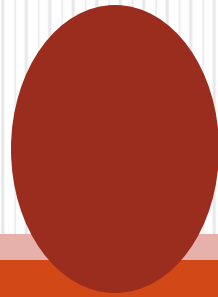
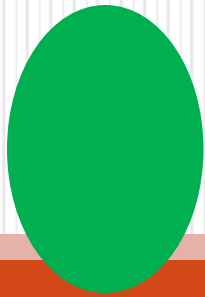
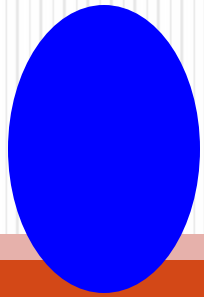


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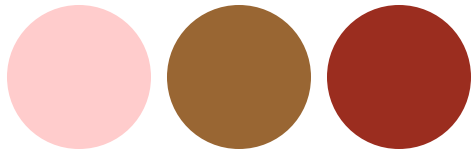
# **BARRIERS TO PARTICIPATION IN NON-FORMAL CNE PROGRAMS AMONG HOSPITAL NURSES IN PAKISTAN**



**Zafar Iqbal Channa**

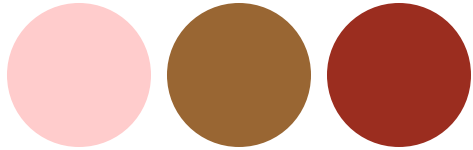
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## ***I*NTRODUCTION**

- ❑ Technological advancement stresses the need for CNE**
- ❑ Practices become obsolete after 5 to ten years of experience**
- ❑ Nurses keep abreast with current medical knowledge and technology exposure**



## ***I*NTRODUCTION**

- Regular training programs will be offered to all employed nurses**
- Decreased client care disabilities**
- Increased level of continue quality care**
- Decreased client stay in hospital**
- Decreased the cost expenditure**



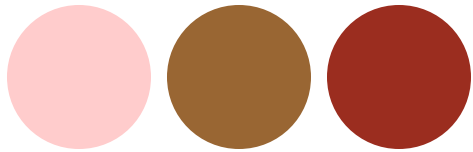


## Objectives of the study

**To;**

- **investigate most influential predicting barriers impeding hospital nurses participation**
- **suggest strategies to increase nurses participation**





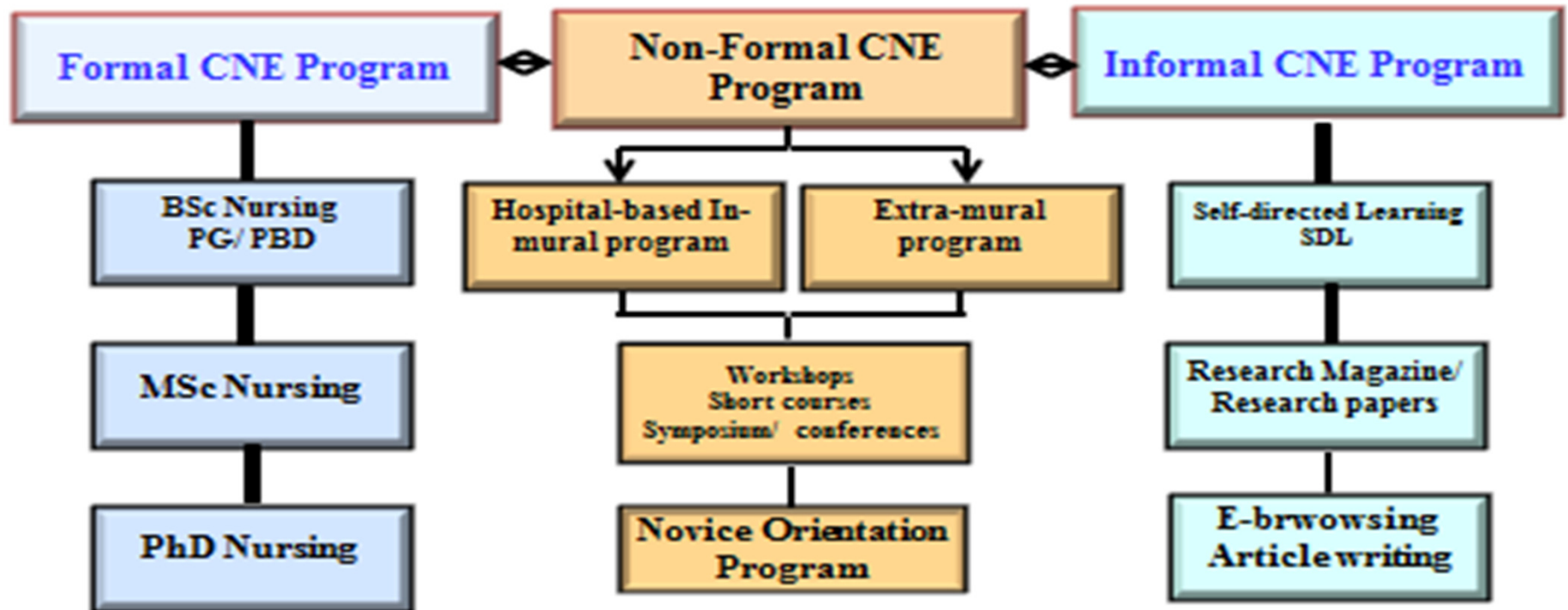
# **LITERATURE REVIEW**

- **Suggested that CNE programs:**
  - ❑ **Recognized and accepted worldwide (ANA, 1984).**
  - ❑ **Is planned and Organized trainings or course of study after basic nursing course of study**
  - ❑ **Provide credentials, certificates of participation**
  - ❑ **Ensuring continuous quality care**



# CNE Programs

## Continuing Nursing Education





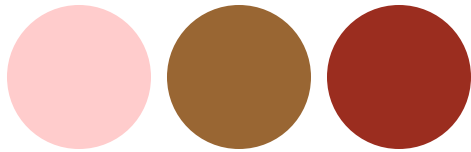
# **M**ETHODOLOGY

- Study Design: Descriptive Cross sectional**
- Study Setting: UHS, Lahore**
- Study population: All nurses**
- Sample: 300 nurses**
- Sampling technique: Convenient sampling**
- Data Collection method: Modified Barriers to Participation Questionnaire (BPQ)**
- Data Analysis: SPSS version 17.0**






# RESULTS



## Nurses reported:

S#	NAME OF BARREIRS	% BARREIR
1	Administration Barriers	67%
2	Work-related Barriers	55%
3	Financial Barriers	36%
4	Family Barriers	26%
5	Personal Barriers	30%

# RESULTS



S#	BARRIERS	MEAN SCROE			
		n	Mean ± SD	Minimum	Maximum
1	Personal Barriers	300	3.42 ± 0.71	1.11	5.00
2	Financial Barriers	300	3.14 ± 0.84	1.00	5.00
3	Administrative Barriers	300	2.19 ± 0.83	1.00	5.00
4	Family Barriers	300	3.42 ± 0.83	1.00	5.00
5	Work-related Barriers	300	2.53 ± 0.85	1.00	5.00

**Interpretation:** Higher the mean score, lower the barrier measured and lower the mean score, higher the barrier measured

# RESULTS



Rank Scale	Barriers	Overall mean score (as per ranked scale)
Most prevalent	Administrative Barrier	2.19*
More predictive	Work-related Barrier	2.53*
Predictive	Financial Barrier	3.14*
Somewhat or no Barrier	Family Barrier	3.42
No Barrier	Personal Barrier	3.42

**Note:** \*Lower the mean score in SA or A, higher the barrier is measured





# **D**ISCUSSION

## **Nurses General Perception**

- ❑ **Three barriers were found as administrative as most prevalent, work-related as more predictive and financial as predictive barrier**
  - **Majority of nurses-favoritism of administration and said, *“Yes...administration always send their favorite persons for training or course repeatedly...whom they like or having any interest...!”***



# **DISCUSSION**

- ***“Umm...When we apply for training or any course, even our documents and papers knowingly misplaced and at the end, new persons go for training because administration nominate names of favorite persons...!”***
- ***“Ummm....administration doesn't circulate proper information of the course or workshop and do not circulate information at mean time or circulate in days where closing date is near to finish... Nick of time, some favorite persons nominated for training”***.



# **D**ISCUSSION

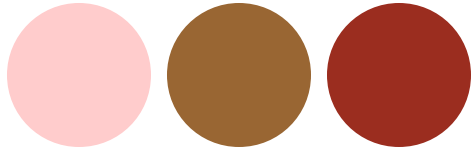
- ***“Actually....our senior nurses do not want to send nurses for further trainings or workshops because they have threat that in future they may be promoted on higher posts or may be replace us....and may be old senior nurses have no knowledge about CNE programs so how they can send us”.***
- **Regarding work-related barriers**, majority of nurses had workload problems during duty. They expressed their views and said, ***“Uff...can’t go to attend session...because of busy ward...and no other supportive staff to relieve me and...attend session”.***

# **D**ISCUSSION



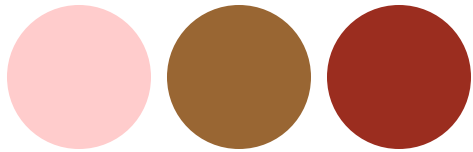
- ***Some of the views were as “...unable to attend because of shift-wise duty....but completely not...when night duty is placed...because after night duty...feel too much tiredness and sleep encountered during lecture and can’t understand lecture...”***
- ***“...can’t attend because after training or session...no conveyance available to drop and reach home very late” and few said, “we can’t attend because there is no cooperation of nurses who support each other and feel jealousy”.***

# DISCUSSION



- **Regarding financial barriers, few nurses showed concern and said, “...*why we participate...because no salary increased and no any incentive is awarded and...no quick promotion is obtained...many seniors are still awaited for promotion*”.**
- **Many of them commented, “...*whatever the expense used on trainings...we will bear own self and participate in lecture and any course...just administration nominate or allow us for undertaking of the course*”.**





# **R**ECOMMENDATIONS

## **Local-level/ hospital-based**

- **Develop CNE cell**
- **Formulate NFCNE manual and SoPs in booklet form**
- **Plan and organize trainings i.e. short courses, workshops, symposium, conferences etc.**
- **Circulate information**
- **Arrange venue of the program**
- **Award credentials**
- **Evaluate program**

## **Provincial Level**

- **Directorate nursing CNE cell**
- **Formulate CNE policy framework and manual of all programs**
- **Coordinate policy framework with all hospital and nursing school head**
- **Plan, organize and schedule of NFCNE trainings to registered hospitals and schools**
- **Develop system of awarding CNE points**

# RECOMMENDATIONS



## Federal/ National Level

### Nursing Advisor MoH

- Develop CNE cell
- Formulate NFCNE policy framework and manual
- Develop system of awarding of CNE points/ credits
- Liaison directorates of nursing
- Make available findings for trainings and technical support
- Plan and organize trainings of provincial nursing officials
- Accredited credentials liaison on with HEC and PNC

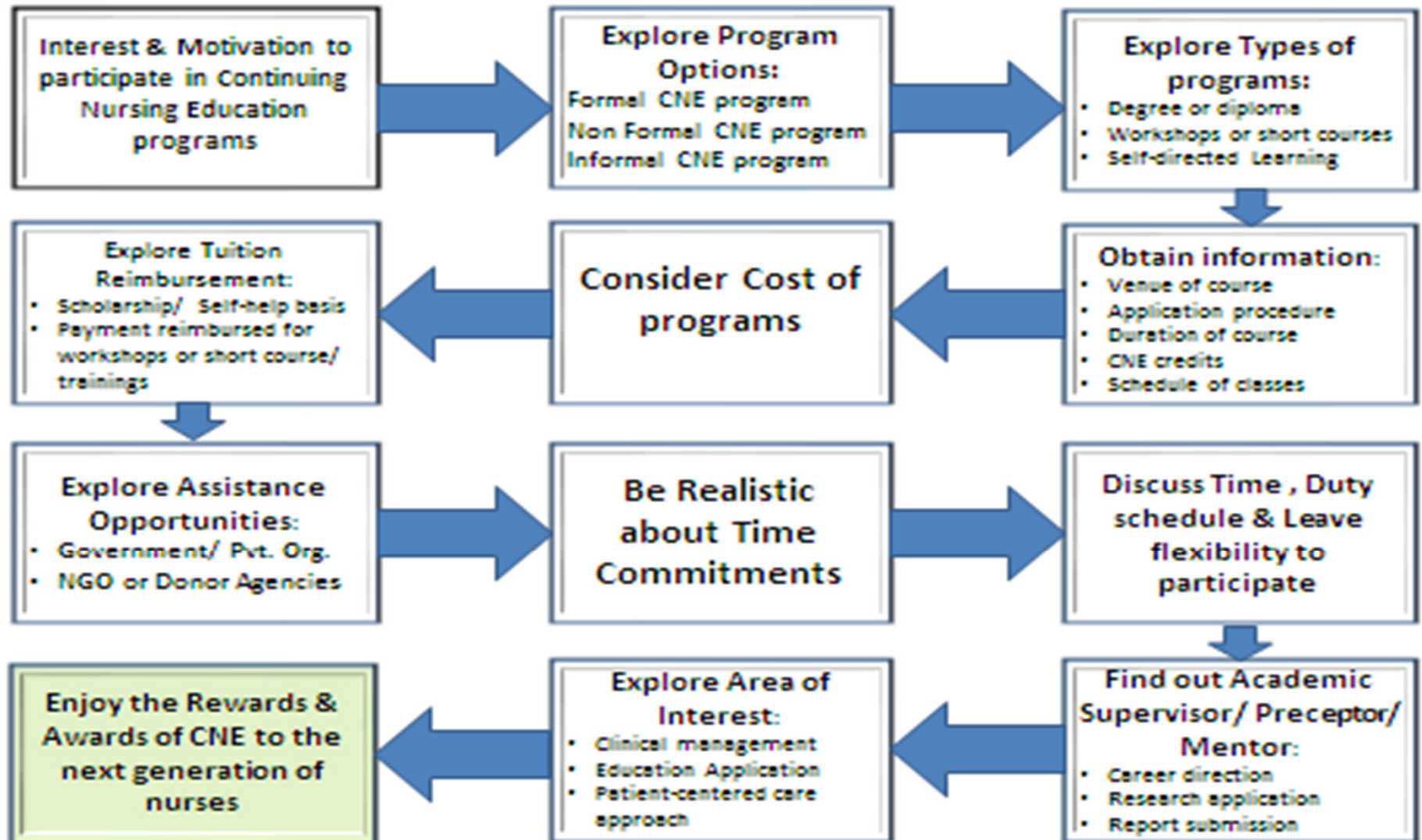
### Pakistan Nursing Council

- Develop CNE cell
- Formulate CNE policy and manual of all programs
- Develop system of awarding CNE points/ credits
- Coordinate policy framework with Nursing Advisor, provincial hospital and nursing school head
- Accredited credentials policy for all CNE programs
- CNE monitoring & evaluation



# STRATEGIES

Fig. 5.5. Decision Matrix for participation in Continuing Nursing Education programs





# CONCLUSION

**Education and practice  
cannot live in isolation but  
needs to develop  
sustainable refresher  
practice programs by means  
of CNE activities**  
**(Cross, 1981)**





# CONCLUSION

**If you want to improve your ineffective and obsolescence practices into techno-based medical knowledge and skills, you must revolve around CNE program opportunities**



**THOUGHT**

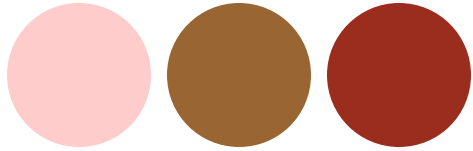
**“Wisdom is not a product of schooling, but lifelong attempt to acquire it”**  
(Albert Einstein, 1879-1955)





# **LIMITATIONS**

- Financial Constraints**
- Time Constraints**
- Distance Constraints**
- Cross sectional study- one angle of barrier discoursed**
- Small sample size**



# Acknowledgement

*OMICS Group*



