

## Continuing Education Needs of Nurse Practitioners in Rural Ontario

Health Canada announced in 2001 that the Council of Ontario University Programs in Nursing (COUPN) would administer a \$1.5-million fund to support continuing education programs for nurse practitioners (NPs) who work in northern, rural and remote areas in Ontario. Continuing education for NPs is seen as one way to address the problems of recruitment and retention of NPs in rural areas by reducing a sense of isolation. This becomes increasingly important as much of the new funding for NP positions in Ontario is earmarked for northern and rural practices.

Studies have shown the positive impact of continuing education on NP practice, but little has been written about the unique issues and needs of NPs in rural settings. Their isolation and distance from major communities leads to problems of access to learning opportunities and prompts special consideration of how to deliver continuing education programs. Further, the nature of rural practice—where the clientele often have poorer health status and special health needs—may suggest specific content areas for continuing education.

To aid the design and piloting of a continuing education program for NPs in northern and rural Ontario, the

COUPN commissioned a needs assessment study from the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University. The goal is to identify the continuing education gaps that currently exist for NPs and to recommend actions to be taken.

The researchers expanded their sample to include not just registered nurses (RNs) who have a College of Nurses of Ontario extended class (EC) certificate, but also those without the EC certificate who work in an expanded role or as staff nurses in First Nations health centres funded by Health Canada. For southern Ontario, researchers defined as “rural” those communities of less than 10,000 that are outside the commuting zones of larger centres. The whole of northern Ontario was included in the study, even the cities.

There were 145 questionnaires analysed—75% northern (urban, rural and remote) and 25% southern rural. The respondents work in 22 different practice settings, but almost half are in community health centres or nursing stations. Two-thirds of them report they work in underserved areas. Half are in full-time permanent positions, and half have extended-class certification with the College of Nurses of Ontario.

This issue of Research in FOCUS on Research is based on the study, *Assessing Continuing Education Needs of Nurse Practitioners in Northern and Rural Southern Ontario*, produced by the Centre for Rural and Northern Health Research, Laurentian University. The authors are Suzanne Caty, Kate Tiliczek, Raymond Pong, Isabelle Michel and Sandy Lemieux.

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## Importance of Continuing Education

- ▶ *“Continuing education is critical in maintaining and expanding my professional competence. With the constant development of new treatments and guidelines, it is difficult to stay current without continuing education.”*
- ▶ *“Both to meet College of Nurses of Ontario requirement and from a sense of professional responsibility, I feel it [continuing education] is very important.”*

Continuing education is considered “very” or “extremely” important by an overwhelming 95% of the nurses surveyed, in both northern and rural southern Ontario. Almost all participated in some form of continuing education in the previous two years. They see it as essential for staying current and competent on matters related to their daily practice. Updates in specific content areas are seen as necessary to manage the health problems of their clients and to help clients play a more active role in managing their own health. The nurses also see continuing education as a critical way to establish and strengthen networks of nurses in rural and remote communities.

- ▶ *“I would love to obtain a Master’s, however it’s next to impossible at present.”*
- ▶ *“Courses are not available, as much as I would like.”*
- ▶ *“Most conferences are expensive and require considerable travel. Local workshops are mostly for physicians and these are supported by drug companies.”*
- ▶ *“No Internet access – too many on-call/overtime hours, very slow mail processing.”*
- ▶ *“In order to take a course, a computer is required with Internet access, which is not available here.”*
- ▶ *“The budget of the nursing station does not allow for a replacement nurse in my absence.”*

## Barriers to Access

Lack of access to both non-credit learning opportunities and credit courses is a major concern among the nurses surveyed. Only about one quarter of them report a high level of accessibility; 32% feel that non-credit learning opportunities are not accessible, while 40% indicate that credit courses are not accessible.

The five barriers ranked the most important are, in order: distance to travel, family obligations, expense of registration/tuition, expense of travel and work obligations. (See table below for a list of the barriers identified most often.)

More northern than rural southern nurses identify distance as a barrier, and all those who lack access to computers are in remote areas in the north.

| Perceived Barrier to Access                                 | % Identifying Barrier |
|---|-----------------------|
| Distance to travel  | 86                    |
| Expense of travel   | 81                    |
| Work obligations  | 78                    |
| Expense of registration/tuition                             | 76                    |
| Lack of employer designated funds                           | 69                    |
| Lack of available, relevant continuing education activities | 69                    |
| Lack of replacement for study leave                         | 68                    |
| Family obligations  | 65                    |
| Lack of knowledge of cont. ed. opportunities                | 63                    |
| Lack of personal funds                                      | 62                    |
| Lack of access to learning videoconferencing                | 46                    |
| Lack of access to learning teleconferencing                 | 26                    |
| Lack of access to Internet                                  | 19                    |
| Lack of access to computer                                  | 9                     |

## What Is Needed?

The nurses surveyed have both client-focused (clinical) and profession-focused learning needs.

Asked to name their learning needs, they mention the following most frequently:

- ▶ health promotion and disease prevention
- ▶ women’s reproductive health
- ▶ assessment and diagnosis
- ▶ diabetes and related complications
- ▶ psycho-social health issues
- ▶ cardiovascular health.

In another question, they are asked to rank the most important client-focused content areas from a list. The highest scores, in order, go to:

- ▶ advanced counselling skills
- ▶ assessment, diagnosis and differential diagnosis
- ▶ drug prescriptions and interactions
- ▶ women’s health
- ▶ emergency care.

Interestingly, neither the type of practice setting nor the region they work in affects the nurses’ choice of content.

- ▶ *“Employers must become more involved in providing technology that will allow us to access continuing education without having to leave the community (i.e. videoconferencing, Internet access).”*
- ▶ *“Internet courses would be great.”*
- ▶ *“Frequent brief teleconferences on focused topics would be helpful.”*
- ▶ *“I live and work in the North and want to learn and apply my learning in the North. If I have to relocate to take a course, I will forgo the courses or move and not come back (the former is more likely).”*
- ▶ *“The best continuing education experiences I have had have been conferences with face-to-face instruction intended for NPs and/or physicians.”*

A similar question asks the nurses to rank the most important profession-focused content areas from a list.

They are identified as:

- ▶ program planning
- ▶ community development and mobilization
- ▶ evidence-based practice
- ▶ health promotion models
- ▶ program evaluation.

Almost half the respondents indicate they are interested in pursuing a Master’s degree in nursing.

| Modality                                | % Saying Helpful |
|---|------------------|
| Workshops                               | 86               |
| Seminars                                | 85               |
| Professional conferences                | 76               |
| Print-based course material             | 76               |
| Face-to-face lectures                   | 75               |
| Internet courses                        | 62               |
| CD-ROM                                  | 59               |
| Videoconferencing                       | 54               |
| Networking (listserv, e-mail, meetings) | 46               |
| Computer conferencing                   | 45               |
| Teleconferencing                        | 41               |

The above table shows the continuing education delivery methods preferred by the nurses surveyed. They report that face-to-face experiences, such as seminars, workshops and conferences, are most helpful to them. While most have access to computers and the Internet, they still treasure face-to-face encounters. Only some in the remote areas of the north rated CD-ROM technology and teleconferencing as more helpful than face-to-face delivery modes, probably because of long distances and high travel costs.

More than half report they would prefer activities during work hours. The most convenient time is evening in fall and winter. Only two expressed a preference for continuing education activities to be provided in French.

## Concluding Notes

- ▶ Continuing education is considered very important by the rural NPs and nurses performing NP functions, but they face many problems in accessing it.
- ▶ An analysis of the views of several key informants on pressing continuing education needs and content areas shows similarities with the results of this survey.
- ▶ With the exception that nurses in the more remote northern regions report less access to computers and the Internet, there are few regional north-south differences in the responses, or differences in responses from the rural, urban and remote areas surveyed.
- ▶ The apparent paradox of the rural nurses preferring face-to-face continuing education while at the same time being constrained by barriers of distance, cost, and personal and work obligations suggests that a range of approaches may be necessary to ensure accessibility.
- ▶ Continuing education activities should correspond to the nature of current NP practice: health promotion and maintenance, disease prevention and treatment of common illnesses. A high percentage of nurses surveyed identify the need for more information in the areas of assessment and diagnosis, drug prescriptions and interactions, and laboratory testing and interpretation—

the three additional “controlled acts” given by the College of Nurses of Ontario to registered nurses with extended class designation. Continuing education should also include content on the social determinants of health.

- ▶ The major health problems (diabetes, cardiovascular diseases and psycho-social problems) and issues (lack of access to health services, lifestyle, and cultural and social determinants of health) identified by the nurses surveyed match those in the rural health literature.
- ▶ The need to include both client-focused and profession-focused continuing education activities for NPs has also been reported in the literature. The link between these two is very important, as it reflects a holistic and comprehensive approach to NP practice.
- ▶ NPs are interested in shorter and more focused, practically oriented continuing education activities than are normally offered in a “course.” They want both general updates and specific client- and profession-based content.
- ▶ An evaluation of the NP continuing education pilot project is suggested, in order to track the processes and regional differences in implementation, the success of various delivery methods, and system support.

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