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# Continuing Professional Development: investment or expectation?

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## **Continuing Professional Development: investment or expectation?**

### **Abstract**

**Aim:** This study aimed to explore the reason for nurses' participation in post-registration education.

**Background:** The study was located in one-third level institution in the Republic of Ireland and prospective candidates who applied to undertake a programme of studies were invited to complete the postal questionnaire and return it to the college anonymously in advance of their commencing their studies.

**Method:** A descriptive survey research design was adopted with the use of a questionnaire for data collection. The respondents had an opportunity to make additional comments in a questionnaire, which generated some qualitative data.

**Results:** A total of 243 questionnaires were returned which represented a 46.7 % response rate. The major reason for participating in post-registration education was to 'obtain promotion to a higher grade/position' (99%) and to 'enable me extend my clinical role' (98%).

**Conclusion:** Investment in nursing education should take into account the reasons for participation in CPD as identified in this study and in other studies so as to focus efforts that improve planning for CPD long-term. The adoption of such a strategic approach by employers will ensure more precise targeting of scarce CPD resources. Equally expectation without adequate investment is not realistic if the profession wants to move forward in this era of rapid change in the delivery of healthcare.

**Key words:** Continuing professional development, motivation, self-development, pressure.

## **Introduction**

The first university-based pre-registration Diploma in Nursing programme in Ireland commenced in 1995. This was seen as the beginning of the process of placing the education of nurses on an equal footing with other healthcare professions. Following on foot of this development the Commission on Nursing (Government of Ireland, 1998) recommended that pre-registration nursing education be transferred totally into third-level education institutions at degree level. This introduction of a graduate nursing profession presents the nursing profession in Ireland with a tremendous opportunity to shape its own future. Graduate education will prepare nurses for future health service challenges which will require nurses who are flexible, accept accountability for their work, are competent to work in multidisciplinary and multisectoral contexts within the hospital and community and who can manage constant change (Cowman, 2001).

Following the wholesale transfer of pre-registration nursing education into the university system, in Ireland, the focus of attention turned to continuing education and professional development (CPD). During the consultation process for the 'Agenda for the future professional development of nursing and midwifery' (National Council for Nursing and Midwifery (NCNM 2003a), many nurses expressed concern regarding CPD. They described the engagement of nurses in CPD activities as 'ad hoc' with concerns around equity of access to CPD programmes, their relevance to practice, limited opportunities to engage in CPD due to staff shortages and changes in skill mix. Yet, with increasing specialisation, nurses will need in-depth knowledge of the speciality in which they work.

In addition, nurses will need to adapt quickly to changes in the healthcare system with new knowledge and skills, as they take a more central role in leading these initiatives (Tennant & Field, 2004). CPD is a key driver of change and the attitudes of employers and indeed nurses themselves will largely determine the success of CPD in the realms of healthcare.

### **Literature Review**

According to the Irish nursing board the statutory body CPD is a life-long professional development process, which takes place after the completion of the pre-registration nurse education programme (An Bord Altranais, 1997). However, continuing education is not mandatory for Irish nurses, as is the case for nurses in the UK and in some states in the USA. The resulting situation is a system of CPD in nursing that is ad hoc and irregular and potentially can lead to a sense of marginalisation amongst some nurses, particularly those trained in the traditional non university system (Hakesley-Brown 1999). The diversity of purpose inherent in CPD is highlighted by Carpenito (1991) who argued that mandatory continuing education is at odds with the values and beliefs on which lifelong learning is based, stating that it is being targeted at the needs of those who are already competent.

With the introduction of pre-registration university based education in Ireland, the Minister for Health and Children made a commitment to fund traditionally trained nurses to upgrade their education qualifications. On foot of this the NCNM published guidelines to aid health service providers in selecting nurses who apply for financial support towards further education (National Council, 2003b). In addition to financial investment in CPD

there is huge personal investment. The hidden costs of developing the workforce include the extra time and effort that individuals must contribute in undertaking CPD. As for mature students full-time work and domestic responsibilities have to be balanced with learning (Tennant & Field, 2004). Prior to undertaking CPD, whether it is via a post-registration education programme at university level, or study days on site, students will have different expectations of education (Dowswell *et al* 1998). The motives identified, by these authors, included both personal and professional factors.

Both Gould *et al* (1999) and Smith and Topping (2001) reported that factors motivating nurses to study were: to improve knowledge, to improve patient-care and to improve professional relationships. Factors related to professional development included 'improved confidence' and 'opened other opportunities'. In Davey and Murrells' (2002) study motivation to take degrees related to changing jobs, improving practice, improving self-confidence, nursing career plans and wanting intellectual stimulation. Reasons for undertaking CPD in the medical profession have also been investigated and the similarities across all healthcare professions are noted. In Chambers *et al*'s, (2000) study the most common motivation for anaesthetists (n=459) to undertake continuing medical education was to keep up to date for current clinical duties. Other reasons given included 'because I enjoy it', 'because my department or employer expect or encourage it' (Chambers *et al*, 2000). The motivations, which influenced physicians, were categorised as internal (the pleasure of learning something new), external (the requirements of my professional college, fear of lawsuit) and professional competence (the need to maintain

competence) by Delva *et al* (2002). This desire to maintain clinical competence was also confirmed by Campbell *et al* (1999) and Slotnick (1999).

### **The study**

This study aimed to explore the reason for nurses' participation in post-registration education. The education programmes were all part-time and ranged from primary degrees to higher diplomas and master's programmes. A descriptive survey research design was adopted with the use of a questionnaire for data collection. The questionnaire contained a demographic section and a further section containing fifteen items stating reasons for participation in CPD. Respondents were requested to rate each item on a scale; very important; quite important, not very important; and not at all important. The participants were given the opportunity to state 'Other' reasons for their participation in post-registration education in an open comments section. This questionnaire was taken from Davey and Murrells' (2002) study exploring the motivations of nurses to participate in post-registration degrees. Following correspondence with one of the authors (BD) suggested changes were made to the questionnaire. These included omitting the 'not applicable' column, and deleting the reasons 'opportunity of funding' and 'enable me to practise more autonomously' from the original questionnaire. In advance of the full study the questionnaire was administered to a cohort of senior nurses to examine content validity.

The study was located in one-third level institution in the Republic of Ireland and prospective candidates who applied to undertake a programme of studies were invited to

complete the postal questionnaire and return it to the college anonymously in advance of their commencing their studies. This was a population study and participants were all qualified nurses at staff nurse and ward sister (Clinical Nurse Manager) levels. The ward sisters are categorised at Clinical Nurse Manager (CNM) 1, 2 and 3 levels where the CNM1 is equivalent to a junior ward sister, CNM2, a ward sister or charge nurse and CNM3 a Divisional Nurse Manager with responsibility for a number of different wards and units in a speciality area. Some participants were working at Clinical Nurse Specialist (CNS) level, which is on the same level as a CNM2 nurse. Programmes offered to the candidates included BSc Nursing degrees, Higher Diploma programmes in a number of specialist areas of nursing practice and MSc Nursing degrees.

## **Findings**

### **Profile of respondents**

A total of 243 questionnaires were returned which represented a 46.7 % response rate. Data was analysed using SPSS (V12) and data from the more open section of the questionnaire requesting 'other reasons' were categorised and integrated with the quantitative data. The grade of respondents represented 63% staff nurse, 10% CNM 1, 24% CNM 2, 4% CNM 3. Respondents were representative of a wide range of clinical backgrounds, with the most frequently represented backgrounds being medical nursing (35%), surgical nursing (18%), intensive/coronary care nursing (7%), community nursing (6%), psychiatry nursing (6%), accident & emergency nursing (5%), sick children's nursing (5%), learning disability nursing (4%) with the remainder of applicants having backgrounds in administration, prison services, education, elderly and midwifery.



The majority of applications were for BSc Nursing degrees (59%) with 17% for Higher Diploma programmes. The higher diploma programmes were in specialist areas of clinical practice and delivered at the level of the first year of a master's programme. Any nurses applying for CNS posts since the Commission on Nursing require a Higher Diploma qualification. The programmes of study applied for by respondents are outlined in Table 1.

Insert Table 1 here

As regards previous courses taken the majority of applicants had undertaken a diploma in the UK. It should be noted that a diploma in nursing only commenced in Ireland in 1995 and many of the students who undertook this diploma followed on with a one year BSc programme soon afterwards. This accounts for the relatively high reporting of BSc in previous course undertaken (Table 2).

Insert Table 2 here

The number of years qualified as a nurse ranged from under 1 year (11%) to over 20 years 14% (mean 9.35, sd 7.6) (Table 3). It is interesting to note from this data that those longer qualified had posts at the more senior CNM 3 grade (Table 3). The majority of those holding a CNM2 post were between 6-10 years qualified but there were also a high number of the CNM2 grade over 20 years qualified.

Insert Tables 3

Applicants are eligible to apply for fee payment and an interesting pattern of results occurred among applicants. The employer agreed to pay full course fees for 76% of applicants and partial fees for 8% of applicants. It is noteworthy that 17% of applicants were self funding (Table 4). The pattern of results indicate that applicants in more senior positions e.g. CNM3 are more likely to have fees paid by the employer. This point is reflected in the finding that 22% of staff nurses were self funding compared with 0% of the CNM3 grade.

Insert Table 4 here

#### *Reasons for participation in CPD*

The reasons for participation in CPD are outlined in Table 5. The major reason was to obtain promotion to a higher grade/position (99%) and to enable the extension of clinical role (98%). From the 243 questionnaires returned 37 respondents completed the open section, which invited 'Other' reasons for participating in post-registration education. These comments were analysed by coding the statements and categorising them under three broad themes of 'Self-development', 'Pressure to undertake a degree' and 'Standards of care'. The reason 'to enable me extend my clinical role' is supported by comments under the theme of self-development. The following reflects these views:

*'To help me choose what career path I want.'*

*'To enable my role as a leader and potential manager.'*

*'To keep up to date on changes affecting nursing and my own job in particular.'*

In support of these comments 95% of respondents reported increasing job opportunities in nursing/healthcare as the main reason for participation in CPD. However 38% of respondents cited increasing job opportunities outside of nursing/healthcare as the main reason for participation in CPD. There were no additional comments to indicate this desire to seek opportunities outside of nursing although the following may suggest a move within nursing:

*'Regular hours, increased pay, better working conditions.'*  
*'To move down the country.'*

The reason 'To broaden my perspective on nursing' could also be linked to self-development and was rated as very important/quite important by 95% of respondents.

The 15 items listed as reasons to take a post-registration programme did not include 'pressure to undertake a degree' as a reason. However, from the 37 comments made in the 'other' section, 12 respondents included statements that were categorised under this theme. The following are examples:

*'Because all student nurses now have a degree.'*  
*'To survive in nursing everyone is going to have to complete a degree.'*  
*'There is continuous pressure for all nurses to hold a degree.'*

As identified in Table 5 , 97% agreed that 'To gain knowledge to enable me to contribute more effectively to discussions about patient/client treatment' was either very/quite important and 98% agreed that 'To improve my clinical judgement' was either very/quite important. Both these reasons could be linked to the theme 'Standards of care'. There were eight comments categorised under this theme which are reflected in the following:

*'To continue with my professional development in order to render high quality care to my clients.'*

*'To be specific and critical in the care provided so that I am able to provide the highest standard of care.'*

*'To improve nursing standards.'*

## **Discussion**

This study has explored the reason for nurses' participation in post-registration education in one third level institution in the Republic of Ireland. The programmes were all part-time and ranged from primary degrees to higher diplomas and master's programmes. Candidates who applied to undertake a programme of studies were invited to complete the postal questionnaire and return it to the college anonymously in advance of commencing their studies. The reasons were therefore prospective. Although caution must be exercised when interpreting the results of a study from one institution, the findings are supported by qualitative data, from the 'Other' reasons section on the questionnaire, and are worthy of discussion in relation to previous studies undertaken on this topic.

Previous studies (Dowswell *et al*, 1998; Davey and Murrells, 2002) have suggested that health professionals undertake CPD for self-development reasons. Question 9 'to increase my self confidence' could be viewed as a self-development reason. 85% of respondents rated this as a very/quite important reason. Davey and Murrells (2002) suggest that nurses may have lost confidence in their traditionally acquired skills. However, in this study the majority of respondents (38%) were 0-5 years qualified. 99% of respondents rated 'to obtain promotion to a higher grade/position' as very/quite important (Table 6). This finding concurs with Dowswell *et al* (1998) but is in contrast to Davey and Murrells'

(2002) study, which found that nurses rated increasing job opportunities available within nursing as more important than promotion opportunities. This might suggest that there is a broader interest in moving horizontally into different aspects of nursing rather than pursuing a career pathway of vertical progression. Within the Irish context some of these areas include specialist practice at CNS level which is equivalent to CNM2 grade but which offers the nurses a regular 9 to 5 Monday to Friday post rather than unsocial hours. There were very few promotion opportunities within nursing before the Commission on Nursing in 1998.

The recommendations from this 'blueprint' report (Government of Ireland, 1998), which outlined a career pathway for nurses, are being realised still. The resulting promotion opportunities, from this career pathway, are within management for the CNMs who are required to possess a management qualification prior to promotion. Other opportunities are being developed within specialist areas for CNSs. Finally the advent of the Advanced Nurse Practitioner has encouraged many more nurses, who have opportunities to work at this level, to undertake a masters' degree and seek accreditation for this status.

Although obtaining promotion was the highest rated reason for undertaking post-registration education, respondents rated the reasons around standards of care (improve my clinical judgement and extend my clinical role) at 97% and 98% respectively which were higher than the 95% rated for 'increasing job opportunities available to me within nursing/healthcare'. Davey and Murrells' (2002) study suggests that improving practice and nursing career plans are equally important. Among the factors motivating nurses to

study in both Gould *et al*'s (1999) and Smith and Topping's (2001) research were 'to improve patient-care'. In this study additional comments made by respondents above under the theme of standards of care support this reason. Some participants felt the course would benefit them in terms of their own self-esteem, as they believed that they had 'missed out' on doing a degree, while others wanted to continue study to prevent themselves becoming 'stale'. Furthermore, some of these participants identified gaps in their previous education. From a professional viewpoint individuals felt under pressure from their work environment to undertake the course and others felt they would be left behind. Aspirations about a future job situation were also identified. Davey and Murrells (2002) related this motivation to human capital theory, which assumes that those who participate in further education, especially vocational courses do so to increase their future earnings. According to Calpin-Davies (1996) employees who have undertaken more education earn on average higher salaries than those who have undertaken less education and the probability that additional education will lead to promotion must be calculated in the decision to undertake more education.

Although not given the opportunity, on the questionnaire, to rate the 'expectation' aspect of CPD some respondents made comments to this effect. Put in the context of the Irish setting, the first graduates from the 4-year degree in nursing will only be realised in 2006. This means that the expectation of undertaking a degree or further study in nursing is very much to the forefront of the respondents. On reflection this reason could have been added to the options provided in the questionnaire for this study. Outside of the Irish setting both nurses and doctors feel they have to upgrade their qualifications (Gould *et al*,

1999; Chambers *et al*, 2000; Parboosingh, 2000; Smith and Topping, 2001). CPD is an expectation from both the profession and society, where doctors are concerned, according to Mann (2005). As with nurses this expectation reflects the ever-increasing accountability placed on professions. Mann (2005) believes that this impacts on the accountability of educators to prepare safe and competent health care providers.

There is much discussion around what constitutes support for CPD, and this can be a key factor governing an individual's decision to participate in it. Education is expensive and time consuming in terms of financial, personal and work commitment and requires careful consideration both from intended participant and employer/sponsor. The cost of replacing staff on study leave has an impact on manpower and skill mix. Two further obstacles identified by Yeun (1991) were the challenge to convince nurse managers that staff development is of vital importance for the services, and the importance of a systematic approach to identifying educational and training needs. The idea of an 'investment' in education could be reflected by the reasons offered on the questionnaire and could also link with the themes of self-development and standards of care. The concept of 'expectation', which could be linked, with the theme of 'pressure to undertake a degree' will then be discussed in light of the comments made by some applicants.

Perry (1995) suggested that new knowledge needs a supportive environment in which to be utilised and that there are many managers who do support continuing education for their staff. Hogston (1995) reported that CPD was seen as a reward for some of the respondents. In particular, the study days were seen as a reward because the nurses were

offered the opportunity to update themselves. These may be seen as external motivators. Contrary to this finding Wildman *et al* (1999) indicated that participants were self-motivated to attend a Diploma in Professional Studies course. Nevertheless, Barriball and While (1996) identified an inequitable provision of CPD among qualified and unqualified nurse practitioners. Their findings illustrated that senior qualified nurses who work full-time and day duty hours participate more in CPD than their colleagues who work part-time and night duty. A limitation of this study is that this question was not included on the questionnaire. Gibson (1998) suggested that issues related to support and recognition from colleagues and managers were thought to be just as important to structure and resources available for professional development. These issues included equality of access to study leave and financial rewards for developing extra skills. Sweeney (2005) suggested that investment in training increases the flexibility of the workforce and that better trained managers make better and more informed decisions. The ultimate outcome of CPD must be improved health care. Unfortunately the link between better education for practitioners and better health for all is not straightforward.

As this study was undertaken in one institution, prior to the first graduates of the new four year degree programme being realised, it would be interesting in future research to explore the reason for nurses' participation in post-registration education with a bigger sample of students from other third level institutions. From the findings of the 'Other' reasons it is possible that pressure to undertake CPD may be a feature that needs further exploration. In addition, the support from management, whether it be financial or in the guise of time to attend study days, needs to be examined further. The response to the



'Other' section of the study demonstrated that participants had other reasons for participating in CPD, which were not captured by the questionnaire. It is possible that these reasons could be probed further to give a rich picture of reasons in the context of current developments in Ireland.

## **Conclusion**

This study aimed to explore the reason for nurses' participation in post-registration education. The findings are in keeping with previous studies for the most part. Although it is early days in Ireland with regard to graduate nursing it is important to explore the reasons for CPD at the various stages of this development. The practical implications of the findings include the need to recognise that students have different reasons for undertaking post-registration programmes. Some career guidance built into the programmes may tease out what self development issues should be pursued so that this could inform curriculum development. It is also important to recognise that respondents indicated that there was pressure on them to undertake a degree programme. As this could be seen as an external motivator to undertake CPD collecting data by interview, in addition to questionnaire, could clarify and probe this idea in more depth in further research. The need to update knowledge and to improve standards of care is also important issues for the respondents. Educators need to be cognisant of promoting an evidence-based programme of studies and provide students with the resources to continue with evidence-based practice following the programme. These reasons have important implications for the service areas and in particular for managers. Employers must ensure that more junior staff have access to CPD and that related course funding opportunities is equally applied among junior and senior staff. Investments in nursing education should

take into account the reasons offered here and in other studies so as to focus efforts that improve planning for CPD long-term. Educational investment in our managers and leaders of the future can be expected to offer dividends to society. If nurses are satisfied with their careers and work longer, they are contributing additional years of expertise gained from experience. Thus such an investment will not alone help to retain nurses but will also add to the quality of the workforce. Expectation without some investment is not realistic if we want to move the profession forward in this era of rapid change in the delivery of healthcare. Policymakers and funders need to consider the importance of planning strategically for CPD to keep nurses in the profession. Only then can they evaluate the return on investment in education. The question begs – do nurses view CPD as an expectation or as an investment?

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**Table 1****Number of Applications to Different Programmes of Study (N=243)**

<b>Programme</b>	<b>No. (%)</b>
Certificate	7 (3)
Access to BSc Stand Alone modules	26 (11)
BSc	141 (59)
Pathway to Higher Diploma	7 (3)
Higher Diploma	41 (17)
MSc	16 (9)
Total	238 (100)
Missing	5
<b>Total</b>	<b>243</b>

**Table 2****Previous Courses Undertaken by Applicants in the Past 5 Years**

<b>Courses</b>	<b>Grade of Staff</b>				
	<b>Staff Nurse</b>	<b>CNM1</b>	<b>CNM2</b>	<b>CNM3</b>	<b>Total</b>
	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>
Cert	17 (11)	3 (13)	7 (12)	0 (0)	27 (11)
Diploma	51 (34)	7 (30)	16 (27)	5 (56)	79 (33)
BSc	20 (13)	6 (26)	17 (29)	1 (11)	44 (18)
Pathway	2 (1)	1 (4)	3 (5)	0 (0)	6 (3)
Higher Diploma	19 (13)	5 (22)	13 (22)	2 (22)	39 (16)
MSc	1 (1)	0 (0)	0 (0)	0 (0)	1 (4)
*No Course Taken	41 (27)	1 (4)	3 (5)	1 (11)	46 (19)
<b>Total</b>	<b>151 (100)</b>	<b>23 (100)</b>	<b>59 (100)</b>	<b>9 (100)</b>	<b>242 (100)</b>

No previous courses taken refer to university accredited programmes.

**Table 3****Grade of Staff and Number of Years Qualified as a Nurse**

	<b>Grade of Staff</b>				
	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>
<b>Years Qualified</b>	<b>Staff Nurse</b>	<b>CNM1</b>	<b>CNM2</b>	<b>CNM3</b>	<b>Total</b>
0-5	88 (95)	2 (2)	2 (2)	1 (1)	93 (100)
6-10	32 (52)	12 (19)	17 (17)	1 (2)	62 (100)
11-15	16 (44)	7 (19)	13 (13)	0 (0)	36 (100)
16-20	10 (40)	1 (4)	13 (13)	1 (1)	25 (100)
Over 20	6 (22)	1 (4)	14 (14)	6 (22)	27 (100)
<b>Total</b>	152 (63)	23 (10)	59 (24)	9 (4)	243 (100)

**Table 4****Sources of Funding for Course Fees Reported by Applicants**

	<b>Grade of Staff</b>				
	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>	<b>No. (%)</b>
<b>Sources of Funding</b>	<b>Staff Nurse</b>	<b>CNM1</b>	<b>CNM2</b>	<b>CNM3</b>	<b>Total</b>
Total fees by employer	108 (74)	18 (82)	44 (79)	7 (78)	177 (76)
Partial fees by employer	7 (5)	2 (9)	7 (13)	2 (22)	18 (8)
Self Funded	32 (22)	2 (9)	5 (9)	0 (0)	39 (17)
<b>Total</b>	<b>147 (100)</b>	<b>22 (100)</b>	<b>55 (100)</b>	<b>9 (100)</b>	<b>234 (100)</b>



**Table 5****Reasons to take a post-registration programme (N=243)  
(missing values excluded)**

	<b>For each of the reasons listed below, please indicate how important it was/is in your decision to undertake post registration education, by ticking the appropriate box.</b>	<b>Very important/ Quite important</b>	<b>Not very or not at all important</b>
	<b>Reason</b>	<b>No. (%)</b>	<b>No. (%)</b>
1	To help me fulfil a specific career path	220 (91)	16 (7)
2	To increase job opportunities available to me within nursing/healthcare	230 (95)	12 (5)
3	To increase job opportunities available to me outside nursing/healthcare	92 (38)	148 (61)
4	To obtain promotion to a higher grade/position	240 (99)	0 (0)
5	To increase my chances of promotion (but prospects limited)	178 (73)	51 (21)
6	To enable me to change specialty	102 (42)	86 (35)
7	To enable me to apply for job(s) with an employer offering better working conditions	140 (58)	102 (42)
8	To increase the likelihood of obtaining a job with a more secure contract than those held previously	90 (37)	151 (62)
9	To increase my self confidence	207 (85)	28 (12)
10	Want(ed) the intellectual stimulation	217 (89)	19 (8)
11	Interested in studying nursing/healthcare to a higher level	221 (91)	20 (8)
12	To broaden my perspectives on nursing	230 (95)	13 (5)
13	To gain knowledge to enable me to contribute more effectively to discussions about patient/client treatment	235 (97)	8 (3)
14	To improve my clinical judgement	235 (97)	7 (3)
15	To enable me extend my clinical role	237 (98)	6 (3)

