Nurses' and Managers' Perceptions of and Experiences with Continuing Nursing Education Programmes

Prof Jennifer Newton*
School of Nursing and Midwifery at Monash University, Melbourne, Australia

Ms. Taysir Ibrahim M Sanawi
Nursing Administration at Alqunfudah affairs, Ministry of Health, Saudi Arabia

Dr Georgina Willetts
School of Nursing and Midwifery at Monash University, Melbourne , Australia

Abstract
Background: Continuing nursing education programs are defined as educational activities, which aim to keep health practitioners abreast with the latest developments in their specialties and related fields. **The aim of the study:** This study sought to understand the value / benefit of continuing nursing education programs, from the different perspectives, of staff nurses and nurse managers who are working in public rural hospitals in Saudi Arabia. **Study design:** A qualitative, descriptive methodology was chosen to achieve an in-depth understanding of the study question. Semi- structured, individual interviews were used to collect the data. Audio recorded interviews were conducted with registered nurses (n= 6) and nurse managers (n=5) working in public hospitals. Activity theory was chosen as the theoretical conceptual framework for the study. **Implications:** Higher education providers need to consider creating a website to promote professional development that nurses could access at any time to meet their needs. **Conclusion:** The support of a healthcare organisation inclusive of administration is applicable to promoting personal professional development. Nurses and nurse managers are aware that continuing nursing education programs are designed to upgrade their knowledge and skills. It was also determined that identifying learning needs is important to monitor useful continuing nursing education programs.
Keywords: Continuing nursing education, professional development, nurses' perceptions, managers' perceptions and hospital

CHAPTER ONE: INTRODUCTION
1.1 The Aim of this Research
This study aimed to explore nurses' and managers' perceptions of CNE programs. This study sought to understand the value / benefit of CNE from the different perspectives of staff nurses and nurse managers, working in public rural hospitals in Saudi Arabia.

1.2 My Interests in the Research
My interest in CNE programs in public hospitals lies in understanding the views of staff nurses and managers. From my experience, I have observed that there appears to be a conflict of interest between staff nurses who request attendance to CNE programs for the sake of gaining accreditation hours and nurse managers who have responsibilities of observing CNE as providing genuine workplace learning opportunities. These different views, or conflicts, seem to be compromising the understanding of the benefits of CNE programs. Moreover, I wanted to understand the importance of management roles in facilitating learning within the workplace. Public hospitals are busy areas in which it is necessary to professionally develop staff nurses to improve nursing performance.

1.3 Background
The following sections provide the research background around nursing care practice statutes and management and CNE programs. To better understand the context in which this study was conducted, and thus the interpretation of findings, it is important to give a descriptive overview of Saudi Arabia, along with their health care system, health education, continuing education programs and accreditation.
1.3.1 Continuing Nursing Education Programs
Within the context of Saudi Arabia, CNE activities (i.e. professional development) are defined as "educational activities, which aim to keep health practitioners abreast with the latest developments in their specialities and related fields" (Saudi Commission for Health Specialities, 2017). However, Filipe, Golnik, Silva, and Stulting (2014) suggested that "not only educational activities to enhance medical competence in medical knowledge and skills, but also in management, team building, professionalism, interpersonal communication, technology and teaching" (p. 134). CNE consists of programs that improve nursing skills by regularly updating nurses' knowledge in nursing practices (Zupanc, 2016). Recently, CNE has gained increasing significance for health

care professions due to the requirement of CNE hours to renew specific nurse certification accreditation (Skees, 2010).

1.3.2 Professional Education in Saudi Arabia

Public health care services in Saudi Arabia are under the government sector. Health education provided by MOH faces several challenges. One of the challenges is related to the quantity and quality of health care programmes. In Saudi Arabia, most of the programmes are held in large cities such as Jeddah, Riyadh and Dammam, while few programmes are held in rural areas. Consequently, the total number of programmes, in rural or urban areas, is insufficient. Moreover, there is a lack of clear communication about the goals, outcomes and comprehension of the programmes. Another concern is regarding the lack of human resources and training opportunities in health education programmes (Al-Hashem, 2016). Alkhazim, Althubaiti, Al-Ateeg, Alkhwaiter, et al., (2015) states that the biggest challenge that faces continuing education activities is that the relationship between the activities and work practice is weak. Moreover, there is difficulty in maintaining collaboration among the activity providers. Since the health care scene in Saudi Arabia is diverse with multiple nationalities, different religions and culture background, it is sometimes complicated to provide quality of care to patients. Hence, local nurses are struggling with the complex social-cultural environment. However, this mix of cultures is also creating a range of potential learning experiences in workplace settings (Al-Dossary et al., 2012).

1.4 Research Approach

A qualitative, interpretive descriptive approach, research design informed this study to explore the perceptions that staff nurses and nurse managers have of CNE programmes in public hospitals. Data was collected through semi-structured, individual interviews to gain an in-depth understanding of participants' views. The target population was staff nurses and nurse managers working in one public hospital in Saudi Arabia.

1.5 The Contribution and Significance of this research

A desired outcome of this study is that it will positively contribute to nursing practice in Saudi Arabia by filling a gap in the literature about CNE programs in Saudi Arabia and in particular, in public rural hospitals. Another desired outcome is to increase staff nurses' and nurse managers', who only aim to attend CNE for certification purposes, understanding the real values and benefits of CNE. The study will also recommend future directions for further research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Search Strategy

This section identifies the process by which articles relevant to the literature review were selected. The databases and search terms used are also presented. PICo, a mnemonic that stands for *person, intervention, comparison, outcome* was used as the means of identifying and clariying the clinical questions that formed the basis of the search strategy. See Table 2.1 for a description of PICo.

Table 2.1: a description of PICo

P	***Person***	Staff nurses and managers
I	***phenomenon of Interest***	Perceptions of Continuing nursing education programs
Co	***Context***	In hospitals

Two steps were employed to define the research boundaries, as suggested by the Joanna Briggs Institute (2015). First, three online databases were selected for the literature search process. Second, all keywords identified as relevant search terms were applied in each database in the search by combining synonyms, Boolean operators, truncation, and wildcard operators.

The searches for this literature review were conducted in CINAHL Plus, Ovid MEDLINE and Pub Med. The research process was limited to peer-reviewed, full-text articles written in the English language and with publication dates ranging from 2001 to 2016. A delimiting publication date range was used to ensure the literature was contemporary and relevant. The literature was restricted to content published in English, as English is the main language used internationally in reporting clinical research. This chapter focused on describing the systematic process used to obtain relevant literature related to nurses' and managers' perceptions of CNE in public rural hospitals. The literature suggests that the health field requires expertise and constant learning. The best way to better one's skills is through continuing education.

2.2 Literature review

Nurse managers have a crucial role to play in guiding nurses to further their studies. Having a positive professional culture and learning environment is also crucial, since it nurtures registered nurses into being experts. While there are challenges such as financial constraints and work demands that hinder nurses from taking up CNE, the intensity of these challenges vary. However, it could have other challenges for undertaking CNE, may appear in this study.

The important healthcare professionals perceive CNE to be also can be a barrier in their professional development. Studies recommended that having a positive attitude can help nurses counter the various obstacles they may face. These studies were conducted in many different countries, exploring that this is a global issue. However, no studies have been undertaken in the context of Saudi Arabia, in particular, public rural hospitals, resulting in gaps in the knowledge about CNE from different perceptions. It was still unknown the perceptions of both nurses and nurse managers in public rural hospital. Consequently, it is important to further understand the value and benefits of CNE from the perspectives of nurses and nurse managers working in healthcare organisations such as public rural hospitals. The next chapter will describe the methods by which this study sought to contribute additional information to the field.

CAPTER THREE: METHODOLOGY AND RESEARCH DESIGN
3.1 Objectives
The study sought to answer the question: What are staff nurses' and managers' perceptions of and experiences with CNE programs in public hospitals?
In doing so the study's objectives were:
> To determine staff nurses' perceptions of CNE programs
> To determine nurse managers' perceptions of CNE programs
> To analysis CNE programs within the context of workplace learning.

3.2 Theoretical Conceptual Framework
This study draws upon theories that explain the workplace as a setting in which the individual learns and engages in activities and apply their knowledge to their practice. Consequently, to understand these processes and outcomes Activity theory was chosen to frame the study.

Activity Theory is a theoretical framework that understands human interaction (behaviours) through their use of tools. It is a psychological theory that has been used to identify the dynamic complexity of teams within the context of workplace learning (Lingard et al., 2012).

Figure 3.1 illustrates the six elements of the collective activity system. These are: the 'object' or the activity, the 'subject', or the participants, the 'community', or social group; the 'division of labour', which is the balance of roles and responsibilities; the meditating artefacts 'tools', or 'instruments', which are resources that support the activity; and the 'rules' which explicitly delineate how and why people may act (Engeström, 2008; Malloch et al., 2011). The outcome of the activity system is "a diagrammatic representation that captures how the work of a group is influenced by the rules of practice, tools and divisions of labour and emergent contradictions" Kent et al. (2016, p 751).

The theoretical framework for this research is activity theory, which provides a means for connecting subject, object, and learning by doing, individual and collective learning, social, understanding and explicit knowledge (Crawford & Hasan, 2006). In other words, it refines the collaborative inquiry through which staff nurses and nurse managers work together in a community of practice through 'cycles of the action and reflection' (Bleakley et al., 2011, p, 54). Thus, the main focus of Activity Theory in this study involves elucidating the views and benefits related to CNE programs from exploring individual perceptions. This is done through the lens of Activity Theory, assisted in the interpretation of how nurses and nurse managers view CNE programs. In doing so the study sought to understand how the learning from CNE programs is enacted within the organisation (the system).
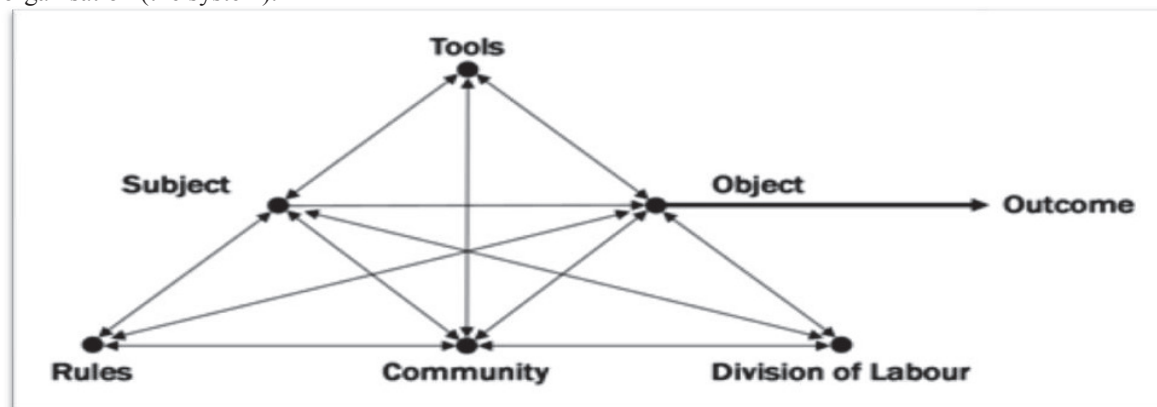
Source: Adapted from Engeström's Expended Activity Theory Model (Engeström, 2001).
Figure 3.1: The model of activity system.

3.3 Research Methodology

A qualitative approach was considered suitable approach as the data collected the focus to be on people's lives and experiences which was required to answer the research question.

An interpretive approach was selected as the qualitative paradigm for this study. In this study, as the focus was on people's meaning of the phenomena (participants' perceptions), which aimed to understand individuals experience of CNE programs. Interpretive description, thus, enabled the researcher to gather and portray meaningful information which can be particularly useful in applied health settings. Interpretive description thus plays a vital role in the development of new nursing knowledge (Thorne, 2016).

Qualitative descriptive studies therefore typically involve exploration of essential data, identification of relevant themes that emerge in interviews, examination of the descriptions contained in the data and evaluation of the feedback. The overarching goal is to provide an in-depth understanding of participants' views, experiences and behaviours (Nassaji, 2015). As the purpose of this study was to achieve just such an in-depth understanding, it was designed as an interpretive, descriptive, qualitative study to identify staff nurses' and managers' perceptions of continuing nursing education in their workplace.

3.4 Study Setting

The setting for this study was in Al-Qunfudah governorate, in Saudi Arabia.

3.5 Sampling Strategy

In this study, the participants were local nurses and managers registered with the Saudi Commission for Health Specialties and working in the government hospital under the Ministry of Health. It involves a particular group who will be the best to introduce the information of the study (Polit & Beck, 2018).

In light of the recommendations that qualitative studies should employ small sizes, the researcher aimed to recruit six to eight staff nurses and four to six managers for this study. However, only six staff nurses and five nurse managers were recruited and completed the interviews.

3.6 Recruitment process

The Director forwarded the invitation email to nursing administration office, to ensure a fair process and no cohesion that might result if study candidates received a participation invitation from a colleague. Based on the organization management chart, the Nursing Director of Health Affairs in Al-Qunfudah has an office in Al-Qunfudah Health Directorate building, with a different and separate responsibility away from direct hospital management. His job description means he has no direct contact or direct authority with participants in the hospital. Similarly, a letter for the same purposes was sent to the participants from the nursing administration office. These safeguards ensured all candidates who matched the inclusion criteria felt no pressure and voluntarily agreed to participate.

3.7 Data collection

Study data were gathered via face-to-face, semi-structured, individual interviews. To guide the research inquiry, a set of open-ended interview questions was established prior to data gathering (Whitehead & Whitehead, 2016). Each interview was digitally recorded and lasted approximately to 30-45 minutes (Lichtman, 2012). A recursive questioning technique was used in the interviews, with a broad question asked to start the sessions (Polit & Beck, 2018) and engage the participants. The interview was guided by five main questions. Each main question was followed by probing questions, to acquire more critical details (Whitehead & whitehead, 2016). Some questions were formulated using the funnelling technique in order to narrow the question during the interviews (Offredy & Vickers, 2010).

3.8 Data analysis

In this study, data was collected and transcribed. Thematic analysis was selected to analyse the participants' perceptions of the continuing nursing education programs. Based on Vasimoradi, Turunen and Bondas (2013) report that thematic analysis is used as analysis style in descriptive qualitative research.

3.9 Rigour

Qualitative research reflects the human experience; however, certain criteria must be met to ensure the quality and trustworthiness of a study. A set of criteria to test the trustworthiness of qualitative research that include credibility, dependability, and confirmability was identified (Harding &Whitehead, 2016).

In this study, credibility is represented through reviewing the accurately of the analysis process (codes, themes and sub-themes), which was achieved by filed notes have been written and reflected with the researcher team. Dependability is achieved by presenting in detail all sections of the research process. Finally, confirmability means external auditors can assess and evaluate (confirm) study credibility and dependability,

which was achieved by the reflecting the participants' voice.

3.10 Ethical Considerations

Ethical consideration was undertaken before commencing the research project. Research ethics have become significant base for conducting legible research. No risk or harm to study participants in the study was anticipated.

Beneficence and non-maleficence. The researcher who only knew the password of the computer, where files were initially kept secure before transfer and storage on LabArchives at Monash University. The information data will be kept for at least 5 years. Physical audio recordings were deleted after transcribing the data on the Lab Archives. Additionally, de-identification was used during audio- recorded interviews by using pseudonyms instead of participants' names.

Justice. The interview was individually undertaken in a quiet room. The principle of justice was evident in this study in which participants were voluntary and non-participation did not affect their relationship with the Health organisation.

Autonomy. Participants were informed that had the right to withdraw from the study at any time, and doing so would have no impact on their positions. Second, to ensure participants understanding and fully informed consent, the purpose of the research was paraphrased prior to starting each interview, as recommended by Harris and Dyson (2001). Finally, for the purpose of the data analysis, each interview was audio recorded, transcribed and the data securely stored. To maintain confidentiality, de-identification was employed via the use of pseudonyms instead of names on data sources.

3.11 Process of Research Governance and Ethical Review

The ethics application was approved from University Human Research Ethics Committee number (0762) along with from Ministry of health. The Ministry of Health in Saudi Arabia was contacted to gain the ethical approval. The preliminary approval letter was received and associated documents completed before. Final approval from MOH in Saudi Arabia was received (IRB long number: 16-444E).

Chapter FOUR: THE FINDINGS
4.1 Emerging Themes

In describing the themes the participants' assigned pseudonym is used.Figure 1 below provides a summary of the themes and sub-themes. In describing the themes the participants' assigned pseudonym is used.
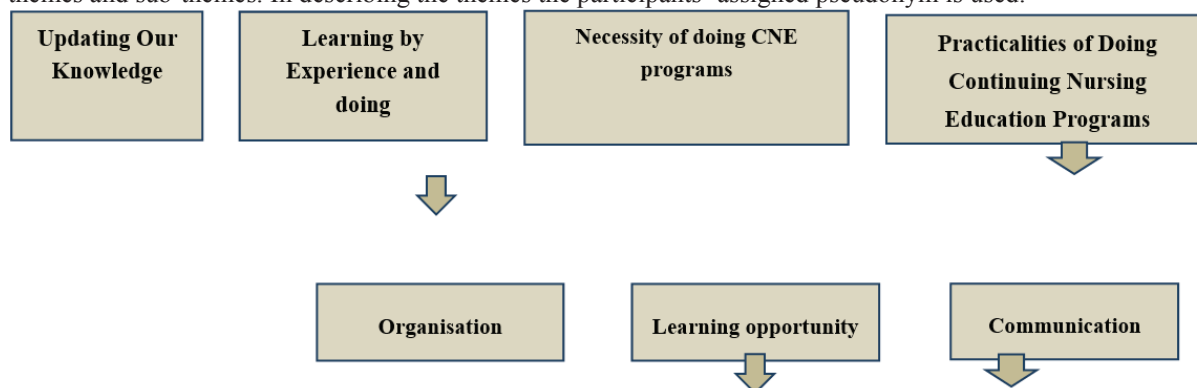
Figure 4.1: Core Themes

CHAPTER FIVE: DISCUSSION
5.1 Personal knowledge

Having identified in chapter three the "object" in the activity system, in this study, was activities related to CNE. Some nurses understood the value of CNE, that is, they shared the main concerns (which was updating their knowledge) whilst there were also variations between the participants. Staff nurses and nurse managers within the 'system' each holds their own personal understanding of CNE programs.

An important aspect of learning at work was self-knowledge, value, and attitude (Malloch et al., 2011). Hence, self-forming offers a supplementary approach that shape and drives practice (Bleakley et al., 2011). The nurses had knowledge of CNE in their public hospital. Personal attitudes toward CNE reflects the views of the participants.

In Activity Theory in this study, the 'subject' was identified as the staff nurses and nurse managers, in the public rural hospitals who were participants. The findings of this study showed that the participants rely on learning as an undergraduate, which was no longer acceptable these days. Skees (2010) found that nurses tend to

continue using the practices they learned as undergraduates, even if they are obsolete. Thus, staff nurses need to upgrade their professional skills to adapt to changing practices and enhance their professions. Thus both 'subject' and 'object' are elements of activity system that used to assist in the understanding of how the subject (staff nurses and nurse managers) learns from the object (CNE programs) in the workplace. CNE programs in the training center in each hospital help to improve the staff nurses' performance and quality of care. To optimise this effect, training should focus on nurses' different learning styles, so a range teaching styles should be utilized to emphasise nurses' practical skills.

5.2 Learning Style

Learning style techniques have been identified in this study as an important step that influenced nurses' understanding of the education activities and ability to progress. The participants considered learning by experience and doing to be important components of the CNE programs. It was found that using a case presentation, role playing and demonstration techniques enhanced the staff nurses and nurse managers' abilities and understanding of the education activities. Consequently, learning by experience gives learners a full understanding of their tasks. This leads to reduced errors and increases the quality of nursing care.

Education is not just about attending classes to learn information there also needs to be an opportunity for interaction and participation. The findings of this study highlights, learning needs to take place in complex teams or systems.

Based on the theoretical conceptual framework used for this study, Engeström, (2008) focuses on learning in collaborative patterns. In Activity Theory, individual learning in the social contexts (Bleakley et al., 2011) is through continuous interactions, observation and the individual's use of 'tools'. According to this theory, learning arises as a result of observing behaviours demonstrated by a group or individual, such as behaviour that may occur in an effective teamwork context. Active learners can use these experiences in real settings, where these experiences are considered 'tools' for doing CNE programs. Moreover, delivering the activities by doing it in the workplace, is also considered as a 'tool' in the Activity Theory. To be active learners, enhances nurses and nurse managers to deeply understand CNE. Therefore, active learning in between nurses and nurse managers can create a diverse team in the workplace. The general diversity can considered as a 'tool' that enhances workplace learning opportunities.

5.3 Diversity in the Workplace

In the theoretical conceptual framework, learning by doing, experience and creating general diversity in the workplace are considered as 'tools' in the activity system.

From the literature reviewed, Skees (2010) and Al-Majid et al. (2010) focused on staff nurses and managers in education involving professional practice. Their findings showed that managers and senior nurses have relevant experiences and can easily manage the staff nurses, thereby supporting the results of the present study. As a result, such practice can be used both to teach and manage staff nurses. However, in Saudi Arabia, one study suggested that lack of experience leads to a challenge in nursing practice (Almalki et al., 2011).   A Bahrain study, suggested that nurses with less than two years of experiences participate more in CNE programs. This result may be because less experienced nurses perceive a benefit from attending CNE programs in terms of improving their careers (Al Majid et al., 2010). Having different experiences in the workplace leads to create general diversity that helps workers to learn at work. In such dynamic contexts, the complexity of activity system is highly tolerant of such challenges in the clinical team as it appears as 'a negotiation of a collective intelligence' (Bleakley et al., 2011, p. 53). This further supports that learning in the workplace should be promoted.

5.4 Facilitating and Promote Learning

The present findings demonstrated how the organisation supported the program by providing free CME hours, which, the employees did not have to pay for the training. This might be because organisational support for CNE programs is crucial for updating Saudi council certificates and ensuring the high quality of work performance. Previous study in Saudi Arabia supported this result, Lamadah and Sayed (2014) found that the government organisation has committed huge resources to improving the health care system through providing free and accessible healthcare services for every employee (Saudi nations) and expatriates from other countries living in Saudi Arabia (non-Saudi nationals) working in public hospital, which the participants in this study were non-Saudi. Thus, Saudi health organisations and hospitals are developed and equipped with the latest medical technology with all workers from different countries. Consequently, free CME hours promote CNE implementation in public rural hospitals. Based on the literature review, it found that there is a difference compared to the present study's findings. Lee et al. (2005), Al-Majid et al. (2012) and Brekelmans et al. (2016) found that the lack of organisational support or financial issues was a factor that affected staff nurses to participate in CNE programs. Hence, supporting the CNE programs through providing free CNE hours was also

considered as a facility to promote CNE programs in public rural hospitals.

Another finding in this study, indicated that there was health organisation support to provide online medical lectures. Providing learning online was identified as a way of supporting workplace learning. This helps staff who cannot attend due to work scheduling or other reasons. Karaman's (2011) quantitative study showed that online learning opportunities are a suitable option for some nurses. Phillips et al. (2012) found that nurses were attracted to learning via electronic approaches, such as video conferences. Based on Activity Theory, learning opportunities in the workplace depend on work organisation and good relationships (Malloch et al., 2011). As a result, renewing practical licences, providing free educational hours and online lectures were considered as facilities that promoted CNE programs to be implemented in public rural hospitals. Therefore, the process of attending CNE programs often controls whether staff nurses and nurse managers are exposed to learning challenges.

5.5 Learning Challenges
The findings of this study, identified some challenges nurses had in relation to attending CNE programs. These challenges can be divided into sociocultural and organisational cultural obstacles.

5.5.1 Socio-culture
Transportation for staff nurses, who lived far away from their hospitals, became an issue for learning opportunities. In Saudi Arabia, there is a lack of availability of public transportation services. Especially, as most staff nurses are female; women are not permitted to drive in Saudi Arabia for cultural reasons. Consequently, transportation is the main issue preventing female nurses from participating in CNE programs if a lecture is scheduled at a venue outside their immediate hospital.

Language and communication is another issue in relation to CNE programs. As this study was conducted in Saudi Arabia, the language spoken in the community is Arabic. Since the organisations' administration speaks Arabic, it is necessary to have an Arabic speaker in each department. Hence, most managers in public hospitals, are recommended to speak Arabic language fluently or at least each department has an Arabic speaker. However, in the health care community, individuals need to communicate in English language because most nurses are recruited from other non-Arabic countries. This language gap seems to be a challenge in workplace settings. Unfortunately, society in Saudi Arabia still exhibits a strong separation of genders (Gazzaz, 2009). This is especially the case in rural areas, where all the citizens referred to know each other. This can make it difficult for male and female employees to communicate with one another.

Culture is another issue that emerged in the findings of this study. This could be because nurses from other countries have their own beliefs and values, which may be different from those evident in Saudi culture. Moreover, they may have insufficient knowledge about Saudi culture, especially, when it comes to Islamic beliefs and patient's values for the patients. The different backgrounds and culture creates diversity, which is recommended in activity theory. However, it might be considered as an obstacle nurses and managers faced to participate in CNE programs. Govranos and Newton (2014) suggested that a learning culture is required in the workplace setting to enhance aspects of the workplace culture, such as job satisfaction. It is important to encourage nurses to adopt a positive cultural notion of a healthy work environment. Harmony and good communication between nurses and their managers was an important aspect identified in the literature review (Bjørk et al., 2007). Thus, it is also important to explore how staff nurses and managers fit into the organisational culture.

5.5.1 Organisation-culture
The findings of the study, indicated that work scheduling represents as an obstacle for completing CNE programs. Previous studies by Gould et al. (2007) and Al-Majid et al., (2012) have also found that work schedules can act as a barrier to continual learning. In Saudi Arabia, nursing staff shortages is another chronic issue (Almalki et al., 2011). In the present study, participants indicated that nursing shortages also represent a barrier to attending CNE programs. They cannot spend work time doing training because they are needed in their jobs, hence nursing shortages is also a negative problem of attending CNE programs. Almalki et al. (2012) also noted that extended working hours and shortage of staffing are factors that affected nurses' job dissatisfaction. In their study, 80% of nurses were unsatisfied with their long working hours; they did not have any more energy after their duty. In the present study, this was illustrated in Sara's experience of organization-culture challenges such as schedule and nursing shortage that had an effect on the human right, such as needs to rest and sleep.

Lamadah and Sayed (2014) have identified that nursing shortages occur due to nursing turnover. This is a significant factor in Saudi Arabia because of the number of foreign workers, as foreign workers tend to go back home, leaving Saudi organisations understaffed. This leads to decreased quality of care and increased lengths of stay for hospital patients (Lamadah and Sayed, 2014). The main deterrence factors included time constraints and scheduling activity. The findings from this research are quite consistent with other those of studies; Al-Majid et al. (2012), Govranos and Newton (2014) found that time and scheduling issues represent a major problem for nurses registering for CNE programs. This barrier prevented participants from attending courses. From the

finding of this study, Olivia described her experience of attending CNE programs in morning shift even when she had evening duty, that she should come back to attend the activity.

In the present study, participants indicated that they had received permission from managers to allow them to attend the CNE activities. However, this was a sensitive issue from staff nurses when they had difficulty asking their manager to attending CNE. Previous research, conducted in Norway focused on success in leadership, supported this finding. The study showed that staff nurses faced pressure from senior managers, while their managers played a role in facilitation (Tørstad & Bjørk, 2007). This may be because of the lack of staffing due to an insufficient number of qualified managers or staff nurses in public rural hospitals. Qualified managers usually tend to work in private sector or academic positions. Hence, organisational culture issues in the workplace affected participants' perceptions. Instead of focussing on manager performance or organisational culture, the approach in Saudi hospitals is to seek solutions by establishing individual priorities; one by one, or that each individual in the organisation has his/her own goals. The priorities influenced each individual to act in relation to CNE. As Olivia expressed, each individual has to manage their time based on the prioritisation.

Conversely, the findings indicated that to attend CNE needs staff nurses to be encouraged and motivated. This is can be done by nurse managers. Nurse managers play a role in evidence-based practice, as they are responsible for managing both staff and the work environment (Jho & Kang, 2016; Tørstad & Bjørk, 2007). Therefore, their job entails encouraging, motivating staff nurses and coordinating the organisational issues to permit nurses to attend CNE programs. Adhikari et al. (2014) stated that as managers are part of the nursing administration system, any change in their role leads to a change in the services. Facilitating nurses' pursuit of further education will help in creating a positive community (Draper et al., 2016). From the perspective of Saudi culture, encouragement and support are a part of society. Members of Saudi families have strong ties and motivate each other. A study in Netherland, found that there is strong relationship between motivation and nurses participation in CNE programs (Brekelmans et al., 2016). Moreover, Jho and Kang (2016) supported the importance of active learner engagement. As reported in the present study, staff nurses need strong encouragement to deal with the challenges they face in the workplace. Celia proposed that encouragement can act as a support to deal with organisation culture issues.

In the theoretical conceptual framework, one of the activity system elements is 'rules', which in the public rural hospital of this study, the socio-and organisation- cultures became rules that staff nurses and nurse managers face to participate in CNE. However, it appears that managers could actively encourage staff nurses in CNE programs by monitoring whether they are learning effectively (Phillips et al., 2012).

5.6 Monitoring Learning
From the finding of this study, needs assessment was established as being crucial for the design of CNE programs that are relevant to the learners' needs. The learning needs of continuing nursing education is identified as a method of measure the outcome effects (Jho & Kang, 2016). According to Bastable Gramet, Jacobs, and Sopczyk (2011), the process of the evaluating the knowledge or skills gained is a critical guide, enabling those responsible to clarify the resources and learning needs for next programs. Learning needs is defined as a gap in knowledge, views and skills between an expert (senior nurses or managers) and learners (nurses) who want to learn (Bastable et al., 2011). The creation of a learning culture involves not only the assessment of individual learning needs but also identification of the organisation's requirements. Effective managers must identify staff nurses' learning needs to ensure that the required materials are delivered correctly and support organisational goals (Govranos & Newton, 2014). As in the interview, Hazel suggested that managers' experience assists them in developing future programs by planning ahead CNE programs.

Monitoring CNE programs by assessing staff nurses' needs and planning for the programs are sufficient to achieve an understanding of the activities, thereby upholding the manager's role in creating a culture that benefits and values staff nurses' learning. This may lead to change in the current community of practice in public hospitals to develop CNE programs rather than focus on completion of accredited activities to follow regulations. Consequently, monitoring the CNE requires to firstly asses the learning needs to ensure the proper understanding of CNE programs.

5.7 Representing the Conceptual Framework
Activity Theory informed the conceptual framework that supported this study. In the analysis that emerged; this comprised of the relations between, 'subject, objective, tool, rule, community and division of labour' and how they worked as processing within a system. The conceptual framework of this study was presented as means of verification to assist in the understanding of how the individual learns and negotiates the social and personal contributions of continuing education and learning. Figure 5.1 offers a representation of the activity system model for CNE programs that was discussed in the chapter three.

The 'object' within this activity system was CNE programs and to understand this object from the participants' perceptions of the CNE programs, which is related to the associated concepts within Activity

Theory, 'Rules'. Rules are concepts that can be transformed and are influenced by the both the sociocultural rules and regulations (organisation culture), in this current system, that is public rural hospitals (Engeström, 2008). In this instance, the organisational culture of the education department, which is engaged in the delivery of CNE in this public hospital, needs to rethink the use of traditional pedagogy (lectures) to outcome-based pedagogy (doing and experience). This consequent shift from a focus on passive to active learners, affects the tools used to such generate general diversity in the public rural hospital.

The 'subject' of the activity system in this study was nurses' and nurse managers' perceptions. These perceptions affect the types of tools that are used to engage nurses and nurse managers in the CNE activities, thereby influencing how the individuals act on the 'object' of the activity. Based on sociocultural Activity Theory, learners can be identified as part of a complex activity system that reconfigures learning as a team dynamic (Bleakley et al., 2011). In this context, the community comprises staff nurses and nurse managers, who both influence the object (CNE programs). Finally, in the 'division of labour' of the activity system in this study, which is influenced by social and organisational cultures, is individual's priorities as the finding indicated that the priorities push CNE by influencing each individual who is acting their personal responsibilities to set their own goals.

Activity theory identifies 'knowing' as participants' engagement in collaboration with a team (Bleakley et al., 2011). According to Engeström (2001) and Malloch et al., (2011), if there are tensions between elements of the activity system, these can be viewed as 'contradictions'. The present findings indicate there needs to be a change in the way of delivering CNE programs; using learning by doing and experience, thereby generating diversity with the learning tools in the workplace. This would force a rethink in the activity system. Hence, transforming from passive to active learning leads to being considered as, contradictions in and between activity systems, as shown in figure 5.1. A community of learners who participate in activities and share common learning goals leads to learners becoming more active and engaged in the working culture (Lave, 1988). Hence, learning as participation in communities of practice has important implications for the development of workplace learning, as it facilitates change among communities in and between activity systems, whose 'rules' such as permission issues and transportation services that are discussed in the discussion chapter have an impact on this community. Therefore, as figure 5.1 shows the organisational and sociocultural that are considered as a 'rule' in public rural hospital also create a tension in and between the activity system. However a possible outcome is to include staff nurses and nurse managers (as part of the organisation) in a community to facilitate more collaboration in practice though would implicate individual priorities. The individual priorities must be refined to ensure that each actual learning needs are met to understand the benefits from CNE in public rural hospitals are met.

Source: Adapted from Engeström's Expended Activity Theory Model (Engeström, 2001).
Figure 5.1 *Reframing theoretical conceptual framework for Activity system in the public hospital context*

5.8 Study limitations
Potential limitations of this methodology include the sample size, recruitment method, staff experience, and setting. The sample size was relatively small (*n* = 11), being comprised of six staff nurses and five nurse managers. Since the participants were recruited from only one setting in Saudi Arabia, it is difficult to generalise

the findings to all Saudi Arabia's staff nurses and managers. Moreover, the data was collected in a rural hospital setting which does not reflect the perceptions of all staff nurses and nurse managers in all rural areas around cities. Collecting all the data was in one day, which may have led to limiting participants' voices. When determining the transferability of the study findings, one must consider that the staff experiences of one hospital might not reflect staff experiences in other public hospitals. Recording the perceptions of different staff nurses and nurse managers, from different work settings, might have resulted in similar or different findings. Consequently, the findings of this study cannot be generalised to other populations. Last, to collect the data this study used an individual, semi-structured interviews. This method might not elicit sufficient, in-depth responses.

CHAPTER SIX: CONCLUSION
6.1 Implications and Recommendations
Based on the study findings, to understand the values and benefits of CNE programs in public rural hospitals, some implications and recommendations are discussed below.

The appearance of conflict or sensitivity should be reduced when the staff nurses ask nurse managers for a permission to attend CNE programs in Saudi public rural hospitals. Nursing Administration department should consider implementing a fixed lecture day for each staff nurses so that each staff nurse attends every month. Nursing Education department could provide different session times, instead of only morning lectures, for those who cannot attend due to their morning duty. The Nursing Education Department could develop a pre- and post-evaluations for each CNE activity to assess and monitor learning effectiveness. Moreover, encourage nurses to assess their own learning needs in order to develop the workplace learning based on the Activity theory discussed in Chapter Five. The needs of female nurses who are not allowed to drive needs to be considered when new CNE programs are designed; whether transport services could be provided to attend CNE activities.

The above interventions could be supported by creating a higher education provider to promote for example a professional development website that nurses could access at any time to meet their learning needs. A good example of such a website is that offered by the Australian College of Nursing (ACN) is a professional nursing organization. The college is authorised to provide CNE activities and develop nurse leadership (Australian College of Nursing, 2017). As such, this program helps managers to boost confidence to lead other within healthcare, expand the skill base, communication and teamwork. It also provides the wide range of continuing education opportunities and finds a unified voice for Community by providing feedback from different nurses who have always been extremely positive in relation to CNE content, materials and support.

6.2 Future Research
In the literature review provided, researchers examine the nurses' and nurse managers' perceptions of CNE in public hospitals. Replication of this study on a larger sample and multiple times is required to better explore the understanding of CNE programs. Further work is required to explore nurse's perceptions of CNE programs, in different clinical areas, and whether mandatory CNE programs affect nurses' perceptions towards CNE programs values, particularly in areas where multiple programs occur. Another area for further research is exploring the perceptions of CNE programs through nurse educators' perceptions. Analysing the MOH organisational strategic goals may assist in interpreting the findings of this study. Exploring collaborations between nurses and nurse managers and how they influence the development of a community of practice in learning, also needs future research attention.

6.3 Conclusion
This study identified nurses' and nurse managers' perceptions of CNE programmes in public hospitals. The setting was in Saudi Arabia, specifically, in a rural area. The overall aim of this study was to understand the values and benefits of CNE programs.

A qualitative, descriptive methodology was chosen to achieve an in-depth understanding of the study question. Findings of this study showed that the support of a health care organisation and its administration is applicable to promoting personal professional development. The findings also provided an unexpected result, showing that nurses and nurse managers are aware that CNE programs are designed to upgrade their knowledge and skills. It was also determined that identifying learning needs is important to monitor useful CNE programs. A key finding from the study was that the Activity Theory framework provided a practical means, when used as an activity system element to assist the interpretive of how nurses and nurse managers view CNE programs. The result was that there is tension between nurses' and nurse managers' communities, showing the need for further collaboration with a community of practice when transforming from passive to active learners. Creating higher education provider to promote for example a professional development website that nurses can access at any time to gather their needs. Further research, is recommended by replicating this study, across different settings along with exploring nurses' educators' perceptions to develop further the understanding of CNE programs.

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