CHAPTER 1

INTRODUCTION

Background and significance of research problem

The delivery of health care services is changing dramatically. Increasing longevity, scientific and technological advances and population mobility contribute to the growing complexity of nursing. Currently, quality health care is a global concern for both providers and consumers (Marquis & Huston, 2003). It is also the greatest level of health outcome in distribution of effective, efficient and cost-benefit based professional health services to people and communities (Tefreshi, Parzargadi & Sqeedi, 2007). The National Association of Quality Assurance Professional described quality at a level of excellence produced and documented in the process of patient care based on the best knowledge available and achievable at a particular facility (Mya, 2000).

Quality of care is an essential part of the health care delivery, and quality issues are also of vital significance to good nursing care (Kitson, 1997). Quality of nursing care (QNC) is absolutely needed in hospitals where majority of nurses are practicing every day. QNC is a set of elements of human-oriented and task-oriented activities, staff characteristics, preconditions, environment, progress of nursing care and cooperation with relatives that the patient and nurse perception of the quality nursing care (Leino-Kilpi, 1991; Leino-Kilpi et al.1994; Leinonen, 2002).

Williams (1998) explored that quality nursing care includes themes of patient-need fulfillment and therapeutic effectiveness mediated through selective focusing. Kunaviktikul (2001) proposed that quality nursing care is related to the degree to which the patient's physical, psychological and emotional, social, and spiritual needs provided by nurses. Nowadays, both economic and social climates are continuing to favor competition in health care, QNC remains a leading role for nurses and nurses' perceptions are also identified as highly important to quality nursing care (Shihong, Akkadechanunt, & Xue, 2008).

Nursing shortage are being encountered globally, because of aging workforces, fewer individuals entering the profession and decrease the ability of health system to retain nursing staff (Goodin, 2003, cited Middleton et al., 2008). Shortages of nurses are leading to increasing nurses' workload. Not only quality nursing care but also adverse nurse outcomes is directly affected by nurses' workload (Aiken et al., 2002). Increase workload leads to difficulties in meeting patients' needs and places nurses under increased pressure at work (Hegney et al., 2008). Therefore, nurses are important for their clients' hospital experience since they are responsible for the delivery of nursing care and accountable for their quality.

Leino-Kilpi (1996) determined that perception of quality nursing care was based on good nursing care model. The conceptual model of good nursing care was developed after evaluation and observing nurses' clinical performance in hospital setting care (Leino-Kilpi, 1990, Leino-Kilpi & Vuorenheimo, 1994). To improve the quality of clinical nursing care and health care, the model of Leino-Kilpi (1996) comprised of six categories indicating quality nursing care; a) staff characteristics, b) care-related activities, c) preconditions for care, d) environment, e) nursing process

and f) cooperation with relatives. After that, Leinonen and colleges studied the quality of preoperative care in 2001 and compared nurses and patients' perception of preoperative care in 2003 (Leinonen, Leino-Lilpi, Stahlberg, & Lertola, 2001, 2003). Therefore, Good Nursing Care Scale is one of the most popular and commonly used in many studies and countries.

Many studies stated a number of factors related and impact on quality of nursing care. They are nurse's education level, experience, professional autonomy, competence, empowerment, work-related factors such as staffing mix, time, workload, skill mix, and organizational structure of health care including continuing education (Hogston, 1995; Lam, 2004; Hall et al., 2002). Nurses' education has been related to the quality of nursing care (Blegen, Vaughn & Goode, 2001; Wood, 1998; Nolan et al., 1995; Barriball et al., 1992). QNC of baccalaureate nurses is sustainably better than diploma nurses in nursing performance at hospital setting (Dennis & Janken, 1979; cited Johnoson, 1988). Therefore, continuing education is important for health care delivery.

Moreover, there are numerous studies asserted that continuing education has an impact on QNC. Continuing education (CE) has enabled nurses to improve both clinical practice and nursing care (Bignell & Crotty, 1988). CE is a mean to ensure that members of nursing profession maintain their competence to practice. At a time of rapid scientific and technological changes, CE is assuming an increasingly important role in the health care professions (Kristjanson, 1989). CE can be considered as a mean of transportation for educational activities planned for nurses to maintain and update knowledge and skills, and to respond to dynamic changes in health care delivery (Claflin, 2005; McDiarmid, 1998 as cited in Levett-Jones &

Tracy, 2005). CE appropriate for nurses to know about the latest developments in the health delivery and to develop the technological skills which are obligatory in the modern hospital environment (Levett-Jones & Tracy, 2005).

Continuing education on nursing profession is also of greatest importance in terms of maintaining and improving quality of nursing care. At the same time, nurses also need to maintain or develop further clinical expertise related to proper management for particular patient under their care. CE is planned to allow nurses to pursue their professional development, be lifelong learners, and function of their roles safely and proficiently (Barba & Fay, 2009). The knowledge of nurses must be broadened in order to keep pace with the latest developments of science and technology, and changes of health care delivery system. It is a basic contention that nurses need constant access to appropriate forms of further education that is an important mechanism for coping with these changes. CE is an all-encompassing term within a broad spectrum of post-secondary learning activities and programs even though continuing professional education is a specific learning activities.

Continuing Professional Education (CPE) refers to study or educational activities relevant to the profession following initial nurse education. CPE includes two types - formal and informal continuing education programs. Formal continuing education is planned educational programs leading to a recognized qualification, including in-service, workshop, conference, training program, and degree program. Informal continuing education refers to outside planned educational provision of learning activities to ensure that nurses develop and expand their knowledge, such as reading professional journals, watching videotapes, or television programs and assessing the internet (Aoki & Davies, 2002). CPE programs have revealed to be

directly related with not only a better nursing practice but personal planning. Pena and Castillo (2006) investigated factors influencing nursing staff members' participation in continuing education. The result indicated that the number of nursing staff of private institutions is more than that of public institutions, who had not only attended between two and four courses but also participated in less than 20 hours of continuing education in the year before their study.

Furthermore, according to technological advances and changing health care needs, nurses are increasingly required to be innovative, flexible and knowledgeable practitioners who are lifelong learners committed to their professional development. Although CPE dramatically improved professional practice, most of the nurses did not update their knowledge and develop their skills (Friend, 1991) because of no assurance for desired changes in professional competency and performance. Barriers presented within nursing practice have made ongoing participation in CPE activities challenging (Penz et al., 2007).

Most of the nurses have encountered barriers to participate in CPE. Darkenwald and Valentine (1985) mentioned that adult learners have experienced in difficulties to assess continuing education opportunities and barriers includes six factors; 1) lack of confidence, 2) lack of course relevance, 3) time constraints, 4) low personal priority, 5) direct and indirect costs, and 6) personal problems. Working nurses do face various problems in advancing their career development. Many studies have often stated that family problems and costs are the most prevalent barriers. Thus, it is important that these problems be brought to some degree of solution for all nurses to advance in education as well as to gain knowledge, skill, and practice of the delivery of nursing care.

Continuing education has advanced the delivery of better patient care, provided an ability to gain up-to-date knowledge, to question to change practice and to promote academic credibility (Gallagher, 2006). There are several studies shown that CE improves quality nursing care. Wood (1998) showed that CE had a positive impact on the quality of nursing care as well as nurse's personal development. CE not only improves communication skills, enhances individualized activity and research-centered practice but also increases nurse's confidence, self-awareness of professional issues, and knowledge in QNC. Prater and Neatherlin (2001) showed that nurses perceived both personal and professional benefits as a result of their participation in CE, which included improved psychomotor nursing skills, cognitive skills, affective nursing skill; increased general knowledge base and awareness of professional issues, and improved performance in nursing practice. All these benefits would directly or indirectly improve the nursing practice and quality of nursing care as well as meet the service needs. Hogston (1995) studied impact of CE on QNC as a primary component of providing QNC. The study has found that nurses attached to participation in CE enhance their professional status and that participation in CE has real impact on professional competence and quality of nursing care.

Parallel to changes in the world, Myanmar health care system has been changing with political, administrative system and relatives roles played by key providers. The continuous changing in health care delivery has a profound impact on hospital operation, and there is a need to ensure high quality effective, efficient patient care within the Myanmar health care setting. It has a pluralistic mix of public and private systems, both in financing and provision of services, leading to competition between public and private health care systems concerning with quality

of care. Moreover, the National Health Plan (NHP) established the objectives to enhance the quality of care that covers the entire nation. It is important to provide QNC in health care setting and nurses are also committed to professional excellence in providing the highest quality of care (MOH, 2008).

Additionally, in Myanmar, the nurse density was 0.38 in 2006 (WHO, 2006). The ratio of nurse to general population in Myanmar is one to 1,933 people, compared with a total population of 58 million in the country (MOH, 2008). Even though the reasons for nursing shortage vary in different countries, Myanmar also faces problems of such shortage. Consequently, many nurses are being needed in Myanmar to shoulder an increased workload (Win & Shein, 1996). Workload is related to indicators of the process of nursing care that also associates with quality of nursing care.

Every Myanmar general hospital has been facing inadequate manpower and heavy workload (New, 1997). The case fatality rate (CFR) of ARI was 0.4 percent and diarrhea was 0.1percent. Thus, there were many weaknesses in accessing appropriate treatment/care as a result of shortages of manpower and technology, and inefficient hospital management (WHO, 2007). Generally, nurses are providing care services in hospitals and nurse per bed ratio in Myanmar hospitals is one nurse to four patients for 24 hours. In military setting, nurses serve nursing care as well as extra activities in hospitals and other areas such as battalions, cantonment areas, and medical cover for other communities. According to the hospital policy, nurses are assigned to each ward, based on three shifts and allocation of averages assigned and nurse manpower utilization/day is one or two nurses per 15 to 30 patients (Khin et al., 2005). Accordingly, nurses could not emphasize peaceful environment, keeping the

ward clean at all time within the nursing unit and unit environment was crowded with extra patient beds and patient's relatives (Shee et al., 2005; Aye et al., 2005). Moreover, nurses do not give a short length of time to patients and they focus only to finish their activities that the patients do not know when they will receive a nursing intervention and have the opportunity to talk freely about the progress of nursing care (Hla, 2002). In addition, nurses do not have enough time to educate and instruct patients and their relatives, and to give emotional support as well (Lwin et al., 2004). Physical and social environment, information and education, and talking with relatives are related to standards of the quality of nursing care.

Even though the NHP stated that enhancing the quality of health care to uplift the health status of the entire nation high quality nursing care is not always achieved in each hospital setting (Hlaing & Soe, 2000). The Motto of Ministry of Health has been published as health service providers including nurses have to treat patients carefully, friendly, intelligently and politely (MOH, 2009). However, warmly and friendly treatments of patients were not found in the hospital setting. When performing nursing duties, professional appearance is required (Hlaing & Soe, 2000) and patients expect nurses to give them emotional support, encouragement, sufficient information about their diagnosis, treatment plan and nursing care procedures. At present, nurses provide the nursing care, although there are no specific documents or outline of nursing care plan for individual patient (Khin et al., 2004).

Nurses in Myanmar are less contributed in teaching and learning in clinical practice, and poor supervision of nurses on assigned units has failed to monitor if they apply theory into practice, which is a major concern for providing the best possible nursing education and quality of nursing care. Additionally, Myanmar nurses are

needed to maintain their quality of professional practice, and to spend more time on CPE (Clara, 2007). Therefore, nursing education is essential for nursing in Myanmar in order for all nurses to further their knowledge and upgrade skills in practice areas.

Nursing education has had a vital role in the education system of medical sciences in Myanmar. However, there are only three universities of nursing - University of Nursing (UON) (Yangon), UON (Mandalay), and Military Institute of Nursing and Paramedical Sciences (MINP) - in the whole country. In military health care setting, B.N.Sc program (4-year Generic Course) has been started since 1996. And then, a two- year M.N.Sc program was introduced in 2006 at MINP, which is the only academic center for Military Nursing. Every student nurse has to follow regular schedule for both training and academic sessions.

In Myanmar, most nurses are facing many barriers; insufficient number of qualified nurse educators, services providers, inadequate learning materials, limited opportunities for in-service continuing education for nursing services personnel, and low level of interest towards research (WHO, 2008) and lack of time for study due to overtime work and responsibilities to take care of their families after marriage, and many nurses' living life are dependent on the only salary provided and have no other extra incomes to support themselves for continuing education (Tuition fees, travelling charges, etc.). Therefore, most nurses are not willing to attend and participate in continuing educational programs.

Generally, nurses prefer to attend formal CPE to upgrade them to be professional nurses in degree program, such as in classes, short courses, workshops, seminars and conferences. In Myanmar, UON, MINP, the Government and non-government organizations (NGOs) have hosted conferences, seminars and workshops

for continuing nursing education on manually (MOH 2008) and four times per year in military setting. Most nurses do not participate in those programs because of lack of information, lack of nursing authority, and they are not supported anything (Hla, 2002). Moreover, many military nurses do not have the opportunity to attend training programs due to limited policy and lack of regular programs. Informal CPE occurs in a variety of places, such as at home, work, library, internet rooms and through daily interactions and working relationships among nurses in health care system. However, inadequate preparedness of nurses and inadequate recognition of nurse's status in the military health care system still exist because nurses are restricted in actives involvement of related professional organizations, have limited role and authority, and are not provided with adequate facilities and opportunities. Although library is a major resource of professional knowledge, most of the military hospitals in Myanmar do not have good libraries. Sometimes, nurses could not even barrow books to take outside and just have to read in the library. Nurses cannot learn much and read many books and journals because of having only two to three kinds of nursing journals and no up-to-date professional journals. Therefore, nurses are not interested in reading professional journals at the library.

Furthermore, although internet access can be available in some hospitals, most of the nurses are not familiar with internet facility. Because of required skills and technique in using internet and having no time to practice, they are unable to access to professional knowledge in the hospital. For them, information technology is still at a distance. Most of the nurses cannot often learn from professional journals, television, videos and the internet because of lack of regulations and facilities. Hospitals administrators do not support nurses with recourses related to informal continuing

education in order to learn further. Therefore, most of the nurses are not willing to learn from professional journals and television, and they also do not want to attend CPE programs. Nursing as professional also has responsibility to CPE in order to provide the highest level of quality nursing care, a well-educated and competent nursing workforce, in Myanmar at all levels of health care setting (Maung, 2009).

There is no research study on CPE and quality of care in military setting in Myanmar and the result of this study will be a great benefit for nurses to improve their knowledge, skills, nursing services, and quality of care in their organizations. This study will also be useful to improve not only nursing professionals but also quality of care to be provided in the future, and may be utilized as a foundation for conducting future research in military health care setting.

Research Objective

1. To explore the level of continuing professional education among nurses, military hospitals in the Republic of the Union of Myanmar.

2. To explore the level of barriers to continuing professional education among nurses, military hospitals in the Republic of the Union of Myanmar.

3. To explore the level of quality of nursing care among nurses, military hospitals, in the Republic of the Union of Myanmar.

4. To examine the relationship between continuing professional education and each dimension of quality care among nurses, military hospitals in the Republic of the Union of Myanmar.

Research Question

1. What is the level of continuing professional education among nurses, military hospitals in the Republic of the Union of Myanmar?

2. What is the level of barriers to continuing professional education among nurses, military hospitals in the Republic of the Union of Myanmar?

3. What is the level of quality nursing care, military hospitals in the Republic of the Union of Myanmar?

4. Is there any relationship between continuing professional education and each dimension of quality nursing care among nurses, military hospitals in the Republic of the Union of Myanmar?

Definition of Terms

The definitions for this study as follow;

Quality nursing care refers to a set of elements of human-oriented and task-oriented activities, staff characteristics, preconditions, environment, progress of nursing care and cooperation with relatives that the nurse perception of the quality nursing care (Leino-Kilpi, 1991, Leino-Kilpi et al.1994; leinonen 2002).It was measured by the Good Nursing Care Scale (GNCS), developed by Leino-Kilpi (1996).

Continuing professional education refers to number of hours per year of study or educational activities relevant to given profession after initial nurse education which included two types there are formal and informal continuing educations (Aoki

& Davies, 2002). In this study, the continuing professional education includes number of hours of continuing education both in formal and informal.

Formal continuing education was planed educational programs leading to a recognized qualification, including in-service, workshop, conference, training program, and degree program.

Informal continuing education refers to outside planned educational provision of learning activities to ensure that nurses develop and expand their knowledge, such as reading professional journals, watching videotapes, or television programs and assessing the internet (Aoki & Davies 2002).

Continuing professional education was measured by Continuing Professional Education (CPE) questionnaire developed by researcher based on the concept of Aoki and Davies (2002).

Barriers to continuing professional education refer to aspects which prevent access or progress to participate in continuing professional education including 1) lack of confidence, 2) lack of course relevance, 3) time constraints, 4) low personal priority, 5) cost, and 6) personal problem (Darkenwald &Valentine, 1985). It was measured by the Deterrents to Participation Scale developed by Darkenwald and Valentine (1985).

Nurses refer to person who graduated and received certification, diploma, or bachelor's degree from the approved Ministry of defense and who are responsible for providing care to patient at the No.(1) DSGH (Yangon) and No.(2) DSGH (Naypitaw) in military health care setting.

Military hospital refers to general hospital (1000 beds) which is No.(1) Defense Services General Hospital (Yangon) and No.(2) Defense Services General

Hospital (Nyapyitaw). The two hospitals are generally located on a military base and are reserved for the use of military personnel, their dependents or other authorized users. There is provided tertiary care in both emergency and general case for the patients.