

**Mandatory versus Voluntary
Continuing Professional Education:
Perspectives from the Nursing Profession**

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Abstract

Continuing Professional Education (CPE) is constantly evolving and is now mandatory in some professions in many countries. In Hong Kong, CPE for nursing profession remains voluntary. This research seeks to gather the perceptions, opinions and voices of nurse practitioners, college leaders and academic experts in Hong Kong if CPE is changed from a voluntary basis to a mandatory regime with the focus on analyzing different aspects of CPE.

A literature review was carried out in order to distill the views of international scholars and practitioners, together with a review of policies pertaining to continuing professional development (CPD) and CPE. Furthermore, theoretical and practical implications were discussed, and suggestions for future researchers were made. In order to answer the research questions, a phenomenological qualitative study was conducted on the subject topic. Regarding the conceptual framework, the adult learning theory supplemented by motivation theories were scrutinized and analyzed while discussing the application of CPE.

This study will contribute to the issue of CPE particularly as there were hitherto few qualitative studies on this topic. In connection with data collection, various methods were used, including individual interviews and focus groups, with participants recruited via (1) contact lists searched from the Internet, university directories, publications; (2) participants in relevant CPE courses for nurses.

The study focuses on three cohort studies across time with a group of people who shared a similar characteristic and experience, involving 22 participants in total. 18 face-to-face individual interviews and 4 focus groups were organized. To probe the research questions, voices and opinions were collected from individual interviews. The data were transcribed, analyzed and

organized by inter alia classifying by keywords and phrases. All the key concepts were coded, a technique helping to search for the relevant data to answer the research questions.

Through feedback from participants on the findings, 10 key meaningful themes were successively derived from participants' voices, opinions and answers. The results show that eleven participants were rather favorable to voluntary CPE at present. They doubted that mandatory CPE to some extent may bring along pressure and problems like labor shortage rather than professional and personal growth. On the other hand, the head of the nursing faculty of one of the universities in Hong Kong had no preference for adopting mandatory or voluntary CPE, while asserting that nurses should be self-disciplined and self-checking was necessary. In contrast, ten participants were slightly favorable to mandatory CPE in the long run for improving professional standards, provided that certain coordination and support would be given by employers.

Acknowledgement

Recalling 6 years ago, the time when I first applied for the Doctoral of Education, my son was 7 years old and my daughter was just 5. It has been a challenge for me to come to this final stage of the course. I would like to take this opportunity to express my whole-hearted thanks and gratitude to my two supervisors, Dr. Gary Winship, the main supervisor and Dr. Patrick Callaghan, the second supervisor. Both of them had inspired me from the inception of the research topic to the completion of the writing. Their guidance has proved to be effective.

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Again, I tremendously appreciate the help of everyone who had assisted and contributed in this study and thank you very much.

Glossary of terms used in this thesis

AHKNS	Association of Hong Kong Nursing Staff
ANMC	Australian Nursing and Midwifery Council
APN	Advanced Practice Nurse
CE	Continuing education
CPD	Continuing Professional Development
CPE	Continuing Professional Education
EBP	Evidence-based practice
EBT	Evidence-based therapy
EN	Enrolled Nurse
HA	Hospital Authority
HKAN	Hong Kong Academy of Nursing
HKNC	The Nursing Council of Hong Kong
HKSAR	Hong Kong Special Administrative Region
LLL	Lifelong Learning
LPN	License Practising Nurse
NCSBN	National Council of State Boards of Nursing
PhD	Doctor of philosophy
RN	Registered Nurse
RPSGB	Royal Pharmaceutical Society of Great Britain
SDL	Self- directed learning
WFC	Work-family conflict

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Chapter 1: Introduction

1.1 Introduction of the Study

It was noted that continuing education (CE) means not only to weed out outdated information and inform new knowledge and skill, but also to support professionals in applying skills and knowledge that they once knew or recognized. Moreover, continuing education aspires to achieve more than what is required of the professions, as per Lowenthal (1981) puts it, “Continuing education for professionals may be defined as education and training beyond the basic professional degree of license.”(p.519). CPD/CPE is now at the stage of mandatory in some professions in many countries. Moreover, CPD refers to the changes that occur through formal CPE or informal workplace learning, whereas CPE refers to formally organized conferences, courses, or educational events designed to improve practice through updating knowledge or enhancing skills (Eraut, 1994; Hall, 2005).

The research objective of this study is to capture voices and opinions of nurses in Hong Kong if voluntary CPE is changed to a mandatory regime. This research also aims at enhancing and broadening the existing knowledge on CPD/CPE. On top of these aspects, another driving purpose of the study is to get useful findings to guide organizations, policy makers, CPE course planners and other stakeholders to design programs to enhance nurses’ access to current knowledge and fit to the learning needs identified by nurses locally and internationally. First of all, I would like to discuss my personal impetus and interest in the study.

My personal impetus and interest in the field

I have been registered as a registered nurse (RN) of The Nursing Council of Hong Kong (HKNC) since 1989. I had received a letter dated 22 September 2006 (which was sent to

all RN /Enrolled Nurses (EN) in Hong Kong) regarding the implementation of CPE on a voluntary basis. In the letter, it stated that a Continuing Nursing Education (CNE) system (on a voluntary basis) would be effective on 1 November 2006 and this act would be prior to an implementation of a mandatory CPE system. In addition, each RN was recommended to obtain 45 CNE points every three year whereas 30 CNE points were required for EN. Nurses should also apply renewal of their practicing certificates in a 3-years cycle since 2010 (Sources: Letter from HKNC dated 22 September, 2006).

I have been following the instructions to renew my practicing certificates and until now, I have renewed several times and I will be doing the same procedure in future.

Why I became interested in the topic

CPE is being promoted in my working place recently. As being a management staff of a non-profit making organization (social service) in Hong Kong, one of my duties is to participate in some work tasks with Social Workers Registration Board such as filling in questionnaires on CPE policies and practices of my organization, organizing CPE lectures and coordinating CPE meetings between staff and the representatives of the registration board. Due to this growing need for facing and handling CPE-related tasks, I have become more concerned about this topic and in turn my interest in conducting this study has been increased.

I started to search for literatures about CPD/CPE and education in nursing. However, not many corresponding researches came to light. Also, there seemed to be no qualitative study focusing on examining how the nursing profession perceives CPE, or debating the advantages and disadvantages of mandatory versus voluntary CPE in nursing disciplines in Hong Kong. Furthermore, there may not be any concrete research investigating the possible difficulties of implementing mandatory CPE. In relation to this, it would be crucial in this changing society to find out the perceived education and training needs among the profession and the extent of CPE to the nursing profession.

The importance and the driving purpose of the study

CPE is an important and controversial topic, where the place of CPE across different fields has received considerable attention over the last ten years or so. In contemporary Hong Kong, nurses are expected to possess knowledge and skills so as to improve the overall quality of nursing care. The quality of health care is once defined as “the degree to which health care services for individuals and populations increase the likelihood of achieving desired health care services outcomes and are consistent with current professional knowledge” (Cheesman, 2009, p.340). This implies that in order to provide quality health care that meets their clients’ expectations, CPE participation has to become an integral part of their career prospects. In this study, four of the participants also played a part in international research and lectures and had profound understanding of CPE. Besides, senior nurses, who are having abundant experience in clinical and practical aspects, are the most valuable one for giving possible real solutions to challenging problems in CPE. They might have visions to solve existing problems such as work stress and tight study and work schedule. This is because no one, other than the nurses who have real experience, could know better about how much stress and anxiety would be brought along in Hong Kong if CPE is changed from a voluntary basis to a mandatory regime.

In addition, there is scant research on this subject and those that have mostly adopted quantitative methods to gauge CPE phenomena. This study by using a qualitative approach can help to gauge broader and deeper CPE practices and knowledge in the nursing field. It is envisaged that updated knowledge related to CPE in the nursing profession together with distinctive insights could be gathered from those live experiences and knowledgeable representatives in the field. The focal point of phenomenology is to depict the essence of lived experience and so, it is undeniable that phenomenology is a strong and convincing primary method of data collection (Merriam, 2009). Thus, it is very suitable for this research for which it can be applied in different dimensions of work experience.

Another driving purpose of the study is to get useful findings to guide organizations, policy makers, CPE course planners and other stakeholders to design programs that would meet the learning needs identified by nurses locally and internationally. Hence,

with the participation of nurses, effective ways for improving policy strategies and planning could be investigated.

Having explained the importance and the driving purpose of the study, the theoretical and practical contribution of the thesis is explained in the following.

Enhancing theoretically and practically the richness of the field locally and internationally

Theory

Regarding the theoretical contribution of the thesis, this research provides an insight that the self-directed learning (SDL) concept of adult learning theory cannot be totally applied in the nursing practice in the real world. Theoretically, andragogy is not without criticisms. In view of the principle of adult education, adults could enjoy SDL, not be controlled by others, be free and build up knowledge based on their interests. In addition, adult learning is more complicated than just ‘problem-centered’ (Merriam and Bierema, 2014). It is found that SDL can be difficult for nurses on some topics or subjects that are very new to them; or those that have limited knowledge or require specific skill; they may still lack confidence. For example, research and technology must be taught in formal courses instead of self-learning due to the depth and difficulty in context. This has been found through the evidence from the research findings in this thesis.

Another criticism is the problem of application to different disciplines and industries. To some extent, the assumption of adult learning theory of self-directedness is true; however, for some topics such as how to deal with the media, relatives and clients’ complaints, more than half of the participants mentioned that SDL is difficult especially for nursing staff in private hospitals. They usually receive more complaints from clients and face pressure imposed by rigorous ward managers.

Regarding motivation theory, the assumption of the need to know is directly related to internal motivation. That is, if an adult learner understands the importance of an issue or

a topic beforehand, he/she will be more motivated to study on that issue or topic. Internal motivation is, to some extent, related to job satisfaction and self-esteem enhancement. Both internal motivation and self-actualization are adults' goals of learning, leading to personal growth; however, people have varying motivation.

In addition, motivation theories of intrinsic learning do not apply to everyone. Four of the participants, including three who were about to retire and far away from the developmental stage in their career, actually lacked the motivation to learn and it might be required to force them to acquire new knowledge and nursing skills.

Practically

The second contribution of this thesis is practical. For example, in targeting the assistance for nurses on stress related to work and study, it is shown in this study that the focus should be on nurses in middle level management who have accumulated some working experiences, who are relatively mature and often have children; as well as nurses who are nearly at retirement age. This is also achieved through the evidence from the research findings in this thesis. This study also helps practically strengthen nursing as a profession in Hong Kong by designing programs to enhance nurses' access to current knowledge. Further practical contributions of this study could be engaging the stakeholders and spreading awareness of the research problem in Hong Kong, Mainland China, Taiwan, and Macau.

This research is beneficial not only to the Hong Kong nursing profession but also to the whole industry and related industries globally; and it could be a valuable reference in understanding voices and opinions from the field workers. Accordingly, it could be of help in making tailor-made programs and courses in the future. With regard to courses, practicable programs could be suitably adjusted so that participants could update their professional knowledge and competence.

Many positive health outcomes could be contributed by this study because of the following reasons:

First, the findings could help to ensure and update the knowledge of nurses, and as a result, contribute to improved professional quality in the Hong Kong nursing field. Second, it could be used as guidance for relevant policy makers, stakeholders, and organizations in Hong Kong to design and address positive learning needs. Compared with those merely suggested by general course planners, these learning needs would be more fitting with the actual needs and pace of nurses. It would also be beneficial in meeting community, patients and family needs. Third, it is also believed that the findings could upgrade and enhance nursing as a profession by planning effective learning contracts and courses. Nurses may have more choices to join any suitable courses in their non-office hours.

Another contribution of this study is its focus on qualitative methods and analysis of CPE in nursing, in contrast to other researches on similar subjects which mostly use quantitative methods to gauge CPE phenomena. Quantitative approaches can only gauge limited opinions on CPE practices. Since voices and opinions of nurses are not quantifiable, qualitative method is the most suitable measure for this study in broadening and deepening our knowledge about CPE in the nursing field.

Study approach and assumptions underlying the study

The following assumptions are the premise of this study.

With the aid of a comprehensive conceptual framework, a foundation for this study can be built up to support how this study could capture voices and opinions of nurses in Hong Kong on the issue of CPE. Since this research is aimed to find out voices and opinions of nurses on CPE development in Hong Kong which involves adult learning, Knowles' adult learning theory supplemented by motivation theories were therefore adopted as a framework guide in this study.

Regarding methodology, this study focuses on qualitative method and analysis of CPE in nursing for which face-to-face individual interviews and focus groups were adopted. Interview questions

including direct and indirect questions targeted to probe participants' perceptions of adult learning and CPE related matters.

The research questions of the study

In order to probe the main themes more clearly, the research questions of the study were framed as follows:

The first research question was: "What are the advantages and disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing?"

The following sub-questions captured further details for developing better understanding:

- (1) To what extent does voluntary CPE contribute to professional development?
- (2) In the long run, is it realistic to keep CPE on voluntary basis instead of mandatory (or vice versa)?
- (3) To what extent does mandatory CPE play a role in professional and personal growth?
- (4) To what extent does voluntary CPE play a role in professional and personal growth?
- (5) Is the current practice of mandatory CPE well matched with the assumptions and principles of adult education?

The second research question was: "How can agency / employer (organizations such as Hong Kong Government, health care agencies or universities) provide any help for pursuing continuing learning education of nursing?"

The following sub-questions captured further details for developing better understanding:

- (1) Does agency / employer consider it necessary for its EN/RN employees to undergo CPE from time to time?
- (2) Does agency / employer consider that EN/RN employees would have difficulties to meet the requirement of the CPE points (as stipulated by HKNC) from time to time if it becomes mandatory?

- (3) Does the authority of agency /employer consider that it is necessary to implement mandatory CPE in nursing practice in Hong Kong?
- (4) What types of policies (such as flexi-time, paid study leave, financial support, linking with promotion) are considered by the agency to alleviate the burden of implementation of CPE in nursing?

CPE in various forms is becoming ubiquitous in many other countries all over the world. Their practice might shed some light on this study.

1.2 CPE in Nursing – Wide Perspectives

Mandatory CPE has been debated in some countries during the past few decades. The following will attempt to compare and analyze the practices in Australia, USA and UK. It is found that CPE requirements vary among these three countries for which some are quite strict and some are likely obtainable.

By comparing the licensing system of nursing in Australia, USA and UK as examples of relatively demanding or relaxed licensing requirement, it is thought that each approach has its own merits and drawbacks. This study selected these three countries because they are economically important countries with large populations that are worthy of in-depth examination. Table 1 shows the corresponding licensing and certification boards in Australia, USA and UK.

Table 1: CPE in the three selected Countries (United Kingdom, Australia and USA)

Countries	UK	Australia	U.S.A.
Licensing & Certification	Nursing & Midwifery Council	Australian Nursing and Midwifery Council (ANMC) and Nursing and Midwifery Regulatory Authority (in respective state or territory)	License Practising Nurse (LPN) & Registered Nurse(RN): National Council of State Boards of Nursing (NCSBN)

			and States' Nursing Board APRN: States' Nursing Board
Continuing Education & License Renewal	Renewal every three years; requires 450 working hours and 35 learning hours	Annual re-licensure national regulation started in 2010, ANMC developed Continuing Competence Framework in 2009	Varies by State

(Sources: An overview of education and training requirement for global healthcare Professionals, September, 2009, accessed on 6 October, 2014 at <http://www.gken.org/docs/workforce/public%20health>)

It could be shown by the above comparison that these three regulatory bodies have their own requirements and characteristics respectively. For instance, Australia requires a license to be renewed annually whereas the UK is under a voluntary arrangement requiring renewal every three years. Australia has also employed a national regulatory system to regulate health professions recently. In the case of USA, the requirement of license renewal varies among the individual states.

United Kingdom

According to the Nursing & Midwifery Council in the UK, RNs are encouraged to achieve 450 working hours and 35 learning hours of continuing education every three years to renew their licenses. Meanwhile, this system is now still voluntary and has not yet changed to a mandatory basis. Regarding nursing education in UK, it is governed by two large social institutions. Felton and Stickley (2004) stated that "Nurse education is influenced, determined and governed by two of the largest social institutions in the UK, the health care system and education." (p.91).

Also, in the UK, one can check if a nurse or midwife is qualified by visiting the website of Nursing & Midwifery Council (Sources: Nursing & Midwifery Council, www.nmc-uk.org/registration). With this official record, the Council can easily monitor each practising nurse, ensuring they are on the list and handling their license renewals. Most of the EU-trained or overseas-trained nurses are eligible for registration in the UK, provided that they can pass the assessment process. About maintaining registration, all midwives and nurses have to pay an annual retention fee (£ 100) which will be used by the Council for setting standards, paying its registration and regulatory functions, providing quality assuring education and so on. Nurses and midwives are required to register once every three years. In addition to annual fees, they also need to submit a “notification of practice form” so as to prove that they have achieved the CPE standards set by the Council. Nurses who fail to meet these standards will be ineligible for registration and their names might be removed from the register.

Readmission in the United Kingdom

In the case of nurses wishing to apply for readmission after being removed from the register, they could present again to the Council their records of undertaken practices and CPE requirement. Another possible way to gain readmission is to join those “return-to-practice programs” approved by the Council where nurses can attempt to apply for re-registration.

Revalidation in United Kingdom

Recently, it is proposed that starting from late 2015 onwards, every registered nurse will have to go through a process of revalidation (once per three years) for the purpose of enhancing protection to the public (Sources: Nursing & Midwifery Council, www.nmc-uk.org/registration).

Australia

In Australia, continuing education is a mandatory requirement for nursing re-registration (Kersaitis, 1997; Lee et al, 2005). That means all nurses and midwives registered in the Nursing and Midwifery Board of Australia (National Board) must meet the minimum number of CPE hours; for which these CPE hours shall be related to their nursing practices, i.e. with direct relevance.

Generally speaking, nurses have to follow the required CPE hours shown in Table 2. Nurses, depending on their level/position and job nature, would have to fulfill different CPD hours. For instance, the standard for midwife practitioners is not the same as the one for RN.

Table 2: Numbers of CPD / CPE hours are required from nurses to obtain in Australia

Type of Registration	Minimum Hours per year	Total Hours
Registered nurse or Enrolled nurse	20 hours	20 hours
Midwife	20 hours	20 hours
Registration as a registered nurse and midwife	Registered nurse - 20 hours Midwife - 20 hours	40 hours
Registration as an enrolled nurse and midwife	Enrolled nurse - 20 hours Midwife - 20 hours	40 hours
Nurse practitioner (Registered nurse with endorsement)	Registered nurse - 20 hours Nurse practitioner endorsement -10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours
Midwife practitioner (Midwife with	Midwife - 20 hours Endorsement -10 hours relating to	30 hours

endorsement)	prescribing and administration of medicines, diagnostics investigations, consultation and referral	
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(Sources: Australian Nursing and Midwifery Council (ANMC), <http://www.anmc.org.au/>)

According to ANMC, nurses shall prepare their own CPE plans and have a copy of the previous year (from 1 June to 31 May). However, ANMC will not check every individual nurse from time to time. Instead, the National Board will randomly check certain nurses and midwives at any time. Nurses may also have their rights to apply to the National Board for an exemption if they have encountered any exceptional circumstances such as serious sickness or accident. These nurses are required to make a declaration, together with their recent undertaken CPE courses, when they need to renew their licenses again.

USA

In USA, mandatory CPE requirement in the nursing profession has been enforced since 1978 for which such requirement varies from 10 to 50 hours per year among 29 states and the District of Columbia (Sleymann, 2006). Also, RNs or midwives in different states need to fulfill different CPD/CPE hours and practice requirements when they renew their licenses. In short, requirements for reinstating a license, renewing an advanced practice license or renewing an inactive license are different. Therefore, nurses shall check their corresponding state boards themselves. Here are some examples for reference showing the variety among different states:

Table 3: Information of selected States regarding renewal of nurses' licenses (California, Florida and Hawaii)

California Board of Registered Nursing Web site:	Florida Board of Nursing Web site: http://www.doh.state.fl.us/mqa/	Hawaii Board of Nursing Web site:
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http://www.rn.ca.gov	renewal/nurrenewals/nur_renewal.html	http://www.hawaii.gov/dcca/areas/pvl/boards/nursing
Renewal requirements: 30 contact hours of CPE courses through board-approved providers within the past two years.	Renewal requirements: 25 contact hours of board-approved CPE every two years (waived during first renewal period if you were licensed by exam), including one contact hour on HIV/AIDS, two contact hours on prevention of medical errors, and one contact hour on domestic violence. Nurses may substitute courses in end-of-life or palliative health care for courses in HIV/AIDS education or domestic violence.	Renewal requirements: None. Renewal period is 2 years.

(Sources: Law, 2006, State-by-state guide for RN license renewal requirements, Nursing 2006 Career Directory, www.nursingcentre.com)

From Table 3, it is shown that the requirements in Florida are stricter than the other two states. It is necessary for each nurse to check with the corresponding state if there is any updated information or requirements in a particular state regularly.

In respect of license renewal in the Hawaii Board of Nursing, the renewal period is once every two years for which there is no specific requirement for practising nurses to submit their own record of undertaken CPE in nursing. However, for practising nurses who have their licenses expired for over 5 years, they are required to either retake and pass the National Council Licensure examination (NCLEX) held in USA or complete a

series of nursing-related continuing education courses (courses should be approved and accepted by Hawaii Board of Nursing).

After discussing in detail the enforcement of CPE in the nursing field in USA, UK and Australia, the situation in Hong Kong will be discussed. Since the selected countries are all diverse in proceeding CPD/CPE in the nursing field, this topic is worthy for further investigation in Hong Kong.

1.3 CPE in Nursing – Hong Kong Perspectives

In Hong Kong, as in other cities, it is observed that balancing work and life smoothly is never an easy task. The term “work-life balance” was first created over thirty years ago in reaction to the trend of the 1970s and 1980s when men and women began to prioritize work and career targets over family, community affairs, and leisure activities. Certainly, the earlier the balance is achieved, the more possible a person could enjoy the happiness of relationships, health, success, spirituality, and whatever else is valued (Muna and Mansour, 2009).

As an employee, in the current social and economic situation, in addition to the constant workload and the implementation of voluntary or mandatory CPE, he or she has to take on a life-long learning process to achieve a higher level of language proficiency and information and technology skills. These become the pre-requisites for general employees. “In this century, to rise to the challenge of a knowledge-based economy, the quality of our human capital should be constantly upgraded” (Lim, 2008, p.25). Besides, the general expectations and demands of Hong Kong employers are becoming higher and higher.

Nowadays, the effect of “credentials inflation” due to globalization becomes enormous to all employees. Dimmock and Walker (2005) asserted that “Globalization and internationalizing is not only found in changing industry and business world, education

field should also catch up with globalization and adapt to the changing new world” (p.197). Not surprisingly, Hong Kong is also facing globalization in the twenty-first century. Dimmock and Walker (2005) further pointed out that “In a globalizing and internationalizing world, it is not only business and industry that are changing. Education, too, is caught up in a new world order.” (P.197). Also, the Progress Report Education Reform (Education Commission 2002) illustrated that the government of the Hong Kong Special Administrative Region (HKSAR) has committed to reform education with a view to cope with the development of a knowledge-based society in the modern world. The report stressed that Hong Kong citizens must develop a high level of language proficiency and information and technology skills; intellectual curiosity is of equal importance to pursue lifelong learning and have the ability to work smoothly (Education Commission 2000; Education Commission 2002; Lam, 2010). In response to these challenges, the urgency to reform the education system in Hong Kong was publicized in the blueprint for education entitled ‘Learning for life, learning through Life’ (Education Commission 2000).

Implementation of CPE in Hong Kong nursing profession

In Hong Kong, a CPE proposal was developed by HKNC in 2002 (Nursing Council of Hong Kong, 2002; Wong, 2002). Since November 2006, HKNC has implemented CNE system on a voluntary basis. Table 4 illustrates the comparison of average CPE points among different professions.

Table 4: Comparison of average CPE points among Different Professions in Hong Kong

	Profession	Average CPD points per year	Voluntary (V) Mandatory (M)
1	Physiotherapist	15	V
2	Occupational therapist	15	V
3	Registered nurse	15	V

4	Teacher	50	V
5	Social Worker	20	V

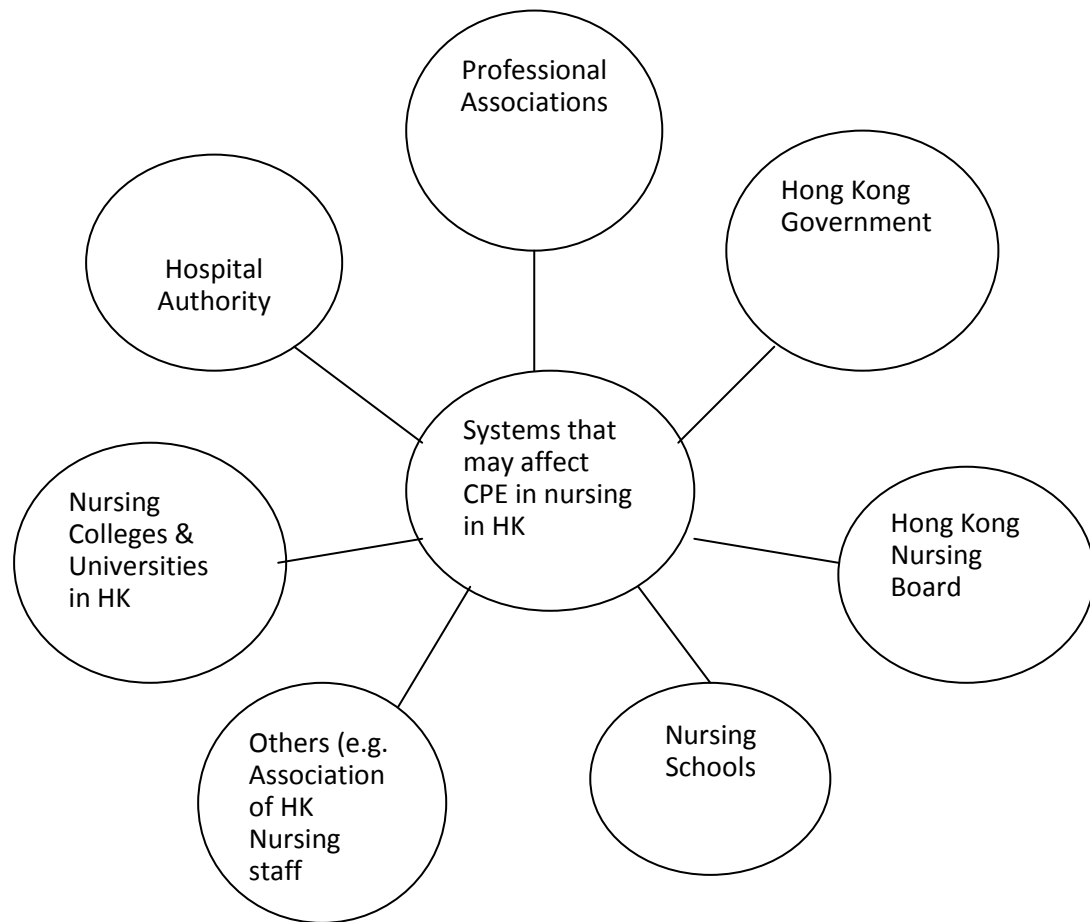
[Sources of the above table: Woo, 2012, Talk on the “Social Workers Registration Board”, lecture notes distributed on 9 October 2012 in a non-governmental organization (NGO)]

(Remarks: Original notes in Chinese)

From the information presented in Table 4, occupational therapists/physiotherapists/RNs have to achieve an average of 15 CNE marks every year, compared with the 50 CPE marks for teachers and 20 marks for social workers. It is also found that the above five professions are still carrying out voluntary CPE for the time being.

The nursing profession in Hong Kong

Figure 1: Different systems which may influence CPE in nursing in Hong Kong (simplified version).



How various bodies may influence CPE in nursing in Hong Kong

It is observed that the above systems may influence CPE in nursing in Hong Kong directly because one of the major roles of these systems is to organize seminars, regular courses, and educational events formally in order to improve practice through updating knowledge and enhancing skills. Some education analysts in Hong Kong may ask this question: “What is the progress of CPE implementation in Hong Kong nursing?”

The progress of CPE implementation in Hong Kong nursing profession

Prior to the implementation of a mandatory CPE system, HKNC has implemented the CPE system on a voluntary basis since November, 2006 amongst nurses. The CNE requirement for a RN is to achieve a minimum of 45 CNE points in a 3-year CNE cycle whereas a minimum of 30 CNE points in a 3-year CNE cycle for an EN (HKNC, 2006). It is still on a voluntary basis to date and it is not compulsory at the moment for each

listed nurse to send a personal record of CNE to the Council. Also, the formation of nurse specialists was a main step towards recognition of nursing as a profession many years ago in Hong Kong. Such recognition must be further strengthened through re-conceptualizing nursing as a profession by raising the following issues: first, the need for a balanced nurse education program that focuses on both theoretical components and practical skills; second, CPD; and third, the development of specializations and professional nursing practices (Tse and Wong, 2002).

Development of nursing education in Hong Kong

The major changes in the nursing profession in the past decades in Hong Kong are illustrated in Table 5 (simplified version).

Table 5: The major changes in the nursing profession in the past decades in Hong Kong (simplified version)

Period	Major issues (simplified version)
1840s Hong Kong onwards	• Nursing education in Hong Kong followed the apprenticeship system of the British mode. • Student nurses as paid employees. (Chan, 1996).
Formal nurses training started in 1893	• Formal nurses training in HK started in 1893 at Alice Ho Miu Ling Memorial Hospital. • The training period was 3 years and the students graduated as RN. • With the Nursing Registration Ordinance passed in 1958, the Nursing Board of Hong Kong, the statutory body for regulating the professional training and practice of nursing, was established.
In the early 1960s	• In the early 1960s, Hong Kong decided to follow the British model and started a separate training of nurses, EN. • This training took two years to complete and was essentially a practical training. • In the hospital-based system of training, it took three years for RN training or two years for EN training.

In the mid-1980s	- The economy in Hong Kong was booming. - Schools of nursing experienced increasing difficulties in recruiting students to the apprenticeship programme. (Chan, 1996)
1989 to 1998	- In 1989, a working party for a Degree Course in Nursing was set up by the NBHK. - In 1990, the Government gave approval for the universities in Hong Kong to run the basic nursing degree programmes. - On 1st December 1990, the Hospital Authority (HA) was inaugurated (Chan, 1996)
1990 – 2002 2002 to 2006	- The establishment of HA - Implementation of CNE (voluntary basis)
2006 to present	HKNC has implemented CNE system on a voluntary basis since Nov 2006, prior to the implementation of a mandatory CNE system.

Table 6: Duration of different nursing education programs in Hong Kong

There are four levels of basic nursing education in Hong Kong:
Hospital-based certificate: Two years (EN)
Hospital-based diploma: Three years (RN)
University Professional Diploma: Three years (RN)
University Degree: Four years (RN)

In Hong Kong, in the past decades, due to the competition for recruiting workforce, there were difficulties in recruiting students to nursing programs. Therefore, courses of

hospital-based certificates and diplomas were implemented. Later, higher degree education became essential for nurses to keep up with other health care colleagues, and to meet the increasing needs of society (Ho, 2002; Chan, 1996). Improving institutional management of academic standards was a prerequisite for the success of continuing education (Leung and Bacon-Shone, 2006). Recently, how to meet the changing needs of society has been another major concern. There are also issues such as rising public expectation, expanding service coverage and the global aging population to be handled.

Chapter Summary

Chapter 1 explains the importance, driving purpose, context, background and justifications of the study. CPE/CPD is an important and controversial topic, where the place of CPE/CPD across different fields has received considerable attention over the last ten years or so. The current situation in the nursing field and its implications on continuing nursing development are analyzed and implementations of CPE in some countries are discussed to provide a wider perspective. By comparing the licensing system of nursing in Australia, USA and UK as examples of relatively demanding or relaxed licensing requirement, it is thought that each approach has its own merits and drawbacks. This study selected these three countries because they are economically important countries with large populations that are worthy of in-depth examination. In this light, the situation in Hong Kong is discussed. The study aims to provide some insights for enriching our understanding of CPE in nursing and related disciplines in Hong Kong and beyond. It also serves to stimulate further researches on educational issues regarding CPE in related disciplines. Overall, this study aims to broaden the existing knowledge base.

Chapter 2: Literature Review

In the literature review of this study, academic journals, books and websites were used whenever accessible. The databases used were extensive embracing nursing and health sciences, education, research and management. Various keywords have been searched, for instance, “mandatory and voluntary continuing professional education”, “life-long learning”, “professional development”, etc. The content of this literature review not only includes relevant topics concerning perspectives on CPE, but also consisting of reviews and analysis of nursing and other related professions.

This study focuses on CPE as CPE is constantly evolving and is now mandatory in some professions in many countries. The concept of CPE appears to be positive, but its implementation necessarily entails some practical problems. Thus, different views on the practice are exemplified. As CPE can be considered as a sub-set of CPD, in order to further understand the core issues of CPE, it is also noteworthy to visit the major content of the CPD. CPD refers to the changes that occur through formal CPE or informal workplace learning. The difference between CPD and CPE is that CPD covers both formal and informal learning activities. In addition, related issues such as the needs and goals of institutions and its’ relationship with CPE will also be discussed one by one. The study begins by reviewing the meaning of CPE and CPD respectively.

2.1 Meaning of Continuing Professional Education (CPE) and Continuing Professional Development (CPD)

What are the differences between CPD and CPE? They are similar in concept but there are some differences in meaning between these two terms.

The study will begin by examining the definitions of CPD and CPE respectively. CPD refers to the changes that occur through formal CPE or informal workplace learning. CPD begins with Initial Professional Education (IPE) and extends throughout one's professional career (Eraut, 1994; Hall, 2005). CPE refers to formally organized conferences, courses, or educational events designed to improve practice through increasing and/or updating knowledge or enhancing skills (Eraut, 1994; Hall, 2005). CPE is known as a fundamental need for adults to keep up with a speedily changing society, and the assigned council for renewal of their licenses (ASHE, 2006; Marsaglia, 2010). Other major definitions of CPD by different associations are listed as follows:

“CPD (Continuing Personal/Professional Development) is defined as the holistic commitment to structured skills enhancement and personal or professional competence.”

(Strategic Forum for Construction 2002; Friedman, 2012, p.10)

“Continuing Professional Development (CPD) helps you create a structured career path, as well as safeguard your professional status. CPD is about your skills, knowledge and expertise, and reflecting on what you've gained or achieved.”

(Institution of Occupational Safety and Health; IOSH 2013; Friedman, 2012, p.11)

“The Health Professions Council (HPC) defines Continuing Professional Development as: A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.”

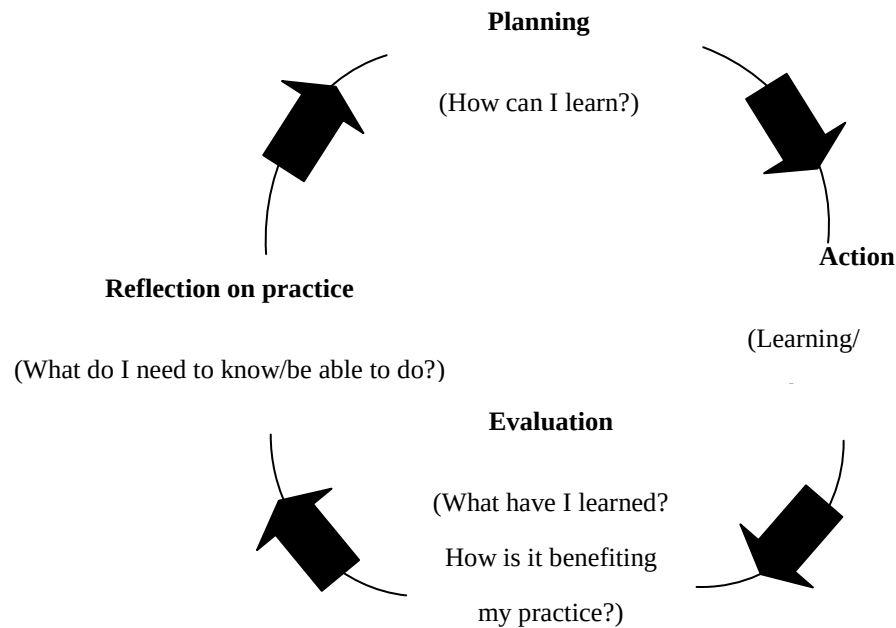
(Health Professions Council; HPC 2012; Friedman, 2012, p.11)

“CPD is the process by which pharmacists and pharmacy technicians keep up-to-date through learning. It includes everything you learn that enables you to do a better job. We

all learn from experience at work as well as from formal education activities. CPD includes both learning from work and learning from continuing education.”

(Royal Pharmaceutical Society of Great Britain; RPSGB 2012; Friedman, 2012, p.10)

Figure 2: Example of CPD Cycle (RPSGB)



This is a cyclical model that concentrates on the utilization of outputs and more particularly, standards (the focal points around) which CPD should focus.

The difference between CPD and CPE is that CPD covers both formal and informal learning activities; it is systematic and its activities are self-certified and self-assessed (Friedman, 2012) while CPE mainly covers formally organized educational events and courses. It is suggested that formalization itself may have positive outcomes such as drawing the attention of practitioners into reflection on their development and as members of a profession (Friedman, 2012).

In short, they share similar concepts and designs to improve practice through updating professional knowledge or skills. To some extent, both of them help to develop personal qualities.

2.2 Historical Context of Continuing Professional Education

During the historical evolution, the concept of CPE has shifted in its contents and focus in a continuous manner. It is found that the concept of “CPE” had evolved in the 1960s (Houle, 1980, pp. 6-7). Generally speaking, it is a method of “keeping up to date”. In addition, Kent (2006) remarked that “high practice standards are integral to the protection of vulnerable people from potential unethical, inappropriate, and harmful practice” (p. 435). The main theme is that professionals recognize the importance of continuing education as a life-long process to protect the public. Undoubtedly, continuing education has always been an area of interest in professional education, especially in the medical profession (Alsop, 2013; Marsaglia, 2010; Scales, et al., 2011).

In addition, CPE is constantly evolving and is now mandatory in some professions in many countries. It is noted that, “One of the hallmarks of a profession is that it holds its members to certain standards. In most professions, there are both entrance standards for professional credentialing and maintenance standards for keeping the credential” (Leary, 1998, p.1); however, attending a continuing education course does not guarantee or automatically result in enhanced ethical behavior and professional competence (Morrison, 1993). Nurses are the first line of defense against medical errors because of their continuous bedside presence and surveillance responsibility (Durham & Sherwood, 2008; Miller and LaFramboise, 2009). To improve the quality and safety of care provided is not the task of a quality committee alone but rather the job of every hospital employee (Miller and LaFramboise, 2009).

2.3 The Meaning of Voluntary and Mandatory CPE

2.3.1 Meaning of Voluntary CPE

Voluntary continuing professional education (CPE) is about assisting and motivating professionals to voluntarily take part in CPE (Alsop, 2013; Lowenthal, 1981; Scales, et al., 2011). Lowenthal (1981) stated, “To help motivate professionals to voluntary participation in CPE, many professional associations have set up CPE requirements for membership” (p.530). Some professional associations have set up CPE requirements for membership such as those adopted in the nursing field in USA.

2.3.2 Meaning of Mandatory CPE

Mandatory CPE is about motivating professionals to mandatorily take part in CPE (Sattam, 1997; Wessel, 2007). It has become broadly accepted in terms of recredentialing (Lowenthal, 1981). It is believed that mandatory CPE in the health care setting is one of the possible means for nurses to stay competent in the face of ever-increasing knowledge (Eustace, 2001).

In the United States, even though the issue is still being debated and most likely will be debated for years to come, several states are regulating professional nursing practitioners by compelling CE. However, Wessels (2007) stated that while there may be advantages to mandatory CE such as improved professional competency, it does not show that benefits being attained could cover all drawbacks that may arise. Drawbacks may include bad personal experience, study and work-family conflict or work stress; and more importantly, the fear of losing a license resulting possible loss of their stable jobs. Also, Austin and Graber (2007) noted that research investigations related to the effectiveness of mandatory CE were limited. It is because proven data was insufficient and was not supported by relevant studies. Furthermore, it is noticed that some educators and practitioners continue to criticize the inability of CPE in advancing staff performance.

Having recognized the meaning and significance of voluntary and mandatory CPE, the need for CPE naturally arises.

2.4 The Need for CPE and Professional's Views of CE

It is worth recalling that the practice of professional nursing requires competencies to meet the demands of population health needs in today's climate of rapid technological, socio-cultural, and economic change (Rains and Carroll, 2000).

2.4.1 The Need for CPE

Scholars concerned about the professional education as of prime importance to professionalization. In addition, a higher degree of education becomes essential for nurses to keep up with other health care colleagues, and to meet the increasing needs of society in different countries (Hickey, 2005; McMillen, 2002; Thissen, 2003).

CPE is devised to improve learners' skills and abilities to give adequate care to the client. Facing the pressure of diverse populations and constant changes in society, professional CE is confronted to demonstrate outcomes in all fields (Abruzzese, 1996; Bell, Pestka and Forsyth, 2007). For instance, Mott (2000) illustrated that CPE evolved out of the need of ongoing learning in each profession. Thus, a clear understanding of CPE may enhance positive influence on the profession and society (Marsaglia, 2010). In return, it may minimize the negative influences of CPE among the professions. Several studies (Clark & Dickinson, 1976; Cullen, 1998; Kristjanson & Scanlon, 1989; O'Connor, 1979, 1982; Schon, 1983; Thomas, 1986; Urbano, Jahns, & Urbano, 1988; Waddell, 1993) identified the reasons why nurses attend CPE which includes professional advancement, acquisition of credentials and relief from routine.

Some studies explored reasons for non-participation (Cullen, 1998). For example, Cross (1981) described the barriers to participation as situational barriers such as lack of time. In Hong Kong, Lam (2004) identifies barriers such as tiredness due to heavy workloads and Lee, et al (2005) observed barriers such as finance, time and family commitment.

2.4.2 Professional's Views of CE

Of articles focusing on professional's views on CPE, it is observed that there is an increase in complexity in healthcare systems. Consequently, there is an expansion of practice settings for nurse practitioners. In connection with this, "there is a need for the development of continuing education programs that were relevant to nurse practitioners with different levels of experience and clinical proficiencies" (Green, Gorzka, & Kodish, 2005, p. 452). It is believed that CPE as an arena appeared recently in Mainland China although limited information could be accessed in the Western literature (Chen & Davey, 2008; Marsaglia, 2010). Also, the need for CPE exists not only in Hong Kong but also in other countries.

It is further remarked that mandatory CPE is an important issue (Alsop, 2013; Scales, et al., 2011). An increasing number of policy directives promote mandatory involvement in CPE programs. This issue involves cost, availability, and effectiveness (Alsop, 2013; Marsaglia, 2010). Examples include offering paid leave/no-pay leave, providing financial support (the percentage of support), organizing internal and external training programs, allowing flexi-time and so on.

The concept of CPE appears to be positive, but its implementation necessarily entails some practical problems. Thus, there are different views on the practice.

2.5 Pros and Cons of Voluntary versus Mandatory CPE

The reasons being put forward for mandatory CPE mainly focuses on the profession as a whole. Firstly, it is observed that one of the objectives for CPE is to "protect the interest of clients as well as those of the public at large" (Bowman, 2008, p. 15). In brief, it will be contributable in protecting the public from professionals who behave unprofessionally. To some extent, compulsory participation in mandatory CPE may help to achieve greater competency. Secondly, mandatory CPE will increase professional interchange. It can help reluctant professionals to move back into the professional

mainstream (Lowenthal, 1981). Mandatory CPE may also be useful to improve the quality of educational offerings. Of course, uninterested professionals will still remain isolated. CPE alone is unlikely to change personal characteristics and values.

Thirdly, it can facilitate public confidence and safety in the profession. Fourthly, mandatory CPE is preferred over relicensing examinations because it is expected to be less difficult. Fifthly, CPE is a good channel for informing practitioners and enhancing awareness of new developments (Lowenthal, 1981; Durham & Sherwood, 2008; Miller and LaFramboise, 2009). In some situations, mandatory CPE may be used by employers to link up with promotion and performance appraisal.

However, the effectiveness of mandatory CPE is always questioned and it also poses difficulties to individuals. First, accessibility would become a problem for those who have to work on shifts or irregular hours, have heavy workload and consistently work overtime (Lowenthal, 1981). It is asserted that CE should be accessible to all (Alsop, 2013; Lowenthal, 1981; Scales, et al., 2011). Second, CPE is believed to be expensive, not only to employees and professionals, but also to organizations and employers who must also address the financial matters. For instance, in Hong Kong, with a high living cost, the cost of the activity is a concern. In addition, the cost for spending more time and the increased stress levels of staff, who are comparatively worried at present, to participate in CPE should not be overlooked.

Third, to some extent, CPE activities, facilities and capacities of providers differ, which in turn affect the learning outcomes. In addition, it is noticed that some training and courses in the market are not interesting or do not fit individual needs. Fourth, “Mandatory continuing education seems to overlook the particular needs of individual practitioners. Programs have to be tailored to specialties” (Lowenthal, 1981, p.526), especially in new fields of practice. “Older professionals argue they have established professional competence through years of practice and study” (Lowenthal, 1981, p.526). Fifth, inadequate educational resources could also be a critical point to be argued by

concerned workers. It is not easy to take certain minimum hours of CPE specified in a specific period of time. Most of the workers may feel tense or more anxious (Lowenthal, 1981; Alsop, 2013). It is not uncommon for some courses to change the schedule or even postpone the program to another year. In connection with this, it is rather difficult for workers to balance their psychological burdens within their estimated 38 years career pathway. Sixth, it is hard to measure or evaluate the effectiveness of a program. In reality, CPE at present cannot ensure that workers will take the appropriate relevant courses in their areas of weakness (Alsop, 2013; Lowenthal, 1981; Scales, et al., 2011). Some of them may only attend the easiest ones. It is therefore believed that these practitioners could not actually improve their competencies, but would still be recognized as having met the legal and/or the statutory Board's requirements.

After examining the arguments of voluntary versus mandatory CPE, the following session analyses CPE within the perspective of Lifelong Learning.

2.6 The Relationship of Lifelong Learning (LLL) and CPE

Lifelong Learning (LLL) is inherent in the professional education continuum. It consists of a variety of learning experiences that take place throughout an individual's life (Hall, 2005). The Association for the Study of Higher Education (ASHE, 2006) outlined CPE as a "lifelong learning function that organizes and supports courses and programs beyond a traditional and formal degree program" (p. 3). Of course, the movement of CPE helps different professions to keep pace on moving forward and backward from theory to practice; it enriches a positive relationship between professionals' CPE courses and effectiveness of their practice (Bell et al., 2007; Chakraborty et al., 2006; Claflin, 2005; Cleland et al., 2009; Daley, 2001; Davidson, 2008; DeSilets & Dickerson, 2008; Green et al, 2005; Grenier, 2009; Griscti & Jacono, 2006; Jensen, 2007; Johnson et al., 2006; Landers et al., 2005; Marsaglia, 2010; Wessels, 2007; Yoder-Wise, 2008). And, in theory, it helps professionals perform paramount through practice and continuous learning. Moreover, according to Knox (2000), building up LLL knowledge and skills is the major responsibility of learners, professional associations and the like. Learners may need to seek to obtain skills, knowledge or competencies which are applicable to both

personal and professional growth (Cervero, 2000; Eraut, 1994; Hall, 2005; Hanson & DeMufh, 1992; Knox, 2000).

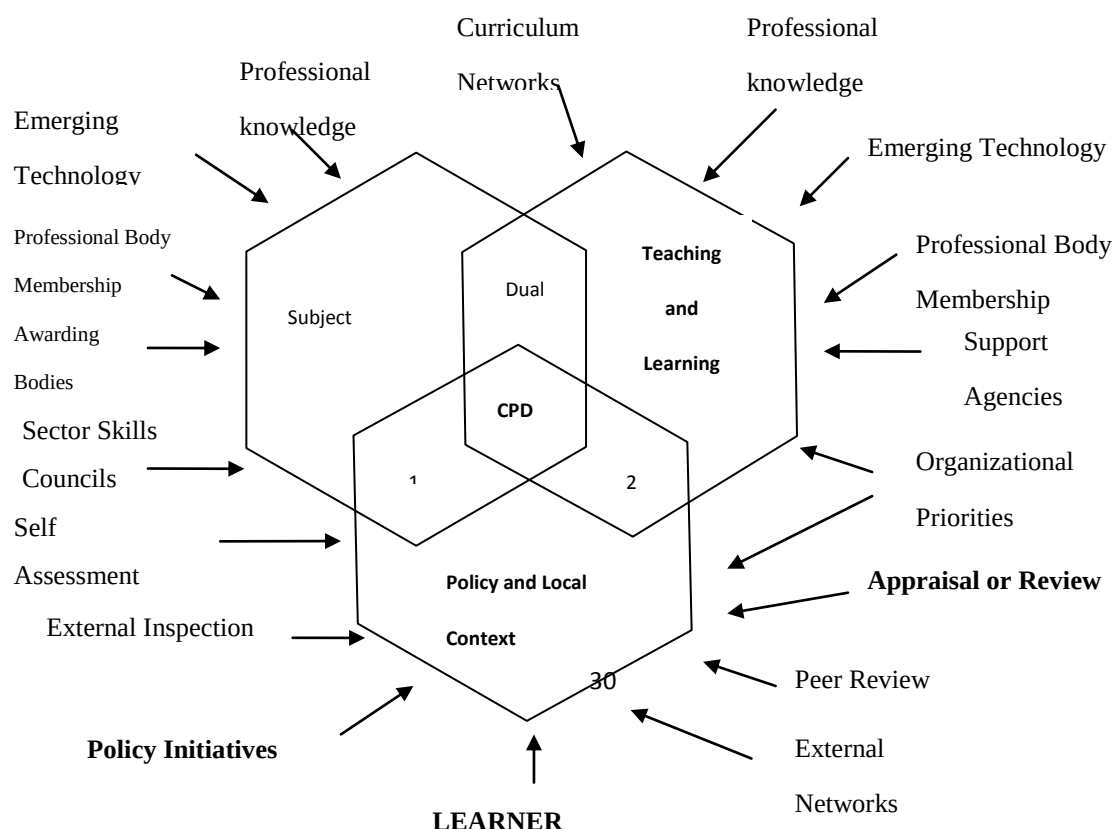
One of the benefits of LLL is that it facilitates the design of CPE programs and activities while provoking conflicts between study, work and family, increasing financial burden as well as stress levels among busy workers. Thus, LLL and CPE are interrelated. Both of them may help professions perform better in practice through continuous learning.

Next, for an in-depth assessment of the practical issues in CPE, it is enlightening to examine the elements of CPD in detail.

2.7 Major Elements of the CPD cycle and its' Relationship with CPD

As CPE can be considered as a sub-set of CPD, in order to further understand the core issues of CPE, it is noteworthy to visit the major elements of the CPD cycle and its' relationship with CPD as shown in Figure 3 below.

Figure 3: What Drives CPD? Guidelines for your CPD



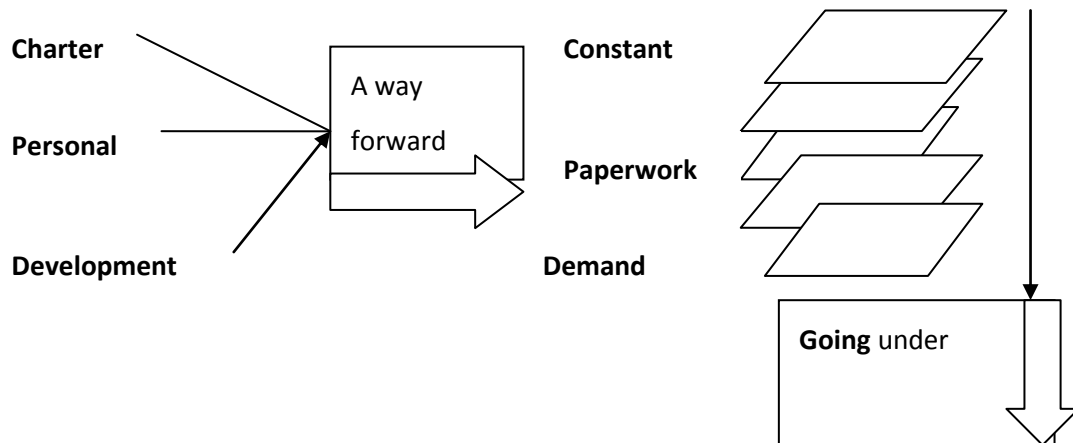
(Sources: Scales, 2011, p.56)

In brief, as a learner or an employee, in the current environment in addition to the constant workload, it is a LLL process to achieve CPD. In contrast, as an employer, provision of adequate funding and paid study leaves to field workers may become major issues to tackle and manage. Therefore, it is not surprising that stress has become one of the most serious health issues among workers of the twentieth century, a problem not just for individuals in terms of physical and mental instability, but also for employers and governments who have started to assess the financial damage (Lu, 1999). Viewing this, employers should raise their awareness about the significance of the psychological well-being of employees.

Moreover, CPE facilitators should organize a self-directed diagnostic session at the beginning of learning experiences, together with learners, to help the learners “unfreeze” the fixed habits and experiences by looking at themselves objectively so as to relieve their misunderstanding (Knowles, 1970; Onyango, 2012). This is an important process because it assists in identifying learners’ needs and guiding the conduct of the program.

In addition, the value of reflective practice referring the interpretation of CPD by professional workers is as important as the role of management in encouraging personalized CPD. Figure 4 shows the details of this concept.

Figure 4: The role of management in encouraging personalized CPD (Scales et al., 2011)



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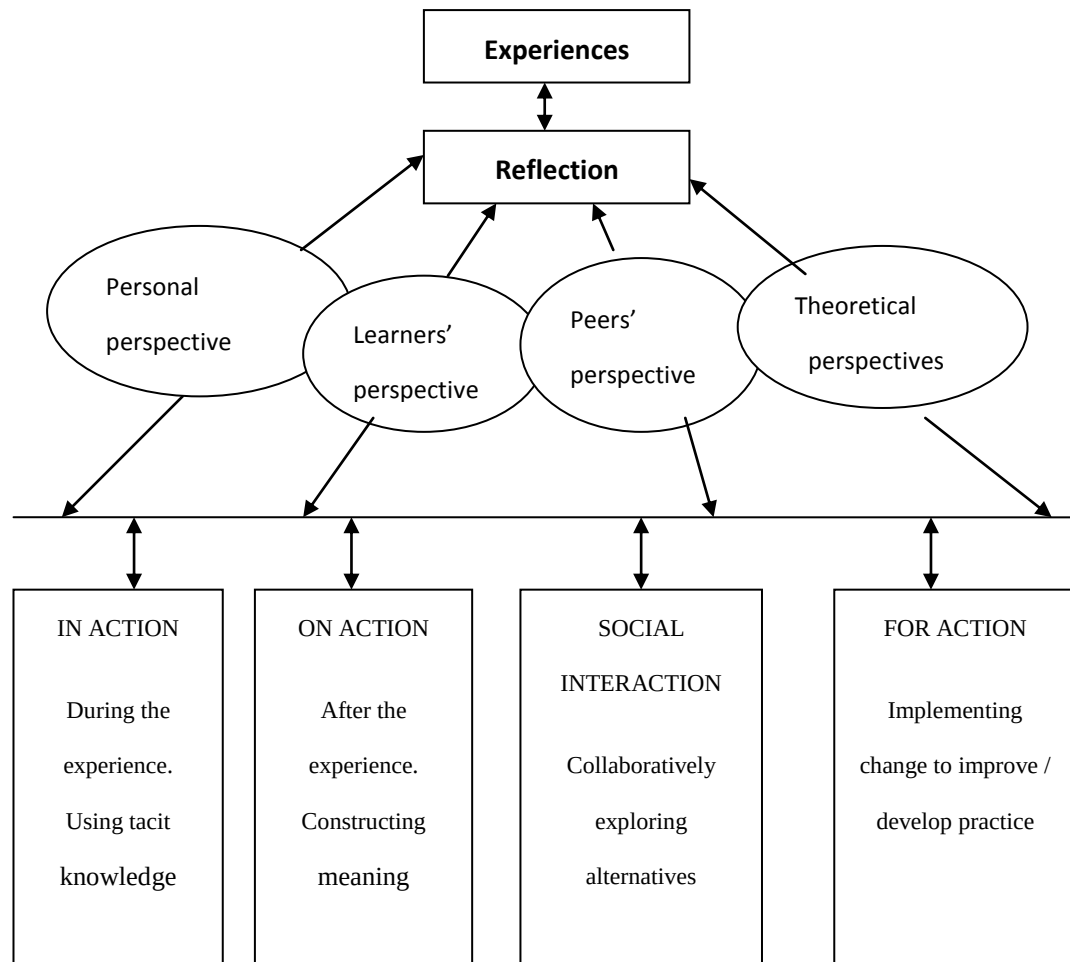
"The key word in the 'Charter for Personal Development' is 'personal'".

"...you take a positive view of CPD as a means to make your professional work more effective and enjoyable and as part of being a lifelong learner, then CPD can be a liberating experience. Continuing professional development is, essentially, a learning process and, at this stage, it is appropriate to consider some relevant notions of learning." (Sources, Scales, et al., 2011, p.35)

Adults should have the ability to make their personal decisions on what they need to learn based on their life experiences as well as work-related events (Dawna, 2006; Owen, 2002). Therefore, the satisfaction of adult learners highly depends upon their work and life experience; they are prone to engage in learning the content that can benefit or will have immediate relevance to their jobs.

Reflection is a significant human activity in which individuals recapture their personal experience, think about it, consider and assess it. This working with experience is significant in learning (Boud et al. 1985; Scales, 2011). For reflective practice, it is important to develop positive thinking - 'blue sky thinking'. Also, positive attitudes such as honesty, trust and integrity should be kept throughout the process. Figure 5 shows a visual synopsis of reflective practice which merges learning theoretical perspectives (Scales et al, 2011).

Figure 5: A composite model of reflection based on Schön (1983), Brookfield (1995) and O'Donnell et al. (2005)



Meanwhile, potential barriers and misconception of reflection should not be ignored such as work stress (Scales et al, 2011). In addition, with reference to professionals, reflection and reflective practice are terms always used in academic literature. “Reflective practice is a fundamental element of improvement and the starting point of continuing professional development” (Scales, et al, 2011, p.33). Also, the commitment to CPD demands a positive self-concept. Developing a positive view of self-concept beginning with reflective practice is one of the priorities of each profession (Friedman, 2012).

To learn a new knowledge successfully, professional learning should link up with personal knowledge. Learners' reflective practice and the ability of tutors to reflect upon contemporary issues are at equal importance in learning too, especially in a changing society. Walker and Dimmock (2006) stated that "the exercise of professional learning therefore involves the process of applying personal knowledge (often informed by codified knowledge) to a unique set of circumstances while taking into account a 'range of implications and conflicting perspectives' (Glatter & Kydd, 2003, p.239)" (p.137). For CPD, this is significant concerning the ways that professional workers handle their own emotions after learning from the emotional sharing of the facilitator. In short, to learn and to know how to apply emotion-focused control skills are essential for each professional worker to deal with work and study stress. It includes the reflection of learners to tell their motivation and learning to professional workers or teachers. This concept of emotional intelligence is chiefly advanced by the work of Goleman (1998) who had identified five 'social and emotional competencies' such as motivation, self-regulation and self-awareness (Goleman 1998).

Similarly, Schön (1983) had discussed about 'knowing-in-action' and 'reflection-in-action'. 'Knowing-in-action' regards to daily operations that allow he or she to execute efficiently some automatic reactions based on the existing human intuitive understanding. On the other hand, 'reflection-in-action' is the process of reflection. When the existing understanding is found no longer appropriate or when a new learning poses a great challenge to it, the process to forget will become as important as the learning process (Knowles, Holton & Swanson, 2015).

Having discussed the major elements of CPD, it is also significant to have a closer look at whether CPE and professional competence have a close relationship.

2.8 Competency and its Relationship with CPE

The Concepts of Competence means Professional Knowledge: Its Character, Development and Use. Having reviewed the literature on CPE, the concept of professional knowledge is considered. It "includes the contrasts between theory and practice, public knowledge and personal knowledge,

propositional knowledge and process knowledge, analytic and intuitive thinking” (Eraut, et al. 2004, p.19). In addition, in practice, different types of knowledge and modes of cognition are combined into professional performance in ways that are difficult to untie both empirically and conceptually (Eraut, et. al. 2004).

Concepts of competence and their implications

During historical antecedents, not surprisingly, Carr-Saunders and Wilson (1933) argued that the revival of professional training in the nineteenth century started with the formation of studying the societies where people doing the same kind of work and facing the same problems started to gather for social discourse and the mutual exchange of ideas (Eraut, et al. 2004).

Competency-based training and education and the relationship of CPE

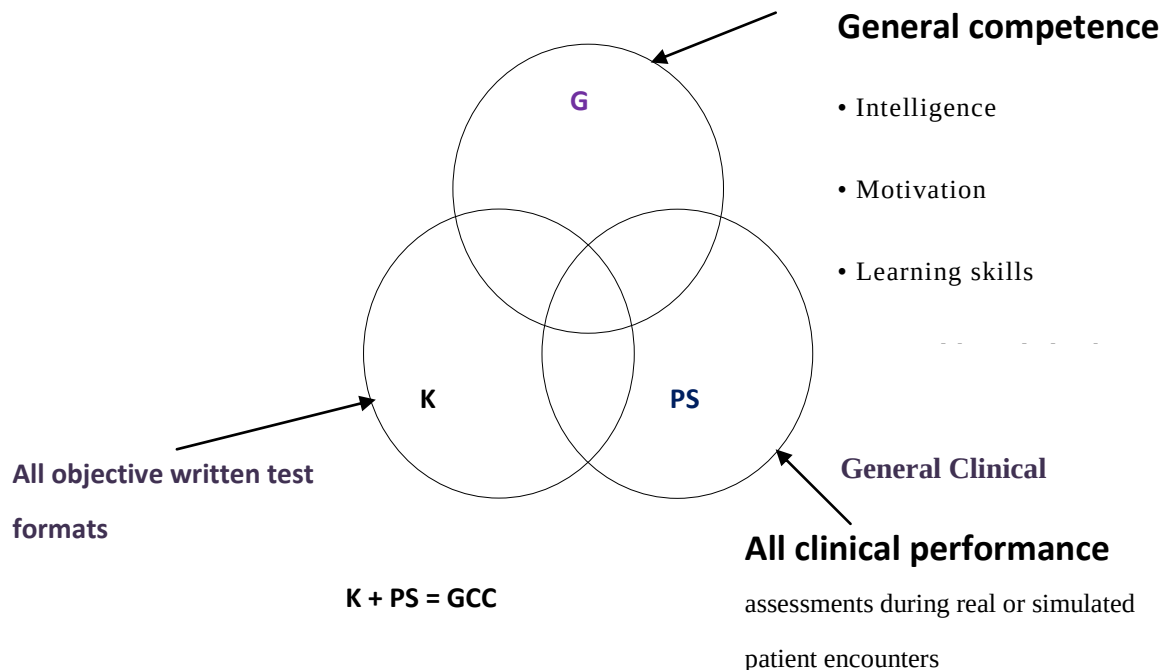
In 1990, McMahon and Carter (cited in Eraut, et al. 2004) advocated a two-stage process for deriving specific competencies - ‘job analysis’ followed by ‘skills analysis’: “A job analysis is an investigation into the current job (what is?) and the future job (what ought to be?)”. To conclude, by linking up the competency theories, the prime use of these competencies is to direct the design of training, but it is not the only use (Eraut, et al. 2004). Apparently, the post-war behaviorists’ tradition had concentrated more on training than on qualifications with a number of practical outcomes. As popular training programs were thoroughly publicized, there were more focuses on general processes for developing training programs in local contexts in North America. It was found that the earliest American examples of competency-based training (CBT) relied on task analysis based on structured observation to develop their specifications of competency (Eraut, et al. 2004).

Another similar model of competence had been developed for medicine, using a wide range of methods by Norman (1985) whose methodological examination led to the following set of categories. According to Norman’s analysis, the model comprised three overlapping and correlated constructs: a general competence factor, medical knowledge and clinical

problem-solving which had been developed for medicine (Eraut, 2004). Figure 6 shows the said concept of competence and its implication.

Figure 6 General Clinical Competence (Cognitive domain)

(Sources: Eraut, et al 2004, p.177)



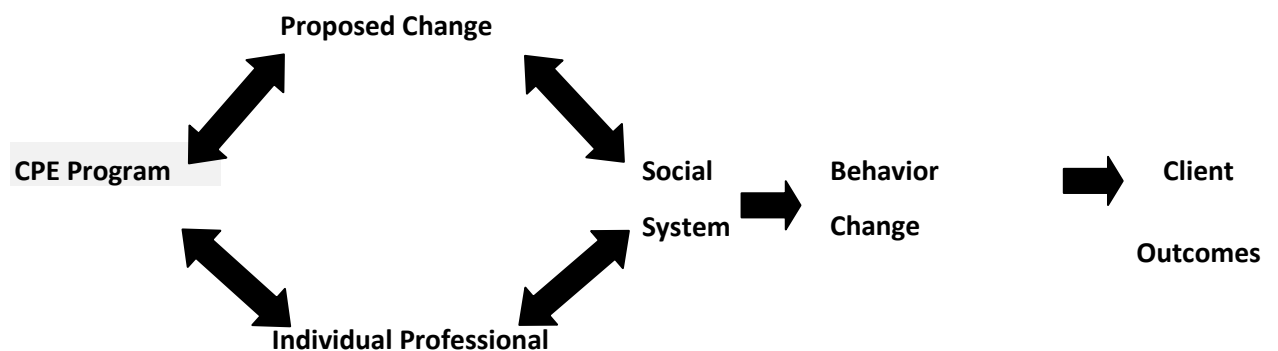
As discussed earlier, CPE has always been an area of interest in the range of professional education especially in the medical profession (Marsaglia, 2010). Nursing and related professions may also borrow this useful concept in their fields from present to future.

Regarding the assessment of competence in the professions and its relationship with CPE, assessment of competence in the professions is very important in every country and for every occupation. For example, in Britain, the formal assessment of professional competence for the purposes of qualification, registration or membership of professional bodies such as those in nursing and social work contains both description of current practice and a policy analysis (in which current practice is compared with the recently developed system of National Vocational Qualifications) (Eraut, et al. 2004). This concept of assessment, to a certain extent, is similar to

the formal record of CPE that members are required to submit to different boards for further assessment because the authorities believe that this may be helpful for members to achieve greater competency in the long run.

In this regard, Houle (1980) raised his concerns on CPE that mandating professionals to attend CE overlooks more appropriate methods of learning, for instance, self-directed and individual learning. Houle also outlined three main and overlapping modes of continuing professional learning, namely, inquiry, instruction, and performance (Houle, 1980). In these modes, learning is usually a ‘byproduct’ of the activity such as establishing policy (Cervero, 1985). Figure 7 shows the Framework Linking CPE and Behavioral Change.

Figure 7: Framework linking CPE and behavioral change (Extracted from Cervero, 1985, p. 85)



Regarding the second assumption of Knowles’(1975), it focused on the experience a person builds up he or she develops which becomes a resource for learning (Dawna, 2006; Smith, 2002). Another important assumption is to focus on the readiness of an adult to learn; “Adult learners are the ones who identify their interests and their needs with the help of a teacher/facilitator who provides a structure which supports a self-directed learning approach” (Robles, 1998, p. 5).

In order to explain in depth the complexity of CPE, another relevant concept, concepts of competence and their implications will be discussed below. Professional knowledge, as an example, considering its character, development and use and its relationship with CPE, is one of the most crucial parts. In brief, continuous adult learning also enhances the professional knowledge of the learners themselves. As members of a professional institute grow in professional knowledge, the institute itself encompasses a larger gathering of professional knowledge.

It is found that many studies have been conducted in the last two decades to evaluate the problem of professional competency in different disciplines. Lewin (1951) proposed that the first stage for change is ‘unfreezing’ (the other two stages are moving and freezing respectively). From this perspective, individuals cannot be expected to change unless attention is first paid to ‘unfreeze’ them from their existing beliefs and perspectives. To put it in different words, people will not participate in double-loop learning until they are ‘unfrozen’ from their existing mindsets. Kolb (1984) pointed out that learning is a continuous process grounded in experience. It implies that all learning can be seen as relearning. This is especially true for adults with such a large reservoir of experiences (Knowles, Holton & Swanson, 2015). Also, continuous adult learning benefits the learners themselves and contributes towards personal knowledge and skills. On a personal basis, this is a positive growth experience.

The review next moves forward to discuss the role of involved agencies / institutions of CPE.

2.9 The Needs and Goals of Agencies/Institutions and its Relationship with CPE

The development of institutional operation

Adult education includes a wide variety of courses such as “staff development”, “manpower development”, “developmental education”, “in-service education”, “continuing education”, “lifelong education”, and others (Knowles, 1980). In particularly each industry and the government, Knowles (1980) stated that “adult-education processes are basic tools of

organizational growth and development. These processes are now used routinely for the orientation of new employees, for on-the-job training in technical skills, for the preparation of personnel for advancement". (p.34) Thus, one of the missions of adult educators is to help institutions or agencies to grow up and improve effectiveness (Knowles, 1980).

In addition, Knowles (1970) defined andragogy as, "the science and art which assists adult learners to learn" (p.54). Knowles (1973) promoted andragogy that professional knowledge would be strengthened in an industry if adult learners could continuous study. Merriam and Bierema (2014) stated "Andragogy helped "professionalize" the field of adult education by establishing a knowledge base unique to adult learners." (p.46). The need to know is directly related to internal motivations (Merriam and Bierema, 2014). That is, if an adult learner understands the importance of an issue or a topic beforehand, he/she will be more motivated to study on that issue or topic. Merriam and Bierema (2014) quoted Knowles et al. (2011) to address this phenomenon in a business setting:

"The first task of the facilitator of learning is to help the learners become aware of the "need to know." At the very least, facilitators can make an intellectual case for the value of the learning in improving the effectiveness of the learners' performance or the quality of their lives. Even more potent tools for raising the level of awareness of the need to know are real or simulated experiences in which the learners discover for themselves the gaps between where they are now and where they want to be. Personnel appraisal systems, job rotation, exposure to role models, and diagnostic performance assessments are examples of such tools (P.63)"

On the other hand, Merriam and Bierema (2014) commented that "as with the other assumptions, there are situations where learning is mandated or where the learning is in preparation for some future application. These situations present a challenge to the adult educator who cannot rely on the learners' internal motivation and need to know to become fully engaged." (p.55). Therefore, if the course is compulsory, its engagement may be affected and resentment from learners may occur.

CPE nowadays is still an important goal in organizations. Construction Industry Council (CIC) in United Kingdom, as an example, revealed that “CPD is a continual striving for, achieving and renewing of learning and development goals” (Friedman, 2012, p.14). Concerning experience, in early days, Lindeman (1926 /1961) had mentioned about adult’s life situations “with respect to his work, his recreation, his family life, his community life” are what initiate learning. Rather than beginning with an established curriculum, “subject matter is brought into the situation, is put to work, when needed” (p.8). Cognitive psychologists such as Piaget had also acknowledged this viewpoint i.e. “the role of adult in a person’s ability to process information” (Merriam and Bierema, 2014). Moreover, resentment may lead to barriers to learning in the end.

The significance of organizational support

It is noted that the provision of organizational support is clearly a viable mechanism for enhancing positive work and study attitudes. Most organizations care about their employees and value their contribution (Eisenberger et al., 1990; O’Driscoll and Randall, 1999; Shore & Wayne, 1993). Particular needs and anxieties of individual nurse practitioners should not be ignored by employers. Employers must pay special attention to the policies and organizational priorities for implementation of mandatory CPE.

It is also important to bear in mind that study, work and family represent positive human growth, well-being and development. It is equally important that physical, mental and emotional health is fostered in a nurturing family and in work towards a “work-life balance”. Consequently, adequate organizational support and policies such as paid study leave is very significant for alleviating painful experiences of implementation of mandatory CPE.

Having discussed the needs and goals of agencies / institutions and its relationship with CPE, the following session investigates the potential difficulties of nurses when facing the requirements of mandatory CPE.

2.10 The Potential Difficulties of Nurses when Facing the Implementation of Mandatory CPE

One of the major objectives of this study is to investigate the difficulties of nurses when they face the implementation of mandatory CPE and thereafter how to help them alleviate the burden orientated by agencies and policy makers.

In Hong Kong, it is commonly found that work stress levels among working groups especially nurses are increasing, for example, long working hours, increasing work stress level and work-family conflict (WFC). It is worried that nurses, whether physically or mentally, cannot withstand the burdens of mandatory CPE. WFC was identified by the first sociologist on family problems, Rosabeth Kanter, in 1977 (In Voydanoff, 1987). WFC is a form of interrole conflict in which work and family role demands are mutually incompatible so that meeting demands in one domain makes it hard to meet demands in the other (Aryee, Luk, and Stone, 1998; Bacharach, Bamberger, & Conley, 1991; Edwards and Rothbard, 2000; Fields, 2002; Frone et al., 1992; Greenhaus and Beutell, 1985; Kossek & Ozeki, 1998; Michel, et al, 2009; Thomas & Ganster, 1995). In 1977, Kanter developed a management theory called “work-family conflict” to explain explained behavior-based strains, role-based strains and time-based strains, for which time-based strains to be caused by multi-tasking of a person who cannot handle his/her job properly (In Voydanoff, 1987). An increasing number of policies and directives promoting mandatory involvement in CPE programs may indirectly increase role-based (student, worker and family role) and time-based strains (work, study and family time) among nurses. On the one hand, behavior-based strains involved an incompatibility of behaviors necessary for the work and family roles.

Besides, an adult may already be aware that immediacy of application is very important for adult learning. That is why Robles (1998) made the following remarks: “Adults are more motivated to learn when they are addressing an immediate need” (p. 5). Some scholars commented that mandating CPE is contradictory to adult learners’ needs

(Sattam, 1997; Dawna, 2006). It is found that the review made by Sattam (1997) offered a criticism of regulatory boards mandating CPE. Sattam asserted that it is opposed to the needs of adult learners. “A major criticism of mandated CPE is that learners are forced to participate in learning processes that do not have the content they need, due to pressures to ‘rack-up-hours” (Sattam, 1997, p. 10). Thus, learning should be problem-centered rather than content-oriented, as adults are internally motivated rather than externally motivated (Dawna, 2006; McPartland, 1990).

To the question who can determine and make decision on whether learning is valuable, the answer should be come from the learner, not from any regulatory board (Dawna, 2006; McPartland, 1990). To some extent, it is also a complex and multidimensional issue that is affected by many factors of each individual learner. If professionals are mandated to participate in CPE, work stress may increase and work experience may become bitter. As a result, resentment may occur which may cause adverse effects on their health condition. McPartland (1990) criticized this issue commenting that resulting resentment could become a problem. When adults are forced to learn against their own inclinations and desires, the resulting resentment is likely to become a major block to any kind of meaningful learning. Consequently, participation in compulsory CPE might lead to increased statistics of adult participation but be characterized by mental absenteeism. When work stress level increases, effective learning may also be blocked. Brookfield (1986) aptly proposed that resentment may inhibit learning. “This is not surprising when we consider the resentment caused by being ordered to learn new knowledge, upgrade existing skills, or attend professional development workshops is likely to act as a major block to effective learning” (p. 175). Hence, time management becomes a very crucial factor for professions to decide their learning length and direction, otherwise work and family cannot be balanced and conflicts may arise.

Furthermore, if employers overlook the high stress level that nurses may experience during the implementation of CPE, adverse effects on psychological well-being such as poor physio-psychological health (e.g. poor sleep quality, unspecific discomfort and acute / chronic stress) might result. Staff might not be able to handle work tasks properly or bring his or her whole intelligence and creativity to bear with their jobs at hand.

Chapter Summary

Chapter 2 introduces the study and sets a general context for the research. The literature review is structured specifically around the themes in this thesis. The content of this literature review not only includes relevant topics concerning perspectives on CPE, but also consists of reviews and analysis of nursing and other related professions. The concept of CPE appears to be positive, but its implementation necessarily entails some practical problems. Thus, different views on the practice are exemplified. After examining the arguments of voluntary versus mandatory CPE, CPE within the perspective of LLL is analyzed. As CPE can be considered as a sub-set of CPD, in order to further understand the core issues of CPE, this chapter visits the major elements of CPD. After the in-depth assessment of the practical issues in CPE, a closer look at whether CPE and professional competence have a close relationship is illustrated. Finally, related issues such as the needs and goals of agencies/institutions, and the significance of organizational support are scrutinized.

Chapter 3: Conceptual Framework

A conceptual framework has been defined as “a collection of interrelated ideas and concepts based on theories. It is a set of prepositions derived from and supported by data and serves to explain phenomena based on the theories” (Kombo & Tromp, 2006, p.56). An appropriate conceptual framework can help to assess the research design and instrumentation, and to make available a reference point which is useful for explaining qualitative findings (Onyango, 2012; Rocco & Plakhotnik, 2009). Thus, a succinct description of the conceptual framework can assist in conceptualizing the study.

With the aid of a comprehensive conceptual framework, a foundation for this study can be built up to support and demonstrate how this study could capture voices and opinions of nurses in Hong Kong if voluntary CPE is being changed to a mandatory regime. In doing so, this study is believed to broaden the existing knowledge base.

Polit and Beck (2008) observe that it is essential for a researcher to explain clearly the underlying concepts. This can integrate the whole study with the research findings. To understand the complexity of CPE, it is important to understand the principle of adult learning. Since this research is aimed to find out voices and opinions of nurses on CPE development in Hong Kong, adult learning theory supplemented by motivation theories were adopted as a framework guide in this study. In order to explore nurses’ practice, perceptions and needs in respect of their CPE participations involving adult learning, it is necessary to identify and select an appropriate conceptual framework to form the basis or framework for the research.

3.1 Rationales for the Selected Conceptual Framework

Knowles' model recognized the self-driven nature of learning and experiences accumulated as a resource by adult learners (Knowles, 1970; Onyango, 2012). Since it encourages a mutual diagnosis between the educator and the learner about the learning need and evaluation of the program, this model can be applied in all settings or programs of adult learning. It is believed that Knowles' adult learning theory supplemented by motivation theories could be an appropriate guide for the study, considering that a framework is provided for identifying the characteristics of CPE programs and CPE related issues. This model assumed that learning does not occur in a vacuum. Adult learners interact with the environment during their learning process. The model also addressed the individual, institutional and social differences of learning when it is applied to CPE programs (Knowles et al, 2005).

The nature of the conceptual framework will be presented by adult learning theory supplemented by motivation theories, accompanied with analysis and discussion on the application of CPE.

3.2 Principles of Adult Learning and its Relationship with CPE/CPD

The concept of Andragogy (an art to teaching adults to learn) was first introduced by Malcolm Knowles in an article published in Europe in 1968 (Dawna, 2006). Knowles later observed that learning for adults and for children are not the same (Knowles, 1984a; Knowles, 1984b; Knowles et al, 2005).

Adult learners

Knowles (1973) asserted that adults learn differently to children (Dawna, 2006). According to Merriam & Caffarella (1999), Knowles' theory was based on five suppositions:

1. As a person matures his or her self-concept moves from a dependent personality toward a self-directed human being.

2. An adult accumulates a growing reservoir of experience which is a rich resource for learning.
3. The readiness of an adult to learn is closely related to the developmental tasks of his or her social role.
4. There is a change in time perspective as people mature - from future application to knowledge of immediacy of application. Thus an adult learner is more problem-centered than subject-centered in learning.
5. Adults are motivated to learn by internal factors rather than external ones.

Knowles (1973) also distinguished between pedagogy and andragogy, believing that adults and children learn differently. Knowles (1970) defined pedagogy as “the art and science of learning in childhood” and andragogy as “the science and art which assists adult learners to learn”. Andragogy includes intentionally and professionally guided activities that aimed at adult behavioral changes (Onyango, 2012). A learning environment that improves adult learning should be a setting which is considered as informal, comfortable, flexible, and non-threatening (Knowles, 1970). This further means that the educator may be required to take a seating arrangement where the teacher is a part of the team; and hence a circular arrangement would work best to improve consistency.

According to Knowles (1970), teachers of adult learners should be more conscious that learning is a process of active inquiries, rather than just a reception of transmitted contents. These teachers could invent teaching techniques such as the case method and Socratic dialogue to encourage learners to participate and inquire actively. Knowles further stressed that teachers should act as facilitators during the interaction of teaching and learning as they are no longer be thought as owners of knowledge.

Three main concepts guiding the design and implementation of adult learning programs shown in Knowles’ learning theory are: goals and purposes of learning, individual and situational

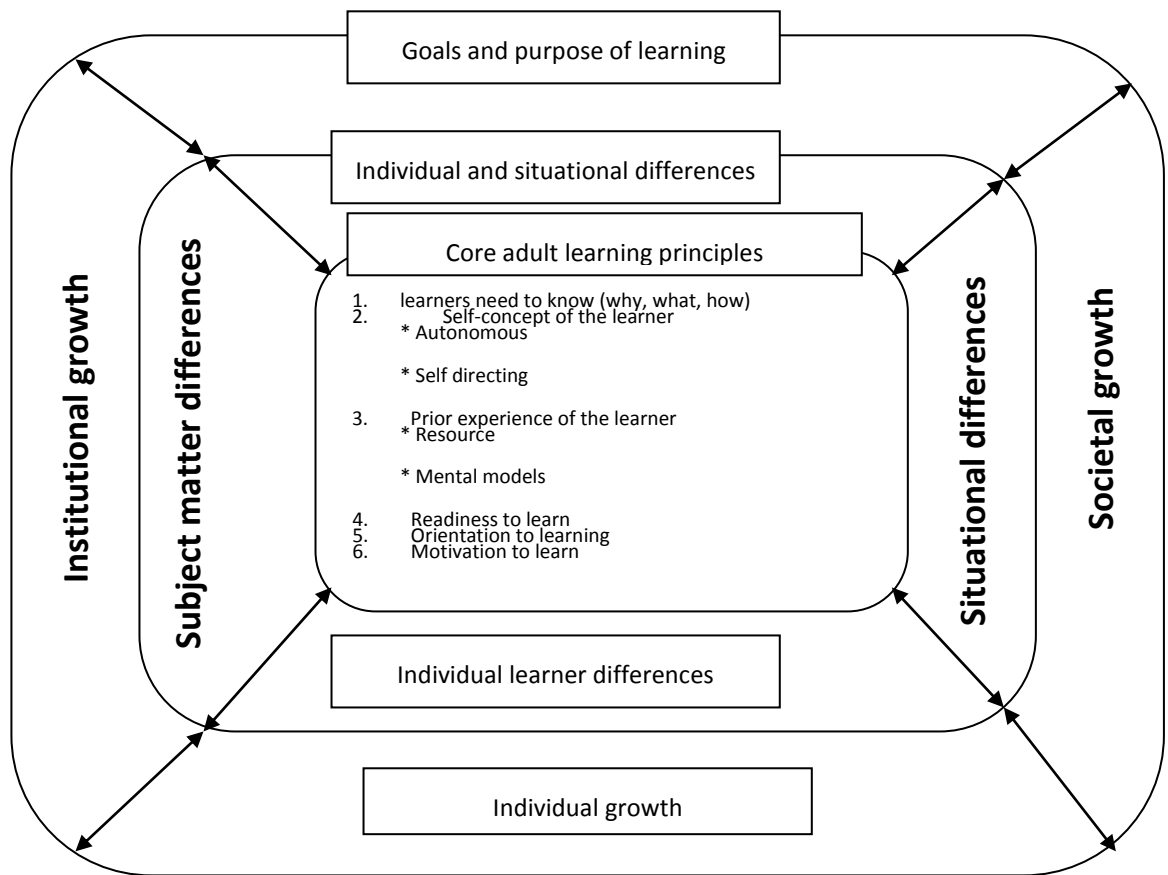
differences and the six principles of adult learning (Knowles, Holton & Swanson, 2005; Knowles, Holton & Swanson, 2015). These three concepts are interconnected and affect the designs and behaviors of adult learning programs.

3.3 Knowles' Adult Learning Theory

In early 1970s, when andragogy and its concept of differences between children and adult learners was first introduced by Malcolm Knowles in the United States; the idea was groundbreaking and subsequent researches and controversy were launched (Knowles, Holton & Swanson, 2012). To further elaborate, in the middle ages, the general public thought that the foundation of education was a pedagogical model (Knowles, 1995). It is a doubtful phenomenon as complex as adult learning that could not be explained by a single theory, model or a set of principles. Instead, there was a proverbial saying that elephants were described differently depending on who is talking and which part of the animal was being examined. In the first half of this century, psychologists took the lead in explaining learning behaviors; whereas adult educators had begun to formulate their own ideas about adult learning, especially about how it was different from childhood learning, from 1960s onward (Knowles, Holton & Swanson, 2012; Merriam and Cafarella, 2006). These two methods are still operative and it seems that a multifaceted understanding of adult learning reflects the inherent abundance and complexity of the phenomenon (Knowles, Holton & Swanson, 2012; Merriam and Cafarella, 2006).

According to Knowles, Holton and Swanson (2005), the three main concepts of Knowles' adult learning theory are clearly illustrated in Diagram 1 "Andragogy in practice":

Diagram 1: Andragogy in practice



[Original source: Andragogy in practice, Knowles, Holton and Swanson (2005:4)]

Three rings of the model are:

1. The goals and purposes of learning
2. The individual and situational differences
3. Core adult learning principles

And the six principles of adult learning are shown in Table 7 below.

Table 7: The six principles of adult learning

1	Learner's need to know (why, what, how)
2	Self-concept of the learner • Autonomous • Self directing
3	Prior experience of the learner • Resource • Mental models
4	Readiness to learn
5	Orientation to learning
6	Motivation to learn

[Original source: Andragogy in practice, Knowles, Holton and Swanson (2005:4)]

A. Goals and purpose of learning

Goals and purposes of learning, as shown in the outer ring of the model, are portrayed as developmental results. Goals and purposes of adult learning assist in shaping and casting the learning experience (Knowles, Holton & Swanson, 2012). In this model, the objectives of an adult learning event might fit into three general categories: individual, institutional or social growth.

Goals of a conceptual framework are to classify and describe concepts that are related to the study and to map the relationships among them (Onyango, 2012; Rocco & Plakhotnik, 2009). The conceptual framework used in a study serves functions like building a foundation, demonstrating how knowledge is facilitated by the study.

Considering the goals and purposes of learning, adult educators have the responsibilities to teach and help individual learners achieving their learning goals. Moreover, it is important for educators to help adults equip with core competencies and professional skills in order to handle different working environment. Polit and Beck (2008) noted the importance of explaining the underlying concepts of each study as it assists in the integration of each research findings. In addition, Nafukho, Amutabi and Otunga (2005) remarked that the mission of adult education is satisfying the needs of the individual, the institution and the society. Adult educators have the responsibility of helping individuals to satisfy their individual needs and achieve their set goals. Institutions that promote adult education programs have a need to improve their ability to operate effectively and establish adult learner understanding and involvement.

Knowles (1970, 1980) used these three categories to describe the missions of adult education, even though it was not directly connected to andragogical assumptions. Beder (1989) also adopted a similar method to describe the purposes of adult education as promoting changes in a society, supporting and maintaining good social order (societal); advancing productivity (institutional); and enhancing personal growth (individual) (Knowles, Holton & Swanson, 2012). Nafukho et al (2005) added that under an uncertain and ever-changing work environment, the overall development of society requires programs that equip adults with leading abilities and skills.

B. Individual and situational differences

Individual, situational and subject matter differences privilege some learners, while at the same time, could be barriers to others regarding their participations. Individual differences can be found in background, preferred learning modes or experiences (Knowles, Holton & Swanson, 2012). Adult learners also bring a diversified range of individual differences about their experiences, backgrounds, interests, goals, and preferred learning styles to the classroom (Nafukho et al, 2005; Onyango, 2012). CPE providers should deal with these differences among adult learners by creating activities that tap into the experiences of adult learners, for example, group discussions, problem-solving activities and imitations.

Institutional growth

Human resource development (HRD) includes organizational performance as one of its core objectives (Brethower and Smalley, 1998; Swanson and Arnold, 1996). From this perspective, the final goal of learning activities is to improve the institutions that organizing learning activities. Therefore, the control of goals and purposes is shared between organizations and individuals (Knowles, Holton & Swanson, 2012).

Variables are shown in the middle ring of the Andragogy in Practice model. People keep learning more about the impacts to adult learning and the differences that act as filters in molding andragogical practices (Knowles, Holton & Swanson, 2012). These variables are categorized into subject-matter differences, situational differences and individual learner differences.

Societal growth

Social goals and objectives that can be linked with learning experiences can be illustrated by the work of Freire (1970), a Brazilian educator who saw the goals and objectives of adult education as a social change and advocated that education is a process of perception training. From his view, the purpose of education is to help participants to put knowledge into practice, and so resulting in a societal transformation. Freire believed in human's ability to recreate a social world and establish a dynamic society; for which helping people to put knowledge into action will be the main objective of education (Knowles, Holton & Swanson, 2012).

Subject-matter differences

Different matters may require different learning strategies. For instance, individuals are less likely to learn complex technical matters in a self-directed way. Or, as stated by Knowles early, different teaching/learning strategies will be required for introducing unfamiliar contents to the learners. To make it simple, not all matters can be taught or learned in similar ways (Knowles, Holton & Swanson, 2012).

Situational differences

The category of situational effect captures all the unique factors that may occur in a particular learning situation and combines several sets of impacts (Knowles et al 2005; Knowles, Holton & Swanson, 2012; Onyango, 2012). In the micro level, different local circumstances may dictate different teaching/learning strategies. On the other hand, learners at the remote location, for example, may be forced to be more or less self-directed. Alternatively, learning in a large group may mean less-tailored learning activities to a particular living condition (Knowles, Holton & Swanson, 2012).

C. Core adult learning principles

This research makes reference to these six core principles to construct the conceptual framework, viz., the learner's need to know; self-concept; experience; readiness to learn; orientation to learning, and motivation to learn (Knowles et al 2005; Knowles, Holton & Swanson, 2012; Onyango, 2012). For adult learning to be effective, it is believed that these six main principles should be managed as a guide for designing and implementing CPE programs and activities.

(C1) Learner's need to know (why, what, how)

The core principles that adults need to know before participating in learning has led to a generally accepted premise nowadays that they should engage in a collaborative planning process for adult learning. Indeed, one of the distinguishing features of many adult learning programs is the joint control of program planning and promotion (Knowles, Holton & Swanson, 2012).

According to Knowles (1970), this principle mainly focuses on “what, why and how” of learning. Adult learners would like to know why they need to learn certain knowledge before undertaking to learn. In other words, they would like to know why they should learn something before they learn it. Knowles (1970) commented that adults will invest significant energy to recognize the advantages of learning something and the negative outcomes of not learning it when they learn on their own. Therefore, facilitators of CPE should help learners to be aware of the “need to know” at the very first stage. In fact, the Andragogy in Practice model explained the phenomenon

of adult learning styles and orientation to learning principles emphasizing this dimension (Knowles, Holton & Swanson, 2012).

It is also found that learning motivation and effectiveness will be advanced when learners become conscious of their learning styles and such styles are noticed by facilitators. This instrument has its special utilities for experts to evaluate their understanding of learning styles (Knowles, Holton & Swanson, 2012).

Learning how to learn

Smith (1982) defined “Learning how to learn involves possessing, or acquiring, the knowledge and skill to learn effectively in whatever learning situation one encounters” (P.19). “We describe the person who has learned how to learn as capable of learning efficiently, for many purposes, in a variety of situations, no matter what the method” (P.20). A complement reaction focuses on helping learners to expand their learning abilities by learning how to intervene learning. Although almost all the evidence is anecdotal, learning how to learn holds big promise to help adults expand their learning effectiveness (Knowles, Holton & Swanson, 2015).

Gibbons (1990) illustrated how a model and learning scope is useful to learning research and practice. First of all, it is suggested that learners need to be effective in three kinds of learning:

1. Nature Learning: this is the spontaneous interaction between the individual and the environment. Learners need to acquire skills that help them learn from interacting with others, exploring the environment, practicing and from instructors.
2. Formal Learning: this refers to the learning resulted when contents are chosen by others and presented to the learner. Relevant skills include learning from instructions, learning basic learning skills, and how to generalize from a learning activity.
3. Personal Learning: this is a self-directed and intentional learning activity. It requires skills for deciding what to learn, managing the learning progress, learning from experience, being a deliberate learner and taking actions (Knowles, Holton & Swanson, 2015).

Needs

There are a variety of needs and Smith (1982) divided them into four groups. First, learners need a general understanding about learning and its importance in developing positive attitudes and stimulating learning. Second, they need to have basic skills, for example, reading, writing, calculating and listening to perform learning. Third, they need to understand their personal strengths and weaknesses as learners, and also their personal preferences for learning situations and environments. Fourth, they need the skills to perform the three learning processes e.g. being self-directed, cooperative and collaborative (Knowles, Holton & Swanson, 2015). Thus, SDL requires highly developed skills for planning, directing and monitoring self-learning.

Learning is becoming increasingly important in the workplace. For an employee to successfully acquire and retain their positions, they should be able to learn in various learning environments (Knowles, Holton & Swanson, 2015). Employees often cannot afford the cost to choose based on their own learning situations and methods, and therefore, cannot adapt or face the possibility of losing a job.

(C2) Self-concept of the learner

As people mature, they get to know a new status in non-educational responsibilities such as reachable distance of adult workers, spouses, parents and citizens. Adults believe they can make their own decisions, face the consequences and deal with their own lives. As a result, adult develops a need perceived by others as being self-directed and autonomous (Knowles, 1970). Learning progress would also be affected by the self-concept of the adult learner (Onyango, 2012; Riggs, 2010). For instance, one may study according to his ability, scope, etc.

Therefore, there is a need to treat adults as unique individuals with respect, and give rooms to make their own decisions. However, adults tend to avoid, resist and resent the situation if they feel they are treated like children and told what to do, being judged or being threaten (Knowles, 1970). Adults tend to resist learning under situations that are incompatible with their self-concept as autonomous individuals (Knowles, Holton & Swanson, 2015). CPE providers should combine

evaluation into a mutual process where teachers help learners to obtain evidences regarding the progress they are making towards their educational goals. The strengths and weaknesses of educational planning are also estimated based on how it could promote or inhibit learners to learn.

(C3) Experience / prior experiences of the learner

Experience refers to events or situations which had already been gone through in one's past working practice. Adult learners entering learning situations are with different backgrounds brought from their experiences which should be used as resourceful persons or mental models (Knowles, Holton & Swanson, 2015). Experiences create a basis for adult learners to relate their new learning and act as fixed habits and modes of thoughts which should be "unfrozen", leading them to be more open-minded (Knowles, 1970).

What are the new perspectives on andragogy: prior experiences of the learner?

According to Knowles, Holton & Swanson (2015), the experience of being an adult learner has become the focus of an important area of learners' experiences; and it is noted that adults experience these in four means:

1. Creating a wide scope of individual differences
2. Providing a rich resource to learning
3. Creating biases which may prohibit or model new learning
4. Helping adults to ground in their own identity

Traditionally, academic experts focused on items 1, 2 and 4 which are the learning techniques that emphasize experiences. However, many recent focuses are on item 3, concentrating on how adults' experiences could shape or prohibit new learning. "The andragogical model assumes that adults become ready to learn when they experience a need to know or be able to do something to perform more effectively in some aspect of their lives." (P. 3) (Knowles, 1995). Few study lines

are connected to the central premise that adult experience shapes their leading roles in learning. Although they are separate from the main stream and not specifically anchored in andragogical models; they work together to strengthen the core principle (Knowles, Holton & Swanson, 2015).

Argyris (1982) and Schön (1987) wrote extensively on the difficulties of overcoming the natural tendency and the importance of resisting new learning that challenges the intuitive understanding. Argyris identified learning as both single-loop learning and double-loop learning. Single-loop learning allows learners to react in an automatic way based on the suitable experience and existing values learned whereas double-loop learning usually requires learners to change their mental schema in a fundamental way (Knowles, Holton & Swanson, 2015).

In brief, in an andragogical model, adult learners with their own experience are assumed to have a sense of need to know more in order to make them to be more effective in performing their daily works or lives (Knowles, 1995).

(C4) Readiness to learn

Readiness to learn means that the learner is ready to attend courses or activities, which is usually generated from his intention to update himself and to figure out some new ideas (Knowles, 1995). The principle of readiness to learn believes that adults, like children, learn best in something that is necessary to know for allowing them to develop from one stage to the next. Also, adults show readiness to learn while undergoing personal growth and achieving certain developmental assignments (Knowles, 1970).

Adult developmental tasks are generated from the evolution of social roles like the roles of workers, partners, parents, housewives, sons or daughters of aging parents, citizens, friends, members of an organization or religious affiliates, and users of spare time (Onyango, 2012). People perform each of these social roles through changes in three stages in life, namely, early

adulthood, middle age and later maturity. These stages are characterized by the changing developmental tasks for adults and the changing readiness to learn (Knowles, 1970).

In the role of workers, the first developmental task is being employed. Workers should be ready to learn anything required for getting a job, but at this time, they are not ready to learn tasks related to a supervisory role (Knowles, Holton & Swanson, 2015). After having a job, they will face the task of mastering so that they will not be fired. Workers should be ready to learn any special skills and standards as expected and how to get along with colleagues. Working up the occupational ladder is the following task and workers at this moment are ready to learn supervisory roles (Knowles, 1970). At last, after reaching their ceiling, workers will face challenges of dissolving their roles of being workers and will be ready to learn about retirement or substitutes of work (Knowles, 1970). This means adults are ready to learn when they think they need to know the information or they have the desire to improve their knowledge, making themselves more effective in accomplishing tasks (Onyango, 2012). Hence, in order to be consistent with learners' developmental tasks, CPE providers may also need to ensure the occurrence of effective learning among adults through the sequencing and timing of courses (Knowles, 1970; Knowles, Holton & Swanson, 2015). In addition, they should also guide learners with similar developmental tasks to form workable groups.

Compared with children, adults enter into education from different time perspectives (Onyango, 2012). To children, education is the accumulation of knowledge and skills to be used later in life when needs arise. In contrast, adults would like to apply immediately the learnt knowledge and skills (Knowles, 1970). For example, nurses may wish to know how their nursing practices could be improved by the knowledge and skills they acquired.

(C5) Orientation to learning

Through their experience, adults understand that there is a learning need. So they are naturally willing to learn. Orientation to learning implies that adult learners wish to apply the knowledge and skills they learnt into real practices. Knowles (1995) suggested, "We can induce readiness by

exposing learners to more effective role models, engaging them in career planning, and providing them with diagnostic experiences to assess the gaps between where they are now and where they want and need to be in terms of their personal competencies.” (p. 2-3).

Regarding orientation to learning and problem solving, similar to prior experience shaping current learning, current experiences would also shape the need to learn in future. As mentioned earlier, adult learners generally prefer a problem solving orientation to learning, rather than subject-centered learning; and so they can learn best when new information is presented in real-life context. As a result, the empirical approach to learning has become firmly rooted in adults’ learning practices (Knowles, Holton & Swanson, 2015).

In addition, Kolb (1984), who was a leader in advancing experiential learning. He had defined learning as a “process whereby knowledge is created through the transformation of experience” (p.38). As per Kolb, learning is not so much the acquisition or transmission of content as an interaction between content and experience, whereby each transforms the other (Knowles, Holton & Swanson, 2015). Thus, it is observed that educators should not only deliver or embed new ideas, but should also modify the old ones by possible new ways.

(C6) Motivation to learn

All adults react to both intrinsic and extrinsic motivators. Adults are motivated to keep growing and developing in their career. It is noted that, as a mature adult, learning motivation is more from factors inside (intrinsic motivators) which includes increased job satisfaction, self-esteem and living standard. Extrinsic motivators, on the other hand, include better jobs, promotions and higher salaries (Knowles, 1970). Nalle et al (2010) proposed that intrinsic motivators such as professional competence play an important role in leading a learner to study. Compared with extrinsic motivators such as licensure requirements, intrinsic motivators are believed to have greater impacts.

In order to provide a more concrete picture of these content theories, Table 8 shows a comparison of the contents of different motivation theories (extracted from Wood et al. 1998).

Table 8: A comparison of the content of different motivation theories

Maslow (1943)	Alderfer (1969)	McClelland (1961)	Herzberg (1973)
Needs hierarchy	ERG theory	Acquired needs theory	Two-factor theory
Self-actualization	Growth	Need for achievement	Motivators and satisfiers
Esteem	Relatedness	Need for power	Hygienes and dissatisfiers
Social	Existence	Need for affiliation	Safety and security
Physiological			

It is worth recalling the argument concerning the perspectives on Maslow's (1954) hierarchy of needs motivation theory and its impacts on learning contract. The needs theory is used for many purposes, including explaining what motivates learners to perform better on their subjects (Donovan, 2006). Better performance may give satisfaction to learners and even create a higher level of motivation in their learning processes (Maslow, 1954). A second major need theory of motivation, which focuses on personality and learners' needs, is McClelland's Need Theory. David McClelland, a psychologist, was inspired by Henry Murray's early work as he developed a list of motives and manifested needs in his early studies of personality (Lilly, Duffy and Virick, 2006; Nelson and Quick, 2005).

By connecting the motivation theory, personal concerns are real and have to be addressed within the context in which learning contracts to be used (Anderson and Boud, 2007; Boud, 1988; Knowles, 1975; Knowles, 1986). So motivating instead of compelling adult learners is perhaps one of the solutions to the problem of CPD/CPE implementation. Otherwise, chronic work stress, insomnia, and unspecific discomfort may arise and may affect the well-being of some workers both mentally and physically during their working and studying life.

What are the new perspectives: Motivation to learn?

According to Knowles, Holton & Swanson (2015), adults tend to be more motivated by those intrinsic motivators that help them to solve problems in their lives. This does not mean that external outcomes (e.g. higher wages) are not relevant, but the satisfaction of internal needs is rather a more powerful motivator. Wlodowski (1985) provided a partial explanation for the difference. He suggested that adult motivation to learn is a sum of four factors:

1. Success: Adults want to be successful learners.
2. Volition: Adults feel a sense of choice in learning.
3. Value: Adults desire to learn something they value.
4. Enjoyment: Adults want to experience the learning as enjoyable.

The basic principle of Andragogy clarifies that adults need to know why they need to learn something before agreeing to learn; and why they need to learn something which is the key to feel their motivation to learn (Knowles, Holton & Swanson, 2015). It is explained in principle; internal motivators such as quality of life, satisfaction, and self-esteem are stronger motivators for adults. In other words, most adults pay attention to their personal values in learning. This is located by the Expectancy Theory (Vroom, 1995), a classic theory of adult stimulation which is fairly consistent in the workplace. According to Knowles, Holton & Swanson (2015), expectancy theory assumes that the stimulation to individuals is a sum of three factors:

1. Valence: The value a person locates on the outcome.
2. Instrumentality: The possibility that the valued outcomes will be obtained provided that certain outcomes have happened.
3. Expectancy: The belief that a rewarded result will be produced by a particular effort.

Thus, add to learning deadline, adult learners will be mostly motivated when they believe that they can learn new materials (expectancy) and learning will help them with a problem or an issue (instrumentality) which is important in their lives (valence). Wlodowski (1985) suggested four

characteristics and skills of good motivating instructors for adults: Expertise, Empathy, Enthusiasm and Clarity. According to Knowles, Holton & Swanson (2015), instructors who develop these features are generally highly motivating.

Then, Grow (1991) also addressed this issue and assumed four stages and the corresponding teaching styles:

Stage 1: dependent learners / authority, coaching teachers;

Stage 2: interested learners / motivator, guiding teachers;

Stage 3: involved learners / facilitator, teachers;

Stage 4: self-directed learners / consultant, delegating teachers

Thus, the role of experience of adult learners become an important focus area and many recent focuses are on the possible great impacts on new learning by the creation of conceptual experience. Learning is remarked as single-loop or double-loop learning, for which Argyris (1982) had written about the difficulties and importance of overcoming the natural tendency to resist new learning that challenges existing mental schema from prior experience. Schön (1983), on the other hand, focused on ‘knowing-in-action’ and ‘reflection-in-action’ (Knowles, Holton & Swanson, 2015). The parts of ‘knowing-in-action’ and ‘reflection-in-action’ have been discussed in the Literature Review.

Chapter Summary

Chapter 3 expounds on the conceptual framework, i.e., the structural interrelationship and logical development of relevant concepts in adult learning principles according to theories of adult learning theory and motivational theories. Rationales for the selected conceptual framework are explained in detail. This research makes reference to the six core adult learning principles to construct the conceptual framework, viz., the learner’s need to know; self-concept; experience; readiness to learn; orientation to learning, and motivation to learn. The

theories are scrutinized and analyzed while discussing the application of CPE. In addition, it also brings in some recent studies to assist in the explanation and argument. With the aid of a comprehensive conceptual framework and explicitly linking it to CPE/CPD, a foundation for this study has been built up to support and demonstrate how this study could capture voices and opinions of nurses in Hong Kong if voluntary CPE is changed to a mandatory regime. This conceptual framework would also assist in conceptualizing the main themes.

Chapter 4: Research Design and Methodology

Research design and methodology refers to the techniques researchers used for structuring the study, collecting and analyzing answers of the research questions (Bailey, 1994; Brinkmann, 2007; Onyango, 2012) and leading to an achievement of the purposes of the study. A phenomenological qualitative study was conducted on the subject topic.

4.1 Epistemology of the Study - Phenomenology

Epistemology means how we know the source of knowledge, what is the source of knowledge and what source of knowledge are trustworthy. The phenomenology approach is believed to be one of the most relevant and suitable epistemological approach in this research study. Phenomenology is one of the most important philosophical schools of thought in the twentieth century founded by the German philosopher, Edmund Husserl, in 1890. Phenomenology has been deliberated and developed by eminent scholars such as Husserl, Heidegger, Sartre and Schutz (Van Manen, 2014). Edmund Husserl is generally called the father of phenomenology (Koch, 1996; Prince 2012). Phenomenology is a grouped philosophical tradition began from Husserl in the 1890s and is still practised today (Kaufer & Chemero, 2015).

Husserl, was inspired by the lectures and publications of his teachers, Franz Brentano and Carl Stumpf who were philosophers and psychologists, derived many important concepts of phenomenology (Kaufer & Chemero, 2015; Koch, 1996; Prince 2012). One of the essential elements of phenomenology learnt from Brentano is intentionality (often called aboutness) which pointed out that consciousness is always consciousness of something. The most basic form of phenomenology tries to create conditional constraints for an objective study of topics generally considered as subjective: consciousness and the concept of conscious experience, such as judgment, perceptions and emotions (Kaufer & Chemero, 2015). The conscious object itself is called intentional object, and it is substituted for consciousness in many different ways, for example, perception, memory, retention, signification and so on (Budhiraharjo, 2013; Van Manen,

2014). By means of this intentionality, though different structures and different ways are found in the aboutness of an object, such object is still an identical object; consciousness is directed against the same intentional object in direct perception that is the immediately generated ancillary of this object and the last memory of it (Budhiraharjo, 2013; Kaufer & Chemero, 2015; Van Manen, 2014).

Although phenomenology seeks to become scientific, it does not attempt to study consciousness from the perspectives of clinical psychology or neurology. Instead, it seeks to determine the basic properties and structure of consciousness and conscious experience through systematic reflection.

When defining the term, Prince (2012) stated that “Phenomenology is a set of philosophical doctrines that share assumptions about what the world is like and how it can be known, and strategies for how to describe the mental entities relating to such a world.” (p.48) Advanced levels/forms of knowledge could be found out by using this method (Berrios, 1989; Prince, 2012). Although many of the phenomenological methods introduce various reductions, phenomenology basically is anti-reductionistic; reductions are only tools to better understand and describe the mechanism of consciousness, rather to reduce any phenomenon of these descriptions (Abeyta, 2009; Moustakas, 1994). In other words, when a reference is directed to a thing’s technology or concept, or when a person describes the constitution of an identical coherent thing by describing what he “really” sees, with only these different sides and aspects, it does not mean that the thing is the only one and is in line with his descriptions: the ultimate goal of reductions is to understand how these different aspects constitute the actual thing experienced by a person (Abeyta, 2009; Moustakas, 1994). Phenomenology was the direct reaction of psychology and physics in Husserl’s time.

Though it is previously used by Georg Wilhelm Friedrich Hegel, it was Husserl’s adoption of this term that promoted it to become the proposition of philosophical courses. From a philosophical point of view, phenomenology is its method, even though the specific meaning of this term varies due to different conceptions from previous philosophers (Kaufer & Chemero, 2015; Van Manen, 1990). As designed by Husserl, phenomenology is a method of philosophical inquiry that

discards the rationalist bias. This rational bias had dominated the Western thought since Plato's concepts of using reflective attentiveness to introduce individual's lived experience (Kaufer & Chemero, 2015; Van Manen, 1990). Husserl's method required bracketing and suspension of judgment but reliance of intuitive grasp in acquiring knowledge, no presuppositions and intellectualism; and was loosely rooted in an epistemological device, with sceptic roots called epoche (Abeyta, 2009; Moustakas, 1994).

Sometimes, phenomenological method, being regarded as the science of experience, is rooted in intentionality, according to Husserl's theory of consciousness (Kaufer & Chemero, 2015; Van Manen; 1990). Intentionality represents an alternative to representational theory with the implication that reality cannot be directly grasped as it is only obtainable by understanding the reality that is represented in the mind. Husserl (1970a, 1970b) countered that consciousness is not in the mind but is conscious of something other than itself (intentional object), whether this object is a substance or a fragment of imagination (e.g. real processes associated with the line of thoughts) (Kaufer & Chemero, 2015; Merriam, 2009; Van Manen, 1990). Therefore, phenomenological method relies on the description of phenomena i.e. immediate consciousness.

The first main turning point in Husserl's philosophical development was noted by "Logical Investigation". It is one of the most important literary works in contemporary philosophy which opened up a new path for the development of philosophy between ontology and epistemology (Kaufer & Chemero, 2015; Sokolowski, 2000). Ontology is the philosophical study of the nature of being, turning into, existence, or reality, in addition to the basic kinds of being and their relation (Kaufer & Chemero, 2015; Merriam, 2009; Van Manen; 1990). There were also a flood of philosophers, including Martin Heidegger and Hans-Georg Gadamer, being affected greatly by phenomenology though they were not phenomenologists in a strict sense (Abeyta, 2009; Budhiraharjo, 2013). In a certain sense, phenomenology, developed through their interpretation, is still active in the thoughts of the time and has become an organic component in contemporary philosophy.

In addition, phenomenology emphasizes the differentiation between direct observation and perception of experience; and the main tasks of philosophy (or at least phenomenology) are to clarify the relation between them and to acquire knowledge by direct observation (Chamberlain, 2009; Holland, 2003, Vagle, 2014, Wertz, 2005).

Why we study phenomenology? Husserl (1970) asserted that phenomenology had been defined as a kind of qualitative research since as far back as the century. Phenomenology attempts to stay out of the expected (Moustakas, 1994) and to obtain more profound understanding of lived experience (Van Manen, 1990). Kaufer & Chemero (2015) stated that “Even a fairly superficial study of Husserl, Heidegger, Sartre, or Merleau-Ponty and those influenced by them can have a profound positive impact on our understanding of a host of issues relating to perception, cognition, and the general meaningfulness of human lives” (p.1). As phenomenological approaches to a wide range of issues are interesting, accurate and promising, every qualitative researcher should study phenomenology.

Also, phenomenology is an ontology of human existence (Kaufer & Chemero, 2015). Phenomenology is an important and influential idea because main phenomenologists think and write with notable creativity. Another good reason to study phenomenology is to become familiar with authors like Husserl, Heidegger, Merleau-Ponty and Sartre; and to learn more about philosophy by reading their books. According to Moustakas (1994), phenomenological analysis includes “core processes that facilitate derivation of knowledge: epoche, transcendental-phenomenological reduction, and imaginative variation.” (p.33). Van Manen (1990) added that most of the phenomenologists like to capture real lived experience. Merriam (2009) stated, “Because the philosophy of phenomenology also underlies qualitative research, some assume that all qualitative research is phenomenological, and certainly in one sense it is.” (p.24). “Phenomenologists are interested in our “lived experience” (Van Manen, 1990, p.9). Also, Spiegelberg (1965) had commented on the importance of phenomena long ago which is the focus for phenomenologists to find out real lived experience themselves.

4.1.1 What is a Phenomenon in Phenomenology?

In the most basic level of phenomenology, of course, it is the interest to study phenomena (Vagle, 2014). According to Van Manen (1990), an artistic endeavor, it is a creative attempt to somehow capture a certain phenomenon of life in a linguistic description that is holistic and analytical, evocative and precise, unique and universal, powerful and sensitive. The phenomenological method is a kind of explorative design which is used to explore rationales of lived experiences (Käufer and Chemero; Vagle, 2014).

“Lived experience”

“Lived experience” could be described as self-given awareness or reflexive experiences (Van Manen, 2014). Van Manen (2014) mentioned that “Human experience is the main epistemological basis for qualitative research, but the concept “lived experience” (translated from the German *Erlebnis*) possesses special methodological significance.” (p.39). Vagle (2014) stated that “phenomenology is a way of living” (p.12). Käufer and Chemero (2015) mentioned that “Phenomenology is a loosely grouped philosophical tradition that began with Edmund Husserl in the 1890s and is still practiced today, though some of its current instantiations no longer use the name.” (p.1). Epistemological source is exactly the approach of this qualitative research.

Lifeworld

To achieve human understanding, phenomenology offers one of the research methodologies to philosophical inquiries. Husserlian phenomenology was a departure from a Cartesian dualistic worldview which suggested mind-body distinction (Sokolowski, 2000; Budiraharjo, 2013; Vagle 2014). Husserl (1970a) argued that such a philosophical view carried problematic interpretations, especially concerning how mind gets connected to the external world (Sokolowski, 2000; Budiraharjo, 2013).

Correspondingly, human lifeworlds, according to Seebohm (2010), are depicted as two aspects, namely, the temporal and spatial structures and inter-subjectivity. The temporal and spatial structures represent life dynamics. We live in the present moment and this present moment is

highly dynamic because it represents the memory process in the past (Budirharjo, 2013). At the same time, it adapts continuously to a certain state in the future.

Inter-subjectivity/Reflexivity

According to Moustakas (1994), inter-subjectivity represents the objective reality among the essences of experiences undergone by the group of people being investigated. It represents the belief that “each can experience and know the other, not exactly as one experiences and knows oneself but in the sense of empathy and copresence” (Budiraharjo, 2013, p.67).

In brief, it is set to establish the validity of accounts of social phenomena. One of the goals of a scientific research plan is to describe the lived experiences. Experiences of each individual will form a structural description (Budiraharjo, 2013; Schwandt, 2007). Making of the real meaning may take place with the contexts of communication with other participants which is very significant.

4.1.2 Thesis using Phenomenological Methodology

It is well-known that as far back as mid-twentieths, phenomenological design had already been used by individuals to witness war experiences (Holland, 2003). “The inquiry is conducted in a naturalistic setting so the context is considered part of the phenomenon, but the researcher makes no attempt to place experimental controls on the phenomenon studied” (Chamberlain, 2009, p.52)”. In addition, Wertz (2005) stated that phenomenological methods are creative, scientific and reflective decision-making ways.

In a phenomenological framework, the core insight of phenomenology is the most important one since this could be used for constructing vigorous analysis of opinions, perceptions, voices and cognitions (Chamberlain, 2009; Holland, 2003, Vagle, 2014, Wertz, 2005). Since voices and opinions of nurses are not quantifiable, qualitative method is the most suitable measure for this

study. It is believed that this research could bring along new knowledge and information which had not been collected so far in Hong Kong nursing.

The gist of this study is to capture nurses' opinions and voices on CPE. Thus, it is considered most suitable and important to use the philosophy of phenomenology and human science research methodology for this research.

4.2 Research Objectives of the Study

The research objective of this study is to capture voices and opinions of nurses in Hong Kong if CPE is changed from a voluntary basis to a mandatory regime. This study provides an opportunity for nurses to share different experiences, feelings and advice during the path of CPD/CPE of nurse profession in Hong Kong.

In addition, it aims to find out (i) the pros and cons of mandatory and voluntary CPE; (ii) appropriate policies of employers that can help their employees to obtain the prescribed points of CNE periodically; (iii) the difficulties that members may face during the transition period when voluntary CPE is being changed to a mandatory regime. On top of these aspects, another driving purpose of the study is to get useful findings to guide organizations, policy makers, CPE course planners and other stakeholders to design programs to enhance nurses' access to current knowledge and fit to the learning needs identified by nurses locally and internationally. Hence, with the participation by the local nurses themselves, effective ways for improving policy strategies and planning of CPE could be devised. Beyond this local practicality, this study is believed to broaden the existing knowledge base.

4.3 Research Questions

As mentioned in the introduction chapter, the first research question was: “What are the advantages and disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing?”

The following sub-questions captured further details for developing better understanding:

- (1) To what extent does voluntary CPE contribute to professional development?
- (2) In the long run, is it realistic to keep CPE on voluntary basis instead of mandatory (or vice versa)?
- (3) To what extent does mandatory CPE play a role in professional and personal growth?
- (4) To what extent does voluntary CPE play a role in professional and personal growth?
- (5) Is the current practice of mandatory CPE well matched with the assumptions and principles of adult education?

The second research question was: “How can agency / employer (organizations such as Hong Kong Government, health care agencies or universities) provide any help for pursuing continuing learning education of nursing?”

The following sub-questions captured further details for developing better understanding:

- (3) Does agency/employer consider it necessary for its EN/RN employees to undergo CPE from time to time?
- (4) Does agency/employer consider that EN/RN employees would have difficulties to meet the requirement of the CPE points (as stipulated by HKNC) from time to time if it becomes mandatory?
- (3) Does the authority of agency/employer consider that it is necessary to implement mandatory CPE in practice in Hong Kong?
- (4) What types of policies (such as flexi-time, paid study leave, financial support, linking with promotion) are considered by the agency/employer to alleviate the burden of implementation of CPE in nursing?

4.4 Research Strategy

This study first derives probable concepts in adult learning principles (including intrinsic motivation to learn and orientation to learning) from adult learning theory and motivational theories. Then these concepts are incorporated into the research methodology and design. Research design refers to the techniques used for structuring the study, collecting and analyzing answers of the research questions. A phenomenological perspective had been adopted in this qualitative study. Participants were recruited via (1) contact lists searched from the Internet, university directories, publications; (2) participants in relevant CPE courses for nurses. The author also attended nursing-related seminars and courses in the past few years to get in touch with speakers and CPE participants. In connection with data collection, various methods were used, including individual interviews and focus groups. Finally, 10 themes and insights from the research findings are devised and recommendations for practitioners and learners of CPE/CPD are made.

4.4.1 Face-to-face Interview

Interview is commonly used in the research area with its various uses, mainly as a primary data collection. It is suggested that interviews may be the primary data source in some qualitative projects (Creswell, 2003, 2007; Fink, 2008; Hatch, 2002; Marsaglia, 2010; Moustakas, 1994). Conversation is an essential way of human interaction. By talking to each other, they interact, raise and answer questions; and thus others' experiences, feelings, attitudes and words could be recognized (Brinkmann and Kvale, 2015; Mishler, 1986). During an interview conversation, the researcher asks and at the same time listens to what people tell about their lives, including their voices, opinions and perceptions. People's views and opinions are revealed in their own words and so we can learn about their school, working conditions, family, and their perception on CPE.

What is the purpose of in-depth interviewing?

Interview is also treated as an art and the skills of interview researchers are emphasized. Before composing the questions and outlining epistemological position, interviewers should have

enough knowledge about methods such as phenomenological philosophy, and narrative approaches (Brinkmann and Kvale, 2015; Schutz, 1967). “At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience.” (Seidman, 2013, p.9) Also, there is an interest in participants’ experience, which is the heart of the interviewing research. Why? It’s because their experience is worth to investigate. Moreover, their valuable lived experience can be transcribed into meaningful context (Seidman, 2013, p.9). It is assumed that an interview study, as a form of interaction of social practice and human influence in history, culture and substance, should focus on the ethical aspects of interview practice.

Why makes interviewing phenomenological?

Husserl (1970a) expanded the subject matter of phenomenology to begin with experience and consciousness. Later, he included human life world to the subject matter of phenomenology. After this, Sartre and Merleau-Ponty further took account of human action in historical contexts (Brinkmann and Kvale, 2015). Seidman (2013) stated, “Phenomenology is a complex philosophy with many facets. There is no single approach to interviewing research that could be called phenomenological. Different researchers studying phenomenology might develop a range of approaches to inquiry that they term phenomenological.” (P. 15). Van Manen (1990) wrote that as phenomenology is a descriptive study of lived experience, this approach attempts to richen the lived experience and makes use of some skills like mining for its meaning (Brinkmann and Kvale, 2015). A phenomenological theme can be divided into 3 parts. The first part is the temporal and transitory nature of human experience; the second part is the subjective understanding; and the third part is the lived experience as the foundation of phenomena (Seidman, 2013).

The first part is about the focus on participants’ experiences and the meaning that the participants can make from this particular experience (Seidman, 2013). The second part is that the researchers strive for subjective understanding of participants. Of course, researchers have to be modest about their expectation (Schutz, 1967; Seidman, 2013), which means they have to enter into the participants’ experience (i.e. what they have experienced). The purpose of this is to find out the genuine subjective point of views of participants. And the third part can take reference to Schatz

and Van Manen (1990) who emphasized that a phenomenological approach focuses on the “lived experience” of human beings (Seidman, 2013, p.17). Also, according to Van Manen (1990), “The goal of researchers’ using a phenomenological approach to interviewing would be to come as close as possible to understanding the true “is” of our participants’ experience from their subjective point of view.” (P. 18). Actually there is the fourth part where phenomenological theme is about “emphasis on meaning and meaning in context” (Seidman, 2013; Schutz, 1967).

In brief, the phenomenological perspective is found to be very relevant in an in-depth understanding of the real situation of the perception of CPE by nurses. The phenomenological contents in the interviews are very useful in deriving insights into the current CPE situation.

Conversation as research

The qualitative research interview tries to understand the world from the subject viewpoint of the research and to expand the meaning of others’ experiences so that their living world could be exposed prior to scientific explanation (Brinkmann and Kvale, 2015; Douglas, 1985; Mishler, 1986). The research interview is based on conversations of daily life and is a professional talk. It is a meeting during which knowledge is being constructed via interaction between the interviewer and the interviewee. It would be mutually beneficial to have opinions exchanged through conversations about the subject (Brinkmann and Kvale, 2015; Edwards, 1993; Rubin & Rubin, 2005; Seidman, 2013). Thus, the interdependence of human interaction and knowledge production is a major theme in this study. Following this, we use the knowledge in a full sense including everyday and systematically tested knowledge.

Interview concept

In a qualitative research, there are three types of interviews including structured, semi-structured and unstructured interview. Structured interview is also called standardized interview for which the internal voices or perceptions could not be accessed by the predetermined questions used, viewing that the highly structured questions are being strictly adhered to. The advantage of this method is that a research could be done in a specified and comparatively shorter time. Marketing

research is one of the examples of structured interview. For example, The U.S. Census and marketing surveys are examples of structured interview too (Merriam, 2009). Semi-structured interview is in the middle, among structured and unstructured. “In this type of interview either all of the questions are more flexibly worded or the interview is a mix of more and less structured questions. Usually, specific information is desired from all the respondents, in which case there is a more structured section to the interview.” (Merriam, 2009, p.90).

The third type of interview is unstructured and unofficial or informal. Merriam (2009) stated that, “These are particularly useful when the researcher does not know enough about a phenomenon to ask relevant questions. Thus there is no predetermined set of questions, and the interview is essentially exploratory.” (P. 90-91). Although both of the unstructured interview and semi-structured interview could be used to explore some unknown phenomenon and initiate more in-depth discussion, due to the different backgrounds and viewpoints possessed by participants, the data grasped could be very divergent or even be departed from the research topic.

It is observed that unstructured interview is more suitable for researches without any time restrictions (either for individual interviews or the whole research study). In short, these three interview methods have their own benefits and drawbacks and one should decide the suitable method based on the actual research needs. In this study, semi-structured interview was chosen.

Why use semi-structured interview?

With the help of a semi-structured interview method, some unknown phenomenon and fresh insights could be explored and participants’ voices and thoughts could be obtained with the flexibility it offered. Also, this method is suitable for this research study with time limit for which the set interview questions could be completed in a designated time.

This format attempts to understand lived experience, it comes very close to an everyday conversation. As semi-structured interview is not a daily open conversation or close-ended

questionnaire, this research is based on a design interview guide focusing on CPE themes. Moreover, this format of research included indirect questions focused on core adult learning principles, for examples, motivation to learn. As for direct questions, questions such as participants' prior experience on the meaning of CPE were included. The interview sought to understand participants' perspectives on CPE. And the researcher should be knowledgeable about this interview topic so as to interpret any verbal and facial expression as well as other reflections from participants, such as bodily gestures etc.

4.4.2 Semi-structured Interview Guide of the Study

Table 9 shows the key components and contents of an interview guide. An interview guide was used in this study too. It contained an introduction (with informed consent), a set of questions, and closing comments, as illustrated as follows:

Table 9: The key components and contents of an interview guide

Introduction Key Components:	Content of Interview Guide
• Thank you • My name • Purpose • Confidentiality • Duration • How interview will be conducted • Opportunity for questions • Signature of consent	I would like to thank you for taking the time to meet with me today. My name is Sarah. I would like to talk with you about Mandatory versus Voluntary Continuing Professional Education: Perspectives from nursing profession The interview should take about 45 minutes to an hour. As I don't want to miss any of your comments, I will record and take as much notes as I can during the session. All responses will be kept confidential. Also, your interview responses will be recorded. I will also ensure that any information I include in my report does not identify you as the participant. In addition, you don't have to talk about anything you don't want to and you may end the interview at any time.

	Are there any questions about what I have just explained? Are you willing to participate in this interview? Date: September, 2013 to October, 2015
Closing Key Components: • Additional comments • Next steps • Thank you	Is there anything more you would like to add? I'll be analyzing the information that you and others gave to me. Then I shall invite you again to join the subsequent Focus Group to discuss my initial findings. I'll be also happy to send you a final copy to review once available, if you are interested. Thank you very much for your time and patience.

(Original sources from Boyce and Neale, 2006 and modified the content in this study)

Regarding the introduction questions of individual interview that were carried out in this study, it was advisable to ask information about the background of the participant before going in depth the topic of CPE. Concerning the key components and contents of interview questions, please refer to Table 10.

Table 10: The key components and contents of interview questions and remarks

Details	Purpose for the Study of the research questions: <i>Direct and indirect questions targeted to probe</i>
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	participants' perception about adult learning, and CPE related issues such as learning motivation
Introduction questions	
1. Tell me a bit more about yourself at your career pathway since qualified? - begin by finding out how they arrive to the point - think about their background and experience - where they work - how long they work in different places	To ascertain self-concept of the participants * Degree of autonomous * Degree of self directing
2. What are your experiences on CPD/CPE? - find out further more question in different places where CPE/CPD being supportive	To find out the prior experience of the participants * Resource * Mental models
Then the following five questions will focus on the advantages and disadvantages of Mandatory versus Voluntary Continuing Education of nursing:	
1. What are the advantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list.	To probe the subjective perception of the participants about advantages of Mandatory versus Voluntary CPE
2. What are the disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list.	To probe the subjective perception of the participants about disadvantages of Mandatory versus Voluntary CPE
3. Based on your understanding, to what extent does voluntary CPE contribute to professional and personal growth? Please	To probe the subjective perception of the participants

explain.	about voluntary CPE contribution of professional and personal growth
4. From your perspective, in the long run, to keep CPE on voluntary basis instead of mandatory (vice versa)? Please explain.	To ascertain the personal preference of CPE on voluntary or mandatory basis
5. Based on your understanding, to what extent does mandatory CPE play a role to professional and personal growth? Please elaborate.	To probe the subjective view of participants on the usefulness of CPE on professional and personal growth
The following questions will be focused on (i) the latest situation of hospital settings in Hong Kong; (ii) difficulties members may face with implementation of Mandatory and Voluntary Continuing Education of nursing in future; and (iii) what kinds of policies that employer /agency can provide for pursuing Continuing learning Education of nursing?	
1. Based on your understanding, how can employer/agency provide any help for pursuing Continuing learning Education of nursing? Please explain.	To probe the expectation of participants on employer' support in CPE
2. Does the employer/agency consider it is necessary for its EN/RN employees to undergo CPD from time to time?	To find out the perception of participants on employer's perspectives and evaluation on the need for CPE To ascertain the institutional difference on the need for CPE
3. How should the employer/agency consider EN/RN	To find the participants'

employees' difficulties to meet the requirement of the CPE points (as stipulated by HKNC) if it becomes a mandatory basis? Please elaborate.	difference in personal support from employers
4. Based on your understanding, do the authorities of employers/agencies consider that it is necessary to implement mandatory CPE in Hong Kong nursing?	To ascertain the perception of participants on their employer's view on the necessity of CPE and related matters
5. Based on your understanding, do you think patients/clients consider that it is necessary to implement mandatory CPE in Hong Kong nursing?	To ascertain the perception of participants on patients/clients' perspectives on CPE and related matters
6. What types of policies (such as flexi-time, paid study leave, financial support, linking with promotion) should be considered by the employers/agencies to alleviate the burden of implementation of CPE in nursing? Please elaborate.	To ascertain the perception of participants on expectation of employers to facilitate nurses to undertake CPE
7. As a registered/enrolled nurse (on list) of HKNC, do you prefer voluntary CPE rather than mandatory CPE (or vice versa)? Why? Please explain.	To find out the personal preference of the perception of participants on voluntary or mandatory CPE
8. What recommendations do you have for future efforts on the topic of CPE of nurses? What kind of programs would you like to join? Please explain	To ascertain the expectation on future changes and need to know (why, what, how) in CPE program To probe experienced participants' (nurses and educators) perspectives on how CPE may help institutional and Societal

	growth To ascertain the participants' perspectives on: -Goals and purpose of learning -Readiness to learn -Orientation to learning -Motivation to learn
9. Anything else you would like to add?	<i>To probe other spontaneous personal opinion on CPE outside the design parameters</i>

Remarks:

Design guidelines of interview questions:

1. Preferably use not more than 16 open-ended questions
2. Ask for facts before opinion
3. Use probes as needed

The implementation of the interview and the difficulties involved

Before starting each interview in this study, the researcher explained clearly to the participants that the interview would be conducted in a face-to-face mode and would be last for an hour. Also, participants were informed that the interview would be conducted mainly in English and there would be 16 questions at most in each interview. Each participant was required to sign a consent form too. After completing all these procedures, a face-to-face semi-structured interview would then be carried out.

It was not easy for me (a full-time worker) to do part-time studies at the same time, especially during the final stage of the field work. In addition to web browsing, I had to introduce myself to lecturers and classmates during the class and the break, in an attempt to successfully invite them as participants. More than half invitees promised to join the interviews but their available times were all during office hours, requiring me to take

leave from working place and subsequently exhausted all my annual leave. Furthermore, since purposive sampling technique was applied and participants were working in different places all over the territories, paying a visit to all the interviewees was time-consuming. Arranging for the venue of the interviews and focus group was also not an easy task.

4.4.3 Ethical Consideration

According to Emory and Cooper (1991), “The goal of ethics in research is to ensure that no one is harmed or suffers adverse consequences from research activities.” (p.23). This study viewed this was the essence of ethics, and the following paragraphs followed Emory and Cooper’s guide to discuss ethics and politics about this project. The study discusses issues on how to keep confidentiality, avoid plagiarism and breach of copyright. Please refer to Appendix 8.3 regarding the ethical concern of this study.

Ethical issues of interviewing

Some of the ethical or moral concerns involving in an interview study are discussed as follows:

Ethical issues arise in an interview study particularly because of the complexities of “researching private lives and placing accounts in the public arena” (Birch, et.al, 2002, p.1). Potential ethical issues should be considered from the beginning till the final report (Brinkmann and Kvale, 2015; Kvale, 1996). In my study, interviewees from time to time talked about their daily lives when explaining their workload, their difficulties in attending CPE, etc. As such the personal private lives as revealed in the interview have been meticulously anonymized in this thesis.

4.4.4 Participant Observation

Other than the 18 individual interviews, the researcher had also tried to study intensively about the updated trend of the nursing industry in Hong Kong by following methods:

1. Joining various nursing courses, seminars, and activities (a long-termed one with eight lectures and each lasted for three hours). In the past, I had also worked in the nursing industry for nearly eight years for which plentiful experience could also be of help.
2. Having meals and tea breaks with participants. By spending time with the respondents, further information about the industry could be captured, including acute hospitals, convalescent hospitals, private hospitals, rehabilitation centers, and private clinics. Each individual (e.g. CPE courses participants, nursing administrative staff, university professors or lecturers and the like), with different backgrounds, had diversified views. All of these opinions should be analyzed and digested for concluding profound recommendations, which in turn would benefit the nursing profession for the pace of implementation of CPE.

4.4.5 Focus Groups

The Methodology

In the early 1940s, focus groups as a methodology had already been adopted in research. The sociologist Robert K. Merton built up the focus group method as a way of evaluating wartime propaganda (Ö verlien, Aransson and Hydén, 2005). Nowadays, focus groups are commonly used in various disciplines such as education and sociology (Morgan, 1988; Cohen, Manion and Morrison, 2011).

The facilitator of focus groups may start the discussion with some family-related issues or topics for which the topic is usually better investigated by a group of people than in a one-to-one interview (Winship and Repper, 2007). The focus group method emphasizes the participants' shared narrative structures and life experiences. This can help create in-depth conversational data (Tracy, 2013; Tuckman, 1972; Webb and Kevern, 2001). Thus, it can help to achieve active collaboration between the facilitator and participants. Collier and Stickley (2010) remarked that "The focus groups achieved active collaboration between the participants and the consultant. This

led to the most effective methods of delivery.” (p.8). To further elaborate, it is a combination of information sharing and interactive learning method. Focus groups are also considered as a useful research method to generate qualitative data.

Focus groups could also be regarded as a common form of group interview in data collection; hence the reliance of such depends very much on the interaction within the group (Bailey, 1994; Cohen, Manion and Morrison, 2011; Krueger, 1988; Morgan, 1988; Robson, 2002). People with rich knowledge/experience in the research area are gathered together by the form of focus groups (Morgan, 1988). Focus groups are also considered economical in terms of time as large amount of qualitative data could be obtained in a relatively short period of time (Hydén and Bülow, 2003; Smithson, 2000). Unlike one-to-one interviews, focus groups can encourage participants with a similar background or academic qualifications but previously unknown to each other to express their opinions that could be easily captured by the researcher.

A focus group which is either too big or too small is not ideal to manage. The researcher should also be careful in conducting the group interview so that the participants can be concentrate on the discussion and feel free to reveal more effective opinions (Morgan, 1988). Indeed, the researcher should well-manage the time, and make sure discussions are always open-ended and up to the point.

The implementation

In this study, focus group method helps to capture the voices and opinions about implementation of CPE. During the interaction within the group, participants discussed in depth the topic of CPE. In the process, a collective outcome rather than an individual view can be ascertained. The strengths of using this approach include the sharp focus on a particular issue and the saving on time to collect opinions from individual participants.

In order to recruit adequate number of participants to attend interviews and focus groups, the researcher of this study encouraged potential applicants by providing refreshment and appropriate venue.

Focus group is one of the valued research methods

By using focus groups, both internal and external voices of several participants can be captured at the same time (Callaghan, et al., 2003; Winship & Repper, 2007). Rich data could be achieved too if the facilitator, who had received sufficient training, possesses in-depth knowledge of the topic, pays attention to and captures the voices of participants well (Cohen, et al, 2011; Morgan, 1988). In this study, a focus group was used to help capture the voices and opinions about implementation of CPE during the interaction within the group where participants would discuss in depth a topic as stated by the researcher. Thus, a collective outcome rather than an individual view would be resulted.

According to Freud's ideas of 'Free Association', the technique of allowing freedom should be applied in focus group so that more ideas and responses could be grasped (Winship and Repper, 2007). Furthermore, focus group is a useful communicative and interactive event. Hydén and Bülow (2003) stated that, "A central ambition of focus group research is to learn more about people's attitudes, knowledge or social representations." (p.319). In addition, the biggest advantage of focus group interaction is to allow opportunities for the moderator or the researcher to investigate thoroughly the process of collective sense making (in special topic) of participants in details (Kitzinger, 1994; Morgan, 1992; Överlien, Aransson and Hydén, 2005; Smith, 1995; Smithson, 2000; Wilkinson, 1998b, 1999). Therefore, participants' attitudes, fears, and viewpoints could all be probed hopefully. Nevertheless, the use of focus group is not without its flaw.

Drawbacks of focus group

Focus group is not without flaws; one example could be the difficulty in interpreting and analyzing data succinctly (Smithson, 2000). In this study, another drawback was found in a dynamic group: it was very common to observe that some candidates were dominating the discussion whereas some were not participating. In these cases, especially when a controversial topic is being discussed, the researcher should attempt to prevent these shortcomings by good arrangements and management of the group. Therefore, skillful facilitation is considered to be prerequisite for being a researcher.

In this study, there were two challenging occasions, as two participants shared some long stories of personal information. This sharing led to a lengthy pause or being left unanswered among the group thereafter.

This kind of situation occurs because of the absence of common grounds, making ‘dead air’ unavoidable (Hydén and Bülow, 2003). Some commentators may suggest discontinuing respondents’ speech, but from my experience, it was always found difficult to do so as they were usually too engrossed. Another negative aspect of focus group is the high possibility of cancellation. If one or two participants could not attend the group suddenly, the arranged focus group may need to be cancelled because a group should comprise of at least three persons. Thus, the researcher should be very alert in organizing each meeting and be aware of any email or message notifying any unexpected absence. In this study, viewing more than 75% of the participants work on-shifts, it would be very difficult to fix another feasible time. And so there was a risk that such focus group may not be able to arrange or schedule again.

4.4.6 Snowball Technique

In addition, snowball technique was applied in this study. Snowball technique could be used for the sample with those who are difficult access such as those who were difficult to contact, night shift nurses and so on. For hard-to-reach groups, snowball sampling is a valuable tool for qualitative research which could enlarge the social network and

contacts (Browne, 2005; Morrison, 2006). However, this method relies upon strong interpersonal relations. Snowball technique was used in this study for expansion of networking of potential participants. This technique is specifically useful in qualitative research. Under the snowball method, each respondent will be asked to introduce one to two colleagues or friends, if possible. It is best located through referral networks (social networks and personal contacts) for gaining access to people.

4.4.7 The Process of Recruitment

The process of recruitment included the following procedures:

Some potential respondents such as leaders of colleges and faculty heads in universities were being searched from related websites so that they could be invited for participation. Three college leaders and faculty heads were successfully recruited for this study in this way.

Also, by attending nursing-related seminars and courses, I tried to get in touch with speakers and CPE participants, whom were being invited to join this study. Some of the participants had already accepted the invitations during conversations in classes whereas some of the respondents only agreed to take part after several invitations by e-mail. Other potential interviewees were recruited through networking by snowball technique and via introduction from mutual friends (including friends, teachers and colleagues). Also, purposive sampling requires accessing knowledgeable people who possess in-depth knowledge of the topic i.e. people with particular understanding and experience of CPE in this study.

Why inviting some of the participants who were interviewed for Focus Groups?

Most of the participants had attended individual interviews and the exposure to the relevant concepts had been broadened. They could relate the discussion to CPE themes

and focus more of relevant ideas on CPE. Thus, more detailed recommendations on CPE could be obtained through their interaction and debates in focus groups.

Most of the participants who had joined the individual interviews were being invited. However, due to various reasons, several respondents, for instance, faculty heads or professors in universities and nursing schools, night-shift nurses with heavy family burden and so on, could not attend the focus group. Therefore, suitable participants were found through mutual friends so as to arrange focus groups successfully.

Arrangement and problems of Focus Groups

The first focus group was originally planned to have four experienced nurses with three to five years experience. However, on the day of interview, one of the participants could not attend the focus group suddenly as his mother had been sent to the accident and emergency department because of head injury. As a result, the first focus group was conducted with three participants (nurses' working experience from 3 to 6 years).

Similarly, although the second focus group was originally formed by five participants for which two of them had already attended the previous interviews and the remaining three were newcomers introduced by mutual friends, one of the former participants could not come finally (due to her own busy schedule) and so four people had participated in this focus group. Participants were with 8 to 23 years experiences (originally planned to have experienced nurses with more than 10 years working experiences).

Three participants with more than 11 years experience who had taken part in individual interviews were arranged to form the third focus group. Nonetheless, one of them had to be on duty unexpectedly in the evening on the fixed day since her new ward manager changed her work duty from morning shift to evening shift abruptly. However a focus group could not be formed by two people; a nurse with over 10 year experiences and

interest in the research topic was introduced by a mutual friend so as to fill up the vacancy.

(Remark: The second and third focus groups consisted mainly of senior nurses with working experiences more than 10 years. Due to their own personal engagements and work duties, they could not be combined into one group)

Lastly, the fourth focus group was organized with four participants who had 4 to 9 years experiences (originally planned to have experienced nurses with 6 to 10 years experiences). Three of them had taken part in individual interviews beforehand. No one was absent this time. Thus, four focus groups were conducted eventually.

4.4.8 The Politics of Research and Stakeholders Voice

In this study, the most essential reason for adopting qualitative methods is that a primary source for hearing voices and opinions of CPE implementation could be obtained. Among the voices and opinions collected through the incorporation of multiple perspectives from interviewees, the researcher should distinguish what is real and useful; and should be able to figure out the meaning behind the talk (Denzin & Lincoln, 2000; Denzin & Lincoln, 2005).

4.4.9 Self Reflection and Role of the Researcher

The most important thing in conducting a qualitative research is that “the researcher” should be familiar and interested in the topic – “the researcher” is the instrument. Apart from the interest on the topic, researchers should listen carefully to the voices of the participants. Besides, qualitative researchers would bracket the things that are already known by them, by setting aside these phenomena so that the study would not be affected (Dawna, 2006). In fact, while conducting qualitative research, the researcher needs to bracket her experience, bias or phenomena that related to CPE because these could bring

misunderstandings to the participants. Thus, for this study, although possessing adequate experiences and knowledge on CPE, I understood that any experiences and biases regarding the phenomenon of requiring CPE should be bracketed. Any pre-conceived ideas should be bracketed i.e. putting these influences aside, for absorbing and receiving the genuine voices and opinions from participants. Most significantly, the phenomenon being studied was to capture voices and opinions of the participants, but not affected by the researcher's biases.

In addition, as a human being, the integrity of the researcher is critical for a profound qualitative inquiry in respect of scientific quality and moral decisions. Morally responsible interviewing behavior is more than abstract moral knowledge and cognitive choices (Brinkmann, 2007). It involves moral integrity of researchers, their sensitivities and commitments to moral issues and actions.

In an interview, the importance of researchers' integrity is magnified because the interviewer is the main instrument for gaining knowledge. Being familiar with values, ethical guidelines and moral theories, researchers could be able to make moral choices with scientific concern in the study more easily (Brinkmann, 2007; Dawna, 2006). However, the integrity of researchers: their knowledge, experience, honesty and fairness will be the decisive factor in the end. The moral demand on researchers is also considered part of the strict adherence to the scientific quality of published knowledge. The researcher should check and confirm whether the results of the report reach a transparency of the procedures. Throughout this study, the researcher had borne in mind all the above main points.

4.5 Sampling Strategy and Scope of Potential Participants

First of all, people who are in the nursing profession should be identified, conforming to the criteria of this research. For instance, whether they could produce unique opinions on the CPE topic; their name and year of registration, which was shown on the list of the HKNC, were considered. In this study, 22 individual participants were recruited as this

is a phenomenological study consisting in-depth interviews and focus groups. It is hoped that different views could be collected and reflected by this purposive sampling. Age, working experience and alike were also taken into account.

Target population

There was a total of 50,461 Registered and Enrolled Nurses in Hong Kong as at 31 December 2015; for which 37,670 were RN and 12,791 were EN. (Data retrieved from <http://www.nchk.org.hk/en/statistics>; Hong Kong Nursing Council, 12 February, 2016)

Purposive Sampling

Purposive sampling is described as a feature of qualitative research (Cohen, Manion, and Morrison, 2011). Purposive sampling was considered as one of the features of this research. The respondents were believed to be able to deliver trustworthy and satisfactory data to fulfill the specific needs of the research (Cohen, Manion and Morrison, 2011; Teddlie and Yu, 2007). I tried to select potential participants into the sample pool on the basis of their possession of knowledge of CPE. In this way, a sample, fitting into the specific needs to acquire new knowledge of CPE among nursing profession, could be built up.

Usually, purposive sampling requires accessing knowledgeable people who possess in-depth knowledge of the topic, for instance, people with particular understanding and experience of CPE. In this study, academic experts who were familiar with CPE, CPE participants, and college leaders were chosen as purposive sampling and were invited for individual interviews. Concerning the advantages and disadvantages of purposive sampling, though it is believed to make greater depth to the study than probability sampling does, it offers lesser breadth to the study (Cohen Manion, and Morrison, 2011).

Categories of participants (qualified nurses with post graduation working experiences)

In this study, the following three categories of participants had been set up:

Category 1: between 3 to 5 years (working experience)

Category 2: between 6 to 10 years (working experience)

Category 3: 11 years and above (working experience)

Scope of potential participants

1. CPE participants

Aiming to know more about the updated situation in Hong Kong nursing field as well as to meet targeted CPE participants, the researcher of this study, had attended many courses organized by the nursing societies or related associations. During the breaks of each course, contact details such as e-mails and telephone numbers were exchanged with several classmates and speakers.

2. Experts in the nursing field

Starting from June 2013 until December 2015, I attended a series of nursing seminars comprising eight sessions in Hong Kong in order to meet the speakers and field workers, whom were invited to participate in this research.

3. Providers of CPE

Some representatives of CPE providers were invited to participate in this research.

4. College and association leaders

The Chairpersons or Vice-Chairpersons of some nursing associations or societies were invited to participate in this research.

5. Academic experts

Several academic experts of nursing faculties from some of the universities in Hong Kong were invited to participate in this research.

4.6 Clarity of Ethics and Informed Consent

In this study, clarity of ethics included below procedures:

First, the following documents were well-prepared and approved by the two supervisors:

- (a) An information sheet to be provided to prospective participants;
- (b) A consent form which was used with prospective participants; and
- (c) School of Education – Post Graduate Statement of Research Ethics which submitted to the ethics committee of the University for Final Approval after getting agreement of the two supervisors. For this study, the official approval was obtained. (Please refer to the Appendix 8.4 Research Ethics Approval Form).

The first two documents had been sent to all the invited participants by email or delivered by person before they joined this research study; and the consent forms were signed by each interviewee before starting each interview. After the interview, the researcher followed the clauses stated in the consent form, for instance, all data to be stored confidentially. For other ethics concerns, please refer to the Appendix 8.3; for the informed consent, please refer to the Appendix 8.6.

Before conducting each interview or focus group, the researcher had distributed information sheets and given enough time for participants to review and sign the consent form, and raise questions if any. Participants were also informed that there would be no right or wrong answers for the interview questions and the researcher was neither representing any organization nor holding any stance on the topic. It was also emphasized that all information would be kept confidential and the ethical consideration

attached in the appendix would be followed strictly. Proper respect to participants is the most important part to informed consent. Subject should be voluntary to participants and human freedom should be respected without physical and psychological coercion and, the nature of the research should be well communicated. Denzin & Lincoln (2000) stated that “Consistent with its commitment to individual autonomy, social science in the Mill and Weber tradition insists that research subjects have the right to be informed about the nature and consequences of experiments in which they are involved.” (p.138)

A detailed information sheet about this research (Appendix 8.5) was provided to participants and sufficient time was given for them to go through this. I explained clearly in case of any enquiries. Also, participants were informed about the adopted research methods, such as face-to-face interviews, together with the purposes and aims of this study. Aside from signing the consent form, each participant was asked to fill in information such as printed name and email address. All the originals of the consent forms were kept confidential.

4.7 Checking of Interview Questions

With regard to checking of interview questions, two steps had been taken. The first one was to examine questions by one experienced nurse with 24 years working experience. The second one was to inquire the supervisors for further opinions and feedback.

Procedure for examining interview questions

With advice from the supervisors, 16 interview questions were designed by me. Then the revised 16 interview questions were given to a nursing expert who had more than 24-years working experience to further examine the content of the questions one by one. The original set of interview questions was modified again and similar questions were deleted, making the interview questions more understandable and clearer. Also, questions were modified to be less leading and more open-ended.

Then the supervisors were inquired again for further opinions via several e-mails and SKYPE meeting. Amendments had been made accordingly.

4.8 What the Research Discovered about the Nature of ‘Voice’?

Many discoveries had been gained from the two research methods (individual interviews and focus groups) with participants who supported/objected mandatory CPE or liked/disliked voluntary CPE. But which method got closer to the ‘truth’? ‘Truth’ in this study refers to genuine. It is believed that, in regard to CPE/CPD development, focus groups would bring results that were closer to the ‘truth’ opinions by gathering different opinions and new discoveries. In contrast, without the mass pressure, participants could express themselves freely and truly and hence, individual interviews would be more accurate in collecting ones’ own voices such as the personal view of implementation of mandatory or voluntary CPE based on one’s own experience and availability of time.

To conclude, focus groups are helpful because they amplify voices by finding common concerns. When comparing the findings from individual and group interviews, one question may arise, which method gets closer to the ‘genuine’? The answer is multi-dimensional where real interpretation, evaluation and representation could answer this question effectively. There is no right or wrong for the answer. Since the issue of implementation of mandatory and voluntary CPE is a kind of political issue, the researcher should be very careful in handling, asking and responding. It is believed that ‘true’ answers of recommendations and strategies could be gathered from focus groups whereas those on personal aspects (from each nurse) could be obtained from individual interviews. However, during the interview, attention should be paid while analyzing these answers in order to prevent any developed cognitive defenses against some sensitive questions due to specific role and background of individuals (Brinkmann and Kvale, 2015; Morgan, 1992).

4.8.1 Stakeholders' True Voices

Responsibilities of the researcher include not only data gathering, but also an attempt to achieve mutually beneficial and constructive meanings, especially while facing authoritative voices. Denzin and Lincoln (2005) stated that “When attempts at developing dialogue move beyond efforts to gather “data” and move toward mutual, symmetrical, dialogic construction of meaning within appropriate culturally constituted contexts”(p.124). It is hence important for the researcher to have the ability to manage with sensitivity the research relationships.

4.9 Remarks on Phenomenology Inquiry

To achieve human understanding, phenomenology offers one of the research methodologies to philosophical inquiries. Phenomenology is not only a name of philosophical perspective, but also a source for inquiring the meaning of life. What is true to me is still true today: “nothing is more meaningful than quest for meaning, the mystery of meaning, how meaning originates and occurs” (Van Manen, 2014, p.13). Phenomenology is about wonders, words and the world. “Phenomenology is a study of people’s conscious experience of their life-world, that is, their “everyday life and social action” (Schram, 2003, p.71)”. This assumption can be interpreted as essences to share common experience. These essences are well-known phenomenon and had been experienced by everyone (Merriam, 2009).

In this study, making of the real meaning that may take place with the contexts of communication with participants is very significant. Participants’ views and opinions are revealed in their own words and so we can explore their working conditions, family, and their perception on CPE. In brief, phenomenological inquiry used in this research study allows a systematic and detailed analytical procedure to take place.

Chapter Summary

Chapter 4 explains the methodology employed, with special focus on phenomenological concepts explicated by the main theorists. It presents an explanation of the epistemology guiding research methodology and justifies the theoretical underpinning of the study. The research objectives and questions of this study are fully explained. Concerning research strategy, this study first derives probable concepts in adult learning principles, from adult learning theory including inter alia motivation to learn and orientation to learning, and motivational theories. Then these concepts are incorporated into the research methodology and design. Research design refers to the techniques used for structuring the study, collecting and analyzing answers of the research questions.

A phenomenological perspective had been adopted in this qualitative study. A phenomenological approach is well-fitted and suited to human experience, especially to capture real and vivid voices, opinions and recommendations. To achieve human understanding, phenomenology provides one of the research methodologies to philosophical inquiries. Thus, a phenomenological qualitative study was conducted on the subject topic. In connection with data collection, various methods were used and explained in detail, including individual interviews and focus groups. For example, the methodology and implementation of individual interviews and focus groups are discussed in details. Self reflection and role of the researcher are also explicated in detail.

Chapter 5: Analysis of the Data

Phenomenology is a kind of science with the purpose of describing unique phenomena such as lived experiences (Cohen, Manion and Morrison, 2011). The main objective of phenomenology is the direct investigation or the description of phenomena from clear experiences (Mok, et al 2010). With regards to the phenomenology of essences, special attentions were paid to examples (given by participants) and patterns of relationships were established. Qualitative phenomenological study was being selected for this study, considering that a suitable research method is preferred to facilitate the capture of in-depth data about participants' voices and opinions (Hayajneh, 2009; Marsaglia, 2010). By doing so, the researcher could acquire insights and apply those into the structures of the research study appropriately. All the raw data collected were being analyzed to meaningful segments and an appropriate sub-title was assigned to each segment. Then, all codes were combined to form themes. By applying phenomenology in this study, comments from the participants on the topic were collected together with their insights or perspectives about CPE.

In order to obtain accurate findings, the researcher should carefully perceive and record the gathered verbal and non-verbal responses from the participants. Among all interviews or focus groups processed, the researcher herself was the instrument. A relaxing environment was given to the interviewees for them to feel comfortable while conducting interviews. Besides, reflective listening was being adopted to clarify and capture more opinions and voices, making the interpretation of their experiences easier (Benner, 1994; Moustakas, 1994). Probes were applied to increase the richness of the data (Cohen, Manion and Morrison, 2011). For example, phrases like "Tell me more about" and "This idea is not mentioned by others, can you further elaborate on this issue?" were being used.

5.1 Data Collection Procedures

Regarding to the data collection procedure, 18 face-to-face interviews, 4 focus groups and pre-structured interview guides were used. There were 16 questions in total for which all were open-ended ones with participants' permission. All interviews were both audio-recorded and were being transcribed within 72 hours. The researcher had also taken notes for double checking the information gathered so as to ensure accuracy. English language was used in conducting the interviews so that the supervisors could listen to the recording and provide feedback to me; also to avoid misinterpretation during the translation procedure.

5.2 The Core Processes of Phenomenology

Data Processing and Analysis

Data analysis and interpretation are listed as follows:

The core processes of phenomenology advancing knowledge derivation include: epoche, phenomenological reduction and imaginative variation (Moustakas, 1994, p.33). The researcher of this study had considered Moustakas' modified version of Van Kaam's (1959; 1966) method and used as appropriate for analyzing data. In addition, the researcher also followed some steps mentioned in other qualitative research books as listed on the reference list.

Epoche

Epoche, preconceptions about the participants' experiences and the fairness of interviews, is an important component of data collection and data analysis (Moustakas, 1994). Prince (2012) stated, "The epoche is a state of mind with a recursive process. This process includes accepting the data as it is presented, maintaining awareness of the researcher's thoughts and feelings about the data, and returning to the data with a fresh perspective (Moustakas, 1994)." (p.62). In brief, the most critical component of epoche requires the researcher to set aside the preconceived ideas and use unbiased approach to collect and analyze data. This bracketing/suspension of subjective

judgments enables the researcher to perceive the consciousness of the participant as it is, rather than as interpreted indirectly through the sieving notions of the researcher.

Phenomenological Reduction

Following epoche, the next process is phenomenological reduction. Prince (2012) stated, “This process involves describing in textural (the what) language just what the researcher sees by repeatedly looking and describing” (p.62). Every experience is being considered in itself including variations upon perceptions, sounds, feelings, and thoughts (Van Manen, 2014; Moustakas, 1994). All beliefs and assumptions of the researcher are to be blocked or bracketed and the phenomenon examined in terms of its own inherent meaning in the lived experience of the subject.

Imaginative Variation

The third step requires the researcher to seek to understand the structural (the how) essences of the participants’ lived experience. “These structural essences become integrated with the textural essences of the phenomenological reduction, thus creating a textural-structural synthesis of meanings and essences of the phenomenon of study. Imaginative variation is a process of several steps (Moustakas, 1994).” (Prince, 2012, p.62). These meanings and essences created would be of vital importance for the analysis in the future. While symbolic meanings would be peeled away from the researcher’s perception of the participant lived experiences of the external phenomena, imaginative variation interprets the raw, conscious experiences of the participant and makes them meaningful for more in-depth understanding.

Synthesis

Synthesis is to “intuitively-reflectively” integrate the composite textural and composite structural descriptions so as to develop a synthesis of the meanings and essences of the phenomenon or experience (Moustakas, 1994; Prince 2012). To put it simple, synthesis is used to describe the

experiences, voices, and opinions of participants in a synthesized manner i.e. “the what” and “the how”.

This section outlines the affiliation to the methodological process including assumptions of the study design and aspects of the problem. A phenomenological design was adopted in this study to find out the lived experiences of participants.

Making and analyzing thematic connections

What are themes? As mentioned by Seidman (2013), “...searches for connecting threads and patterns among the excerpts within those categories and for connections between the various categories that might be called themes” (p.127); while reading and marking the transcript, the researcher could begin to label the passages he or she marked as interesting. What is the subject of the highlighted passages? Are there any words or phrases, at least tentatively, seem to describe them? Is there a word or a phrase proposes a category that the passage might fit in? (Seidman, 2013). The process of adverting what is interesting, marking it and filing it into appropriate folders is called “classifying” or, in some sources, “coding” the data (Dey, 1993). Computer programs are available to help classifying, sorting, archiving and reconnecting the interview data. By telling the computer programs what to search, it can quickly scan a large amount of data and sort materials into categories according to the directions that input (Seidman, 2013; Walford, 2001; Wertz, 2011).

In this Study, the researcher analyzed the data on a paper copy before transferring the text on the computer. This is because, for example, points or issues would be easily missed or deleted if the text was being edited on screen solely. Also, I chose a word-processing program instead of Computer Assisted Qualitative Data Analysis Software (CAQDAS) because I am rather familiar to use general word-processing program instead of CAQDAS. Also, spreadsheet (Excel) program was used for this research for analysis of demographic data.

To me, to some extent, the computer is thought to be so heavily relied upon. It is also important to keep labels tentatively during the reading, labeling and marking process. The next step was to file those excerpts in computer files or folders under assigned categories (McLuhan, 1965), for an early and influential commentary on this process; and reread all file by file after filing all the marked quotations.

It is known that some qualitative researchers use CAQDAS. A researcher estimated that about 25% of the researches published in family studies (between 2006 and 2010) used CAQDAS (Humble, 2012, p.128) (Seidman, 2013). The basic steps for analyzing the research data described in the previous pages are: Extracting important interview data, Labeling significant quotations into categories, Discovering themes that may be embedded in the quotations; and Sorting those labeled excerpts into files, making it easy to identify and retrieve in future (Saldana, 2009; Saldana, 2011; Seidman, 2013). Using CAQDAS has its advantages, for instance, research content may be safely stored, sorted, and easily retrievable. However, most of the word-processing program could also help to perform the above mentioned functions (Seidman, 2013). One disadvantage of using CAQDAS is that some researchers may feel frustrated and challenging in the early to mid stages while trying to learn and apply this relatively complicated software (Saldana, 2009; Saldana, 2011; Seidman, 2013).

Some cautions regarding CAQDAS had been found by researchers, for example, some new researchers also misunderstood what this software can analyze for them. Actually CAQDAS cannot function in analyzing the interview materials for them (Saldana, 2009; Saldana, 2011; Seidman, 2013). Another concern is the coding trap for which it is felt that the ease of coding by using this kind of software may lead to imperfect and less reflective labeling (Seidman, 2013). It is also experienced that there is a difference “between what one sees and how one responds to a text presented on paper, and the same text shown on a screen (see McLuhan, 1965, for an early, influential commentary on the medium affecting the message)” (Seidman, 2013, p.135). Furthermore, one more concern is that this kind of software may distance researchers from their interview context because “it is a truism in the field of qualitative research that making sense of interview data requires immersion in the words that interviews generate” (Seidman, 2013, p.135). To conclude, the interpretation or formation of themes could not be heavily relied on any kind of

computer programs. Also, computers could not analyze or decide any research themes; only the qualitative researcher could decide and take this huge responsibility.

5.3 Treatment of the Qualitative Data

Qualitative data includes words and observation, not numbers. And with all the data, interpretations are required to bring orders and understandings (Powell and Renner, 2003; Saldana, 2009; Saldana, 2011). This requires creativity, discipline and a systematic approach and there is no single best way.

In this study, it is assumed that all 22 participants who attended interviews and/or focus groups were good informants. “Good informants have knowledge about everyday life in the settings being studied and are willing and able to communicate that knowledge” (Hatch, 2002, p. 98). More importantly, they were willing and available to participate.

The following steps were adopted as appropriate in this study after reading Creswell(1998); Merriam et. al,(2002); Powell and Renner(2003); Seidman(2013) and other qualitative research methods book as recorded on the reference list.

Narrative data

Narrative or text data comes in many forms and is a variety of sources. The researcher had analyzed the responses to the open-ended questions in this research, the transcripts from focus group or an interview, and notes from a diary.

The analysis process

The analysis process is said to be “like runny fluid” and thus it is possible to move back and forth between the steps (Patton, 1989; Powell and Renner, 2003). The following process of analysis

was adopted to narrative data that required analysis, responses to open-ended questions and recordings in focus groups discussion. These data constituted of key words, brief phrases or full paragraphs of text.

Step 1: Get to know my data

Powell and Renner (2003) once asserted, “Good analysis depends on understanding the data. For qualitative analysis, this means you read and re-read the text”. (p.2). Accordingly, the interviews and focus groups discussion were recorded in tapes. Since there were tape recordings, the researcher could listen to them carefully many times and write down the keywords, brief phrases, paragraphs while reviewing the data.

In addition, having the data alone does not mean those are quality data. Sometimes, the data provided does not add any meaning or value. Therefore, before beginning any analysis, the quality of the data was considered and meaningless data was discarded accordingly. Time and effort were invested in the sieving process to reclaim useful information from the raw data.

Step 2: Focus

In this study, the researcher had reviewed the purpose of the study, what could be obtained from the raw data, and what were required for the analyses, including facts to be found, key issues to be identified, and answers to critical questions. These facts, critical questions and key issues were continuously reviewed and revised during scrutinizing the data on the way.

Step 3: Categorize information

Researchers usually refer categorizing information as coding or indexing the data (Miles and Huberman, 1994; Powell and Renner, 2003; Seidman, 2013). Rubin and Rubin (2005) explained that “Coding allows you to sort statements by content of the concept, theme, or event rather than by the people who told you the information” (p. 219). First, the

connotation and implication of words doing any categorization were thoroughly understood; then themes such as ideas, concepts, behaviors, interactions, incidents, terminologies or phrases were identified and organized into coherent categories that summarized the key words in CPE.

To the researcher, this could be time-consuming as huge amount of qualitative data were collected. But this is a critical juncture of a qualitative analysis and it involves reading and re-reading the text and identifying consistent categories.

A few words or abbreviated codes may be assigned and be placed them next to the themes found. This will help organize the data into categories and provide a descriptive label (name) for each category created. The researcher should be careful about what as being excluded and included in the category.

Table 11 shows and an example that how information was categorized by key words and was given coding.

Table 11 Information of category and coding

Question	Categories <i>Responses to the question were sorted into:</i>
1. What type of policies should be considered by the agency/employer to alleviate the burden of implementation of CPE in nursing?	Flex-time (FT), Paid Study Leave (PSL), Financial Support (FS), linking with Promotion (LP)

Codes are designated in brackets

There are two approaches to classify narrative data - using preset or emergent categories (Powell and Renner, 2003).

To affix codes

Encoded data were then clustered into themes. Repetitious phrases were discarded (Creswell, 1998; Merriam et. al, 2002). Color coding was also applied afterwards to figure out the focus, core issues and messages, real meanings (Hatch, 2002).

Emergent categories

Before using preconceived themes or categories, the researcher had read through the text and discovered the themes or issues recurring in the data. They became categories for which they might be ideas or concepts the researcher had not thought about. This method allows categories to emerge from the data. Categories were defined after working with the data or as a result of using the data.

For some categories, two approaches were combined when they became apparent by starting with some preset categories and adding others. While working with the data, the initial list of categories might change. This was a reaffirming process that the researcher might have to adjust the definition of categories or identify new categories to accommodate the data which did not fit the existing labels.

Main categories might be broken into subcategories. The researcher has to sort the data into smaller, more defined themes. This allows greater differentiation, and leads to the concern about the relationship between themes and categories, Morse (2008) stated, “Basically, a category is a collection of similar data sorted into the same place, and this arrangement enables the researchers to identify and describe the characteristics of the category.”(p.727). “A theme, on the other hand is a meaningful “essence” that runs through the data.” (Morse, 2008, p.727). In addition, Rossman and Rallis (2003) suggested to “think of a category as a word or phrase describing some segment of your data that is explicit, whereas a theme is a phrase or sentence describing more subtle and tacit processes”(p.282). Thus, categories are significant for considering ‘what’ are in

the data while themes help to organize the ideas and provide the proper perspectives for the study. Table 12 shows how the main categories might be broken into subcategories.

Table 12: Subdivision of categories

Main categories	Subcategories
Flexi-time	Contribute to welfare (CW) Freedom to arrange private time (CW-FT) Ability to handle significant personal matters (CW-APM) Ability to join CPE courses (CW-AC) Able to care for family members (CW-AFam)

After that, the researcher kept building categories until no new themes or subcategories were identified and added as many categories as needed to reflect the nuances in the data and clearly interpreted the data.

Step 4: Recognize patterns and connections within and between categories

While organizing the data into categories, the patterns and connections among the categories could be seen. It would be useful to assess the relative importance of highlighting subtle variations.

Within category description

The researcher then summarized the information about one theme or captured participants' responses (the similarities and differences) in a category. To do this, the researcher needed to collect all the data regarding a particular theme. Throughout the whole process, following

questions were kept in mind: What is the key idea expressed in a category? What are the participants' responses (the similarities and differences) including subtle variations? It is useful to record down a summary for each category that depicts these points.

Relative importance and relationships

In order to show which categories appear more important, the responses from participants who mentioned a specific theme was recorded, quoted and accounted for under that particular theme (please refer to Chapter 6 - Findings). These quotes provide a rough indication of the relative importance of each theme in the analysis. Although they might not fit entirely with statistical analysis, they could reveal general patterns in the data.

Sometimes, two or more themes occurred together consistently in the data. Whenever one is found, the other appeared too. And so some of the connections suggested cause and effect relationships or created sequences through time. It is important to find out such connections because the themes can help explain why something happens.

Step 5: Pitfalls to avoid

Using data from different sources could help check the findings. For instance, information from individual interviews and focus groups are presented separately. Keeping a note of decisions made during the analyzing process would help the researcher to double check for the focus taken, the category labels created, revisions to categories made, and all observations noted regarding the data while working with the text.

Involve others

About validity and reliability, participants were invited and arranged for focus groups; and the researcher had presented the aggregated data to them. Receiving feedback and inputs from participants could be helpful to analysis and interpretation. In addition, the supervisors had given

advices on the data to identify the themes and categories. And so the researcher could compare among the categories and resolve any discrepancies in their meanings.

Avoid generalizing

The purpose of a qualitative work is not to generalize across a population. In contrast, a qualitative approach seeks to provide understanding from participants' perspectives.

Choose quotes carefully

Powell and Renner (2003) stated that "While using quotes can lend valuable support to data interpretation, often quotes are used that only directly support the argument or illustrate success" (p.9). This may lead to use of people's words out of contexts or editing quotes to exemplify a point. When combining all together to the final report, the purpose for including the quotes should be considered. Also, enough text should be included to allow readers to decide what the participants are trying to express. Confidentiality and anonymity are also concerns while using quotes.

Accuracy description and data storage

The data were considered to be accurate by setting English as the medium of conversation for all face-to-face interviews and focus groups. In order to avoid any doubts and misunderstanding of the conversation, the researcher had talked to some participants again when unclear answers were found. Also, records were kept systematically (by audio and written) for all interviews and focus groups. Sample records were also sent to the supervisors for their information.

As for data storage, information was being stored clearly accordingly into files with different names and passwords so that only the researcher could access, retrieve or amend the data and files. The findings had been gone through by detail checking of

grammars and clearance of meaning so as to prevent any missing points or any important data being neglected, avoid bias and ensure the data was being handled objectively.

5.4 Critically Reviews the Approach to Data Collection via Interviews and Focus Group

One common phenomenon was hesitation for which the interviewee could not continue the conversation. In this case, prompt questions were used for assistance and for getting more in-depth answers from participants. During an interview, many situations would lead to the need of prompt questions. So, what were the prompt questions of the researcher? For example, while discussing about whether mandatory CPE was helpful for personal growth, 20% of participants might not be able to move on after answering “I don’t think so”. The researcher, in order to help, could ask them questions like “Would you mind to further elaborate?” It was also noticed that some participants might look upset while talking about compulsory training. The researcher would then ask them which part of the issue was offensive or agreeable to them or encourage them for further elaborations.

In relation to the program content, participants were asked “Why did you choose this program?”, “Which part of the program attracts you?” On the other hand, questions such as “Which kind of assistance from the management is the most useful? Why?” were used concerning the implementation of mandatory CPE. If the answer was study leave, the researcher had further inquired “How many study leaves do you have now?”, “Other than study leave, what other policies would be helpful to you? Please further elaborate.” and so on.

Moreover, during the discussion in focus groups, participants who expressed their agreements/disagreements or objections to others’ opinions were invited to further explain their thoughts by using prompt questions, such as, “Which area do you agree? Why? Can you further elaborate?”, “Do you disagree wholly or partly? Why? Please

explain in detail.” and so on. In short, the important technique of applying prompt questions is to remain calm and pertinent in manners and tones, without showing any positive or negative attitudes.

5.5 Conducting Thematic Analysis

All the individual interviews and content of focus groups had been transcribed from raw data to verbal transcriptions to ensure the accuracy. During the process of data collection, all the field notes and field journals were well-kept together with the interview records such as observations and summaries. After completing all the transcriptions, each protocol was compared once again with the raw field notes. Meanwhile the data are anonymized, i.e. turned into unidentifiable form with respect to interviewed individuals.

5.6 Themes Techniques

Saldana (2013) mentioned that themes serve phenomenology in cases like the study of the lifeworld – the world as we directly experience it pre-reflectively rather than as we conceptualize, classify, or reflect on it. As mentioned by Van Manen (1990), “...Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (p.9). Like coding, the thematic analysis of this research is a kind of strategic choice and key research design. It includes research questions, objectives, literature review and conceptual framework for which essential elements could be discovered one by one (Saldana, 2013).

Phenomenological research questions can help find out real lived experience. Sandelowski (2008) clarified that “Phenomenological research questions tend what it is like to be, to have, or to live” (p.787). Also, insightful discoveries can be dug out from themes as well. Saldana (2013) stated that “Theming the Data is appropriate for virtually all qualitative studies, and especially for phenomenology and those exploring a participant’s psychological world of beliefs, constructs, identity development, and emotional experiences (Giorgi & Giorgi, 2003; Smith & Osborn, 2008; Smith et al., 2009; Wertz et al., 2011)” (p.176). Regarding production of questions and themes,

themes obtained from analyzing the interview transcripts reflect knowledge, skills, attitudes and resulting worldviews. Small themes were analyzed and extracted from the transcripts of individual interviews and they were devised into clusters of themes. The data analysis led to 10 major themes.

5.7 The Scope and Summary of Participants

As mentioned before, scope of potential participants - their knowledge; vision and experience should contribute to the study. The scope and summary of participants will be presented in Table 14 and a summary of participants of Focus Group A to D is showed in Table 15 to 18 (Chapter 8 - Appendix, item 8.7).

1. CPE Participants
2. Experts of the nursing field
3. Providers of Continuing Nursing Education
4. College and association leaders
5. Academic experts

Charts 1 and Charts 2 presented below shows the working experience and level of education of the participants respectively.

Chart 1: Working experience of participants

Years of working experience	Numbers of participants
3 – 5 yrs	5
6 yrs – 10 yrs	6
11 yrs or above	11

Working Experience of Participants

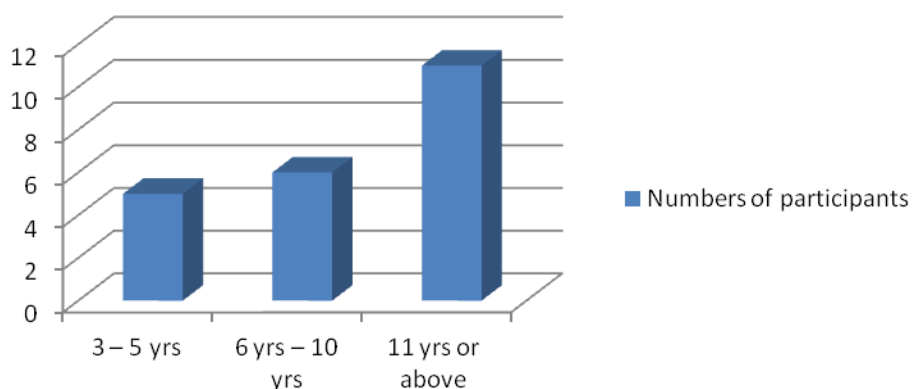
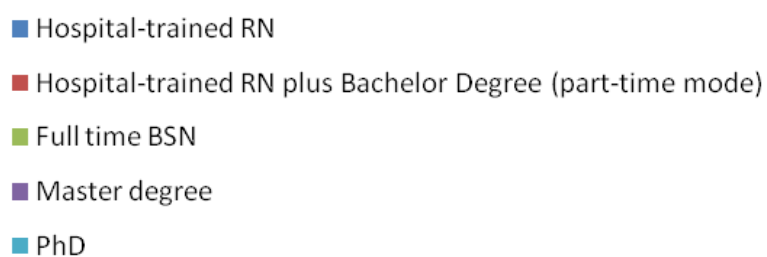


Chart 2: Participants' level of education

Level of education	Hospital-trained RN	Hospital-trained RN plus Bachelor Degree (part-time mode)	Full time BSN	Master degree	PhD
Numbers of participants	3	4	10	3	2

Participants' level of education



Chapter Summary

Chapter 5 begins with a discussion of how the data and interviewee responses had been analyzed. As a qualitative phenomenological approach had been adopted in this study, the treatment of the qualitative data and the core processes of phenomenological derivation including epoche, phenomenological reduction and imaginative variation were applied. In addition, making and analyzing thematic connections are discussed in detail. All the individual interviews and contents of focus groups had been transcribed from raw data to verbal transcriptions to ensure the accuracy. After completing all the transcriptions, each protocol was being compared once again with the raw field notes. Regarding production of questions and themes, themes obtained from analyzing the interview transcripts reflect knowledge, skills, attitudes and resulting worldviews. Small themes were analyzed and extracted from the transcripts of individual interviews and they were devised into clusters of themes. The data analysis led to 10 major themes which are presented in the coming Chapter 6 while the analysis and demographic information are illustrated in this chapter.

Chapter 6: Findings

6.1 Findings from Individual Interviews and Focus Groups

The researcher had immersed herself in whatever individual interviews, focus groups or data analysis in order to collect valid data. All individual interviews or focus groups were conducted by the researcher for obtaining reliable data for this study. Meanwhile, gathered information had been reviewed repeatedly so as to ensure the accuracy of interpretations for attaining validity and successful results.

These themes were objectively prioritized according to their relative importance and higher frequency of appearance in the individual interviews and focus groups. They were categorized into conceptual themes considered significant in the CPE practice. 10 key themes that successively turned up from participants' voices and opinions will be introduced one by one in the following:

Theme 1 Motivation to learn

As mentioned previously, it is found that learning motivation and effectiveness will be advanced when learners become conscious of their learning styles and such styles are noticed by facilitators (Knowles, Holton & Swanson, 2012). Regarding motivation to learn, nearly half participants mentioned it is important to have more updated courses related to the epidemic disease, such as infection control of updated arrival flu and new severe acute respiratory syndrome (SARS), mental health and alike. Exchange programs and study tours to foreign countries would be more attractive for nurses if they can obtain CNE marks and financial support for joining the same.

According to the participants, one of the motivations to learn is to catch the social trend. In addition, as geographically, Hong Kong is one of the major parts of China, more

courses related to Putonghua are recommended since many clients are now coming from the mainland China. Similarly, English is also important for nurses as documents like Patients' Records should be written in English. In addition, counseling and communication skills are also significant.

Three participants believed that their past experience could be beneficial to future learning. In addition, teaching strategies would have impacts on learners' experience. For example, under voluntary CPE, many courses were found repetitive with duplicated and out-dated contents that they were lack of interest and motivation to join. Learners were also frustrated since useful and popular courses like wound care and PRCC always had inadequate quotas.

Many suggestions were given by participants on this issue. The following participants had reviewed their perceptions:

From Interviews

Being an Advanced Practice Nurse and was teaching in the nursing school, Participant 14 suggested, "I believe that the implementation of mandatory CPE could have positive effects to all nurses; and arouse their motivation to learn. Considering it is required to fulfill certain hours of studies within a fixed period of time, nurses would not only stay at the graduate level and hence the standard of nursing could be enhanced with professionalism being shown to the public".

In relation to Program Content, Participant 8 remarked, "Courses which can broaden the mindsets of nurses are very useful and may help to arouse their motivation to learn. For instance, cross-discipline courses could help improving the nursing standard to meet speedy changes of the society and enhancing the adaptability of nurses to face challenges."

Participant 4 advised, “In my experience, I think nurses in private hospitals are more active and motivate to CPE study due to the internal audit, quality control, ISSO verification, etc. in private hospitals. Compare with acute hospitals, their workload is relatively lighter, too. Also, the hospital will arrange trainers to conduct courses in the hospital during office hours for which travelling time is saved and the costs are borne by the hospital. I hope public hospitals should learn from this practice.”

Participant 6 recommended below course contents that she was interested and may help to arouse her motivation to learn:

1. How long it takes for a patient to recover after having OT?
2. The level of anxiety and experience regarding hospitalization among different patients.
3. In view of medical knowledge, how long it takes for training a patient suffering from diabetic mellitus for self-injection?
4. Why the citizens tend to visit the Accident & Emergency Department even for small matters?

Participant 7 said, “Under the current voluntary CPE, both the program contents and varieties are not enough to motivate myself to learn.”

Participant 5 suggested, “It is important to have more courses which related to the epidemic disease such as updated arrival flu and mental health. Exchange programs and study tours to foreign countries would be more attractive for us if we can obtain CNE marks and financial support for joining the same. Courses that are cross-disciplines with broader and deeper perspectives are preferred too.”

Participant 12 advised, “I think more courses related to Putonghua are recommended since many clients are now coming from the mainland China. Similarly, English is also

at essence for us as documents like Patients' Records should be written in English. Communication skills are important, too."

Regarding course contents and recommendations of courses, participant 13 suggested that, "More spiritual courses could reduce the burn-out and high stress level. More psychological and spiritual support could reduce the burn-out rate." This participant planned to study a PhD in nursing in future, together with writing journals and attending more conferences. She added that "Since the knowledge possessed now will become history one day, I believe that one should keep receiving new nursing knowledge and education."

Participant 10 said, "There are many courses at present but the content is inadequate and somehow outdated. Thus, these courses cannot motivate me to learn. For example, the information of accreditation and clinical management should link to those in foreign countries. Holding more international conferences or seminars could help relieving the time lag problem of practices between different places". Participant 10 continued to share her thoughts, "I view that one should catch up with the advanced technology, and more courses would be available for selection under mandatory CPE, such as, bedside nursing, counseling, specialized topics, clinical management, etc. And it would probably motivate some nurses to pursue a Master degree or a Doctoral degree for their personal development".

Participant 4 stated, "The course should provide a comprehensive view of nursing industry. It would enrich the knowledge of the practitioner in the specific area."

Participant 7 said, "More course providers are needed so that there will be more courses for nurses to choose from. The courses available now in the market are inadequate."

Importance of e-learning

Concerning e-learning, following participants had reviewed their perceptions:

Participant 3 stated, “Learning through internet can save travelling time from workplace to classroom. Taking mandatory CPE course would not be favor for me to attend class on time or to motivate me to squeeze time on doing assignment”.

Participant 4 stated, “In my experience, I think public hospitals could refer to the practical methods private hospitals provided for helping nurses in obtaining CNE points. For example, setting up an online course list with application method which is more convenient for nurses to search, and may help to motivate them to search for suitable courses, and so a lot of time is saved.”

Participant 6 said, “In order to arouse staff’s motivation to learn, the intranet courses provided by my hospital could be improved in certain aspects, for instance, being more user-friendly.”

Depth of the programs/courses, seminars and lectures

Two participants had expressed following opinions regarding the depth of the programs/courses, seminars and lectures at present:

Participant 11 said, “Many courses provided by CPE providers currently are with fine topics but the context are not sufficiently in-depth. In order to motivate learners to learn, they should be more profound and keeping pace with the world trend.”

Participant 7 stated, “Programs, in addition to seminars and lectures, should also include workshops so that the attendants can learn more from the same. More games, for instance,

could be included too in order to raise the interests of the nurses and motivate them to learn.”

Voices from Focus Groups

Concerning motivation to learn, participants in both individual interviews and focus groups remarked that repetitive courses in the market would not be attractive because of lack of demand. On the other hand, popular courses provided in the market now are not sufficient. If more course providers are in the existing market, nurses could enjoy more freedom in choosing courses, contents and available teachers which in return will motivate them to participate.

In relation to nursing research, it was commented by the participants that some hot topics like evidence-based learning may motivate them to join in. Following participants had shared their opinions:

In Focus Group A, Participant 6 said, “It is advised that following should be included regarding nursing research courses:

1. How to assist anesthetist to incubate patients?
2. Types of drugs that anesthetist will prescribe to patients.
3. Different kinds of anesthesia and how/what to apply to patients.”

Participant 4 echoed to her advice.

In Focus Group B, Participant 8 advised, “In relation to evidence-based learning, I suggest to organize some researches with scope within the stroke blood pressure range, new drugs trial, and the alike. It would be useful to have more legal courses regarding

topics like how to prevent negligence charges; and also courses related to love and life education, communication skills and life support.” Participant 19 echoed to her advice.

In addition, Participant 19 mentioned that “One of the motivations to learn is to catch the social trend, for example, elderly problem in Hong Kong. Courses concerning these topics would be very useful.” Participant 18 and 20 echoed to her advice.

In Focus Group C, Participant 3 reflected, “I am interested in courses related to counseling or communication enhancement, obstetrics and gynecology. There is yearly staff development review in the hospital I am working at now and the staff is required to report to the ward manager about their learning objectives and motivation to learn, for which the effectiveness of achieving the same will be reviewed after a year.” Participant 12 and 21 echoed to her advice.

In Focus Group D, Participant 5 advised, “I think research courses are useful and I will like to join, for example, I like to learn how to conduct a survey for patients using the A&E services. The findings may help to know the underlying reasons and could reduce the workload of A&E in return.” Participant 9 agreed to his advice.

Theme 2 Barriers of implementing mandatory CPE at individual, institutional and societal levels in Hong Kong

Individual, situational and subject matter differences privilege some learners, while at the same time, could be barriers to nurses participating in CPE, for example, institutional barriers such as the lack of time and support from employers. Other individual barriers mentioned by the participants included heavy workloads, financial problem, time constraint, study-work-family conflict and family commitment.

Societal levels in Hong Kong

Societal levels barriers such as inadequate communication between the policy maker, public hospitals and the private sector were mentioned. More than half participants recommended that the communication between public hospitals and the private sector should be strengthened. Having connection between parties, practical policies and appropriate courses could be worked out together. Elderly caring centers should not be neglected, too. The following participants also expressed their views and identified some policies that might help them solving the problem.

From Interviews

The following participants mentioned that large organizations had given opportunities for nurses to further study but some problems such as tuition fee and the time availability occurred. Small profit organizations such as old age home would face numerous difficulties such as ill-equipped environment and concerns from both employers and employees.

Participant 5 said, “Viewing the different scales among different hospitals and nursing home in Hong Kong Society, it is difficult to estimate the workload of each individual and the extent of support for CPE the organization provided. Participant 5 further advised that, “Internally, the hospital should treat everyone equally, for instance, the way to decide who can attend the courses should be done randomly instead of reserving the seat for the seniors only. It would also be better if more CPE courses about complaints handling are offered, in response to the huge demand from private hospitals in this regard. In addition, communication among the Government, acute hospitals, and private hospitals is important. All parties should have similar directions.”

Participate 2 mentioned, “The situation becomes worse if some particular staff are required to take the course compulsorily. These may include the need for course screening and trainers for which considerable manpower and money would be consumed. Assessment would also be done based on outcomes, making too much effort to be

inserted. On the other hand, the trade union of nursing would take time for consultation on this issue.”

Participant 16 said, “I observe the barriers of implementing mandatory CPE are not only from the nurses, but some small-scaled organizations in Hong Kong, such as small NGO and old age home, which may not be affordable in offering adequate study leave or financial support to nurses.”

Participant 7 suggested, “In connection with human resources, plans should be made for staffing, such as the proportion between the numbers of nursing staff who are going for study and those who will be staying in the workplace. For the teaching mode, it is suggested that interaction between facilitators and participants is preferred for better understanding during lessons.” Participant 7 kept on saying that, “As long as the mandatory CPE is not being enforced, courses in the market would not be that attractive because of the lack of demand. Furthermore, it would be difficult for clinical staff to take leaves for study, considered that they were working on-shift and it was not easy to arrange study leaves for every staff fairly.”

Institutional levels in Hong Kong

Participant 8 stated, “In principle, I think hospitals would support mandatory CPE in the long run. However, our learning needs have not been matched. For instance, we cannot apply paid study leave or flexi-time for attending classes due to the roster duty system. Duty roster among colleagues will be affected if the course which we take lasts for over three months.”

Participant 9 commented that RNs in private hospitals were not supported by the employers. She mentioned an example in this regard. “Sometimes, ward managers usually do not allow flexi-time for staff to join CPE courses; and may not accommodate suitable timeslot for the staff that need to attend classes in the long run due to shortage of manpower and on-shift working schedule”.

Participant 13 advised that “The biggest barrier for the front-line staff is the lack of time, and hence study leave is thought to be the most important support. For nurses who have lower income like enrolled nurses and community nurses, more financial support could be granted. In regard to employer/agency support, I think the university I am now teaching at present has provided encouragement of taking CPE and also acknowledged my contribution. Sponsorship and study leave are offered for serving this purpose. In addition, the university would provide assistance to further the career pathway of staff and are considerate. Employers/agencies in general may support CPE of the staff according to their positions. For example, EN may be supported for clinical updates as they provide direct patient care whereas senior nurses may be provided for management updates”.

Participant 14 pointed out that “I think the management may not be able to approve paid study leaves to most of the nurses. A fair approach may be difficult to be taken. For those fresh participants, they would have an intention to complete the course as soon as possible but it is not easy to accomplish in reality”. Participant 14, concerning paid study leaves, she mentioned that it would not be easy for the employer/agency to provide a comprehensive support for all nurses. She remarked, “I observe that eight out of ten nurses want to apply study leaves and the level of education among nurses is getting higher and higher. Viewing the shortage of manpower, a fair system is quite impossible to set up. Moreover, work should always be at the first priority, while study as subordinate importance. This issue would be very challenging to the managerial staff, considering that such situation has already appeared now even under voluntary CPE”.

With regards of the support of paid study leave, Participant 3 thought that paid study leave is very important. Participant 3 said, “If our employer can provide sufficient paid study leave to us, we do not need to use our own resting time to attend classes.”

With regards of the theme of financial barriers among participants, participants generally thought it is very important. Most of the participants mentioned that it would be good if

the employer could sponsor for the course fully i.e. pay for the courses but some agencies might not be able to afford it. Participant 16 stated, “With regard to resources, I think financial support is also limited and thus it would be impossible to satisfy all applications.”

Participant 7 stated, “Small-sized agencies such as old age home may not be able to afford this”. Also, bringing out mandatory CPE is good in the long run, and quality of care could be improved; with lower readmission rate of patients, fewer infections of wounds and post-operating complications. But small organizations should be supported so as to relieve their financial burden. In this case, the employer could be of help”.

Individual level in Hong Kong

Participant 16 said, “Since voluntary CPE is not backed up by law, some nurses may not take any course and so self-directed method may not be that effective on its own.”

Participant 17 expressed that most of them were reluctant to spend their own holidays on attending classes. She mentioned that, “The manpower of public hospitals is limited that it is very difficult for nurses in certain wards to apply leaves for study. I think flexi-time may contribute to welfare such as ability to join CPE courses; and ability to care for family members”.

Participant 6 reflected the current situation in her working area. She said, “There are too many constrains in the study leave system in the hospital that I am currently working at. For example, even though I am very interested in attending post-registered certificate courses in Operating Theatre and want to be a specialized nurse in such area, I am not selected by my ward manager due to insufficient working experience”.

Participant 11 advised that “Paid study leave is critical to us as we have limited annual leave. I suggest adequate paid study leave should be granted for us to earn 15 CNE points per year.”

In relation to the theme of linking to promotion, it is seen that junior staff generally did not think earning more CPE points would be helpful for promotion; this might become an invisible barrier among them to strive for study. Participant 5 said, “For the time being, I cannot see any chance for promotion and I don’t think promotion is linked with CNE points.”

Voices from Focus Groups

Participants in 4 focus groups also expressed many ideas about the barriers among individual, institutional and societal levels faced by small scaled organizations such as old age home and practical focuses in personal aspect such as one’s own time, family, financial, and psychological constraints.

Both participants of individual interviews and focus groups shared the following similar viewpoints, for example, management might not able to arrange paid study leaves to most of the nurses. A fair approach might be difficult to accomplish.

In Focus Group A, Participant 15 mentioned, “the most effective strategies to relieve the burdens among nurses include granting paid study leave, allowing flexible duty arrangement and financial support. Flexi-time may contribute to welfare such as freedom to arrange private time; ability to handle significant personal matters; ability to join CPE courses; and ability to care for family members. Also, staff appraisal is done every year in my hospital. For which the CNE points obtained from the completed courses/study to be counted. This practice is quite similar to mandatory CPE. If the staff does not reach the set standard, increment might be frozen i.e. no salary adjustment”. Participant 6 agreed to her points.

In Focus Group C, Participant 12 remarked that “At present, Hospital Authority allows full-time nurses to study. However, for part-time nurses, only on-line courses are provided. As I work on a part-time basis, I had also joined those who are thought to be

useful, though it is not known or remembered how many CNE points were counted for each e-learning course.”

In addition, in Focus Group D, Participant 5 mentioned that, “Continuing learning is essential, however, individuals may be restricted accordingly by different factors including busy work schedule from their employer, tiredness, and limited energy”.

Theme 3 Expectation – the pace of learning in CPE

Almost 70% participants mentioned that the pace of changes, goals and purposes of learning vary among different individuals and organizations e.g. public hospitals versus private hospitals. Four participants from academic institutions mentioned the importance of the development of specialty nursing.

Five participants remarked that if nurses do not study CPE, they will remain on what they had learnt in the basic training level. Among the practical nurses, they viewed that keeping CPE on voluntary basis in the long run was an appropriate strategy because of the existing heavy workload in hospitals. If relevant support is insufficient, an abrupt shortage of nurses may arise. Also, in case of mandatory basis, many nurses might not be able to renew their licenses due to the failure in obtaining adequate CNE points. They would be displeased on one hand, and more importantly, hospitals may also be facing the lack of manpower on the other hand, leading to more serious problems such as high turnover rate.

From Interview

It is found that under voluntary CPE, one could study based on one’s time schedule instead of attending particular courses at a forced time slot or obtaining sufficient CNE points in a designated period. In relation to this theme, following participants shared their views:

Participant 3 stated, “It is very busy to work in an acute hospital. Voluntary CPE is acceptable but mandatory CPE may increase the work burden of mine and my colleagues. If relevant support is insufficient, an abrupt shortage of nurses may occur. Also, in case of mandatory basis, many nurses may not be able to renew their licenses due to the failure in obtaining adequate CNE points. They would be displeased on one hand, and more importantly, hospitals may also suffer the problem of the shortage of manpower.” She went on to remark that, “I recommend voluntary CPE should be maintained for at least 10 years so as to provide enough time for the staff to accommodate. Concerning the nature of the offering courses, I suggested that courses should be diversified and short courses with convenient location would be better for the staff in arranging time and more people are believed to attend. In addition, there are very few short courses in the field of counseling and communication respects for nurses at present.”

Participant 4 stated, “Voluntary CPE is better. I have been a RN for 4 years and now I would like to spend more time on acquiring knowledge in management and administrative aspects.”

Participant 5 stated, “Mandatory CPE can help enhancing the skills of nurses and it is essential for us to catch up with the advanced technology. In Hong Kong, I think that voluntary CPE is more feasible. Also, it would be better to let nurses building up a good long-term study habit first. In addition, I have only 3 years working experience, salary is lower and number of annual leave is fewer than other senior nurses. It would be exhausting for me to spend additional time and money while considering the strain of work in Accident and Emergency Department (A&E).” He further elaborated, “Comparatively, staff in private hospitals usually receive more complaints from clients and some rigorous managers whom impose pressure on them. Under voluntary CPE, one can study based on one’s time schedule instead of attending particular courses at a forced time slot or obtaining sufficient CNE points in a designated period. It is busy for working in the Accident & Emergency Department, especially in a busy private hospital,

we have to face too much pressure and great demands from clients, taking rest become valuable during leisure time.”

Participant 9 expressed, “it is more suitable to have voluntary CPE in the long run because of the shortage of nurses. Besides, I think that working experience is more important than attending classes because time for having practical training will be given up.”

Participant 11 was an EN beforehand and had become a RN since 2004 by finishing a part-time mode conversion program in Hong Kong. This participant had been working in an acute hospital, with experiences in isolation ward and medical ward. She said, “I think if mandatory CPE is put into practice, the nursing standard and profession could be enhanced. In contrast, disadvantages of enforcing the same would be shorten the time given for family or taking a rest, and also a shortage of manpower because on duty nurses will be less as they have to attend courses.”

Participant 11 further elaborated a phenomenon that was quite strange for her as well. She said, “I find some people who are holding bachelor degrees in other professions could join the nursing field by completing a 2-years master degree of nursing. I think these graduates, who have inadequate time for practice may have weaker practical skills.”

Participant 12 said, “In view of the family and the need to take care of it, it is believed that maintaining voluntary CPE should be better for those nurses who have their families and children. This is because it would be more flexible on taking care of the family matters and the work. In addition, flexi-time to work may help staff to care for family members. ”

Participant 13 said, “Voluntary CPE is more suitable for Hong Kong at present, considering the extensive pressure that brought to the staff under mandatory CPE. Although mandatory CPE could enhance the professional qualification and improve the quality of nurses, burdens and pressures arisen are thought to be the main disadvantages of implementation of mandatory CPE. Front-line nurses would also be impossible to bear same due to the heavy workload caused by the shortage of manpower. In contrast, voluntary CPE could also update clinical skills, knowledge and professional attitudes.”

Participant 14 stated, “the implementation of voluntary CPE however brings its advantages, viewing the majority of the nursing profession is female which easily faces work-family conflict. Under voluntary CPE, one can attend courses with own pace and with more flexibility, allowing one could be able to concentrate on handling family issues. In short, I think implementation of voluntary CPE is suitable for those professionals with female as majority.”

Participant 15 personally preferred voluntary CPE because nurses could choose the study area based on their interest. She stated, “Sometimes, I will join the courses even without CNE points, such as occupational safety health (OSH). I think that voluntary CPE is useful for me. As working in a private hospital, I require reporting to the ward manager about the CPE course that I would like to attend and she would record it on my appraisal form”.

Participant 16 said, “I have no preference for adopting mandatory or voluntary CPE, viewing that people who do studying should be self-motivated. For those nurses who are self-conscious, it is believed that under voluntary CPE, they could also have professional and personal growth, by viewing it as their job responsibilities. Besides, if the Academy of Nursing is officially in operation someday by law, it would be helpful for promoting mandatory CPE.”

Participant 17 said, “I prefer voluntary study i.e. implementation of voluntary CPE, considering that the time arrangement is scheduled on my own. I am also willing to study further as I want to be promoted to Advanced Practice Nurse. More choices are available to choose under voluntary CPE.”

It is found that the following participants slightly agreed to implement mandatory CPE in the long run. In relation to this point, they shared their views:

Participant 21 said, “I feel that if nurses do not study CPE or did not plan their own pace of learning in CPE, they will remain on what they had learnt in the basic training level.”

Participant 6 mentioned, “I agreed to implement mandatory CPE in the long run, believing that the whole industry could be improved; and Hong Kong nurses could be more competent and be emulative to foreign nurses in like USA and Canada”.

Participant 2 said, “As the vice-president of one of the colleges of nursing, we would like to carry out mandatory CPE but coordination from various aspects is needed. I think the problems such as lack of staff could be solved in the long run, say, in about 10 years time. USA and other countries are examples of settling those successfully for which we should be able to achieve that too”.

The following three participants expected that in future, if Hong Kong Academy of Nursing (HKAN) is established successfully in Hong Kong, it might help qualified nurses to identify the categories of specialized nurses but it would still need to take time for gaining full support from the public, policy makers, field workers and the like.

During individual interviews, 3 academic participants (no.7, 14 and 16) mentioned that in future, when Hong Kong Academy of Nursing is established by law, there would be specialized nurses and fellow nurses.

Participant 7 said, “In future, when HKAN is established by law, I expect there would be specialized nurses and fellow nurses. Clients might have more questions on issues about mandatory CPE. Also, the establishment of HKAN should run parallel to the implementation of mandatory CPE. If HKAN is established successfully, it would aim at helping nurses to identify the categories of specialized nurses, the duration of training and the scope of experiences required to become an Advanced Practice Nurse (APN).

Participant 14 mentioned, “If HKAN is established by law in future, I recommend and expect more efforts to be made in future on the topic of CPE courses so as to maintain the quality of CPE courses: more guidelines and more transparent learning outcomes”.

Participant 16 remarked, “After a short period of time, when HKAN is established by law, I expect more screening on curriculum and the like will be implemented by the authority in order to maintain the quality of CPE”.

Voices from Focus Groups

It is found that about 85% of participants who were favorable to voluntary CPE were discovered from Focus Group A, B, C and D. This phenomenon had already been explained before for which some scholars and college leaders could not participated in focus groups. Nearly all the respondents in focus groups were practical nurses.

In Group A, Participant 4 mentioned, “I think voluntary CNE is easier to accept, considering less stressful it is; especially for those senior family where heavier burden is expected.” Participant 6 echoed to her advice.

In Group B, Participant 8 stated “Voluntary CPE provides a room for nurses to study the subjects they are interested in which sounds to be more holistic and as expected or planned by their own schedules. For example, a nurse working in stroke field can learn about orthopedic without pressure or being forced. Currently, there is a staff development review system in hospitals that the ward manager will ask the staff to write down his or her learning target. This simply serves the purpose of reminder for some nurses from time to time if they cannot meet the targets.” Participant 20 echoed to her advice.

In Group C, Participant 3 said, “I recommend voluntary CNE should be maintained for at least 10 years so as to provide enough time for the staff to accommodate”. Participant 12 echoed to her advice.

In Group D, Participant 5 stated, “Voluntary CNE is more feasible, I think in order to overcome any unpleasant issues due to the change, it would be better to let nurses building up a good long-term habit first”. Participant 9 echoed to his suggestion.

However, it is found that two participants who were favorable to mandatory CPE were from Focus Group A and C.

In Group A, Participant 6 mentioned, “I think the implementation of mandatory CPE, in the long run, will be beneficial to general nurses to keep a good record of courses they had taken.”

In Group C, Participant 21 said that, “I feel that some mandatory courses are necessary for updating clinical practice and achieving good standard.”

Theme 4 Challenge of targeting the different learning needs among participants from varied background (why, what, how)

Voices from participants could be used as guidance for relevant policy makers, and employers in Hong Kong to design and address what could meet the learning expectations from learners. Five participants felt that CPE providers should perform need analysis to match different learners' and allow adult learners to have more autonomous decision-making.

It was raised by four participants that one of the reasons for them to continue learning was the staff annual appraisal system which required nurses to reach a certain amount of CPE hours. Five participants commented that the disadvantages of voluntary CPE were mainly the lack of motivation and encouragement for attending courses; and learning needs among learners were not addressed.

Thus, it was suggested that CPE providers should incorporate current practical needs into courses. For example, some courses were supportive to adult learning; three nurses commented that courses were not matched with the adult learning principle because they were always repeating and choices of courses were insufficient. While a mandatory system could enhance the whole professional standard, however, at the same time, certain extent of extra pressure would be brought along to the whole industry.

From Interviews

Almost 75% of participants mentioned that more time is needed to improve current problems in all respects. Take human resources problems as an example, those small scale agencies or employers (such as small old-aged home) might not have the ability to bear the risks from different aspects, such as allowing the nurse-in-charge to go for study during office hours. Participants were holding different views in this theme.

Participant 1 said "evidence-based study is very useful to clinical update especially I am currently working in neonatal intensive care section."

Participant 2 remarked, “In general, the situation and procedure in implementing CPE in other allied health professions like occupational therapist should be investigated. I also think that if some courses expect particular nursing staff to attend compulsorily, more dilemmas or problems could be foreseen. These may include the need for course screening and trainers for which considerable manpower and funding would be consumed. Assessment would also been performed based on learning outcomes.”

Participant 6 said, “I support the mandatory CPE and it should be promoted. But there are loopholes in the current system. For instance, in some occasions, after I attended some e-learning courses provided by the hospital, I did not get any CPE points or achieve my learning needs from time to time”.

Participant 7, being a scholar, had deep insights in CPE. She commented, “I think large organizations like the Hospital Authority are course providers that do not need to worry with the financial burden. Thus, they can address to the learning needs of employees. I also view that some private hospitals are also course providers that can support and be responsible for the burdens brought along with mandatory CPE. However, some small private old age homes, there may always be only one RN, together with health care assistants, to look after the entire center. These agencies or old age homes may not have the ability to bear the costs and risks such as, achieving the learning needs of every practical nurse, allowing the nurse-in-charge to go for study during office hours. ”

Participant 21 stated, “My employer supported me to study courses like PRCC courses, basic life support, seven effective habits, and wound care which were found very useful. I think my employer to large extent can address to my learning needs.”

On the other hand, voices captured from six participants regarding their employers did not address to their needs are shown in the following:

Participant 16 recommended that “In order to know more about individual learning needs, more market surveys could be conducted concerning the future topics of courses. In addition, I think enrollment number and attendance rate would be the indicators to reveal the popularity of the courses.”

Participant 13 states, “In Hong Kong, I think challenge of targeting the different learning needs among nurses from varied background is increasing. In addition, the disadvantages of voluntary CPE are mainly the lack of motivation, and encouragement for attending courses. On the other hand, a mandatory system could enhance the whole professional standard, and at the same time, certain extent of extra pressure would be brought along to the whole industry”.

Under voluntary CPE, choices of courses are limited. Participant 15 said, “The courses available now in the market, like pain control and first aid, are usually under similar topics and are always repeated. These courses did not address to my learning need. For example, the same course may be posted in Association of Hong Kong Nursing staff (AHKNS) in January, May and December respectively”.

Some participants commented that mandatory CPE may not be useful or helpful to meet their learning needs. This is one of the disadvantages of implementation of mandatory CPE. They reflected that the majority of nursing staff in Hong Kong are female whose need to take care of the family may not be able to strike a balance between work and study.

Participant 14 emphasized, “In the long run, I think that mandatory CPE could be practical provided that HKNC (Hong Kong Nursing Council) would grant certain exemptions to nurses who have difficulties like in health or family aspects such as offering sufficient channels for applications and showing empathic on those regarded as needy nurses. I also think that it is not difficult to achieve 45 CNE points every 3 years. However, it might be hard for those nurses who work in old age homes and so I suggest that surveys to be conducted by the agency to capture different learning needs and opinions among nurses.” Participant 14 also commented that “the disadvantages of mandatory CPE may come from its compulsory nature for which, under compulsory circumstances, many learners may only aim at obtaining CNE points instead of to think about their learning needs, and so they would just sit-in and sign for attendance. In contrast, the drawback of voluntary CPE could be that some staff may just sit at the back or do not join any courses”.

Participant 12 mentioned that, “On the contrary, nurses can go for study based on their own time schedule and learning needs under voluntary CPE; which is considered to be more relaxing mode of study. One can choose the subjects interested and such plan is easier to arrange. The feeling would not be good if one is being forced to study. Viewing the increasing work and study pressure, I may even consider changing my job. I also think that the biggest problem of mandatory CPE was insufficient time; and I choose to work on part-time basis also because of the lack of time!”

Participant 15 expressed that “fitting the schedule to the requirement of obtaining certain CNE points in a designated period would be one of the drawbacks of taking mandatory CPE. I feel that enforcing mandatory CPE is somehow a kind of punishment which does not meet my learning needs and affects my personal life. In contrast, implementing voluntary CPE may reduce the initiative of those very busy nurses to study”.

Voices from Focus Groups

Participant 4 in Focus Group A said, “I think in order to know different learning needs or styles among nurses, surveys or questionnaires to be conducted by course providers from time to time.”

In Focus Group B, Participant 18 mentioned, “I think it is not difficult to achieve 45 CNE points every 3 years. However, it might be difficult for those nurses who work in some small scale organizations, like NGO. Thus, I think surveys to be conducted by the agency to capture different learning needs among nurses. In the long run, I also think that mandatory CPE is workable, provided that the Authority would grant certain exemptions to nurses who have difficulties like in health or family aspects, offer sufficient channels for applications, consider those needy nurses and be emphatic”.

In Focus Group B, Participant 8 mentioned, “Compulsory courses should be offered to newly graduates or newly joined nurses e.g. preceptorship (A period of practical experience and training for newly joined nurses). I also suggest courses related to occupational safety should be organized more, for instance, courses managing the chronic low back pain and varicose veins among nurses. For spiritual courses, topics like psychological support for nurses, managing demanding patients and so on could be arranged.” Participant 18 in this group echoed, “I agreed with Participant 8’s advice. I think the above mentioned courses may meet our learning needs”.

Theme 5 Professional self-concept and perceived expectation from patients /clients regarding implementation of voluntary or mandatory CPE

According to Knowles (1973), as a person matures his/her self-concept moves from a dependent personality toward a self-directed human being; the commitment to CPD also demands a positive self-concept. Developing a positive view of self-concept beginning with reflective practice is one of the priorities of each profession (Friedman, 2012). Learning progress would also be affected by the self-concept of the participants themselves. For example, one may

study according to his/her ability and time. With CPE, nurses would not only stay at the graduate level; and hence the standard of nursing could be enhanced with professionalism being shown to the public.

From Interviews

Three participants mentioned that in Hong Kong, clients are nowadays paying more attention on their rights and obligations and their voices are definitely worth considering. The idea of participants could enhance improvement the work flow of nursing service and nurse-patient communication; and development of caring culture.

Participant 7 shared her view and said, “In Hong Kong, Patient Support Group would be interested on it. Also, good service quality is their major concern.”

Participant 12 reflected, “I think patients simply keep an eye on their rights and interests and place no concern on the choices. Hence, the expectations from both parties would eventually widen and form a communication gap. To fill up the gap, courses which can strengthen the liaison with clients or improve communication skills are significant.”

Participant 13 advised that “I wondered if the patients or clients know what mandatory or voluntary CPE is.”

Participant 14 shared similar view, “Apart from those patient support groups, I cannot see who will interest in it. Most of the patients shall care for the service received by the nurses such as how they are treated, and whether the service is up to standard.”

Participant 16 remarked, “I think client’s concern is the service quality that he/she receives.”

Participant 15 said “Clients may not know what voluntary and mandatory CPE are.” Participant 21 stated, “I think the content of mandatory CPE activities can achieve the goal of organization, considering that better patient care can promote patients’ recovery and reduce

hospitalization. Some mandatory CPE courses, such as those annual courses arranged by the employer, can help remind all staff the policy of the organization and the professional code of practice. In contrast, voluntary CPE can help nurses to strengthen the knowledge they are interested in and better clinical judgment and patient care can also possibly be achieved. I also think that previous experience may become one's knowledge which may also be applied in practice and eventually be beneficial to patients."

Participant 6 said, "The implementation of mandatory CPE could enhance the professionalism of nursing professionals. In addition, the image of the nursing graduates at present is still far left behind than that of the graduates from disciplines like law. In brief, we have to project a professional image. Mandatory CPE can lead to high standard and quality of care." It is observed that Participant 6 was very eager to be promoted and expecting for mandatory CPE for which nursing standard and image could be improved.

Participant 4 reflected, "Some of the courses offering 1 CNE point are not professional. For example, the massage course is not at universal standard. CPE providers should arrange more quality courses which can promote the nursing image."

Voices from Focus Groups

Nearly all participants in individual interviews and four focus groups agreed that CE is important and substantial. Supporting points included, with CE, nurses would not only stay at the graduate level; and hence the standard of nursing could be enhanced with professionalism being shown to the public. Also, for the newly graduates, as being the new generation, they are very energetic and would like to complete the master of nursing as soon as possible.

One common finding from individual interviews and focus groups was that clients nowadays are more educated and knowledgeable with good understanding of their rights;

and hence nurses would need to spend more time to communicate with them and understand their requests. Also, the support group for patients/clients would like to have mandatory CPE so as to enjoy higher quality of care.

In Focus Group C, Participant 21 stated, “I think previous working experience may become one’s knowledge which can be applied in future practice. With CE, we shall not only stay at the graduate level; and hence the standard of nursing could be enhanced.” Participant 3 agreed to her point.

In addition, in Focus Group D, Participant 22 mentioned that, “By continuous study, nurses can get rid of the image as “servants” by clients, and the professional standard could be improved”. Participant 5 echoed to her opinion.

Theme 6 Work stress would result from efforts to satisfy mandatory CPE

Even though some participants agreed to implement mandatory CPE in the long run, believing that the whole industry could be improved, negative feelings would result from efforts to satisfy mandatory CPE. Drawbacks may include bad personal experience, study, family and work conflict or work stress. Moreover, if some nurses are absent from work to attend classes under mandatory CPE, the work pressure borne by each working nurse might be increased; more importantly, they fear the loss of a license resulting in possible loss of their stable jobs.

From Interviews

Participant 1 mentioned, “A stable job is essential for me as I am now taking care of two children who are less than 12 years old and I have to disburse my income to household expenses. Pressure and stress would also be arisen in case of the implementation of mandatory CPE by the Hong Kong Nursing Council”.

Participant 10 said, “Examples of shortcomings of enforcing mandatory CPE may be creating stress and increasing the workload of nurses.”

Participant 12 mentioned that, “Although the implementation of mandatory CPE can help to make sure every nurse possesses updated knowledge, for some of the nurses, it may trigger stress to them. They are always busy even after work to handle various family matters. For some of the nurses, like those with family and babies/kids, it may impose stress that creates conflicts among work, study and family.”

Participant 14 noted, “Under voluntary CPE, one can attend courses with own pace and with more flexibility, allowing one to be able to concentrate on child care matters/growth too. In short, I advise that the implementation of voluntary CPE is suitable for professionals with female as majority. Furthermore, I also think that by adopting voluntary CPE, less stress is resulted. Since the courses chosen for study are according to one’s interests, other skills beyond one’s job nature can be developed and so one’s horizon and personal growth can be facilitated.”

Participant 21 noted, “I found some difficulties in my work place, for instance, clients and their relatives are too demanding. These factors may lead to work stress.”

Voices from Focus Groups

In Focus Group B, Participant 18 stated, “I think that implementing mandatory CPE may help to update nursing knowledge. On the other hand, pressure may also bring along to the industry. Besides, nurses who are pregnant may suffer from greater stress”. Participant 19 echoed that “I believe that mandatory CPE may exert pressure upon semi-retired nurses. Some of the nurses may not be able to achieve 45 marks every 3 years and thus losing their licenses which may in turn make the manpower problem more serious. Also, for nurses who are injured on duty or sick may suffer from greater stress”.

In Focus Group C, Participants 21 noted that, “I believe that mandatory CPE can help maintaining the common standard of nurses, but on the other hand, I think voluntary CPE is suitable for different life stages of nurses, personal needs and working life. It is more reasonable and less stressful to study at one’s own pace. Besides, it may be helpful for individual personal growth and updating professional knowledge”.

It is found that Participants 18, 19, 21 who were more senior or even semi-retired (working experience from 14 to 23 years) hoped that voluntary CPE could be maintained in the long run. In addition, they pointed out some predicament such as current human resources problems, work stress, and study-work-family conflicts among existing practicing nurses in Hong Kong.

Theme 7 Rigid approach of instruction in mandatory CPE would not fully match the principle of adult learning

Three participants commented that the rigid approach of instruction in mandatory CPE would not fully match the principle of adult learning. Under the stress of mandatory CPE, each staff would need to obtain certain criteria every year no matter they have time or not. However, the principle of adult education is that adults could enjoy SDL, not be controlled by others, be free and build up knowledge based on their interests, instead of following the development of advanced technology blindly. Lacking an environment for making steady progress incrementally, ineffective learning would be foreseen.

From Interviews

Five participants pointed out that learning should be self-oriented, not being forced by others. In relation to this theme, following participants had reviewed their perceptions:

Participant 5 said, “I think the compulsory study brought by mandatory CPE may bring conflicts to the goals of further study. In order to overcome any unpleasant issues due to the change, it will be better to let nurses building up a good long-term habit first!”

Participant 8 pointed out, “I prefer voluntary CPE as nurses will not be compelled to study by ward managers!”

Participant 9 emphasized that, “I am self-motivated and so a push is not needed! Besides, I think that working experience is more important than attending classes because time for having practical training would be trade-off. Moreover, in Hong Kong, for those RNs in private hospitals, most employers are not that supportive to them to study!”

Participant 12 remarked that, “If nurses can go for study base on their own time schedule under voluntary CPE, it is considered to be a more pleasant, happy and willing mode of study. One can choose the subjects interested and such plan is easier to arrange. The feeling will not be good if one is being forced to study!”

Participant 15 mentioned that, “I feel that enforcing mandatory CPE is somehow a kind of punishment which affects one’s personal life!”

Voices from Focus Groups

Pertaining to Theme 7, in Focus Group B, Participant 8 noted that “I feel it is a tiring job to count every month how many CPE points that I have been obtained”. Participant 18 commented that “I think that one of the disadvantages of mandatory CPE may come from its compulsory nature for which, under compulsory circumstances, many learners may only aim at obtaining CNE marks and so they may just sit-in and sign for attendance.”. Participant 19 said “I agreed with Participant 18’s viewpoints”

In addition in Focus Group D, Participant 5 was quite familiar with this topic and so corresponding opinions were given. He stated, “Mandatory CPE is treated as spoon feeding which cannot match the principles of adult learning.”

Theme 8 Preference for voluntary versus mandatory for CPE among participants (or vice versa)

Almost all the participants agreed with the viewpoint that CPE is important to everyone. A summary of these ideas from participants are shown as follows:

Generally speaking, CPD/CPE is used to prevent clients from mal-practice; but actually nursing profession is also being protected by the same, which enhance occupational safety. This is because the more familiar with the discipline one is, the easier for oneself to master the duty, and thus fewer mistakes are expected and the staff could be more confident in facing the daily work. The core issue of CPE should not be the question of legislation, but whether each worker is self-disciplined, well-prepared for psychologically, to be professional in their fields. Deeper understanding of CPE is in fact helpful to different parties, irrespective of the pros or cons; it would still be constructive to enhancement of practical and managerial skills as well as quality management.

First, it is found that several participants thought that liability risks could be reduced by enhancing the nursing skills and knowledge. Thus, this highlights the needs of a review of quality nursing care. Respondents supported voluntary CPE because it is more feasible and they shall have freedom to arrange private time for study. If relevant support is insufficient, an abrupt shortage of nurses may arise. Respondents who supported mandatory CPE stated that it could not be carried out by everyone due to the variation in one’s self consciousness and self-motivation. It is thought that not everyone is self-conscious and self-motivated. Nonetheless, the respondents who held this viewpoint were mostly working as nurses in large public hospitals or universities for

which they had to reach 15 marks for their annual staff appraisal forms. This is regarded as an implied rule that everyone should follow and almost no one was found not achieving the required marks.

From Interviews

Seven participants expressed their viewpoints to support mandatory CPE:

Participant 2 said, “As the vice-president of one of the colleges of nursing, we would like to carry out mandatory CPE for a long time as it is good for the industry which will become more professional. I thought that a mandatory basis is good for the long run, but, cooperation from various aspects is needed”. She also remarked that, “Nonetheless, it is believed that these problems could be solved in the long run, say, in about 10 years time. The practice in the United States and other countries has been successfully demonstrated for serving this purpose that we could follow.”

Participant 7, who is an assistant professor of nursing, said “Technology is changing daily. To catch up with the international standard, many advanced medical and health knowledge should be kept pace with. Mandatory CPE is not that difficult actually. For getting 45 CNE points in 3 years, it should not be a problem for me to get 15 marks per year.” She continued that, “I have never stopped the continuing nursing education and kept learning it helps to keep updating myself with relevant knowledge and applications in the industry. I support the mandatory CPE while it could help set up clear goals for studying and meeting the job requirements, so that the nurses under the system could easily follow the target.”

Participant 10 said, “Overall speaking, it would be better to implement mandatory CPE in the long run, though it is understood that some nurses who have families and work stress would prefer voluntary CPE.”

Participant 11 said, “Nurses like me are able to get the mandatory 45 CNE points. Although I agree with mandatory CPE, more marks should not be required further.”

Participant 15 remarked, “The implementation of mandatory CPE helps strengthening their knowledge whereas voluntary CPE allows them to choose from various courses based on their preferred time and interests.”

Participant 16 advised, “The advantage of the implementation of mandatory CPE is that it is easy to run. For example, by possessing the RN license from the UK nursing council, a RN needs to fulfill certain requirements like attending lectures. A RN needs to keep one’s own record as the council may check anytime the portfolios of RNs by sampling inspection. In other words, the nurse would need to monitor oneself and has mutual trust with others. Therefore, RNs in the UK understand that they should be professional and updated themselves from the time being.”

Participant 17 graduated from The Hong Kong Polytechnic University in 2007 and had been working in the medical ward. She had voluntarily applied to transfer to the intensive care unit; and all of her experiences as a RN had been obtained from a public hospital. She commented that, “The advantage of mandatory CPE is to help those nurses who are reluctant to study themselves by convincing and pushing them to develop the sense of self-improvement that would benefit the patients. Taking nurses in ICU as an example, some senior nurses did not acquire further study and so old-styled cardiac-pulmonary resuscitation (CPR) skills are still being used. Therefore, for safety measure, it is believed that certain courses like CPR have to be launched compulsory.”

More than half of the participants expressed their viewpoints to support carry out voluntary CPE. Examples are listed as follows:

Participant 3 stated, “I support keeping CPE on voluntary basis in the long run because of freedom to arrange private time for study. If relevant support is insufficient, an abrupt shortage of nurses may arise.”

Participant 5 mentioned, “I think voluntary CPE is more feasible as we can join CPE courses and have more freedom to arrange private time. As you know there are different scales among different hospitals and nursing home, it is difficult to estimate the workload of each individual may encounter in case of implementation of CPE in all sectors.”

Participant 6 stated “voluntary CPE would be favorable to the staff for choosing short courses and obtaining CNE marks at one’s own pace. This would be essential for personal growth”.

Voices from Focus Groups

Generally speaking, participants who had attended individual interviews, after listening to the brief summary of findings presented by the researcher (results like about half of the interviewees preferred voluntary CPE whereas the other half were in favor of the implementation of mandatory CPE in future), did not show significant changes in their original viewpoints.

In Focus Group C, Participant 21 said, “I feel that some mandatory courses are necessary for updating clinical practice and achieving good standard.”

In Focus Group D, Participant 22 pointed out that “I think the implementation of mandatory CPE could help improving the skills and education of individual nurses”. Participant 17 agreed to her point.

In general, participants who could attend both individual interviews and focus groups were mostly front line RNs working in hospitals. Thus, suitable time could be scheduled more easily among them. All of the scholars, college leaders and the like, who supported the implementation of mandatory CPE, could not join the focus groups because of their busy work schedules.

Theme 9 Substantive content of CPE that could keep the participants abreast of time in the nursing field

It is observed that substantive content of CPE could keep the participants abreast of time in the nursing field. The content of CPE activities can also achieve the goal of organization, considering that better patient care can promote patients' recovery and reduce hospitalization. Some CPE courses, such as those annual courses arranged by the employer, can help remind all staff of the policy of the organization and the professional code of practice.

From Interviews

Participant 8 said, "I believe that taking PRCC course is the first step for promoting to Advanced Practice Nurse (APN). This is because, if one would like to become an Advanced Practice Nurse, she can either study a Master degree or a PRCC course." Based on Participant 8's experience and expression, one of the important steps for promotion is to further study advanced practice courses.

Participant 7 said, "I think senior nurses were most likely to get promoted to Advanced Practice Nurse (APN) after the completion of post-registered certificate courses (PRCC)".

Participant 17 stated, "It would be better to have more courses related to new advanced equipment offered. Moreover, the organization should invite more experienced professionals (e.g. specialized doctors) to teach. It is because expert speakers could

share their views with the learners/participants from specific areas.” She added, “The implementation of mandatory CPE should be divided by levels, say, junior, middle and senior.”

Voices from Focus Groups

It is found that a large proportion of participants thought that course facilitators could help orientation to effective learning; and learning motivation will be advanced when nurses become conscious of their learning styles.

In Focus Group A, Participant 4 said that “PRCC courses are helpful to promotion because it is necessary for nurses to study PRCC courses in case they would like to be promoted to APN”. Participant 6 and 15 agreed to her idea. Participant 6 replenished that “I know that ward managers in private hospitals required nurses to keep good records by writing down their learning objectives”.

In Focus Group B, Participant 8 mentioned, “I like to join leadership programs to learn how to communicate with patients’ relatives and patients. In addition, I find that there are compulsory courses in the hospital like medical incident which is allowed for staff to choose from; and every nurse is required to learn about pharmacology. Nurses in Accident and Emergency Department need to take the cardiac-pulmonary resuscitation (CPR course) every three year. Also, they are required to attend an infectious control course due to the outbreak of VRE (vancomycin resistant enterococcus). I think these courses are very useful to us”. Participant 18 and 19 thanked her for the information.

In Focus Group C, Participant 3 mentioned, “Some mandatory CPE courses, such as those annual courses arranged by the employer, can help remind all staff the policy of the organization and the professional code of practice.” Participant 12 agreed with her.

Theme 10 Enhancement of professional and personal growth through mandatory CPE and voluntary CPE

There are two kinds of growth, personal growth and professional growth. Professional growth helps protect clients' safety and professional competence whereas personal growth is useful for career development (Onyango, 2012). Most of the participants agreed on the significance of CPE, such as upgrading the quality of nursing care, strengthening the confidence, improving professional image, and reducing readmission rate of patients. CPE could directly contribute to the retention of nurses too in respect of staff shortages. Three participants, on the other hand, thought that CPE is not very important because the knowledge learnt might not be applicable in daily practices. Three participants tended to harbor negative attitudes towards CPE implantation, considering the heavy workload with insufficient rest and the lack of support from employers.

Some of the respondents from individual interviews supported mandatory CPE to enhance personal and professional growth.

Participant 7 stated, "As a professional, keep brushing up one's own professional knowledge from time to time is good for ones mentally and physically, as being more confident and be more sincere in working. Since it is not mandatory, there are few choices for courses, teachers and providers. For example, if there are three universities organizing the same course, we can choose the location that is convenience to us. Also, enforcing mandatory CPE could indirectly help to alleviate patient readmission rate. Professional nurses, after learning the updated nursing care, could apply the same to the wards and can reduce patient infection rate and patient post-operative complication rate." She further elaborated that mandatory CPE would also play a role to professional and personal growth. Participant 7 stated, "If mandatory CPE is being enforced, more course providers will join whereas fewer choices are found under voluntary basis. Nurses can enjoy more freedom in choosing courses, contents and instructors. For instance, courses which are currently offered by one university only may be conducted by three universities under mandatory system, based on the demand and supply theory."

Participant 10 shared her thoughts, “I work in a private clinic where the majority of clients are foreigners. I need to equip sufficient and updated knowledge/information about drugs and treatments. Thus, more mandatory courses in these regards provided by the employer would allow us to explain to the clients. In addition, it helps to share new knowledge among colleagues.” She continued to say that “mandatory CPE was considered to be advantageous because nurses would be forced to engage in aspect of nursing fields, allowing them to increase their capability. For a private clinic, there are verification issues like ISSO and internal audit. Continuous study among colleagues could be useful in reaching the targets/requirements of ISSO and internal audit.”

Participant 17 mentioned that “if mandatory CPE is adopted, nurses must be able to learn something. By updating and reviewing health care knowledge, patients will be the final beneficiary.”

Some voices from individual interviews were not supported to mandatory CPE in enhancing personal and professional growth

Viewing herself as a self-directed learner, Participant 8 commented that “Mandatory CPE is for those people who are unwilling to study!”

Participant 21 mentioned, “I think that mandatory CPE cannot fully enrich personal growth because conflicts may exist between CPE and available time.”

Participant 3 commented, “In case of mandatory CPE, many nurses may not be able to renew their licenses due to the failure in obtaining adequate CNE points. I also think that mandatory CPE cannot enrich professional growth”.

Participant 5 said, “In order to overcome any unpleasant issues in case of mandatory CPE basis, it would be better to let nurses building up a good long-term habit first”.

Some voices from Focus Groups were not supported to mandatory CPE in enhancing personal and professional growth

In Focus Group B, Participant 20 remarked, “In the hospital I am now working, my employer did not provide any support to part-time nurses. I think the implementation of mandatory CPE may bring along stress to us rather than professional growth”. Participant 18 and 19 echoed to her voice that it is very common among Hong Kong health care settings.

In Focus Group C, Participant 21 stated, “The implementation of mandatory CPE may bring along pressure and problems like labor shortage rather than professional and personal growth”. Participant 12 added that, “As a part-time nurse, I worry about my financial status in case of mandatory CPE because there will be no income. If I need to use my own time to study instead of work. I will be at risk of losing my existing job. Thus, I think if I go to study instead of work, my position may be replaced by others during my absence!”

Voices from individual interviews that supported voluntary CPE to enhance personal and professional growth

Most of the respondents supported voluntary CPE because they can select their preferred courses. They could also study without pressure while obtaining CNE points after the completion of the course. Certain participants voiced out that by attending the classes outside, one could not only gain more knowledge, but also meet new friends. This provides a chance for sharing among them. Social contact is undoubtedly important for personal development for anyone.

Participant 11 mentioned, “Voluntary CPE can also help maintaining professional standard and knowledge although I agree to the implementation of mandatory CPE in the long run.”

Participant 14 stated, “I think it will be more relaxed by taking voluntary CPE since the courses for study will be chosen based on one’s interests”.

Voices from Focus Groups that supported voluntary CPE to enhance personal and professional growth

The majority of participants in both individual interviews and focus groups agreed that there are substantial advantages of voluntary CPE.

In Focus Group A, Participant 4 mentioned, “Voluntary CPE is easier to accept, considering it is less stressful and may also enhance personal and professional growth among nurses. Participant 15 echoed, “Voluntary CPE allows us to choose based on our preferred time and topics. Under voluntary CNE, we may be less eager to study as we are usually very tired after work.”

In Focus Group C, Participant 21 said, “I think most of the practical nurses in Hong Kong considered that voluntary CPE would be a feasible practice and to enhance personal and professional growing long-term, especially for the situation in Hong Kong and the critical environment of lack of nurses in practical and bedside aspects”. Also, Participant 12 supplemented that, “I think substantial advantages of voluntary CPE such as allowing inadequate time to handle significant personal matters from time to time and able to care for family members. The above mentioned advantage may also be facilitated by flexible working hours. In addition, the majority of the nursing profession is female who easily faces work-family conflict”.

To summarize, the above 10 themes were derived from individual interviews and focus groups. In the upcoming section, the influence of difference social settings in Individual Interviews and Focus Groups will be discussed.

6.2 The influence of different social settings in Individual Interviews and Focus Groups

In this study, many qualitative findings were obtained by the two research methods, viz., individual interviews and focus groups. To some extent, difference social settings in individual interviews and focus groups may influence the response of participants.

Table 13 shows the possible influence of social settings in individual interviews and focus groups in this study

Items	General response of participants in Focus Groups	General response of participants in individual interviews
Group pressure	To certain extent, depends on individual disposition	Nil
Willing to reveal personal information	Unlikely, or limited information They might adjust his / her behavior while performing in focus groups based on others' responses	More genuine personal view points and reactions such as his / her own thoughts, voices, opinions, experiences and knowledge could be obtained.

	They might explore taboo subjects	Not likely to talk about taboo subjects
Disclosure of personal weakness / problem	Unlikely, or limited information	Most often, sometimes with expressive gesture and facial expression
Reaction to strategies to promote CPE of nursing	Keen discussion because of the stimulation among each other. Strategies and recommendations to programs and various aspects (e.g. contents, curriculums, etc.) were enthusiastically commented on	Comments comparatively not so rich in content among practising nurses, only based on his / her own thoughts, experiences and knowledge

Notably, enthusiastic comments on individual interviews could provide more genuine personal viewpoints and reactions. On the other hand, critical viewpoints could better be collected through focus groups than that of individual interviews. Moreover, individuals usually remain silent or being unspeakable to ‘taboos’ whereas participants would have chance to investigate some ‘taboos’ or negative questions collectively in focus groups (Winship & Repper, 2007). Furthermore, positive and negative viewpoints would progressively emerge in focus group (Winship & Repper, 2007), while interviewed individuals tend to maintain their consistent stance throughout.

6.3 Validity and Reliability

A qualitative phenomenological study was selected for this study, considering that a suitable research method is preferred to facilitate the capture of in-depth data about

participants' voices and opinions. All codes were combined to form themes for which they were well-arranged thereafter and were organized in this thesis. In addition, appropriate treatment of the qualitative data and the core processes of phenomenology advancing knowledge derivation including: epoche, phenomenological reduction and imaginative variation were demonstrated.

In this qualitative research study, one of the important issues was to collect rich credible data. The data for this research were collected from 22 participants including 18 individual interviews and four conducted focus groups. Ten of the participants in focus groups had also taken the individual interviews. Basically, plentiful data and results were obtained successfully from the semi-structured interviews and focus groups. Regarding the findings, the researcher had inquired of her supervisors for further opinions via several e-mails and SKYPE meetings from time to time. Amendments had been made accordingly.

6.4 Reflection and Ways of Preventing of Researcher's Bias

As mentioned in the introduction, my personal interest in this CPE topic is longstanding. In addition, in the past ten years, I had received much information about nursing courses via various channels which allowed me to get familiar with the current market; for example, what providers are there, what courses and providers could be chosen, and how many CNE marks could be attained for each course. I am also familiar with this topic, as being qualified as a Hong Kong RN since 1989 with abundant experiences in both acute and non-acute hospitals. I also possess a Bachelor degree in health science (nursing), a Master degree in Management; and a Master degree focusing on research methods. In recent years, I concentrate on education and management work. Currently, I am attending many nursing courses or seminars with CPE points.

In addition, as mentioned before, CPE is being promoted in the working place recently. However, while conducting qualitative research, although I am favorable to voluntary CPE

in the long run, my experience, bias or phenomena that related to CPE were bracketed because these could bring misunderstandings to the participants.

Chapter Summary

Chapter 6 expounds responses from individual interviews and focus groups used to develop the ten themes. The researcher had immersed herself in whatever individual interviews, focus groups or data analysis in order to collect valid data. All individual interviews or focus groups were conducted by the researcher for obtaining reliable data for this study. The findings were organized into main themes. These themes were objectively prioritized according to their relative importance and higher frequencies of appearance in the individual interviews and focus groups. They were categorized into conceptual themes considered significant in the CPE practice. Responses from the participants who mentioned a specific theme were recorded, quoted and accounted for under that particularly theme. Comparatively, the findings from individual interviews could provide more genuine personal viewpoints, whereas more visions, recommendations and strategies were developed via the interactions in focus groups. On the other hand, participants might adjust his/her behavior while performing in focus groups based on others' responses. Finally, reflection and ways of preventing researcher's bias are explained in detail.

Chapter 7: Discussions, Implications, Recommendations and Conclusion

This chapter discusses the findings in the light of the theories presented earlier, insights on the characteristics and perspectives of the participants, social context, possible future research areas, meeting the future course demand, and observation on application of information technology. This research provides an insight that the self- directed learning (SDL) concept of adult learning theory cannot be totally applied in the nursing practice in the real world and motivation theories of intrinsic learning do not apply to everyone. As such this chapter begins with an analysis and critique of adult learning and motivation theories. Subsequently the implications, recommendations and conclusion will be presented.

7.1 Discussion

7.1.1 Analysis and Critique of Adult Learning Theory

Phenomenon as complex as adult learning could not be explained by a single theory, model or a set of principles; Merriam and Brockett (2007) said, “...part of their definition of adult education as “activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception, define them as adults” (p.8, italics added)” (Merriam and Bierema, 2014). The view of adult learning theory had significantly changed since the first study on adult learning in the 1920s. Merriam (2004) stated that “No longer is learning seen solely as a cognitive process taking place in the mind of the individual learner, and adult learning is not merely a laundry list of adult learner characteristics” (p.216).

In view of the principle of adult education, adults could enjoy SDL, not be controlled by others, be free and build up knowledge based on their interests; instead of following the development of advanced technology blindly (Knowles, 1975; Knowles, 1984b; TEAL, 2011). This research gives us an insight that the SDL concept of the adult learning theory cannot be totally applied in the nursing practice in the real world. In this study, it is found that SDL can be difficult for

more than half nurses on some topics or subjects that are very new to them; or those that have limited knowledge or require specific skill; they may still lack confidence. For example, research and technology must be taught in formal courses instead of self-learning due to the depth and difficulty in context. In addition, for topics such as how to deal with the media, relatives and clients' complaints nowadays, more than half of the participants mentioned that SDL is difficult especially for nursing staff in private hospitals. This had been achieved through the evidence from the research findings in this thesis.

According to the early work of Houle (1980), and Knowles (1980), early researches in SDL were descriptive, verifying the widespread existence of SDL among adults and documenting the process occurred (Abela, 2009; Knowles et al. 2011; Merriam and Brockett, 2007). Candy (1991) had written that learners' autonomy may "vary from situation to situation". Thus, educators should not assume that since a learner has been self-directed in one situation, "he or she will be able to succeed in a new area: Orientation, support and guidance may all be required in the first stages of a learning project." (p.309). Usually, SDL and andragogy are attempts by educators to define adult educations as a unique field of practice which may be differentiated from learning in general and childhood education. Merriam (2001) criticized that "Ironically, both have been criticized for a blinding focus on the individual learner while ignoring the sociohistorical context in which it occurs." (Abela, 2009, p.11). In this study, it is found that in Hong Kong, nurses are still trained in different systems (2-years or 3-years hospital training certificate and diploma, Bachelor degree and Master degree training) and nurses have different backgrounds and experiences. Due to their different background and training, their knowledge and skills may vary from person to person. So, it is rather challenging to assume that each learner will be self-motivated to attend CPE activities from time to time. In connection with this, the theory assumed that a learner has been self-directed in one situation should be redefined and further developed for using in the nursing discipline in Hong Kong.

In addition, both internal motivation and self-actualization are adults' goals of learning, leading to personal growth (TEAL, 2011); however, people have varying motivation. Regarding learners' internal motivation and need to know, Merriam and Bierema (2014) commented that "as with the other assumptions, there are situations where learning is mandated or where the learning

is in preparation for some future application. These situations present a challenge to the adult educator who cannot rely on the learners' internal motivation and need to know to become fully engaged.” (p.55). Therefore, if the course is compulsory, its engagement may be affected and resentment from learners may occur. In this study, five participants commented that the issue of implementation of mandatory CPE would not fully match the principle of adult learning. Under the stress of mandatory CPE, each staff would need to obtain certain CNE points every year no matter they have adequate time to study or not.

Today, scholars in SDL and andragogy are working hard to solve these difficult matters. A more likely scenario is that these two supports of adult learning theory continue to bring along debates, discussions and research, and by doing so, further enrich our understanding of adult learning.

7.1.2 Analysis and Critique of Motivation Theories

Adult learning theories abstractly describe the ways adults assimilate knowledge, skills and attitudes. One common theory is andragogy which will be analyzed in detail in this review (Abela, 2009; Merriam and Brockett, 2007). The importance of reflective practice and extrinsic motivation in adult learning is highlighted, especially because andragogy fails to address these important issues. Andragogy assumed that adults are self-directing and independent; and “are motivated more by internal than external drives” (Abela, 2009, p.11).

Motivation is another important support on which adult learning is built. There are two main groups of theories describing motivation:

- (1) Content theories: describing what motivates people
- (2) Process theories: describing how people are motivated

Nowadays, in Hong Kong, ward managers always face the problem of getting jobs done while satisfying the nursing staff. Motivating nursing staff is perhaps one of the solutions to the problem. Several motivation theories such as Maslow's hierarchy of needs are still quoted and applied in some studies. However, some drawbacks were found. In andragogy, Knowles

commented that adult learners are self-motivated (intrinsically). The theory has not focused on extrinsic motivation and particularly, the role of teachers is the main source of motivation.

Maslow's theory of motivation postulated that human motives develop sequentially according to a hierarchy of five levels of need: physiological needs, safety needs, social needs, esteem needs and self-actualization (Maslow, 1954). It is believed that the motivation factors are intrinsic factors, which may lead to higher job motivation. Maslow's hierarchical approach had been modified by Frederick Herzberg and his associates, by the two-factor theory of motivation. It consists of two groups of factors, hygiene factors and motivators (Westwood, 1992). Hygiene factors refer to variables such as working conditions, job security, salary, relationship with supervisor, fellow workers, and subordinates; personal life, company policies and administration; and fringe benefits. Hygiene theory interrelates more knowledge about motives, human nature and needs. On the other hand, motivation factors consist of intrinsic aspects of the job experience: meaningful and challenging work, recognition, achievement, responsibility and opportunities for advancement (Westwood, 1992). In brief, the absence of individual differences in the theories is one of the major drawbacks of these theories. In fact, as pointed out by Peyton, "most adult learners require the motivation provided by teachers for effective learning to take place" (Abela, 2009, p.12). Not all adult learners are equally intrinsically motivated and this further stresses the inadequacy of andragogy concerning motivation (Abela, 2009; Merriam and Bierema, 2014). Actually, there are raising needs of a mix of learning strategies, ranging from teachers' commands to student-directed learning. Certainly, this involves an amount of flexibility on the part of teachers (Abela, 2009). The most important step to clinch such a dynamic relationship is to perform a needs-assessment for students/trainees. In this study, 5 participants felt that CPE providers should perform need analysis to match different learners' needs among participants (why, what, how); and allow adult learners to be autonomous and have more decision-making. 6 participants commented that the disadvantages of voluntary CPE are mainly the lack of motivation and encouragement for attending courses; and learning needs among learners were not addressed. They also suggested that CPE providers should incorporate current practical needs into courses. As mentioned before, three participants commented that courses were not coordinated with the adult learning principle because they were always repeated and choices of courses were insufficient.

Also, based on the humanistic psychology, Merriam (2001) mentioned that “Knowles’s version of andragogy presents the individual learner as one who is autonomous, free, and growth-oriented. Critics have pointed out that there is little or no acknowledgment that every person has been shaped by his or her culture and society, that every person has a history” (p.6). Pastuovic (1995) further explored issues inherent in forming a scientific system for adult education. He discovered that andragogy is the technical application of psychological and sociological knowledge and not in itself “a science of the system of adult education” (Pastuovic 1995, p.289). This dynamic process can be achieved successfully by a variety of tools, for example, reflective practice; this will stimulate reflection and facilitate detailed search on certain topics in addition to personal development (Abela, 2009). In short, andragogy is a popular theory used in medical education. However, adult learning is beyond the scope described by andragogy. Certainly, (extrinsic) motivation and reflection are inadequately addressed by this concept (Abela, 2009). Merriam (2001) mentioned that “criticism, ongoing to this day, is the extent to which the assumptions are characteristic of adult learners only. Some adults are highly dependent on a teacher for structure, while some children are independent, self-directed learners” (p.5). In reality, each person has a history, social structures and institutions define objectively the learning process irrespective of each individual learner. Furthermore, motivation theories of intrinsic learning do not apply to everyone. In this study, it is found that four participants, who were about to retire and far away from the developmental stage in their career, were lacking motivation. External pressure might be required for them to learn new knowledge and nursing skills.

7.1.3 Insights on the characteristics and perspectives of the participants

About half of the participants mentioned that their agencies considered it is necessary for their employees to undergo CPE from time to time. In addition, 50% of participants considered that they may have difficulties in meeting the requirement of earning adequate CPE points if it becomes mandatory. More than half respondents perceived that employers like HA would be facing challenges in assisting the staff to meet the requirement. First, some employers are not providing study leave or financial support to the employees. Second, the manpower inwards or out-patient department would be running out if unexpected number of staff is attending the same seminar.

In Hong Kong, under a stressful environment with high living cost, the timing and the pecuniary costs for CPE activities are the chief concerns of nearly all participants regarding CPE. Among barriers, the greatest barrier for the front-line staff is the lack of time and hence study leave is thought to be the most important support to them. Thus, time management by each nurse is vital. On one side, they have to spare a portion of their time on CPE activities aiming to reach the CNE points as recommended by their Nursing Council periodically; and on the other side, they have to guarantee excellent quality and safe services to be provided.

As mentioned in Chapter 1 and 5, participants in this study were recruited via contact lists, universities directories and publications related to the nursing and relevant CPE providers. Meanwhile, the author had attended nursing-related seminars and courses in the past few years so as to get in touch with the current CPE specialists and participants. Participants were classified according to their years of working experience: Category 1: 3 to 5 years; Category 2: between 6 to 10 years; and Category 3: 11 years and above. The study focuses on three cohort studies across time with a group of people who shared a similar characteristic and experience, involving 22 participants in total. According to the qualitative findings, the most important concerns of Category 1 participants were financial and time constraints. Since their working experience was relatively short, they were having lower salary and fewer annual leave than those of senior nurses. It would be exhausting for them to spend additional time and money to pursuit CPE.

Most of the Category 2 participants tended to avert study-work-family conflict and preferred maintaining voluntary CPE as it would be better for these nurses to take care of their families and children. It would be less constrained over family issues, studying and the work especially when most of them worked irregular hours.

Regarding Category 3, in addition to the worry of study-work-family conflict, elder nurses might be more susceptible to physical and mental strain. A target of 45 CNE marks every three years may trigger work and study stress among them. Some nurses, especially those who are about to retire (and more remote from the developmental stage in their career), would lack the motivation, or external pressure may require for them to learn new knowledge and nursing skills.

In contrast, for those academic participants, they were very eager to educate the next generation and full of energy.

Eleven participants were rather favorable to voluntary CPE at present. They doubted that mandatory CPE to some extent may bring along pressure and stress to their working life and might create work-study-family conflict. In view of the need to take care of their family, participants believed maintaining voluntary CPE would be better for nurses with families and/or children. Voluntary participation would be more flexible for them to take care of the family matters on the one hand and work on the other. In addition, three participants commented that the issue of implementation of mandatory CPE would not fully match the principle of adult learning. In Andragogy, adult learners are self-motivated (intrinsically). The theory has not focused on extrinsic motivation and particularly, the role of teachers as the main source of motivation. In brief, the absence of individual differences in the theory is one of the major drawbacks of this.

Ten participants were slightly favorable to mandatory CPE (i.e. to be exact, every nursing staff must reach the target of 45 CNE points for 3 years cycle) in the long run for improving professional standards, provided that certain coordination and support would be given by employers. Professional nurses, after learning about updated nursing skills in mandatory CPE can apply the same to the wards to reduce patient infection rate, patient post-operative complication rate and patient readmission rate.

7.1.4 Social context

Regarding social aspects, in a climate of raising importance of knowledge, human capital emerges as an important issue and CPE is important for every industry. As such, an ordinary ward would need a proficient nurse for wound care dressing rather than developing a nurse theory. In other words, they should acquire knowledge that suits the need of the real health settings and social context, but not blindly for achieving CNE points. However, there are no legal provisions regulating employers to arrange flexi-time duty, provide sufficient study leave, financial support and proper flexi-time arrangement to relieve workers regarding to the fulfillment of the CPE points. These issues are believed to be solved by the concerned authorities in the near future.

In addition, societal levels barriers such as inadequate communication between policy maker, public hospitals and the private sector were mentioned. More than half of the participants recommended that communication between public hospitals and the private sector should be strengthened. Having connection between parties, practical policies and appropriate courses could be worked out together. Furthermore, elderly caring centers should not be neglected by the concerned authorities.

7.1.5 Possible future research areas

It is hoped that this study may trigger new research areas, such as the extent of family-work-study conflict, the feelings aspect of nurses at various seniority. Further investigations could also be made regarding the relationship between work-related well-being and the implementation of mandatory CPE.

It is expected that the findings of this research could also provide a ground to discuss whether voluntary CPE or mandatory CPE should be adopted in the long run. It is also hoped that this study may trigger more new research topics, such as relationship between

work-related well-being and the implementation of mandatory CPE in different occupations.

7.1.6 Meeting the future course demands

Furthermore, five participants pointed out that some mandatory CPE courses should be offered to newly graduates or newly joined nurses regularly in the form of preceptorship (i.e. a period of practical experience and training for newly joined nurses). These mandatory CPE courses also help nurses to develop a sense of self-improvement. Some mandatory CPE courses, such as annual courses arranged by the employer, could help to remind all staff about the policy of the organization and the professional code of practice. In addition, in order to promote occupational health among employees, courses related to occupational safety should be organized periodically by employers, for instance, how to prevent and care of chronic low back pain and varicose veins, and how to reduce work stress. The above suggestions by participants shed more light on how to improve on the work flow of nursing service and nurse-patient communication, as well as the development of caring culture in the long run.

In addition, more than half of the interviewees voiced that effective clinical teaching may help to reduce the stress in the clinical area or in wards; different context-based should be focused accordingly for which same could apply to different working sessions specifically. For example, Intensive Care Unit, Neonatal Unit, Accident and Emergency Unit are having different working environment. Obviously, evidence-based practice (EBP) is important to advance nursing skills. However, barriers would also appear sometimes. For instance, students who have studied evidence-based theory (EBT) may not be able to translate EBP into practice and apply the same (Fineout-Overholt et al., 2004; Green, et. al., 2014). Viewing this, in other advanced countries, by using EBP mentors, the gap between evidence and practice could be bridged (Fineout-Overholt et al., 2004; Green, et. al., 2014). Thus, Hong Kong could adopt this approach as well which would be especially useful for front-line staff in dealing with advanced practices.

In brief, it is observed that there is a need for a mentor system and increased quotas of some popular EBP courses such as resuscitation CPR/First-aid courses. Viewing this, employers should offer enough resources like employing adequate clinical mentors to coordinate and promote clinical EBP outcomes.

7.1.7 Observation on application of information technology

Nowadays, the widespread use of computers and the internet has made distance learning easier. It is hoped that the implementation of CPE could be a good pathway to acquire quality and updated knowledge, provided that various support is available from employers in different aspects. Also, if the design of continuing educational activities is based on SDL methods, they would be contributive to learners in terms of skills, interests, and knowledge (Dawna, 2006) but this would not be applied on spoon feeding or compulsory learning. The concept had brought the practitioner's attention. Among various hospital settings, CPE could help to maintain the quality of nursing care, ensure the competency in nursing and improve the delivery of good service, which would be beneficial to both clients and patients (Brunt, 2010; Curran, 2014; McCormack & Slater, 2006).

It is observed that technology, including DVD, internet, surveillance, camera, distant education and e-learning, could bring in better development of CPE with less effort and be more cost effective (Rushinek et al, 2014; Sangra et al, 2012). Regarding to those on-shifts professions like nursing, online learning platform helps to bring convenience and enhance teaching and learning (McCulley and Jones, 2014). Many participants pointed out that online education is getting more common nowadays, for which convenience and easy access is the primary concern. Also, if the majority of on-line courses could offer CNE points, it could even promote mandatory CPE and life-long learning in Hong Kong nursing and paramedical fields.

For e-learning system, different search functions should be enabled for easy reference and searching. For workers, CE can be regarded as a part of daily life. If it is on voluntary basis, it is believed that many nurses could pursue further studies based on

their personal interests and time schedules, etc. providing the e-learning platform, with the aid of multimedia which is applied to a specific topic, the barriers faced by the learners from traditional classrooms can be reduced (Cheung, Lam, and Yau, 2009). E-learning platform, e-courses and system infrastructure should be coordinated closely too. Otherwise, self-learning at home would be difficult to manage. Hotline advisers and regular training courses should also be provided to the learners. For instance, employees who rear/bear a child or need to take care of elderly may not be able to match with the ordinary class schedule; flexibility of time and location could save the time and cost in receiving updated knowledge in a speedy way. In order to achieve the same, institutions are required to implement appropriate e-learning tools and adopt e-learning solutions (Cheung, Lam, and Yau, 2009). Thus, the usage of advanced technology could facilitate the development of nursing practice in CPE. More than half of the participants gave recommendations to certain CPE topics. For example, it is suggested that courses related to robotic operation could arrange visits for participants to observe the operation process in person.

7.2 Recommendations

Viewing CPE is still in the stage of voluntary basis and mandatory CPE as an option yet to be enforced in Hong Kong; it would be a critical time to come up with the best choice among various parties. With regard to this study, several suggestions are made as follows:

Course focus on improving client handling skills and communication

Nowadays, it is observed that some private hospitals where three of the participants were working at have already acquired The Australian Council on Health Care Standards (ACHS) for which consultants will come and access the hospital environment regularly. This could improve the skills of nurses in handling clients and in clinical manifestation. In addition, problem-based learning clinical experience and communication course should also be taken into consideration; especially nurses are facing real-life setting everyday where many critical situations are to be handled. In order to apply management and nursing theories to reality, critical thinking and, more importantly, reflective

thinking cannot be neglected. In addition, it is suggested that courses should be more diversified with more new topics. For example, spiritual courses (e.g. relieving stress and nutritious courses) would be more attractive if CPE points and sponsorship are offered. It would be better if more relaxing programs or those for reducing anxiety/stress and communication courses could be offered.

Better coordination among different parties

On the clinical side, the burden of nurses in handling administrative work in wards could be reduced by providing a comprehensive computer system; whereas in the educational aspect, systematic SDL could be facilitated. These are the examples of good application of computerization. The idea gathered could be essential for the policy makers to investigate the issue from different angles, considering the perspectives from junior, middle and senior nurses; together with the viewpoints from private, acute and mixed experienced nurses. In brief, this study on the one hand support the need of CPE; while it also recommends to coordinate different parties such as those from academic for the delivery of CPE.

In those advanced countries, inter-professional orientation had been developed. Inter-professional orientation means that individuals on boarding programs are being listed in the same website and system-level; and participants could be RNs, physician assistants, APN or even supporting staff in hospitals (Ion et al, 2015). This kind of inter-professional orientation could not only reduce the repetition of similar courses in various websites under related disciplines, but also save human and financial resources. Viewing this, if Hong Kong could apply this concept, it would be beneficial to the further development of CPE.

Recommendations in Connection with Nursing Profession – Teaching and Learning

As for any general subjects, learning contract is a kind of written agreement between the teacher and the learner. Institutions should develop more SDL programs based on learners' availability.

Courses should be specific and updated in connection with the current requirement. A need analysis should be first conducted, for instance, increasing and developing evidence-based intervention in wards, elderly and clinical areas; more research work on cultural context such as elderly home and rehabilitation centers. Psychosocial advanced research courses and community nurses training are also examples of popular programs. In addition, it is suggested that an inter-departmental committee should be established, for which representatives to be sent by each hospital, to unify the courses in avoiding excessive repetition or being unorganized. For those courses which are always full, they can also consider to arrange more classes and advanced-level classes.

Moreover, since more than half of the participants considered that the traditional lecture model would need to be transformed to more diversified delivery methods in today's situation, it is important to consider how the courses could be well-matched the needs of adult learners. Foley and Kaiser (2013) also mentioned that diversified delivery methods such as virtual learning and self-paced study are useful in guiding adult learners to achieve expected learning outcomes. In addition, course providers should introduce more group discussions among the attendants and classrooms with group settings may be more suitable for lectures. In the case of a seminar, since it mainly focuses on the information delivery by the speakers, venues like a hall could facilitate and accommodate more people.

In addition, some useful CPE courses currently organized in public hospitals could also be organized in private hospital and old-age homes. For example, mandatory CPE courses available in some public hospitals include: (1) Fire safety; (2) Infection control; (3) Data privacy; (4) Occupational safety. And the modes of learning could include e-learning, video show, workshops, seminars, question and answer.

Recommendation on Study Trips or Conferences

It is suggested that in addition to study leave, subsidies could be extended to trainings and study trips to foreign countries for which CNE marks could also be obtained.

(A) Subsidies for Staff Individual Training

One example is the training for patient counseling and communication skills. If nursing staff can receive CNE points and subsidies from employers for attending a specific training, they would be more active in participation.

(B) Leadership Development and Public Image Programs

It was reiterated by more than half of the participants that management courses are essential, such as the way to tackle the public image and the media during crisis. Also, as mentioned before, five participants advised that nursing profession is being viewed by the public as a low-status profession. The same was also mentioned in recent scholars' forum. Hoeve, Jansen and Roodbol (2013) stated, "The online forum used by Liu (2010) to explore nurses' perceptions of their work role on the basis of Chinese cultural and gender roles shows similar results. Participants mentioned that they would not encourage their children, especially their sons, to become nurses." (p.304). Until now, nursing is still being recognized as a feminine, low-status profession and as a 'subordinate to doctors' in various countries (De Araujo Sartorio & Pavone Zuboli 2010; Huffstutler et al. 1998,) or as 'the doctors' shadow' (Hoeve, Jansen and Roodbol, 2013; Liu, 2000). Therefore, it is recommended more training should be provided for nurses in monitoring and reacting to the media so as to improve the nursing image in public i.e. moving toward professionalism. In this regard, course leaders of CPE should actively offer more relevant courses and encourage nurses to attend those. One of the most effective methods is to grant CNE points or paid leave for nurses to study courses about how to tackle media.

(C) Overseas Study in Foreign Countries on Enhancement of Nursing Development and Professional Growth

Overseas study is believed to be important for local nurses such as international conferences on advanced technology and advanced research skills. Also, by studying virtual reality and advanced quantitative research, clinical knowledge, and practice could be updated and caught up with the researches in foreign countries. Moreover, attending international conferences could provide an opportunity for the experts to share their experience and knowledge with participants.

Examples for short-term implications include spending more time to set up the system for applying paid study leave. Regarding long-term implications, in the future, it is believed that the establishment of HKAN would be attractive for nursing staff to become a fellow member. With the presence of HKAN which is specialized by law, it could promote further studies among nurses. Then, the study of training mode for specialty nurses, qualification requirement for specialty nurses; establishment; the role of specialty nurses and management; and basic requirements for specialty nurses training could be determined.

Problems of manpower and finance

In addition, it is recommended the profession should tackle the problem of shortage of manpower and financial difficulties of some agencies now and future. Financial support to needy employers/agencies is also necessary from the Government. It is foreseeable that RNs in some elderly homes are facing heavy workload such as supervising junior staffs from the Mainland China or even being in charge of the whole centre. It is thus quite impossible for them to go for study while on-duty and employers may not approve either. To further elaborate, for those NGOs and elderly homes, employers may not be willing to input many resources into educational aspect.

Nevertheless, any form of assessments of CPE has its own drawbacks. There is no exception for mandatory CPE. As mentioned previously, one of the shortcomings of mandatory CPE is the practicality issue. This issue could explain why 11 participants

were in favor of voluntary CPE because mandatory CPE would eliminate those nurses who cannot reach 45 CNE marks every 3 years, reducing the number of nurses and worsen the labor supply. Viewing this, if authorities could solve these problems in the near future, it would be beneficial to the further development of CPE.

7.3 Implications

It is hoped that CE planners can take this research as reference in planning the preferred method of delivery of CPE programs/courses. They should also provide more chances and courses in some remote working places like self-instructional modules (Walsh 2003).

Implications for practice

Under the current system, nurses can choose the area for advanced education based on their interests. If it becomes a mandatory system, nurses (RN) are compulsorily required to earn 45 CNE points within 3 years which can induce them to study. However, at the same time, this may also trigger work and study stress among nurses.

Five participants said that many hospital-based trained senior nurses need further improvement of nursing skills to cope with the rapid and daily change of technology (such as CPR equipment and machines). On the other hand, the top management should consider providing flexible working schedules, sponsorships, cost reimbursement and study leave to support the CPE programs. Thus, a comprehensive committee should be set up to liaise with various parties including the Hong Kong Government, HA and private hospitals on the matter of CPE courses in the long run.

Implications for Regulatory Boards

About half of the participants had voiced different opinions on the regulatory board. For example, quotas should be increased for certain courses, and junior or middle-ranking nurses should be given more opportunities for enrolment of management courses if they are interested in that area. In addition, nurses, who have retired or will retire soon (age about 50), should not be left unattended. It might be difficult for them, both physically and mentally, to reach 45 CNE marks every 3 years; and some of them may like to retain their licenses even after retirement for part-time jobs. Hence, keeping CPE voluntary could be a solution for this group of nurses. In addition, these senior nurses had contributed to the Society for a very long period of time.

Implications for courses providers

About 50% of the participants suggested organizing more mental health courses for general nurses. In the researcher's viewpoint, certain courses in other helping professions such as social work could be introduced to the nursing field, with different focuses; for instance, emotional-focused therapy, anger management, counseling and communication courses. If staff has knowledge about anger management and skills such as emotion-focused therapy, clinical work would be facilitated by knowing how to address the complainants and conflicts could be reduced. It would be definitely beneficial to nurses, clients and their relatives. As for learning contract, institutions should develop more SDL programs based on learners' availability.

Implications for employers

With regard to the nursing profession, workers in the nursing industry are facing greater stress for which more understanding and allowances are needed (Mohammed, 2010; Codde, 1996). More than half of the participants hoped their employer could support them (by granting study leave and financial subsidy) to attend courses with CNE points. As known by more than half of the participants, large organizations, such as HA in Hong Kong, has offered flex-time arrangement and some paid study leave for the staff whereas the same practice seems not to be provided by old-aged homes and private hospitals. Also, voluntary CPE was thought to be beneficial to those busy and on-shift nurses,

especially front-line nurses, for which they can choose the topics based on their interests.

7.4 Limitations of the Study

There are some limitations to be acknowledged, mostly related to sampling constraints.

First, nowadays, due to the rule and regulations of different hospitals and health settings, including the need to obtain consents from hospitals to contact the clients, it is rather difficult to capture the opinions or voices directly from clients and concerned relatives.

Secondly, due to the relatively small sample size, the findings might not represent the whole nursing population in Hong Kong. The qualitative study involved 22 participants in total but not the whole population of RN and EN registered in the Hong Kong Nursing Council. Hence, the findings from this study could not represent the full perspectives of all Hong Kong nurses on CPE.

Thirdly, since English was used during interviews, some registered nurses who were not fluent in English had declined to participate in this study.

7.5 Originality / Valuable Contribution

This research aims at enhancing and broadening the existing knowledge on CPD/CPE. CPE planners in Hong Kong should be informed by this study in relation to the complexity of the issue and individuality of nursing staff. In addition, both Western and Asian studies were employed and analyzed in conducting the literature review; this could help to provide a comprehensive discussion concerning the implementation of CPE in the nursing profession.

Implications and recommendations were given based on the findings. It is believed that these recommendations could not only be beneficial to nursing staff, but also to all stakeholders.

Regarding the theoretical contribution of the thesis, this research provides an insight that SDL of adult learning theory cannot be totally applied in the nursing practice in the real world. For example, research and technology must be taught in formal courses instead of self-learning due to the depth and difficulty in context. This has been achieved through the evidence from the research findings in this thesis.

In addition, motivation theories of intrinsic learning do not apply to everyone. Some nurses especially those who are about to retire and far away from the developmental stage in their career, lack the motivation to learn and it might be required external pressure to force them to learn new knowledge and nursing skills.

The second contribution of this thesis is practical. For example, in targeting the assistance for nurses on stress related to work and study, it is shown in the thesis that the focus should be on nurses in middle level management who have accumulated some working experiences, who are relatively mature and often have children; as well as nurses who are nearly at retirement age. This has also been achieved through the evidence from the research findings in this thesis.

Further practical contributions of this study could be engaging the stakeholders and spreading awareness of the research problem in Hong Kong, Mainland China, Taiwan, and Macau.

Another contribution of the study is its focus on qualitative methods and analysis of CPE in nursing, in contrast to other scant researches on similar subjects and those that have, mostly use quantitative methods to gauge CPE phenomena. These quantitative approaches can only gauge limited opinions on CPE practices. This qualitative approach has proved in broadening and deepening our knowledge about CPE in the nursing field.

7.6 Conclusion

Some scholars considered that CPD/CPE is being set for explaining the theory of Andragogy or addressing the principles of adult learning (Dawna, 2006; Doherty, 2008). In fact, under actual circumstances, CPE is believed to be a tool to enhance practical

knowledge and to meet the demands of advanced technology (Dawna, 2006; Doherty, 2008). Therefore, not only the nursing profession, but every profession would also need to have good navigators i.e. teachers who are capable to design practical courses/seminars for learners to select; and more diversified delivery methods to be adopted in today's situation. As mentioned before, employers should also offer enough resources like employing adequate clinical mentors to coordinate clinical EBP outcomes. Regarding strategies to help the staff pursue CPE, four participants mentioned that a thorough plan related to staffing, materials delivery and financial support should be established to facilitate the effectiveness of further study.

CPE is a controversial and highlighted topic in contemporary Hong Kong, where the place of CPE across different fields has received considerable attention over the last ten or so years. In Chapter 1, the study sets a general context for the research encompassing the history and current issues. In Chapter 2, it deepens the review of relevant literature. The literature could be related and contrasted to the major points of the argument and used cumulatively to illustrate the purpose and intended contribution of the study. Chapter 3 expounds on the conceptual framework, i.e., the structural interrelationship and logical development of the relevant concepts in adult learning principles according to adult learning theory and motivational theories. Chapter 4 explains the methodology employed, with special focus on phenomenological concepts explicated by the main theorists. Chapter 5 begins with a discussion of how the data and interviewee responses had been analyzed. A qualitative phenomenological approach had been adopted in this study. Chapter 6 explains how the interview responses during individual interviews and focus groups were used to develop the ten themes.

Chapter 7 concludes the thesis by presenting discussions, examining implications and making recommendations. Analysis and critique on motivation theories and adult learning theory are explained. Also, the importance of extrinsic motivation and reflective practice in adult learning is highlighted. Adult learning theory describes abstractly the ways adults assimilate knowledge, skills and attitudes. In view of the principle of adult education, adults could enjoy SDL, not be controlled by others, be free and build up knowledge based on their interests. Individual, situational and subject matter differences privilege some learners, while at the same time, could

be barriers to nurses participating in CPE, for example, institutional barriers such as the lack of time and support from employers. Other individual barriers mentioned by the participants included heavy workloads, financial problem, time constraint, study-work-family conflict and family commitment.

To conclude, in Hong Kong, it is observed that a gap exists in the literature concerning CPE/CPD in nursing disciplines. Also, difficulties faced by workers to achieve the objective marks of CPE were not deeply investigated in the past research studies. In this study, individual interviews and focus groups were applied for which in-depth and valuable data were extracted from mixed methods. Thus, participants' voices and opinions of nursing profession in Hong Kong in case voluntary CPE is being changed to mandatory CPE had been captured and analyzed.

More than half of the participants remarked that the most effective strategies to relieve burdens among nurses are paid study leave, flexible duty arrangement and financial support. Moreover, strategies on different levels like employer, agency, and government and so on were raised by participants during interviews and focus groups. In brief, appropriate strategies by the agency to alleviate the burden of implementation of CPE in nursing are significant for every nurse. Learner's satisfaction also plays a key role in attending the mandatory CPE. It is hoped that the authority should not only pay attention on the CNE points as it might bring the loss of interest in studying. Failure to maintain independence and initiative in one's own hand, learning would possibly become painful and unpalatable. Concerning the demand for existing CPE courses, participants in both individual interviews and focus groups remarked that courses provided in the existing market are not very sufficient or diversified. One of the reasons is that courses available currently in the market are not attractive because of repetition from time to time.

In future, if more course providers are in the market, nurses could enjoy more freedom in choosing courses, contents and available teachers. However, it might be hard for those nurses who work in old age homes and some small scale organizations to join. Therefore,

it is necessary to have more concrete support from employers to nurses working in these organizations.

It is also found that in Hong Kong, nurses are still trained in different systems (2-years or 3-years hospital training certificate and diploma, Bachelor degree and Master degree training) and learners have different background and experiences. Due to their different background and training, their knowledge and skills may vary from person to person. So, it is rather challenging to assume that each learner will be self-motivated to attend CPE activities from time to time. In addition, there may be a significant concern to keep pace with the professional development of other health professions, such as physiotherapist, occupational therapists and social workers, where CPE is still under a voluntary mode. In addition, about 50% of participants pointed out some predicament such as current human resources problems, work stress, and study-work-family conflicts among existing practicing nurses in Hong Kong. Despite some of the insights and findings of this study that mandatory CPE would be one of the approaches to uphold a high nursing standard, perhaps these pragmatic concerns may be the paramount consideration in deciding on a voluntary or mandatory CPE system in Hong Kong.

Chapter 8: Appendix

8.1 Sample Interview Transcript (extracted major content)

Date of interview: Wednesday, 27 November, 2013

Place of interview: Participant16's Workplace

Time of Interview: 6:45p.m. to 7:50p.m.

Participant 16: Female, Professor and Head of Nursing Faculty of one of the local universities, Education: PhD

Interview was conducted in a conference room of one of the local universities, free of noise and interruption. The participant was very courteous, erudite, friendly, cooperative, and motivated. The interview lasted for 1 hour and 5 minutes.

I = Interviewer

P = Participant

Boldface = Guiding Questions and Probe Questions

I: Can you tell me a bit more about yourself at your career pathway since qualified as registered nurse?

P: I was born in Hong Kong and I had moved to UK to study nursing when I was 18 years old. I had become a registered nurse after completing a diploma in nursing in a

hospital-based nursing school in UK. After working as a clinical nurse for a year in UK, I was promoted as a night sister by merit. After a period of time, I had a chance to work as a nursing teacher in the London Royal College. Then due to the need for caring my newborn son, I had returned to the hospital and worked as a part-time night sister for 4 years, in charging seven wards, with bed side nursing including burn unit, accident & emergency, spinal unit, etc. Later on, I had again worked in the nursing school as a full-time clinical teacher/nurse tutor and was promoted to be the head of a diploma program thereafter. In 2000, I came back to Hong Kong to teach nursing in the faculty of nursing of a local university. And now I am the head of faculty and a professor. I possess RN licenses in both UK and Hong Kong and have clinical practice for many years in both places [laughter].

I: So, you have rich experience in being a bedside nurse tutor, as well as in the areas of administration and research aspects?

P: Yes, correct, thank you.

I: What are your experiences on CPD/CPE?

P: Regarding CPE/CPD, I am now focusing on the cognitive skills aspect, such as commissioning of new hospitals and ensuring the professional standard or even the international standard of education. In addition, my current research area is women abuse.

I: Thank you for your sharing. It is very interesting. The following 5 questions will focus on the advantages and disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing.

P: Okay.

I: What are the advantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list

P: I think the advantage of the implementation of mandatory CPE is easier to run. For example, in order to process the RN license from the UK nursing council, a RN needs to fulfill certain requirements like attending lectures. Also, a RN needs to keep one's own record as the council may check anytime the portfolios of RNs by sampling inspection. In other words, the nurse would need to monitor oneself and has mutual trust with others. I also believe that it would not be too costly and consuming to carry out mandatory CPE. In case of any matters, for instance, in UK, malpractice leading to death of clients, the nurse would need to go to the coroner court for elaboration and explanation in UK. Therefore, RNs in UK understand that they should be professional and should be mandated and prepared themselves to be up to date. On the other hand, voluntary CPE also has its merits. Employers and employees can both save some money and resources.

I: Thank you. The next question I would like to ask is: What are the disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list.

P: Well, regarding the disadvantages of mandatory CPE, there are 2 aspects. First, both employers and employees would need to spend money on course fees. Employers may need to give paid study leave. As you may also remember that "time is money, money is time", right? In contrast, since voluntary CPE is not backed up by law, some nurses may not take any course and so self-directed method may not be that effective on its own. Also, the disadvantage of such implementation could be the money cost for which time and effort will be required to check each listed nurse. There's a common saying that "little tiger does not bite from time to time".

I: Base on your understanding, to what extent does voluntary CPE contribute to professional and personal growth development? Please explain

P: Hmm. I believe for those nurses who are self-conscious, under voluntary CPE, they could also have professional and personal growth, by viewing it as their natural responsibilities. Besides, I think if the Academy of Nursing is officially in operation someday by law, it would be helpful for promoting mandatory CPE.

I: From your perspective, in the long run, to keep CPE on voluntary basis instead of mandatory (or vice versa)? Please explain.

P: Hmm. I think that from employers' perspectives, RNs could be asked to self-update by contractual agreement. For instance, I have given guidelines requiring subordinates to self-update every year and time-off has been granted for them to study. If CPE becomes mandatory which is backed up and supported by law i.e. legislation, all listed nurses will have to fulfill the required CNE points. Nurses who fail to submit the same would mean they could not renew their licenses and could not claim themselves anymore as registered or enrolled nurses. However, viewing the great number of nurses and various types of work within the nursing industry, arrangements including reallocation of manpower are involved. In addition, there may be some concerns while finding substitute nurses to relieve nurses to attend classes such as the fear of labor shortage which in turn may affect the operations of all units. Besides, it would be difficult for clinical staff to take adequate paid study leaves for study, considered that they are working irregularly or on-shift and it is rather difficult to arrange paid annual leaves for every staff fairly.

I: Based on your understanding, to what extent does mandatory CPE play a role to professional and personal growth? Please elaborate.

P: Hmm. I think mandatory CPE plays a major role to professional growth; and nurses would need to monitor their own matter. Also, under mandatory CPE, they could also have personal growth as they shall go through some useful learning process. However, there's no guarantee that nurses would have clinical updates even if they had attended CNE courses and got the said CNE points. Therefore, I usually ask staff to write more research paper, observe community needs and try their best to find out any evidences so as to check whether the newly learnt knowledge from CNE courses are workable. [smile]

I: The following questions will be focused on (i) the latest situation of hospital settings in Hong Kong; (ii) difficulties members may face with implementation of Mandatory Continuing Professional Education of nursing in future; and (iii) what kinds of policies that employer/agency can provide for pursuing Continuing Professional Education of nursing?

P: Okay [smile].

I: Base on your understanding, how can employer/agency provide any help for pursuing Continuing Professional Education of nursing? Please explain.

P: Well, market surveys could be conducted by different agencies relating the future topics of courses in order to know more about their staff's individual needs. In my working place, lecturers supervised by me are required to have two weeks of clinical practice every year and this is already included in the contractual agreement. If the same is not complied, I will first remind them, followed by individual meeting and warning letters. If there is still no fulfillment of the requirement, they would not be able to renew their contracts. Fortunately, they usually have more than two weeks of clinical practice done.

I: Does the employer/agency consider it is necessary for its nursing employees to undergo CPD from time to time?

P: Well, I view that there are some small organizations such as old age home or profit making organizations which are to some extent profit-in-mind and with ill-equipped environment. Also, as working under a closed system where focus is only placed on the sufficiency of manpower to provide services, nurses and employers may feel that they have no time or are not necessary to spend much time for further study. I also know that there're many caring centers that are not well-equipped and are not run by professionals. Recipients do not care about what nursing care to be received due to ignorance and money savings. When I had meeting with the persons in charge of some caring centers sometimes, they asked why nurses with degree are necessary. They actually

do not know the reason/importance and other members in the meeting would help to explain to them in detail.

I: How should the employer/agency consider EN/RN employees' difficulties to meet the requirement of the CPE points (as stipulated by HKNC) if it becomes mandatory basis? Please elaborate

P: From my perspective, it is not difficult for every RN or me to reach the target of 45 CNE points for a 3 years cycle if employer can provide adequate study leave and financial support to them. I also think that 45 CNE points for 3 consecutive years is a minimum requirement and there is not an agency or employer's problem; the difficulty is related to the people's understanding i.e. whether they understand that continuous education is necessary for patients and safety. Since we are already in a learning environment, there would be no problem for nurses/learners generally. Problems occur mostly for those service-oriented nurses such as in caring centers who are having too heavy workloads. Nurses working in these organizations are usually not paying much attention in issues like latest research findings and so on. Also, there's no feedback to them and they are not stimulated to study and update their nursing knowledge. Hence, learning problems emerge and there would be lack of motivation to learn.

I: Based on your understanding, do the authorities of employers/agencies consider that it is necessary to implement mandatory CPE in Hong Kong nursing?

P: Well, I think big agencies like universities would do so. However, for small organizations such as old age home or profit making organizations may not think so as their focus is on the sufficiency of manpower to provide services. In addition, I also think that if some courses expect particular nursing staff to attend compulsorily, more dilemmas or problems could be foreseen. These may include the need for course screening and trainers for which considerable manpower and funding would be consumed. Assessment would also been performed based on learning outcomes, making too much effort to be put in. On the other side, the staff union would need time for consultation.

I: Based on your understanding, do you think patients/clients consider that it is necessary to implement mandatory CPE in Hong Kong nursing?

P: Hmm. I feel that clients do not intend to know about CPD/CPE directly, but for them, it is more important that whether they can receive good care from nurses. Also, clients' interpretation on CNE depends on how we inform them. The most important concern is to inspire trust and nursing care skills in order to meet clients' needs.

I: Would you mind elaborating this point?

P: Okay. I think I may use an analogy, will you ask a pilot how many CPE that he or she had taken this year? I think the answer is no. As you know, from customers' perspective, this is the basic self-discipline for which we trust him or her as a professional pilot or otherwise we would not take the plane [laughter]. Right?

I: Thank you! That is a lively example and really interesting! [laughter]

P: Yep.

I: What types of policies (such as flexi-time, paid study leave, financial support, linking with promotion) should be considered by the employer/agency to alleviate the burden of implementation of mandatory CPE in nursing? Please elaborate.

P: To motivate the nurse practitioners to enroll CPE, I think flexi-time, paid study leave; financial support, etc are good strategies. However, more care should be paid when considering linking CNE points with promotion. In case every staff could reach the target of 45 CNE points for 3 years cycle, how many of them could be promoted actually? I shall talk about this later. In addition, although knowledge update should be one's self responsibility, if there is vacancy of senior positions, I shall probably take this past CPD/CPE records among the staff into account. Likewise, financial support is also limited by resources and thus it would be

impossible to satisfy all applications from each employee. In my working place, I usually give two weeks per year to subordinates to have clinical practice. However, how much time, financial support, etc. should be given to staff? For example, our professional staff is given conference grants for participating in professional development e.g. overseas conference, etc. Emergency funds are also available for special training. Regarding linking promotion, there are actually not enough positions for nurses to get promoted. But, in case there's vacancy of a senior position, CNE training record and frequency will be considered in order to decide which staff to be promoted.

I: How these drawbacks could be improved?

P: Well, we could only try to be as fair as possible. To conclude, the employer may not have enough resources and so it is not uncommon to observe too much application for limited resources.

I: As a member (on list) of Hong Kong Nursing Council (HKNC), do you prefer voluntary CPE rather than mandatory CPE (or vice versa)? Why? Please explain.

P: Hmm. I have no preference for adopting mandatory or voluntary CPE. I feel that it is not our choice, whether CNE to remain voluntary or become mandatory, as this is got to happen and nurses should get to be self-discipline.

I: What is meant by no preference for implementation of mandatory or voluntary CPE?

P: I think nurses doing CPE should be self-discipline and self-checking is necessary.

I: What recommendations do you have for future efforts on the topic of CPE of nurses? What kind of programs would you like to join? Please explain.

P: I recommend that more market surveys to be conducted relating the future topics of courses in order to know more about individual learning needs. At the moment, one can simply investigate the attendance of various courses. I think that doing market survey is the most effective way to obtain participants' opinions, for instance, topics designed should depend on individual learning needs, more bottom up courses, and so on.

I: Would you mind to further elaborate or give an example?

P: Okay. For example, courses with no/less people to join reflect its unpopularity whereas courses which are full house always mean they are popular and useful. In brief, it is important to address the learning needs of professionals. For example, more popular courses like wound care or post-registration certificate course could be arranged as they are always full. Also, more nursing researches and how to apply them in practice could be taught in those research area courses. And, I suggest having more training courses like ECG and wound care which not only focus on skill-based, but also on knowledge-based and research aspects. Also, courses should be more practical, for example, how they could be applied and beneficial, and most importantly, addressing clients' needs.

I: Any other points you would like to add?

P: Firstly, I like to reiterate in future, if carrying out mandatory CPE, small agencies or organizations should be supported because those like old-age home are not CPE providers where imbalance situation may be expected. As you know that those old-age home and NGO, employers may not be willing to input many resources into educational aspect; in other words, employers may not wish to trade-off part of the working hours. In addition, due to their small scales, human resources problems may be arisen. This would be the reason why they are reluctant to spend resources, time and materials. Also, problems occur mostly for those service-oriented nurses who are having too heavy workloads. Thus, learning problems may emerge and there would be lack of motivation to learn. Secondly, most employers of private old-age homes actually do not know the reason and importance for updating professional skills and knowledge; the authorities may need to explain to them in

detail. Thirdly, I like to emphasize again doing market survey is the most appropriate and effective way to reach learners' motivation to learn, for example, topics designed should depend on individual needs and more bottom up courses. Fourthly, for future nursing development, nurses should be able to apply programs like research. These courses should be designed more practical on, for instance, how they could be beneficial and applied on, and most significantly, addressing clients' needs. Fifthly, I also think that another disadvantage of mandatory CPE could be related to career opportunities. For instance, my subordinates who had already caught up with sufficient training could not be promoted to a more senior position consequently by me or my employer. That is why I always mention that care should be paid when considering the linking of CNE points with promotion. In case every staff could reach the target of 45 CNE points for 3 years cycle, how many of them could be promoted actually? Likewise, I also like to remark that financial support is also limited by resources and thus it would be impossible to satisfy all applications from each employee (in my university, some of them are professors or assistant professors), but could only try to be as fair as possible.

I: In closing, I would like to thank you again for taking the time to meet with me today. Keep in touch and I shall share the results of this study when it is completed.

P: Thank you and you are a good interviewer [laughter]!

Completion of Interview with Participant 16

8.2 Sample Focus Group Transcript (extracted major content)

Date of Focus Group C: Tuesday, 5 December, 2013

Place of interview: Cafe

Time of Interview: 5:20p.m. to 6:20 p.m.

Demographics:

C1 (Participant 12 in individual interview): Female; Education: Hospital-trained RN, works in private clinic, part-time RN

C2 (Participant 3 in individual interview): Female; Education: Hospital-trained RN, works in public hospital, Obstetrics Unit

C3 (Participant 21 in individual interview): Female; Education: BSN; RN, works in a acute hospital, Gynecology unit

Interview was conducted in a cafe. Participants were friendly and cooperative. Focus Group C lasted for 1 hour.

I = Interviewer

P = Participant

Boldface = Guiding Questions and Probe Questions

I: The first two questions: (1) Tell me a bit more about yourself at your career pathway since qualified? (2) What are your experiences on CPD/CPE?

C1, 2, 3: Okay.

C1: Hmm, I am a hospital-based trained registered nurse (RN) graduated from Queen Mary Hospital (QMH) in 1990. I had been working in the gynecological ward in QMH until 2001. I had changed to be a part-time RN since 2002 and had started to work in the QMH private clinic (gynecological) as a part-time RN since 2007. I had also studied certain short courses in the Hong Kong University SPACE like Counseling for Nurses.

C2: Well, I graduated from a public hospital for many years, and I am a hospital-trained registered nurse as well. I had further studied for midwife in 2009 and possess a lot of working experiences such as orthopedic, surgical and radiology. I also participate in many CPE courses including wound care and infertility counseling.

C3: I also graduated in 1996 from the hospital-based training in a public hospital. Then I completed the Bachelor of Nursing in 2001 from La Trobe University (a joint program with CUHK). I had attended a wound care course recently which offered CNE points and only I could join the same in the whole ward.

I: **Now, let me tell you about the summary of preliminary findings from individual interviews.**

C1, 2, 3: Okay

(Remark: the summary of preliminary findings from individual interviews would not be repeated here. Findings like ten participants were slightly favorable mandatory CPE.)

I: **After listening to my summary, any one would like to change your preliminary viewpoints regarding the attached 16 questions that you had answered during individual interview? If yes, please voice out.**

C1, 2, 3: No, thanks!

I: What are the advantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list.

C3: I think reinforcement of further study among nurses is an advantage of implementing mandatory CPE. In addition, mandatory CPE could help maintaining the common standard of nurses, whereas flexibility is a merit of voluntary CPE. Viewing nurses are all mature and most of them work on shifts, voluntary one is considered more suitable and useful for personal growth. Compare with mandatory, voluntary is thought to be better because of the increasing inadequacy of manpower. Nurses including myself may prefer to study using our leisure time.

C2: I view both of them can help the nursing profession in updating knowledge.

C1: Well, I think, to some extent, both of them could help updating our knowledge.

I: Thank you for your sharing. The next question I would like to ask is: What are the disadvantages of Mandatory versus Voluntary Continuing Professional Education of nursing? Please list.

C2: I consider that one disadvantage of Mandatory versus Voluntary Continuing Professional Education of nursing is that learners cannot choose courses for different areas or based on his/her own interest to study. In addition, CPE points are not related to personal learning entirely.

C1: I agree with C2. I think even one could not submit CNE records to the supervisor doesn't mean that he or she had learnt nothing. Also, I think although personal growth is very important, family matters should not be ignored too and much of time is required for children bearing and rearing. In addition, mandatory CPE may not be useful or helpful. Viewing the pressure brought along, I might even consider changing my profession. Furthermore, the biggest problem of mandatory CPE is insufficient time resulted, especially for those nurses who are on-shift and have families. As you know I choose to work on part-time basis now also because of lack of time.

C3: I also agreed with the other two participants since voluntary CPE is suitable for different personal learning style and needs.

I: **Regarding this question, does anyone like to add any point?**

C2: No, for the moment; I shall tell you later if anything comes to my mind.

I: Okay.

I: **Base on your understanding, to what extent does voluntary CPE contribute to professional and personal growth development? Please explain.**

C2: I think flexibility is a merit of voluntary CPE.

C3: Since voluntary CPE is suitable for different life stages of nurses, I think voluntary CPE may be helpful for individual personal growth and updating professional knowledge.

C1: I agree to them. This is because it will be more flexible for them to take care of the family matters on one hand; study and work on the other.

I: **From your perspective, in the long run, to keep CPE on voluntary basis instead of mandatory (or vice versa)? Please explain.**

C2: I think voluntary CPE is suitable for different life stages of nurses, personal needs and working life. Thus, I recommend voluntary CPE should be maintained for at least 10 years so as to provide enough time for the staff to accommodate.

C1: I agree with C2. It is more reasonable and less stressful to study at one's own pace. Besides, it would be helpful for individual personal growth and updating professional knowledge.

C3: I agreed with the other two participants since voluntary CPE is suitable for different life stages of nurses.

I: Based on your understanding, to what extent does mandatory CPE play a role to professional and personal growth? Please elaborate.

C3: Hmm. I think mandatory CPE could help maintaining the common standard of nurses. In addition, the content of mandatory CPE activities could achieve the goal of organization.

C2: I think mandatory CPE to some extent may bring pressure and stress to our working life which might create work-study-family conflict.

C1: I agree with C2. I think personal growth depends on how an individual learns and his/her own attitude.

I: The following questions will be focused on (i) the latest situation of hospital settings in Hong Kong; (ii) difficulties members may face with implementation of Mandatory Continuing Education of nursing in future; and (iii) what kinds of policies that employers/agencies can provide for pursuing Continuing Professional Education of nursing?

C1, 2, 3: Okay.

I: Base on your understanding, how can employer / agency provide any help for pursuing Continuing Professional Education of nursing? Please explain.

C3: I think paid study leave and flexi-time are important. In addition to these offers or arrangements, I suggest courses should be diversified and short courses with convenient location would be better for the staff in arranging time. Also, I find that there are very few short courses in counseling and communication respects for nurses at present.

C2: Well, I also think paid study leave is important. In addition, nurses shall choose the subjects as they like instead of assigned by senior nurses. I think if I can choose, I

would like my employer to organize courses related to counseling or communication enhancement, obstetrics and gynecology. In addition, there is a yearly staff development review in the hospital I am working at and the staff is required to report to the ward manager about their learning objectives, for which the effectiveness of achieving the same would be reviewed after a year.

C1: I agree with C2 and C3. In addition, it is essential to provide paid study leave not only to full time staff, but this policy should also be applied pro rata to part time staff. [Look grudgingly]

I: Does the employer/agency consider it is necessary for its nursing employees to undergo CPE from time to time?

C3: Hmm. I think my employer consider it is necessary for us to undergo CPE from time to time. For example, there are four mandatory CPE courses available in my hospital: (1) Fire safety; (2) Infection control; (3) Data privacy; (4) Occupational safety, and modes of learning include e-learning, video show, question and answer and so on.

C1: As I am a part-time nurse, I think my employer only consider it is necessary for full time nurses to undergo CPE from time to time because no financial subsidy or paid leave will be subsidized to part time nurses. At present, Hospital Authority allows full-time nurses to study whereas for part-time nurses, on-line courses are provided. [Look helplessly]

C2: I also think my employer consider it is necessary for full time nurses to undergo CPE. In my opinion, if too many staff attends CPE at the same period of time, hospitals might also be facing lack of manpower and leading to more serious problems.

I: How should the employers/agencies consider EN/RN employees' difficulties to meet the requirement of the CPE points (as stipulated by HKNC) if it becomes mandatory basis? Please elaborate.

C2: First, I think paid study leave and financial support are substantial as limited time is the major difficulty. More courses for updating nursing knowledge and the common

diseases in Hong Kong could be arranged as well; for instance, hypertension, diabetes mellitus, and cardiac problem and so on.

C1: I agree with C2.

C3: I agree with C1 and C2

I: Based on your understanding, do the authorities of agencies consider that it is necessary to implement mandatory CPE in Hong Kong nursing?

C2: Well, I think big organizations will consider that it is necessary but not for those small scaled organizations, like old-age home.

C3: Due to shortage of manpower, I don't think employers consider now is the right time to implement mandatory CPE in Hong Kong nursing. However, I believe that the content of mandatory CPE activities can achieve the goal of organization, considering that better patient care can promote patients' recovery and reduce hospitalization. Some mandatory CPE courses, such as those annual courses arranged by the employer, can help remind all staff the policy of the organization and the professional code of practice.

C1: Hmm. I agree, I also think at present it is definitely not the right time to implement mandatory CPE in Hong Kong nursing.

I: Based on your understanding, do you think clients consider that it is necessary to implement mandatory CPE in Hong Kong nursing?

C2: Hmm. I think clients do not know what voluntary or mandatory CPE are. [Laughter]

C1: I think so. I also view that myself and colleagues are generally motivated to learn and thus mandatory CPE is not necessary at the moment. [An annoying look]

C3: Even though clients do not know what voluntary or mandatory CPE are, I am sure they will benefit from the implementation of mandatory CPE as quality of care will be improved; better patient care can promote patients' recovery and reduce hospitalization.

I: What types of policies (such as flexi-time, paid study leave, financial support, linking with promotion) should be considered by the agency to alleviate the burden of implementation of mandatory CPE in nursing? Please elaborate.

C2: I think employer/agency can provide paid study leave, flexi-time system to nurses; this may contribute to nurses to have freedom to arrange their private time, and be able to join CPE courses [smile].

C1: I think paid study leave and flexi-time system are useful to help us to allocate time to care for family members.

C3: I agree with C2 and C1.

I: As a member (on list) of Hong Kong Nursing Council (HKNC), do you prefer voluntary CPE rather than mandatory CPE (or vice versa)? Why? Please explain.

C2: I prefer voluntary CPE rather than mandatory CPE.

C1: I agree [smile].

C3: I agree with C1 and C2. However, I think some mandatory CPE courses available in my hospital are very useful to nurses, for example, infection control.

I: C3, Would you mind to further elaborate?

C3: Okay. I think if nurses do not study CPE, they will remain on what they had learnt in the basic training level.

I: What kind of programs would you like to join? Please explain.

C3: I think health care communication could help nurses reduce the stress from handling complaints and other matters alike. In addition, more courses related to information and technology could help us to deal with the changing global environment.

C2: Language courses like Mandarin could be offered viewing that many patients are come from Mainland China nowadays.

C1: I agree with C2 that language courses such as Putonghua and English are important. I recommend in the future, courses, like communication and counseling skills for which CNE points are not granted at the moment but are useful for nurses, could offer some CNE points and certificates. The reason is many patients are from Mainland China and foreign countries that we need to know how to communicate with them.

I: After attending nursing-related courses (with CNE points), how will you apply the knowledge learned?

C2: I think for those courses related to work could be applied in my ward and the knowledge could help to improve my clinical knowledge and skills.

C3: I think courses that would help improving practical skills are useful to nurses such as wound care course.

C1: I agree with P2 and P3

I: What recommendations do you have for future efforts on the topic of CPE of nurses?

C3: I think diversification is important, with wide vision, but not only focusing on academic aspect. I personally think that the Bachelor and Master courses available in market are focusing too much on academic aspects. I hope these courses would be conducive to personal growth. In other words, diversity of course is important.

C2: I recommend more courses for mentor, counseling and communication. I find there is a gap within the ward i.e. too many junior nurses/fresh graduates with insufficient seniors, making the job as being a mentor challenging. It is tiring to look after various daily routine works with lacking of time.

C1: I recommend more long-term courses with different topics should be organized by course providers. I find most of the courses in the market were job-related and there were inadequate courses for holistic development.

I: Any idea regarding improvement of e-learning system?

C3: When I work in hospital, I found most nurses do not have time to do e-test.

C2: In order to make the system more user-friendly for nurses and access same at home, the system should be further developed.

C1: I agree to the above idea. In addition, I think that to update the e-learning system is necessary viewing that these tests at present are too long for which it is difficult for nurses to spare two hours to finish the same. Considering facilities, in my ward there is only one computer and it is placed in the meeting room. Thus, it is basically insufficient for us to use regularly.

I: C3, Would you mind to further illustrate?

C3: Yes! At present, the e-learning system in my hospital should be updated considering tests at present are too long. It takes more than an hour to finish for one test! [An annoying look]

I: Any idea regarding topics of future learning mode for nurses?

C2: I think course providers should introduce more group discussions among the attendants and classrooms with group settings may be more suitable for lectures. In the case of a seminar,

since it mainly focuses on the information delivery by the speakers, venues like a hall could facilitate and accommodate more people.

C3: I agree to C2 [smile].

C1: Since I have to take care of the family matters on one hand and work as a part-time nurse, I think learning mode should be flexible.

I: Any other points you would like to add?

C3: I like to reiterate that mandatory CPE can help maintain the common standard of nurses, but on the other hand, I also agreed with the other two participants since voluntary CPE is suitable for different life stages of nurses, personal needs and working life. It is more reasonable and less stressful to study at one's own pace. Besides, it will be helpful for individual personal growth and updating professional knowledge. Furthermore, even though my employer provides many courses for employees to study, the current system is with its drawbacks. For instance, communication problem is one of those which should be improved. Many courses are assigned by the senior or ward manager with low transparency. Regarding modes of CPE, I think it may include: e-learning, video show, workshops, seminars, researches, scientific conferences, etc. Last year, I attended a wound care course which offered CNE points and only I could join the same in the whole ward. Also, I think some useful CPE courses currently organized in public hospitals, can also be organized in private hospitals and old-age homes. For example, mandatory CPE courses available in public hospital include: (1) Fire safety; (2) Infection control; (3) Data privacy; (4) Occupational safety. [Smile leisurely]

C1: I agree with C3.

C2: I recommend voluntary CPE shall be maintained for at least 10 years so as to provide enough time for the staff to accommodate. In respect of learning difficulties, I feel that the increasing and ever-changing demand from clients and their relatives laid great work stress to us.

C1: I like to reiterate that the biggest problem of mandatory CNE is insufficient time that resulted, especially for those nurses who are on-shift and have families. As you know, I choose to work on part-time basis now also because of lack of time. Moreover, nowadays, most of the clients only talk about their rights and interests, without considering their obligations, leading to a communication gap. Therefore, courses which can strengthen the liaison with clients or improve communication skills are significant. In view of the family and the need to take care of it, I believe maintaining voluntary CNE should be better for those nurses who have their families or children. This is because it would be more flexible for us to take care of the family matters on one hand and work on the other. At last, I believe that implementation of mandatory CPE will exert pressure upon nurses with family and children. Some of the nurses, like me with a kid studying in primary school, might not be able to achieve 45 marks every 3 years and thus losing their licenses which would in turn make the manpower problem more serious and may arise work stress and work-family-study-conflict may arise among some employees.[Laugh nervously]

Then C2 rose about another issue concerning working experiences among nurses.

C2: I also think previous experience could become one's knowledge which could be applied in practice. Also, my employer supported me to study courses like PRCC courses, basic life support, infertility counseling and wound care which were found very useful.

C1 and C3: I agree.

I: In closing, I would like to thank you again for taking the time to meet with me today. Keep in touch and I shall share the results of this study when it is completed.

C1, 2, 3: Thank you and have a nice day [laughter]!

Completion of Focus Group C with Participant C1,C2,C3

8.3 Ethical Appendix

Ethical Treatment of Respondents and Subjects

The first priority of this study is to protect the rights of all respondents. In general, the study is designed so that a respondent would not suffer discomfort, pain, embarrassment, or loss of privacy. To safeguard this, the researcher had followed three guidelines: first, to begin data collection by explaining to all respondents the benefits expected from this study; second, to explain to respondents that their rights and well-being would be adequately protected and indicate how that will be done, for example, by maintaining confidentiality of the responses or by destroying the names and addresses of respondents; third, to ensure that respondents consent to participate in this study verbally or in writing.

Benefits

The actual purpose and benefits of this study was being concealed from participants to avoid introducing bias. The need for concealing objectives is necessary in order to gain the true responses from respondents.

Rights to Privacy

The privacy laws in Hong Kong are taken seriously. All individuals have a right to privacy, and the study must respect that right. The data and information was safeguarded and locked into cabinet in order to prevent disclosure of confidential information.

Informed Consent

Informed consent from respondents had been secured in this study.

Confidentiality

Requests by respondents are followed in the study e.g. many respondents wished to undertake the research without revealing themselves.

Respondent's Ethics

The researcher may be asked by respondents to identify other respondents, alter the data, interpret the data in a favorable light, or omit sections of data analysis and conclusions. These are examples of unethical respondent behavior. Compliance by the researcher would be a breach of ethical standards. Attention had been paid for this study in this regard.

Ethical Behavior

The ethical behavior requested by the guidelines of the Nottingham University and the relevant authorities [e.g. The Hong Kong University, School of Professional and Continuing Education (HKU SPACE)] are followed by this study.

Protection of Anonymity

As discussed previously, the study shall protect the confidentiality of the respondent's information and the anonymity of the respondents. Each person handling data had signed a confidentiality statement.

Professional Standard

Any other codes of ethics, rules and regulations of both the Nottingham University and the HKU SPACE, which serve as the basis for individual and organization codes, are followed in this study. In addition, Hong Kong laws that regulate the process of research on human beings are also followed.

Avoid Plagiarism

All quoted ideas are attributed to original authors, with accurate and detailed reference.

Rules and Regulations of Agencies/Schools

In addition, rules and regulations relevant to different agencies are followed e.g. rules and regulations of each agency/school, if any.

8.4 Research Ethics Approval Form

School of Education – Research Ethics Approval Form



The University of
Nottingham

2013/65 /JG

Name Sarah Chan Man Wai
Main Supervisor Gary Winship
Course of Study
Title of Research Project: Mandatory versus Voluntary Continuing Professional Education: Perspective from nursing profession

Is this a resubmission? Yes / ~~No~~ Date statement of research ethics received by PGR Office: 23/09/13

Research Ethics Coordinator Comments:

I have read through all the documents accompanying this re-submission and I am satisfied they meet the requirements for ethical approval.

I consider this research to be above minimum risk

☐

*Final responsibility for ethical conduct of your research rests with you and your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Educational Research Association (BERA) and the University Research Ethics Committee.
<http://www.educationstudentintranet/researchethics/index.aspx> <http://www.bera.ac.uk/publications/Ethical%20Guidelines> If you have any concerns during the conduct of your research then you should consult those Codes of Practice and refer again to the School of Education's Research Ethics Committee.*

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Outcome:

Approved ☒

Revise and Resubmit ☐

Signed:

Name: Dr J. Gimenez
(Research Ethics Coordinator)

Date: 24.09.2013

8.5 Information sheet

Student name: Chan Man Wai, Sarah

Student no: 4151912

Information sheet

Dear Participants,

Re.: Invitation for your participation in “Mandatory versus Voluntary Continuing Professional Education (CPE): Perspectives from nursing profession” Study

I am a student now studying part-time EdD of the University of Nottingham through Hong Kong University SPACE. I am going to conduct an educational research on Continuing Professional Education / Development. The research objective of this Study is to capture voices and opinions of nurse profession in Hong Kong if voluntary CPE is being changed to a mandatory regime.

Through this Study, we shall have chance to share different experience, feeling and advice during the path of Continuing Professional Development (CPD). In addition, we may find out (i) the pros and cons of mandatory and voluntary CPE; (ii) appropriate strategies and policies of agencies that can help their employees to obtain the prescribed minimum points of Continuing Nursing Education (CNE); and (iii) the difficulties that members may face when voluntary Continuing Professional Education (CPE) is being changed to a mandatory regime. In return, this study is believed to broaden the existing knowledge base.

In order to launch this study successfully, I search for your information (name and address) from my networking (through introduction of our mutual friend), published materials, universities directories, web sites and related Associations and Colleges (as I am one of the members of these associations and colleges). By these channels, I can find suitable **purposive** participants. Thus, **you are very important to my study!**

Participation in this study is **definitely on a voluntary basis**. I guarantee that the personal particulars of the selected participants and their responses to the interview will be kept

strictly confidential; only aggregated data will be appeared in the report. All the data will be destroyed upon completion of the whole study. **Participants also have your right to withdraw from the research project at any stage and without any consequences.**

If you agree to participate in this study, please feel free to contact the undersigned via my e-mail sarahmwchan@gmail.com (My full name: Chan Man Wai, Sarah).

I am also pleased to inform you that my main supervisor is Dr. Gary Winship (gary.winship@nottingham.ac.uk). My second supervisor is Dr. Patrick Callaghan (Patrick.callaghan@nottingham.ac.uk).

Attached please find the informed consent for your information and signature.

Thank you for your participation!

Yours sincerely,

SARAH CHAN

(R.N., B.Hlth.Sc., G.Dip.Admin., M.Mgt., MBRM)

Remark: The generic email address of the School Research Coordinator is:

EDUCATIONRESEARCHETHICS@NOTTINGHAM.AC.UK

8.6 GENERIC PARTICIPANT CONSENT FORM

Student name: Chan Man Wai, Sarah

Student no: 4151912

GENERIC PARTICIPANT CONSENT FORM

Project title: **Mandatory versus Voluntary Continuing Professional Education: Perspectives from nursing profession**

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I will be audio-taped during the interview.
- I understand that data will be stored by the researcher confidentially.
- I understand that I may contact the researcher or supervisor if I require further information about the research, and that I may contact the Research Ethics Coordinator of the School of Education, University of Nottingham, if I wish to make a complain relating to my involvement in the research.

Signed
(.....)

Print name

Date

Contact e-mail address

Remarks:

(1) The name and contact details of the researcher:

Full name: Chan Man Wai, Sarah

E-mail address: sarahmwchan@gmail.com

(2) The name and email address of the researcher's supervisors:

Main supervisor is Dr. Gary Winship (gary.winship@nottingham.ac.uk)

Second supervisor is Dr. Patrick Callaghan (Patrick.callaghan@nottingham.ac.uk)

(3) The generic email address of the School Research Co-ordinator:

EDUCATIONRESEARCHETHICS@NOTTINGHAM.AC.UK

8.7 Summary of all participants (Table 14-18)

Table 14: Summary of all participants (individual interviews and focus groups)

Participant numbers	Level of education	Years of working experience	Gender	Working areas/ experience	Other details/ Remarks	Attended individual interview	Attended Focus Group
1	Hospital-trained RN; Bachelor	More than 24 years	F	Public hospital Neonatal ICU		Yes	Nil
2	Hospital-trained RN	More than 30 years	F	Public hospital; Manager	Vice president of a College Retired	Yes	Nil
3	Hospital-trained RN	More than 13 years	F	Public hospital; Private clinic	Obstetrics and gynecology	Yes	Group C
4	BSN	More than 3 years	F	Public & private hospital	Management in private sector (hospital service)	Yes	Group A
5	BSN	More than 4 years	M	Private hospital; Accident & Emergency Department	Would go to Australia soon; Sit in RN Examination	Yes	Group D
6	BSN	More than 4 years	F	Public hospital; Operating Theatre		Yes	Group A

7	PhD	More than 20 years	F	University; Assistant Professor	President of one of the nursing society	Yes	Nil
8	BSN	More than 8 years	F	Public hospital; Stroke unit	Finished PRCC course (stroke)	Yes	Group B
9	BSN	More than 4 years	F	Private hospital; (accident & emergency department)		Yes	Group D
10	BSN; Master of nursing	More than 6 years	F	Private hospital & clinic; part-time RN	Work in clinic; nearly all clients are English speaking	Yes	Nil
11	EN; BSN	More than 9 years	F	Public hospital; Medical	Taken PRCC course	Yes	Nil
12	Hospital-trained RN	More than 20 years	F	Public hospital; Private clinic; Part-time RN	Obstetrics and gynecology	Yes	Group C
13	BSN	More than 7 years	F	University; Lecturer	Worked in public hospital before; Oncology	Yes	Nil

					Surgical & orthopedic department		
14	BSN; Master of nursing	More than 15 years	F	School of nursing; public hospital; APN	Advance Practical Nurse Teaching	Yes	Nil
15	BSN	More than 6 years	F	Acute & public hospital; Surgical ward (private hospital)	Studying Master of gastro-enterology now	Yes	Group A
16	PhD	More than 30 years	F	Worked in UK; HK acute hospital Professor, Faculty Head of Nursing	Field expert; Members of many colleges	Yes	Nil
17	BSN; Master of Cardiology	More than 6 years	F	Public hospital; Intensive care unit		Yes	Group D
18	Diploma in Nursing (RN conversation programme)	More than 18 years	F	Public Hospital (rehabilitation)		No	Group B
19	MSN	More than 14 years	F	Public Hospital (rehabilitation)		No	Group B

20	Hospital-trained RN	More than 23 years	F	Part-time nurse	Planned to retire within 4 years	No	Group B
21	Hospital-trained RN; BSN	More than 17years	F	Acute hospital; Gynecology		Yes	Group C
22	BSN	More than 9 years	F	Public hospital; Medical ward		No	Group D

Remark: 1. PRCC refers to Post-Registered Certificate Courses

2. Table 14 is related to the Table 15 - 18 regarding participants

A summary of participants of Focus Group A to D is showed in Table 15 to 18.

Table 15: Focus Group A (2 December, 2013)

Participant numbers in Focus Group	Level of education	Years of working experience	Gender	Working areas / experience	Other details / Remarks
A1	BSN	More than 3 years	F	Public & private hospital	I. I. : 4 Management in private sector (hospital service)
A2	BSN	More than 4 years	F	Public hospital Operating Theatre	I. I. : 6
A3	BSN	More than 6 years	F	Acute & public hospital Surgical ward (private hospital)	I. I. : 15 Studying Master of gastro-enterology

Table 16: Focus Group B (5 December, 2013)

Participant numbers in Focus Group	Level of education	Years of working experience	Gender	Working areas / experience	Other details Remarks
B1	Diploma in Nursing (RN conversation programme)	More than 18 years	F	Public Hospital (rehabilitation)	EN graduate then joined Registered Nurse (RN) Conversation programme (P19) N.P.
B2	MSN	More than 14 years	F	Public Hospital (rehabilitation)	(P18) N.P.
B3	Hospital-trained RN	More than 23 years	F	Part-time nurse	Worked in both private and public hospital (freelance) (P20) N.P.
B4	BSN	More than 8 years	F	Public hospital Stroke unit	I. I. : 8 Finished PRCC course (stroke)

Table 17: Focus Group C (9 December, 2013)

Participant numbers	Level of education	Years of working experience	Gender	Working areas / experience	Other details Remarks
C1	Hospital-trained RN	More than 20 years	F	Public hospital Private clinic Part-time RN	I. I. : 12 Obstetrics and gynecology
C2	Hospital-trained RN	More than 13 years	F	Public hospital Private clinic	I. I. : 3 Obstetrics and gynecology
C3	Hospital-trained RN	More than 17 years	F	Acute hospital	I. I. : 21

	BSN			Gynecology	Acute hospital
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Table 18: Focus Group D (23 January, 2014)

Participant numbers	Level of education	Years of working experience	Gender	Working areas / experience	Other details Remarks
D1	BSN	More than 4 years	M	Private hospital Accident & Emergency Department	I. I. : 5 Will go to Australia soon Sit in RN Examination
D2	BSN	More than 4 years	F	Private hospital (Accident & Emergency Department)	I. I. : 9
D3	BSN Master of Cardiology	More than 6 years	F	Public hospital Intensive care unit	I. I. : 17
D4	BSN	More than 9 years	F	Public hospital Medical ward	(P22) N. P.

* Remark:

(1) I. I.: Individual interview participant number

(2) N.P.: New Participant, did not attend individual interview

Chapter 9 Reference

9.1 Reference

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