

‘Knowing you have a plan can help’: evaluating a continuing professional development masterclass for band 5 children’s nurses

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Conflict of interest

None declared

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Abstract

Background: Opportunities to engage in Continuing Professional Development (CPD) are vital for children’s nurses working in the NHS. Little is known about the perspectives of Children’s Nurses about their CPD.

Objective: To explore the impact and perceived value of a Children’s Nursing CPD masterclass for Band 5 Children’s Nurses working in the NHS.

Design: A pragmatic approach to evaluation was used. Data collection consisted of a questionnaire which incorporated a validated self-efficacy tool, the Short Occupational Self-Efficacy Scale (Rigotti et al 2008).

Findings: Quantitative findings demonstrate that participants positively valued and reported an impact from the workshops within this masterclass. Participants who were less likely to view themselves as leaders were statistically more likely to value the masterclass highly ($r(6) P = -0.04$).

The qualitative findings identified that participants appreciated the opportunity to focus on their own CPD needs and discuss these with colleagues from similar backgrounds. 4 themes emerged from the qualitative data; Time and Opportunities, Culture, Learning and Development, and Confidence.

Conclusions: Findings suggest that CPD masterclasses which support and guide children’s nurses in their CPD and career development are positively received and can have continued impact.

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Keywords

continuing professional development, children’s nursing development, education, evaluation research

Introduction and background

Continuing Professional Development (CPD) for NHS staff is a current priority for NHS employers and staff alike. Section 4 of the NHS’s Long Term Plan (2019) is entirely devoted to giving NHS staff ‘the backing they need’. The plan identifies that staff working in the NHS require more rewarding jobs and a more supporting culture, with opportunities to develop their skills. The plan recognises that one of the main reasons for staff choosing to leave the NHS is that they do not get the development and career progression they crave. The NHS Staff Survey for 2019 highlighted that only 55% of staff felt their manager supported them to achieve their training, learning or development needs (NHS Survey Coordination Centre 2020).

NHS Improvement (2019) has launched a national staff retention programme focusing on practical resources to aid NHS organisations in retaining their staff. None of these innovations, however, have concentrated on the role that assisting staff in their

personal CPD can play within staff retention. The staff retention programme has identified that in October 2018, there were 41,000 vacancies in the nursing workforce in NHS England and that turnover rates were as high as 15.2% in March 2018, a problem that quickly needs to be resolved (Leader 2019). It is recognised that budget constraints make offering CPD difficult, yet the loss of staff due to lack of opportunities only compounds this issue (Davis 2019).

It is encouraging to see the NHS recognise the role that CPD can play in a nurse's career. However, it now falls to local NHS Trusts and Higher Education Providers to develop CPD initiatives that are fit for purpose, based on service and patient need, accessible through flexible delivery and designed to improve and expand the skills of individuals (Gibbs 2011).

Workforce development strategies which incorporate the use of CPD in the NHS have traditionally been focused on fields which have retention or recruitment issues leading to low or declining staffing numbers, such as learning disability and primary care nursing (Buchan et al 2019). Though studies are available which consider the development of children's nurses, these are often not transferable as they are based in countries other than the UK, which do not train nurses to practice in specific disciplinary fields (Bong 2019), or they focus on staff who have already experienced career progression and are working at advanced nursing levels (Gibson and Bamford 2001).

Aims

To evaluate the impact of a Children's Nursing CPD Masterclass.

Objectives

- To gather initial data to identify participants opinions and experiences before the masterclass.
- To identify any changes in opinions post masterclass.
- To assess the impact of the masterclass on participants experiences and opinions of CPD 3 months after the masterclass.
- To understand which elements of the masterclass were most beneficial to the participants.

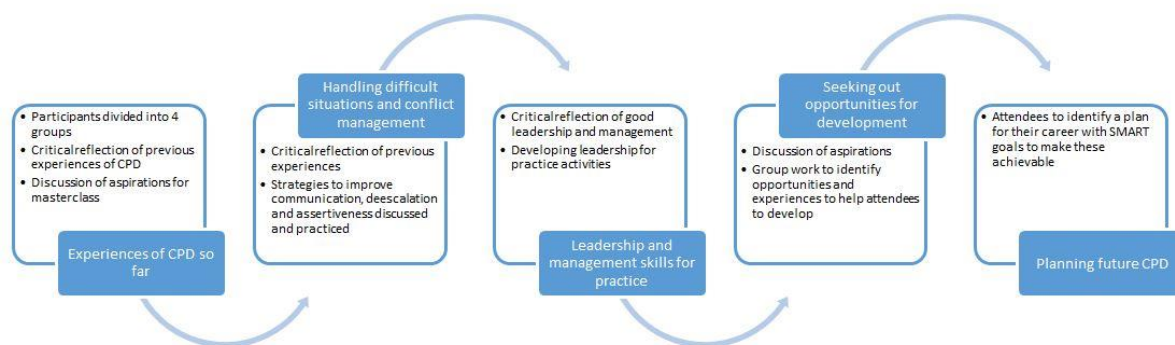
The CPD Masterclass

This masterclass was developed for Band 5 Children's Nurses with more than one years' experience working in the NHS, as a need for support was identified within this group. The masterclass was designed in conjunction with local NHS Trusts to ensure that the class identified and met the practice needs of attendees. This work made explicit that the masterclass needed to allow attendees space to consider the key issues which they may be facing in their career, including developing as a leader, handling difficult situations and their own career progression.

The masterclass was designed (Figure 1) as a series of workshops, each with a complimentary focus. Each workshop was designed to incorporate critical reflection (Kemp and Baker 2013) and allow class participants maximum opportunities for discussion and engagement. The use of critical reflection as a learning tool is well established (Rolf et al 2001, Williams 2001) and the development of this skill can be aided through focusing classroom learning around key practice experiences (Williams 2001).

It was vital that the educators within the masterclass provided context, motivation and knowledge to encourage active learning in class attendees (Jones-Schenk 2017). Knowledge was provided both by experienced children's nursing lecturers, but also by the class attendees themselves. Context was embedded within the masterclass through scenario-based activities and the inclusion of critical reflection on attendees' own practice (Rolf et al 2001, Williams 2001, Kemp and Baker 2013). Lastly, motivation was largely intrinsic from participants but was also provided through the development of masterclass content which attendees would perceive as useful for their own practice (Brekelmans et al 2016).

Figure 1. **Masterclass format**



The design of the masterclass allowed the attendees to focus on their own CPD needs and aspirations, and to encourage them to discuss these with nurses in similar situations. The goal of encouraging attendees to work together in this way was to create a community of practice that attendees could continue to access following the conclusion of the masterclass (Wenger 1998, Andrew et al 2008). The attendees were encouraged to have pride in their current skills and abilities and to take ownership of their own development to seek out future opportunities for development. The need for nurses to be able to take the lead in their own development is highlighted by the NHS Leadership Model which asks all NHS staff to ‘hold to account’ or take personal responsibility for their own development and ‘develop capability’ (NHS Leadership Academy 2013).

Methods

Critiques of CPD evaluation have been highlighted in the literature (Draper and Clark 2007, Lee, 2010, Steven et al 2018) and it is recognised that robust evaluation of CPD needs to distinguish between CPD which is fit for purpose and practice and CPD which is not (Draper and Clark 2007). This needs to be balanced with a pragmatic approach to evaluation, especially where funds may not be available due to resource constraints (Draper and Clark 2007). A pragmatic yet robust evaluation will offer both measurable outcomes and consider the key stakeholders (class participants and senior management in NHS trusts) (Draper and Clark 2007) to evaluate the masterclass in a way which is both efficient and effective.

Ethics and recruitment

This research was approved through Northumbria University Ethical Approval System (Reference:13987) on 21/06/2019. Participation was voluntary and all participants were given a Participant Information Sheet and the opportunity to ask questions to ensure informed consent. Written consent was then gained at the start of each questionnaire. Participants chose their own unique identifier number to ensure that all data was kept anonymous.

Data collection

Data collection consisted of 3 questionnaires with a combination of open and closed questions, with opportunities for participants to expand on their answers. The questionnaires were completed at three time points: before the start of the masterclass to gather baseline information on existing opinions and experiences; at the end of the masterclass to assess the impact of the masterclass and to identify any unmet needs; 3 months after the masterclass had taken place to assess the long term impact of the course on the individual and understand any long term value of the training.

The questionnaires incorporated a validated self-efficacy tool, the Short Occupational Self-Efficacy Scale (Rigotti et al 2008), in the first and final questionnaires to allow for comparison of participants own viewed occupational self-efficacy.

Analysis

The quantitative information obtained from the three questionnaires was analysed using SPSS to identify any change in participants responses. This quantitative data was visually inspected by two researchers (* **) and a descriptive analysis conducted to determine general trends in the data. The qualitative data obtained was subject to thematic analysis by two researchers (* **) to develop initial codes and identify interrelating themes to understand the views of the participants (Braun and Clarke 2006).

Findings

All 14 masterclass attendees chose to participate in the first and second questionnaires. A 50% return rate ($N = 7$) was achieved for the follow up questionnaire with no reasons given for those participants who chose to opt out. Participants reported between 1 and 22

years working as a registered Children’s Nurse in the NHS (mean = 7.1 years) with 79% of participants ($N = 11$) identifying before the masterclass that they have a plan for their career over the next 5 years.

Quantitative Findings

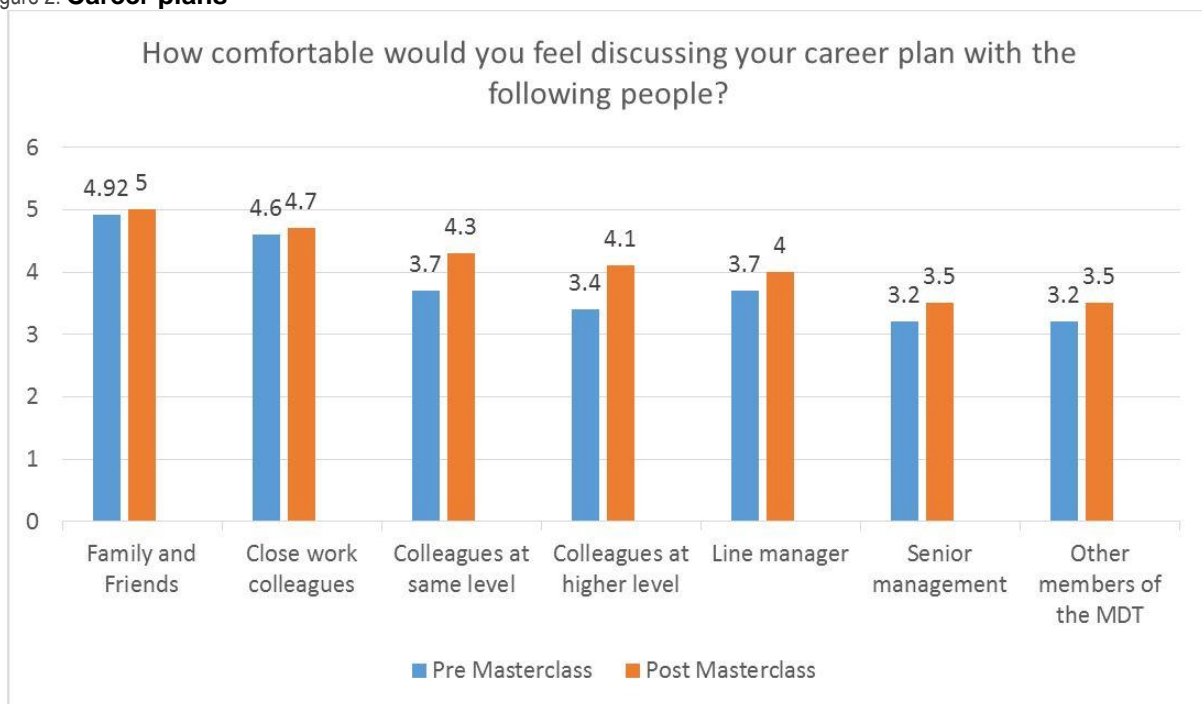
Questionnaire closed questions

CPD and the benefit of the masterclass

Following the masterclass, 85% ($N = 12$) of participants declared that they had a plan for their CPD and the remaining 15% ($N = 2$) identified that they had a partial plan which shows a 21% improvement from results before the masterclass. When asked at the 3 month follow up, if participants were making progress in their plan, 43% ($N = 3$) reported they were, 28% ($N = 2$) said they somewhat were and 28% ($N = 2$) identified that they were not making progress. Those who said they were not making progress also opted to add comments to their replies which identified barriers to their development (outlined below in qualitative responses section).

Comparison of pre masterclass and post masterclass responses, regarding participants comfort levels in discussing their career plan demonstrates an increase in each category (Figure 2).

Figure 2. **Career plans**



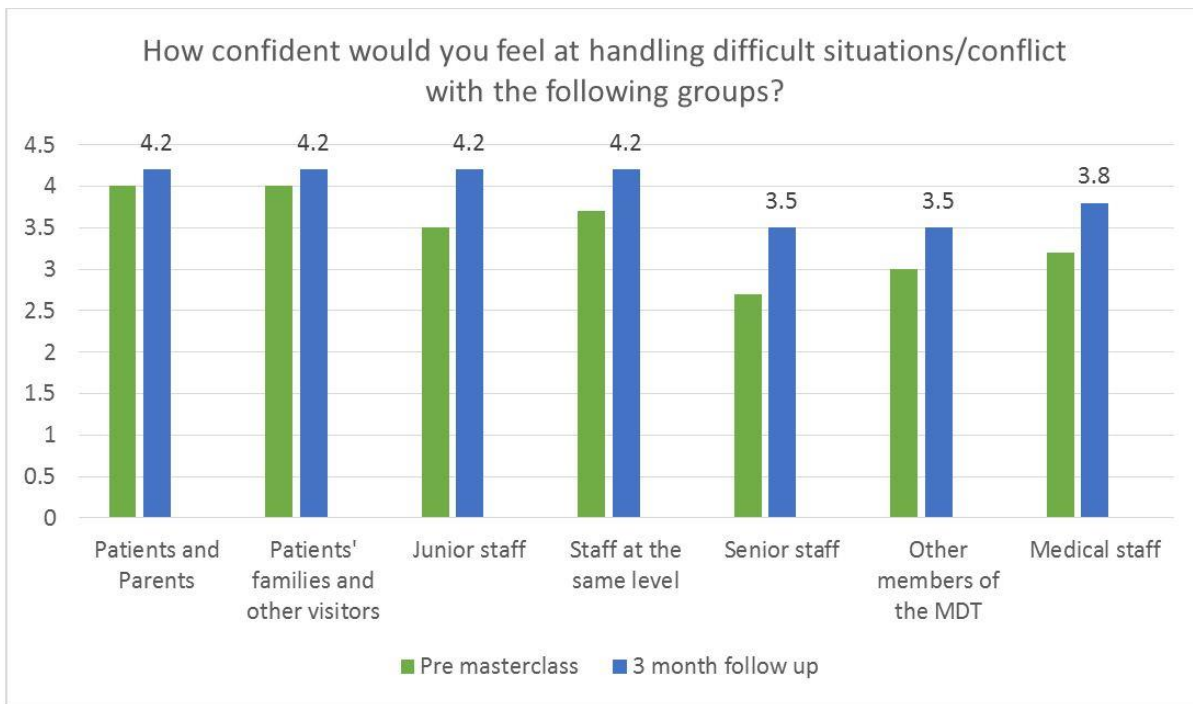
57% ($N = 4$) of participants at 3 month follow up identified that the masterclass had been helpful in their longer term CPD and the remaining 43% ($N = 3$) reported that it was somewhat helpful. When seeking to discover any correlation between those who reported the masterclass was helpful and other categories, there was no correlation in the time participants had been qualified ($r(6) P = 0.46$), whether participants had a plan for their career ($r(6) P = 0.84$) or whether they had a high self-efficacy score ($r(6) P = 0.16$). However, there was a statistically significant negative correlation between those who found the masterclass helpful and those who identified that they would describe themselves as leaders in the initial questionnaire ($r(6) P = -0.04$). This suggests that participants who were least likely to describe themselves as leaders were most likely to find the masterclass beneficial.

The findings identified that length of time qualified was not significantly correlated with self-efficacy score, ($r(13) P = 0.15$), with participants viewing themselves as leaders, ($r(13) P = 0.32$), or with participants having a plan for their career, ($r(12) P = 0.92$).

Handling conflict

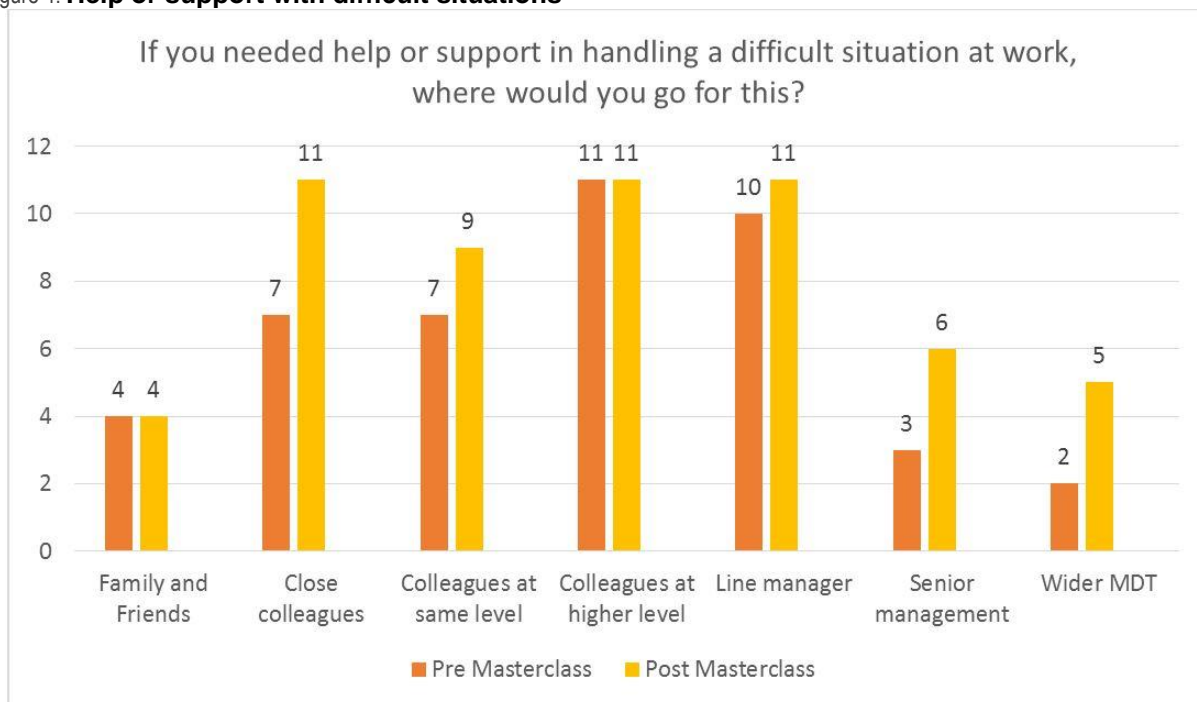
There is a positive correlation between participants who have high self-efficacy levels and their overall confidence with handling difficult situations, ($r(13) P = >0.01$), as well as their overall comfort levels with discussing their career ambitions ($r(12) P = 0.08$). Figure 3 demonstrates that there was an increase in overall confidence for participants identified from pre masterclass to the 3 month follow up point.

Figure 3. **Handling conflict**



Additionally, there was an increase in the number of people who participants would go to if they required help or support in handling a difficult situation at work (Figure 4). This suggests that participants would access more support if needed, from a more varied range of people, therefore increasing their support network.

Figure 4. **Help or support with difficult situations**



Leadership

Before the masterclass, 35% ($N = 5$) of participants identified that they would describe themselves as a leader, 35% ($N = 5$) said they were unsure and 28% ($N = 4$) said they would not. Following the masterclass, 85% ($N = 11$) of participants identified that they would now be more likely to describe themselves as a leader where 6% ($N = 1$) said they were not sure and 6% ($N = 1$) said they still would not.

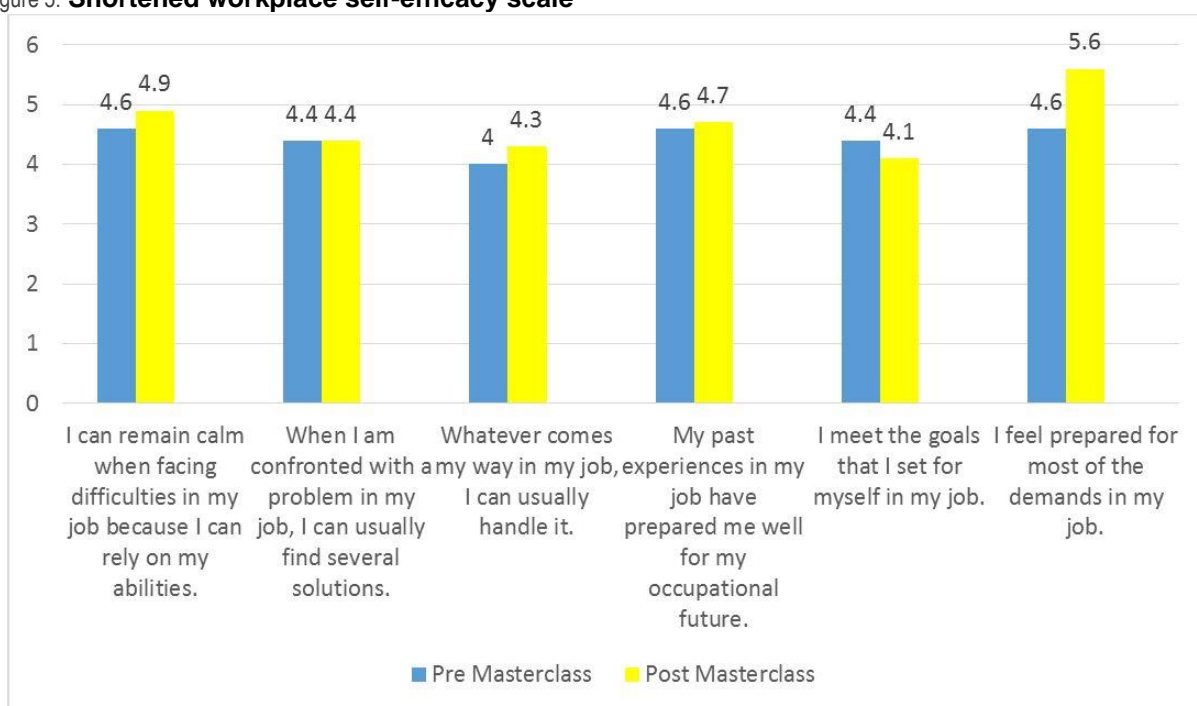
A positive statistical significance was identified between participants who would describe themselves as leaders and their overall confidence in handling difficult situations, ($r(12) P = 0.03$). However, there was no statistical significance between participants who would describe themselves as leaders and their overall self-efficacy score ($r(13) P = 0.52$).

The short workplace self-efficacy scale

Before the masterclass, respondents overall identified that their lowest scoring item was ‘whatever comes my way in my job I can usually handle it’ with a mean score of 4 and a range of 3-6 ($N = 14$). Three items measured equally as highly with means of 4.6 and each with a range of 3-6 ($N = 14$); ‘I can remain calm when facing difficulties in my job because I can rely on my abilities’, ‘My past experiences have prepared me well for my occupational future’, and ‘I feel prepared for most of the demands in my job’. No attendees offered a score of less than 3 for any of the items in the scale.

Following the masterclass, 4 out of 6 items in the Scale showed an increase, 1 remained the same and 1 slightly decreased when comparing the overall self-efficacy scores of participants (Figure 5) (pre masterclass $N = 14$, follow up $N = 7$). The largest notable change is in the final item on the scale, ‘I feel prepared for most of the demands in my job’ which moved from 4.6 before the masterclass (range 3-6, $N = 14$) to 5.6 in the follow up questionnaire (range 4-6, $N = 7$).

Figure 5. **Shortened workplace self-efficacy scale**



Qualitative findings

Following analysis of the qualitative responses in the pre, post and follow up questionnaires, 4 themes emerged; Time and Opportunities, Culture, Learning and Development, and Confidence.

Time and opportunities

Participants repeatedly indicated that time was a significant barrier to CPD, ‘Getting time away from work to attend courses (have to do in own time) along with full time work. Having a family, this is difficult’; ‘difficult during winter pressures to put anything into place’, ‘not having the staff on the department to allow time for extra training and study days which would allow me to develop and progress’.

Time was also identified to be a barrier to participants discussing their career plans, ‘I feel senior management would not have time to discuss this’.

Linked to time, participants also reported a need for opportunities to arise in order to develop before the masterclass; ‘I feel have not been given many opportunities to lead’, and in the 3 month follow up; ‘I feel I have identified the path I need to take to further develop, however the job opportunities rarely come up’.

Culture

Culture of working environments appears to be both a barrier and enabler to participants discussing their career plans as some participants reported that ‘I feel that we have an environment in the department where we can talk about job prospects or aspirations

freely', where others identify that 'I think it is hard sometimes to discuss career aspirations for worry of being judged'. There was also a desire for a different culture; 'talking about career progression to other colleagues is sometimes a 'taboo' but should not be and people wanting to achieve more should be celebrated'.

In the pre masterclass questionnaire, participants identified that culture was an important factor in deciding where they would seek support; 'I know I would be supported and listened to by senior work colleagues', 'some of the higher ups (band 7s) aren't very helpful'. Interestingly the impact of culture was often linked to senior colleagues; 'my line manager is very supportive and will try to address problems within the team'.

Learning and development

When discussing challenges in their careers, the need for nurses to have high levels of knowledge and experience was identified 'I feel since qualifying, the role of the band 5 nurse has expanded. I feel that the nurse takes on more of a medical role not always with the correct training/teaching'. This was also reflected in participants identifying that nurses were 'expected to have a lot of in-depth knowledge on conditions etc and looked at as a senior nurse' and that it was hard 'being the person to make decisions'.

Participants, before the masterclass, repeatedly referred to leadership as being associated with 'taking charge' of a unit or team, 'I have started to take charge on shifts e.g. night shifts on the ward, however, would not use the term 'leader' to describe myself'. Despite discussions during the masterclass that leadership is not just about being in charge, 3 month follow up questionnaires still demonstrate that participants feel 'taking charge' is a key aspect of leadership, 'I often take charge on the ward on shift, therefore allocate patients, delegate tasks, lead the team and manage the ward in the absence of band 6 or 7'. This may indicate that further learning and development is needed in this area. Additionally, participants identified that they would like 'more about leadership and how to develop leadership skills'.

When asked what their most enjoyable session within the masterclass was, participants offered varied responses but help with planning their CPD was the most popular choice, 'it gave me a lot of ideas for structure and specific planning for CPD'.

Final comments at the end of the masterclass indicated that participants valued this type of masterclass; 'really enjoyed it and have taken so much valuable information away which I will utilise throughout my career'; 'loved the interactiveness and speaking to others from different departments'. Additionally, when asked in the follow up questionnaire for further suggestions to aid Children's Nurses in their CPD, only one response was given; 'keep doing the study days. We're understaffed and we have no idea where we want to go to. Morale can suck but knowing you have a plan can help.'

Confidence

Before having a workshop focused on difficult situations and conflict management, participants identified that confidence was an important factor in deciding where they would seek support; 'Would always feel confident asking staff for advice/help'. Confidence also appeared to be important in whether participants would discuss their career plans; 'I find it difficult to discuss aspirations with higher ups as I'm afraid they'll tell me I can't or I'm not good enough'.

When discussing leadership, it was identified that confidence can be both helpful (if confident) and obstructive (if unconfident) to individuals; 'although I'm not the most qualified, I would feel confident to lead procedures that I have experience doing', 'still newly qualified and I work with nurses who have all been qualified 7 years +. I have a lot to learn and improve on'.

Participants also showed confidence developed through the masterclass; '(the session) provides the push needed to become more aware and forthcoming in my leadership abilities'; 'really enjoyed it, given me more confidence in having and going for aspirations'.

Discussion

The findings from this study support the delivery of future masterclasses such as these for children's nurses while also indicating that time and opportunities, culture, learning and development, and confidence are important factors to consider in ensuring successful CPD. The findings indicate that each of the workshops within the masterclass were enjoyable and had a positive impact on the class attendees.

Before the masterclass, most participants in this study stated that they had a plan for their career over the next 5 years. This is similar to findings from by Wilkinson and Hayward (2017), who found that all band 5 nurses in their study had have aspirations for their career, but they had little plan of how they could achieve these. The participants in this study reported that they appreciated the support and guidance they received during the masterclass; taken in collaboration with the findings from Wilkinson and Hayward's study (2017), this suggests that career development support is beneficial and should be offered to children's nurses.

The findings related to 'confidence' in this study are of interest, as both leadership and workplace self-efficacy scores are positively correlated with confidence in handling difficult situations. Ernst et al's (2005) study of paediatric nurses' levels of job satisfaction identified that nurses with more years of experience had more confidence and displayed less concerns than younger nurses, but this is in contrast to the findings from this research, where more experienced nurses also appreciated the opportunity to focus on their CPD and no statistical link between length of time qualified and confidence or self-efficacy were found. This supports the need for learning and development opportunities for nurses at all levels of qualification, not just less experienced nurses (Begley 2007) or those working at advanced nursing levels (Gibson and Bamford 2001).

It was identified that children's nurses' who do not consider themselves to be leaders were statistically more likely to report that the masterclass had a longer-term positive impact (at 3 month follow up). This finding aligns with a study by Scaife et al (2013), who identified that band 5 children's nurses benefitted from additional training which focuses on how to take charge and be a leader. However, due to the positive feedback from all attendees, it is important that future masterclasses are not exclusive to only children's nurses who require development of leadership skills.

The fact that nurses struggle to make time for CPD is well established; a Royal College of Nursing (RCN) survey identified that 38% of nurses report that their employer gives them no time at all to participate in CPD (Jones-Berry 2016). It is hoped that if the government follow through on their recent announcement to give every nurse access to £1000 over 3 years, to undertake CPD, then this will help nurses and their employers to prioritise CPD (Mitchell 2019).

However, consideration needs to be given to supporting CPD if this financial backing falls through, or should other demands on the NHS take priority, such as the recent Coronavirus pandemic. There is a need to consider ways to be flexible with future CPD initiatives, in both the design and delivery of courses. Online learning resources could perhaps be one such option, as this method of learning has been demonstrated to have a positive impact in practice when used as a mode of CPD delivery (Murphy et al 2015). However, online learning may not be suited to all learners and all subjects (Wilkinson et al 2004) and, while online CPD courses have been demonstrated as being more effective than no intervention, there is divided opinion on whether they are more or less effective than traditional face to face delivery methods (Cook et al 2008). The development of online CPD learning would be interesting to consider in more depth and would require further research if seen to be a viable option.

Furthermore, in order to encourage successful CPD in workplaces, the findings from this study highlight the value of a positive workplace culture for the benefit of individual children's nurses' CPD, which is well supported in research (Gould et al 2007, Govranos and Newton 2014, Coventry et al 2015). The ways in which workplaces can improve CPD culture is a well debated subject (RCN 2018), and the NHS people plan which was due to be published in 2019 will focus on NHS culture with a commitment to improve culture within three themes; belonging, fulfilment and voice (Gilroy 2020). There is evidence to suggest that an increase in open communication, commitment to lifelong learning and a positive attitude to change from individuals, can be enabling factors to improved workplace cultures (Manley et al 2011); all of which were addressed within this masterclass. Though the evaluation of this masterclass could not seek to measure whether an improvement in culture was seen, there is evidence in the findings that participants were more open, positive and committed following the intervention.

Lastly, the findings from the Shortened Workplace Self-Efficacy Scale demonstrate that the CPD masterclass may have had an impact on the reported self-efficacy of participants. The fact that only a small change was noted to each item on the scale may have been due to the low numbers within this study and the 50% return rate of the final questionnaire. However, the Shortened Workplace Self-Efficacy Scale was a good fit for this evaluation, and it is recommended for use in further such evaluative research. It was proven by Rigotti et al (2008) that self-efficacy is strongly related to perceived performance, which would align with the finding that participants who have high self-efficacy scores report higher levels of confidence in handling difficult situations and their comfort levels when discussing their career ambitions.

Limitations

It is acknowledged that this is a small study which limits the generalisability of the findings, however the study benefitted from having band 5 children's nurses attend from a range of different settings, both acute and community and from different NHS Trusts. The strength of this study is the development, delivery and evaluation of a uniquely designed masterclass which was tailored to the needs of band 5 children's nurses.

This evaluation provides an insight into CPD for Children's Nursing and we invite other researchers to build upon and expand our findings.

Conclusions

This study has highlighted the value of CPD masterclasses for Band 5 Children's Nurses working in the NHS. It has been demonstrated that children's nurses appreciate support and guidance in their ongoing career development and recommends that more initiatives such as this masterclass be developed and delivered. Time and opportunities, culture, learning and development, and confidence are all important factors to consider in ensuring successful CPD for Band 5 Children's Nurses working in the NHS.

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