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2021 NCSBN Scientific Symposium - A Bibliographic Exploration of the Influence of Nursing Regulation on Continuing Professional Development Video Transcript

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Event

2021 NCSBN Scientific Symposium

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Presenter

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- [Woman] Dr. Cusack is an associate professor in the Adelaide Nursing School, South Australia. Lynette has many years working in regulation and recently completed her final term as the chair of the Nursing and Midwifery Board of Australia. Lynette has been involved in a wide range of nursing, midwifery, and healthcare policy development, research, and education.

Contributions include leadership and management, regulation, professional practice development, and occupational resilience.

- [Dr. Cusack] Hello, and thank you for the opportunity to present on this work. I would like to acknowledge that this study was funded by a grant from the National Council of State Boards of Nursing and also to acknowledge my co-researcher Naomi Verdonk and advisors, David Benton and Christine Penney.

The purpose of this presentation is to summarize the findings from a bibliographic analysis of the indexed literature relating to the impact of regulation on continuing professional development in nursing, which I will refer to as CPD. This study came about because of my experience of a frequently asked question about why the regulator required CPD.

There is extensive literature on a variety of aspects of CPD yet there appear to be some confusion amongst nurses I have met about the purpose of this regulatory requirement. I was left with the impression that, for some nurses, it was a matter of collecting the required hours or credits for their license or registration and not necessarily about maintaining or developing safe practice.

This raised the question for me. What is the role and influence of nursing regulation on continuing professional development? The research design was a bibliometric analysis because it offered a quick

insight into scientific activity by quantifying the volume of papers in a particular field of study. Many nurse regulators have, as part of their initial registration, or licensure, or renewal process, a requirement for CPD.

From a regulatory standpoint, staying up to date with new nursing knowledge, research, practice, and information is integral to safe patient care. Evidence of CPD can demonstrate that nurses have kept current and informed about changes to professional practice, have remained connected to their profession and/or are suitably prepared to return to practice.

Many regulators around the world have taken on CPD as part of the regulatory responsibility to confirm practitioners are keeping current and maintaining the knowledge they need to practice safely. The requirement for CPD may be embedded in the regulator's legislation or rules, and it is therefore mandatory for health practitioners to comply.

Nursing regulation authorities have developed a range of CPD requirements. For example, in Australia, nurses are required to undertake a set number of hours per year for CPD. Many state regulators in the USA required continuing nursing education credits for ongoing maintenance of licensure.

And in the United Kingdom, the Nursing and Midwifery Council has a process of revalidation that requires a set number of practice hours as well as practice feedback and written reflective accounts within a three-year renewal cycle. The use of a personal portfolio or certificates of attendance may be required by the regulator to be produced as evidence of the practitioner's compliance with CPD.

The bibliometric approach included accessing a number of databases between August and September 2019, including CINHALL, Embase, and Proquest. Each database was searched to ensure all words related to nursing, regulation, and CPD were included. The reference list of all articles selected was screened for additional studies.

Grey literature was not captured. Only articles published in English over a 10-year period were included 2009 to 2019. Three hundred and sixty-five records were identified. And after screening, 237 were removed, leaving 128 full-text studies for review for eligibility.

If there were no references on impact of regulation on CPD in the body of the text, the records were excluded, leaving a final 30 studies. The process of bibliometric analysis only includes using titles and abstracts of the identified articles and was conducted using the VOSviewer package.

This is a free software package developed by Nees Jan van Eck and Ludo Waltman at the University of Leiden. This package was specifically designed, analyzed, and displayed large bibliographic data sets. VOS stands for visualization of similarities and provides a means of identifying similarities and differences in data by placing them closely connected together items on a two-dimensional image with non-related items being placed at a distance from one another.

Once the images were produced and the research team examined the different maps to identify underlying patterns in journal publication, volume of scholarly work, countries of origin, and central contributors and academic affiliations. Let's have a quick look at some of these maps.

For a close look at the mapping concepts, please refer to the article published in the *Journal of Nursing Regulation*, Volume 11, Issue 3, October 2020. This first map is an overview of the timescale with articles emerging from around 2013 to 2017 with the main cluster being 2014, '15 and shows the temporal evolution of the concepts and the impact on the developmental scholarship research.

This main map provides a forward analysis presented here, and the second map placed the word "regulation" at the center. The maps were reviewed to clarify overarching themes or concepts represented by each of the clusters. This formed the basis of developing a great, narrative description of each theme.

Overall, there was very little research published relating to the influence of regulation on nursing CPD. There was no specific journal that regularly published on the topic. Within these articles, there are some international collaborations. However, most corresponding authors came from the United States or Australia.

The main collaborations were within the same country, and the analysis did not show a pattern in authorship groups. International collaborations concerning work in Africa and Southeast Asia demonstrated some cross-over of authorship. Four clusters were identified after consensus with our advisors.

Continuing competence framework in clinical practice was featured most frequently. These articles primarily explored the competence required and the development of nursing practice. This cluster was followed by regulation, CPD, and public health. This cluster featured a disproportionate number of articles on a single project concerning nursing regulation and key public health issues in Africa and Southeast Asia.

The role of regulation was deemed important in these articles to enforce education and expand scope of practice to make urgent community health needs such as HIV management. And the last two clusters professional development programming for patient care and nursing education were similarly weighted.

These themes highlighted the link between skill and knowledge development and education. What does this bibliographic analysis show? That nursing regulators have not been given a strong voice in the literature relating to the rationale for the inclusion of CPD into their professional practice framework and how this benefits both nurses and those they care for.

This silence does not facilitate the nurse's understanding of why they should engage in CPD because most authors of papers very briefly mention that it is requirement for registration or licensure and then go on to focus only on strategies for the implementation of education or training programs. However, there is evidence where the role of the regulator and regulation was used to influence nurses to undertake specific CPD.

The purpose of this was to make an impact on patient population outcomes for particular public health issues such as HIV. The clusters in the maps also suggest that researchers on regulators, continuing competence frameworks, and clinical practice is not strongly associated with the nurse's role in national health priorities and the change in scope of practice.

Academic publications in professional development programming for the patient care cluster identifies links between knowledge and the varied quality of standards of CPD programs with comments relating to wanting regulators to have a role in assessing the quality of post-graduate education programs. This finding is evidenced by discussion around issues such as improving medication administration, computer literacy skills, training in specialized disciplines, and guidance when populations are facing epidemics.

The analysis showed a clear indication that the role of regulation influences the need to undertake CPD. However, overall the commentary within the included articles did not explore the rationale behind the regulator's requirements for nurses to undertake CPD such as patient safety. Rather, they describe the implementation of CPD through a range of education strategies in both the education sector and the workplace.

The limitations of the study. The findings of this bibliographic analysis need to be considered in light of several limitations. This analysis did not capture grey literature such as regulatory policy documents on CPD and conference abstracts because the focus of a bibliometric analysis was on published journal articles. Articles published in a language other than English were not included so there is a risk that relevant articles which are in another language were not included in this analysis.

Another limitation is that articles published only between 2009 and 2019 were included, which may have excluded important earlier work on this topic. However, restricting articles by publication date helped to ensure that included articles reflected contemporary views on CPD.

Additionally, the VOSviewer package analysis analyzes the title and abstract of uploaded articles and thus provides an overview of featured publications. This bibliographic analysis identified a gap in the literature in that nursing regulators have not engaged broadly with the profession through the literature why CPD is important.

Regulatory bodies could collaborate with academics to publish and emphasize why CPD is embedded in the professional practice framework of the regulator. For example, CPD is valuable because it informs the scope and progression of nursing practice and contributes to patient safety.

Any discussion by regulators with registrants about the professional practice framework should highlight the reason why regulators have the condition for CPD and the importance of applying the cycle of CPD related to the context of practice and not just the requirement itself for the number of hours or credits. Regulators could influence nurse leaders to role model and advocate for supporting the application of the CPD cycle in the workplace no matter what nursing position they hold.

The perceived lack of importance of CPD by some nurses who do not see this as part of their professional responsibility has, I think, been further highlighted by the recent pandemic. In Australia, for example, there were a number of requests for all of the health practitioner national boards to discount CPD for the year.

Yet I think that nurses for the first time in a long time have been given more opportunities for professional development including free courses and in-work time than ever before. Yet, if a board has agreed not to mandate CPD for the year as part of registration or licensure renewal, what is the message

that is being given to the profession about the importance of CPD into the future and what is the consequence for the regulator in continuing to mandate CPD as part of the professional practice framework?

Thank you for your time. Hello, and thank you very much for the opportunity to present at the Scientific Symposium. Since undertaking this bibliographic analysis, my colleague and I decided to do a more depth review of the literature.

As I mentioned to you in my presentation, a bibliometric analysis is very much a scoping of the key points of view. So we decided to go back in and actually undertake a proper scoping review of that literature. And we've now submitted that to the journal for peer review. So we'll see how that goes.

But I think it gave a more in-depth understanding of those overall themes that have been presented through to you. And I think, in undertaking bibliometric analysis, it is a really good way of having a quick look and overview of what literature is doing.

Not many people tend to do them, but I think it's something that is worth considering if an issue arises and you haven't got the time to do an in-depth scoping review or systematic review. Now, I think we have been very lucky in Australia with the pandemic so that nurses have had opportunities to undertake CPD but very much aware that in other places that probably just has not been possible.

Still no further questions from anyone about presentation or their thoughts on the current situation in CPD and regulation?

Thank you, LaDonna. Very interesting topic. Thank you very much. A question from Anna, "Do you think the results would have been very different if regulatory body reports have been included?" I think, yes, it would have been.

If we had actually looked at the grey literature, we absolutely would have had a different story but that is only the regulators' story. It wouldn't have been the stories that are out there that the majority of people are actually reading. So that's why we didn't include the grey literature only because bibliometric analysis doesn't allow us to do that, but you're quite right.

We know that the regulators certainly do have a lot to say about this but it's not something that is moving from the regulator out into our professions. David, "Could you say a little bit more about the findings regarding the link between CPD and HIV?" Yes, this is very good, David. Clearly, in the countries where these articles, which is in Africa, were featured, there was an epidemic of HIV.

And so public health worked with nursing regulation in those countries to mandate that all nurses actually had to have training in the management of HIV because they really needed to deal with it on a population level. So that was a very clear indication of how regulation can be used to impact public health issues. "Does the scoping review support your...?"

Yes, it does actually. The scoping review does support the overall view that the bibliometric analysis gave us but what we've been able to do is to go into more in-depth understanding of why we think this is the case. So it was certainly worth doing after the bibliometric analysis.

And, Dennis, [inaudible] message I sent about CPD and regulation. Okay, thank you.