

# CANADIAN PERIOPERATIVE NURSES' ENGAGEMENT AND PERCEPTIONS OF CONTINUING PROFESSIONAL DEVELOPMENT

**Author:** Eli Ahlquist<sup>1</sup> RN, EdD.

**Affiliations:** <sup>1</sup>President and CEO, North West College, North Battleford, SK, Canada.

**Acknowledgement:** This paper would not have been possible without the assistance of Jennifer Kirkpatrick whose exacting attention to detail supported the completion of this paper.

*The author discloses that funding for this research was received from the Operating Room Nurses Association of Canada (ORNAC) through the Cardinal Health Research Grant. The author declares that there are no undisclosed conflicts of interest regarding the publication of this paper.*

*The author has provided ORNAC with non-exclusive rights to publish and otherwise deal with or make use of this article, and any photographs/images contained in it, in Canada and all other countries of the world.*

## ABSTRACT

Professional competence achieved through continuing professional development (CPD) is considered essential to nursing because of its impacts on quality of care and safety. Engagement in these activities contribute to a nurse's practice through resultant improvements in their knowledge, skills, and confidence. They also contribute to enhanced professional status and relationships with other healthcare practitioners. However, there are structural barriers that impede participation as well as an unacceptable impact from lateral violence. This research utilized a mixed methods online survey to explore the engagement and perceptions of Canadian perioperative registered nurses regarding CPD. The findings of this study suggest that perioperative nurses engage in regular CPD activities as part of their professional practice. The preferred

activities as rated by participants were:

1. Self-directed learning activities;
2. In-services; and
3. Formal continuing education.

The findings of this research are significant to perioperative nursing because they highlight the activities that nurses perceive to be the greatest value, as well as confirming the presence of barriers present in the literature. Consequently, this information can be used to develop and implement strategies that will enhance CPD, thereby improving perioperative nursing practice.

## INTRODUCTION

Professional competence achieved through continuing professional development (CPD) is considered essential to nursing because of its impacts on quality of care and safety. Nurses generally report that these CPD activities improve their delivery of care<sup>1</sup> and

consequently employers should be keen to motivate their participation.<sup>2,3</sup> Similarly, patients expect professional nurses to constantly be competent in their practice and their care.<sup>4,5</sup> CPD is especially important because it has implications for the public by enhancing the quality of patient care.<sup>6</sup> Likewise, Davis et al. posit that "Keeping the mind active is essential to both lifelong learning and being able to translate knowledge into the capacity to deliver high quality nursing care."<sup>7(p.441)</sup>

CPD is associated with increased motivation, morale, job satisfaction, and improved career prospects.<sup>8-12</sup> This extends to a desire to maintain and develop clinical competence, knowledge and skills.<sup>9,13-15</sup> There is evidence that nurses' motivation to engage in CPD is strategic and often influenced by collective values, norms, attitudes, and competencies.<sup>16,17</sup> Abebe, Bender, and Pittini found that perioperative nurses experienced improved knowledge, skills, and confidence after participating in a

focused CPD activity.<sup>18</sup> Similarly, nurses engaging in continuing education identified increased professional status with enhanced doctor-nurse collaboration.<sup>19</sup> For these reasons, Stobinski asserts, in an article focused on perioperative practice, that “nurses must transition from a passive role of fulfilling the requirements of employers and licensing boards to actively planning for CPD.”<sup>20(p.155)</sup>

There is a general agreement about the objectives of CPD in the nursing profession. These typically include maintaining competence, improving practice, and protecting the public. However, CPD becomes convoluted when it comes to the approaches for accomplishing them. There is also a wide array of activities recognized as CPD in different jurisdictions and professions. This creates an expansive cluster of activities that may appear to have little in common. This can be observed in the differences between each provincial regulatory body’s assessments of continuing professional competence.

To address this ambiguous understanding of CPD, four different forms of learning have been utilized in the literature to create conceptual

distinctions. The chart found in Table 1, created by Neimeyer, Taylor, & Cox outlines the forms of learning involved in CPD.<sup>21</sup>

Despite the many positive factors associated with CPD, multiple barriers prevent nurses from engaging in CPD activities. Bindon purports that “nurses’ efforts to engage in their own development can be hampered by a lack of time, limited access to educational resources, or cost concerns.”<sup>4(p.100)</sup> Staffing levels also inhibit nurses’ ability to engage in CPD.<sup>18,22,23</sup> These structural barriers are each an impediment to engagement in CPD. Further, an additional, unacceptable barrier is the direct consequence of lateral violence in the workplace. In a 2013 study, Tame revealed that many perioperative nurses felt their colleagues were unsupportive of their educational pursuits, experiencing overt expressions of anger and resentment.<sup>24</sup> This is a significant finding because of the importance of collective values in shaping CPD by perioperative nurses.

The literature illustrates that multiple factors influence CPD, however, it does not fully explore nurses’ perceptions of activities, or the barriers. While there is

**Table 1.** Four different forms of learning with descriptions and examples.<sup>21</sup>

Type of learning activity	Structured learning objectives	Adopt role of learner	Assessment of learning	Evaluation of program	Organizational accountability	Sample CPD activities
<b>Formal</b>	Yes	Yes	Yes	Yes	Yes	Academic courses, formal CE.
<b>Informal</b>	No	Yes	No	No	No	Reading journals, listening to CDs.
<b>Incidental</b>	No	No	No	No	No	Reviewing manuscripts, teaching classes
<b>Non-formal</b>	No	Yes	Maybe	No	Maybe	Attending colloquia or conferences

CE = Continuing education; CPD = continuing professional development.

Copyright © 2012 by the American Psychological Association (APA). Reproduced with permission. Neimeyer GJ, Taylor JM. On hope and possibility: Does continuing professional development contribute to ongoing professional competence? Prof Psychol Res Pr 2012;43(5):476-486.

an existing body of knowledge regarding this for nursing, generally, there is a paucity of research specific to the specialty practice area of perioperative nursing.

## METHODS

This research seeks to explore the findings in the literature by illuminating current CPD in Canadian Perioperative Nursing.

### Research questions

This study was undertaken to answer three research questions:

1. To what extent do Canadian perioperative registered nurses engage in CPD;
2. What types/areas of CPD are they engaging in; and
3. What is their perception of the contribution their CPD activities had on their ongoing professional competence?

To answer these questions a mixed-methods online questionnaire of Canadian perioperative registered nurses was conducted. The results of this research have been used to inform the understanding of the link between CPD and professional competence and can be used to inform decisions about future CPD activities while identifying barriers to these specialized nurses' engagement.

The questionnaire utilized in this study was modified to align with the five domains of nursing as defined by the Canadian Nurses Association in its framework for the practice of registered nurses in Canada:

1. Clinical care;
2. Education;
3. Administration;
4. Research; and
5. Policy.

It also utilized the Nursing Professional Development – Practice Model<sup>25</sup> to further refine the items. This model has also been applied to CPD for the specialty nursing practice of

perioperative nursing in the United States.

### Design

This exploratory study used an instrument adapted from a questionnaire developed by Neimeyer and Cox<sup>21</sup> that was applied to the unique context of perioperative nursing practice in Canada. This instrument explored four different forms of learning activities, which are divided into ten subcategories. The subcategories were then aligned with CPD activities that were assessed to explore the relationship of the activities to indicators of professional competence. These questions required participants to quantify the extent they participated in each activity over the past calendar year using either the number of hours or the number of activities themselves. After quantifying their engagement in each, the participants were asked to indicate the extent to which each activity was viewed as contributing to their ongoing professional competence. This was achieved using a five-point Likert scale ranging from 1 (very little) to 5 (very much). Lastly, participants were asked three open-ended qualitative questions. These were designed to identify specific topics or activities that they would like to receive additional CPD as well as to explain barriers, if any, to engaging in CPD, as well as to explore the phenomenon of lateral violence as it related to perioperative nurses' CPD, if applicable. The last two topics were issues that emerged through a review of the literature.

### Data collection

The perioperative nurses that participated in this study were recruited through the Operating Room Nurses Association of Canada (ORNAC) and the jurisdictional regulatory bodies for registered nurses in Canada. The regulatory bodies consisted of the 12 members of the Canadian Council of Registered Nurse Regulators (CCRNRR). Recruitment occurred through email newsletters, social media posts, and other methods approved by the respective agencies. Participants were

required to contact the researcher via email to request a link to participate in the study. This requirement was due to the bylaws of the agencies, which were generally unable to distribute a questionnaire directly to their membership. This additional requirement for recruitment created a barrier to participation which limited the number of participants.

### Participants

There were 74 perioperative registered nurses licensed and practicing in Canada that participated in this study; 90.7% were female, 6.98% were male, and 2.33% chose not to disclose their gender. All participants practiced in an area of perioperative nursing practice with 51.16% reporting that they practice in a teaching hospital, 11.63% a large community hospital (>10,000 surgeries), 23.26% in a medium community hospital (> 2,000 surgeries), 4.65% in a small community hospital (< 2,000 surgeries), and the remaining 9.30% were practicing in other areas, which, included private surgical clinics, educational institutions, etc. The majority of participants (72.09%) had practiced for more than 10 years with 16.28% having practiced for 6-10 years and the remaining 11.63% less than five years. Most participants' highest level of nursing was at the baccalaureate level with 67.44% possessing a degree. There were 18.60% that possessed a master's degree and 13.95% possessed a diploma. The overwhelming majority, 83.72% had also completed a perioperative nursing program and were not trained on the job.

### Ethical considerations

Ethical approval for this study was received through the Keyano College Research Ethics Board. The participants were informed of the study's purpose, procedure, and that their participation was voluntary. Prior to initiating the questionnaire, participants were required to click "Yes", thereby agreeing to participate. The participants were made aware that they may choose to discontinue participation at any time.

**Data analysis**

This descriptive, exploratory study was designed to develop a picture of the range of CPD activities that perioperative nurses engage in, and to explore the extent to which they are perceived to contribute to an individual’s professional competence. The questionnaire used in this research was adapted to this unique specialty nursing practice and aligned with the five domains of nursing. It concluded with the collection of descriptive demographic information.

The resultant questionnaire was used as the data collection tool for this study. After quantifying their engagement (number of hours or occasions) in each, the participants were asked to rate their perception of the extent that each of the twelve activities contributed to their ongoing professional competence using a five-point Likert scale. The scale for the study used literal descriptors, which ranged from Very Much, Much, Neutral, Little, and Very Little. These items were also weighted using a five-point scale.

The data was collected through Survey Monkey. The quantitative responses

were analyzed for descriptive statistical significance only and were not tested to be predictive of the population, the qualitative responses underwent thematic and content analysis to determine the themes that emerged from the responses.

**RESULTS**

This descriptive, exploratory study was designed to develop a picture of the range of CPD activities that perioperative nurses engage in, and to explore the extent that they are perceived to contribute to an individual’s professional competence. The statistical analysis conducted in this study does not purport to be predictive nor were significance tests conducted. Table 2 and 3, along with Figure 1, provide a summary of the results which are discussed in the subsequent analysis. Additionally, the themes that emerged in the qualitative questions are also identified below.

Table 1 presents basic descriptive statistics of the amount of CPD that participants engaged in during the previous year. This snapshot identifies that Self-Directed Learning Activities

**Table 2.** Continuing professional development participation.

	Mean	Median	Mode	Range
Self direct learning activities	123.10 hrs	40 hrs	100 hrs	0 – 2,200 hrs
Formal continuing education training	25.72 hrs	10 hrs	0 hrs	0 – 500 hrs
Peer consultation/review	21.55 hrs	5 hrs	0 hrs	0 – 500 hrs
In-services	40.50 hrs	30 hrs	40 hrs	0 – 800 hrs
Conferences	0.56 events	0 events	0 events	0 – 12 events
Courses/Workshops you taught	6.91 events	0 events	0 events	0 – 50 events
Serving on committees/boards	1.47 events	1 event	0 events	0 – 8 events
Publications	0.15 events	0 events	0 events	0 – 2 events
Academic courses	0.30 events	0 events	0 events	0 – 4 events
	<b>Yes</b>		<b>No</b>	
Canadian Nurses Association (CNA) certification: CPN(C)	8.70%		91.30%	

(123.10 hours) and In-Services (40.50 hours) were the two most accessed forms of CPD, with Formal Continuing Education Training (25.72 hours) followed by Peer Consultation/Review (21.55 hours).

### Preferred types of continuing professional development activities

In response to an open-ended question designed to elicit the participants preferred types of CPD activities, there was a variety of different types suggested. The participants were able to offer an unlimited number of responses, which provided a wealth of potential activities that Canadian perioperative registered nurses are interested in pursuing. These responses underwent thematic analysis with deductive coding based on the analysis of the raw data. This process facilitated the emergence of the following themes related to topics - listed in order of frequency.

1. Leadership/management;
2. Communications;
3. Emergency procedures (e.g. malignant hyperthermia);
4. Perioperative nursing standards of practice;

5. Orthopedic surgery;
6. Geriatric surgical considerations;
7. Orientation to new equipment; and
8. Perioperative nursing refresher program.

In addition, the majority of participants, unsolicited, also specified their preferred modality of delivery. This data was analyzed using content analysis revealing that the two most frequently identified types of CPD learning modalities were online study (34.88%) and attending conferences (30.22%). This seemingly paradoxical finding was consistent in the responses. The remaining responses were non-specific and unable to be quantified or themed.

### Barriers to engaging in continuing professional development

The barriers expressed by participants underwent content analysis revealing that the two primary barriers to perioperative nurses' engaging in CPD were cost and time. At 67.44%, a majority of participants expressed that time (e.g. release from work or personal time) was a barrier. Similarly, 41.86% of individuals advised that the cost of engaging in CPD was a barrier. Of the

total responses, 27.90% of these individuals stated that both time and cost were barriers for them. The COVID-19 pandemic was also cited as a barrier in 23.25% of the responses.

The primary narrative that arose from the responses was an expressed need for financial support to pursue CPD and the concomitant challenges associated with receiving a release from work to participate in such activities. Also, emerging through the barriers expressed was a sub-theme regarding the lack of recognition for CPD activities that impacted participation and completion. The secondary theme that emerged from the responses was the barrier created by COVID-19. In addition to this being a barrier to participation, it was also cited as a source of burnout for perioperative nurses, which inhibited their desire to participate in CPD.

### Lateral violence

In response to the question of whether the participants had experienced acts of workplace incivility or lateral violence from colleagues due to their participation in CPD activities, 13.95%

**Table 3.** Perceived contribution to professional competence.

	VERY MUCH	MUCH	NEUTRAL	LITTLE	VERY LITTLE	WEIGHTED AVERAGE
Self direct learning activities	47.83%	34.78%	8.70%	6.52%	2.17%	4.20
Formal continuing education training	20.00%	53.33%	13.33%	6.67%	6.67%	3.73
Peer consultation/review	4.44%	31.11%	31.11%	15.56%	17.78%	2.89
In-services	35.56%	42.22%	15.56%	4.44%	2.22%	4.04
Conferences	27.27%	25.00%	18.18%	0.00%	29.55%	3.20
Courses/workshops you taught	18.18%	25.00%	22.73%	9.09%	25.00%	3.02
Serving on committees/boards	15.91%	27.27%	27.27%	4.55%	25.00%	3.05
Publications	0.00%	6.98%	39.53%	11.63%	41.86%	2.12
Academic courses	6.82%	20.45%	20.45%	9.09%	43.18%	2.39
Canadian Nurses Association (CNA) certification: CPN(C)	29.55%	9.09%	2.27%	2.27%	34.09%	2.98

advised that they experienced this behaviour.

The primary type of lateral violence experienced in the workplace, as cited by the participants, was perceived expressions of anger from colleagues. This was manifested as gossiping in the workplace, minimizing the CPD activities through behaviours like eye-rolling, and being “put down” for seeking to engage in CPD activities. Another theme expressed by the participants was hostile behaviour resulting from competition amongst their colleagues when seeking to participate in CPD activities. This was seen as a source of tension that was perceived as anger being directed at individuals participating in CPD.

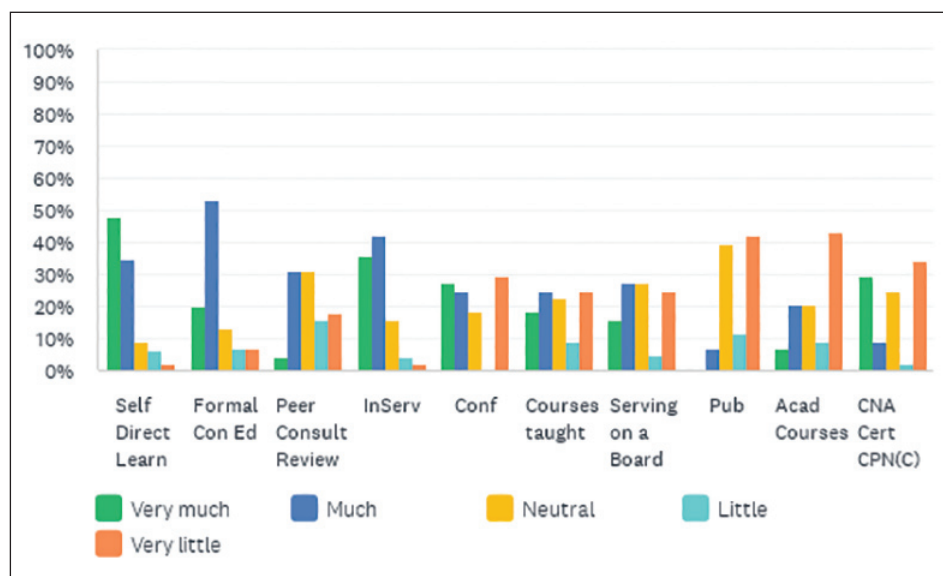
## DISCUSSION

The findings of this study suggest that perioperative nurses engage in regular CPD activities as part of their professional practice. This reflects the assertion by Price and Reichart that nurses have strong desires and positive perceptions toward continued learning.<sup>26</sup> However, there were perceived barriers noted that impacted their ability to engage in CPD. This extended to the identification of patterns of behaviour that are considered lateral violence. Ultimately, this study found that the Canadian perioperative nurses participating in this study valued CPD and had a positive perception of most activity types.

### Activities

Through the examination of ten activities adapted from those proposed by Neimeyer, Taylor, & Cox,<sup>21</sup> this study revealed that perioperative nurses have preferred approaches to CPD. The top three activities rated by participants were “Self-Directed Learning Activities”, “In-Services”, and “Formal Continuing Education”. Participants disclosed that in the previous year they engaged in Self-Directed Learning for an average of 123.1 hours. This activity was also reported as being the highest perceived value of all the activities with participants expressing a satisfaction

Figure 1.



Summary of perceived contribution to professional competence.

rating of 82.26%. A significant finding was the overwhelming satisfaction of 46.67% of participants reporting that Self-directed learning activities helped “Very Much”. The second highest-rated CPD activity was In-Services, which revealed an average of 40.50 hours of engagement in the past year with 77.27% reporting overall satisfaction with the activity. The third-rated activity was Formal Continuing Education which demonstrated an average of 25.72 hours of engagement with 72.72% reporting satisfaction.

These findings align with the types of CPD that are commonly available to perioperative nurses because hospital-based nurse educators primarily facilitate the process of CPD for nurses.<sup>27</sup> The flexibility of Self-Directed Learning activities offers perioperative nurses the ability to engage in CPD at their own prerogative using the internet and other resources readily available.

There were polarized opinions about three CPD activities. These were Conferences, Peer Consultation, and Canadian Nurses Association (CNA) Certification in Perioperative Nursing: CPN(C). The reported satisfaction fell in the extremes, which also mirrored the range of involvement reported in the

activities. To illustrate, participants reported engaging in 0-500 hours of peer consultation. This was significant because the mean was five hours revealing that many did not engage in peer consultation, while others heavily invested in the activity. These extremes offer the opportunity to explore why some nurses value the activity, and others do not. A deeper investigation into the dynamics of peer consultation may afford an additional perspective on lateral violence, either as a contributing factor or how it contrasts with other activities. It was unexpected that conferences were polarizing for participants given their popularity, anecdotally. It was reported that the average attendance at a conference in the previous year was less than one (0.56). However, this finding is likely attributable to COVID-19 because it forced many conferences to pivot to an online delivery, which may not have been preferred. Achieving the CPN(C) designation requires a significant investment of time, through study, to be successful and must be paid out of pocket. It is documented that the cost of CPD is a barrier for nurses to engage in CPD,<sup>27</sup> and since the CPN(C) designation requires nurses to pay for a certification that does not yield additional pay, many of the nurses in this

study did not perceive it to be of value. This perception was compounded by the fact that there is a lack of recognition for practicing perioperative nurses possessing this advanced certification. Collectively these three activities were extremely polarized, revealing the divergent opinions amongst nurses regarding their CPD.

There were two activities where participants lacked consensus. These were “Courses/workshops that perioperative nurses taught” and “Serving on Committees/Boards”. These were activities that participants did not regularly engage in and were thus inconsistent in their perceived value.

Lastly, there were two CPD activities that perioperative nurses provided a consensus in perceiving of being Very Little value. These were “Publications” and “Academic Courses”. Participants were overwhelmingly negative in their perceived value for these activities, with reported engagement respectively of 0.15 and 0.3 events. This is likely attributable to a lack of academic preparation amongst perioperative nurses, which was reflected in the demographic profile of this study with 67.44% possessing an undergraduate degree. Multiple researchers suggests that many nurses do not appreciate the value of academic study to clinical practice.<sup>15,28,29</sup> This is apparent in the finding of this study because there was a strong consensus regarding the lack of value nurses perceived through publications and academic courses.

### Barriers

This study affirmed the major barriers, present in the literature, for nurses to engage in CPD. The primary barriers overwhelmingly cited by the participants were time and cost. As Bindon posits the inherent nature of perioperative nursing practice, limited time, lack of access and irregular staffing patterns creates systemic barriers to education.<sup>4</sup> Financial resources restrictions are also a known barrier to nurses’ pursuit of CPD.<sup>30,31</sup> Likewise, limited time and limited workforce are cited as barriers in

the pursuit of CPD.<sup>30,32</sup> Bindon identifies that to overcome this barrier nurses often use their own vacation or personal time to pursue CPD.<sup>4</sup> While this option did not emerge through this study, it is likely that perioperative nurses are engaged in this practice, which could be a contributing factor to the lateral violence experienced by the participants. These barriers to engagement in CPD for perioperative nurses, like other areas of specialization, extend beyond the practice environment and are influenced by home and domestic responsibilities.<sup>24</sup> A sub-theme theme that emerged as a barrier to engagement in CPD was recognition. It was suggested that employers undervalue CPD and, consequently, created barriers to nurses being supported to pursue learning. This also aligns with Bindon’s findings regarding CPD that there was a “real or perceived lack of support from leaders.”<sup>4</sup> For this reason managers are positioned to positively influence engagement in CPD by promoting a conducive environment for nurses that values CPD based on the positive impact it yields for quality of care and safety. A final barrier that was consistently reported by participants was the impact of COVID-19, which has had a significant impact on the ability of all professionals to gather for CPD activities.

### Continuing professional development topics

A broad range of topics of interest emerged from the responses to this study. These included:

1. Leadership/management;
2. Communication;
3. Emergencies in the Operating Room (e.g. malignant hyperthermia);
4. Perioperative nursing standards;
5. Orthopaedic procedures;
6. Geriatrics;
7. Surgical equipment; and
8. Perioperative refresher program.

This last topic was a minority opinion and was not explicitly defined by participants; therefore it would benefit from further investigation to understand the context of the suggestion.

This study found that perioperative nurses experienced lateral violence as a result of their engagement in CPD.

---

Each of these topics provides leaders, educational institutions, and other providers with the opportunity to develop and deliver programming that will achieve the desired topics for perioperative nurses CPD. Aligning these topics with nurses' preferences is critical because "Maintaining competence is a professional responsibility for nurses."<sup>4(p. 100)</sup> The ability to practice safely with an evolving scope of practice requires nurses to maintain and develop knowledge and skills throughout their career.<sup>33</sup> CPD is not simply a directive that nurses must adhere to, rather, it is a dynamic process that adds value to practice and should be aligned with the needs and wants of perioperative nurses.

### Lateral Violence

This study found that perioperative nurses experienced lateral violence as a result of their engagement in CPD. A previous study by Tame revealed that approximately 10% of perioperative nurses experienced lateral violence.<sup>34</sup> While the percentage of participants reporting experiencing lateral violence was slightly higher in this study (13%), it is consistent with the previous research. A significant finding in the literature was the realization that a manager's attitude toward CPD was pivotal in determining the cultural milieu of an operating room.<sup>34</sup> This is reinforced by Bertulis and Cheeseborough who found that employer's attitudes greatly impacted nurses' pursuit of CPD.<sup>35</sup> Likewise, Griscti and Jocano suggest that organizational perspectives of CPD are one factor in overcoming this barrier.<sup>36</sup> The realization that lateral violence is being experienced by perioperative nurses is concerning given the perceived lack of support expressed in this study.

The examples of lateral violence provided by the participants were anger and hostility from colleagues who were viewed as unsupportive of their pursuit of CPD. Bindon posits that "Peer pressure to maintain the status quo on a team or a particular

unit may serve as a barrier to professional development."<sup>4(p.104)</sup> This workplace culture and intra-professional conflict was perceived as a barrier to the pursuit of CPD by the participants in this study. This was expressed as sabotage, which also parallels Tame's finding of lateral violence amongst perioperative nurses related to CPD.<sup>34</sup> These socialized and cultural aspects of nursing play a significant role in the pursuit of CPD. Interestingly, "medicine can seemingly combine both academic qualifications and practical skills, in perioperative nursing these do not appear to be able to co-exist and many participants' experiences implied that pursuit of academic qualifications may be seen by colleagues as a negative aspiration, incompatible with the practice of nursing."<sup>34(p.223)</sup> The realization that lateral violence is common in perioperative practice is a concern and demonstrates, superficially, that nurses face an additional challenge of overcoming their colleagues in their pursuit of CPD. There are undoubtedly many damaging impacts from this kind of behaviour which necessitates urgent investigation.

### RECOMMENDATIONS

The results of this study have implications for the types of CPD activities that perioperative nurses prefer and should be made available to these specialized nursing professionals. Further, the study also illuminates the types of activities that employers or other funding agencies should focus resources to cultivate this critical activity for perioperative nurses.

Participants in this study clearly identified that self-directed learning activities, formal continuing education training, and in-services were perceived to be of the greatest value to their practice. This finding points to the specific proficiencies that perioperative nurses require in their practice. Conferences were also perceived to be of value; however, due to the COVID-19 pandemic participation in these was curtailed. Unlike other professionals, it

was unlikely that perioperative nurses would participate in online alternative deliveries.

The preferred topics also point to the unique proficiencies required for this specialty area of practice. As such, it is recommended that the greatest value for CPD activities is topics specific to emergency management, communication, and refreshers specific to equipment, procedures (orthopaedics), and application of the perioperative standards to practice. It is recommended that the suggestion for a perioperative refresher program, as posed by a subset of participants, undergo investigation to identify its context. Through this process the specific requirement(s) for training will be defined thereby enabling a focused response that specifically address this need. Likewise, post-secondary institutions and other educational providers should focus their programming on these areas, as well as offer leadership and management training for perioperative nurses.

In contrast, publications and academic courses were perceived to be of the least value. This is likely attributable to the technical proficiencies necessary for perioperative nursing practice. The remaining types of CPD activities did not suggest a preference with responses demonstrating a balance. As a result, these activities should not be eliminated. It is important to remain cognizant of the context of this study with respect to COVID-19 because it may have impacted the perceptions of participants.

It is recommended that effort and resources be directed to overcoming the barriers to participation in CPD. The barriers identified in this study included cost and time, which also align with similar research with nursing and other professional groups. Acknowledging that adequate funding and providing release time for nurses to participate is not simple, especially given scarce resources and the shortage of perioperative nurses. COVID-19 is a new barrier to participation in CPD that has caused shifts in the presentation of

CPD activities (e.g. online). To ensure access perioperative nursing leaders need to re-assess participation and consider innovative solutions that enable perioperative nurses to participate in and receive recognition for their CPD activities.

Managers are uniquely positioned to support, or unintentionally impede, perioperative nurses' participation in CPD activities. For this reason, it is imperative that leaders be cognizant of their influence and actively employ strategies that support nurses' participation. Behaviours that can be utilized to promote a positive workplace perception of CPD include promoting continuing education opportunities, supporting applications for activities, modifying schedules to facilitate participation, and celebrating educational accomplishments. There is also an immediate need to counteract lateral violence to ensure a healthy environment that embraces education and promotes professional development to improve quality care and safety.

Investing in actions that encourage CPD will provide many benefits, but there is also a practical need for managers to balance operational requirements. However, this represents an opportunity for these leaders to learn and implement practices that their colleagues have successfully utilized to facilitate engagement in CPD. For this reason, a similar study of perioperative nursing administrators' perceptions of CPD that also solicits strategies to foster engagement will enhance the collective understanding of this phenomenon and provide practical recommendations. The results of such a study will inform the community of practice, enabling managers to implement strategies that create a healthy workplace that is conducive to CPD while balancing the need to maintain operational function.

Lastly, a final recommendation emerging from this research is the urgent need for further research into the phenomenon of lateral violence as it relates to CPD. A finding of 13.95% of participants

experiencing lateral violence directly attributable to their CPD is unacceptable. This exceeds the finding of similar research that approximately 10% of perioperative nurses reported experiencing lateral violence.<sup>24</sup> The examples shared by participants ranged from gossip to overt behaviour intended to demean and damage the individual professionally. It is recommended that perioperative nursing leaders take action to address lateral violence in the workplace.

## LIMITATIONS

This study, like all research, has limitations. The first limitation of this study was its sample size. Despite receiving national exposure through email communication by ORNAC and promotion by the provincial regulatory bodies, the study received 74 responses. This was a result of the requirements of ORNAC and provincial nursing regulatory bodies for participants to contact the researcher and request a link to participate in the study. This additional requirement for recruitment created a barrier to participation and resulted in a smaller number of participants. The second limitation was the overlap between various types of activities for CPD. To illustrate, activities like webinars span categories and may be considered self-study or an in-service. The examples paired with the categories of CPD may have also influenced the participants' perceptions based on their past experiences and/or familiarity with the activities. Nevertheless, the author believes that the types of activities listed, and the examples provided represent the primary types of CPD. The third limitation was the environment. This research was undertaken during the COVID-19 pandemic, which was a foremost issue for many perioperative nurses, much like all healthcare professionals. Consequently, COVID-19 was a repeated consideration expressed by the participants. While this topic was unavoidable in this study it undoubtedly overrode other considerations related to CPD. For this reason, it is necessary to replicate this study in order to determine

the extent that COVID-19 affected the results. Despite these limitations, this study provides initial insight into Canadian perioperative nurses' perceptions of CPD, which has important implications for practice and the development of future activities.

### CONCLUSION

This study explored Canadian perioperative nurses' perceptions of CPD, providing an initial perspective on this topic and offering implications and recommendations for strategies to engage individuals. While it is clear that these specialized nursing professionals are actively engaged in CPD there are also common barriers that impede the pursuit of various activities. It is imperative that nursing leaders seek strategies to collectively overcome these barriers, thereby ensuring perioperative nurses maximize the benefits of CPD. Acknowledging the need to balance engagement with operational needs, there remains a significant opportunity for leaders to gain from establishing and maintaining a culture that supports continuing professional development. Further, this study serves to raise awareness of the issue of lateral violence in the perioperative nursing practice environment. Ultimately, professional competence achieved through CPD is essential to nursing because of its impacts on quality of care and safety.

### REFERENCES

- Russell KP, Coventry T. Innovations in postgraduate work integrated learning within the perioperative nursing environment: A mixed method review. *JPN* 2019;32(1):27-31.
- Allvin R, Bisholt B, Blomberg K, Baath C, Wangensteen S. Self-assessed competence and need for further training among registered nurses in somatic hospital wards in Sweden: A cross-sectional survey. *BMC Nurs* 2020;19(1):1-11.
- Esposito CL. Union benefit packages motivate nurses to continue their education. *J N Y State Nurses Assoc* 2016;44(2):4-19.
- Bindon SL. Professional development strategies to enhance nurses' knowledge and maintain safe practice. *AORN J* 2017;106(2):99-110.
- Fukada M. Nursing competency: Definition, structure and development. *Yonago Acta Medica* 2018;61(1):1-7.
- Nsemo AD, Nkere EI, Enebeli EC. Cross River State experience of the mandatory continuing professional development program for nurses: A case study of the 34th session in Calabar, Cross River State, Nigeria. *Int J Nurs Midwifery* 2019;11(5):41-53.
- Davis L, Taylor H, Reyes H. Lifelong learning in nursing: A Delphi study. *Nurse Educ Today* 2014;34(3):441-445.
- Nolan M, Owen R, Curran M, Venables A. Reconceptualising the outcomes of continuing professional development. *Int J Nurs Stud* 2000;37(5):457-467.
- Hardwick S, Jordan S. 2002. The impact of part-time post-registration degrees on practice. *J Adv Nurs* 2002;38(5):524-535.
- Barriball KL. An exploratory study of nurses' views and experiences of continuing professional education [Unpublished Dissertation]. London, UK: University of London, 2002.
- Gopee N. The nurse as lifelong learner: An exploration of nurses' perceptions of lifelong learning within nursing and of nurses as lifelong learners. [Unpublished Dissertation]. Coventry, UK: University of Warwick, 2003.
- Stanley H. The journey to becoming a graduate nurse: A study of the lived experience of

- part-time post-registration students. *Nurse Educ Prac* 2003;3(2): 62-71.
13. Smith J, Topping A. Unpacking the ‘value added’ impact of continuing professional education: A multi-method case study approach. *Nurse Educ Today* 2001;21(5):341-349.
  14. Ryan J. Continuous professional development along the continuum of lifelong learning. *Nurse Educ Today* 2003;23(7):498-508.
  15. Cooley MC. Nurses’ motivation for studying third level post-registration nursing programmes and the effects of studying on their personal and work lives. *Nurse Educ Today* 2008;28(5):588-594.
  16. Poel RF, Van der Krogt FJ. The role of human resource development in organizational change: Professional development strategies of employees, managers and HRTD practitioners. In: Billet S, Harteis C, Gruber H. *International Handbook of Research in Professional Practice-Based Learning*. Bordrecht, Netherlands: Springer Publishing; 2014.1043-1070.
  17. Pool JA, Poell RF, Berings MGC, Ten Cate O. Strategies for continuing professional development among younger, middle-aged, and older nurses: A biographical approach. *Int J Nurs Stud* 2015;52(5):939-950.
  18. Abebe L, Bender A, Pittini R. Building the case for nurses’ continuous professional development in Ethiopia: A qualitative study of the Sick Kids-Ethiopia paediatrics perioperative nursing training program. *Ethiop J Health Sci* 2018;28(5):607-614.
  19. Tame S. Perioperative nurses’ perceptions and experiences of continuing professional education. *J Perioper Pract* 2009;19(8), 257-262.
  20. Stobinski J. Continuous professional development in perioperative nursing. *AORN J* 2020;111(2):153-156.
  21. Neimeyer GJ, Taylor JM. On hope and possibility: Does continuing professional development contribute to ongoing professional competence? *Prof Psychol Res Pr* 2012;43(5):476-486.
  22. Ryder M, Browne F, Galvin C, Leonar O, O’Reilly J. Fit for purpose? Evaluation of CPD courses for nurses in an Irish university teaching hospital. *Br J Nurs* 2018;27(8):434.
  23. Platt MS, Covewntry T, Monterosso L. Perioperative nurses’ perceptions of cross-training: A qualitative descriptive study. *J Perioper Nurs* 2019;32(1):19.
  24. Tame S. Perioperative nurses’ experiences as students: The perceived status of being at university. *J Perioper Pract* 2013;23(6): 133-137.
  25. Association for Nursing Professional Development (ANPD). *Nursing Professional Development – Practice Model* [Internet]. Chicago, USA: ANPD; 2017. Available online at: <https://www.anpd.org/blog/have-you-seen-the-new-npd-model>
  26. Price S, Reichart C. The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid- to late-career nurses throughout their career span. *Admin Sci* 2017;7(1):13-17.
  27. Bindon SL. Professional development strategies to enhance nurses’ knowledge and maintain safe practice. *AORN J* 2017;106(2):99-110.
  28. Spencer RL. Nurses’ Midwives’ and health visitors’ perceptions of the impact of higher education on professional practice. *Nurse Educ Today* 2006;26(1):45-53.

29. Gould D, Drey N, Berridge EJ. Nurses experiences of continuing professional development. *Nurse Educ Today* 2007;27(6): 602-609.
30. Katsikitis M, McAllister M, Sharman R, Raith L, Faithful-Byrne A, Priaulx R. Continuing professional development in nursing in Australia: Current awareness, practice and future directions. *Contemp Nurse* 2013;45(1):33-45.
31. Pricisah M, Robert M, Omenge R, Ng'eno A. Challenges facing nurses while participating in continuing professional development: Case of Western Kenya. *Am J Nurs Sci* 2017;6(4):304-307.
32. Chong MC, Sellick KJ, Francis K, Abdullah KL. What influences Malaysian nurses to participate in continuing professional education activities? *Asian Nurs Res* 2011;5(1):38-47.
33. Health Care Professionals Council (HCPC). Continuing professional development [Internet]. London, UK: HCPC; 2010. Available online at: <https://www.hpc-uk.org>
34. Tame S. The relationship between continuing professional education and horizontal violence in perioperative practice. *J Perioper Pract* 2012;22(7):220-225.
35. Bertulis R, Cheeseborough J. The Royal College of Nursing's information needs survey of nurses and health professionals. *Health Info Libr J* 2008;25(3): 186-197.
36. Griscti O, Jocano J. Effectiveness of continuous education programmes in nursing: Literature review. *J Adv Nurs* 2006;55(4):449-456. 🌱

---

Peer-reviewed feature articles appearing in this publication have undergone a double blind peer review process. The views or opinions expressed in the editorial or articles are those of the authors and do not necessarily represent the policies or views of the Operating Room Nurses Association of Canada (ORNAC). Although reasonable efforts are made to ensure accuracy ORNAC, and its agents, take no responsibility whatsoever for errors, omissions or any consequences of reliance on material or the accuracy of information. In the event of a discrepancy, between the original and translated versions of the texts, the original version shall take precedence.

Publication does not constitute ORNAC endorsement of, or assumption of liability for, any claims made in advertisements.



**ORNAC /  
AIISOC**

This publication is copyright in its entirety. Material may not be reprinted without the written permission of ORNAC. Contact through [www.ORNAC.ca](http://www.ORNAC.ca).

---

Les articles de chroniques évalués par un comité de lecture qui apparaissent dans cette publication ont été soumis à un processus d'évaluation par les pairs en double aveugle. Les points de vue ou les opinions exprimés dans l'article de tête ou les autres articles sont ceux des auteurs et ne représentent pas nécessairement les politiques ou les points de vue de l'Association des infirmières et infirmiers de salles d'opération du Canada (AIISOC). Bien que tous les efforts aient été mis en œuvre pour assurer l'exactitude des articles, l'AIISOC et ses représentants ne sont en aucun cas responsables des erreurs, des omissions ou de toutes conséquences pouvant découler de l'utilisation du matériel ou de la justesse de l'information. En cas de doute quant à la traduction des articles, la version originale la version originale prévaudra.

La publication des annonces publicitaires ne signifie en aucun cas que l'AIISOC n'approuve ou n'assume la responsabilité de toute revendication faite par ces dernières.

L'intégralité de cette publication est protégée par la loi sur le droit d'auteur. Les documents ne peuvent être réimprimés sans l'autorisation écrite de l'AIISOC. Communiquez avec [www.ORNAC.ca](http://www.ORNAC.ca).