

# Online Nurse Education

**Jane Klobas**

*Università Bocconi, Italy*

*University of Western Australia, Australia*

**Ciro Sementina**

*TILS SpA, Italy*

**Stefano Renzi**

*Università Bocconi, Italy*

## ABSTRACT

In many countries, healthcare professionals are required to participate annually in compulsory continuing medical education (CME). The effort involved in providing wide-scale training led the Italian Ministry of Health to support pilot courses using online distance learning. This article reports the results of a short survey which aimed to gauge the potential of online CME for nurses in Italy. Most of the 152 respondents, all of whom had completed an online course, supported the inclusion of some form of collaborative learning. Three possible market segments for online learning emerged from the study: nurses who prefer to study alone, those who would appreciate collaborative activities well-integrated into course design, and those who would prefer courses that include online collaboration of any kind. The authors conclude that online learning is a suitable mode for enabling participation in CME for accreditation, but caution that further research is required to confirm that the preferences of nurses who have experienced online distance learning are shared by those who have not.

## INTRODUCTION

Rapid developments in medical knowledge have been accompanied by increased attention to continuing medical education (CME) for doctors, nurses, and other healthcare professionals. To ensure practitioners' knowledge remains current, professional organizations or national bodies, or both, typically establish a minimum number of hours or CME credits which a healthcare professional must attain in a year to maintain their accreditation to practice. Given the extent of

training required, several national governments have supported pilot studies that use information and communications technologies (ICT) in different ways to enable healthcare professionals to participate in CME from their home or place of work, or while mobile, "on the road."

There is little literature on CME in the information systems field, but some recent studies have examined aspects of interaction by medical workers with Internet and mobile technologies. Studies of adoption of the Internet and Internet-based systems to gather data for evidence-based practice in the United Kingdom in the late 1990s indicated that voluntary use of such systems was limited by the busy day-to-day working life of the staff of medical practices (Abdulrasul, 2001; Howcroft & Mitev, 2000; Klecun & Cornford, 2003). The studies of mobile systems indicate that adoption of mobile technologies in medical contexts is complex, and related at least as much to organizational issues such as control, and extra-organizational issues such as the individual's perceived role as a professional and member of society, as it is to the interface between the user and the technology (Scheepers, Scheepers, & Ngwenyama, 2006; Wiredu & Sorenson, 2006). To this extent, these studies touch on some of the problems that online CME aims to address.

Nurses, like other healthcare workers, are faced with the challenge of combining education with practice, and their lives as professionals, family members, and members of society. In many countries, nurses obtain formal qualifications or keep up to date with developments in theory and practice part-time, juggling study with the demands of their day-to-day work and family life. Since 2002, the Italian government has required health professionals to obtain a minimum number of credits through participation in CME. In 2006, the

minimum number of credits, for example, was 50, the equivalent of more than a week of full-time education (Ministero della Salute, 2000). It would be impossible to rely on classroom-based education to implement a nation-wide initiative on this scale. Instead, the Ministry for Health took advantage of the opportunities for distance learning offered by the Internet. In this article, we report on the preferences of nurse participants in one of the pilot courses supported by the Ministry. The course was conducted within the ambit of a research project that sought to evaluate the role of social learning, and in particular, online collaborative learning in motivating participants and reducing dropout rates in online professional development, so we were particularly interested in the participants' preferences for social and collaborative approaches to online learning.

## BACKGROUND AND LITERATURE

The Internet permits busy professionals to participate in continuing professional education (CPE) from their offices or homes at times that are convenient to them. Most Internet-based or "online" courses for healthcare practitioners involve delivery of material prepared by professional teachers and trainers in computer-based training packages. These packages typically involve pages or slides that present foundation information and exercises and assessments that enable the learner to practice and test their understanding of the delivered information (Ricketts, Price, & Chamberlain, 2005). Some courses may include multimedia simulations. In many cases, an online tutor is available to answer participant questions and, in some cases, to stimulate involvement and participation in the course (Diekelmann & Mendias, 2005).

One of the problems associated with online courses is that dropout rates are high, even when tutors are available (Parker, 2003). Online social interaction among learners appears to reduce the sense of isolation that is often felt by learners taking courses at a distance from the teacher and other learners (Contreras-Castillo, Favela, Perez-Fragoso, & Santamaria-del-Angel, 2004). Participants in courses that incorporate such online social interaction have been found to have higher satisfaction and higher completion rates than participants in courses that afford no opportunity for social interaction (Renzi & Klobas, 2002). Collaborative learning activities that incorporate social interaction are also

believed to improve learners' engagement with the course material and their learning from participation (Rudestam & Schoenholtz-Read, 2002).

A question mark hangs over the value of online social interaction in courses for nurses, however. Platzer, Blake, and Ashford (2000) found that British nurses did not necessarily enjoy group work for CPE in a face-to-face setting. They identified several barriers to learning from group work, including the ways in which the nurses interact with one another and group members' commitment to shared learning. On the other hand, Buckingham (2003) found that Canadian bachelor's degree participants studying at a distance from one another appreciated online discussions, which improved a number of skills, including time management and critical thinking. The differences in the settings of these studies, as well as the differences in the results, make it difficult to conclude if online collaborative learning is a suitable CPE method for nurses, or if nurses who participate in CPE would enjoy such an approach. Indeed, nurse educators have noted the lack of research on Web-based learning, and called for further research in this field (Howatson-Jones, 2004; Kenny, 2000).

In this article, we examine nurses' views of online learning in general, and online collaborative learning in particular. Working with Italian nurses who had just completed an online CME course, we asked two questions:

1. What are the perceived advantages of participation in online professional development courses for nurses?
2. What are nurses' attitudes to participation in courses that involve social and online collaborative learning?

We used the answers to these questions to draw initial conclusions about the nature of online courses that would offer a satisfactory distance learning experience for nurses.

## METHODS

The research questions were addressed in a questionnaire survey of nurses who participated in a pilot online CME course supported by the Italian government.

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