CONTINUING PROFESSIONAL EDUCATION: DO RURAL AND URBAN REGISTERED NURSES HAVE DIFFERENCE PERCEPTIONS AND EXPERIENCES?

Authors: Bronwyn Fields

Purpose and Background: Participation in continuing professional education can foster clinical competence and improve patient outcomes. International literature suggests rural nurses may experience increased barriers to accessing continuing education (CE). The purpose of this pilot study was to explore differences between rural and urban registered nurses’ (RNs) perceptions and experiences related to continuing professional education, including access, satisfaction and employer support.

Methods: A convenience sample of RNs (N = 35) from northern California participated in the internet-based survey (64% response rate). A work community of less than 20,000 people was operationalized as the definition of a rural workplace. The sample included 7 rural and 28 urban RNs. Descriptive statistics were used to explore differences in perceptions and experiences of CE between the urban and rural RNs.

Results: RNs working in rural communities were more likely to work in a workplace with less than 50 employees (86% versus 14% of urban RNs). Compared to urban RNs, rural RNs reported more negative CE experiences. Rural RNs mean scores indicated lower levels of satisfaction (1.71 versus 0.93), access (2.14 versus 1.04) and employer support (1.71 versus 1.57) for continuing professional education than RNs working in urban communities. Only 43% of rural RNs reported participating in their preferred method of CE, compared to 68% of urban RNs. 29% of rural RNs said their preferred method of CE was attending professional conferences, but none said this was the most common method they used. By comparison, 57% of urban RNs preferred this method, and 43% said it was their most common method used.

Implications: This pilot study suggests that strategies to improve the CE experience of rural RNs need to address issues of access and employer support to reduce barriers and increase satisfaction. Differences in experiences of CE between rural and urban nurses warrant further investigation with a larger sample size and analysis of potentially moderating or confounding influences such as workplace size.