Safeguarding of vulnerable adults training: assessing the effect of continuing professional development

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Citation
Ochieng B, Ward K (2018) Safeguarding of vulnerable adults training: assessing the effect of continuing professional development. Nursing Management. doi: 10.7748/nm.2018.e1781

Peer review
This article has been subject to external double-blind peer review and has been checked for plagiarism using automated software

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Conflict of interest
None declared

Accepted
31 July 2018

Published online
September 2018

Abstract

Aim This article provides an insight into the effect of safeguarding of vulnerable adults continuing professional development (SOVA-CPD) training for nurses.

Method 51 participants were recruited from three different cohorts of SOVA-CPD training that had been delivered in east England. A 50-item questionnaire was designed to gather participants' views on their acquisition of knowledge and skills, and perceived changes in practice, and to allow them to describe how they have changed how they work due to the training.

Results Participants agreed overwhelmingly that the SOVA-CPD had enhanced their competency and skills so that their patients' care could improve. However, despite the benefits that some participants described, the potential positive effects of SOVA-CPD were curtailed by the challenges participants experienced in making changes in their practice settings.

Conclusion The study highlights several benefits of SOVA-CPD for nurses, including the benefits to patient care of a CPD learning environment for practitioners. It suggests that employers should provide environments in which staff who have undertaken SOVA-CPD can trigger and sustain changes to improve patient care.

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Keywords

change management, continuing professional development, education, management, post-registration education, public health, safeguarding, vulnerable adults

Introduction

Professional standard bodies, such as the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council, expect nurses to stay up to date in their professional practice by engaging in continuing professional development (CPD) and developing their skills to deliver safe, effective and patient-centred care in all aspects of their role (Arungwa 2014). CPD in the UK is an essential component of health and social care practice, and is aligned predominantly to the roles and responsibilities of individual practitioners and the objectives of organisations or units (DeSilets 2007, Gallagher 2007, Hegney et al 2010).

In the document entitled Liberating the NHS, the Department of Health (DH) (2010) proposes a strategy of workforce development for healthcare workers, and delivery of high-quality education and training to ensure greater flexibility in the workforce and safe, high-quality care.

Although the budget for CPD in England has reduced significantly (Greatbatch 2016), it continues to be regarded as an important strategy for maintaining and improving healthcare workers' skills and knowledge for the benefit of patients and the profession (Billett et al 2012, NMC 2014). Studies have demonstrated links between access to CPD and staff satisfaction (Shields and Ward 2001), with opportunities for CPD leading to staff retention. Other studies have highlighted that CPD can increase productivity and reduce accidents and errors in healthcare delivery, creating a better work environment and increasing job satisfaction (Chakraborty et al 2006, Marzuki et al 2012).

Assessments of its effectiveness in changing behaviour and improving outcomes

for patients are, however, inconclusive (Sharples et al 2003, Carpenter et al 2004, Legare et al 2011). Most studies focus on learner satisfaction rather than participants' perceptions of how CPD affects their clinical skills. As Goodall et al (2005) and Grant (2011) argue, evaluating the efficacy of CPD on individuals' perceived practice outcomes is challenging due to the complexity of secondary and primary care clinical areas (Cotterill-Walker 2012, Lahti et al 2014).

The broad aim of this project was to assess the effect of safeguarding of vulnerable adults continuing professional development (SOVA-CPD) training on nurses working in primary and secondary care. The main aims of the SOVA-CPD course were: to improve leadership skills in safeguarding adults in participants' practice areas and interdisciplinary working; to inform effective adoption of local and national safeguarding multidisciplinary guidelines; to improve adult safeguarding policy and practice in participants' employing organisations' guidance; and to achieve long-term improvements in the care and practice of safeguarding adults at risk. The course was delivered to three different cohorts for one day a month over seven months in 2012, 2013 and 2014. The areas it covered included: safeguarding in clinical practice, Mental Capacity Act 2005 and the Mental Health Act 2007, learning disabilities, serious case reviews, legal and ethical aspects of safeguarding and communication, leadership and discharge planning. This article reports participants' views on the effectiveness of the SOVA-CPD training in terms of delivering safe and effective patient care.

Method

Participants were recruited from three cohorts of the SOVA-CPD training that had been delivered in 2012, 2013 and 2014 to nurses, doctors and allied health professionals. The study involved qualified nurses working in primary or secondary care in east England because nurses were the largest group to access the SOVA-CPD during the period. The participants, of whom 41 described themselves as female and ten as male, were allocated to one of two age groups 25-44 years (n=27) and 45-65 years (n=24). They comprised staff nurses and matrons working in primary and secondary care, clinical leadership and development managers, complex discharge planning nurses, ward managers, nursing home managers and tissue viability nurses. Length of service in current role ranged from ten months to 21 years. The study was processed as an evaluation by the local NHS trust and therefore did not require ethics approval.

Data were collected between August and November 2015 through an online self-administered questionnaire developed from literature reviews and experts in the field who provided a constructive critique. This was a relevant way of assessing the validity of the questionnaire (Polit and Beck 2006) and to critically assess if each item was relevant to the area being examined. A few changes, mainly rewording questions for clarity, were made before the questionnaire was used. It comprised closed and open-ended questions, and was divided into several sections covering: the purpose of undertaking the SOVA-CPD; acquisition of knowledge and skills; perceived changes in practice; a description of how participants do things differently at work as a result of the training; and the challenges they have experienced in changing practice. The final part of the questionnaire included a section about the participants, including the age group to which they belonged, their gender, job title and length of service, and when they started and completed their SOVA-CPD course. The aim was to provide an in-depth examination of the effectiveness and effect of SOVA-CPD training for nurses in primary and secondary care who had completed it one, two and three years previously.

The advantages of using an online questionnaire are that it: is cheap and quick to administer; puts a greater social distance between researchers and participants, which reduces the number of socially desirable answers; and fosters participants' honesty (Holbrook et al 2003, Kreuter et al 2008, Johnson et al 2012) without influence. There was no variation in information given to participants (Bryman and Bell 2011, Bryman 2012). The online questionnaire was also considered convenient as participants could complete it in their own time and at their own pace.

Given that the use of online questionnaires reduces the link between participants and researchers, and there can be delays in their return, participants were sent a covering letter describing the importance of the project and inviting them to participate. This also gave a summary of the research area, explained why individuals were selected and how much time they had to complete the questionnaire. Participants were also informed that participation was voluntary, that their responses would be treated in strict confidence and that their and their employer's identities would not be made public.

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The questionnaire was administered to 70 practitioners who had completed the SOVA-CPD training between April and June 2012 (*n*=22), 2013 (*n*=13) and 2014 (*n*=35). Four reminder emails were sent at three-week intervals. Of the 70 participants who were invited to complete the questionnaire, 11 had left their organisation and could not be located. Four were from the 2012 cohort, two from the 2013 cohort and five from the 2014 cohort. Consequently, the number of participants who received the questionnaire was 59 and the overall response rate was 86%. The 51 participants who responded were from cohort 2012 (*n*=14), 2013 (*n*=9) and 2014 (*n*=28).

For the quantitative data collected, percentages, rates and frequency were used to analyse the findings. For the qualitative responses, in relation to how participants thought they did things differently at work due to the course and the challenges they had experienced in changing practice, data analysis involved coding material and identifying categories using the qualitative data analysis software package NVivo 10. This helped to identify similarities and differences between participants' qualitative responses before focusing on relationships between different aspects of the data, and to identify two main themes (Gale et al 2013): the benefits of the SOVA-CPD and the barriers to or challenges of implementing SOVA-CPD in practice.

Following the formation of themes, the findings were presented in a narrative form supported by the participants' written data with theoretical references as necessary. Tables 1-3 summarise the main findings.

Results

Benefits of the SOVA-CPD

When describing their experiences in relation to the SOVA-CPD, all respondents indicated that furthering their professional development was an important aspect of their decision to

Table 1. Reasons for enrolling on the course

Question Why did you enrol on the course?	Number of participants			Percentage of participants responding
	Class of 2012 (*n*=14)	Class of 2012 (*n*=14)	Class of 2012 (*n*=14)	
» To further your professional development	14	9	28	100%
» Out of interest	14	9	28	100%
» Because your employer wanted you to go on the course	14	9	28	100%
» To help you perform your job better	14	9	28	100%
» Because it counted towards an academic qualification	7	4	11	43%
» To help you better serve end users	14	9	28	100%
» To familiarise yourself with relevant legislation	14	9	28	100%

Table 2. Perceived acquisition of knowledge and skills, as a percentage of participants

Question Following the course, to what extent were you able to do the following?	Answer			
	Not at all	A little	To a fair extent	To a greater extent
» Improve your competence in your current role	0%	20%	40%	40%
» Improve skills	0%	15%	25%	60%
» Have a greater understanding of the underlying knowledge	0%	0%	24%	76%
» Address work-related issues in this area better	0%	0%	30%	70%
» Gain familiarity with relevant legislation	0%	0%	40%	60%

participate in the training (Table 1). They said the SOVA-CPD course had enhanced their competency in service delivery by enabling them to acquire new knowledge and skills (Table 2). All participants indicated that the training had increased their awareness of, and confidence to manage, safeguarding issues in their practice area (Tables 2 and 3). They also indicated how the training had enabled them to acquire a greater understanding of safeguarding issues, which include the Mental Capacity Act 2005, and this understanding gave them confidence in work-related issues, such as how to deal with vulnerable adults (Table 2).

Participants' qualitative feedback indicated that some had developed self-assurance and had improved the care they provided to vulnerable adults in their workplace. The knowledge they had acquired was described as 'essential' to enabling good practice. A main aim of the course was that participants would become safeguarding leads in their practice areas, so the acquisition of safeguarding skills and the ability to make positive changes in practice are vital.

One of the participants from the 2013 cohort described how they had established an interest group in their area of work to share safeguarding experiences; others described developing training for colleagues and becoming a 'point of contact' for providing learning materials and guidance on national legislation and local safeguarding policies. These developments support and influence change in practice.

Some participants stated that attending the SOVA-CPD training had given them opportunities to network and reduced their professional isolation by meeting and engaging with other practitioners in the region to discuss areas of mutual interest while increasing their safeguarding skills and competency. They suggested that the networking had enhanced their ability to collaborate and that they had developed a shared understanding of the skills required to work with vulnerable patients. The networking and collaboration with others enabled them to identify, share and implement good practice from other areas.

Implementing SOVA-CPD

Despite the benefits of the SOVA-CPD, some participants described how the potential positive effects were curtailed by the inability and perceived unwillingness of managers to allow the learning to be implemented and cascaded. They said that some managers were unsupportive and, at times, unintentionally prevented the implementation of changes because of staffing issues and the prioritisation of organisational resources in delivering care.

All staff had been supported by their employers while attending the training (Table 1), but how they would be supported to implement change was unclear. Some said implementing change had been left to individuals, without a strategy for transforming their organisation or unit. Some participants had great difficulties in implementing and managing change in practice, and wanted follow-up after the training to share their experiences.

Participants had gained new knowledge and skills, but they could make no significant changes because they had no capacity or support to consider how their current ways of working could be altered, or to provide the best care for patients in line with this new knowledge. Some participants suggested that organisational priorities and commitments undermined their ability to implement change, while others described what they perceived as a clash of priorities and cultures in their area of work. Some colleagues found it difficult to accept the new guidance and protocols they had introduced after the CPD training due to competing priorities.

Table 3. Perceived changes in practice

Question Since completing the course, to what extent do you do things differently as a result of the course?	Number of participants			Percentage of participants responding
	Class of 2012 (*n*=14)	Class of 2013 (*n*=9)	Class of 2014 (*n*=28)	
» Not at all	0	0	0	0%
» A little	0	0	0	0%
» To a fair extent	10	4	13	53%
» To a greater extent	4	5	15	47%

Discussion

The study found that the primary reason participants accessed the SOVA-CPD training was to maintain evidence-based practice by updating their knowledge. It also found that participants agreed overwhelmingly that the SOVA-CPD had enhanced their competency in this area. The first of these findings is supported by other research (Gould et al 2007, Pool et al 2013, Arungwa 2014, Govranos and Newton 2014, Ni et al 2014), while Richards and Potgieter (2010), Nsemo et al (2013) and Govranos and Newton (2014) found that CPD enhances clinicians' competencies, which has a direct effect on safe care delivery. In addition, Chong et al (2011) found that CPD nurses could articulate an increase in knowledge and competency that influenced improvement in the quality of care.

Participants in this study and others have articulated the links between CPD, and increased competency, skill development and knowledge, but other work identifies variations between younger and older nurses' experiences of CPD. For example, Pool et al (2013) found that, while nurses of all age groups can benefit from CPD, the primary aim of CPD for younger and less experienced nurses is to enhance their clinical knowledge and skills, while that for older and more experienced nurses is to improve their mentoring skills. In this study, however, all participants, irrespective of age or years of service, said the training had given them a greater understanding of, and improved their skills and competencies in, safeguarding vulnerable adults (Table 2). This is a valuable finding because it suggests that SOVA-CPD opportunities should be made available to all nurses, irrespective of years of service and experience, and that less experienced nurses should not be denied such opportunities because it is perceived that they are not ready or experienced enough to benefit from the learning. Nurse shortages and the likelihood of imminent retirement of the older nursing workforce mean employers should ensure that newly qualified nurses can access SOVA-CPD to improve the care of vulnerable adults.

The qualitative findings indicate some participants experienced challenges in introducing change in their practice areas, a finding reported in other studies (Yfantis et al 2010, Nsemo et al 2013, Pool et al 2013). Reasons identified by participants include workload pressures and change in organisational priorities, and most found that organisational readiness and management posed the greatest challenge to implementing change. This suggests that employers should ensure that staff undertaking SOVA-CPD can trigger and sustain change, and assess the readiness of their organisations for change. Senior staff should also adapt their management style to ensure that recipients of SOVA-CPD training can become change agents and lead teams through change.

As Yfantis et al (2010) and Pool et al (2013) argue, CPD should be tailored to meet the needs of the organisation. This means it should be needs driven and reflect contemporary practice in care delivery. This approach would encourage a supportive environment for the introduction and implementation of change in practice.

Given that safeguarding vulnerable people in healthcare services is critical, it is important that CPD is effective so that practitioners can understand the fundamentals of safeguarding and recognise abuse of vulnerable people. As the DH (2011) states, it is imperative for practitioners working with vulnerable people to be aware of safeguarding processes to enable them to provide appropriate care and protect their clients from injury or abuse (Green 2015). Straughair's (2011) study found that about 227,000 older people in the UK are abused by their next of kin, healthcare and social care workers, and others, while in Mandelstam's (2009) earlier survey, 2.6% of participants had witnessed physical, sexual, mental or financial abuse. As the findings of this study demonstrate, CPD on safeguarding can provide nurses with the knowledge and skills required to enhance the care of vulnerable people in primary and secondary care settings.

A main aim of the SOVA-CPD is to strengthen participants' leadership skills to help them to take on safeguarding lead roles in their practice areas. Despite the challenges some experienced in effecting change, participants provided examples of the extended roles they took up after completing SOVA-CPD, all of which could enhance their career progression. This finding supports other studies demonstrating the potential of CPD to enhance nurses' career pathways and provide them with opportunities to take on extended roles, including those of nurse consultant, clinical lead, team leader or practice educator (Katsikitis et al 2013, Pool et al 2013).

Limitations

The main limitation to this study is that it was based on a small sample of conveniently selected participants. However, using an online closed and open-ended questionnaire supported an excellent response rate, and

ensured in-depth responses about nurses' experiences and perceptions of how the SOVA-CPD course has influenced their practice. Other limitations to the study are its reliance on self-perception reporting rather than objective criteria, and the absence of other stakeholders, such as employers and service users. However, the findings offer an insight into participants' experiences of SOVA-CPD that should contribute to the discourse.

Conclusion

This study highlights several benefits of the SOVA-CPD course for nurses. It illustrates that perceived positive changes in practice benefit nurses, organisations and patient care, and suggests that employers should establish a framework for managing and implementing changes in practice as a result of CPD.

Funding cuts to health and social care are likely to put the benefits of CPD under scrutiny so it is vital that employers develop evaluative approaches to CPD courses that gauge learning outcomes accurately at individual, patient and organisational levels. Without such evaluative approaches, the effectiveness of CPD may be diluted and investment in CPD will continue to deteriorate.

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