

Does studying postgraduate palliative care have an impact on student's ability to effect change in practice?

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KEY WORDS

Alumni, survey, higher education, impact of learning, practice change

ABSTRACT

Objective

To find out from alumni whether their postgraduate course in palliative care had an impact on their ability to change practice

Setting

Palliative & Supportive Services, Flinders University has delivered postgraduate palliative care courses via the online learning mode of delivery since 2004

Subjects

An online survey was administered to alumni asking about such issues as: the impact of learning for practice, and their ability to influence change (Flinders University ethics no: 7154). Seventy-six alumni responded to the survey, and were mostly older female nurses, which is not only a reflection of our student cohort but also of clinical practice.

Primary argument

In this study, we are examining the relevance of our courses to practice, specifically how alumni report the impact of postgraduate study on both their individual clinical practice and organisational systems. Evidence based practice is the cornerstone of nursing and of education programs globally and while our students are learning best practice they report that they cannot easily translate their new knowledge into practice.

Conclusion

Clinicians with postgraduate qualifications can be empowered to expand their clinical skills and more, for example, their leadership capabilities, to critically challenge health care systems and act as a role model for others. However, if we are to truly build the capacity of our students and alumni to implement changes in the workplace then we need to also engage them in evidence to practice strategies and change management theory and practice.

INTRODUCTION

Palliative care has been described as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness” (World Health Organization, 2015). Ongoing changes in palliative care that include both service delivery and an increasingly competitive education marketplace (Lockett et al 2014) demand that higher education providers take proactive approaches to the future with strategic plans for education provision.

Palliative care higher education providers need to equip clinicians with the knowledge and ability to become life-long learners and critical thinkers in a rapidly changing environment, via the delivery of a wide range of clinically significant topics (Jones et al 2018). At the interface between education and the workplace, each individual is expected to acquire the knowledge, skills and competencies to become an effective employee (Alias et al 2013), which includes the ability to mobilise knowledge (Jones et al 2018). These are the skills students are expected to acquire and demonstrate when studying; envisaging that this then translates into the work environment.

We decided to investigate whether the courses we offer are building the capacity of those who study palliative care at Flinders University. To do this we turned to our alumni, who Johnson et al (2014) describe as being important to evaluation in higher education as they can provide, from their unique perspective, context specific information on whether their learning has had an impact on their practice. In this paper, we will focus on this latter aspect in relation to practice change.

BACKGROUND

Palliative & Supportive Services at Flinders University, South Australia, offers post-graduate courses in Palliative Care and Palliative Care in Aged Care, both of which have been offered by distance education since 1995, converting to eLearning in 2004. Students work mainly as healthcare clinicians, often with the expectation they will study at Masters Level particularly when working in specialist palliative care (Kember et al 2014). Courses leverage from the multidisciplinary studentship by directing students to work together virtually and collaboratively as they would in practice (Head et al 2016).

Within our teaching program we have been aware over the last few years of a change in our student cohort, which increasingly includes those who are younger and are working in much more diverse areas. This includes aged care, acute hospitals, chronic disease and areas where end of life care issues arise and a palliative approach (Mitchell et al 2013) is deemed appropriate. The changing nature of our student cohort also reflects the slowly changing nature of the health care workforce with older staff reducing their hours or retiring (Sherman et al 2013).

Students may be working in lead clinical positions (eg, as a physician or specialist palliative care nurse), they may be working in generalist health care settings, or they may be looking to bring the principles of good palliative care to their own practice in oncology, aged care or in renal units. International students study either internally or online, and will take what they have learned and adapt the principles, implementing changes in their own country.

Despite both internal and external regulatory processes to ensure quality in our courses, it was felt that to add rigour we should look to the relevance of our courses to practice, and to their impact, not only at the individual level but potentially at the organisational level as well. In their study of alumni, Johnson et al (2014) found participants reporting positive impacts of two certificate programs (human performance technology and online instructional development) not only on their professional career but also on their own self-improvement. In

particular, there was an improvement in knowledge, skills and confidence, so we have taken these concepts as a starting point to see if our courses are equally having an effect.

METHODS

Survey Administration

Criterion sampling (Palinkas et al 2015) was used to administer a one-time online survey to alumni who had the experience of studying postgraduate palliative care within the department. The survey was informed by work undertaken on dementia courses by Innes et al (2012). It was thought a retrospective survey would also elicit longer-term effects that may only have become evident years later (Rogers 2009). The University alumni office provided a list of 721 alumni from their records of students who had studied with us (although in hindsight this did not include an earlier Master of Public Health, Palliative Care pathway). An administration assistant de-duplicated those who had studied more than one course and checked how many had provided an email address.

The survey was subsequently administered to 426 alumni. In order to increase response rates, information regarding the surveys was also provided via e-newsletters relevant to the sector, and which were distributed by: Palliative Care Nurses Australia, CareSearch (a palliative care website that administers four newsletters), the Australian and New Zealand Society of Palliative Medicine and Australian Allied Health in Palliative Care. The survey was open for an eleven-week period (01/02/2016 to 21/04/2016) allowing dissemination of the survey via the newsletters and therefore as we had multiple avenues by which to invite alumni to participate, calculating a response rate was problematic.

An email was sent from an administrative email address with an invitation to participate in the online survey. Once the students clicked on the link they had access to the participant information sheet, and consent was implied by clicking into the survey, which was held on a password protected research data management platform not dissimilar to survey monkey (CareSearch 2017). No staff member is aware of who completed the survey and who did not. Ethics approval was received from Flinders University Social and Behavioural Research Ethics Committee (Project: 7154).

RESULTS

A total of 76 responses were received. Only 15.8% of respondents (n=12) were under the age of 40, with the majority (71.1%) falling between the ages of 40 and 59 (n=54). A further 13.2% (n=10) were over the age of 60. Of 76 respondents 94.7% (n=72) identified as female and 5.3% (n=4) as male.

Course taken and when

Respondents provided information on what they studied and were able to provide more than one answer as some will have progressed through from a Graduate Certificate to Masters and will have recorded each. Results show that 35 studied a Graduate Certificate, 21 a Graduate Diploma, 29 a Masters and 1 a PhD. Time since they studied (n=72) also varied, with the majority (76.4%) studying in the past 5 years, which may speak to the accuracy of our contact details or that the course is still fresh in their mind. Sixty-three respondents gave the time since their undergraduate studies, with the earliest studying initially in 1973, and the rest in the 43 years since. Of 74 respondents, the time taken to complete their course with us ranged from 10 months to 11 years. Of 73 respondents, 34 (46.6%) worked part-time while studying and 39 (53.4%) full-time, indicating a huge commitment to ongoing professional development on the part of the students.

Changing practice

Respondents were asked the question: Do you think that the course you studied has had a long-term impact on your practice and your ability to affect change? Of 76 respondents: 86.8% (n=66) agreed yes and 13.2% (n=10) said no.

To the question, “Which areas of your practice have changed the most since your study?” respondents were able to tick all statements that applied and included here are the three items that relate to changing practice. Table 1 highlights that 92% (n=68) agree or somewhat agree that their course has provided them with the confidence to disseminate knowledge to others, with 93% (n=71) having developed, influenced or participated in decision making within their team and 80% (n=61) having developed, influenced or participated in decision making within their workplace or organisation.

Table 1: Impact of Learning for Practice

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Don't Know or Not Sure
My course/study has helped me to recognise areas for improvement or change at my workplace (n=72)	44 (61.1%)	21 (29.2%)	7 (9.7%)			
My course/study has helped me to effect changes in my work environment (n=74)	32 (43.2%)	24 (32.4%)	12 (16.2%)	3 (4.1%)	1 (1.3%)	2 (2.7%)
My course/study has provided me with the confidence to disseminate knowledge to others (n=74)	50 (67.6%)	18 (24.3%)	6 (8.1%)			

In our small study, relative to practice change (n=55) we see that even though they hold postgraduate qualifications in palliative care, nine respondents (16%) feel they are not in a position to propose changes and 18 (33%) do not feel they have a voice in the organisation. We also found that 23 respondents (42%) feel the organisational culture is not receptive to change. The result of this is that 50 former students (91%) do not feel enabled to go ahead and implement change as a result of further studies.

Motivation to implement change following study

It is important to consider whether the length of time the respondents studied with us (such as very part-time study or the difference in undertaking a Graduate Certificate or Masters) has an impact on this as well, with longer time in study shown as having more transfer (into practice) potential (Parsons et al 2012).

Does the time since you undertook your studies have an effect on your motivation to change practice? Seventy-six respondents provided answers with a demonstrable decline in motivation the further away they were from study (table 2).

Table 2: Motivation to implement change following study

	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
I felt motivated to implement practice changes while I was studying (n=76)	43 (56.6%)	27 (35.5%)	2 (2.6%)	4 (5.26%)	
I felt motivated to implement practice changes immediately following my study (n=76)	41 (53.9%)	27 (35.5%)	6 (7.9%)	2 (2.6%)	
I felt motivated to implement practice changes much later after my study (n=75)	28 (37.3%)	20 (26.7%)	13 (17.3%)	11 (14.7%)	3 (4.0%)

Respondents were asked the following question: Do you think that the course you studied has had a long-term impact on your practice and your ability to affect change? All respondents (n=76) answered yes (n=66) or no (n=10), and the following comments are representative of views provided. Comments are often quite positive despite participants finding barriers in the workplace:

“It has clarified many practice issues for me, meaning I can see where opportunities to improve exist.”

“Despite the organisations unwillingness to change practices and its culture of disciplinary towers, I am more confident in my communication skills and feel I have the credibility with a masters degree to speak out more across the disciplines.”

“I am now in a position to influence organisational change as a result of my study. As a result I am more confident and my opinions are valued by peers, colleagues & my employer.”

“developing knowledge and skills assisted in building assertiveness to speak to those in a position to assist with change and provided me with skills to support an argument (sic) and provide evidence for best practice.”

“Change is a long term goal that may be years away!”

“It allowed me to progress to a CNC position where I can and do affect change.”

“The course provides a platform to increase my critical thinking skill and confidence to voice my opinion though my opinion has not always been seriously listened to. It is important not to give up and keep trying.”

“have the confidence to persevere with trying to affect change.”

DISCUSSION

Impact of course

A cohort of Flemish researchers involved in important research with teachers on the effectiveness of faculty training courses (Stes et al 2007) found individual learning and behavioural changes, as well as a willingness to take on more responsibility and our study supports this. It was also interesting to note that respondents felt empowered to participate more in discussions with colleagues, and attempted to exert influence at the organisational level, with many of these changes impacting long-term. We do often read examples of student reported practice changes in the topics as a result of what has been read in the literature or learned from tutors and colleagues. These results are encouraging even with the small number of participants, in that the courses they are studying are having an impact at the individual, service and organisational level and ultimately helping to improve end of life care in Australia and overseas.

Ability to Change Practice

One of the central questions of this survey was whether our alumni perceive their studies increased their ability to change practice – either the way in which they themselves work, or by influencing organisational changes. Despite our findings that individuals report a significant increase in knowledge, a similar increase in ability to change practice is not evidenced. When looking to change practice in the workplace, in what context dissemination of knowledge occurs and whether the students were actually influencing decision-making or participating remains unclear.

Change has been acknowledged as complex and multifaceted, and there is much to take into account such as personal, cultural, organisational, social, financial and structural factors any of which could be barriers or enablers to the process. Rogers (1983) diffusion of innovation theory has been articulated in this context by Zhang et al (2015) in considering whether changes are adopted. This includes the complexity and nature of the change or required behaviour required, the communication style adopted (face to face is more effective), the social context (such as hierarchical structures or a culture of creativity and innovation) and how decisions are made (Alvarez 2016). Change at the organisational level requires the support of management and the commitment of workers, but can be hindered by constraints (resource, organisational structure) (Kogan et al 2017).

Motivation to change practice and ability to change practice are closely interwoven (Gegenfurtner 2011) and we found that motivation to implement change dropped slightly as time passes and the student or alumni is further removed from their course/study. Further, Gegenfurtner (2011) looked at the various factors that can influence whether a student is motivated to implement change following study. This author cited the culture of the organisation (whereby responsiveness to suggestions in the organisation may mean the student is not motivated to change practice even before they start study); the students personal attributes (the student is not in a position to propose changes or doesn't feel they have a voice); their opinions of the courses (again speaks to the design of the course); and in the midst of study they feel inspired to change but this does not carry forward to practice (Gegenfurtner 2011). We could look at distance from study and cross reference with the students change ability but there are many confounding factors that we would also need to consider, such as whether this is actually influenced by who they are in the organisation or the level of study they undertook.

Students' learn about evidence-based practice, but it is not sufficient to simply notify colleagues or managers of exemplary practice that could or should be introduced into the workplace. The ability to know how to decide if changing current practice is appropriate, possible or even welcome requires a different skillset. (Shaffer et al 2013). Individual students or alumni will not necessarily be drivers of change, but can become empowered through postgraduate study to identify areas where practice is not based on evidence or where it can be improved and highlighted within the team.

The further that alumni are from graduating from their course is an indication of their motivation to change practice, and the impetus lessens, as they are immersed back in the workplace and not formally studying. This demonstrates the need for good quality evidence based continuing professional development activities (Ross et al 2013) that build on the foundations of their learning. We see this in some people who are life-long learners and proceed from a Graduate Certificate to a PhD over a number of years. We can look at whether there are implications for us in these findings and consider building on previous work in the discipline on supporting service change in relation to evidence to practice (Tieman et al, 2014).

The Way Forward

The discipline has a commitment to strategically plan to ensure future students receive appropriate and quality higher education. We can help to empower students in delivering care at the end of life and to hopefully foster a desire to influence their colleagues to go ahead with postgraduate study by acting as role models (Mannix et al 2013). However, from this study we see there is also the imperative to look to the knowledge translation and implementation literature (such as Scott and Glaszlou 2012) to ensure students are also equipped with the knowledge and skills to translate evidence into their palliative care practice (van Riet Paap et al 2015).

This study is timely in that our inquiry has provided information on how to improve the experience and learning of students. This has required a degree of critical reflection: examining our previous assumptions; ensuring engagement and participation of alumni; and made us think of how we initiate change, based on good pedagogy (Le Fevre 2014). Instigating a feedback loop will ensure that alumni view us as responsive and proactive, (Manswell Butty et al 2015) and the results of this study will be disseminated in much the same way the survey was. It will also inform policy, contribute to course reviews, potentially drive future topic development and contribute to marketing (Rogers 2009). Teaching and learning in the discipline has a focus on enhancing the students' learning experience (Stes et al 2007), which arguably is something that we have been doing for some while and will strive to continue.

This context-specific impact evaluation aimed to provide a more comprehensive picture of the usefulness of our courses in real world settings (Onwuegbuzie and Hitchcock 2017). It is an imperative that we offer courses that are uncommonly taught in the mainstream, not just in Australia, but across the world. In this context, impact can be far reaching, and arguably, from studying with us, students' changes in knowledge and skills will impact on those requiring end of life care (Song et al 2015; El-Nagar and Lawend 2013).

Strengths and Limitations

Numbers are relatively low in this study as we were unable to reach the entire alumni, so our ability to draw conclusions is somewhat inhibited. Representativeness is also a consideration in all surveys and we must consider that non-respondents will be different from responders, those that do not receive the survey and those who choose not to respond.

CONCLUSION

Many of those working in palliative care or related areas will pursue higher education to further their knowledge and skills. Despite further study, often to Masters level, students encounter personal, institutional or systems barriers in implementing what they have learned into the clinical setting. The need to critically reflect in multiple ways is crucial to maintain and improve quality higher education, and in incorporating study findings, we need to incorporate change management theory and practice to continue to improve systematic practice change of end of life and palliative care in our health care sector.

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