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LEBANESE NURSE MANAGERS' SELECTION OF CNE OFFERINGS: RELEVANCE TO THEIR ROLES AND RESPONSIBILITIES

by
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AN ABSTRACT OF THE THESIS OF

Shadi Al Halabi   for   Master of Science
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Title: Lebanese Nurse Managers' selection of CNE offerings: Relevance to their roles and responsibilities

Nurse Managers (NMs) are at the frontline for managing patient care services. They have a great responsibility to ensure safety and quality of care, to utilize evidence-based practice and management, and to help in retaining nurses at all levels. Thus, they need to update their knowledge, skills, and personal competencies by engaging in continuing professional education and training based on regulatory and professional bodies.

Purpose: The aim of this project is to identify nurse mangers' selections of CNE offerings and their relevance to their roles and responsibilities. Another aim is to identify sources of information that nurse managers use for updating their management knowledge and skills.

Sample: The sample included nurse managers working at hospitals in Lebanon who manage units of services. Nurse Managers from 117 hospitals responded to the study. Excluded were nurses in administrative, clinical, and educational positions.

Ethical Considerations: Approval of the proposal was obtained from the Institutional Review Board of the American University of Beirut Faculty of Medicine and other ethics or administrative bodies of the collaborating institutions. The cover letter of the questionnaire served as the consent form. Participants were informed of the voluntary nature of participation and that they can withdraw from the study at any time

Instrument: The questionnaire was developed and pilot-tested by the primary investigator of the original study. For the purpose of this project, two questions related to CNE activities attended in the past year and sources of information in addition to the sociodemographic and work-related questions were considered.

Method: The design of this secondary data analysis similar to the mother study is quantitative cross-sectional descriptive. Analyses were done using SPSS version 24.0 for Windows. The characteristics of the study sample were summarized using counts and percentages. CNE activities were grouped into 5: Clinical, Leadership and Management, Quality and Patient Safety, Soft Skills, and Others. Associations between the attended CNE sessions categories and background characteristics including gender, income, education, work location, marital status and years as NM were done using Pearson chi-squared test.

Results: Most of the sample were females (84.4%), married (76.2%) and with a monthly income of less than $1000 (64.3%). Majority of NMs had a BS in Nursing (39.5%) and work in Mount Lebanon (33.1%). NMs mostly attended Clinical sessions (82.7%) with an average of 1.5 sessions per NM. The least attended sessions were related to Soft Skills (18.2%) and Others (19.2%). Significantly higher percentage of NMs with a technical degree and with an income of less than $1000 attended clinical sessions (88.2% and 89.1%).

Conclusion: Lebanese NMs tend to focus on clinical CNE offerings rather than on managerial and leadership CNE activities. No formal regulations address the Lebanese NM scope of practice and related Continuing Nursing Education needs. Hence formal programs of professional development are needed in Lebanon and must be tailored to the NMs needs. Moreover, sources of information for updating NMs' knowledge and skills are varied and need further investigation for their effectiveness.

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CHAPTER I

INTRODUCTION

Nowadays, it is known that disease complexity, medical advancements, and professional accountability are growing, which put additional responsibilities on all healthcare workers. Nurses and nurse managers (NMs) are in the frontline in the health care journey that patients undergo. Therefore, nurse managers have a great responsibility to update their knowledge, skills, and personal competencies to ensure safety and quality of care for patients and families, to provide evidence-based practice, and to help in retaining nurses at all levels. This can be done by engaging in continuing professional education and training based on regulatory and professional bodies. In Lebanon, recently mandatory continuing education was legislated for the nursing profession to be regulated by the Order of Nurses. However, it is not known how nurses and nurse managers perceive CNE, and update their clinical and managerial knowledge and skills. In addition, it is not clear what kind of resources they have so that the Order design relevant CNE programs to their needs.

Background

Continuing education for nurses was not mandated in Lebanon until the last decade when the Ministry of Public health (MOH) started requiring 30 hours of continuing education per year for all healthcare providers as one essential requirement for accreditation of any hospital. There are no clear guidelines regarding the process and content of continuing education. Moreover, it seems that the MOH does not coordinate efforts regarding the need for professional development

with the Order of Nurses in Lebanon. The Lebanese Nursing practice law was established in 1979 and was updated in 1983. It consists of description of general roles of three levels of nursing graduates, which are the Practical Nurses, graduates of Baccalaureate Technique, and graduates of Bachelor or Technique Superior. There is no law that addresses the Nurse Managers' scope of practice. This has implications on the choice of NMs of the CNE offerings relevant to their job responsibilities since they do not have a clear understanding of the scope of their practice.

After many years of hard work, the Order of Nurses in Lebanon succeeded in having the parliament legislate mandatory CNE in 2019. The Order already created policy and procedure for mandatory continuing education for nurses working in various healthcare institutions and settings. In addition to that, the Order offer guidance and support to nursing directors and CNE coordinators in planning the teaching/education offerings to their staff. To design cost-effective CNE offerings, it is essential to identify the learning needs of nurses at different professional and job levels to consider in planning and supporting CNE programs.

The American Nurses Association (ANA) defined Continuing Nursing Education (CNE) as any post basic education aimed to involve nurses in all-time learning process to improve the delivery of health care (Griscti & Jacono, 2006). According to ANA and the National Nursing Staff Development Organization, CNE includes all the professional experiences intended to reinforce and broaden the contribution of nurses to health (Kamariannaki, Alikari, Sachlas, Stathoulis, Fradelos, & Zyga, 2016).

Many studies have shown the positive correlation between CNE offerings and retention of nurses. Multiple factors affect nurses' decision to leave such as low salaries and desire for professional development (El-Jardali et al., 2009). Nurse Managers have a key role in retaining

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nurses through their managerial and leadership skills. Managerial support is pivotal to retention and related to job satisfaction (El-Jardali et al., 2009). According to one of the studies, NMs viewed their role as monitor, disseminator, entrepreneur, resource allocator, leader, and liaison (Skytte, Ljunggren, Sjoden, & Carlsson, 2008). For that reason, nurse managers have to acquire both personal and professional skills to deal with all complex requirements of the healthcare industry. These skills can be obtained through effective continuing education programs given at organizational level or by professional bodies.

Worldwide, supporting NM certification is crucial. Professional certification process in an in-house program in Wisconsin-USA resulted in increased certification rates form 33% to 50% for nurse managers in a 14-month period (Rees, Glynn, Moore, 2014). Approximately 70000 experienced nurses are retiring annually and given the importance of nurse managers within the experienced nurses' pool, it is essential that the new entering NMs are competent in their roles (Warshawsky & Cramer, 2019). Nursing education can be obtained by different ways through experience and through enrollment in professional educational programs. According to Warshawsky and Cramer (2019), evidence suggests that experiential learning is an important strategy for NMs to develop competencies. Formal orientation and mentorship can help in role preparation and competency development. The Nurse Manager Fellowship program sponsored by the American Organization of Nurse Executives (AONE) in the United States resulted in increased knowledge of the health system, collaboration, self-confidence, and self-awareness as reported by NMs (Warshawsky & Cramer, 2019). The program included participation in didactic sessions, completion of specific projects, and development of a network of colleagues.

Competencies that NMs need to acquire can vary across different organizations and countries. The Nurse Manager Leadership Partnership Learning Domain Framework was

developed by the American Organization of Nurse Executives in collaboration with the American Association of Critical Care Nurses (AONE, AONL (2015; Baxter & Warshawsky, 2014). The framework has three domains, which are The Science (managing the business), The Art (leading the people), and The Leader Within (Creating the leader in Yourself) (AONE, AONL (2015; Baxter & Warshawsky, 2014). Managing the business include financial management, human resource, and strategic management. Leading the people involves shared decision-making and human resource leadership skills. Finally, creating the leader in yourself involves personal and professional accountability, optimizing the leader within, and career planning. This framework is fit as a guiding structure to evaluate NMs engagement in professional development activities conducive to their roles.

A. Significance

Nurse Managers have a key role in creating positive work environments where safe, high-quality care is provided. Nurse Managers are crucial to the success of the organization by influencing the profitability, retention of nurses, and the overall organizational environment (Moore, Sublett & Leahy, 2016). This requires many skills, however managers are frequently selected based on their experience and are not well prepared for their leadership and management role. For clinical NMs, continuing professional development is essential to this group to play their role effectively in managing and leading staff members and is important for ensuring quality and safe care. Thus, a study was conducted to assess NMs continuing education learning needs, to identify their managerial knowledge and skills, and to explore their selection of CNE offerings and its relevance to their roles (Dumit et al., 2019).

Based on the original study by Dumit et al. (2019), this project aims to identify all the learning activities that Nurse Managers chose to attend in the prior year to filling the

questionnaire and their sources of knowledge update. By knowing the CNE activities attended and the learning needs identified by the NMs, one can build professional development programs tailored to their needs and aligned with their roles and responsibilities, and consistent with competencies set by different professional organizations. Few studies are done in Lebanon regarding learning needs and scope of practice for Nurse Managers, so this study could be a starting point to assess the situation in depth and design tailored programs and interventions.

B. Purpose

The objective of the original study was to evaluate the basic and continuing education needs of bedside nurses and nurse managers in Lebanon. The specific objectives were to explore the background characteristics of nurses and nurse managers, determine factors to engage in continuing education sessions, perception of bedside nurses and nurse managers towards CNE, and to identify the areas of knowledge and skills.

The aim of this project is to identify nurse mangers' selections of CNE offerings and their relevance to their roles and responsibilities. Another aim is to identify sources of information of nurse managers that they use for updating their management knowledge and skills.

C. Research Questions

1. Do Lebanese nurse-managers select CNE offerings relevant to their roles and practice?

2. Do NMs attending CNE offerings differ according to their demographics?

3. What are NMs' sources of information for updating their nursing management knowledge and skills?

CHAPTER II

LITERATURE REVIEW

A thorough review of the literature focused on the knowledge and skills needed for nurse managers. The skills and knowledge do not focus solely on the clinical aspect of a nurse manager's work, but also the leadership, management, and the patient safety. Accordingly, the literature search included all articles and works related the NMs scope of practice and their preparation to their managerial roles. The following is covered through-out this chapter: the vital role that NMs have in contributing to the outcomes of the organizations, the existing continuing education programs relevant to the NMs' roles and responsibilities, and the knowledge and skills that NMs must acquire to practice within their scope.

A. Role of Nurse Managers

The role of nurses in general and nurse managers in particular has been evolving throughout the years. The core roles and responsibilities resides not only at patient level, but also at personnel and at organizational levels. Historically, Nurse Managers' responsibilities focused mostly on the patient care, but because of the dynamic changes that are occurring in the healthcare industry, the circle of tasks was widened. The decentralization of decision-making has changed nurse managers' role from having the complete responsibility for patients and assigning tasks to a 24-hour responsibility for personnel and budgets and for the quality of patient and personnel care (Skytt, Ljunggren, Sjoden, & Carlsson, 2008). In a study by Skytt et al. (2008) perceptions of registered nurses, nurse managers, assistant nurses, and head of departments on

the nurse managers' current and desired roles was explored. Responses varied across groups, but in general, participants identified the nurse managers' roles in terms of leader, liaison, monitor, disseminator, entrepreneur, resource allocation, and negotiator. In another study done by Miri, Mansor, Alkali, and Chikaji (2014), results showed that nurse managers' roles can be categorized into planning, organizing, and leadership.

The rapid changes that are occurring in the healthcare industry mandates nurse managers to act proactively. One of the crucial elements in a NM's role in the leadership is to be an effective change agent and coach. Nurse Managers have an important role in any change that is occurring on the unit-level or in the organization or country-level. Nurse Managers have significant influence in shaping healthy work environments at the micro and macro system levels (Stefancyk, Hancock, & Meadows, 2013). Both internal and external environments contribute to the complexities of nurse managers' practice; NMs must ensure the day-to-day operations and lead change that achieves safe, reliable, and patient-centered care (Stefancyk, Hancock, & Meadows, 2013). To illustrate the complexity of the NM roles, being a change agent can be divided into two-folds, to effect change within themselves and to build the capacity to change in others. Whereas change coaching can be divided into three categories, which are guidance, facilitation, and inspiration (Stefancyk, Hancock, & Meadows, 2013). Guidance include offering suggestions regarding how staff can improve and providing guidance regarding performance expectations. Facilitation involves encouraging staff to explore new alternatives and facilitating creative problem solving. Finally, inspiration expresses confidence in staff and support when facing new challenges.

As previously mentioned, many factors and the rapid changes in the healthcare industry led to the ambiguity of the nurse managers' roles and responsibilities. Among these factors are

increased patient acuity, nursing shortages, and organizational pressures (McCallin & Frankson, 2010). Nurse Managers have taken additional administrative and leadership management rather than direct patient care. According to McCallin and Frankson (2010), nurse managers added roles are strategic planners, human resource managers, financial analysts, risk managers, operations managers, quality specialists, and clinical experts. McCallin and Frankson (2010) investigated the experiences of nurse managers in an acute care hospital in New Zealand. Twelve nurse managers were interviewed and three themes emerged, which are role ambiguity, business management deficit, and role overload emerged. It was evident that these nurse managers were appointed into a management role with clinical expertise, but without management and leadership skills. Study findings suggested role preparation and management training (McCallin & Frankson, 2010).

A descriptive study identified the profile and competencies of nurse managers at 14 hospitals certified by the National Organization of Accreditation and the Joint Commission International in Sao Paulo, Brazil. Two questionnaires were developed to collect data; one designed for NMs and the other one for the directors. The profile of the NMs showed that most of them graduated from private colleges more than 10 years ago and had a specialization; a minority had an MBA. The competencies that were classified as important for NMs by their directors were leadership, teamwork, decision-making, strategic view, focus on patients, and process and resource management. While NMs classified the important competencies as: leadership, strategic view, teamwork, communication, focus on patients, process management, and decision-making (Furukawa & Cunha, 2011).

B. **The Learning Domain Framework**

In the complex healthcare environment, NMs must provide leadership for healthy work environments, positive patient outcomes, and achievement of organizational goals (Baxter & Warshawsky, 2014). At times, new appointed NMs struggle during their transition period from a clinical provider to a nurse manager. Any educational session or program for NMs must have an insight on how and when to train the appointed NMs to their new role. This new role encompasses many tasks that range from patient care to managerial and leadership responsibilities that NMs must be competent in. To identify the competencies of the NM, the Nurse Manager Leadership Partnership Learning Domain Framework (Learning Domain Framework) was developed through collaboration between the American Organization of Nurse Executives (AONE) and the American Association of Critical Care Nurses (AACN) (AONE, AONL, 2015; Baxter & Warshawsky, 2014). This evidence-based framework consists of three domains: the development of the leader within, the science of managing the business, and the art of leading people (AONE, AONL, 2015; Baxter & Warshawsky, 2014). As described in their article, leadership skills begin with knowing oneself. Among these skills are emotional intelligence, accountability, communication, self-discovery and improvement, and developing self-confidence to empower others. The science of managing the business embraces a collection of skills that enable NMs to plan strategically for quality care and financial stability of their units (Baxter & Warshawsky, 2014). Nurse Managers manage financial and human resources to improve care by using clinical knowledge, performance improvement, and technology skills. To manage the business, nurse managers must be able to lead the people by managing relationships and influencing others toward common goals by encouraging teamwork and managing conflicts (AONE, AONL, 2015; Baxter & Warshawsky, 2014).

More examples on the competencies of the three domains of the AONE Nurse Manager Learning Domain Framework were given in the literature. The leader within or creating the leader in yourself incorporates personal and professional accountability, career planning, personal journey disciplines, and optimizing the leader within (Goodyear & Goodyear, 2018). Described as examples in the article, nurse managers must involve in professional associations, plan a career path, achieve certifications, and apply techniques of action learning.

The science of managing the business encompasses clinical practice knowledge, technology, foundational thinking skills, and financial, human resource, performance, and strategic management (Goodyear & Goodyear, 2018). Examples that are not inclusive as described in their article include maximizing care efficiency, analyzing budgets and explaining variances, and finally conducting ongoing evaluation of productivity.

Lastly, the art of leading the people includes human resource leadership skills, relationship management and influencing behaviors, diversity, and shared decision-making (Goodyear & Goodyear, 2018). Conducting staff evaluations, facilitating leadership growth among staff, managing conflict and capitalizing on differences to foster effective work groups were among the example competencies that were shared in their article. The authors shed the light on coaching and mentoring to support the vital aspects of leadership and management of any nurse manager. Mentoring and coaching involve guidance, teaching, role modeling, setting goals, enhancing performance, focusing on facts, targeted needs, and investing time and effort to reach wisdom, insight, and perspective (Goodyear & Goodyear, 2018).

In addition to the Learning Domain Framework, AONE has provided competencies for nurse executives as well. These competencies are in alignment with some characteristics of NMs as per the framework. The core set of competencies for health care leadership are communication

and relationship management, knowledge of health care environment, business skills and principles, and lastly professionalism (AONE, 2015). As previously mentioned, some competency examples in the Learning Domain Framework are common with the Nurse Executive ones. For instance, communication and relationship building involve building collaborative relationships, influencing behaviors, creating shared vision, and establishing diversity (AONE, 2015). Patient safety and clinical practice knowledge are part of the science of managing the business in the Learning Domain Framework. According to the Nurse Executive model, knowledge of health care environment involves clinical practice knowledge, evidence-based practice, patient safety, and risk management (AONE, 2015). More competency examples according to the model involve human resource, financial, and strategic management, career planning, system thinking, and change management (AONE, 2015).

C. Nurse Managers' Programs

As seen in the literature, several reviews shed the light on the dynamic and complex roles of nurse managers. Nurse Managers have responsibilities toward the whole organization, the subordinates, and most importantly the patient. Nurse Managers are challenged to be visionary and innovative leaders who accept change, manage diverse groups of employees, and address the demands of patients and families (Watkins, Martin, Maule, King, & King, 2014). Many senior nurses are appointed to the new role of a NM depending on their years of experience. Although years of experience is an important criterion, educational and training sessions and programs must be in place to cover most aspects and competencies of this new role. The Institute of Medicine's report on the "*Future of Nursing*" recommended that nurses to be prepared and enabled to lead change across all healthcare agencies (Watkins et al., 2014). Informal educational

programs and unprepared nurse managers lead to fatigue, which result in resistance to change

and retirement. In 2006, a survey by Bernard Hoges Group showed that 55% of the nurses stating

their intention to retire between 2011 and 2020 were nurse managers (Watkins et al., 2014).

An example of an effective transition to a NM position, is a Nurse Manager Residency

(NMR) program that was created for and focused on registered nurses contemplating a career

change to a NM (Watkins et al., 2014). The NMR was a yearlong program with daily sessions

focusing on the necessary competencies to become an effective leader and change agent. Parts of

the NMR was completing computer modules, preceptorship, and educational sessions related to

competencies such as dealing with conflicts, human resources, policy and practice changes,

nursing-sensitive quality indicators, health care reforms, and topics related to ethics and

corporate responsibilities (Watkins et al., 2014). Moreover, the NMR program was a successful

innovative succession planning initiative, which demonstrated the organization's commitment to

professional and leadership development (Watkins et al., 2014).

In their article, Titzer, Phillips, Tooley, Hall, and Shirey (2013) did a systematic literature

review on supporting nurse manager succession planning to discover best practice for identifying

and developing future nurse managers. The dynamic and rapid changes in the healthcare industry

in addition to the need for preparing nurses and nurse managers to their new roles were

highlighted in their article. Effective nurse managers require emotional and cultural intelligence,

financial insight, and communication skills, but opportunities to acquire these skills or

competencies are limited (Titzer at al., 2013). Since the opportunities are limited, formal

education, support, and preparedness are crucial. According to Titzer at al. (2013), 82 % of

health care organization in the USA already report difficulties in recruiting qualified nurse

managers. Several electronic databases were used in their search such as the Cumulative Index to

Nursing and Allied Health Literature, ProQuest, Business Source Premier, Medline OVID, and Inspire and HealthBusiness (Titzer et al., 2013). The Nurse Manager Learning Domain Framework that we discussed earlier was used throughout the literature for developing and evaluating leadership competencies. As a result, organizations that identify and develop employees can improve role transition, reduce nurse managers' turnover rates and decrease replacement costs. In general, the literature support the fact that strategic and thoughtful succession planning increase leadership competencies (Titzer et al., 2013).

As mentioned earlier, the dynamic and rapid changes that are occurring in the healthcare industry intensify the roles and responsibilities of NMs. As seen in the literature, the Learning Domain Framework is an evidence-based framework that is used to define the scope of practice for NMs. Many institutions were and still use the framework for designing programs and succession plans to prepare both newly recruited NMs and even experienced ones.

CHAPTER III

METHODOLOGY

This project utilizes secondary data analysis to identify nurse mangers' selections of CNE offerings and their relevance to their roles and responsibilities; and determine NMs sources of information for updating their management knowledge and skills. In this chapter, study design, procedure, sample, analysis, and ethical consideration are presented.

A. Study Design

The original study used a quantitative cross-sectional descriptive correlational design. Data were collected through self-administered questionnaires. The Order of Nurses in Lebanon supported the original study and took responsibility for distributing the questionnaires and collecting them. Hard copies of the questionnaires with return sealed envelopes and closed boxes for collecting the envelopes were sent by the Order of Nurses to all hospitals in Lebanon. The target population of the original study was registered bedside nurses and nurse managers working in hospitals in Lebanon.

The design of this secondary data analysis similar to the mother study is quantitative cross-sectional descriptive, which involves in addition to demographic and work-related questions, examining the NMs' selection of the of CNE activities they attended in relation to their roles and responsibilities. In addition, NMs sources of information was explored.

B. Procedure

The original study earned the support of the Order of Nurses in Lebanon. The Order was responsible for getting the approval of the hospitals' administrations by sending invitations to participate; for distribution the questionnaire in approved hospitals; and for collecting the boxes of the filled questionnaires. The approved hospitals' administrative staff were responsible for inviting the nurses to participate in the study. Nurses were instructed to put the filled questionnaires in an envelope, seal it, and drop it in the closed boxes located in their respective department/administration office. Each questionnaire was coded for entry into computer for analysis at AUB School of Nursing. The filled questionnaires were kept in locked cabinet in the Primary investigator's office.

C. Sample

The sample included nurse managers working at hospitals in Lebanon who manage units of service. Nurse Managers from 117 hospitals responded to the study. Excluded were nurses in administrative, clinical, and educational positions.

D. Analysis

Analyses were done using SPSS version 24.0 for Windows. The characteristics of the study sample were summarized using counts and percentages. Two open-ended questions of the research instrument were used to address the study objectives. These questions are: "List the CNE activities you attended during the period 2014-2015" and "What are your sources of information for updating your nursing management knowledge and skills?

The NMs responses of the CNE activities attended were coded and categorized. The categorization based on the nurse-manager's role were divided into the five clusters: Clinical,

Leadership and Management, Patient Safety and Quality, Soft Skills, and Others. Frequencies and percentages of NMs attending every category were computed, in addition to the mean and standard deviation (SD) of the number of sessions attended. Counts and percentages for the categories of sources of information were also derived.. For comparison purposes and based on the Nurse Manager Learning Domain Framework, the American Organization of Nurse Executives (AONE) Nurse Manager Competencies were used. The Learning Domain Framework includes The Science (managing the business), The Art (leading the people), and The Leader Within (creating the leader in yourself) (AONE, AONL, 2015). Associations between the attended CNE sessions categories and background characteristics including gender, income, education, work location, marital status and years as NM were done using Pearson chi-squared test.

E. Human subject consideration

Approval of the proposal was obtained from the Institutional Review Board of the American University of Beirut (AUB) Faculty of Medicine and other ethics or administrative bodies of the collaborating institutions. The cover letter of the questionnaire served as the consent form. Participants were informed of the voluntary nature of participation and that they can withdraw from the study at any time. Anonymity and confidentiality were guaranteed. The consent form included instructions asking the participants to refrain from writing their names or any other personal identifier. The results were reported in aggregate form. Only the research team had access to the data and questionnaires. The questionnaires were kept in a locked cabinet.

F. Instrument

The questionnaire was developed and pilot-tested in the original study by the primary investigator. A part of the questionnaire included sociodemographic and work-related questions. The second part focused on continuing education sessions taken in the past year and NMS sources of knowledge update. A third part addressed questions related to Nurse Manager's responsibilities and job competencies. The fourth part included questions related to preferred instructional methods. The final part of the questionnaire involved open-ended questions addressing barriers to continuing nursing education and indicating specific learning needs.

The CNE Nurse Manager Assessment tool included questions related to demographics such as age, gender, marital status, monthly income, nursing education, years of experience, and others. The geographical areas where nurse managers live and work was taken into account as well. The NMs listed the CNE activities that they attended during the period of 2014-2015 and identified the source of information for updating their nursing management knowledge and skills. Other questions included whether they want to pursue CNE offering, the best way to cover the cost for these offerings such as copayment with hospitals or self-payments. In addition to that, nursing management knowledge and skills were assessed using a 3-point scale from "insufficient to sufficient" and "never performed to performed competently" respectively. Finally, NMs answered questions related to the preferred instructional approach of continuing nursing education offering such as the preferred day of the week, time, and place.

For the sake of this project, only two questions related to CNE activities attended in the past year and sources of information in addition to the demographic and related factors were considered. The next chapter presents the results of the study in relation to these two questions.

CHAPTER IV

RESULTS

The main objective of the original study was to evaluate the basic and continuing education needs of bedside nurses and nurse managers in Lebanon. The specific objectives were to identify areas in need for improvement in knowledge and skills among nurses and nurse managers and the associated background characteristics; and determine factors associated with their intention to engage in continuing education sessions. The aim of this project is to identify nurse mangers' selections of the CNE offerings they attended and their relevance to their roles and responsibilities. Another aim was see if the chosen CNE offerings differ depending on the demographics of the participants. Finally, additional aim is to identify sources of information of nurse managers that they use for updating their management knowledge and skills. In this chapter, we will present the description of the sociodemographic characteristics and results.

A. Description of Sample

Table 1 includes the demographic information of the nurse managers who participated in the original study. The Total NMs that were recruited in the study was 1115. Most of the sample were females (84.4%), between 30, married (76.2%) and with a monthly income of more than or equal $1000 (64.3%). The majority of the NMs had a BS in Nursing (39.5%) while 22% had an MS Nursing (22%). South and Bekaa had the lowest percentages of the geographical area (10.9% and 11.1% respectively) and the highest was Mount Lebanon (33.1%). The overall response rate for this study by nurse managers was 74%.

Table 1. Sample Characteristics of NMs

		NM (N=1115)
		N (%)
Gender	Female	931 (84.4)
Age in years	20-29	111 (10.0)
	30-39	611 (55.1)
	40-49	269 (24.3)
	Above or equal 50	117 (10.6)
Marital status	Married	841 (76.2)
Geographical work area	Beirut	249 (22.4)
	Mount Lebanon	388 (33.1)
	North	250 (22.4)
	South	122 (10.9)
	Bekaa	124 (11.1)
Income $1000	<1000	391 (35.7)
	>=1000	704 (64.3)
Nursing education	MS Nursing	243 (22.0)
	Bsc Nursing	437 (39.5)
	Technical/Vocational	341 (30.8)

Findings

1. **Research Question 1**

The NMs' listed the topics of the CNE activities they attended during the past year. These topics were categorized and fell into five categories: Clinical, Leadership and Management, Quality and Patient Safety, Soft Skills, and Others. The category of Clinical involves all aspects of patient care, medical conditions, specialties, and medical certifications. Among these offerings are BLS, ACLS, Oncology, Health records, Hypertension, delivery, physical assessment, pain management, and others. Leadership and Management category involves offerings related to the administrative and leadership aspects of NMs. Among these offerings are coaching, hospital,

waste, and work management, performance appraisal, conflict management, and others. The third category is Quality and Patient Safety that consists of offering related to fall assessment and prevention, universal precautions, food safety, Magnet, bedsore prevention, and others. The Soft Skills category involves aspects of personal and professional growth such as teamwork, professional ethics, dealing with kids, spiritual care, awareness on IT, and others. The last category is 'Others' and included topics such as social violence, sexual assault, French language, epidemiology, and others. A full list of the NMs responses and their categorization is shown in Appendix A.

The results show that NMs mostly attended sessions related to clinical care (82.7%) with an average of 1.5 sessions per NM. This was followed by quality and patient safety (30.2%); and leadership and Management (23.7%) Table 2. The least attended category was Soft Skills and Others with 18.2% and 19.2% respectively.

Table 2. NMs Attending CNE Offerings

	Attended (Yes)	Number of sessions, mean ±SD
Clinical	436 (82.7%)	1.47±1.09
Leadership and Management	125 (23.7%)	0.27±0.54
Quality and Patient Safety	159 (30.2%)	0.40±0.69
Soft Skills	96 (18.2%)	0.20±0.43
Others	101 (19.2%)	

2. Research Question 2

The below tables display the relationship between the category of CNE attended and the NMs' demographic characteristics.

As demonstrated in table 3, a significantly higher percentage of nurse managers with a technical degree (88.2% vs. 79.9%, p-value of 0.03) and with an income of less than $1000

(89.1% vs 80%, p-value of 0.008) attended clinical sessions. No significant differences were found in gender, marital status, geographical work area, and years of experience as NM.

Table 3. CNE Offerings and Demographics (Clinical)

		Clinical _ Yes_ No				
		Yes		No		
		Count	Row Valid N %	Count	Row Valid N %	p-value
Gender	Female	371	83.0%	76	17.0%	**0.8**
	Male	63	81.8%	14	18.2%	
Education	Technical	127	88.2%	17	11.8%	**0.03**
	Academic	267	79.9%	67	20.1%	
Marital Status	single	89	80.9%	21	19.1%	**0.599**
	married/divorced/widowed	343	83.1%	70	16.9%	
Geographical work area	Beirut	99	79.8%	25	20.2%	**0.376**
	Mount Lebanon	130	83.9%	25	16.1%	
	North	80	78.4%	22	21.6%	
	South	57	85.1%	10	14.9%	
	Bekaa	69	88.5%	9	11.5%	
Income $1000	<=1000	164	89.1%	20	10.9%	**0.008**
	>1000	268	80.0%	67	20.0%	
Years of experience as NM	<=5	173	84.4%	32	15.6%	**0.356**
	6 or more	242	81.2%	56	18.8%	

Table 4, shows that a higher percentage of NMs with Academic degree attended sessions related to leadership and management as compared to NMs with technical degree (26.3% vs 18.8%, p-value of 0.075). In addition, NMs working in the North and Beirut had higher percentage of attending leadership and management (31.4% and 33.1% respectively vs 16.8% and 17.9%, p-value of 0.003). No significant differences were found in gender, marital status, income, and years of experience as NM.

Table 4. CNE Offerings and Demographics (Leadership and Management)

		Leadership and Management _No _ Yes				
		No		Yes		
		Count	Row Valid N %	Count	Row Valid N %	p-value
Gender	Female	344	77.0%	103	23.0%	**0.293**
	Male	55	71.4%	22	28.6%	
Education	Technical	117	81.3%	27	18.8%	**0.075**
	Academic	246	73.7%	88	26.3%	
Marital status	single	85	77.3%	25	22.7%	**0.826**
	married/divorced/widowed	315	76.3%	98	23.7%	
Geographical work area	Beirut	83	66.9%	41	33.1%	**0.003**
	Mount Lebanon	129	83.2%	26	16.8%	
	North	70	68.6%	32	31.4%	
	South	55	82.1%	12	17.9%	
	Bekaa	64	82.1%	14	17.9%	
Income $1000	<=1000	141	76.6%	43	23.4%	**0.956**
	>1000	256	76.4%	79	23.6%	
Years of experience as NM	<=5	157	76.6%	48	23.4%	**0.653**
	6 or more	223	74.8%	75	25.2%	

As table 5 shows, quality and safety sessions were mostly attended by NMs with years of experience of more than 5 years (33.6% vs 26.3%, p-value of 0.084). No other significant differences were observed.

Table 5. CNE Offerings and Demographics (Patient Safety and Quality)

		Quality and Patient Safety _No _ Yes				
		No		Yes		
		Count	Row Valid N %	Count	Row Valid N %	p-value
Gender	Female	315	70.5%	132	29.5%	**0.603**
	Male	52	67.5%	25	32.5%	
Education	Technical	101	70.1%	43	29.9%	**0.831**
	Academic	231	69.2%	103	30.8%	
Marital Status	single	80	72.7%	30	27.3%	**0.422**

		No		Yes		
	married/divorced/widowed	284	68.8%	129	31.2%	
Geographical work area	Beirut	89	71.8%	35	28.2%	**0.316**
	Mount Lebanon	100	64.5%	55	35.5%	
	North	69	67.6%	33	32.4%	
	South	49	73.1%	18	26.9%	
	Bekaa	60	76.9%	18	23.1%	
Income $1000	<=1000	133	72.3%	51	27.7%	**0.47**
	>1000	232	69.3%	103	30.7%	
Years of experience as NM	<=5	151	73.7%	54	26.3%	**0.084**
	6 or more	198	66.4%	100	33.6%	

Finally and in relation to the Soft Skills category, a significant difference was found in geographical work area (p-value of 0.001). More NMs from Bekaa (34.6%) attended soft skills offerings as compared to Beirut (12.1%), Mount Lebanon (17.4%), North (17.6%), and South (11.9%). No significant differences were found in gender, education, marital status, income, and years of experience as shown in table 6.

Table 6. CNE Offerings and Demographics (Soft Skills)

		Soft Skills _ No _ Yes				
		No		Yes		
		Count	Row Valid N %	Count	Row Valid N %	**p-value**
Gender	Female	363	81.2%	84	18.8%	**0.502**
	Male	65	84.4%	12	15.6%	
Education	Technical	122	84.7%	22	15.3%	**0.246**
	Academic	268	80.2%	66	19.8%	
Marital Status	single	92	83.6%	18	16.4%	**0.621**
	married/divorced/widowed	337	81.6%	76	18.4%	
Geographical work area	Beirut	109	87.9%	15	12.1%	
	Mount Lebanon	128	82.6%	27	17.4%	
	North	84	82.4%	18	17.6%	**0.001**
	South	59	88.1%	8	11.9%	
	Bekaa	51	65.4%	27	34.6%	
Income $1000	<=1000	156	84.8%	28	15.2%	**0.356**

	>1000	267	79.7%	68	20.3%	
Years of experience as NM	<=5	165	80.5%	40	19.5%	**0.557**
	6 or more	246	82.6%	52	17.4%	

3. **Research Question 3**

The last two tables (table 7 and 8) are related to the third research question regarding the

sources of information of NMs for updating their nursing management knowledge and skills.

Table 7. Sources of Information by Categories

Hospital and legislation policies	Others	Internet	Workshops and Lectures
Order of Nurses	Reading	Internet	Workshops
CPDC	From Doctors	Up-ToDate	Lectures
Nursing Administration	Media	Medscape	
Nursing Director	Personal Effort	Cochrane	
Policies and Procedures	University Books		
CDC guidelines	Years of experience		
Quality Department	Research		
Nursing Development	Enrolling in University		
High Health Authority	Burner		
Medical Surgical	Books		
	XDFC		
	Nephalog		

As seen in the above table (table 7), the sources were grouped into 4 categories: Internet,

Hospital and Legislation policies, Workshop and Lectures, and others. The Internet category

consists of responses related to Up-ToDate, Medscape, and Cochrane. The Hospital and

legislation policies consists of responses related to order of Nurses, CPDC, nursing

administration and director, CDC guidelines, high health authorities and others. All personal and

other preferences and responses were categorized under "Others". This category consists of

responses such as research, years of experience, reading, media, personal efforts, etc.

Table 8. Sources of Information with Percentages

Category	Frequency	Percentage (%)
Internet	356	53
Hospital and legislation policies	65	10
Workshops and Lectures	171	25
Others	80	12

As seen from the above table (table 8), most of the responses were under the category of

Internet (total count of 256 with a percentage of 53%). The second highest percentage was

workshops and lectures with 25 % and a total count of 171. The least percentage of responses for

updating their nursing management knowledge and skills was Hospital and legislation policies

(percentage of 7% and a total count of 65).

The above results show that most NMs chose to attend clinical offerings. Not applied to

all categories, but few demographic characteristics affect the choice of CNE offerings such as

years of experience, monthly income, and geographical work area. Finally, most NMs have the

internet as a source of information to update their nursing management knowledge and skills.

CHAPTER V

DISCUSSION

The main objective of this study was to identify NMs' selection of CNE offerings and their relevance to their roles and responsibilities. Another aim of the study was to find the associations between the attended CNE offerings with the demographic characteristics of NMs. Lastly; an additional aim was to identify sources of information of nurse managers that they use for updating their management knowledge and skills.

This chapter includes discussion of the study findings in relation to those present in the literature. Discussion of the results for each research question followed by the conclusion and recommendations is covered.

A. Findings in Relation to the Empirical Literature

1. Research Question 1

The first research question was to identify if Lebanese NMs' selection of CNE offerings were relevant to their roles and practice. As previously mentioned, NMs' responses to the CNE activities that they attended were coded and categorized into five categories. Clinical, Leadership and Management, Quality and Patient Safety, Soft Skills, and Others were the five categories. Each category had the CNE offerings related to its theme. The Clinical category had CNE offerings related to disease management such as wound and diabetes management, management of obese patients, cancer patient care, and others. CNE offerings were related to specific diseases and conditions as well such as Poly trauma, nutrition and diabetes, Corona Virus, and others. In

addition to the mentioned offerings, other ones were related to specialties such as pediatric, hemodialysis, neonatology, and others. The second category was Leadership and Management, which had CNE offerings related to conflict, disaster, waste, and work management, capacity building, performance appraisal, accountability, preceptorship, coaching, and others. The CNE offerings under the Quality and Patient Safety category were related to sterilization, hand washing, food hygiene, nosocomial infection, and others. Soft Skills category included offerings for stress management, body language, care and spirituality, critical thinking, and others.

The results show that NMs mostly attended sessions related to clinical care (82.7%) with an average of 1.5 sessions per NM. Quality and patient safety (30.2%); and leadership and Management (23.7%) were the next two categories. The least attended categories were Soft Skills and Others with 18.2% and 19.2% respectively.

Most literature findings did not tackle the subjects of CNE offerings, as such three criteria will be used to interpret NMs' selection of CNE offerings, which are accessibility, availability, and affordability (Kasworm, Rose, & Ross-Gordon, 2010). Moreover, the Learning Domain Framework will guide the evaluation of relevance of the NMs' selection of CNE topics. Most of the studies in the literature used the Learning Domain Framework as a model for identifying the NMs' roles and responsibilities. This evidence-based framework consists of three domains: the development of the leader within, the science of managing the business, and the art of leading people (AONE-AONL, 2015; Baxter & Warshawsky, 2014).

The top two categories that are aligned with the Science of Managing the Business domain of the framework were Clinical, and Quality and Patient Safety that the NMs in this study attended. Baxter and Washawsky (2014) described the science of managing the business as a collection of skills that enable nurse managers to plan strategically for quality care and

financial stability of their units. According to their article, nurse managers manage financial and human resources to improve care by using clinical knowledge, performance improvement, and technology skills. Additional competency examples were provided by Goodyear and Goodyear (2018) include maximizing care efficiency, analyzing budgets and explaining variances, and finally conducting ongoing evaluation of productivity. Though the survey showed that NMs attended mainly clinical and quality and patient safety offerings, it is not known what themes and issues these topics included similar to the ones described by Baxter and Washawsky (2014) and Goodyear and Goodyear (2018) such as using clinical knowledge for better care improvement and financial management.

Clinical practice knowledge is just one of the topics that are related to the science of managing the business in the Learning Domain Framework. It can be assumed that Lebanese NMs mostly focus on the clinical aspects rather than the managerial or leadership. In addition to the clinical practice, quality and patient safety is another topic that is also related to the science of managing the business. Lebanese NMs tend to manage the business by focusing on patient outcomes such as disease management, infection prevention, bedsore prevention, and ultimately patient safety. Professional accreditation organizations, hospital, and nursing administrations focus on such outcomes, which might affect the reason behind choosing offerings related to the science of managing the business.

In addition to the NMs' preference in choosing to attend clinical offerings, availability of offerings related to leadership might be minimal in Lebanon. This has an implication on the personal and professional growth of nurse managers. Lebanese NMs get appointed to their position mainly because of their years of experience and other crucial characteristics such as clinical background. This might also explains the reason why NMs focus on their clinical

background; hence, affecting their CNE offerings choices. In addition to the above mentioned factors, the accessibility and cost of such offerings might differ according to the category. Clinical offerings might be accessible for larger number of NMs with a lesser cost. The accessibility and cost of CNE offerings needs further investigation.

Most studies in the literature talk about the different characteristics of a nurse manager. Skytt, Ljunggren, Sjoden, and Carlsson (2008) explored the perceptions of registered nurses, nurse managers, assistant nurses, and head of departments on the nurse managers' current and desired roles. Responses varied across groups, but in general, nurse managers identified the roles of leader, liaison, monitor, disseminator, entrepreneur, resource allocation, and negotiator. All different characteristics such as a change and coach agent, critical thinker, team leader, and others can also be categorized into management and leadership. The change agent is expected to effect change themselves and to build the capacity to change in others, whereas the change coach has three roles: guidance, facilitation, and inspiration (Stefancyk, Hancock, & Meadows, 2013). Guidance include offering suggestions regarding how staff can improve and providing guidance regarding performance expectations. Facilitation involves encouraging staff to explore new alternative and facilitating creative problem solving. Finally, inspiration expresses confidence in staff and support on new challenges. Very few CNE offerings attended by NMs tackled the above-mentioned topics that could be due to availability of offerings as well as accessibility and cost if available. This has an implication on mandating CNE offerings relevant to the scope of practice of NMs and creating programs and regulations accordingly.

The least attended category was Soft Skills. Few CNE offerings under this category are congruent with the second domain of the framework; creating the leader in yourself. Leadership skills begin with knowing one's self and among these skills are emotional intelligence,

accountability, communication, self-discover and improvement, and developing self-confidence

to empower others (Baxter & Warshawsky, 2014). Competency examples given by Goodyear

and Goodyear (2018) were involvement in professional associations, planning a career path,

achieving certifications, and applying techniques of action learning. The attended CNE offerings

related to this part of the domain were communication, critical thinking, and team building.

Many offerings were categorized under "Others" such as target therapy, sexual assault, French

language, epidemiology, etc. None of these offerings is related to any domain of the framework.

2. *Research Question 2*

The second research question was related to the association between the choices of CNE

offerings and the NMs' demographics. No data were found in the literature to explain the

relationship of the demographic characteristics of NMs and the CNE offerings they choose. It

was noticed that higher percentage of NMs with technical degree and with a monthly income of

less than $1000 attended clinical offerings. Possible explanation of this association could be that

the NMs with a monthly income of less than $1000 might focus on such offerings for better

salary compensation. The NMs with technical degree attending clinical offerings might focus on

improving their clinical expertise to improve patient outcome by increasing their professional

knowledge and skills. Another explanation could be that the cost of clinical offerings is

affordable to those NMs. Leadership and other offerings might be more expensive, so the

affordability might have caused the differences in attending various CNE activities. Another

noticeable finding was that NMs working in Beirut and the North had higher percentages in

attending leadership and management offerings probably due to availability of such CNE

activities in these two areas. Availability, accessibility, and affordability might always be

possible causes affecting the choice of NMs.

Another finding was that NMs with years of experience more than or equal to 6 have

higher attendance percentage to offerings related to Quality and Patient Safety. The numbers

were expected since new appointed NMs first focus on patient and clinical findings rather than

other topics/trainings. Both nurses and NMs have patient safety and well-being as a top priority

required by accreditation. Management of diseases and acute conditions may be the first step in

the treatment journey, but safety and preventive measures happen next. Newly appointed NMs

might take the first step in managing the patient and the business, but focus on other vital aspects

later on. Patient safety and well-being is the first and outmost clinical outcome, but preventive

and quality measures might take place next. Prevention of hospital acquired infections, bedsores,

expected and unexpected treatment consequences are all part of quality and patient safety that

hospitals and accreditation organization focus on.

3. *Research Question 3*

Research question 3 tackled the sources of information that NMs used in updating their

nursing management knowledge and skills. Most findings in the literature talked about the

importance of formal educational programs and policies that prepare NMs into their new roles

and responsibilities, but few if none focuses on the sources of information to do that. Many

senior nurses are appointed to the new role of a NM depending on their years of experience

(Watkins et al., 2014). Although years of experience is an important criterion, educational and

training sessions and programs must be in place. Informal educational programs and unprepared NMs lead to fatigue, which result in resistance to change and retirement.

According to a study done by Watkins et al., 2201, only 35% of NMs update their knowledge and skills from Workshops and Lecture, and Hospital and Legislation policies. Most of NMs update their knowledge and skills via the internet. These findings are expected since there is no regulation that addresses the NMs' scope of practice in Lebanon. In addition to that, hospital and nursing administrations do not create formal programs to educate NMs further. Workshop and lectures being done formally by hospitals or by the Order of Nurses in Lebanon have tremendous effects on role development.

B. Limitations of the study

The total sample of NMs in the original study was 1115, almost all the NMs in the 117 hospitals targeted. One of the important limitation of this study though more than 50% answered the two questions of interest is that details of the content of the CNE offerings attended were not explored neither the reasons for the selection. Moreover, the responses to the questions are merely perceptual that makes them prone to biases since they are based on memory rather than real information or data about attendance and related details.

C. Recommendations-Implications

Findings in this study have implications for education and training, research and policy-making. Education and training implications entail including leadership and management (L&M) courses in the undergraduate programs, training frontline nurses in L&M, and develop these

nurses into the NM role before assigning them the position. Research implications comprise further investigation of the content and method of the CNE offerings and their impact on nurses and NMs practice. Policy implications encompass regulating the scope of practice of NMs by the Order of Nurses in Lebanon and MoPH, and mandate that hospitals implement these policies with mechanisms for control and evaluation.

Knowing the scope of practice and job competencies can help NMs perform their essential duties and go beyond what is expected. Role ambiguity and fatigue would cease to exist if there is a formal law that accounts for all roles and responsibilities. In addition to the formal or governmental intervention, nursing and hospital administrations have central impact on CNE by supporting such programs and interventions. Residency and educational programs for NMs are key in the success of achieving the aim of delivering proficient and skilled NMs. As previously discussed, availability and affordability of CNE offerings might affect the choice of NMs in selecting relevant CNE offerings but this requires more research and investigation.

D. Conclusion

As a conclusion from this study and from the literature that the Learning Domain Framework summarizes all aspects of Nurse Managers' roles and responsibilities. As the results show, Lebanese NMs tend to focus on clinical aspects rather than on managerial or leadership. No formal regulations address the Lebanese NM scope of practice and Continuing Nursing Education needs, so formal and informal programs in Lebanon are needed and must be tailored to the NMs needs. Moreover, sources of information for updating NMs' knowledge and skills are varied and need further investigation for their effectiveness. Finally, few demographic

characteristics affect the choice of CNE offerings such as years of experience and geographical

work area that need further exploration.

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APPENDIX A

CNE offerings attended by NMs

Clinical		Leadership and Management	Patient Safety and Quality	Soft Skills	Others
Dialysis	CRP	Leadership	Hand washing	Stress management	Science conferences
Congenital classification	Pain management	Coaching	Infection prevention	Communication	Fire control
Alzheimer	Palliative care	Conflict management	Quality	Body language	CIOC
Medication	Burn	Disaster Management	Patient safety	Caring from the heart	CBRN
Management of obese patient	Triage	Nursing administration	Food hygiene	Psychological health in hospitals	French language
Birth defects classification	Poly trauma	Function du cadre superieur	Bedsore prevention	Critical thinking	Nursing profession
First aid	Nutrition & diabetes	Patient receiving	Lean system	care and spirituality	Epidemiology
ATCN	Surgery day	Human resources	Accreditation	If I started with myself	Medtronic
ATLS	Physical assessment	Preceptorship	Hygiene	Facing domestic violence	Basic of statistics
Cardiology	Wound management	Management	Policies and procedures	Management of clinical situation	CN6OF
Medical sheet	NCPNN	Competency evaluation	Nosocomial infection	Team building	Life and social life of the nurses
Mammography	Special medication related to field	Key performance	Sterilization	Customer service	Better live his personal relations
Hemodialysis	Emergency medicine	Accountability	Documentation and medical chart	Spiritual care	Gloves allergies
Personalized medicine	Diabetes connecting nurses	Mediation	CPHQ	Dealing with kids	Sexual assault
Malnutrition	PALS	Legal accountability	CLIN	Professional ethics	Health book
Pragmadons	ACLS	Capacity building	Clin	Team work	Socio-economic study
Children learning disability	BLS	Work management	Accompanying practice in hospitals	Interpersonal relationship	LSC
Diabetes and obesity	Critical care	Biological disaster management	Risk management	Awareness on IT	Instrument manual and automated workshop
Cirrhosis campaign	Chemotherapy	Waste management	Patient satisfaction	Ethics and confidentiality	Globalization and nursing profession challenges
PCR & Transferring care through genomic nursing	Breast cancer early detection	Prison management	Fall assessment and prevention		Target therapy
Catheterization	Pediatric	War evacuation and management	Evidence base practice		SIOK
Normal delivery	Endoscopy workshop	Health management and nursing	Magnet		Social violence
Urology	Oncology	Hospital management	Universal precaution		Accompanying practice in hospitals
Difficult airway management	Breastfeeding	Performance appraisal			NCR

ESGENA	Obstetric emergency	Budgeting
Pedagogy	Neonatal resuscitation	Bed management
EDTNA	NRP	
Psychiatric emergency	Primary health care	
Hypertension and revascularization	Organ donation	
Delivery	Urgent delivery	
Sevoflurane	Vaccination	
Gastro enterology	Ebola	
Neonatology	ILS, LSMO & ECMO	
ANR and cancer patient care	Corona virus	
Anticoagulant	Clinical examination	
Hemoglucotest	Tegaderm	
Mother and child workshop	MERS-Cov	
Health records	Multiple Sclerosis	

After care and rehabilitation
STABLE program
Service excellence
The practice of our profession
PEACE
SARI
Microsoft office
ERTC
Stable E
Bio safety cabinet
ESAS
Decent service program
LSIO