

EDITORIAL

Opportunity or inequity? The paradox of open educational resources for continuing professional development in nursing

Nurses are experiencing a clear shift in the way that they engage in continuous professional development. There is a global move away from employer-sponsored continuous professional development, spurred by the challenges of funding healthcare services, and staffing clinical services in the face of attrition of the nursing workforce. Instead of completing commissioned and validated professional education programmes, nurses are encouraged to use open education resources as continuous professional development. The neo-liberal argument for individual autonomy and choice adds weight to the move towards open education resource use, with nurses able to self-select learning that is relevant for their practice context. However, open education resource use is not without its challenges, with inequity the most significant barrier. This editorial presents issues raised by the acceleration to online learning during the COVID-19 pandemic and summarises the key opportunities and challenges of using open education resources as continuous professional development in nursing.

Open education resources are 'copyrightable works... either in the public domain, or licensed [to provide] users with free and perpetual permission' to retain, reuse, revise, remix, and redistribute them (Wiley, 2019). They are shared in the spirit of making education available for all, supporting global sustainable development. The United Nations (2022) sustainable development goal for education focuses on ensuring 'inclusive and equitable quality education and promoting lifelong learning opportunities for all'. Open education resources are not new in nursing. Historically, they have been developed within undergraduate programmes, delivered alongside face-to-face education, serving to enrich and extend students' learning (Williams et al., 2015).

The COVID-19 pandemic accelerated the development of standalone open education resources, supporting study at a distance when lockdown restrictions were in place. In the UK, Health Education England hosted open education resources within the e-Learning for Health (eLfH) platform (<https://portal.e-lfh.org.uk/>), enabling rapid professional updating of statutory and mandatory learning, for qualified nurses returning to practice and volunteers training to be vaccinators. The move to online learning at all levels of general and professional education during the pandemic advanced the acceptability of online learning. Curating of open education resources in e-LfH during the pandemic has resulted in a perpetual resource for individual nurses to update statutory and mandatory training, and professional knowledge.

To avoid incurring personal costs for learning and to maximise flexibility, particularly in the harsh financial climate post-pandemic, nurses may utilise open education resources as continuous professional development. Open education resources are not a panacea for facilitating nurses' continuous professional development because they incur costs to users. Access to digital technology and infrastructure constitute overt costs. During the pandemic, policy makers and education providers assumed a universal availability of fast broadband and technology to access online learning. Digital poverty, where technology and information technology infrastructure were not available to all learners or educators, meant that many individuals were disadvantaged in terms of online education (United Nations, 2022). Outside of developed countries, the digital divide is stark. The pandemic caused a paradox, where many organisations made learning freely available across the globe, yet for those in digital poverty, their disadvantage was compounded.

When and where online education could happen during the pandemic, it was marked by the high use of platforms such as zoom©, which enabled a fast response to the immediate imperative to make face-to-face learning accessible to learners at a distance. This initial rapid move to online learning represents a first or foundational level competence (Morley & Holley, 2022) that satisfied service needs, maintaining delivery of education to a specific, familiar audience. The global move towards openness and accessibility of learning in the pandemic revealed the need for educators to develop second level competence (Morley & Holley, 2022). This level focuses on developing learning materials that are quality assured, innovative, personalised, contextualised, and sustainable.

The pandemic has spurred education providers to revise business and access models with many retaining some elements of online learning (Prosser, 2022). High quality open education resources are expensive and labour intensive to develop; however, these costs can be offset by long-term benefits (Williams et al., 2015). Although ostensibly free to end-users, the development of open education resources may generate revenue, with education providers recouping some costs by incentivising the purchase of certificates on completion. Completion of open education resources may generate invitations to users, to enrol on further costed programmes of learning. This incentivisation can compound the cost-burden for nurses accessing open education resources.

The potential benefits of open education resources, of freedom of choice to engage with cost-free relevant learning, at a time and

place of their choice, are offset by considerable challenges. There are covert costs to nurses of learning on their own devices and with minimum disruption to their employers. Aside from digital poverty, costs are incurred through undertaking learning in their own time, whilst balancing work and other roles and responsibilities. In addition, open education resources can be time-consuming and difficult to find. Whilst undergraduate nursing programmes successfully prepare critically analytical professionals for practice, the curriculum may not develop specific skills for open education resource use. Necessary skills include analysing open education resource relevance and accuracy, and adapting content for the nurses' own context, respecting creative commons licensing. Employers could reduce the associated costs for individuals, whilst reinforcing the value attributed to continuous professional development by providing access to the necessary technology and infrastructure for engagement with open education resources.

Concerns about quality assurance present a significant barrier to open education resource use. It is often difficult to trace when an open education resource was created, by whom and with what support, how it has been used since, what changes have been made, by whom and why. Where open education resources are housed in repositories there is a facility to record these details, but it is incumbent upon users to add the details in the repository, which relies on them having located the open education resource at the source point. Ultimately, nurses require high-level critical appraisal skills, that allow assessment of provenance and the contemporaneity of content, in line with the general principles of effective evidence-based practice. Critical appraisal of an open education resource can result in its rejection, or will justify its use in the original form, or with modifications, based on creative commons licensing, to suit individuals' practice context.

Most open education resources are designed for solo study. Whilst they enable continuous professional development requirements to be met, their use may result in fragmented and decontextualised learning. Without named educators supporting nurses using open education resources, the extant model of 'validated' learning in the previous taught model of continuous professional development must be rethought. The emphasis for the validation of learning from open education resources must be through partnerships between registered nurse peers, interprofessional teams and organisations. Professional dialogue with peers in local practice settings, and national, international, and global communities through online engagement, will enable the co-creation of knowledge in the interest of driving nursing knowledge for practice development. There is important professional learning in dialogue about the relevance of the open education resource to the practice context, as much as, if not more than, the knowledge that is developed from using it and employers are well placed to encourage this discussion.

In conclusion, the growth of open education resources has been significantly accelerated by the COVID-19 pandemic. Whilst helping nurses to respond to the emergence of decentralised and bespoke

revalidation processes by extending the availability of resources for continuous professional development, open education resources are only 'open' to those with the resources to access them. Where digital poverty exists, the result is a paradoxical position of opportunity versus inequity, where potential engagement with online continuous professional development is out of reach for many. Educators need to support the development of critical analysis in the specific context of quality assuring open education resources. Developing nurses' knowledge about creative commons licensing is vital to support the use, including adaptation, of open education resources, to ensure relevant and meaningful learning. Further research is vital to develop knowledge about how open education resources are used as continuous professional development and the opportunities and challenges they present, to maximise their potential utility in nurses' educational development in the future.

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