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RCN reps ICT Survey 2010: summary

The objectives of this survey were to explore RCN representatives’ experience of using ICT. The study surveyed 2605 reps. 806 responded, giving a total response rate of 31%. The profile of respondents reflects the known demographic of profile the RCN rep population.

A brief review of literature indicated that nurses generally have a high degree of access to ICT and the internet, although this is not uniform. Gaps in IT skills may limit the extent to which nurses can access and utilise information within their practice.

Data from the RCN reps survey showed that all respondents had access to a PC at least some of the time either at work, home or elsewhere. 94.7% said that they always had access to a PC. 22% always had access to the internet in one of these locations or via a mobile device.

Just over half (55.2%) of all reps use ICT to access information relating to enquiries linked to patient care. 62.6% of reps use ICT to access patient records. The aspect of usage most widely reported is to access learning: 78.9% of reps use ICT for this reason.

In total, 69.0% report confidence in using a word processing package such as Microsoft Word. Half of reps (53.2%) also felt confident in using a presentation package such as PowerPoint. However, less than a third felt confident in using a spreadsheet or database package.

Eight in ten (79.1%) are confident in using email and search engines. Just over half (54.2%) are confident in using online database search tools such as accessing the British Nursing Index or MEDLINE. 69.5% of reps have taken part in online learning: eight in ten (83.8%) of this group say that it is a useful way to learn.

Over eight in ten of all reps (82.5%) expressed interest in taking up further rep training from the RCN via the online route. Although those with prior experience of online learning are more likely to indicate this interest, it is of note that 75% of reps that have not previously undertaken online learning also express an interest in accessing learning this way.

Six in ten reps (58.1%) replied yes to the question ‘If we were to offer you more learning via webinars (web based seminars) for which access to a quiet space, telephone and internet are required, would you take this up?’

A third of reps stated that they did not face any challenges in relation to using IT. A further third of reps indicated that a lack of skills or confidence in using IT presents a challenge to them on a daily basis. Other challenges relate to lack of access to a PC or slow access and connection speeds.
30.3% of reps had not taken part in online learning. The main reason cited was that they had not been offered this (63.1%); a third (31.1%) cited lack of time. One in five (22.5%) of this group, expressed a dislike for this mode of learning.

Overall, the study suggests a positive context within which to develop ICT based learning, information and other services whilst reminding us of the barriers faced. 10% of reps expressed a dislike for online learning, there was no difference in the proportion of reps in different sub-groups (age, gender, job role, region etc) expressing this view.

The feedback from reps suggests possible courses of action to help ensure that RCN objectives of being an inclusive and leading-edge organisation are realised. The main themes emerging from the survey link to enhancing the RCN rep development programme and library services. The main solution suggested by reps to help overcome barriers to access in using ICT and accessing learning online was further ICT skills training. The report concludes by outlining next steps in terms of a reporting framework with which to use the survey data to engage key RCN stakeholders in decision making around these themes.
1. Introduction

This section sets the context for the survey by outlining the background to the study and how the study links to RCN strategic and operational objectives. This section also provides the key findings from a short review of literature relating to the nursing family, ICT usage and access. Finally, this section reports the research methodology, response rates and the profile of survey respondents.

Rationale and survey objectives
The aim of the RCN reps ICT survey, conducted in November and December 2010, was to explore RCN representatives’ experiences of using ICT. Specifically, the objectives were to:

1: achieve a more accurate picture of the number of RCN representatives who have access to ICT;
2: capture how RCN representatives access ICT;
3: capture the collective ICT needs of RCN representatives;
4: inform the way in which the RCN can best engage (for information and learning and development purposes) with RCN Representatives; and how the RCN can best provide learning and development, resources and information to reps.

The survey aimed to build on the intelligence gathered from a survey of learning reps (LRs) undertaken in the autumn of 2010 which explored LR profile, activity and support needs. The IT survey included all those in formal rep functions and its aim was to gather data to support RCN internal dialogue and decision making in a number of areas. ICT skills and information literacy help enhance most aspects of the RCN’s work. Notably, in reference to RCN priorities (2011/2012) 1A partnership work, 1B activist development including the potential development of a blended learning strategy, 2A RCN role in workforce modernisation, 3A campaigning, 3B work on key health care projects, 4A engaging HCAs, 4C positioning nursing in health care, 4D building and disseminating the RCN body of knowledge, 5A membership recruitment and retention, 6A RCN workforce modernisation including the proposed transformation of library and learning and development space at HQ, 6B building the profile of the RCN as an exemplar organisation and 6C customer service development.

RCN managers involved in the development of two RCN areas have formed the steering group for this study alongside the research team. The IKM and L&D teams are exploring potential for developing a blended learning strategy as a route to enhance the activist development programme. The reps IT survey will help inform the feasibility of this approach. The survey will also help inform the transformation of the space currently occupied by the RCN library at Cavendish Square which aims to be the vibrant hub of the RCN headquarters building as well as the home of the history of nursing. The vision is to provide a flexible
space for study and group work, where activists and members can undertake a range of learning and development activity.

**Review of relevant literature**

- **Literature search**

In order to place the survey within the context of existing knowledge a short literature review was undertaken. The search included the terms nursing family and ICT usage rather than reps alone as this term alone proved too narrow. The literature search included nurses and IT (‘information technology’ or ‘ICT’), skills (including ‘professional development’), use, attitudes and barriers. The initial search of UK references of British Nursing Index in the period 1994 to January 2011 was expanded as too few UK articles were found. Expanding the search gave 28 articles. A further 17 books and theses were sourced from the RCN library catalogue using the same search terms. The BNI search was then extended to include representatives and ICT use and health care assistants and ICT. This resulted in a further 4 references. In addition to these sources, the team reviewed a number of current RCN policy and related material including the RCN response to the ‘Information Revolution’ consultation and the RCN competences for information literacy. In total, 61 documents were reviewed. 5 references were not used as they were of limited value to the study.

- **Literature review findings**

The literature review was themed under the following headings: why IT is important in the health sector, nursing family access to IT, training and skills, barriers to access, attitudes and resistance and possible solutions for the development of IT literacy and usage. The following is a brief summary of these findings.

**Why ICT is important**

Government policy outlines the importance of developing IT literacy to help ensure social inclusion (ODPM, 2005) and for a competitive workforce (BIS, 2010) with ICT skills now being included within definitions of ‘basic skills’. In the health sector, initiatives such as Connecting for Health in England, Informing Health care in Wales and ehealth in Scotland have promoted enhanced use of ICT for patient records, patient empowerment, access to clinical research, improved management information and in service development, such as telehealth. National IT strategies have aimed to increase standardization of IT systems (Toofany, 2006) and up-skill sector workforce ICT skills. Plans for workforce ICT training have generally been devolved to the local level (NHS, 1992), (also see Connecting for Health online at [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk)) and have included a training offer focused not only on job-specific skills but also more generic ICT skills training. For example, in England, NHS staff can access ICT training through the Connecting for Health programme which covers introductory ICT, online resources to help manage health information and access to externally recognised qualifications such as the European Computer Driving License (ECDL).
ICT skills help to underpin improvements in information management (Budgen, 2006), the adoption of health sector policies (Warm et al., 2009) and ICT based technologies (Brennan, 2004) and improved clinical decision making. The impact of IT on nursing practice has been recognised, with IT offering the possibility of accessing a wider range of information to improve evidence based practice (RCN, 2006). The emergence of IT technologies and health informatics have implications for nurses not only in improving their own practice, but also in ‘empowering and enabling people’ (RCN 2011a) with the potential for nurses to act as a ‘knowledge broker’ (op cit p6). ICT skills are also increasingly important in order to access learning (Haigh, 2004).

Access to IT
Given the importance of IT in the sector and by extension the skills needed to access ICT, a range of research has explored the extent to which nurses and other health sector workers are able to access. Although direct comparisons across surveys over time are not directly possible due to differences in sampling and the focus of questions, this research highlights interesting trends. The most directly comparable to this study are the RCN ehealth surveys that have reported on the proportion of members with access to a PC at home or work. In 2007, this was reported as 91%. The latest RCN ehealth survey (RCN, 2010) reports a figure of 92% who use a computer at work on a daily basis. Only 1% said that they never used a computer at work and 3% responded ‘occasionally/rarely’.

Core uses of IT are reported as getting information from the internet and work intranet, emailing and word processing. The RCN 2007 survey reported that 30% of nurses had sole access to a PC (RCN, 2007). In the RCN 2010 ehealth survey this figure was 33%. A survey undertaken by UNITE/CPHVA identified that 95% of their members had access to the internet at work (Munday, 2009). The literature suggests that the vast majority of nurses have access to a PC, however some studies indicate that access is not uniform across different work settings. For example a study with community based nurses suggested that this group had relatively low levels of ICT access and skills (Chan et al., 2004). Others have reported that access was problematic for night duty nurses and for those without tertiary education (Webster et al., 2003). The RCN 2010 ehealth survey reported that nursing staff working in NHS hospitals were much more likely than those working in other settings to be sharing a PC with multiple users. Just over 20% of nurses in NHS hospitals had sole access to a computer, whereas in all other settings this figures was around 50%. Across all workplace settings, 30% of those sharing a computer had to wait more than 15 minutes to get access to a PC (RCN 2010).

Training and skills
The growth in health informatics facilitated by the extension of computer and mobile device use has increased the level of both ICT and information literacy skills needed by nurses. The studies reviewed for this project are dated from 1990 onwards. Metrics on actual skills levels from the 1990s may be outdated; however they do report on the systems of IT education and training that were experienced by those reps taking their initial training at that time. Studies from the period noted an assumption by some educators that basic ICT training was
sufficient preparation for IT use in practice (Hooks, 1990) but IT training content lagged behind actual developments in ICT practice (Wilcoxon, 1991) or that levels of IT training for nurses were ‘basic’ (Wright, 1994). Whilst recognising that measuring ICT skill levels across the nursing family is problematic (Wilkinson et al., 2009), studies around ICT skills suggest a potential skills gap. In 2004, an RCN/Nursix study reported that 63% of nurses had not received IT training in the previous six months. In 2007, a follow-up RCN study reported that 55% of respondents had not received any IT training in the previous 6 months; in 2010 the figure reported was 52%. In 2007, 20% felt that they did not require IT training in advance of the introduction of the Electronic Patient Record (RCN 2007). In 2010, 30% of those surveyed for the ehealth report felt they did not need further training on the EPR (RCN 2010). Although this data shows a positive trend in those receiving IT training, this also indicates a large minority not receiving recent ICT training or reporting that they require further training. The literature suggests that this might be problematic in a context where ICT skills need to be regularly updated. A study reviewing ECDL training for nurses in Wales reported that a quarter had ‘very basic IT skills’ (Warm et al 2009). The benefits of IT training are noted in terms of the impact on better skills and the increased frequency and range of ICT usage. Other benefits from ICT training have been reported in terms of improved confidence at work, engagement with other work-based training, more time with patients (Warm et al op cit) and improved attitudes towards the use of ICT (Bickford et al., 2005).

Barriers to access and using IT
A range of barriers to the use of IT within nursing practice have been noted over and above those relating specific skills. Barriers include lack of time, lack of access to computers or the internet or slow connection speeds (Gerrish et al., 2006, RCN, 2007, Bertulis, 2008) low awareness of new IT developments (Levy and Casey, 2004) lack of technical or administrative support (Bond, 2007, Bertulis, 2008), poor systems design (Huryk, 2010) and lack of preparedness for new IT programme roll-outs (Warm et al, 2009).

Attitudes and resistance
The barriers above relate to practical barriers of time, resources and communications. However, several observers have noted the importance of understanding nurses' attitudes towards the use of ICT within their practice. Negative attitudes may generate resistance to the take-up of new technologies or limit access to information upon which to develop evidence-based practice or communication with patients. The literature includes studies reporting on the need for further development of attitude scales that seek accurately to measure nurses attitudes to ICT use (Ward et al., 2008, Wilkinson et al., 2009), indicating difficulties in comparing data from different studies. However, a range of studies appear to draw similar conclusions. Nurses attitudes to IT are reported as being generally positive (Huryk, 2010, Kirshbaum, 2004, Eley et al., 2009, Chan et al., 2004) although some resistance exists (Bond 2007, Eley 2009, Huryk 2010). This is described variously in terms of ‘technophobia’ (Toofany 2006) or as IT use being seen by some as ‘not real nursing’ (Eley 2004) or ‘dehumanising patient care’ (Huryk 2010, p606). In 2003, a survey of Australian nurses reported that although 91% agreed that ICT helped to improve access to information, a
third agreed that computer use detracted from patient care (Webster et al 2003). An article in Nursing Standard described a similar experience of senior RCN rep talking of the benefits of taking up an RCN provided IT course. The rep explains that she previously resisted the use of computers in her work because she was:

- “worried that the reliance on the two-dimensional world of computer technology would leave her isolated and prevent people seeking her advice and help” (Pickersgill 2009, “She’s Finally Got IT”, Nursing Standard, V24-3 63).

In understanding resistance to IT use the research highlights the cultural or social constructs that surround IT access and learning (Gerrish 2006). Anxiety around computer use may be a function of gender socialisation in schools (Yeoh, 1992) or more wider societal constructions around use of technology (Timmons, 2003). Timmons noted that refusal by nurses to use computers was rare, but resistance could be manifest in attempts to put off using systems or in excessive criticism of them (Timmons 2003).

Implications and possible solutions
The literature points to a range of interventions to overcome these barriers. This includes involving nurses in IT systems design (Eley 2008, Levy and Casey 2007, Huryk 2010) and in programme implementation (Brennan 2004) and addressing barriers to access including improved resources, support and dedicated time for training (Chan 2004, Gerrish 2006). In developing IT training for nurses, observers note the need for a ‘normalising’ culture around the integration of ICT within nursing (Gerrish 2006) and improving the extent to which ‘ICT skills are regarded as a professional issue for nurses and within all nurse training’ (Sands, 2005). This includes the importance of management and leadership in the use of ICT especially to encourage good practice amongst student nurses through the practice and behaviour of senior registered staff (Willmer, 2007) and the need to encourage nursing managers to consider nurses’ ongoing ICT skills and development needs (Toofany 2006). The research highlights that attitudes and resistance to ICT use can be partly addressed through training, experience and leadership (Webster et al 2003, Huryk 2010). However, the IT training offer needs to be fit for purpose through offering local and blended learning solutions including e-learning that can be offered as ‘bite size' learning to help nursing staff overcome training barriers (Rout and Titley, 2010).

The RCN has undertaken a range of research and development activities aimed at understanding the needs of reps and members in relation to ICT skills and information literacy. Many of the studies have been referenced above (the details of which are in Annex D). In addition, the RCN offers ICT and information literacy skills training and has recently launched its information literacy competency framework (RCN, 2011a). In addition, the RCN works to influence government policy on the use of ICT within the sector and the role of nursing. See for example the RCN’s recent response to the DOH Information Revolution consultation (RCN, 2011b). In summary, the review of the literature indicates that nurses generally have a high degree of access to ICT and the internet, although
this may not be uniform across all settings. Gaps in IT skills may limit the extent to which nurses can access and utilise information to enhance evidence based practice and decisions relating patient care. Furthermore, IT skills requirements are increasing as new technologies are developed. Barriers to access and usage include lack of time, poor equipment or speed of connection. Furthermore, the socio-cultural context is important in relation to the way nurses view technology as facilitating or hindering their role. Training and improved access can also form part of the solution to addressing these barriers. This study aims to build on this work by understanding in further detail the experience of RCN reps in using ICT, barriers to access, the potential demand for online learning and support wanted from the RCN to realise this.

**Methodology**

- **Questionnaire design**
  
The survey questions covered ICT access and use, representatives’ confidence in using ICT and online learning. The questionnaire was reviewed by key stakeholders (R&I, team, Knowledge Management and Information Literacy teams and UKCALD) to ensure the information gathered was fit for purpose. Amendments and adaptations were made and questions were re-circulated for final agreement. The questionnaire (shown as Annex A) was piloted with the Learning Reps Committee [6 people] to ensure the questions were easily understood and to provide an estimate of the time taken for completion. The questionnaire was piloted and a version made available online via Questback.

- **Sample**
  
The sample selected for the survey was all accredited reps on the RCN management database in October 2010. All reps were selected to help generate a sample of respondents that was representative of the population of RCN reps.

- **Data Collection**
  
All reps were approached initially through a postal mail out including the survey questionnaire and freepost reply in November 2010. In addition, those reps for whom the RCN holds an email address on the RCN membership database were sent an email with a link to the online survey and informed they could take part online via Questback or by completing a paper version. Learning reps were also asked to promote the survey to other reps in their workplaces. The survey was featured in an article in Activate to encourage response. The data from paper copies of the questionnaire were input by the survey team using the Questback online survey tool (the same tool that reps could use to respond online). A summary of the survey process, lessons learned and resources used was discussed and reported to the project steering group, with the purpose of providing a record of the steps taken, the resources needed and lessons learned for the future.

**Response rates**
The survey was mailed to 2,605 reps and emails were sent to the 1,729 for whom email addresses were held on the management database. 178 emails were returned as ‘undeliverable’. There was no further follow-up of non-respondents.

In total, 806 reps replied to the survey an overall response rate of 31%. If we assume that all of the 178 returns are no longer reps then this raises the response rate to a possible 33.2%.

277 reps responded online. 529 questionnaires were returned by post and input by the survey team. The data was tested to explore whether online respondents had a different demographic profile and attitude to ICT. There were no notable differences in the online and hard copy respondent groups either in terms of their demographic profile or access to ICT and on-line learning. This is an interesting result as it is generally assumed that those that respond to questionnaires online are those with greater access, skills or positive attitudes to ICT.

The overall response rate compares favourably to the response rate of 13% to an RCN survey undertaken in 2004 (RCN, 2004). This suggests a possible increase in level of interest and commitment to the subject of nursing and ICT usage (Robson, 2002). However, a better response rate could also be attributed to better questionnaire design and format, more accurate sample data or better communications about the survey.

**Profile of respondents**

- **Respondent profile**

Annex C shows the demographic profile of survey respondents. This is mapped against the known profile of RCN reps (as taken from the membership database in October 2010). In summary, the profile of survey respondents was as follows:

- 76% were female and 24% male;
- 74% were aged 45 or more, with the largest age group being the 45-55 category (47% of respondents). 6% were aged under 35;
- Just over three quarters (78%) were from ‘white’ ethnic groups;
- 62% were in clinical nursing roles, 8% were specialist nurses and 9% in nursing management. 1% were in general management and 4% learning and development practitioners. Overall, 79% were in nursing roles;
- 73.6% worked in the NHS;
- 22.4% of reps have more than one rep role. 2.4% hold all three rep roles.

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1 In the recent LR survey non-respondents were followed-up. 21% were no longer reps.
• Exploring non response bias

Data on survey respondents and rep populations were interrogated to assess the need to weight data for the analysis to counter for effects of non-response bias for certain sub-groups (Burkell, 2003). The data shown in Annex C indicates that gender and job type of survey respondents reflect the population profile very well. At the regional level there is a lower level of response from reps in Wales and a higher level from those in the South West. Given these two sub-groups account for less than 16% of all respondents this difference is not of concern in terms of skewing overall responses. However, when exploring any difference in response by sub-groups the analysis explored the extent to which non-response bias could account for this difference. Of more significance in terms of non response is the over-representation of responses from reps in ‘white’ ethnic groups. Again, when comparing sub-group differences of means the analysis tested for the effects of non-response bias. These tests suggested that the data did not need to be weighted in order to off-set potential non-response bias.

• Analysis

An analysis framework was developed to map the survey questions to the research objectives and themes for investigation. The data file was analysed to report descriptive statistics. Statistical tests were then applied to report on any significance of differences in responses between sub-groups using the chi-square test for categorical variables. Differences between sub-groups are reported by exception (i.e. where there was a difference) this at the 5% confidence level unless otherwise stated.

The analysis reports the results of two way cross-tabulations and notable differences across sub-groups are reported. However, it may also be possible that the concentration of a certain category of rep within a sub-group might also help explain some of the results. To explore the potential for this tendency the characteristics of reps surveyed were compared across sub-groups. Notable results are that, as might be expected, younger reps (aged 25-34) are less likely to be working in management roles. Perhaps more surprising is that the age profile varies across regions with a greater proportion of younger reps (aged 25-34) in Northern Ireland. The reverse is true for the South West, North West and East Midlands. Reps from ethnic minority groups are more likely to be working in the non-NHS sector. Within the NHS reps are much more likely than those in the rest of the sector to hold multiple rep roles.
2. ICT and internet access and usage

This section reports on data collected in relation to Objective 1 of the survey aiming to achieve a more accurate picture of the number of RCN representatives who have access to ICT. Reps were asked about whether they had access to a computer and the internet, the location of access and the frequency of this usage.

Access to ICT and internet

Chart 1 shows the proportion of reps with access to a PC at work, at home or elsewhere and the extent to which this access is ‘always’, ‘sometimes’ or ‘never’. Other locations include a range of options including with family and friends, at a library or on a mobile device or laptop. The numbers in brackets in the chart below shows the number of respondents replying to each question. Three respondents (0.3%) did not reply to any of the questions about PC access.

A composite variable was computed to identify those that ‘always’ or ‘sometimes’ had PC access in one of these locations. The notable finding is that 94.7% of respondents always had access to a PC in at least one of the three locations and the remaining 5.3% ‘sometimes’. Thus, all respondents (excluding those unknowns for whom a response is missing for this question) had access to a PC at least sometimes in one of these three possible locations. Analysis of those that ‘always’ had access across sub-groups indicates possible differences in access by gender and job type. Male reps (98.0%) and those working in management or specialist nursing (100%) were more likely than the average to ‘always’ have access to a PC, however these findings are not strong in that they are only significant at the 10% level.

• Internet access
In terms of access to the internet, Chart 2 shows the proportion of reps with access at work, at home, on a mobile device or elsewhere. A composite variable was also created to identify those that always had access to the internet. 22% of reps always had internet access at work; a total of 36% always had access via one or other of these routes. 99.3% have access to the internet always or sometimes in one of these locations. In comparing the degree of access reported across different demographic groups, ethnicity and number of rep roles appear significant. Reps with more than one role and those from all ethnic groups other than ‘white’ were more likely to ‘always’ have access to the internet (multiple rep roles 44%, Asian 62.5%, Black 45.8%, Chinese 50% and Mixed race 57.1% respectively).

**Chart 2**

**Use of ICT for work**

The data above relates to any IT and internet access. Reps were then asked about the specific use of ICT for work and the frequency of that use. 62.7% report that they ‘always’ used a PC for work. 31.7% reported ‘sometimes’ and 1.1% (9 respondents) stated that they ‘never’ used a PC for work. There was one non-respondent to this question. Those working in clinical nursing roles are less likely to report they ‘always’ use a PC for work (54.9%). This finding is significant at the 0.0001 level.

A quarter of reps (24.7%) report that they ‘always’ use the internet for work purposes. 71.3% stated they sometime use the internet for work. 3.8% (31 respondents) ‘never’ use the internet for work. Fourteen respondents did not reply to this question.

There are different levels of ICT use for work by nation/region, with reps in Northern (79.5%), Eastern (78.1%), London (76.6%), East Midlands (76.3%) and South West regions (72.3%) more likely to report they ‘always’ use ICT for work.
The proportion of those who ‘always’ use ICT for work is lower in the West Midlands (57.4%) and Northern Ireland (51.4%).

**Time spent using ICT**

In terms of the amount of time spent using a PC or accessing the internet per week, Figures 1 and 2 show the distribution. Almost half of all reps (44.7%) spend more than 20 hours per week using a computer. One in five (20.6%) spends 20 hours or more accessing the internet. Men are slightly more likely to spend 20 hours or more accessing a PC (48.0%) than females (44.3%). However, men (28.8%) are much more likely than women (18.8%) to use the internet for 20 hours or more per week. Those working in clinical nursing (67.3% of all reps) spend less time per week using ICT. There is no significant difference in the time spent accessing a PC by those in different age groups; however, younger reps are more likely to access the internet for longer periods: a third of those aged 25-34 access the internet for more than 20 hours per week.
3. Reasons for and confidence in accessing ICT

This section reports on the reasons why reps use ICT and their confidence in using IT packages and internet tools. Reps were asked about their use of IT in relation to accessing patient records, answering enquiries relating to patient care, to access learning, for personal updating and finally for ‘other reasons’. Chart 3 shows the responses.

Reason for ICT use

Chart 3 shows that just over half (55.2%) of all reps use ICT to access information relating to enquiries linked to patient care. 55.9% of clinical nurses and 80.6% of nurse specialists use ICT for this reason. 62.6% of reps use ICT to access patient records, this includes 66.9% of clinical nurses and 80.6% of specialist nurses. Reps in younger age groups (25-34 and 35-44) are significantly more likely to be accessing ICT for personal updating (78.1% and 66.7% respectively) and accessing patient records (59.4% and 63.1% respectively). Reps from ‘non-white’ ethnic groups are also more likely to be using ICT to access patient records (Black 87.0%, Chinese 100.0%, Mixed Race 100.0%, Other 75.0% respectively). In the London region 79.4% of reps use ICT to access patient records, this compares to 50.0% of reps in the East Midlands and 50.4% in Scotland.

The aspect of ICT usage most widely reported is in relation to learning, 78.9% of reps use ICT for this reason. The only demographic factor linked to any variance in the proportion using ICT for learning is that nurse specialists and those in nursing management are more likely to indicate that they use ICT for this purpose (93.5% and 92.1% respectively). The ‘other’ main reasons that reps use ICT are for email and communications, administration and rep functions.
**Confidence in use of ICT**

Respondents were asked to report on a five point scale their level of confidence (with 1 being completely confident and 5 being not confident at all) in using firstly, a range of ICT programmes and packages and secondly a range of internet tools. Chart 4 shows the responses relating to computer packages. Half of all reps (48.2%) felt completely confident (rank 1) in using word processing. In total, 69% report confidence (rank 1 and 2) in using a word processing package such as Microsoft Word.

**Chart 4 confidence in using IT programmes, % of reps**

<table>
<thead>
<tr>
<th>Programme</th>
<th>1: Completely confident</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5: Not at all confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word processing</td>
<td>48.2</td>
<td>20.8</td>
<td>13.3</td>
<td>7.8</td>
<td>10</td>
</tr>
<tr>
<td>Spreadsheets</td>
<td>11</td>
<td>20</td>
<td>25.7</td>
<td>20.8</td>
<td>22.4</td>
</tr>
<tr>
<td>Database</td>
<td>10.7</td>
<td>16.1</td>
<td>25.9</td>
<td>21.1</td>
<td>26.2</td>
</tr>
<tr>
<td>Presentation</td>
<td>28.7</td>
<td>24.4</td>
<td>18.7</td>
<td>12.4</td>
<td>15.8</td>
</tr>
<tr>
<td>DTP</td>
<td>13.5</td>
<td>16.8</td>
<td>18.8</td>
<td>19.5</td>
<td>31.4</td>
</tr>
<tr>
<td>Other</td>
<td>33.1</td>
<td>21.2</td>
<td>22.9</td>
<td>4.2</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Half of reps (53.2%) also felt confident (rank 1 and 2) in using a presentation package such as Powerpoint. However, less than a third felt confident in using a spreadsheet package such as Excel (31.1%), DTP (31.3%) or a database package use such as Access (26.9%). Other programmes were mentioned by one in seven reps, many of these are listed in the internet tools question listed below. Other specific programmes mentioned under this question are email/Outlook (19), Visio (4), SPSS (4) and work specific hospital/patient record systems (4).

Chart 5 shows data in relation to rep confidence in using internet tools. Eight in ten (79.1%) are confident (rank 1 or 2) is using email and search engines such as Google or internet explorer. Just over half (54.2%) are confident in using online database search tools to access resources such as the British Nursing Index or MEDLINE. Just over half (53.9%) report they are confident in learning online. Almost half (45.1%) are confident in using social networking tools and a third (32.7%) with tools that aid photo or video sharing or use online subscription services such as newsgroups or listservs (32.1%).
Chart 5 confidence in using internet tools, % of reps

<table>
<thead>
<tr>
<th>Tool</th>
<th>1: Completely confident</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5: Not at all confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search Engines (798)</td>
<td>64.2%</td>
<td>14.9%</td>
<td>6.1%</td>
<td>13.9%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Online databases eg BNI (793)</td>
<td>29.4%</td>
<td>24.8%</td>
<td>24.6%</td>
<td>12.5%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Using email (791)</td>
<td>70.5%</td>
<td>11.1%</td>
<td>3.9%</td>
<td>3.9%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Social networking (736)</td>
<td>31.9%</td>
<td>13.2%</td>
<td>13.3%</td>
<td>9.5%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Photo &amp; video share (750)</td>
<td>19.3%</td>
<td>13.3%</td>
<td>16%</td>
<td>17.3%</td>
<td>34%</td>
</tr>
<tr>
<td>Newsgroups listserv (755)</td>
<td>18.7%</td>
<td>13.8%</td>
<td>18.7%</td>
<td>13.9%</td>
<td>35%</td>
</tr>
<tr>
<td>Online learning (789)</td>
<td>30.9%</td>
<td>22.9%</td>
<td>21%</td>
<td>12%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Chart 5

Analysis of the degree of confidence that reps in different sub-groups have in relation to internet tools highlights that males and younger reps were more likely to be confident in the use of search engines, email, social networking, photo/video share and the use of newsgroups/listservs. Notably, the only factor where differences arise in confidence in accessing learning online is the regional dimension. Reps in Northern Ireland and the North West are less likely to state their confidence in learning online than reps in other regions: 25% of all reps state they are not confident with online learning; this figure is at least 50% higher for reps in the two areas mentioned.

Reps were also given space on the questionnaire to write in the name of other ICT tools or technologies that they currently use. 623 or 77.2% of all respondents replied to this question. A wide range of programmes were listed. The most frequently mentioned were podcasts (54) and wikis (40), webinars (8), IPlayer (23), ITunes (9) and e-learning (6).
4. Using ICT for learning

This section provides further detail about rep use of ICT for learning. Firstly, we report the proportion of reps that have taken part in online learning and if so, the type of activity undertaken. Secondly, this section reports on whether reps found online learning a useful way to learn and the reasons for this. Thirdly, this section reports the proportion of reps that express interest in undertaking training and development relating to their RCN rep role if this was offered online or via webinars and, if so, the likely location of access.

Use ICT to learn online

Overall, 69.5% of reps report that they have taken part in online learning of any sort (either through work or other education provider, for example during a university course) with reps in younger age groups more likely to have taken part in online learning: 87.5% of those aged 25-34 have some online learning experience compared to 62.1% of those aged 55-64.

As might be expected, there is a strong association between those that have taken part in online learning and their confidence in doing this: 60.3% of those that have previously taken part feel confident in using online learning (rank 1 or 2) compared to 38.8% of those that have not.

516 reps state at least one type of online learning that they have taken part in. The type of learning mentioned most frequently is ‘mandatory training’ (109). Table 1 shows the types of learning undertaken by at least 5% of online learners.

<table>
<thead>
<tr>
<th>Type of online learning</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory training</td>
<td>109</td>
</tr>
<tr>
<td>University courses inc. Open University</td>
<td>93</td>
</tr>
<tr>
<td>Fire / safety training</td>
<td>64</td>
</tr>
<tr>
<td>Child protection</td>
<td>45</td>
</tr>
<tr>
<td>Hygiene / Infection control</td>
<td>38</td>
</tr>
<tr>
<td>Clinical governance</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 1: Online learning undertaken by reps (freq >25, n 516)

Why online learning is a useful way to learn

Eight in ten (83.8%) of those that have taken part in online learning say that it is a useful way to learn. Chart 6 shows the reasons for this. Being able to learn at a
suitable time was the main reason cited by 90.2% of online learners, followed by learning at one’s own pace (82.9%).

![Chart 6](https://via.placeholder.com/150)

**Chart 6 Why online learning useful, % of online learners**

The respondents that identified ‘other’ reasons why online learning was useful cited the following: facilitating better learning, able to concentrate at home, cheaper i.e. no travel or accommodation expenses, convenient, help available at work, interactive, less pressure than classroom, no need for childcare, reflective/can return to material, sharing resources, suits learning style, supportive, time saving.

There were also a small number (15) who noted negative or ambivalent reasons under this question. Reasons given were that online learning was time-consuming (especially if server connections were slow), learning not ‘user-friendly’ and an expressed preference for face-to-face contact whilst learning.

**Interest in taking up RCN rep learning online**

Reps were asked the question “If the RCN were to offer you online learning in your role as RCN representative would you be interested in taking this up?” Over eight in ten of all reps (82.5%) expressed interest in taking up further rep training from the RCN via online learning. Although those with prior experience of learning are more likely to indicate this interest, it is of note that 75% of reps that have not previously undertaken online learning also express an interest in learning this way. There is no difference in expression of interest across sub-groups defined by age, ethnicity, gender, sector, job type or region.

**Location of take up of online learning**

Those reps that expressed interest in taking up online learning were asked **where** they would be most likely to carry out this learning. A third (32.6%) stated at work, almost two thirds (65.0%) at home and the remaining 2.4% elsewhere.
**Interest in taking up webinars**

Six in ten reps (58.1%) replied yes to the question ‘If we were to offer you more learning via webinars (web based seminars) for which access to a quiet space, telephone and internet are required, would you take this up?’ Again, those with experience of taking part in online learning were more likely to say yes, however, 50% of those new to online learning also expressed an interest in webinars, given the proviso of access to space and equipment. There was no difference in expression of interest across sub-groups defined by age, ethnicity, gender, sector, job type or region.
5. Issues and barriers

The previous sections report data on the experience and expectations of reps in relation to ICT usage. This section focuses on the issues and barriers faced. Firstly, this section reports response to a generic question regarding challenges faced in using IT. This section goes on to report responses from four specific sub-groups of reps: those that have not taken part in online learning; those that have taken part in online learning but did not find this a useful way to learn; and, those who stated that they were not interested in taking up the offer of RCN online learning and those not interested in taking up the offer of RCN webinars.

Challenges in using IT

Chart 7 shows that a third of reps stated that they did not face any challenges in relation to using IT. A further third of reps indicated that a lack of skills or confidence in using IT presents a challenge to them on a daily basis. Other challenges relate to lack of access to a PC or computers or slow access/connection speeds.

Those reps that report they face no challenges are more likely to be male, in younger age groups (65.5% of 25-3s) or work in nursing management roles (50.0%). A lack of skills or confidence in using IT was more likely to be expressed by women (35.5%), older reps (41.8% of those 55+) and those in non-NHS settings (41.0%). There were no differences in the proportion of sub-groups facing difficulty in terms of access to a PC or lack of time. Female reps were more likely to report lack of access to the internet as presenting a challenge.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>% of all reps</th>
</tr>
</thead>
<tbody>
<tr>
<td>No challenges</td>
<td>37.2</td>
</tr>
<tr>
<td>Lack of skills/confidence</td>
<td>33.1</td>
</tr>
<tr>
<td>Lack of PC access</td>
<td>15.8</td>
</tr>
<tr>
<td>Lack of internet access</td>
<td>11.2</td>
</tr>
<tr>
<td>Servers slow/crash</td>
<td>10</td>
</tr>
<tr>
<td>Lack of time at work</td>
<td>6.6</td>
</tr>
</tbody>
</table>
**Reasons for not taking part in online learning**

30.3% of reps had not taken part in online learning. The main reason cited for this was that they had never been offered this as a way to learn (63.1% of those who have not learned online). A third of this group (31.1%) felt that they did not have time to learn online. One in five (22.5%) of those who have not learned online expressed a dislike for this mode of learning. Lack of access to a PC was mentioned by 8.6% of this group. A small number of other reasons were given: “I'm semi-retired, work bank and therefore not many opportunities”, “difficult to read/concentrate looking at screen”, “usually crashes half way through”, “Having appropriate equipment able to download pdf files” and “Honestly? Motivation!”

**Negative experience of online learning**

Those reps that had taken part in online learning (78.9% of all respondents) were asked if they found this a useful way to learn. 16.2% of online learners did not find online learning useful. The reasons given for this were a dislike of online learning (72.7%), lack of time (44.3%), difficulty with PC access (25%), lack of skills or confidence (18.2%). Other comments made were under the headings of preferred mode of learning, time to learn, poor IT access and access to quiet spaces. Specific quotes are shown in Annex C.

**Barriers to take up of online learning**

17.5% of all respondents were not interested in taking up online learning from the RCN. Two thirds stated the reason for this was a dislike of online learning. This equates to 11.6% of all reps. Half of those not interested in online learning (48.6%) said that this was because of a lack of time, 9.4% faced difficulty in accessing a PC for online learning, and one in five of this group (19.6%) felt that they lacked the skills or confidence to take up online learning. This equates to 3.4% of reps. Additional comments were made in relation to time and priority, employer behavior and attitudes towards online learning. Many within this group expressed a preference to for learning with others. Specific quotes are shown in Annex C.

**Barriers to take up of webinars**

41.9% of reps stated that they were unlikely to take up the offer of webinars from the RCN. Amongst this group over half (56.1%) stated that the reason for this was a lack of access to a quiet space. 13.6% lacked access to a telephone, 8.0% lacked access to the internet and 7.1% access to a PC. Half (48.5%) also stated that they lacked the time. A quarter (25.3) felt they lacked confidence to participate in webinars; however, a greater proportion (29.6, almost a third) did not like this method of learning. Other reasons given (by a total of 22 reps) included a range of comments relating to access and internet connection, blocked servers, lack of time and motivation, difficulties in securing facility time and hearing disability. For some who felt their only realistic option would be to participate in webinars from home there was concern expressed about possible cost implications. Specific quotes are shown in Annex C.
6. Solutions

The final set of data reports the help that respondents need to address barriers to ICT use. Chart 8 shows the responses to the question “how can the RCN help to overcome ICT challenges?” Remembering that a third of respondents said that they did not face any challenges, Chart 8 clearly shows that the support wanted from the RCN by reps is improved ICT skills (16.6% of all reps, or 44.6% of those facing challenges), followed by better access to ICT (6.5% of all reps, or 17.5% of those facing challenges).

![Chart 8 Addressing ICT challenges % of all reps]

Comments were made by respondents in relation to training and skills in terms of the type of training wanted, preferred mode of delivery and access to resources and support:

- **Type of training**
  - “Your RCN offer of training and development would help”
  - “Access to courses online that teach you how to use word, spreadsheets etc better”
  - “Training to use a computer. Find it very difficult to get where I want to be on a site i.e. RCN site/NMC/CQC etc”
  - “More practice”
  - “Going on an in-depth computer use course to cover gaps in my knowledge”
  - “I have done my ECDL course but was unable to finish Part 2 - do need to carry on with this”
  - “More courses being readily available locally or online at suitable times e.g. basic info on spreadsheets and databases”
  - “Regular training updates”
• **Mode of delivery**
  - “Modular courses that you can start and stop and continue where you left off”
  - “Learning to use in a way and time period suitable to me. I like to learn next to someone, for technical/practical learning, or book study I like to do quietly on my own”.
  - “Time to experiment and learn packages”

• **Training resources and support**
  - “Being able via a website to ask how to do something when using certain programmes. Would save a lot of trial and error time”.
  - “Training and an ‘idiots’ guide handbook”
  - “Simple user guides to correct faults and alternative modes of contact to helpdesks other than email”
  - “Some e-learning information from the RCN either at my home or at my work would be very useful”.

• **Better access to IT**
  - “Faster computers, and more computers and not having to share with doctors OT, physio and ward clerks. Access to internet at work”
  - “Increase bandwidth”
  - “Having a laptop”
  - “New computers, up to date versions of software, faster server”
  - “Mobile access, laptop, being able to access computer on the move and use it for documentation - saves time, frees you up to spend more time with members, helps to have notes up to date and get to access work emails”
  - “General access to the internet without restrictions”
  - “More IT access on ward and training and time allowed to do it”.

— “Training in Excel and databases”
— “Training in using webinars”.
7. Summary and conclusions

Summary

The objectives of this survey were to explore RCN representatives’ experience of using ICT. The study surveyed 2605 reps. 806 responded (31%). The profile of respondents reflects the known demographic profile the RCN rep population.

A brief review of literature indicated that nurses generally have a high degree of access to ICT and the internet, although this is not uniform. Gaps in IT skills and to a lesser extent attitudes to ICT use in nursing may limit ICT access and information literacy for some.

All survey respondents had access to a PC at least some of the time either at work, home or elsewhere. 94.7% said that they always had access to a PC. 22% always had access to the internet at work. 62.7% report that they ‘always’ used a PC for work. 31.7% reported ‘sometimes’ and 1.1% (9 respondents) stated that they ‘never’ used a PC for work.

There was no significant difference in the time spent accessing a PC by those in different age groups, however, younger reps are more likely to access the internet for longer periods.

Just over half (55.2%) of all reps use ICT to access information relating to enquiries linked to patient care. 62.6% of reps use ICT to access patient records. The aspect of usage most widely reported is to access learning: 78.9% of reps use ICT for this reason.

In total, 69.0% report confidence in using a word processing package such as Microsoft Word. Half of reps (53.2%) also felt confident in using a presentation package such as Powerpoint. However, less than a third felt confident in using a spreadsheet package, DTP or a database package.

Eight in ten (79.1%) are confident in using email and search engines. Just over half (54.2%) are confident in using online database search tools to access resources such as the British Nursing Index or MEDLINE.

69.5% of reps have taken part in online learning: eight in ten (83.8%) of this group say that it is a useful way to learn.

Over eight in ten of all reps (82.5%) expressed interest in taking up further rep training from the RCN via the online route. Although those with prior experience of learning online are more likely to indicate this interest, it is of note that 75% of reps that have not previously undertaken online learning also express an interest in learning.

Six in ten reps (58.1%) replied yes to the question ‘If we were to offer you more learning via webinars (web based seminars) for which access to a quiet space, telephone and internet are required, would you take this up?’
A third of reps stated that they did not face any challenges in relation to using IT. A further third of reps indicated that a lack of skills or confidence in using IT presents a challenge to them on a daily basis. Other challenges relate to lack of access to a PC or computers or slow access/connection speeds.

30.3% of reps had not taken part in online learning. The main reason cited was they had not been offered it (63.1%). One in five of this group (22.5%) expressed a dislike for this mode of learning.

The main solution suggested by reps to help overcome barriers to access in using ICT and accessing learning online was further ICT skills training.

**Commentary**

The aim of this report is to present data from the RCN reps ICT survey to help inform decision making and dialogue within the RCN in relation to a number of operational objectives and themes of interest. The data also provides a useful ‘stock take’ of rep ICT skills and complements other data collected from the Nursix 2010 survey which had a stronger focus on EPR and telehealth and the Learning Reps survey 2010 which focused on LR activity and development needs.

The proposed next step for this study is further discussion of the findings with a number of stakeholders. Annex D sets out a proposed reporting plan. Whilst not wishing to pre-empt any specific discussion or decisions, the following sets out some themes suggested by the data in relation to current work: notably, plans for the transformation of the library at Cavendish Square, the blended learning strategy and rep development programme, communications with reps, the offer of webinars, the use of IT learning resources and possible implications for LRs.

Levels of access to PC and the internet are high with almost all reps having access at work or elsewhere. A third of reps face no challenges in accessing ICT. Thus there is a significant minority with easy access to ICT. Two thirds are confident in using key programmes such as Word and half are confident in using reference tools such MEDLINE. The picture of ICT access, skills and usage is for many a positive one. Of further note is that a large proportion have experience of online learning, report positive experiences of this and express interest in this way of learning in the future; this latter point is the case even amongst those that have not taken part in online learning in the past.

However, two key challenges are faced by reps in accessing ICT. Firstly, there are self-acknowledged skills gaps and easy access to reliable ICT equipment is also problematic for many. The RCN has more scope to address the former in terms of offering ICT learning, skills training and signposting to ICT learning opportunities elsewhere (such as Connecting for Health, OU programs etc). There is also scope to review how other areas of learning and development have ICT skills needs implicit within them, how these could be made explicit and ICT skills development opportunities embedded within these programmes.
Similarly, with the redesign of the library space, consideration could be given to the opportunities for improving or brushing up ICT and information literacy skills, promoting the information literacy competence framework, and good practice and 'top-tips' on ICT skills in a friendly learning-centered atmosphere.

Although the majority of reps expressed an interest in learning online there is also a minority that express a dislike for this approach to learning. For those with no prior experience it may be that an introduction to online learning would help overcome concerns. But the feedback indicates the importance of considering learning context, content and learning styles when considering the development and optimal delivery mix of a blended learning model.

There was also a degree of interest in the use of webinars as a medium for sharing knowledge and practice, although the expressed level of interest was not as high as for online learning. This might be expected as it is a relatively new form of communication and the survey made clear the set of conditions necessary for a participant (dedicated time, quiet space, a PC and phone line). Again, there were reservations expressed by some about this form of communication. Most of the concerns expressed related to preferences by many for face-to-face events, notably to aid networking. It is also of note is that a large majority of those interested in webinars indicated they would be most likely to access this from home in order to have the space and time necessary. This may well have implications for those delivering webinars and potentially for reps taking non-paid-for time.

The experience of the survey indicated that a mix of paper and email communication was beneficial in eliciting response. Furthermore, the survey exercise indicated the need for ongoing updating of the membership database to help encourage survey response, notably email addresses: 31% of email addresses of the sample were unknown. This might suggest that many reps may not be receiving generic email communications. Protocols for using contact details supplied during member/rep surveys could be established, offering an opportunity to update the RCN membership database.

In addition to informing strategic decisions regarding the future activist programme and the transformation of the library in Cavendish Square, there is an implied role for LRs to consider the findings from the study: notably, the consideration of their own ICT skills and those of other reps and members in their workplaces. Reps might want to undertake a localised ‘ICT skills stock-take’. There is a possible role for the ULF team here to help facilitate sharing the experience of LRs who are already working to help members access ICT learning and skills and develop this further to consider the ICT skills support needs of reps.

Overall, the study suggests a positive context within which to develop ICT-based learning, information and other services whilst reminding us of the barriers faced by many. The feedback from reps helps to suggest a number of possible courses of action to help ensure that RCN objectives of being an inclusive and leading-edge organisation are realised.
ANNEX A: Questionnaire

ICT and you: A questionnaire for RCN Representatives

The RCN would like to find out about representatives’ experiences of using ICT so we can try to improve the learning and development we offer you. We would be very grateful if you could spare us a few minutes of your time to complete this survey which will help us build up a picture of your needs in this area. The survey should take less than 10 minutes to complete.

Please note that we have created both paper and online versions of this survey to enable everyone to complete it in the way that suits them best. You are free to remain anonymous. However if you would like to be entered into a draw to win £50 of shopping vouchers please give your details at the end of the survey.

Please return by Friday 3rd December. Thank you.

1. Do you have access to a computer? (Tick all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Always</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>At work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elsewhere (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How many hours do you use a computer in an average week?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Less than 10 hours</th>
<th>Over 10 hours</th>
<th>Over 20 hours</th>
</tr>
</thead>
</table>

3. Do you use a computer for work purposes?

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Always</th>
<th>Never</th>
</tr>
</thead>
</table>

4. If you answered Sometimes or Always to 3 please specify what you use the computer for. (Tick all that apply)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To access patient records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To answer enquiries relating to patient care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To access learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal updating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. How confident are you at using the following on a scale of 1 to 5 where 1 is completely confident and 5 not confident at all?

<table>
<thead>
<tr>
<th></th>
<th>Word processing (e.g. Microsoft word)</th>
<th>Spreadsheets (e.g. Microsoft Excel)</th>
<th>Databases (e.g. Microsoft Access)</th>
<th>Presentations (e.g. Microsoft PowerPoint)</th>
<th>Desktop Publishing (e.g. Microsoft Publisher)</th>
<th>Other, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Do you have access to the internet? (Tick all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Always</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>At work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On mobile phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elsewhere (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How many hours do you access the internet in an average week?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Less than 10 hours</th>
<th>Over 10 hours</th>
<th>Over 20 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you use the internet for work purposes?

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Always</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. How confident are you in using the following on a scale of 1 to 5 where 1 is completely confident and 5 not confident at all?

<table>
<thead>
<tr>
<th></th>
<th>Using search engines e.g. Google, Yahoo</th>
<th>Searching online databases (e.g. British Nursing Index, MEDLINE)</th>
<th>Using E-mail</th>
<th>Social network (e.g. Face book, MySpace)</th>
<th>Photo and video share e.g. Flickr and YouTube</th>
<th>Subscribing to listservs or newsgroups</th>
<th>Taking part in online learning</th>
<th>Other, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Please name any other computer tools/programs/e-technologies that you currently use e.g. wikis, podcasts.
11. Have you ever taken part in any online learning (e.g. through your employer, as part of a university course)?

Yes
No

If yes please specify what this was.

12. If you answered No to question 11 please specify why not (Tick all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It has never been offered to me</td>
<td></td>
</tr>
<tr>
<td>Lack of time</td>
<td></td>
</tr>
<tr>
<td>Lack of easy access to a computer</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence/ skill in using a computer</td>
<td></td>
</tr>
<tr>
<td>I do not like online learning</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Please go to question 16

13. If you answered Yes to question 11 did you find this a useful way to learn?

Yes
No

14. If you answered Yes to question 13 why is this? (Tick all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I could go at my own pace</td>
<td></td>
</tr>
<tr>
<td>I could do it at a time suitable for me</td>
<td></td>
</tr>
<tr>
<td>I did not have to travel</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

15. If you answered No to question 13 why is this? (Tick all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td></td>
</tr>
<tr>
<td>Lack of easy access to a computer</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence/ skill in using a computer</td>
<td></td>
</tr>
<tr>
<td>I do not like online learning</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

16. If the RCN were to offer you online learning in your role as RCN representative would you be interested in taking this up?

Yes
No

17. If you answered No to question 16 why is this? (Tick all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td></td>
</tr>
<tr>
<td>Lack of easy access to a computer</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence/ skill in using a computer</td>
<td></td>
</tr>
<tr>
<td>I do not like online learning</td>
<td></td>
</tr>
</tbody>
</table>
Other (please specify)

**Please go to question 19**

18. Where are you most likely to carry out this online learning?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At work</td>
<td></td>
</tr>
<tr>
<td>At home</td>
<td></td>
</tr>
<tr>
<td>Elsewhere (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

19. If we were to offer you more learning via webinars (web based seminars) for which access to a quiet space, telephone and internet are required would you take this up?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

20. If you answered No to question 18 please give reasons. (Tick all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of access to a quiet space</td>
<td></td>
</tr>
<tr>
<td>Lack of access to a telephone</td>
<td></td>
</tr>
<tr>
<td>Lack of access to the internet</td>
<td></td>
</tr>
<tr>
<td>Lack of time</td>
<td></td>
</tr>
<tr>
<td>Lack of access to a computer</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence/ skill in using a computer</td>
<td></td>
</tr>
<tr>
<td>I do not like online learning</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

21. Generally on a day to day basis what challenges do you experience in using IT? (Tick all that apply)

<table>
<thead>
<tr>
<th>Challenge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No challenges</td>
<td></td>
</tr>
<tr>
<td>Lack of skill/confidence in using</td>
<td></td>
</tr>
<tr>
<td>Lack of access to internet</td>
<td></td>
</tr>
<tr>
<td>Lack of access to computer</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

22. What would help you to overcome these challenges?

23. Please specify what type of representative you are. (Tick all that apply)

<table>
<thead>
<tr>
<th>Representative Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning representative</td>
<td></td>
</tr>
<tr>
<td>Safety representative</td>
<td></td>
</tr>
<tr>
<td>Steward</td>
<td></td>
</tr>
</tbody>
</table>

24. Please specify which RCN region or country you are from.

<table>
<thead>
<tr>
<th>Country</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td></td>
</tr>
<tr>
<td>Wales</td>
<td></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
</tr>
</tbody>
</table>
If you would like to be entered into a draw to win £50 of shopping vouchers please give your details below.

<table>
<thead>
<tr>
<th>RCN Reps ICT Survey 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
</tr>
<tr>
<td>London</td>
</tr>
<tr>
<td>Northern</td>
</tr>
<tr>
<td>North West</td>
</tr>
<tr>
<td>South East</td>
</tr>
<tr>
<td>South East</td>
</tr>
<tr>
<td>West Midlands</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RCN Membership number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Please specify if you are willing to be contacted by the RCN for further research into this area.

Yes
No

Thank you for taking the time to complete this survey!

Confidentiality statement

Personal information belongs to the individual or organisation entrusting it to the RCN. This information remains personal and in the control of the giver. Once received by the RCN, it may not be used for any purpose other than that for which it was given; nor may it be passed on to any individual or organisation outside the RCN without the express permission of the giver.

All RCN staff that have access to the information you have provided will be required to observe the RCN Confidentiality Policy.
ANNEX B: comparing the demographic profile of IT survey respondents and all RCN reps

Chart 9: RCN IT Survey 2010 - gender

Chart 10: RCN IT Survey 2010 - Age Group
**Chart 13: RCN IT Survey 2010 - Job Code (1)**

- **Staff Nurse**
- **Senior Lecturer**
- **Research Associate**
- **Other**
- **Nursing Student**
- **Nurse Manager**
- **Nurse Consultant**
- **Midwife**
- **Lecturer**
- **Health Visitor**
- **Health Care Assistant**
- **Executive Nurse**
- **District Nurse**
- **Community Nurse**
- **Community Childrens Nurse**
- **Clinical Nurse Specialist**

**Chart 14: RCN IT Survey 2010 - Job Code (2)**

- **Other**
- **Gen Management**
- **Nurse Management**
- **L&D**
- **Specialist Nurse**
- **Clinical Nursing**
ANNEX C: Quotes

Negative experience of online learning

• Mode of learning
  – “Very superficial way of learning”
  – “Can't ask PC questions if you don't understand a question. Cold way of learning no sharing of knowledge”
  – “I missed having a teacher to explain and group input”
  – “Ambivalent, saved time but prefer face to face style”
  – “Prefer classroom and discussion - learn more”
  – “I think it is difficult to correctly assess learning & understanding when online learning tools are used. Online learning can be isolating - unlike group learning face to face”
  – “Prefer access to tutor/group learning”.

• Time to learn
  – “Only time available is nights, concentration not so good”.

• IT access
  – “Sometimes computer not working, staff often already on computer”
  – “Whilst doing exams (time limited) the line crashed on several occasions over the year”
  – “Can be difficult at work if breakdown which has happened before”
  – “E-learning resource not accessible i.e. problems with data access.”

• Access to quiet spaces
  – “Interruptions, lack of privacy to concentrate”
  – “Difficult concentrating in noisy office”.

• Other
  – “Employer gets their figures but not useful for staff”
  – “Some training cannot be replaced by online, they have to be face to face”
  – “Poorly presented.”

Barriers to take-up of online learning

• Time and priority
  – “I've been a rep for a long time, don't do much of it but have a lot of experience, am involved in a lot of other things therefore not a priority”
  – “Don't require any additional training at this time - updates yes”
  – “Motivation, time, other demands for my attention”
  – “Doing degree at the moment & really pressed for time”
  – “No time available in working hours”
  – “It is too easy to be distracted by other duties”
“Due to the nature of my community specialist role and the pressure of work”.

**Employer behaviour**
- “I would if I had facility time which I do not get”
- “RCN need to ensure activists have ring fenced time which is currently not honored by employers”
- “Online learning in conjunction with my role as RCN representative will literally make employer avoid giving me time off to do this task. In theory I could certainly use this method but may be thrown back at me which in effect unrealistic”.

**Access**
- “Difficulty with accessing via work”

**Mode of learning**
- “Gain more from face to face training”
- “As a former RCN trainer for these groups, the collective face-face learning is too rich to be lost to the solitude of on line learning.”
- “Cheap way of training staff, cold way of training, makes people teachers redundant”
- “Having studies long distance learning and working it requires no end of commitment-time etc. The benefit of face to face learning as a rep is protected time. Online teaching would only appeal if protected time for activity rather than fitting it in”
- “I would be unable to ask questions or discuss anything I found I did not understand”
- “Some training cannot be replaced by online - they have to be face to face”
- “Lack of inter-professional integration/learning from others experiences”
- “Because it is a cheaper alternate, learning is not about ticking boxes it's about interaction with others”
- “Prefer human/personal interaction”
- “As already stated I feel humans are busy feeding the machine and failing to develop interactive communication skills”
- “Goal, to attend regional training as enable networking”
- “I think the networking opportunity given during training”
- “Would consider but feel it is important to meet other Union reps personally. I would also need to be more computer literate”
- “Sometimes you get great benefit from action learning with others”

**Barriers to take-up of webinars**

**Access**
- “Blocked by internal servers”
• **IT equipment**
  – “Require Trust to offer better computer resources”

• **Internet connection**
  – “Happy to use internet for programme compatible with PC but not via telephone”
  – “Difficulty accessing phone/internet simultaneously”.

• **Time, timing and motivation**
  – “No as I spend too much time at my PC already”
  – “Too time restrictive”
  – “The time I mainly access pc is late at night”
  – “Lack of motivation - to many other demands on my time”

• **Facility time**
  – “Difficult to get protected time unless off site course, study day”
  – “Not sure I can have this”

• **Hearing disability**
  – “Suffer from hearing loss and sometimes miss what people are saying on the telephone”
  – “I am hard of hearing and hearing on a telephone can be difficult”
  – “Hearing deficits”

• **Location and costs**
  – “The online learning would take place at my home and I would lose my legal rights to take time for training”
  – “Cost at home”
  – “Not willing to use own computer work e-learning”.

ANNEX D: RCN reps IT survey draft dissemination plan

1. RESEARCH EVIDENCE
   THE CORE REPORT
   Research format and methodology & evidence base
   The main core report from which others follow

2. PAPER TO L&D MANAGERS THEN MRC/ NPPC & UKCALD
   RCN template
   What are the strategic & operational implications?
   Link person Sue Antrobus & Geraldine Cunningham

3. PAPER TO THE RCN REGIONS
   RCN template
   Considering the core report, what are the regional implications?
   Link Paul Vaughan

4. PAPER TO THE R&I TEAM
   Core report with key questions for discussion
   What are the learning & development Implications?
   Link with the R&I team
   Link person Sue Antrobus

5. PAPER TO IKM TEAM
   Core report with key questions for discussion
   What are the implications for how we develop the library space?
   Link with the R&I team
   Link person
ANNEX E: References


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