CONTINUING EDUCATION PROGRAMS FOR
REGISTERED NURSES IN HOSPITALS AND
SPECIAL CARE HOMES IN SASKATOON

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by
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ABSTRACT

It was the purpose of this investigation to gather descriptive data about continuing education programs for registered nurses in hospitals and special care homes in Saskatoon, Saskatchewan, Canada. The data were collected to address the following program components: (a) organization and administration; (b) characteristics of program planning; and (c) issues related to continuing education programs for registered nurses. The specific focus of the study was the continuing education program offered to registered nurses from April 1, 1982 to March 31, 1983.

The population for this study consisted of 3 hospitals and 12 special care homes which were all the accessible hospitals and special care homes in Saskatoon. Instruments used to collect the data included a pre-interview questionnaire and an interview schedule which were administered by the researcher to the person responsible for the continuing education program. Additional data were collected from program information which was provided in the form of handouts and pamphlets.

In all, 16 continuing education programs for registered nurses in hospitals and special care homes in Saskatoon were identified. Variations were found in all program components investigated. As a result of these program variations, no
A typical profile of continuing education programs for registered nurses in hospitals and special care homes was found. Specific evidence of efforts of hospitals and special care homes to encourage registered nurses to attend continuing education activities outside of the employment setting was documented.
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1.1 Introduction

Continuing education for most individuals is basically what the term implies—a lifelong learning process. "One of the major reasons for having a continuing system for education is to be able to respond to change itself" (McArthur, 1980, p.1). As early as 1930, Whitehead observed that the pace of change was accelerating at such a rate that he predicted a number of major cultural revolutions would take place in a single lifetime. He suggested that the purpose of education could no longer be functionally defined as the transmission of culture. Rather, its purpose must be to produce lifelong learning (Whitehead, 1931, pp. xi-xxix).

Nesser and Bujold (1974) observed that knowledge had doubled every 10 years for more than a century and was continuing to accelerate. Half of what was learned in 1 year would subsequently be obsolete 10 years later. They concluded that this "half-life of knowledge demands that professionals become involved in work-study programs for the rest of their lives" (p. 240). More recently, Houle (1980) also stressed the need for professionals to commit themselves to lifelong learning. In Houle's study of 17 professions, one of which was nursing, he viewed the concept of a profession
as a static view and preferred to use the more dynamic view of "professionalizing" vocations. This dynamic view assumed that the members of all professions would continually try to improve the quality of their practice. While some vocations were considered to be further along in their process of professionalization than others, none were expected to achieve a level in which continuing learning was not necessary (pp. 19 - 31).

Nursing, like many other professions, has been increasingly aware that the knowledge, skills, and attitudes gained through a basic educational program become obsolete in a short time (Clements, 1977, pp. 1 - 2). Cooper (1975), succinctly identified the factors which have affected the continuing education needs of nurses when she noted that "developments in continuing education for nurses are closely related to professional and societal trends, developments in medicine and other health professions, scientific advancement, the state of the economy, and other factors" (p. 120).

According to Tobin et al., (1979) continuing education has become more significant as the numbers and types of health care workers undergo major changes. In addition, explicit statements about the responsibilities which hospitals and special care homes have for providing appropriate educational offerings have been defined (p.1x).
1.2 **Need For The Study**

The need for a study on continuing education programs for registered nurses in hospitals and special care homes in Saskatoon has been attested to several factors. The following factors have been presented: (a) the importance of continuing education (b) the pressures for competency; (c) the need for planning for continuing education; and (d) the need for sponsors of continuing education.

1.2.1 **The importance of continuing education**

Nursing literature has numerous articles which described the need, the value, and the gains derived from continuing education (Almquist, 1981; Avenson, 1978; Craytor et al., 1978; del Bueno, 1978; and Schoen, 1979). In fact, one entire nursing journal concentrates exclusively on publishing articles describing continuing education in nursing. Recently the topic of continuing education in nursing has been considered by professional associations (Canadian Nurses Association, 1978; and Saskatchewan Registered Nurses' Association, 1980a) and at conventions (Burstahler, 1981; and Niskala & Clark, 1980).

According to Clark (1979), factors which have combined to increase the importance of continuing education in nursing include the following: (a) advances in knowledge and technology; (b) increased demands of consumers for quality nursing care; (c) variations in basic nursing preparation
resulting in differences in beginning skills and knowledge; and (d) the development of new or expanded role behaviors and transitions from one area of practice to another (pp. 4 - 6). As all of these factors and others have combined to increase the importance of continuing education in nursing, the possibility of the need for periodic competency assessments emerged as an important concern (Styles, 1980, p. 600).

1.2.2. Pressures for competency

Pressures for competency in nursing have come from several sources. The Canadian Council on Hospital Accreditation has recognized the need for continuing education. This Council, in Standard V, has stated "There shall be a staff development program for all categories of nursing personnel to facilitate the achievement of each person's full potential in nursing" (1977, p. 33). The interpretation of this standard emphasized that staff development programs be "designed to ensure that all nursing personnel have the competency to carry out their assigned function and/or responsibilities .. ." (1977, p. 33).

The Canadian Nurses Association (hereinafter called CNA) has responded to pressures that the profession be responsible for its own actions by developing standards for nursing practice. This Association, in Standard IV, has stated "Nursing practice requires nurses to fulfill professional responsibilities in their independent, interdependent, and
dependent functions" (1980, p. 13). Included in the detailed description of Standard IV was the expectation that the nurse in any practice setting "actively seeks opportunities for professional development" (Canadian Nurses Association, 1980, p. 14).

In addition, legislative efforts in some American states have linked renewal of one's license to practise every 2 years with evidence of participation in continuing education offerings (Putney, 1981, pp. 20-23). The Saskatchewan Registered Nurses' Association (hereinafter called SRNA) has not attempted to mandate competency in nursing practice through statutory requirements on continuing education as a prerequisite for re-registration. However, in the report of the Task Committee to Evaluate the Status of Nursing 1977-78, the SRNA recommended that the professional development record (a record of participation in continuing education activities) be used within 5 years to determine continuing education participation by its members (1979, p. 42).

1.2.3 Need for planning for continuing education

The CNA developed standards for nursing education in Canada in response to the expressed needs of its association members for guidance in the development and conduct of educational programs. These CNA (1978) standards focused on the following:
Formulation of comprehensive plans for nursing education programs, statements of beliefs about nursing, specific philosophies and purposes of programs, specific program activities and evaluation. (p. 3).

The SRNA (1980a) also identified standards and criteria for continuing education:

1. The program should be in keeping with the philosophy and objectives of the SRNA.
2. The program should be sponsored by a college, a university, an institute, a health agency, or a professional organization;
3. The objectives clearly stated, should be the basis for planning content, learning experiences, selecting resources and facilities, and evaluating the program;
4. The program should be under the direction of personnel who are knowledgeable in the concepts of adult education and skilled in designing and implementing learning experiences;
5. Instructional personnel should possess expertise in the content to be presented, should apply the concepts of adult learning, and should use consultants when appropriate; and
6. There should be an evaluation of the program for the purpose of on-going adjustment of program effectiveness. (pp. 4 - 5).

Cooper (1972) strongly emphasized the need for planning. She stated that without planning, "continuing education in nursing will continue to be uncoordinated, fragmented, and with duplication of efforts and unmet needs" (p. 583). In other words, standards and criteria for continuing education would not be met.
1.2.4 Need for sponsors of continuing education

Continuing nursing education has not occurred of itself. Such programs have required sponsorship. A sponsor of continuing education for nurses has been defined as "an institution, organization, or agency responsible for the development, implementation, evaluation, financing, and record keeping of a continuing education offering or a continuing education program" (American Nurses' Association, 1979, p. 9). In a report by the SRNA (1980b) on the results of a 1979 study to determine actual participation in continuing education activities in nursing, the place of employment was identified as the main program sponsor followed by the professional school and the professional association (p. 31).

1.3 Statement of Purpose

It was the purpose of this investigation to describe three components of continuing education programs for registered nurses: (a) organization and administration; (b) characteristics of program planning; and (c) selected issues related to continuing education programs for registered nurses.

The population consisted of all the accessible hospitals and special care homes in the city of Saskatoon, Saskatchewan. The specific focus of the study was the continuing education program offered from April 1, 1982 to
March 31, 1983. A total of 15 programs were examined in this study. The person responsible for the continuing education program for registered nurses in each hospital and special care home provided data on the program.

The investigation was conducted through the use of a pre-interview questionnaire and an interview schedule developed by the examiner. Reliability of the pre-interview questionnaire and interview schedule was not established because of time constraints. Face validity and content validity were established on the basis of the literature review, review by committee members, and pilot tests in both a hospital and a special care home.

Results of this study have provided information about continuing education programs for registered nurses in Saskatoon, Saskatchewan. The findings have also provided a foundation for further program planning and study.

1.4 Objectives of This Study

The specific objectives to be achieved by this study follow:

1. To identify the hospitals and special care homes in Saskatoon which had continuing education programs for registered nurses.

2. To gather data about continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. These data were brought to bear
upon the following aspects of program development and delivery:

a) organization and administration of the program including the organizational structure and approach; philosophy, purpose, goals, objectives, and policies; budget; human resources and facilities; marketing; and records and reports.

b) Characteristics of program planning, including the conceptual frameworks and adult learning theories; design and implementation; learning climate; needs assessment; priorities and learning objectives; strategies to facilitate learning; and evaluation.

c) Issues related to continuing education programs for registered nurses, including motivation and cost-effectiveness.

3. To determine whether there was a typical profile of continuing education programs for registered nurses in hospitals and special care homes in Saskatoon.

4. To identify the extent to which hospitals and special care homes in Saskatoon encouraged registered nurses to attend continuing education activities outside the employment setting.
1.5 Assumptions Underlying This Study

The assumptions basic to this study were as follows:

1. The respondents interviewed were knowledgeable about their agency and program, and accurately represented the programs for which they were responsible.

2. The pre-interview questionnaire and interview schedule, which were designed and pilot tested by the examiner, were appropriate data collection instruments for this study.

3. Tape-recording of responses was a reliable and unbiased method of recording responses.

1.6 Limitations of This Study

The following limitations exist in this study:

1. The definition of terms applied to continuing education varied from setting to setting.

2. The continuing education programs were not specifically designed for registered nurses only.

3. The responsibilities of the person responsible for the programs varied. Some persons were responsible for the program on a full-time basis, whereas other persons were responsible for the program in addition to other administrative functions.

4. Results of this study have described reported practices by persons responsible for the program, not actual practices as reported by participants. Perceptions of program participants may have differed from the perceptions of the persons responsible for the program.
1.7 Delimitations of This Study

The delimitations of this study were as follows:

1. This study has been limited to continuing education programs for registered nurses in hospitals and special care homes in the city of Saskatoon.

2. The purpose of this study has been to accumulate only descriptive data, such data to provide information about practices in continuing education programs for registered nurses in hospitals and special care homes in the city of Saskatoon during April 1, 1982 to March 31, 1983.

3. This study has not attempted to evaluate the quality or effectiveness of continuing education programs for registered nurses.

4. Results of this study have not included informal learning such as self-directed activities and committee membership.

1.8 Definitions of Terms

For purposes of this study, the following definitions have applied:

Continuing nursing education: Continuing nursing education was defined as non-credit, planned, instructional learning experiences. Continuing nursing education has been designed to improve the practice of nursing and included
in-service education, orientation at times other than initial employment, and other job-related forms of learning experiences that took place within and outside the employing agency. It did not include initial orientation, enrollment in formal degree granting programs, or self-directed study.

Registered Nurse. A registered nurse was defined as a graduate of a diploma or baccalaureate nursing program and currently registered by the SRNA to practise nursing in the province of Saskatchewan.

Hospital. A hospital was defined as a hospital listed in the Canadian Hospital Directory, 1982, and located in the city of Saskatoon. Included were hospitals classified as general; excluded were hospitals classified as psychiatric.

Special care home. A special care home was defined as a special care home listed in the Directory 1982 of Saskatchewan Association of Special Care Homes and located in the city of Saskatoon. Included were nursing homes and supervisory care homes which provided supervisory, personal, and nursing care under the direction of registered nurses. Excluded were special care homes in which care was not directed by registered nurses.

Program. A program was defined as the organization,
administration, and planning for instructional learning experiences designed to achieve specific learning objectives for a registered nurse or group of registered nurses within Saskatoon hospitals and special care homes from April 1, 1982 to March 31, 1983.

1.9 Summary

Need for a study on continuing education programs for registered nurses has been related to the following: (a) importance of continuing education; (b) pressures for competency; (c) need for planning; and (d) the need for sponsors of continuing education. The purpose and objectives of this study were also outlined in this chapter.

Subsequent chapters have expanded upon the information provided in the initial chapter of this thesis. A literature review has provided documentation followed by an explanation of the descriptive methodology employed in this study. The findings of this study have been described, analyzed, and summarized in the final two chapters, and recommendations arising out of the findings have been presented.
2.1 Introduction

A variety of sources were used in searching the literature relevant to continuing education programs for registered nurses. The following informational services were also used: Medlars-On-Line (MEDLINE), Educational Resources Information Center (ERIC), and university microfilms.

There has been little documentation of continuing education programs for registered nurses in Saskatoon specifically, and in Canada generally. However, a wealth of literature pertaining to continuing education in nursing and adult learning in general does exist. The review of this literature has served as a background for this study. Moreover, it provided a basis for the construction of a pre-interview questionnaire and an interview schedule, and a context for an examination of the findings.

In this chapter, the broader topics of continuing education in nursing and adult learning have been divided into three sections: (a) organization and administration of continuing education programs for registered nurses (see section 2.2);
(b) characteristics of program planning for continuing education programs for registered nurses (see section 2.3); and (c) issues related to continuing education programs for registered nurses (see section 2.4).

2.2 Organization and Administration of Continuing Education Programs for Registered Nurses

The organization and administration of continuing education programs for registered nurses in hospitals and special care homes has been discussed frequently (Austin, 1981; Petersen, 1981; Tobin et al., 1979; and Treffman, 1974). Within these discussions, several different program aspects have been identified. Among these are the following: (a) organizational structure and approach; (b) philosophy, purpose, goals, objectives, and policies; (c) budget; (d) human resources and facilities; (d) marketing; and (f) records and reports. A discussion of each of these aspects follows.

2.2.1 Organizational structure and approach

Organizational structures to manage and provide continuing education programs for registered nurses varied, depending upon the size and nature of the overall institution. The basic difference related to the concepts of organizational centralization and decentralization. These concepts expressed the degree of concentration or dispersion
of specific leadership activities.

The centralized approach to programming used a centralized unit to assume leadership. That is, someone was designated to provide leadership for the continuing education program. A person may have been solely employed for this purpose, or the leadership responsibility may have been only one of many responsibilities for one individual (e.g. Director of Care in a Special Care Home).

The responsibility, authority, and accountability for the continuing education program in a decentralized system rested with those people who were responsible for a specific area of work. For example, a clinical coordinator in a pediatric ward or an assistant head nurse in a surgical ward is responsible for a specific clinical area.

A combined centralized-decentralized approach utilized certain aspects of each. Educational activities offered centrally included activities such as personnel or safety policy changes that affected all personnel. Decentralized educational activities included activities such as equipment demonstrations, nursing care conferences, and peer review, that is, educational activities which were more specific to the clinical area.

Recent literature advocated the centralized approach for continuing education for registered nurses (Collum, 1980; Hunt, 1978; Myers, 1979; and Peterson, 1981). According to Schechter (1974, p. 29) the benefits that an agency received from using a centralized approach included the following: (a) accountability for education and training throughout the agency; (b) efficient use of resources; (c) better chance of
eliciting change; (d) effective liaison with other agencies; (e) better use of existing personnel; (f) economic purchase and utilization of material and equipment; and (g) improved identification of educational needs and priorities within the agency.

2.2.2 Philosophy, purpose, goals, objectives, and policies

Philosophy. Moore (1971), described a philosophy for a department as a "statement of the system of beliefs which direct the individuals in a particular group in the achievement of their purpose" (p.11). Tobin et al., (1979) stated the philosophy of the department providing continuing education must be consistent with that of the agency (p. 68). Apps (1973) added that the department should also influence the direction taken by the agency (p. 4).

White (1970, p. 123), in considering the philosophy of a particular agency, asked the following four questions which require consideration by adult educators: "(a) who, in the adult population, should learn? (b) who should be responsible for adult learning? (c) what should adults learn; and (d) how should adults learn?" Croll (1977, p. 25) related these four philosophical questions to continuing nursing education and suggested that answers to these questions would aid in giving direction in the institutional setting.
However, more than simple direction has been found to be required. Austin (1981, p. 26) emphasized the need for the educational philosophy to be relevant in order to be useful. She described the philosophy as a multiple-purpose document which should be used to set goals, communicate the department's role, screen offerings, estimate the budget, and evaluate the department (p. 32). According to Tobin et al., (1979), unless there is a written, well-understood philosophy, the program will never achieve its professed purpose (p. 65). Furthermore, in order to retain its usefulness, this philosophy must be reviewed and updated periodically (Tobin et al., 1979, p. 71).

Purpose, goals, and objectives. Purpose statements were derived from the philosophy and identified the reason for the existence of a particular institution or department (Cooper, 1983). Cooper added that without a written purpose, it did not matter what you did, as direction in planning was lacking (p.62). "To promote improved patient care through support of educational activities," was an example of a staff development department's purpose statement.

The goals of a program were based on and consistent with the program's philosophy and purpose. Goals were generally stated in broad terms. An example of a goal statement for a
staff development department follows: In order to facilitate the concept of decentralized education, educational opportunities in the immediate clinical areas will be provided.

Objectives, which related closely to goals, were defined more specifically. For example, one objective for providing educational activities was to provide registered nurses with an opportunity to acquire basic knowledge and skills related to a particular diagnosis.

Policies. Tobin et al., (1979, p. 29), defined policies as guidelines for decisions or actions and central to effective leadership in continuing education. They were found to provide a quick, reliable reference and assist in meeting the expectations of regulatory and accrediting bodies. Policies related to continuing education may include the nursing department's expectations related to attendance at continuing education activities within and outside the institution. Additional policies may include those related to joint planning and sharing of resources with other agencies or institutions.

2.2.3 Budget

A continuing education program required the allocation of funds; that is, the provision of a budget. A budget was simply defined as a managerial tool for planning,
coordinating, and controlling operations. However, despite its apparent necessity, the provision of a budget often appeared to be lacking in continuing education programs for registered nurses. Tobin (1977b, p. 22), found that many staff development educators did not have an identifiable budget. Similarly, a report by the SRNA (1978) of a study of Directors of Nursing and Directors of Care on continuing education funding for registered nurses revealed "that less than half of the Directors of Nursing responding were involved in budget preparation. Less than half of the Directors responding requested funds for continuing education".

Tobin et al., (1979) emphasized the need for a budget and the need for the provision of adequate finances to achieve the continuing education program's goals and objectives. By involvement in the budgetary process, the person responsible for the program was able to develop an estimate of the personnel needed; the volume and type of offerings to be provided; the volume, type, and costs of equipment and supplies that would be needed; the requirements for space; and the source of any revenue that might be anticipated (p. 55).

2.2.4 Human resources and facilities

Human resources. Depending on the organizational structure, the responsibilities of the administration of the department responsible for continuing education for registered nurses varied (Tobin et al., 1979, p. 50) as did the academic requirements for the position (Austin, 1981, p. 73). Austin (1981, p. 82) emphasized that both the
administrator and teaching staff need a background in nursing education and adult education. Austin (1981) viewed the role of the person responsible for the continuing education program as a very important one. Necessary skills identified for this role included the following: (a) organizational; (b) interpersonal; (c) supervisory; and (d) teaching skills (p. 73).

In addition to the person responsible for the continuing education program for registered nurses, human resources to facilitate nurses' learning included a wide range of nursing colleagues and peers. They may also have included many workers from health-related disciplines such as physicians, dieticians, social workers, physical therapists, occupational therapists, and more. Patients and their families may also be viewed as potential resources. Cooper (1983, p. 165) suggested that making the best use of available resources may be more challenging than selecting them. She also noted that examining possible ways of applying the knowledge of non-nursing experts to nursing practice may be required.

Facilities. Several different types of facilities were found to be necessary in a continuing education program. Austin (1981, p. 83) identified clerical support as being necessary for any department, regardless of size of that department. She also cited office space for personnel, classroom space, space for equipment, and special equipment for duplication of materials and for instructional purposes as essential features.
2.2.5 Marketing

Although program planning for continuing education for registered nurses has been evident for several years, the term "marketing" has appeared only recently in health care literature (Wise, 1980b, p. 3). Kotler (1975, p. 13) defined marketing as a "systematic approach to planning and achieving desired exchange relations with other groups." According to Austin (1981, p. 90), marketing can mean the difference between a poorly attended offering and a well-attended one.

Calderon (1978, p. 13) argued that if continuing nursing educators were well grounded in adult learning theory and using it, then they were using marketing techniques. However, she questioned how well these techniques were being used. Perhaps Tobin's reference to refining marketing techniques has answered Calderon's question.

Tobin et al., (1979, p. 40) referred to the Four P's of marketing - product, promotion, place, and price. Newbern (1981, p. 18), in applying Tobin's strategies, found that following an analysis of the planning of a poorly attended workshop, data indicated that promotion and place had been ignored. When these two P's were attended to, registration increased from 3 to 52.

Another marketing strategy described in the nursing literature was needs assessment (Wise, 1981, pp. 5 - 9). Hauf (1981, p. 16) emphasized the advantages of a needs assessment, in that it helped the provider of continuing education to know his market.
According to the literature, marketing appeared to be somewhat controversial. Coye (1981, p. 4) questioned the cost effectiveness of staff development educators providing continuing education to other hospital nurses. On the other hand, Schuermann - Oeder (1981, p. 30) stated that their educational services department had placed increased emphasis on marketing courses, primarily as a recruiting tool, with no impact on the budget.

2.2.6 Records and reports

Record keeping. Records have been designed to provide the data base for an agency's information needs. Types of records used varied. Austin (1981) contended that two typical questions must be directed at attendance records. These questions were: (a) who attended a specific offering on a certain date; and (b) how many continuing education hours did each participant attend (p. 81). In addition to attendance records, Tobin et al., (1979, p.38-40), identified several other types of records. These included achievement records, records of participation in continuing education activities outside the agency, a skills checklist or a skills inventory, and statistical and evaluation records. According to Tobin et al., (1979), records serve a specific purpose in providing information concerning statistical data, documentation of activities, follow-up evaluation, and reference needs (p. 38).
Record systems used to store the information also varied. Austin (1981, pp. 80-82) described a manual system, whereas Marks (1981, pp.25-27) considered the use of a computer program as one possibility. Regardless of the type of system used for record keeping, Pocklington et al., (1980, p. 43) emphasized that the record keeping system be simple and that it require minimal clerical support.

Report writing. Information from records was found to be used frequently in report writing. The formats of reports varied; however, frequently a report was defined as a summary of the activities covering a specific period of time. Continuing education reports included annual reports, reports of special projects, or reports of a specific continuing education activity.

2.3 Characteristics of Program Planning for Continuing Education Programs for Registered Nurses.

A variety of characteristics of program planning for continuing education programs for registered nurses were identified in the literature. The review of this part of the program literature has focused on the following characteristics of planning: (a) conceptual frameworks and adult learning theories; (b) design and implementation; (c) learning climate; (d) needs assessment; (e) priorities and learning objectives; (f) strategies to facilitate learning; and (g) evaluation. A discussion of each of these characteristics follows.
2.3.1 Conceptual frameworks and adult learning theories

Conceptual frameworks. Conceptual frameworks for continuing education programs in nursing have recently appeared in the literature. Brown and Lee (1980) presented a proposed model for continuing nursing education based on King's (1968, pp. 27-31) conceptual framework. Inherent in their framework were the following four concepts: social systems, health, perception, and interpersonal relationships (pp. 467-473). A second framework by Brown (1980), not to be confused with Brown and Lee, was derived from one posed by Chater (1976, pp. 15-20). The concepts which she had identified which should be considered included the following: the client; the provider setting; the educator's pedagogy and beliefs about nursing; dialogue between practitioner and educator; desired practice integration; and course evaluation (p. 14).

Although conceptual frameworks differed, Wise (1980a) suggested that "if a program is to have consistency and value, it must be based on a conceptual or theoretical framework that reflects the provider's philosophy" (p. 318). Tobin et al., (1979) also identified the need for a theoretical base. They emphasized that the philosophy and appropriate theories formed the basis for planning, organizing, implementing, and evaluating a continuing education program (p. 65).

Wise (1980a, p. 319) added that a framework for continuing nursing education might include concepts and
theories about nursing practice, management and administration, learning--teaching, and adult education. Brown (1980) emphasized that there was not one conceptual framework which would be meaningful for every continuing nursing educator. However, she encouraged the formulation of individual conceptualizations of continuing education and the sharing of these to contribute to the building of continuing education theory (p. 14).

Adult learning theories. Researchers in various fields have contributed theories on how adults learn. One of these was Carl Rogers, a psychotherapist. Rogers (1951, pp. 388 - 391) formulated some general hypotheses regarding education. These hypotheses were as follows:

1. We cannot teach another person directly, we can only facilitate his learning;

2. A person learns significantly only those things which he perceives as being involved in the maintenance of, or enhancement of, the structure of self,

3. The structure and organization of self appears to become more rigid under threat; to relax its boundaries when completely free from threat. Experience which is perceived as inconsistent with the self can only be assimilated if the current organization of self is relaxed and expanded to include it;
4. The educational situation which most effectively promotes significant learning is one in which threat to self of the learner is reduced to a minimum and differentiated perception of the field of experience is facilitated.

In assessing Rogers' hypotheses, Connolly (1981, p. 5) viewed these hypotheses as being pertinent to nursing education because they were generated from the study of people and not only from the study of animals.

Other contributors to adult learning are from the field of adult education itself. These contributors included Houle, Tough, and Knowles. Houle's (1961) studies identified three categories of learners. The first category comprised goal-oriented learners who use education for accomplishing clear cut objectives. The second category included the activity oriented learners who engage in continuing education because they find meaning in the learning activity. The third category of adult learners is the learning oriented person who seeks knowledge for its own sake (pp. 15-16).

Tough (1979) expanded on Houle's ideas. Tough studied adults from the perspective of how they learn and what they obtained from the learning. He found that adults organized their learning around chosen projects. Projects chosen are often related to particular knowledge or skills they wanted to acquire. They were motivated to learn because they anticipated outcomes that were desirable and beneficial to them, either immediately or in the future (pp. 6-15).
Knowles (1977) introduced the concept of andragogy which is the "art and science of helping adults learn" (p. 38). Andragogy is premised upon the following four assumptions about adults as learners (Knowles, 1973, pp. 45 - 48):

1. As one matures one becomes more independent and increasingly self-directed.
2. As one matures, one accumulates an expanding reservoir of experience which is a rich resource for learning and a broadening base to which to relate new learnings.
3. Adults are assumed to be ready to learn those things they need to learn depending on their roles as workers, spouses, parents, and any other roles they may assume.
4. Adults are assumed to seek new knowledge which is applicable and relevant for problem solving.

In addition, Knowles believed that methods and techniques developed by the teacher which involve the individual most deeply in self-directed inquiry would produce the greatest learning. He identified ego involvement as basic to adult education. Those processes which involve learners most directly in self diagnosis of their own needs, in formulating their own direction for learning, and in sharing responsibility for designing and carrying out their learning program were vital to providing effective learning programs.
2.3.2 Design and implementation

Design. Organization of the educational activities offered by a continuing education program for registered nurses were approached in various ways. For example, the program may be designed to focus on components such as orientation, inservice, and continuing education, or on professional, management, and safety components. The components selected were used as a framework for organizing the educational activities of the program.

Scheduling, another aspect of program design, was found to be facilitated by advance planning. According to Knowles (1977, p. 147), activities should be scheduled when it is most convenient for the people being served. Consideration may include day of week, time of day, length and frequency of activity, and more.

Implementation. The implementation of the various educational activities has been found to be a crucial aspect of the success of the total program. The importance of coordination of the educational activities, and communication between the clinical personnel and planners of the activities was emphasized.

2.3.3 Learning climate

Various factors which promote a positive climate for continuing education for registered nurses were discussed in the literature. Davis (1979) emphasized the need for nursing administrators to serve as role models (p. 38). Miller
(1975, pp. 30-33) and Wilkinson (1976, pp. 1-2) both have reminded program planners and instructors to be aware of the specific professional and personal needs of adult learners.

Schweer (1971) identified several responsibilities of nursing administrators. She suggested that nursing administrators offer nurses the freedom to determine their learning needs and the opportunity to apply newly learned skills and knowledge. She believed nursing administrators should permit personnel to attend courses and provide financial support. Nursing administrators were also admonished to encourage participants to conduct similar programs on their own wards thereby generating a 'spread effect'. In addition, nursing administrators were encouraged to pool resources with other institutions to involve more people in planning as well as in learning (pp. 47-48). Schweer (1971) also noted that professional nurses need to show more concern about the value of learning as it relates to the delivery of care, job satisfaction, and self-growth, rather than to external concerns such as hours of work and pay scales (p. 48).

Tobin et al., (1979, p. 131) indicated that the need for climate setting pertained not only to the institutional level but to each educational activity offered. Strategies such as introductions, appropriate seating arrangements, and availability of refreshments assisted in creating a comfortable learning atmosphere.
2.3.4 Needs assessment

The needs assessment provides a basis for identification of the educational activities to be offered. Houle defined a need as follows:

A condition or situation in which something necessary or desirable is required or wanted. Often used to express the deficiencies of an individual or some category of people either generally or in some set of circumstances. A need may be perceived by the person or persons possessing it (when it may be called a felt need) or by some observer (when it may be called an ascribed need). (1974, p.233).

In a further discussion of needs, Popiel (1973), observed that "Needs are not fixed; they are constantly changing. Thus, assessing needs is an ever-present concern for the persons who plan continuing education offerings and the learner" (p. 53). She also cautioned against being too concerned over felt needs (as defined by Houle) during first attempts at determining needs. She advocated considering the expressed interests of the group or individual as: (a) a place to start; (b) indicators of real needs; or (c) symptoms that may lead to the discovery of real needs. She pointed out that frequently these symptoms may have to be relieved before the real needs can be met.

Knowles (1973, p. 110) identified the following three sources of data for needs identification: (a) the individual; (b) the organization; and (c) society. Focusing on the nurse as an individual and on her relationship to
institutions and society, her professional needs relate to acquisition of a competence, prevention of obsolescence, and the development of his/her full potential as a nurse and/or as an employee. Professional needs arising in contexts such as hospitals, special care homes, provincial and federal nursing associations relate to the direction of the organization's goals for them; that is, the kind of people the organization wants to influence their members to become. Professional needs arising from society are related to the nurse as a product of today's society and to society's expectations of nursing, specifically, and of the health care system, generally.

According to Bell (1978, p. 16), 'felt' individual needs may not correlate with organizational or societal needs. For example, an individual nurse may express the need for a program on assertiveness training that an organization such as a hospital does not view as important.

Various methods may be used to determine needs. The questionnaire was used by Milde et al., (1980) in a survey of registered nurses in a hospital emergency department to investigate the characteristics and perceptions of their learning needs for continuing education (pp. 29 - 35). Similarly, Crayton (1978), used the questionnaire to assess the learning needs of nurses who cared for persons with cancer (pp. 211 - 220). The Alberta Association of Registered Nurses (1978) also used the questionnaire in its study to determine the needs for continuing education of its members.
Other methods for needs assessment such as the advisory group, the interview, and self assessment have also been reported in the literature. Bille and Fitzgibbons (1978) used a representative sample of prospective learners to help determine content of a patient teaching program (pp. 1-5). Lanigan (1981) used the interview to seek information from new nurse managers about their adaptation to a management position (pp. 21-24). And Yunek (1980) described an educational program in which a tool for self assessment of learning needs was designed to help prospective instructors for a diabetic teaching program begin their independent learning (pp. 30-33).

Sometimes several different methods have been used for one needs assessment. For example, Headricks (1982) used the checklist, the questionnaire, and the nominal group technique (similar to brainstorming) in his study to develop a means of identifying the learning needs of various groups of nursing personnel in two nursing home settings (pp. 18-22).

Thus there are many ways of assessing learner needs. According to Clark (1979, p. 139) "the type of tool used depends on the kind of data required and on the constraints placed upon the continuing educator". However, regardless of the methods used in the needs assessment, Bell (1978, p. 16), predicted there would be more needs revealed than resources available to meet them. The educator must then analyze the data obtained and determine priorities.
2.3.5 Priorities and learning objectives

Priorities. Tobin et al., (1979, pp. 110-111) indentified the following factors to be considered in establishing priorities:

1. Philosophy, standards, and goals of the continuing education department;
2. Feasibility of meeting the needs--economic and time factors, and abilities of personnel;
3. Size of the discrepancy between the current and desired performance levels;
4. Proportion of staff for whom such discrepancies are substantial;
5. Relative benefits patients will receive if the discrepancy between actual and expected performance is eliminated;
6. Willingness of staff members to eliminate the discrepancy; and
7. Extent to which eliminating the discrepancy is desirable in relation to goals of the organization.

After priorities have been established, they may be reviewed by the staff for a response. Although this may be time consuming, it is a way of involving the learners in planning their own continuing education.

Learning objectives. Once priorities have been established, formulation of objectives is the next step in program planning (Knowles, 1977, p. 125). According to Tobin
et al., (1979, p. 114), objectives can be used in the following ways: (a) to determine relevant content and teaching methods; (b) to provide a basis for evaluation; (c) to provide a means of communicating to learners what is expected; and (d) to provide a means of communicating with significant others the focus of the program. Well-defined objectives give direction to the teaching-learning process and provide useful guidelines to both teachers and learners.

2.3.6 Strategies to facilitate learning

Many strategies to facilitate learning have been discussed in the literature. However, not all strategies have been found to be suitable for every group of learners and every type of content. According to Cooper (1983, p. 94) factors to be considered in selecting strategies for educational activities include the following: (a) educational objectives; (b) content; (c) background and experience of the learners; and (d) skill of the teacher. Facilitative factors such as available time, and appropriate equipment, materials, and facilities must also be considered.

Strategies to facilitate learning have been divided into the following categories: (a) individual formats; (b) group formats; and (c) audiovisual devices. Selected literature to describe each of these categories follows.

Individual formats. Various formats for individual learning have been reported in the literature. However, most
have been designed to help individuals learn separately, often more or less in terms of their own objectives, and at their own pace. Several examples of individual formats follow:

1. Mastery learning was applied to the development of an inservice training program for registered nurses to enable them to manage stable hypertensive patients (Pinkney-Atkinson, 1980, pp. 27-31).

2. Self-learning package was explained using tracheostomy care as an example (Gentine, 1980, pp. 57-59).

3. Self-instructional module was described by Hinthorne (1980) without reference to a specific topic (pp. 37-39).


5. Computer-assisted instruction was discussed by Valish (1975) who reported on an experimental study of the effectiveness of three computer-assisted instructional programs in verifying and augmenting the clinical knowledge of 124 registered nurses in a medical center. Interestingly, no significant difference was found in performance on the posttest between the experimental and control groups (pp. 13-32).
6. Library services have also been reported as a useful avenue to facilitate individual learning. Hurlburt (1979) described two services provided by one hospital's reference librarian. These services included "LATCH" which referred to selected literature attached to chart and "SEARCH" which referred to requests by health team members to review current literature on specific topics (pp. 40-41).

7. Learning resource centres provided a variety of resources to promote and facilitate self-directed learning and individual staff responsibility for professional development. This format was promoted by Edwards (178a, pp. 27-31); Schockley (1981, pp. 20-26); and Sherer and Thompson (1978, pp. 36-44).

8. Self nonguided tour was promoted by Gustafson (1980) for the following reasons: to permit individuals to learn via touring on their own initiative; to allow the instructor to prepare for but not participate repeatedly in tours; and to orient learners to a facility, individuals, an area, and/or equipment at their own convenience (pp. 51-53).

9. Clinical preceptorship was described by McGrath and Koewing (1978) for newly employed graduate nurses, a format which was used to smooth the transition from student to charge nurse (pp. 12-18).
10. The educational consultant was promoted by Edwards (1978b) to be used as a resource person for nursing personnel. The responsibilities of the consultant included assisting staff in planning, organizing, implementing, and evaluating continuing education programs (pp. 21-23).

**Group formats.** A variety of group formats were also reported in the literature. "Group work has been found effective for changing perceptions and behaviors in the areas of attitudes and beliefs" (Verduin et al., 1977, p. 15).

Cooper described various ways of initiating and facilitating group participation through the use of the interview (Cooper, 1981e, pp. 34-36); the incident process (Cooper, 1981d, pp. 22-24); the demonstration (Cooper, 1982b, pp. 44-45); the nominal group process (Cooper, 1982d, pp. 38-39); open forum and buzz sessions (Cooper, 1982a, pp. 38-40); lecture (Cooper, 1982c, pp. 39-41); and case method (Cooper, 1981a, pp. 32-36).

Simulation, another group format, has been used to bridge the gap between the abstract and the concrete. Pearson (1975) described simulation as a "dynamic representation of reality in a model" (p. 146). Hoban and Casberque (1978, pp. 146-147), identified the following five types of simulation which have been used in the education of health professionals: 1) written simulation; 2) simulated patients; 3) computer simulations; 4) audiovisual simulations; and 5) mannequins. Nursing literature has
referred to the use of the simulated patients. LaSor (1979) described the use of simulated patients in teaching psychiatric nursing. She suggested the use of simulated patients to provide the experience of interaction which some individual learning formats have been unable to provide (pp. 36-38).

In contrast to the simulation format described above, field trips and study tours provided learning experiences characterized by reality and first hand observation (Cooper, 1980b, p. 50). Other action oriented strategies included those of role play and character play (Wise, 1980c, pp. 37-38) and the workshop (Asmussen and Ludowese, 1981, pp. 20-24).

Other group formats reported in the literature included those of medical rounds (Gruber, 1977, pp. 497-499), nursing rounds (Cook, 1982, pp. 36-37), and conferences (Cooper, 1983, pp. 183-211). The use of peers as a support group to help meet educational needs was reported by Varveri & Gould (1982, p. 34).

Individual and group formats have also been combined. Ncube and Burrows (1981), in the development of their Peritoneal Dialysis Teaching program used the self learning package to facilitate the learning of renal function and renal failure, the programmed learning module for demonstration of related procedures; and lecture and discussion to facilitate the learning of theory and clinical skills (pp. 44-46).
Audiovisual devices. These devices facilitate learning through sight, sound, and motion. Cooper has described her experiences with various audiovisual devices such as films and videotapes (Cooper, 1981c, pp. 34 - 37), slides and slide-sound presentation (Cooper, 1980c, pp. 52 - 55), audiotape recordings (Cooper, 1980a, pp. 25 - 27); displays and exhibits (Cooper, 1981b, pp. 35 - 37), posters, photographs and graphics, and graffiti board (Cooper, 1981f, pp. 31 - 33). In addition, Gustafson (1981) presented guidelines for both planning and presenting a poster board session (pp. 51 - 53).

Other audiovisual devices included mass media. Sanborn et al., (1975) reported on a survey undertaken to determine the preferences of nursing personnel concerning the format of continuing education offerings. Two-thirds of the respondents indicated that they would rather take courses in person than over the Interactive Television Network, a closed circuit television system linking several hospitals with two states (pp. 35-38). In addition, Wilson (1979) reported on the use of the teleconference/telephone system to carry on the major work for the clinical consultation for psychiatric nurses enrolled in a year-long continuing education workshop (pp. 13-15).

In summary, the following strategies to facilitate learning have been presented: individual formats, group formats, and audiovisual devices. It has been interesting to note that Dickinson's (1976) study on self-directed and other
directed continuing education showed that all nurses who were surveyed participated in some form of continuous learning. However, it was found that these nurses were more likely to participate in self-directed learning activities than in group oriented programs which were planned and managed by an instructor (pp. 16 - 24).

2.3.7 Evaluation

The final characteristic of program planning is evaluation. Conley (1973, p. 342) defined evaluation as the "process used in determining the value or worth of something". Applied to continuing education in nursing, evaluation helps determine the effectiveness of a continuing education program and/or the value of the experience to the administrator, learner, and ultimately the patient.

Evaluation in continuing education has a practical orientation. Its purpose is to gather and analyze information which will be used for decision making. Before designing any evaluation, the educator needs to identify the decision makers for whom the results are intended and the questions that are relevant to them. Mitsunaga and Shores (1977, p.8) identified the following five sets of decision makers who need input from evaluation: (a) the learners; (b) program instructors; (c) program administrators; (d) funding agencies; and (e) licensing boards or agencies. Each set of decision makers has different needs and concerns.
A variety of types of evaluation have been presented in the literature, with each type answering a different evaluation question. For example, Barlow and Chesney (1977, pp. 15-21) reported a reaction evaluation such as a client's reaction to a particular learning experience. Almquist et al., (1981, pp. 117-122) and O'Connor (1980, pp. 47-49) reported changes in nursing following attendance at a continuing education course. Ferris and Pierce (1982, pp. 14-20) and Valencius (1980, pp. 23-27) reported specific results following continuing education activities such as changes in patient care that could be attributed directly to a particular learning experience.

Knowles (1973, p. 122) however, contended that re-diagnosis of learning needs should become an integral part of evaluation. He suggested that every evaluation process ought to include ways of helping learners to re-examine their models of desired competencies and reassess discrepancies between their level of performance and the model. Avenson (1978, pp. 38-39) and Reams (1978, pp. 42-44), as a result of personal experiences with self evaluation, both have reinforced this type of evaluation.

Different evaluation methods have been used to collect information for the different types of evaluation. Information for a reaction evaluation can be gathered through the use of rating scales, post meeting forms, interviews, and open-ended questions.
According to Clark (1979, p. 193), many continuing education programs have concentrated on the type of evaluation cited earlier by Almquist et al., and O'Connor, namely evaluation of learning. Different kinds of evidence are used to assess different kinds of learning. Knowledge can be evaluated through objective pre- and posttests and oral or audiovisual presentations. Understanding can be evaluated through problem-solving exercises or simulations, critical incident cases, simulation games, or research projects. Attitude change can be evaluated through attitudinal rating scales, role-playing performance, or simulation games. Values can be evaluated through value rating scales, value clarification exercises, critical incident cases, or simulation games. And skills can be evaluated through performance exercises.

Several methods may be used to obtain information regarding behavioral change in work role performance as described by Heick (1981, pp. 15-23) and Westfall and Speedie, (1981, pp. 777-81). These methods included observation; interviewing; and paper and pencil devices such as open-ended type questionnaires, rating scales, sociometry, and projective methods.

The final type of evaluation cited earlier, namely Knowle's self-evaluation approach enlisted learners in evaluating their own level of competence after completing a learning experience. Knowles also suggested that learners be encouraged to develop their own self-evaluation tools.

Tobin et al., (1979, p. 175) emphasized that information
obtained from any type of evaluation be used as a basis for change and improvement or as a stimulus for future goal setting. They noted that reaction evaluation, such as learner satisfaction and evaluation of learning including the evaluation of knowledge, skills, and attitudinal changes, were the two types of evaluation that had received the most attention in the past. However, they predicted that validating the relationship between behavioral change in the work role performance and the quality of service would be the type of evaluation that would have the greatest implications for future continuing education programs.

In summary, the process of evaluation in continuing nursing education has a practical orientation. The design of the evaluation has differed, depending on the decision-maker for whom the information was intended. Different types of evaluation can be used as a basis for change and as a stimulus for goal setting.

2.4 Issues Related to Continuing Education Programs for Registered Nurses

In the last decade, hospitals and other employing agencies have accepted increasing responsibility for continuing education for their registered nurses (Cooper, 1975, p. 117). This increased involvement is apparent in the following ways. First, in the provision of inservice education which is one aspect of continuing education. Second, the employing agency has frequently assisted registered nurses to participate in other forms of continuing
education by giving them time off to attend or by paying the tuition and other expenses; or both.

Although employing agencies have accepted more responsibility for continuing education for their registered nurses, a variety of issues have remained unresolved. Two of these issues will be discussed; namely, motivation and cost effectiveness.

2.4.1 Motivation

Motivation is a concept used to explain why people do what they do; it implies an active relationship between an individual and her/his surroundings (Kidd, 1975, pp. 101-102). Motivation arises from an individual's self-identified interests and needs. These interests and needs are the motivators that prompt an individual to seek continuing education.

Motivation is not to be taken for granted. It can be blocked or directed elsewhere. For example, motivation of the individual registered nurse to enrol in a continuing education activity may be blocked either before she/he enters that learning experience or while in that learning experience (Hammer, 1977, p. 19). The 1980b SRNA's capsule report of the Professional Development Record reported that the two major blocks to continuing education were family obligations (22.5%) and inconvenience of location (12.9%). Other blocks identified by the respondents included lack of time, respondent's ability to keep up on her/his own, lack of knowledge about available continuing education activities,
and lack of interest in continuing education activities (p.2).

Puetz (1980), reported on a survey of Indiana registered nurses and indicated similar findings. Nurses, in reporting reasons for non-attendance at continuing education courses, listed family obligations, inconvenience of location, and lack of time while on the job (p. 24).

Welch (1980), on the other hand, suggested that this lack of motivation for registered nurses was multidimensional and involved various aspects of nursing service at different levels, be they unit, supervisory, or administrative levels. She identified the following factors that thwart the nurses' motivation: lack of nursing leaders who inspire growth and further learning; lack of the use of adult learning principles in the functioning of continuing education departments; and failure of basic nursing education programs to instill in their students the necessity for lifelong learning for professional practice (pp. 17 - 22).

Campbell (1980) asserted that "to motivate the staff one must include them, involve them, and ask for their input in nursing care matters" (p. 866). O'Connor (1982) supported this view and advocated the use of humanistic educational approaches such as Knowle's concept of andragogy in motivating nurses' participation, learning, and application of new knowledge and skills (pp. 10 - 14).
2.4.2 Cost-effectiveness

A second issue in continuing education for registered nurses is cost-effectiveness. Yet cost-effectiveness has been difficult to document and, consequently, to demonstrate. According to Thorp (1978, p. 28), "most health care institutions have no idea of the amount of money spent on continuing education". In addition, Moore (1980, p. 1) found that literature limits descriptions of cost dimensions of continuing education programs to selective cost factors only. However, the assumption exists that it is more economical to provide new programs, new ideas, and new opportunities to the registered nurse presently on staff than to lose this nurse and orient another one to perform the job (Warren, 1978, p. 7).

Measurement of output included increased competencies of the nurse, such as increased technical knowledge; application of knowledge; ability to make clinical judgements and set priorities; and improved quality of patient care. Input factors included costs in dollars, time, and lost patient-care hours.

The need for some systematic method of assessing the worth or impact of an educational activity has led to the development of Cost Benefit/Effectiveness models for continuing education (del Bueno, 1980, pp. 31 - 36; Ship, 1981, pp. 6 - 14; and Stevens, 1975, pp. 23 - 25). These models have concentrated on input and output measurement procedures.
Future predictions for continuing education have suggested that resources available to support continuing education will be limited (Martin, 1980, p. 16). Grubb (1981) predicted that the current trend toward centralizing responsibility for managing hospital education would accelerate and that cost-benefit concerns would promote measurable outcomes enhancing patient care as a result of continuing education activities (pp. 75 - 79).

2.5 Summary

In summary, the literature described many aspects which need to be considered when providing a continuing education program for registered nurses. The following broad aspects of programming have been presented: (a) organization and administration; (b) characteristics of program planning; and (c) issues related to continuing education programs for registered nurses. The content has related to institutional planning, although individuals must also plan for their own learning efforts.

Findings from the review of related writings and research are pertinent to the design of this study. The information gained provided a basis for the design of the pre-interview questionnaire and interview schedule.
The information and findings from the review of this literature have been compared, when appropriate, to the findings of the present study.
CHAPTER 3

Methodology and Procedures

3.1 Introduction

The rationale for using the descriptive research method for this study has been presented in this chapter. In addition, the following have been described: (a) population; (b) development of instruments; (c) data collection; (d) controls for procedural bias; and (e) methods used for data analysis.

3.2 Method

The survey study method, one of seven descriptive research methods, has been used for this study. Descriptive studies attempt to determine the nature of a situation as it exists at the time of a study (Ary, 1979, p. 295). The purpose of this study was to describe the characteristics of the continuing education programs being offered for registered nurses in hospitals and special care homes in Saskatoon from April 1, 1982 to March 31, 1983. No previous study had been found which described continuing education programs for registered nurses in special care homes.
3.3 Population

The population for this study consisted of 3 hospitals and 12 special care homes. This included all the accessible hospitals and special care homes in Saskatoon, Saskatchewan as 1 special care home did not participate in this study. The specific focus of the study was the continuing education program being offered from April 1, 1982 to March 31, 1983 for registered nurses. The person responsible for the continuing education program for registered nurses in each hospital and special care home provided data on the program.

3.4 Development of Instruments

A pre-interview questionnaire and an interview schedule for data collection were designed by the researcher. These methods of data collection were selected for a number of reasons. According to Berdie and Anderson (1974), one of the purposes for which questionnaires are used is to supply factual data (p. 11). The interview, when used with a well-planned schedule can yield much information, is flexible, and is adaptable to individual situations (Kerlinger, 1973). Also the interview schedule is a direct method of collecting data. It permits the interviewer to determine whether or not the respondent understands a
question, and provides the interviewer the opportunity to repeat or rephrase the question (p. 480).

A pre-interview questionnaire and a structured interview were assumed to be appropriate data collection instruments for this study. As no previous study had been found which described continuing education programs for registered nurses in special care homes, much data was required to obtain an information base. Factual information was collected through the use of the pre-interview questionnaire and information which required longer and more detailed answers was collected with the structured interview. The use of the pre-interview questionnaire reduced the time required for the interview and prepared the respondents for the more searching questions on the interview schedule. The interview approach also allowed the researcher to clarify questions for respondents when required. Although the time required to conduct an interview may be a limitation (Kerlinger, 1973, p. 480), with only 15 institutions, the population was sufficiently small to make personal interviews feasible.

The pre-interview questionnaire and interview schedule were developed over a period of several months and involved a process of consultation and revision. The review of the literature pertaining to continuing education in nursing and adult learning provided a basis for the design of the pre-interview questionnaire and interview schedule.
Resources that proved particularly useful for questionnaire and interview schedule design were Berdie and Anderson (1974) and Kerlinger (1973).

The pre-interview questionnaire and interview schedule were developed through the adaptation of a questionnaire developed and used by Millham for a 1980 Masters Thesis study (see appendix A). Millham's questionnaire consisted of 69 closed response questions and two open-ended questions. The following methods had been used to validate Millham's questionnaire: (a) pre-test on a group of five inservice instructors; (b) critique by three nurses with experience in inservice education and continuing education and by one nurse researcher; and (c) a pilot test in 10 hospitals. Permission to xerox and adapt Millham's questionnaire was solicited from, and granted by, the Bibliographic Services, University of Calgary, Alberta (see Appendices B and C).

The initial drafts of the pre-interview questionnaire and interview schedule, with questions which had evolved from the literature review and adaptation of Millham's (1980) questionnaire, were critiqued by the researcher's committee. Problems of design and content were identified and corrected.

The revised pre-interview questionnaire and interview schedule were piloted in one hospital and one special care home in Prince Albert, Saskatchewan. These continuing
education programs for registered nurses were considered to be comparable to programs included in this study. In addition to answering the questions on the pre-interview questionnaire and interview schedule, respondents included in the pilot tests were requested to comment on the content and clarity of the instruments.

Results of pilot tests were analyzed and reported to the researcher's committee. Problems of design and content of the pre-interview questionnaire and interview schedule were again identified. Committee members assisted with the final revisions of the pre-interview questionnaire and interview schedule.

The final 29-item pre-interview questionnaire included the following: (a) one question as stated in Millham's questionnaire; (b) 21 questions based on Millham's questionnaire but revised to reflect the specific situation and purpose of this study; and (c) seven newly-developed questions. The 48-item interview schedule consisted of 17 revised questions from Millham's questionnaire and 31 newly-developed questions. Twelve questions from Millham's questionnaire were omitted.

Reliability of the pre-interview questionnaire and interview schedule was not established due to time constraints. Face validity and content validity were
established on the basis of the literature review, review by committee members, and pilot tests in both a hospital and a special care home.

The final version of the pre-interview questionnaire contained 23 closed response questions, three open-ended questions, and three combined closed and open-ended questions (see Appendix D). Time required to complete the questionnaire was approximately 20 minutes. The final version of the interview schedule was comprised of 10 closed response questions, 18 open-ended questions, and 20 combined closed and open-ended questions (see Appendix E). Approximately 90 minutes was required to conduct the interview in hospitals, and approximately 60 minutes in special care homes.

The pre-interview questionnaire and interview schedule were designed to obtain descriptive data directly related to the objectives of the study. The descriptive data obtained by the pre-interview questionnaire yielded information about the following: (a) the person responsible for the continuing education program for registered nurses; (b) organization and administration of the program; (c) position profile of the person responsible for the program; and (d) the philosophy
and objectives of the program. The descriptive data obtained by the interview schedule yielded information about the following: (a) the program's administrative policies; (b) program characteristics; (c) program's budget; and (d) program concerns.

The pre-interview questionnaire was designed for self-administration by the respondent. The interview schedule was designed to be conducted by the researcher.

3.5 Data Collection

A list of hospitals and special care homes was prepared from the information provided about the city of Saskatoon, Saskatchewan in the Canadian Hospital Directory, 1982, and the Directory 1982 of Saskatchewan Association of Special Care Homes. This information listed 3 hospitals and 16 special care homes.

A letter requesting permission to conduct this study in their institution (see Appendix F) with an accompanying permission form (see Appendix G) was sent on September 28, 1983 to the chief administrators of the hospitals and special care homes in Saskatoon. On that same day, a letter was also sent to the person responsible for the nursing department of each hospital and special care home requesting their cooperation with this study (see Appendix H). The person responsible for the nursing department was requested to distribute a letter requesting participation in this study (see Appendix I) and the pre-interview questionnaire to the
person responsible for the continuing education program for registered nurses.

Responses from the chief administrator of the hospitals and special care homes in Saskatoon indicated that 2 special care homes did not employ registered nurses. In addition, although 1 special care home employed nurses, four of the five nurses employed were registered psychiatric nurses. As a result, 3 hospitals and 13 special care homes were eligible to be included in this study. Of those eligible, three hospitals and 12 special care homes agreed to participate.

Following the ascertainment of which hospitals and special care homes were willing to participate in this study, the persons responsible for the nursing departments who had not yet responded, were contacted by telephone. They were requested to provide the researcher with the name and telephone number of the person responsible for the continuing education program for registered nurses. (In the majority of special care homes, the person responsible for the nursing department was also responsible for the continuing education program for registered nurses. In two cases, they were also the administrator of the special care home.

The persons responsible for the continuing education programs for registered nurses were contacted by telephone to arrange for an appropriate time and place for the interview with the researcher. They were also informed that the researcher would collect the completed pre-interview questionnaire at the time of the interview.
Interviews were conducted by the researcher during a 28-day period, from October 13, 1983 to November 9, 1983. These interviews were conducted at times and places convenient to respondents. The majority took place in the respondent's office; others were conducted in an office other than the respondent's office or in a conference room. Interview completion was indicated on a check-off sheet (see Appendix J) which provided an organized system for keeping track of procedures.

The interview schedule was employed for all interviews. For many of the closed questions, respondents were shown typed cards indicating a number of possible responses. Each respondent was requested to choose the response/responses that were applicable for the programs which she represented. (The information on the typed cards was identical to the response categories on the interview schedule.)

The researcher recorded responses to both the closed and open-ended questions on the interview schedules which were coded to ensure confidentiality. All respondents, except one, gave permission for tape-recording of responses. In cases where responses were tape-recorded, those responses which were not complete on the interview schedule were subsequently transcribed.

Following the interview, the researcher reviewed the pre-interview questionnaire with the respondents. It was found that the section on philosophy and objectives had
frequently not been completed. The pre-interview questionnaires were subsequently completed by the interviewer and interviewee. In addition to the information gained from the pre-interview questionnaire and the interview schedules, several respondents provided the researcher with program information in the form of handouts and pamphlets.

3.6 Controls for Procedural Bias

Several techniques were utilized to control for procedural bias:

1. The institutions participated by choice in order to promote a positive attitude and increase validity.

2. The interviewer established a degree of rapport with the respondents before the beginning of the interview through the initial telephone call and by emphasizing that she was a registered nurse.

3. The setting in which the interview was conducted was similar for most interviews, that is, the setting was either an office or a conference room away from extraneous events.

4. To promote consistency in presentation of questions, the interviewer attempted to follow the precise wording of the questions on the interview schedule.

5. The interviewer attempted to use a natural tone of voice so as not to bias or influence the responses.
6. The interviews were conducted at a time most suitable to the respondent to reduce the possibility of intrusion of extraneous events.

7. Instrument decay was avoided by providing each respondent with her own copy of the pre-interview questionnaire. In addition, the interviewer used a new copy of the interview schedule for each interview.

8. To promote consistency in question interpretation, the researcher was the only data collector.

9. To prevent too much variation due to the passage of time, the interviews were conducted during a 28-day period.

3.7 Methods Used for Data Analysis

This survey has been based on information provided by the 29-item pre-interview questionnaire, 48-item interview schedule, and additional program information provided by the respondents. The responses from the pre-interview questionnaire and interview schedule were checked by the researcher for errors, omissions, and inconsistencies. The data from both the closed and open-ended questions were transcribed onto a worksheet and manually tallied by the researcher. Many of the responses from the open-ended questions and relevant information from the written material were summarized.
Data from the pre-interview questionnaire and interview schedule were analyzed simultaneously and categorized according to the objectives of the study, as outlined in Chapter 1. Tables were used, when appropriate, to facilitate clarity and understanding. In addition, the data were analyzed in relation to the literature review.
CHAPTER 4

Analysis and Summary of Data

4.1 Introduction

In this chapter the descriptive characteristics of the continuing education programs for registered nurses in hospitals and special care homes in Saskatoon from April 1, 1982 to March 31, 1983 have been presented in the following sections: (a) continuing education programs in Saskatoon (see section 4.2); (b) organization and administration (see section 4.3); (c) characteristics of program planning (see section 4.4); (d) issues related to continuing education programs for registered nurses (see section 4.5); and (e) extent to which hospitals and special care homes encourage registered nurses to attend continuing education activities outside of the employment setting (see section 4.6). The data have been collected from responses to a pre-interview questionnaire and a structured interview which were administered to persons responsible for the continuing education program for registered nurses. Additional data have been collected from program information in the form of handouts and pamphlets provided by some respondents.

Data have been presented in terms of hospitals and special care homes for the sake of clarity of presentation, not for the purpose of comparison. Data from the pre-interview questionnaire, interview schedule, and additional program information have been presented.
simultaneously. Sections 4.3, 4.4, and 4.6 therefore have included data from the pre-interview questionnaire, interview schedule, and additional program information; whereas section 4.5 has included data from only the interview schedule. (Many questions were not applicable for 1 special care home program respondent as no continuing education activities were provided in-house).

4.2 Continuing Education Programs for Registered Nurses in Hospitals and Special Care Homes in Saskatoon

A total of 16 continuing education programs for registered nurses in hospitals and special care homes in Saskatoon were eligible for examination in this study. Of these 16 programs, 3 hospitals and 12 special care homes or 94% of those eligible, agreed to participate. Hospitals included the following:

1. St. Paul's Hospital
2. Saskatoon City Hospital
3. University Hospital

Special care homes included the following:

1. Central Haven Personal Care Home
2. Del Haven Lodge
3. Extendicare Limited
4. Frank Eliason Centre
5. Jubilee Residences Incorporated - Porteous Lodge
6. Jubilee Residences Incorporated - Stensrud Lodge
7. Lutheran Sunset Home
8. Oliver Lodge
9. St. Ann's Home
10. St. Joseph's Home  
11. Saskatoon Convalescent Home  
12. Sherbrooke Community Centre  
13. Sunnyside Nursing Home

Total responses reflect a response rate of 3 for hospitals and 12 for special care homes. One special care home with a continuing education program for registered nurses did not participate in this study. Three additional special care homes in Saskatoon did not have continuing education programs for registered nurses.

4.3 Organization and Administration of Continuing Education Programs for Registered Nurses

Descriptive characteristics of the organization and administration of continuing education programs for registered nurses have been presented under several different program aspects. Among these are the following: (a) organizational structure and approach; (b) position profile of the person responsible for the program; (c) philosophy, goals, and objectives; (d) policies; (e) budget; (f) human resources; (g) facilities; (h) marketing; (i) records; and (j) reports.

4.3.1 Organizational structure and approach

Data have been collected on the following organizational aspects: (a) average daily census; (b) number of registered
nurses employed; (c) program organization; (d) provision of continuing education offerings by clinical areas; and (e) role of institution, nursing, and education departments. The data have been collected from responses to questions B1 to B9 of the pre-interview questionnaire.

Table 1
Average Daily Census and Number of Registered Nurses Employed by Hospitals

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>N = 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Census</td>
<td>Full-Time Registered Nurses</td>
<td>Part-Time Registered Nurses</td>
</tr>
<tr>
<td>340</td>
<td>173</td>
<td>187</td>
</tr>
<tr>
<td>350</td>
<td>250</td>
<td>50</td>
</tr>
<tr>
<td>495</td>
<td>514</td>
<td>333</td>
</tr>
</tbody>
</table>

Average daily census. Average daily census in hospitals ranged from 340 to 495, with a mean of 395.00 (see Table 1). Average daily census in special care homes ranged from 52 to 326, with a mean of 114.75 (see Table 2).

Number of registered nurses employed. The number of full-time registered nurses employed by hospitals ranged from 173 to 514, with a mean of 312.33 (see Table 1). The number
Table 2
Average Daily Census and Number of Registered Nurses Employed by Special Care Homes

<table>
<thead>
<tr>
<th>Special Care Homes</th>
<th>N = 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Daily</td>
<td>Full-Time</td>
</tr>
<tr>
<td></td>
<td>Census</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>60</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>52</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>82</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>130</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>134</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>100</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>127</td>
<td>INA</td>
<td>INA</td>
</tr>
<tr>
<td>121</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>85</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>54</td>
<td>1</td>
<td>3.2</td>
</tr>
<tr>
<td>326</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>106</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

*Number of registered nurses employed was not available from 1 special care home.

The number of full-time registered nurses employed by special care homes ranged from 1 to 13, with a mean of 4.18 (see Table 2).

The number of part-time and casual registered nurses employed by hospitals ranged from 50 to 333, with a mean of 190.00 (see Table 1). Part-time and casual registered nurses employed by special care homes ranged from 2 to 32, with a
mean of 8.56 (see Table 2).

Program organization. Continuing education programs for registered nurses were organized through the total program of each of the hospitals. In addition, 1 program was also part of a hospital-wide education department and 1 program was part of both a hospital-wide education department and a program of a nursing department.

Seven continuing education programs for registered nurses in special care homes were organized through the total program of the special care home. Of these programs, 2 were also organized through the special care home-wide education department and 2 through the nursing department. Three programs were organized only through the nursing department and 1 program was organized only through the special care home-wide education department. One program was not organized through the special care home's total program, nursing department, or the special care home-wide educational department.

Provision of continuing education offerings by clinical areas. Each of the hospitals was separated into individual clinical areas such as medicine, surgery, and psychiatry. All of which provided continuing education offerings for registered nurses. Of the 7 special care homes which separated into individual clinical areas, none provided their own continuing education offerings for registered nurses.
Role of institution, nursing, and education departments.
The role of the institution, nursing, and education departments in relation to continuing education programs of the clinical areas varied. However, program respondents from both hospitals and special care homes indicated that their most dominant role was the provision of material and personnel resources (see Tables 3 and 4). It was noteworthy that although the special care homes' clinical areas did not provide continuing education offerings for registered nurses, 5 respondents indicated program functions of the special care homes' total program in relation to clinical areas.
<table>
<thead>
<tr>
<th>Functions</th>
<th>Programs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) To plan the unit program with the unit personnel by assisting in defining objectives, needs assessment, and cost effectiveness.</td>
<td>Never 0</td>
<td>Rarely 0</td>
</tr>
<tr>
<td>(b) To organize the unit program in terms of carrying out the planned decision of the unit.</td>
<td>Never 2</td>
<td>Rarely 0</td>
</tr>
<tr>
<td>(c) To facilitate the unit program in terms of teaching, guiding, and general observing of the unit's program.</td>
<td>Never 1</td>
<td>Rarely 0</td>
</tr>
<tr>
<td>(d) To evaluate the program by assessing changes in performance.</td>
<td>Never 2</td>
<td>Rarely 0</td>
</tr>
<tr>
<td>(e) To provide material and personnel resources as requested by the unit.</td>
<td>Never 0</td>
<td>Rarely 0</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals reported more than one function.
Table 4
Role of Special Care Homes' Total Program in Relation to Clinical Areas

<table>
<thead>
<tr>
<th>Functions</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>(a) To plan the unit program with the unit personnel by assisting in defining objectives, needs assessment, and cost effectiveness.</td>
<td>9</td>
</tr>
<tr>
<td>(b) To organize the unit program in terms of carrying out the planned decision of the unit.</td>
<td>9</td>
</tr>
<tr>
<td>(c) To facilitate the unit program in terms of teaching, guiding, and general observing of the unit's program.</td>
<td>10</td>
</tr>
<tr>
<td>(d) To evaluate the program by assessing changes in performance.</td>
<td>10</td>
</tr>
<tr>
<td>(e) To provide material and personnel resources as requested by the unit.</td>
<td>8</td>
</tr>
</tbody>
</table>

Note. 3 of the program respondents from 5 special care homes reported more than one function.
4.3.2 Position profile of the person responsible for the program

Data have been collected on the following characteristics of the position profile of the person responsible for the continuing education program for registered nurses: (a) position title; (b) position status; (c) reporting relationship; and (d) time position existed in institution. Questions C1 to C3 and C6 of the pre-interview questionnaire refer to position profile.

**Position title.** Position titles for persons responsible for the programs varied. Titles for the persons responsible for programs in hospitals included (a) Inservice Coordinator; (b) Director Staff Development; and (c) Staff Development Coordinator -- Nursing. Director of Care was the position title of persons responsible for the programs in 9 special care homes. The other titles included the following: (a) Administrator/Director of Care; (b) Director of Staff Development; and (c) Nursing Supervisor -- Education.

**Position status.** The status of the persons responsible for the continuing education programs for registered nurses varied (see Table 5). Persons responsible for programs in 2 hospitals reported to one level removed from the administrator, whereas the persons responsible for programs in 9 special care homes reported directly to the administrator.
Table 5

<table>
<thead>
<tr>
<th>Level of Authority</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Special Care</td>
</tr>
<tr>
<td></td>
<td>Hospitals</td>
</tr>
<tr>
<td></td>
<td>N=3</td>
</tr>
<tr>
<td>Reports to Administrator</td>
<td>0</td>
</tr>
<tr>
<td>Reports to one level removed from Administrator</td>
<td>2</td>
</tr>
<tr>
<td>Reports to two or more levels removed from Administrator</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
</tr>
</tbody>
</table>

Reporting relationship. Reporting relationships for persons responsible for the continuing education programs for registered nurses also varied. Persons responsible for programs in hospitals reported to the following positions: (a) Administrator of Human Resources; (b) Director of Staff Development, and (c) Assistant Executive Director--Patient Services.

Persons responsible for programs in 7 special care homes reported to the Administrator. The following positions were also reported to by persons responsible for programs in special care homes: (a) Regional Director; (b) Program Planner; (c) Chairman of the Board of Directors; (d) Sr. Superior/Board of Directors; and (e) Director, Nursing Services.
Time position existed in institution. The position with responsibility for the continuing education program for registered nurses existed in the institutions for a variety of years (see Table 6). The positions in 2 hospitals had been in existence 9 to 12 years; the positions in the special care homes had been in existence for a varying length of time.

Table 6
Time Position with Responsibility for the Continuing Education Program Existed in Institution

<table>
<thead>
<tr>
<th>Years</th>
<th>Hospitals N=3</th>
<th>Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5-8</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9-12</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>13-16</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>17 and over</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>
4.3.3. Philosophy, goals and objectives

Information was sought about the institution's philosophy about continuing education for registered nurses and goals and objectives for the department providing continuing education. Data collected on philosophy, goals, and objectives refer to questions D1 and D2 of the pre-interview questionnaire.

Philosophy. Philosophy statements about continuing education for registered nurses were provided by program respondents from 2 hospitals. The belief statements were provided from a nursing department and from a staff development department. They were similar, in that one statement supported the provision of opportunities for professional growth and stimulation, while the other statement outlined the belief in assisting staff to develop to their fullest possible potential (see Appendix K).

Program respondents from 3 special care homes provided institutional philosophy statements about continuing education for registered nurses. These statements emphasized the importance of inservice programs, the need to use available resources, and the need to promote the educational and personal development of staff (see Appendix K).

In addition, program respondents from 2 special care homes, who provided philosophy statements by the institution, also provided statements from a nursing department and a staff development department. One of these belief statements outlined a rationale for inservice education; the other statement emphasized the need to develop within staff both an awareness of the patient's needs and the knowledge to meet these needs (see Appendix K).
Informal or unwritten philosophy statements about continuing education for registered nurses were provided by program respondents from 8 special care homes. These informal philosophy statements expressed a belief in continuing education and the need to support and encourage attendance by registered nurses (see Appendix K).

Goals and objectives. Goals and objectives of the department providing continuing education for registered nurses were provided by program respondents from all hospitals. These goals and objectives focused on the following: (a) assistance in the process of educational program development; (b) development, organization, and coordination of educational resources; and (c) various roles such as consultant and liaison with other institutions, educational programs, and agencies (see Appendix L).

Written goals and objectives were provided by program respondents from 4 special care homes. These goals and objectives focused on the provision of orientation and inservice programs for staff (see Appendix L).

Informal or unwritten goals and objectives were provided by 3 program respondents from special care homes. These informal goals and objectives focused on the desire to provide inservices and to attend available continuing education activities for registered nurses (see Appendix L).

4.3.4 Policies

Data have been collected on the following policies: (a) frequency of conducting continuing education activities; and
(b) attendance at continuing education activities by registered nurses. The data have been collected from responses to questions D3 and D4 of the pre-interview questionnaire.

**Frequency of conducting continuing education activities.**

According to program respondents from 2 hospitals, the frequency of continuing education activities depended on need. The program respondent from 1 hospital indicated that general programs were provided 3 times in 1 week with each program being repeated twice a day.

Information about the frequency of conducting continuing education activities was provided by program respondents from 8 special care homes. Reported frequency ranged from 9 continuing education activities per week to 4 yearly (see Appendix M).

**Attendance at continuing education activities.** Written policy statements related to attendance at continuing education activities by registered nurses was non-existent in all hospitals and in all special care homes. Informal or unwritten policies related to attendance were provided by program respondents from 8 special care homes. These unwritten policies encouraged registered nurses to attend continuing education activities, if they were available and applicable, and also defined the monetary reward (see Appendix M).
4.3.5 Budget

The data relating to budgets refer to questions C1 to C3 and C5 of the interview schedule. Information has been presented under the headings of (a) budget allotment; (b) adequacy of budgets; (c) changes in funds for continuing education; and (d) specific program costs.

Budget allotment. Program respondents from all hospitals indicated there were funds specifically allotted for continuing education in their respective staff development and inservice departments; however, these funds were not specifically for registered nurses only. None of the respondents were able to specify the budget allotment for registered nurses for the previous fiscal year. One respondent reported that $100 had been available for each registered nurse for outside workshops.

Program respondents from 7 special care homes indicated there were funds specifically allotted for continuing education; however, these funds were for all staff, not only for registered nurses. Program respondents from 5 special care homes reported the following budget allotments for continuing education per fiscal year: (a) $400; (b) $1000; (c) $1000; (d) $1166; and (e) $1300.

Adequacy of budget. Budget allotment for continuing education for the previous fiscal year was reported to be adequate by program respondents from 2 hospitals, whereas
1 respondent did not have the information available to respond to either adequacy of budget or projected need. Program respondents from 4 special care homes indicated adequate budget allotments for the previous fiscal year; 2 respondents indicated an inadequate budget allotment; 3 respondents did not have the information available; and for 3 respondents this question did not apply. Projected needs as reported by program respondents from 3 special care homes included (a) $2800; (b) $2000; and (c) $2450. These projected budgetary needs referred to funding for continuing education for all personnel, not only specifically for registered nurses.

Changes in funds for continuing education. Funding for continuing education for registered nurses was reported to have grown somewhat by program respondents from 2 hospitals. Program respondents from 6 special care homes indicated funding had stayed the same in the past 2 years (see Table 5).

Table 7
Funding For Continuing Education in the Past Two Years

<table>
<thead>
<tr>
<th>Amount of Funding</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grown significantly</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grown somewhat</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Stayed the same</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Reduced somewhat</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>12</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Specific program costs. As shown in Table 8, programs in 2 hospitals spent most of their money in the last fiscal
year on salary costs for education personnel and on purchasing and maintaining educational hardware. Programs in the 10 special care homes spent most of their money on costs associated with travel and tuition expenses for employee participation in outside continuing education activities. Another expense indicated by programs in 7 special care homes was purchasing other educational materials.

Table 8
Continuing Education Program Expenditures During Last Fiscal Year

<table>
<thead>
<tr>
<th>Specific Program Expenses</th>
<th>Hospitals N = 3</th>
<th>Special Care Homes N = 12</th>
<th>Total N = 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary costs for education personnel</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Costs of fees and honoraria for outside instructors</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cost of purchasing &amp; maintaining educational hardware</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Cost of purchasing other educational materials(^a^)</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Costs associated with travel and tuition expenses for employee participation in outside educational activities</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Respondents were requested to select three of the specific program expenses; however 3 special care home respondents selected only two, and 6 respondents selected only one specific program expense.

\(^a^\)books, films, tapes, etc.
4.3.6 Human resources

Data have been collected on the professional characteristics of the person responsible for the continuing education program for registered nurses. Professional characteristics included: (a) current registration as a nurse; (b) nursing education; (c) nursing specialty; (d) non-nursing education; (e) positions held; (f) years employed in nursing; (g) years responsible for continuing education program; (h) prior employment with present employer; and (i) years in present position. Responses to questions A1 to A8 and C4, of the pre-interview questionnaire have provided the information about the professional characteristics. Additional information related to (a) percentage of time spent in continuing education activities; (b) number of nursing instructors employed; (c) types of resource persons utilized; and (d) organizations represented. These data have been derived from C5 and C7 of the pre-interview questionnaire and B9 and B10 of the interview schedule.

Current registration as a nurse. Current registration with the Saskatchewan Registered Nurses Association was held by program respondents from all hospitals. All special care home program respondents were also currently registered with the Saskatchewan Registered Nurses Association.
Nursing education. The highest level of completed nursing education for program respondents from hospitals varied (see Table 9). Highest level of completed nursing education for program respondents from 10 special care homes was the Registered Nurse Diploma (see Table 9).

Table 9
Professional Characteristics of Persons Responsible for Continuing Education Programs

<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.N. Diploma</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Baccalaureate in Nursing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>State Certified Midwifery Diploma</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Diploma Certificate in Nursing Specialty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching and Supervision</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Midwifery Teaching</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Psychiatric Nursing</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Unit Administration</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hospital Administration</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Note. Program respondent from 1 special care home held three diplomas.
Nursing specialty. Diplomas or certificates in a nursing specialty were held by program respondents from 2 hospitals. Program respondents from 5 special care homes held a variety of diplomas or certificates in a nursing specialty (see Table 9).

Non-nursing education. Highest level of non-nursing education for program respondents from hospitals included 1 year of university sciences; Standard "A" Teaching Certificate; and Post Graduate Diploma in Continuing Education. Highest level of completed non-nursing education for program respondents from special care homes included high school for 8 respondents, and a Baccalaureate Degree in Social Work for 1 respondent. The other 3 respondents had 1 year of College; 1 year of University; and University credits in English and History.

Positions held. Program respondents from all hospitals and 10 special care homes had held positions as a staff nurse (see Table 10). Other positions held varied for both hospital and special care home respondents. (Positions held included present position).
### Table 10

Positions Held by Persons Responsible for Programs

<table>
<thead>
<tr>
<th>Positions</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurse</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Head nurse</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Supervisor</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Director of Nursing/Care</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Instructor-Diploma program</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Instructor-Baccalaureate program</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note.* Program respondents from all hospitals and 10 special care homes had held more than one position.

\(^a\)Assistant Director of Nursing; Education Consultant; and Director of School of Nursing by one hospital program respondent. Administrator; Provincial B/P coordinator; Administrator/Director of Care; and Continuing Medical Education and Hospital Systems Study Group by program respondents from special care homes.

Number of positions held by respondents from hospitals ranged from three to seven with a mean of 4.33. Number of positions held by program respondents from special care homes ranged from one to four with a mean of 2.92.
Years employed in nursing. Total years of employment in the nursing field including the present year, varied. However, program respondents from 2 hospitals and 6 special care homes had been employed in nursing for a minimum of 19 years (see Table 11).

<table>
<thead>
<tr>
<th>Years Employed</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4-6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7-9</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10-12</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13-15</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16-18</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>19 years and over</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>12</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Years responsible for continuing education. Years in a position with responsibility for the continuing education program for registered nurses including the present year, varied. However, program respondents from 5 special care homes had been responsible for continuing education programs from 4 to 6 years (see Table 12).
Table 12
Time Employed with Responsibility for Continuing Education Program for Registered Nurses

<table>
<thead>
<tr>
<th>Years Employed</th>
<th>Programs</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitals</td>
<td>Special</td>
<td>Care Homes</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>N=3</td>
<td>N=12</td>
<td>N=15</td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4-6</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7-9</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10-12</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13-15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>16-18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>19 and over</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>12</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Prior employment with present employer. Program respondents from 2 hospitals were previously employed by their present employer; 1 for 2 years and 1 for 30 years. Program respondents from 8 special care homes had been previously employed by their present employer for the following number of years: 4; 7; 7; 1; 3; 3; 1/4; 1/4.

Years in present position. Years employed in present position with responsibility for the continuing education program for registered nurses varied. Program respondents from 2 hospitals and 6 special care homes had held their present position from 1 to 4 years (see Table 13).
Table 13
Time Employed in Present Positions by Persons Responsible for Programs

<table>
<thead>
<tr>
<th>Years Employed</th>
<th>Hospitals N=3</th>
<th>Programs Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1-4</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>5-8</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>9-12</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13-16</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17 and over</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

Percentage of time spent in continuing education activities. As shown in Table 14, percentage of time spent in continuing education activities by persons responsible for continuing education programs in 2 hospitals spent 75% of their time whereas persons responsible for programs in 10 special care homes spent less than 25% of their time on continuing education activities for registered nurses.

Table 14
Percentage of Time Spent in Continuing Education Activities By Persons Responsible for Programs

<table>
<thead>
<tr>
<th>Percentage of Time</th>
<th>Hospitals N=3</th>
<th>Programs Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than twenty-five</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Twenty-five</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fifty</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Seventy-five</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>
Number of nursing instructors employed. Programs in hospitals employed one or two full-time instructors for the purpose of providing continuing education for registered nurses. In addition, the program in 1 hospital employed five or more part-time instructors. Programs in 4 special care homes employed full-time instructors: 2 program respondents indicated themselves and 2 respondents indicated employment of one or two instructors.

Types of resource persons utilized. Programs in all hospitals utilized registered nurses, social workers, and physical therapists as resource persons. Programs in all special care homes that used resource persons used pharmacists, and programs in the majority of special care homes (10) also used both doctors and physical therapists (see Table 15).

Table 15
Resource Persons Utilized For Continuing Education Activities By Programs

<table>
<thead>
<tr>
<th>Resource Persons</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients/residents</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Social Workers</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>2</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Dieticians</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Lawyers</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Othera</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>No resource persons utilized O</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Program respondents from all hospitals and 11 special care homes reported use of more than one resource person

a Policeman, coordinators, and alcoholics by program respondents from hospitals; occupational therapist, family, and representative from Saskatchewan Heart Foundation by program respondents from Special Care Homes.
As presented in Table 16, resource persons used most frequently by programs in hospitals were registered nurses whereas physical therapists were used the most frequently by programs in special care homes. Registered nurses were the second most frequent resource persons used by programs in special care homes.

Different types of resource persons utilized by program respondents from hospitals ranged from six to eight with a mean of 7.33. Different types of resource persons utilized by program respondents from special care homes ranged from zero to nine with a mean of 4.83.

Table 16

<table>
<thead>
<tr>
<th>Resource Persons</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Dieticians</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other(a)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Respondents were requested to indicate two types of resource persons used most frequently; the respondent from 1 special care home indicated three types of resource persons.

\(a\)Policeman, alcoholics, and coordinators by program respondent from 1 hospital; occupational therapist by program respondent from 1 special care home.
Organizations represented. Organizations providing resource persons varied, as shown in Table 17; however, the employing agency was identified by program respondents from all hospitals and 9 special care homes. In addition, "other" was also indicated by program respondents from all hospitals and 10 special care homes. Program respondents from all hospitals and 7 special care homes indicated the employing agency was the organization which provided the resource persons most frequently (see Table 18).

Organizations represented by resource persons utilized by program respondents from hospitals ranged from four to eight with a mean of 6.67. Organizations represented by resource persons utilized by program respondents from special care homes ranged from two to seven with a mean of 4.09.
<table>
<thead>
<tr>
<th>Organizations Represented</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employing Agency</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Continuing Nursing Education</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>University of Saskatchewan</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Saskatchewan Health-Care Association</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Saskatchewan Union of Nurses</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Saskatchewan Registered Nurses Association</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Saskatchewan Association of Special Care Homes</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Drug or Supply Companies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Special Groups(^a)</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Other(^b)</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals and 11 special care homes indicated representation from more than one organization.

\(^a\)For example, Heart Foundation or Diabetic Association.

\(^b\)Self-employed, other hospitals, Single Parents Association, Child Abuse Services, Calder Centre, Crisis Centre, and Saskatoon Police by program respondents from hospitals.

<table>
<thead>
<tr>
<th>Organizations Represented</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employing Agency</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Continuing Nursing Education</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>University of Saskatchewan</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Saskatchewan Association of Special Care Homes</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Drug or Supply Companies</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>2</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Information not available</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Respondents were requested to indicate two organizations represented most frequently.

\(^a\)Self-employed, other hospitals, Single Parents Association, Child Abuse Services, Calder Centre, Crisis Centre, and Saskatoon Police by program respondents from hospitals. Self-employed, other special care homes, and pharmacy by special care homes.
4.3.7 Facilities

Data have been collected on the following facilities: (a) allocated teaching, office, and storage space; (b) special equipment; and (c) clerical support. The data have been collected from responses to questions B19, B23 to B26 of the interview schedule.

Teaching space. Adequate teaching space was reported by program respondents from 2 hospitals. However, 1 respondent reported, that although the teaching space was adequate, it was not appropriate as chairs were fixed and participants had to face the front of the room. The program respondent from 1 hospital who had indicated inadequate teaching space identified the need for the following: (a) access to one auditorium with soft areas attached to expand for luncheon sessions; (b) four group classrooms; (c) one preview room, and (d) one audio-visual work room.

Program respondents from 4 special care homes indicated adequate teaching space; 7 respondents identified needs; and 1 respondent indicated this question to be not applicable. The need identified by program respondents from 7 special care homes was a teaching room. The respondents reported that they were using dining areas, chapels, coffee rooms, day rooms, storage rooms, and other inappropriate facilities for continuing education activities.
Office space. Program respondents from 2 hospitals indicated that the office space was inadequate. Needs identified by the respondents included three individual offices plus an office for a clerical receptionist for one program, and offices for Assistant Head Nurses and Clinical Coordinators for another program.

Program respondents from 7 special care homes indicated that the office space provided was adequate, 4 respondents indicated inadequate office space, and 1 respondent indicated this question to be not applicable. Program respondents from 3 special care homes identified needs for a larger office with space for filing and program materials; and 1 respondent identified the need for an individual office to eliminate the need to share offices. In addition, although the program respondent from 1 special care home had adequate office space, she identified a need for the office to be more centrally located.

Storage space. The need for more storage space was identified by the program respondent from 1 hospital. The specific need identified was a large air conditioned storage room to store films and video equipment.

Program respondents from 5 special care homes indicated the storage space was inadequate, and 1 respondent indicated this question to be not applicable. Specific needs identified by program respondents from special care homes
included the following: (a) cupboards by 2 respondents; (b) storage room; (c) storage room in a central location; and (d) more storage space.

**Special equipment.** Program respondents from all hospitals indicated adequate special equipment for duplication of materials and for instructional purposes. However, 1 respondent indicated that she would like a two-camera studio system and a facility for producing graphics.

Adequate special equipment for duplication of materials and for instructional purposes was reported by program respondents from 10 special care homes. One respondent indicated this question to be not applicable and 1 respondent indicated the need for an overhead projector, screen, and photocopier.

**Clerical support.** Inadequate clerical support was reported by program respondents from all hospitals. The need for one Clerk-Steno was identified by 1 respondent, while 1 respondent identified the need for a full-time secretary with special skills in public relations, audio-visual equipment, graphic design, and filing. The program respondent from the other hospital was not specific in need identification.

Inadequate clerical support was reported by program respondents from 2 special care homes, while 1 respondent
indicated this question to be not applicable. The need for a half-time Clerk Steno position was identified by 1 respondent, and the other respondent indicated the need for one day of clerical support per month.

4.3.8 Marketing

Data have been collected on advertising continuing education activities. Responses to question B30 of the interview schedule have provided the data.

Advertising continuing education activities. Program respondents from all hospitals indicated that they advertised their continuing education activities for registered nurses in other health care institutions. To inform other institutions of the continuing education activity was the reason given for advertising by all respondents; 1 respondent also indicated financial advantage.

Continuing education activities were advertised by program respondents from 4 special care homes. To inform other institutions of the continuing education activity was the reason given for advertising by 3 respondents; 1 respondent advertised because of future plans to amalgamate with another institution; and 1 respondent indicated financial advantage. One program respondent from
a special care home indicated educational activities were not advertised because they had no room to accommodate others.

4.3.9 Records

Responses to questions B20 and B21 of the interview schedule have provided data on records. These data have been presented under the following headings: (a) type of record system used; (b) type of records kept; and (c) use of continuing education records.

Type of record system used. Program respondents from all hospitals indicated the use of a manual record keeping system. Plans for a computerized system were reported by 2 program respondents.

Manual record keeping systems were used by program respondents from 10 special care homes. Two respondents did not keep records of continuing education activities.

Types of records kept. Types of records kept varied, as shown in Table 19. Attendance records were kept by program respondents from all hospitals. Attendance records were also kept by program respondents from 9 special care homes.

Different types of records kept by hospital program respondents ranged from one to three with a mean of 2.33. Different types of records kept by special care home program respondents ranged from zero to four with a mean of 1.58.
Table 19
Type of Records Kept of Continuing Education Activities
By Programs

<table>
<thead>
<tr>
<th>Type of Records</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance records</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Achievement records&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Record of participation in continuing education activities outside the agency</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Statistical records&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Evaluation records&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other&lt;sup&gt;d&lt;/sup&gt;</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No records kept</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. Program respondents from 2 hospitals and 6 special care homes reported more than one type of record kept.

<sup>a</sup> Level of competency.
<sup>b</sup> Example: categories of personnel, learning activities.
<sup>c</sup> Success and failure of learner.
<sup>d</sup> Programs offered and evaluation records of teaching success strategies used, feedback and personal evaluation of the continuing education activity.

Use of continuing education records. Use of continuing education records by program respondents from hospitals varied. Program respondents from 5 special care homes used continuing education records for reference purposes (see Table 20).
Table 20
Use of Continuing Education Records by Programs

<table>
<thead>
<tr>
<th>Uses of Records</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Reporting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Budget</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Needs identification</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Use of equipment</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Defense of existence</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Future program planning</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Accreditation</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Performance appraisals</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. Program respondents from 1 hospital and 5 special care homes reported more than one use of continuing education records.

Different uses of continuing education records by hospital program respondents ranged from one to four with a mean of 2.00. Different uses of continuing education records by special care home program respondents ranged from one to three with a mean of 1.60.

4.3.10 Reports

Data on reports have been provided by responses to question B22 of the interview schedule. These data have been presented under the heading of reporting mechanism.

Reporting mechanism. Program respondents from all hospitals submitted reports to administration on continuing education activities. Reports were submitted both monthly and annually.
Program respondents from 7 special care homes submitted reports to administration, but the frequency of these submissions varied. Program respondents from 3 special care homes submitted reports both monthly and annually; 1 respondent every 2 months and annually; 1 respondent every 2 months; 1 respondent annually; and 1 respondent irregularly.

4.4 Characteristics of Program Planning for Continuing Education Programs for Registered Nurses

Descriptive characteristics of program planning for continuing education programs for registered nurses have been presented under several different program planning aspects. Among these are the following: (a) the conceptual framework; (b) design and implementation; (c) learning climate, (d) needs assessment; (e) priorities and learning objectives; (f) strategies to facilitate learning; and (g) evaluation.

4.4.1 The conceptual framework

Data have been collected on the adult education theories used as the basis for the continuing education program for registered nurses by persons responsible for the program. Responses to question B1 of the interview schedule provided the data for adult education theories used.

Adult education theories. Program respondents from 2 hospitals were unaware of which adult education theories they were using as a basis for their continuing education program for registered nurses. The program respondent from 1
hospital listed Knowles, Dolton, Lawton, and Mills, and emphasized the need to use a variety of theories. This respondent also provided a conceptual framework which focused on characteristics of adult learners and management and adult education (see Appendix N). The theories by Knowles and Mills were used by 1 special care home program respondent.

4.4.2 Design and implementation

Data have been collected on (a) planning; (b) preferred day and preferred time for scheduling continuing education activities; (c) methods used to assure maximum attendance; (d) communication tools and activities; (e) timing of advance notice; and (f) coordination of continuing education activities. Questions B11, B27 to B29, and B31 to B33 on the interview schedule refer to program design and implementation.

**Planning.** Program respondents from all hospitals indicated that the continuing education activities at the institution level were planned 6 months to 1 year in advance. Planning of continuing education activities at the individual nursing unit level ranged from 1 month for 1 respondent to 6 to 12 months for another respondent. The program respondent from 1 hospital did not have information available about planning at the individual nursing unit level.
Program respondents from 5 special care homes indicated the continuing education activities at the institution level were planned 6 months to 1 year in advance. In addition, 2 respondents indicated 2 months; 2 respondents indicated 1 month; 2 respondents indicated 1 to 2 weeks; and this question was not applicable for 1 respondent. Planning at the individual nursing unit level was not done by any program respondents from special care homes, as continuing education activities were not provided at the unit level.

Preferred day for scheduling. Program respondents from 2 hospitals indicated that Wednesday was the day of the week which was better than others to schedule continuing education activities for registered nurses. Tuesday was indicated as the preferred day by 1 respondent. Program respondents from 9 special care homes selected Tuesday to Thursday as the best days. Program respondents from 2 special care homes had not found any day better than others, and this question was not applicable for 1 respondent. Program respondents from all hospitals and the majority of special care homes agreed that Monday and Friday were not good days to schedule continuing education activities.

Preferred time for scheduling. Program respondents from all hospitals had found a specific time during the day best to schedule continuing education activities for nurses.
Times indicated for the 0730 to 1530 hours shift included (a) afternoons; (b) 1345 to 1445 hours; and (c) 1100 to 1300 hours. One respondent indicated that registered nurses eat their lunch while attending the continuing education activity, and 1 respondent indicated a preference for luncheon sessions but the room was not available during that time. Times indicated for the 1530 to 2330 hours shift included (a) 1730 hours, and (b) 1900 to 2100 hours; and for the 2330 to 0730 hours shift was 0700 hours.

Program respondents from 11 special care homes had found a specific time during the day best to schedule continuing education activities for registered nurses; this question was not applicable for 1 respondent. Times indicated for the 0730 to 1530 hours shift included: (a) 1330 to 1500 hours; (b) 1330 to 1400 hours; (c) not in the morning; (d) 1400 hours; (e) 1430 hours; (f) 1300 to 1400 hours; (g) 1400 to 1500 hours; and (h) 1345 to 1430 hours. Time indicated for the 1530 to 2330 hours shift was 1900 hours by 1 respondent.

Methods used to assure maximum attendance. In addition to scheduling continuing education activities at the most appropriate time, program respondents from all hospitals listed additional methods used to assure maximum attendance. These included the following: (a) repeating continuing education activities; (b) advertising in-house; (c) support
of head nurses by administration; and (d) keeping the continuing education activities short, approximately 25 to 40 minutes. Program respondents from special care homes listed the following methods used to assure maximum attendance: (a) repeating continuing education activities; (b) reminders by memorandum, telephone, speaker system and face-to-face; (c) time paid; (d) advance information about topics; (e) previous involvement in identification of needs; and (f) evaluation of previous success of resource persons.

**Communication tools and activities.** As shown in Table 21, monthly calendars and bulletin boards were reported to be used by program respondents from all hospitals to communicate continuing education activities. The bulletin board was reported to be used the most frequently by 2 respondents whereas the daily poster board, which had been listed under "other", was reported to be used the most frequently by 1 respondent.

The bulletin board was reported to be used by all program respondents from special care homes (see Table 21). The bulletin board was also reported to be used the most frequently by 10 respondents; the newsletter by 1 respondent; and the weekly calendar which had been listed under "other", by 1 respondent.
### Table 21

**Tools Used to Communicate Continuing Education Activities by Programs**

<table>
<thead>
<tr>
<th>Communication Tools</th>
<th>Programs</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitals</td>
<td>Special Care Homes</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=3</td>
<td>N=12</td>
<td>N=15</td>
<td></td>
</tr>
<tr>
<td>Monthly calendars</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Bulletin Board</td>
<td>3</td>
<td>12</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Brochures</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Newsletters</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Others a</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 11 special care homes reported more than one communication tool. *Word of mouth; attending management meetings; announcements; touring individual wards and reminding them on a one to one basis; weekly posters; and daily poster board by program respondents from hospitals. Telephone; weekly calendars; memo; word of mouth; memo book; and yearly calendars by program respondents from special care homes.*

Different types of tools used to communicate continuing education activities by hospital program respondents ranged from three to eight with a mean of 5.00. Different tools used to communicate continuing education activities by special care home program respondents ranged from one to six with a mean of 2.83.
Timing of advance notice. Advance notices regarding continuing education activities for registered nurses at the institution level were reported to be sent out 3 months in advance by the program respondent from 1 hospital and 1 month in advance by 2 respondents. In addition, 1 respondent also sent out notices 1 week in advance. Advance notices regarding continuing education activities at the individual nursing unit level, were sent out 1 month in advance; and 1 or 2 weeks in advance by individual respondents. The program respondents from 1 hospital did not have information available about sending advance notices out regarding continuing education activities at the individual nursing unit level.

Program respondents from special care homes reported a variety of times for sending out advance notices for continuing education activities for registered nurses at the institution level. As reported by individual program respondents, advance notices were sent out at the following times: (a) 1 year in advance and in addition, 1 week in advance; (b) 1 month in advance, and in addition, 1 week in advance; (c) 1 month in advance; (d) 10 days in advance; (e) 7 to 10 days in advance, and (f) 1 week in advance. Two respondents reported 1 to 2 weeks in advance; and 2 respondents reported 2 weeks in advance. Program respondents from 1 special care home did not provide information on time
advance notices were sent out regarding continuing education activities for registered nurses. Advance notices for continuing education activities at the individual nursing unit level were not sent out by program respondents from special care homes because continuing education activities were not provided at the unit level.

Coordination. Program respondents from hospitals reported the following mechanisms to coordinate continuing education activities for registered nurses: (a) Staff Development Department; and (b) one inservice coordinator, two clinical educators, and general inservice calendar. The program respondent from 1 hospital reported that there was no coordinating mechanism, which resulted in isolation of education and a lack of sharing of resources.

Program respondents from special care homes reported the following mechanisms to coordinate continuing education activities for registered nurses: (a) Nursing Supervisor -- Education; (b) Director of Care by 2 respondents; (c) Administrator/Director of Care; (d) Nursing Care Coordinator; and (e) Staff Development with Nursing Practice Committee. Program respondents from 6 special care homes reported an absence of a coordinating mechanism.

4.4.3 Learning climate

Data have been collected on the following: (a) recognition for attendance; (b) expectations of registered nurses following attendance at continuing education activities; and (c) program sharing. Responses to questions A1 to A4 on the interview schedule have provided these data.
Recognition for attendance. Program respondents from 1 hospital and 7 special care homes reported that recognition for attendance at continuing education activities was given to registered nurses on their performance appraisal. Other means of recognition for attendance at continuing education activities varied (see Table 22).

<table>
<thead>
<tr>
<th>Means of Recognition</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>On performance appraisals</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Monetary reward</td>
<td>0</td>
<td>2&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2</td>
</tr>
<tr>
<td>Promotion</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No recognition given</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Note. Program respondents from 3 special care homes reported more than one means of recognition.

<sup>a</sup> Included salary paid for a day, another day off in its place, meals, and accommodation paid for as reported by the program respondent from 1 special care home.

Program respondents from hospitals reported a range of zero to one means of recognition for attendance at continuing education activities with a mean of .33. Program respondents from special care homes reported a range of zero to two means of recognition for attendance at continuing education activities with a mean of .92.
Expectations of registered nurses following attendance.

A verbal report following attendance at continuing education activities was the expectation of registered nurses in 2 hospitals. One respondent reported that expectations varied but did not identify any specific expectations.

A verbal report following attendance at continuing education activities was the expectation of registered nurses in 10 special care homes. Other reported expectations by program respondents from special care homes included xeroxing and distributing handouts to co-workers, and providing written reports.

Program sharing. Program sharing was reported by program respondents from all hospitals and each respondent reported this program sharing with 2 other hospitals. In addition, 2 respondents reported program sharing with the Saskatchewan Health Education Association.

Shared continuing education activities as reported by program respondents from hospitals included the following:

1. Cardio Pulmonary Resuscitation
2. Human Sexuality Workshop for Health Care Workers
3. Natives in Saskatchewan Health Care
4. Stress and Physical Illness
5. Care Sharing
6. Hemodynamics
7. Arrhythmias
8. Male Catheterizations
9. Underwater Seal Drainage
Program sharing was reported by program respondents from 8 special care homes; 4 respondents reported they had not been involved in program sharing. Involvement with all special care homes in Saskatoon was reported by 6 program respondents whereas 2 respondents reported involvement with only 1 or 2 other special care homes. The Saskatchewan Registered Nurses Association was reported as an additional agency with which respondents had been involved with program sharing.

Shared continuing education activities as reported by program respondents from special care homes included the following:

1. Diabetes
2. Fractures in the Elderly
3. Pain
4. Arthritis
5. Breast Self-Examination
6. Compassion - I Suppose
7. Philosophy of Physiotherapy
8. Nursing Care Audit
9. Multiple Sclerosis
10. Parkinson's Disease
11. Epilepsy
12. Infection Control
13. Choking
14. Laxatives
15. Resident Adjustment to Admission
16. Head Nurse as Change Agent
17. Abuse of the Elderly
18. Alcoholism and Elderly

The majority of program respondents from special care homes reported that many of the continuing education activities were interdisciplinary; that is, both the resident attendants and registered nurses attended the same continuing education activity.

Program respondents from all hospitals reported that cooperative continuing education activities with the other 2 hospitals were being planned for implementation during the next 2 years. Prospective continuing education activities included the following:

1. Human Sexuality Workshop for Health Care Workers
2. Tri-Hospital Management Course
3. Cardio-Pulmonary Resuscitation
4. Care Sharing.

Program respondents from 9 special care homes reported that cooperative continuing education activities with either 1, 2, 3, or all special care homes in Saskatoon were being planned for implementation during the next 2 years. In addition, 1 respondent reported that although no continuing education activities were planned at present, she would certainly prefer to have them. Prospective continuing education activities included the following:
1. Behavioral Problems as Related to Geriatrics
2. Sensory Changes
3. Diabetes
4. Home Care
5. Perceptual Changes
6. Film - A Special Trade
7. Psychological Game "Into Aging"
8. Importance of Fluids

4.4.4 Needs Assessment

Data have been collected on needs assessment. Responses to question B2 of the interview schedule have provided the data on methods used for needs assessment.

Methods used for needs assessment. As shown in Tables 23 and 24, 23 methods of needs assessment were listed in the interview schedule. Responses have been obtained in four response alternatives of (a) never; (b) rarely (once per year); (c) sometimes (quarterly); and (d) frequently (monthly). Methods used frequently to assess needs as reported by program respondents from all hospitals included: (a) survey of literature; (b) informal conversations with registered nurses; and (c) input from experts in the health care and related fields (see Table 23). Program respondents from 11 special care homes reported that informal conversations with registered nurses was a method used frequently to assess needs (see Table 24).
Different methods of needs assessment used by hospital program respondents ranged from 11 to 19 with a mean of 14.00. Different methods of needs assessment used by special care home program respondents ranged from 1 to 16 with a mean of 7.75.
### Table 23
Methods of Needs Assessment Used By Hospital Programs

<table>
<thead>
<tr>
<th>Method of Needs Assessment</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formal meetings with administration (non-nursing)</td>
<td>1 0 0 2 3</td>
</tr>
<tr>
<td>2. Formal meetings with nursing coordinator</td>
<td>1 0 0 2 3</td>
</tr>
<tr>
<td>3. Formal meetings with head nurses</td>
<td>0 2 0 1 3</td>
</tr>
<tr>
<td>4. Questionnaire survey of patients/residents regarding nursing care</td>
<td>1 0 1 1 3</td>
</tr>
<tr>
<td>5. Analysis of critical incident reports involving registered nurses</td>
<td>1 0 2 0 3</td>
</tr>
<tr>
<td>6. Analysis of performance evaluation of registered nurses</td>
<td>3 0 0 0 3</td>
</tr>
<tr>
<td>7. Analysis of turnover records of registered nurses</td>
<td>3 0 0 0 3</td>
</tr>
<tr>
<td>8. Survey of literature for new trends in nursing</td>
<td>0 0 0 3 3</td>
</tr>
<tr>
<td>9. Questionnaire survey of registered nurses</td>
<td>2 0 1 0 3</td>
</tr>
<tr>
<td>10 Informal conversations with registered nurses</td>
<td>0 0 0 3 3</td>
</tr>
<tr>
<td>11 Formal planning committees of registered nurses with special interest and knowledge in a subject area</td>
<td>0 1 0 2 3</td>
</tr>
<tr>
<td>12 Suggestion boxes located on the ward/units for registered nurses to use</td>
<td>2 0 0 1 3</td>
</tr>
<tr>
<td>13 Job analysis of registered nurses</td>
<td>3 0 0 0 3</td>
</tr>
<tr>
<td>14 Plan programs on my own, with other inservice instructors</td>
<td>2 0 0 1 3</td>
</tr>
<tr>
<td>15 Plan programs on my own</td>
<td>2 0 0 1 3</td>
</tr>
<tr>
<td>16 Input from experts in the health care and related fields</td>
<td>0 0 0 3 3</td>
</tr>
<tr>
<td>17 Input from society</td>
<td>1 1 0 1 3</td>
</tr>
<tr>
<td>18 Annual program statistics</td>
<td>0 2 1 0 3</td>
</tr>
<tr>
<td>19 Program evaluation summaries</td>
<td>0 1 1 1 3</td>
</tr>
<tr>
<td>20 Self assessment by registered nurses</td>
<td>2 1 0 0 3</td>
</tr>
<tr>
<td>21 Interviews with registered nurses</td>
<td>1 0 2 0 3</td>
</tr>
<tr>
<td>22 Brain storming sessions with registered nurses</td>
<td>1 1 0 1 3</td>
</tr>
<tr>
<td>23 Check lists completed by registered nurses</td>
<td>3 0 0 0 3</td>
</tr>
<tr>
<td>24 Other[^a^]</td>
<td>2 0 0 1 3</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals reported more than one method of needs assessment.

[^a^] Preview films, textbooks, and journals; and analysis of nursing audit results by the program respondent from 1 hospital.
Table 24

Methods of Needs Assessment Used by Special Care Home Programs

<table>
<thead>
<tr>
<th>Method of Needs Assessment</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequency</th>
<th>N=12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formal meetings with administration (non-nursing)</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>2. Formal meetings with nursing coordinator</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>3. Formal meetings with head nurses</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>4. Questionnaire survey of patients/residents regarding nursing care</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>5. Analysis of critical incident reports involving registered nurses</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>6. Analysis of performance evaluation of registered nurses</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>7. Analysis of turnover records of registered nurses</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>8. Survey of literature for new trends in nursing</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>9. Questionnaire survey of registered nurses</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>10. Informal conversations with registered nurses</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>11. Formal planning committees of registered nurses with special interest and knowledge in a subject area</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>12. Suggestion boxes located on the ward/units for registered nurses to use</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>13. Job analysis of registered nurses</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>14. Plan programs on my own, with other inservice instructors</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>15. Plan programs on my own</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>16. Input from experts in the health care and related fields</td>
<td>4</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>17. Input from society</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>18. Annual program statistics</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>19. Program evaluation summaries</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>20. Self assessment by registered nurses</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>21. Interviews with registered nurses</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>22. Brainstorming sessions with registered nurses</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>23. Check lists completed by registered nurses</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>24. Other(^a)</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

Note. Program respondents from all special care homes reported more than one method of needs assessment.

\(^a\) Informal meetings with registered nurses, administration, and nursing coordinator; review of accreditation standards; informal conversations with resident aides; and communication book by program respondents from special care homes.
4.4.5 Priorities and learning objectives

Data have been collected on (a) determination of priorities; (b) factors considered in priority setting; (c) determination of objectives; and (d) use of objectives. Responses to questions B3 and B4 of the interview schedule have provided the data for priorities and learning objectives.

Determination of priorities. According to program respondents from hospitals, priorities for continuing education activities were determined by the following methods: (a) requests from registered nurses; (b) an advisory committee; and (c) persons responsible for the program in consultation with the Director of Nursing. Program respondents from special care homes reported that the following persons determined priorities for continuing education activities: (a) Staff Development in conjunction with Nursing Practice Committee; (b) Administrator/Director of Care; (c) Director of Care by 5 respondents; (d) Nursing Supervisor in conjunction with Director of Nursing Service; (e) Nursing Care Coordinator; (f) Director of Care with input from registered nurses by 2 respondents; and (g) small group discussion with Director of Care.

Factors considered in priority setting. Factors considered in setting priorities for continuing education activities as reported by program respondents from
2 hospitals included (a) availability of resource people; (b) need indicated by nursing administration, need perceived by Staff Development, and the enthusiasm of the staff who have requested it. The program respondent from 1 hospital was not involved in establishing priorities.

Program respondents from 5 special care homes reported that one factor considered when establishing priorities was whether the continuing education activity would be applicable and beneficial to the residents. Program respondents from 4 special care homes identified availability of resources as a factor in establishing priorities. Other factors which were considered included the following: (a) number of requests in relation to the need; (b) time of program; (c) availability of staff; (d) cost; (e) overall goals of the Nursing Department; (f) audit reports; (g) trends; (h) emergent needs; and (i) special interests of registered nurses.

**Determination of objectives.** According to program respondents from all hospitals, objectives and content of continuing education activities were determined by (a) Staff Development; (b) person responsible for the activity such as the presenter or clinical educator; and (c) program respondent in conjunction with Director of Staff Development and person who requested the continuing education activity. Program respondents from special care homes reported the following were responsible for determination of objectives and content of continuing education activities:

1. Director of Care and Nursing Coordinator
2. Staff Development in conjunction with the presenter
3. Administrator/Director of Care
4. Presentor (by 2 respondents)
5. Nursing Supervisor - Education
6. Director of Care
7. Director of care and speaker (by 2 respondents)
8. Group of registered nurses
9. Nursing Care Coordinator and presentor
10. Director of Care and registered nurses

Use of objectives. Program respondents from all hospitals reported that objectives were used to provide direction and for evaluation of continuing education activities. Objectives were reported to be used for direction by program respondents from 6 special care homes (see Table 25).

Table 25
Use of Objectives By Programs

<table>
<thead>
<tr>
<th>Use of Objectives</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Evaluation</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Focus</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Set the stage</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>To assess if continuing education will be beneficial</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>To be placed at the beginning of a handout</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Information not available</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 3 special care homes reported more than one use for objectives.
Uses of objectives by hospital program respondents ranged from two to four with a mean of 2.67. Uses of objectives by special care home program respondents ranged from one to three with a mean of 1.57.

4.4.6 Strategies to facilitate learning

Strategies to facilitate learning have been presented under the following headings: (a) individual methods; (b) provision of library services; (c) group methods; and (d) audiovisual devices. Data have been provided by responses to questions B5 to B8 on the interview schedule.

**Individual methods.** The learning resource center was one individual method used to facilitate learning by program respondents from all hospitals (see Table 26). The two individual methods used most frequently by program respondents from hospitals were the learning resource center and self-instructional modules (see Table 27).

Program respondents from 5 special care homes reported using the learning resource centre to facilitate learning (see Table 26). The two individual methods used most frequently by program respondents from special care homes were the learning resource center and one-on-one (see Table 27).

Individual methods used by hospital program respondents ranged from three to five with a mean of 4.00. Individual methods used by special care home program respondents ranged from zero to three with a mean of .92.
### Table 26
Individual Methods Used By Programs To Facilitate Learning

<table>
<thead>
<tr>
<th>Individual Methods</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastery learning&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Self-learning packages&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Self-instructional modules&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Contract learning&lt;sup&gt;d&lt;/sup&gt;</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Learning resource center&lt;sup&gt;e&lt;/sup&gt;</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Self-nonguided tour&lt;sup&gt;f&lt;/sup&gt;</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other&lt;sup&gt;g&lt;/sup&gt;</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Individual methods not used</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals and 2 special care homes reported using more than one individual method to facilitate learning.

<sup>a</sup> Learning of one objective before starting another.
<sup>b</sup> Collection of information on a specific subject.
<sup>c</sup> Self-contained learning experience.
<sup>d</sup> Mutually negotiated learning plan.
<sup>e</sup> Facilities equipped with variety of instructional materials for both individual and group instruction.
<sup>f</sup> Walking tour with written instructions.
<sup>g</sup> Demonstration by program respondent from 1 hospital; demonstration by program respondent from 1 special care home; and one-on-one by program respondents from 3 special care homes.

### Table 27
Individual Methods Used Most Frequently By Programs to Facilitate Learning

<table>
<thead>
<tr>
<th>Individual Methods</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-instructional modules</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Contract learning</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Learning resource center</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Self-learning package</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>One-on-one</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from 2 hospitals and 2 special care homes reported two individual methods which were used most frequently.
Provision of library services. Program respondents from all hospitals reported that library services were available (see Table 28). Hours of service as reported by each respondent varied as follows: (a) unit libraries in offices open 0730 to 1600 hours; (b) unit libraries open 24 hours, central library open from 0800 to 2200 hours weekdays and week-ends, departmental library open 0700 to 1700 hours weekdays only; and (c) all libraries open 0800 to 2200 hours weekdays and weekends.

Program respondents from 7 special care homes reported library services were available (see Table 28). Hours of service as reported by each respondent varied as follows: (a) libraries in central location open 24 hours, as reported by 4 respondents; (b) central location and on individual wings open 24 hours; (c) central library open 0800 to 1630 hours weekdays and individual wings open 24 hours; (d) regional library open 0830 to 1700 hours weekdays only.

<table>
<thead>
<tr>
<th>Library Services</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>A central location only</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>A central location and on individual units/wards/wings</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>On individual units/wards/wings only</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No services</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

\(^a\)A central location; on individual units; and departmental by program respondents from 2 hospitals. A regional library by the program respondent from 1 special care home.
Group methods. As shown in Table 29, group methods used to facilitate learning by program respondents from all hospitals included the following: case method, nursing rounds, medical rounds, lecture, simulation. Methods used most frequently, as reported by program respondents from all hospitals and presented in Table 30, included demonstration and lecture.

Program respondents from the majority of special care homes reported the use of demonstration and lecture to facilitate learning in groups (see Table 29). Methods used most frequently, as reported by program respondents from 5 special care homes and presented in Table 30, included demonstration and lecture.

Table 29

<table>
<thead>
<tr>
<th>Group Methods</th>
<th>Programs hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview(^a)</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Incident process(^b)</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Demonstration(^c)</td>
<td>2</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Nominal group process(^d)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Open forum and buzz session(^e)</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Case method(^f)</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Role play</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Nursing rounds</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Medical rounds</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Lecture</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Simulation(^g)</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Study tour(^h)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Workshop</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Other(^i)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Group methods not used</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from 3 hospitals and 11 special care homes reported more than one group method to facilitate learning.

\(^a\) Patient/resident interview.
\(^b\) Single incident or event studied.
\(^c\) Example - bath demonstration.
\(^d\) Brain storming.
\(^e\) Individuals given opportunity to present views.
\(^f\) Comprehensive study of an individual, problem or situation.
\(^g\) Method of representing reality.
\(^h\) Field trip - first hand observation.
\(^i\) Small group discussion by the program respondents from 1 hospital and 1 special care home.
Group methods used by hospital program respondents ranged from 8 to 10 with a mean of 9.33. Group methods used by special care home program respondents ranged from zero to nine with a mean of 4.66.

### Table 30
Group Methods Used Most Frequently By Programs To Facilitate Learning

<table>
<thead>
<tr>
<th>Group Methods</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Incident process</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Demonstration</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Nominal group process</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Open forum and buzz session</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Case method</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Role play</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lecture</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Workshop</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals and 9 special care homes identified two group methods used most frequently to facilitate learning.

Audiovisual devices. As shown in Table 31, audiovisual devices used by program respondents from all hospitals included the following: films; videotapes; slides; slide-sound presentations; displays; poster, photographs, and graphics; and poster board. Audiovisual devices used most frequently, as reported by program respondents from hospitals and presented in Table 32, included videotapes by 3 respondents and films by 2 respondents.

Program respondents from the majority of special care homes reported the use of films and use of displays to
facilitate learning (see Table 31). Films were the audiovisual devices used most frequently as reported by program respondents from 10 special care homes (see Table 32).

<table>
<thead>
<tr>
<th>Audiovisual Devices</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Films</td>
<td>3</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Videotapes(a)</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Slides</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Slide-sound presentations</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Audiotape recordings(b)</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Displays(c)</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Poster, photographs, and graphics</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Poster board(d)</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mass media</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other(e)</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>No audiovisual devices used</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 10 special care homes selected more than one audiovisual device used to facilitate learning.

\(a\) sight, sound, motion

\(b\) sound tapes

\(c\) Example - Bulletin board.

\(d\) Teaching/presenting system.

\(e\) Overhead projector, film strip, and models by program respondents from hospitals; overhead projector, film strip and cassette by program respondents from special care homes.

Audiovisual devices used by hospital program respondents ranged from 8 to 11 with a mean of 9.33. Audiovisual devices used by special care home program respondents ranged from zero to nine with a mean of 4.33.
Table 32
Audiovisual Devises Used Most Frequently By Programs To Facilitate Learning

<table>
<thead>
<tr>
<th>Audiovisual Devices</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Films</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Videotapes</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Slide-sound presentations</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Displays</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Film strip and cassette</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 9 special care homes identified two audiovisual devices used most frequently to facilitate learning.

4.4.7 Evaluation

The data on evaluation have been presented under the following evaluation aspects: (a) program evaluation; (b) evaluation of knowledge; (c) evaluation of attitudinal change; (d) evaluation of performance; (e) evaluation of participant satisfaction; (f) timing of evaluation; and (g) use of evaluation information. Responses to questions B12 to B18 on the interview schedule have provided the evaluation data.

Program evaluation. Program respondents from 2 hospitals reported evaluation of the continuing education program for registered nurses; 1 respondent reported no evaluation was done of the total program. Programs were reported to be evaluated by the following methods: (a) committee review; (b) review of annual reports; (c) review of user statistics; (d) review of workshop attendance; (e) review of written evaluations; and (f) review of contact
No formal evaluation of the continuing education program for registered nurses was reported by program respondents from special care homes. Informal evaluation methods included the following: (a) debriefing of individual continuing education activities; and (b) review of topics presented in the past year to plan for the following year. Two respondents expressed a desire to use more formal evaluation methods.

Evaluation of knowledge. Program respondents from 2 hospitals reported the following methods used to evaluate knowledge: (a) written tests taken by nurse participants after the program; (b) learner self-evaluation of amount learned; and (c) incidental observations by instructor during the program. Program respondents from 8 special care homes reported that knowledge was not evaluated, respondents reported use of incidental observations by instructor during the program (see Table 33).

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>Hospitals N=3</th>
<th>Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written test taken by nurse participants before the program</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Written test taken by nurse participants after the program</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Learner self-evaluation of amount learned</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Incidental observations by instructor during program</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Knowledge not evaluated</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Note. Program respondents from 2 hospitals and 2 special care homes reported more than one method used to evaluate knowledge.

a Pre-test.
b Example-assessing what is learned through questions asked.
Different methods used to evaluate knowledge by hospital program respondents ranged from one to three with a mean of 2.33. Different methods used by special care home program respondents to evaluate knowledge ranged from zero to two with a mean of .50.

Evaluation of attitudinal change. Program respondents from 2 hospitals reported an attempt to evaluate attitudinal changes. Methods used to evaluate attitudinal changes included the following: (a) designated contact people following seminar on Death and Dying; and (b) evaluation of written and verbal comments by registered nurses.

Program respondents from 4 special care homes reported informal attempts to evaluate attitudinal changes. These informal attempts to evaluate attitudinal changes included (a) discussion; and (b) observation for increased communication between patient and registered nurse, and more compassionate care given by registered nurses.

Evaluation of performance. Program respondents from 2 hospitals reported the following methods used to evaluate performance: (a) observed behavioral changes in the learner; (b) verbal statements by the nurse participants of change in behavior; (c) patient/resident verbal responses; and (d) review of performance record (see Table 34). It was reported by program respondents from 2 hospitals that registered nurses tended to rediagnose their own learning needs during this evaluation process. One respondent did not have this
Observed behavioral change in the learner was reported by program respondents from 4 special care homes as a method used to evaluate performance (see Table 34). Program respondents from 3 special care homes reported that registered nurses tended to re-diagnose their own learning needs during this evaluation process. One respondent reported that registered nurses did not re-diagnose their own learning needs during this evaluation process. Three respondents did not have this information available. Finally, this method of evaluation was not used by program respondents from 5 special care homes.

Table 34
Evaluation of Performance By Programs

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed behavioral changes in the learner &lt;sup&gt;a&lt;/sup&gt;</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Verbal statements by the nurse participants of change in behavior</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Patient/resident comment cards</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Patient/resident verbal responses to the care given by the nurse participants</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Videotape</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Review of performance record</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Performance not evaluated</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 3 special care homes reported more than one method used to evaluate performances.

<sup>a</sup> Example - skills.
Different methods used by hospital program respondents to evaluate performance ranged from two to five with a mean of 3.33. Different methods used by special care home program respondents to evaluate performance ranged from zero to three with a mean of 1.08.

**Evaluation of participant satisfaction.** Program respondents from all hospitals and the majority of special care homes reported evaluation of participant satisfaction. Participant satisfaction with content, process, time schedule, and resources used in programming were evaluated (see Table 35).

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant satisfaction with content</td>
<td>3</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Participant satisfaction with process (teaching) of programs</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Participant satisfaction with time schedule of the program</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Participant satisfaction with resources</td>
<td>3</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Participant satisfaction not evaluated</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals and 11 special care homes reported more than one method used to evaluate participant satisfaction.

All hospital program respondents used four different methods to evaluate participant satisfaction, thus a mean of 4.00. Different methods used by special care home program respondents to evaluate participant satisfaction ranged from zero to four with a mean of 3.42.
Timing of evaluation. Evaluation of specific educational activities was conducted at various times. However, program respondents from all hospitals and 10 special care homes reported evaluation immediately after the program (see Table 36).

Table 36
Timing of Evaluation By Programs

<table>
<thead>
<tr>
<th>Evaluation Time</th>
<th>Programs Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the program</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Immediately after the program</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Up to six weeks after the program</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>After six weeks</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Program not evaluated</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 3 special care homes reported more than one program evaluation time.

Use of evaluation information. Program respondents from all hospitals reported using evaluation information for program planning and evaluation purposes. Program respondents from 9 special care homes reported using evaluation information for program planning. In addition, 2 respondents reported using evaluation information for reporting purposes while 1 respondent reported using evaluation information for performance appraisals of the presentors. One respondent reported that evaluation information was not formally used.
4.5 Issues Related To Continuing Education Programs For Registered Nurses

Selected issues in continuing education for registered nurses have been presented. Included are the following: (a) motivation; (b) cost-effectiveness; and (c) programming problems.

4.5.1 Motivation

Data referring to motivation have been collected with respect to reasons registered nurses have given for attendance at continuing education activities; and average contact hours by registered nurses in continuing education activities. Responses to questions D1 and D2 of the interview schedule and D5 of the pre-interview questionnaire have provided these data.

Reasons for attendance at continuing education activities. Program respondents from 2 hospitals and 5 special care homes reported interest as one reason registered nurses had given for attending continuing education activities. Program respondents from 5 special care homes also indicated desire to keep abreast of changes (see Table 37).
### Table 37

<table>
<thead>
<tr>
<th>Reasons for Attendance</th>
<th>Programs Hospitals</th>
<th>Special Care Homes</th>
<th>Special Tables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to keep abreast of changes</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Increase knowledge</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Interest</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Professional skill development</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Required attendance</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Self development</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Keep up registration</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Topic relevant to work situation</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Possible promotion</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Felt need</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Contact with other professionals</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Opportunity for idea exchange</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Opportunity to evaluate own performance</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from all hospitals and 9 special care homes reported more than one reason registered nurses had given for attending continuing education activities.
Reasons for non-attendance at continuing education activities. Program respondents from 2 hospitals reported workload was one reason registered nurses had given for not attending continuing education activities. Lack of time was reported by program respondents from 5 special care homes as one reason registered nurses had given for not attending continuing education activities (see Table 38).

Average contact hours. The program respondents from 1 hospital estimated, that on the average, each registered nurse spent 40 hours per fiscal year in continuing education activities as organized by the institution. This information was not available for program respondents from 2 hospitals. None of the program respondents from hospitals had information available on average time spent per fiscal year by each registered nurse in continuing education activities as organized by self or agencies/individuals outside the institution.

Program respondents from special care homes estimated, that on the average, each registered nurse spent the following number of hours per fiscal year in continuing education activities as organized by the institution: (a) 24 hours; (b) 10 hours; (c) 9 hours; (d) 6 to 8 hours; and
<table>
<thead>
<tr>
<th>Reasons for Non-Attendance</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Totals N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortage of staff</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Workload</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Shift work</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lack of time</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Lack of money</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lack of interest</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>No administrative support</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not job-related</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Continuing education is not a value</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unable to apply what is learned</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Do not wish to attend alone</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not funded by employing agency</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Location of educational program</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Near retirement</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Topics repeated</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Prefer not to attend on day off</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No reward such as a raise or promotion</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Too tired</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Family responsibilities</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 8 special care homes reported more than one reason registered nurses had given for not attending continuing education activities.
(e) 5 hours. Two respondents estimated 6 hours and 2 other respondents estimated 3 hours. Three respondents did not have this information available.

Program respondents from special care homes estimated, that on the average, each registered nurse spent the following number of hours per fiscal year in continuing education activities as organized by self: (a) 8 hours; and (b) 2 hours. Five respondents reported 0 hours and 5 respondents did not have this information available.

Program respondents from special care homes estimated, that on the average, each registered nurse spent the following number of hours per fiscal year in continuing education activities as organized by agencies/individuals outside the institution: (a) 5 hours; and (b) 4.2 hours. Four respondents estimated 8 hours each; 3 respondents estimated 0 hours each, and 3 respondents did not have this information available.

4.5.2 Cost-effectiveness

Data referring to cost-effectiveness have been collected. Responses to question C4 of the interview schedule have provided these data.
Program cost-effectiveness. Cost-effectiveness of continuing education programs for registered nurses was not formally established by program respondents from any of the hospitals. One respondent reported that an informal attempt was made by reviewing follow-up questionnaires. Similarly, cost-effectiveness was not formally established by any of the program respondents from the special care homes. Informal attempts to establish program cost-effectiveness included the following: (a) judgement by person responsible for the program; (b) enthusiasm of the registered nurses when they returned from courses; (c) the registered nurses wanting to make changes; (d) by amount of interest expressed in the inservice; and (e) not feeling the day was wasted after attending a workshop.

4.5.3 Programming problems

Responses to questions D3 to D6 of the interview schedule have provided data on programming problems. These data have been presented under the following headings: (a) major problems; (b) recommendations to overcome problems; (c) proposed program changes; and (d) additional comments.
Major problems. Program respondents identified a variety of major problems in providing continuing education activities for registered nurses. No single problem, however, was identified by 2 or more hospital respondents. Program respondents from 4 special care homes identified funding and time constraints of programmers as two major problems in providing continuing education activities for registered nurses (see Table 39).

Table 39
Major Programming Problems By Programs

<table>
<thead>
<tr>
<th>Problems</th>
<th>Hospitals N=3</th>
<th>Special Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Inservice interdisciplinary</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Educators keeping current</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Space</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Lack of responsibility for continuing education by registered nurses</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Workload for registered nurses</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lack of interest</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Days off result in missed activities</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Isolation of education</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Apathy of registered nurses(^a)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lack of administrative direction and support</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No educational program at the institutional level</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Establishing priorities</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Time constraints of programmer</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Few registered nurses on staff</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Replacement of staff to attend</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lack of information on specific diagnoses</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Availability of resource people</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lack of equipment</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 10 special care homes reported more than one major programming problem.

\(^a\) No desire to change.
Recommendations to overcome problems. Program respondents proposed a variety of recommendations to overcome programming problems. No one recommendation, however, was proposed by 2 or more hospital respondents. Increased funding and increased space for continuing education activities were two recommendations provided by program respondents from 3 special care homes (see Table 40).

Table 40

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Programs</th>
<th>Hospitals N=3</th>
<th>Care Home N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inservice activity be no longer than 45 minutes</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Registered nurses have input into program planning</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sessions should be participatory such as small group and discussion</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Offer a variety in programming</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Conduct needs assessments</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Provision of administrative support</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Organizational structure changes</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Centralized program with accountability</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Clearly defined philosophy and objectives of education department</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Increased number of educators</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Increased understanding of the role of the education department</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Inter-city programming for registered nurses from similar institutions</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Increased space for education activities</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Increased funding for education activities</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Improved evaluation methods</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Greater priority by person responsible</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No recommendations provided</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Note. Program respondents from all hospitals and 4 special care homes provided more than one recommendation to overcome problems of programs.
Proposed program changes. Program respondents from 2 hospitals reported a variety of proposed changes; however, no single change was proposed by 2 or more respondents. Feelings of satisfaction were expressed by 1 hospital program respondent, thus no proposed program changes were provided by this respondent (see Table 41).

Program respondents from 4 special care homes proposed to increase the number of programs and 3 respondents proposed that monthly joint inservices be conducted specifically for registered nurses in similar institutions (see Table 41). The program respondent from 1 special care home provided no proposed program change because of feelings of satisfaction with the continuing education program for registered nurses.
### Table 41

Proposed Program Changes By Programs

<table>
<thead>
<tr>
<th>Program Changes</th>
<th>Hospitals N=3</th>
<th>Care Homes N=12</th>
<th>Total N=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct needs assessment</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Offer serial workshops</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Develop self-study modules</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Involvement in research by registered nurses</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increase funding</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Monthly inservice presentation by registered nurses</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Focus on specific clinical needs</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increase utilization of local resources</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Monthly joint inservice specifically for registered nurses in similar institutions</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Encourage registered nurses to attend available continuing education activities</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Increase number of programs</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Hire an instructor</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Provide orientation for registered nurses to geriatric nursing</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No changes proposed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Note.** Program respondents from 1 hospital and 8 special care homes reported more than one proposed program change.

*Program respondents from 1 hospital and 1 special care home proposed no program changes because they were satisfied with their programs.*
Additional comments by program respondents. Program respondents from all hospitals provided the following additional comments about continuing education programs for registered nurses:

1. The position of the person responsible for the continuing education program for registered nurses, and the lack of formal lines of communication was questioned.

2. The time required for certification programs was a concern.

3. The need to repeat continuing education sessions and the possible boredom of the educators was a concern.

4. Burn out of the educators was a concern.

5. Support of colleagues was valued.

6. The need for the initiative for continuing education to come from registered nurses themselves was expressed. It was felt that they must assume some responsibility for keeping their knowledge level current, as the institution was not totally responsible.

7. The need for educators to look after their own continuing education needs was expressed.

Program respondents from 8 special care homes provided the following additional comments about continuing education programs for registered nurses:
1. Education in a specific institution had administrative support and a high priority.
2. The institution was working towards accreditation.
3. The need to promote attendance of registered nurses at continuing education activities was expressed.
4. Registered nurses had just become members of the Saskatchewan Union of Nurses. Thus continuing education may have a higher priority in the future.
5. Most teaching was geared to teaching resident attendants, thus registered nurses were left on their own.
6. Needs in the area of team leading and supervision; assertiveness training; attitudes; nursing process; and systems assessment approach were expressed.
7. The importance for registered nurses to have an active inservice program because residents were long stay and it was necessary to get reinforcement and learn new techniques was expressed.

4.6 Extent to Which Hospitals and Special Care Homes Encourage Registered Nurses to Attend Continuing Education Activities Outside of the Employment Setting

Hospitals and special care homes did encourage registered nurses to attend continuing education activities
outside of the employment setting. The extent to which this was encouraged, however, has been difficult to describe as data provided were not specific. Nevertheless, evidence of encouragement to attend outside educational activities has been presented.

It was interesting to note that 1 special care home relied entirely on outside educational activities for continuing education for their registered nurses. Thus in-house program planning was non-existent, although suggested changes for the following year included the provision of inservices for registered nurses.

Standards for inservices provided by the program respondent from 1 hospital indicated that educational resources both inside and outside the hospital were to be used. The rationale for this standard emphasized the expertise found in in-house staff as well as in Tri-Hospital Staff Development personnel, social agencies, and continuing patient care agencies. This same hospital had allocated $100 per registered nurse for outside workshops, plus 1 paid day per fiscal year. Data indicated that the budget was adequate for the fiscal year. Unfortunately, information was not available on average time per fiscal year each
registered nurse spent in continuing education activities as organized by outside agencies.

Standards for educational activities provided by the program respondent from 1 special care home indicated that staff should participate in outside educational programs and those educational experiences were to be formally shared with other staff members. The budget allotment of $1000 for the previous fiscal year was considered adequate and data indicated lectures and workshops had been attended outside of the employment setting. However, information was not available on average time per fiscal year each registered nurse spent in continuing education activities as organized by outside agencies.

Objectives provided by the program respondent from 1 special care home included the objective to maintain and improve the standard of nursing care. One approach to achieve this objective was to provide literature and to arrange for staff to attend workshops to update their nursing skills and knowledge. The budget allotment of $1000 was considered adequate as most inhouse inservices didn't cost much, but reference was made to the expense of outside workshops. On the average, registered nurses at this special care home spent 8 hours per fiscal year in continuing education activities as organized by outside agencies.

Procedure statements for workshops and seminars as provided by the program respondent from 1 special care home
identified who the requests to attend educational activities outside the agency were to be sent to and the follow-up procedures. It was emphasized that registered nurses, particularly following attendance at an outside educational activity, were expected to act as resource persons for future inservices. The budget allotment of $1166 for the previous fiscal year was considered adequate. Data indicated that registered nurses at this special care home spent an average of 8 hours per fiscal year in continuing education activities as organized by outside agencies.

The budget for continuing education activities for the program respondent from 1 special care home had two different accounts. One account of $8000 was basically allotted for conferences, workshops, seminars, travel and sustenance. Although this budgetary allocation was intended for all staff, it was used only by registered nurses. However, with numerous SRNA conventions and professional association meetings to attend, this budgetary allotment was found to be inadequate.

Costs associated with travel and tuition expenses for employee participation in outside educational activities were identified by the program respondents from 1 hospital and from 10 special care homes as one of three program costs on which most of their money was spent during the last fiscal year. Although persons responsible were asked to select three program costs, 3 special care homes selected only two
program costs and 6 special care homes selected only one program cost. Thus, costs associated with travel and tuition expenses for employee participation in outside educational activities were a major expense for the majority of programs in special care homes.

Program sharing also promoted attendance at continuing education activities outside of the employment setting. Programs in hospitals and in 8 special care homes were involved in program sharing and programs in all hospitals and in 9 special care homes were planning shared continuing education activities for implementation during the next 2 years. The program sharing was usually between similar institutions; that is, programs in hospitals with programs in hospitals and programs in special care homes with programs in special care homes. However, exchange of information about resource materials and other programs crossed lines of dissimilar institutions.

Information on the average number of hours per fiscal year that each registered nurse spent in continuing education activities as organized by agencies or individuals outside the institution was not available for many persons responsible for the program. The persons that did provide this information gave an estimate only and not an exact
Persons responsible for programs in 6 special care homes reported an estimate ranging from 4.2 to 8 hours with a mean of 6.9 hours per registered nurse per fiscal year. This approximation translated into 1 day of attendance at continuing education activities outside the agency per registered nurse per fiscal year. This appeared to be a reasonable estimate.

The extent to which hospitals and special care homes in Saskatoon encouraged registered nurses to attend continuing education activities outside of the employment setting has not been identified. Evidence of encouragement to attend outside educational activities included the following:

1. Total reliance on outside continuing education activities by 1 special care home.
2. Standard statement for outside educational resources for inservices by 1 hospital.
3. Budget allocation for outside workshops by 1 hospital.
4. Standard statements for participation in outside educational activities and the responsibility to share information following attendance by 1 special care home.
5. Objective statement to improve the standard of nursing care by attending workshops to update nursing skills and knowledge by 1 special care home.

6. Procedure statements for workshops and seminars which identified who the requests to attend educational activities outside the agency were to be sent and the follow-up expectations by 1 special care home.

7. Budget allocation for conferences, workshops, seminars, travel and sustenance by 1 special care home.

8. Comparative costs associated with travel and tuition expenses for employee participation in outside educational activities by 1 hospital and 10 special care homes.

9. Program sharing by all hospitals and 8 special care homes.

10. Plans for future program sharing by all hospitals and 9 special care homes.

11. Average hours per fiscal year that each registered nurse spent in continuing education activities as organized by agencies or individuals outside of the institution by 6 special care homes.
4.7 Summary

The findings of the study have been presented in this chapter. The data were organized by documenting the continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. Characteristics of program organization, administration, and planning were described. Issues related to continuing education programs were described followed by presentation of problems related to programming. Evidence of encouragement to attend outside education activities has been presented. These descriptive data have been used as a base for the conclusions, implications, and recommendations which have been presented in the next chapter.
CHAPTER 5

Conclusions, Implications, and Recommendations

5.1 Introduction

It was the purpose of this investigation to describe continuing education programs for registered nurses in hospitals and special care homes in Saskatoon from April 1, 1982 to March 31, 1983. The program components which were described included the following: (a) organization and administration; (b) characteristics of program planning; and (c) selected issues related to continuing education programs for registered nurses.

Data for this study were derived from the following sources: (a) pre-interview questionnaire; (b) interview schedule; and (c) handouts and pamphlets. The hospitals and special care homes were represented by the person responsible for the continuing education program for registered nurses and who was prepared to provide data on the program. The presentation of the conclusions has followed a similar sequence as the statement of objectives as outlined in Chapter 1. In addition, implications of the findings for future planning of continuing education programs
for registered nurses in hospitals and special care homes in Saskatoon have been discussed. Recommendations for action and further research have also been presented.

5.2 Conclusions

A total of 16 continuing education programs for registered nurses in hospitals and special care homes in Saskatoon were identified. This included 3 hospitals and 13 special care homes although one of the special care homes did not participate in the study.

Organization of the continuing education programs for registered nurses varied. All hospitals used a combined centralized-decentralized organizational approach to programming. Schechter (1974, p. 29) identified several benefits that an agency received from using a centralized organizational approach to programming. In addition, Grubb (1981, pp. 75-79) predicted the current trend to centralize responsibility for managing hospital education would accelerate.

Written philosophies were provided by program respondents from 2 hospitals and from 3 special care homes. The belief statements all supported continuing education. The philosophies answered the first two of Whites' (1970, p. 123) questions; that is, that staff, who are members of the adult population, should learn; and that the education department was responsible for adult learning. However, two
further questions which referred to what adults should learn, and how they should learn, were not answered. Then, too, the program respondent from 1 special care home provided both an institutional and a departmental philosophy. As Tobin et al., (1979, p. 68) predicted, the departmental philosophy was consistent with that of the agency.

Although purpose statements were not provided, program respondents from all hospitals and 4 special care homes provided goals and objectives. The goals and objectives, as stated, were consistent with the philosophies of the same institution.

Policies or guidelines for actions, as defined by Tobin et al., (1979), p. 29), were reviewed. A policy on the frequency of conducting continuing education activities for registered nurses was not specific for the hospitals but depend on need. Programs from 8 special care homes had more specific guidelines ranging from 9 continuing education activities in 1 week to 4 yearly. None of the programs in hospitals or special care homes had written policy statements on attendance at continuing education activities by registered nurses.

Program respondents from 1 hospital and 3 special care homes were not involved in the budget process and did not have the information available. This lack of involvement in the budget process by Directors of Care was documented by the 1978 SRNA report of a study of Directors of Nursing and
Directors of Care on continuing education funding for registered nurses.

Data indicated that funding for continuing education for registered nurses had grown somewhat for programs in 2 hospitals and stayed the same in the past 2 years for programs in 6 special care homes. According to Martin (1980, p. 16), resources available to support continuing education in the future would be limited.

Overall, there was no clearly identifiable pattern involving nursing education, adult education, or type of work experience which indicated preparation for responsibility for the continuing education programs for registered nurses. This suggested a lack of minimum educational and work-related experience requirements for the position.

Facilities were considered to be an important aspect of programming (Austin, 1981, p. 83). Although Austin (1981, p. 83) identified clerical support as necessary for any department regardless of size, persons responsible for programs in all hospitals and in 2 special care homes indicated clerical support was inadequate.

Other essential features cited by Austin (1981, p. 83) were office space for personnel, classroom space, space for equipment, and special equipment for duplication of materials and for instructional purposes. Office space was inadequate for programs in 2 hospitals and 4 special care homes; classroom (teaching) space was inadequate for programs in 1
hospital and in 7 special care homes; storage space was inadequate for programs in 1 hospital and in 5 special care homes; however special equipment was adequate for programs in all hospitals and in 10 special care homes.

Continuing education activities were marketed in other health care institutions by programs in all hospitals and in 4 special care homes. Although Coye (1981, p. 4) questioned the cost-effectiveness of staff development educators providing continuing education to other hospital nurses, data indicated that programs from 1 hospital and from 1 special care home found marketing to be financially advantageous. However, the most common reason given for marketing was to inform the other institutions of the educational activity.

Manual record systems, to record continuing education activities as described by Austin (1981, pp. 80-82), were being used by programs in all hospitals and in 10 special care homes. Interestingly, programs in 2 hospitals were planning to use computerized systems which were considered a possibility by Marks (1981, pp. 25-27). Types of records kept varied; however, attendance records, as identified by Austin (1981, p. 81), were kept by programs in all hospitals and in 9 special care homes.

Data indicated that only persons responsible for 1 hospital program and for 1 special care home program used identifiable concepts and theories as a base for their continuing education program for registered nurses. Both of
these persons identified concepts and theories by adult educators which Wise (1980a, p. 319) suggested could be included in a framework for continuing nursing education. It was noteworthy that Knowles, who introduced the concept of andragogy (1977, p. 38), was one of the adult educators identified by both persons.

The continuing education program for registered nurses was evaluated in 2 hospitals. This was done by committee review and/or review of annual reports, user statistics, workshop attendance, written evaluations, and contact hours. Special care home programs were not formally evaluated.

Data indicated that knowledge was evaluated following participation in continuing education activities by registered nurses by programs in all hospitals and in 4 special care homes. Evaluation of learning was a type of evaluation reported in the literature by Almquist et al., (1981, pp. 117-122) and O'Connor (1981, pp. 47-49).

Heick (1981, pp. 15-23) and Westfall and Speedie (1981, pp. 77-81) discussed methods to obtain information regarding behavioral change in work role performance. Programs in all hospitals and in 7 special care homes evaluated performance. Program respondents from 2 hospitals and 3 special care homes reported that registered nurses tended to rediagnose their own learning needs during this evaluation process. Knowles (1973, p. 122) indicted that rediagnosis of learning needs should become an integral part of education.
A reaction evaluation, as described by Barlow and Chesney (1977, pp. 15-21), was another type of evaluation. Programs in all hospitals and in 11 special care home evaluated participant satisfaction.

Evaluation information was used for program planning by programs in all hospitals and in 9 special care homes. In addition, the programs in hospitals were also using evaluation information for program evaluation purposes. Tobin et al., (1979, p. 175) emphasized that information obtained from any type of evaluation should be used as a basis for change and improvement or as a stimulus for future goal setting.

Variations in continuing education programs for registered nurses in hospitals and special care homes were found in the following program components: (a) organization and administration; (b) characteristics of program planning; and (c) issues related to continuing education programs for registered nurses. Based on this diversity, no typical profile of continuing education programs for registered nurses in hospitals and special care homes in Saskatoon emerged.

The extent to which hospitals and special care homes encouraged registered nurse to attend continuing education activities outside of the employment setting has been difficult to describe as data provided were not specific. Nevertheless, evidence of encouragement to attend outside educational activities has been evident in stated standards, objectives, and procedures; budget allocations; and program sharing.
5.3 Implications of Findings

From the findings of this study, some implications emerged for future development of continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. Many problems have been identified, although persons responsible for programs in 1 hospital and in 1 special care home expressed satisfaction with their programs in terms of attendance. They, therefore, did not plan to implement changes during the next fiscal year.

A number of implications based on the findings of this study have been presented.

1. All hospitals used a centralized-decentralized approach to programming, three hospitals were not using the approach most recently advocated by Collum (1980); Hunt (1978); Myers (1979); and Peterson (1981). According to Schechter (1974, p. 29) the benefits that an agency received from using a centralized approach included the following: (a) accountability for education and training throughout the agency; (b) efficient use of resources; (c) better chance of eliciting change; (d) effective liaison with other agencies; (e) better use of existing personnel; (f) economic purchase and utilization of material and equipment; and (g) improved identification of educational needs and priorities within the agency.
Few continuing education programs for registered nurses in special care homes had written philosophy statements. Since statements of philosophy provide direction (Moore, 1971, p. 11), the majority of continuing education programs for registered nurses in special care homes had no specific written direction. According to Tobin et al., (1979), unless there is a written, well-understood philosophy, the program will never achieve the main purpose (p. 65).

3. Purpose statements were not provided by any hospital or special care home programs. Since purpose statements identify the reason for existence (Cooper, 1983, p. 62), no hospital or special care home program had a written reason for the existence of the continuing education program for registered nurses. Without a written purpose, according to Cooper, (1983, p. 62), it does not matter what you do as direction in planning is lacking.

4. Policy statements on attendance at continuing education activities by registered nurses were not provided by any hospital or special care home programs. Since policy statements are guidelines for actions (Tobin et al., 1979, p. 29), no hospital or special care home program had written guidelines on attendance at continuing education activities by registered nurses. According to Tobin et al., (1979), written policies are central to effective leadership
in continuing education. They provide a quick, reliable reference and assist in meeting the expectations of regulatory and accrediting bodies (p. 29).

5. Not all persons responsible for continuing education programs in hospitals and special care homes were involved in the budget process. This lack of involvement in the budgetary process was also reported by the SRNA (1978) study of Directors of Nursing and Directors of Care on continuing education funding for registered nurses. Tobin et al., (1979) emphasized the need for a budget and the need for the provision of adequate finances to achieve the continuing education program's goals and objectives. By involvement in the budgetary process, the person responsible for the program can develop an estimate of the personnel needed; the volume and type of offerings to be provided; the volume, type and costs of equipment and supplies that will be needed; the requirements for space; and the source of any revenue that may be anticipated (p. 55).

6. Austin (1981, p. 73) emphasized the need for teaching staff to have a background in nursing education and adult education. The majority of persons responsible for the continuing education programs for registered nurses in hospitals and special care homes did not have a background in nursing education and adult education. Austin (1981) viewed the role of the
person responsible for the continuing education program as a very important one. Necessary skills identified for this role included the following: (a) organizational; (b) interpersonal; (c) supervisory; and (d) teaching skills (p. 73).

7. Austin (1981, p. 83) identified the following necessary facilities for a continuing education program: (a) clerical support; (b) office space; (c) teaching space; (d) storage space; and (e) special equipment for duplication of materials and for instructional purposes. The majority of persons responsible for registered nurses in hospitals and special care homes reported inadequacies in their facilities except for special equipment.

8. Persons responsible for continuing education programs for registered nurses in special care homes did not market their educational activities. Since marketing is a systematic approach to planning and exchanging relations with other groups (Kotler, 1975, p. 13), attendance at continuing education activities may have been lower than desirable. According to Austin (1981, p. 90), marketing can mean the difference between a poorly attended offering and a well-attended one.

9. Records provide a data base. Since records were not kept by persons responsible for continuing education programs for registered nurses in all special care
homes, there was no data base for continuing education activities in some special care homes. According to Tobin et al., (1979), records serve a specific purpose in providing information concerning statistical data, documentation of activities, follow-up evaluation, and reference needs (p. 38).

10. The majority of persons responsible for continuing education programs for registered nurses in hospitals and special care homes did not use identifiable concepts and theories as a base for their continuing education program. This was inconsistent with a suggestion by Wise (1980a, p. 318) that a program should be based on a conceptual framework in order to have consistency and value. Tobin et al., (1979) also identified the need for a theoretical base. They emphasized that the philosophy and appropriate theories formed the basis for planning, organizing, implementing, and evaluating a continuing education program (p. 65).

11. Conley (1973, p. 342) defined evaluation as a process used to determine the value or worth of an activity. Since the majority of hospitals and special care homes did not evaluate the total continuing education program for registered nurses, the value or worth of the program was not being established by the majority of hospitals and special care homes. Information from any evaluation method can provide a basis for
change and improvements or serve as a stimulus for future goal setting (Tobin et al., 1979, p. 175).

5.4 Recommendations

A number of recommendations based on the findings of this study and the review of the literature have been presented for hospitals and special care homes in Saskatoon. It has been recommended that:

1. Organizational approaches to programming be reviewed by hospitals.

2. Written statements of philosophy, purpose, goals, and objectives for the continuing education program for registered nurses be developed in all special care homes. Date of approval and subsequent reviews must also be indicated.

3. Written policies on the frequency of conducting continuing education activities and the attendance expectations of registered nurses be developed by all hospitals and special care homes.

4. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes request funds and establish budgets for their programs.

5. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes lobby for increased funding for continuing education from the funding agencies.
6. Criteria for minimum educational requirements for the person responsible for the continuing education program for registered nurses in hospitals and special care homes be established.

7. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes upgrade their knowledge in nursing education and adult education.

8. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes review adequacy of facilities such as clerical support; office space; teaching space; storage space; and special equipment for duplication of materials and for instructional purposes. Inadequacies should be identified and recommendations for change submitted to persons to whom they are responsible.

9. Persons responsible for continuing education programs for registered nurses in special care homes be informed of marketing techniques.

10. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes review their record keeping systems, type of records kept, and possible uses for information provided by records.

11. Persons responsible for continuing education programs for registered nurses in hospitals and special care homes be encouraged to develop conceptual frameworks for their programs.
12. Persons responsible for continuing education programs in hospitals and special care homes develop mechanisms to evaluate their total program.

13. Future research be conducted to establish minimum criteria for effective continuing education programs for registered nurses in hospitals and special care homes in Saskatoon.

14. Future research be conducted on the impact of continuing education on nursing practice and on the quality of patient care in hospitals and special care homes in Saskatoon.

15. Future research replicate the present study with a larger population or sample.

16. Future research be conducted to examine the employment of full-time and part-time registered nurses in hospitals and special care homes with respect to their continuing education activities.


Miller, P. (1975). Personal factors - Help or hindrance to continued learning by the nurse. The Journal of Continuing Education in Nursing, 6 (6), 30 - 33.


PART A: PERSONAL AND PROFESSIONAL DATA

Please place a check mark to the left of the most accurate response, or complete as requested.

1. Sex:
   ___ male
   ___ female

2. Age, to nearest birthday:
   ___ under 25
   ___ 25 - 34
   ___ 35 - 44
   ___ 45 - 54
   ___ 55 - 64
   ___ 65 and over

3. Currently registered as a nurse?
   ___ yes
   ___ no

4. Highest level of completed nursing education is:
   ___ R.N. diploma
   ___ Baccalaureate in nursing
   ___ Master's in nursing
   ___ Doctorate in nursing

5. Highest level of completed non-nursing education is:
   ___ high school
   ___ 2 year college or technical institute
   ___ Baccalaureate degree. Specify ________________
   ___ Master's degree. Specify ________________
   ___ Doctorate degree. Specify ________________

6. Do you possess a diploma or certificate in a nursing specialty?
   ___ yes. Specify __________________
   ___ no

7. Total number of years experience in the nursing field, including the present year:
   ___ no previous experience
   ___ 1 - 3 years
   ___ 4 - 6 years
   ___ 7 - 9 years
   ___ 10 - 12 years
   ___ 13 - 15 years
   ___ 16 - 18 years
   ___ 19 years and over
   ___ no experience in nursing
8. Does your work experience include any of the following? 

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
<th>No</th>
<th>Number of years</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nursing supervisor</td>
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<td></td>
<td></td>
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<tr>
<td>teacher (diploma program)</td>
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<tr>
<td>teacher (college program)</td>
<td></td>
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</tr>
<tr>
<td>teacher (baccalaureate program)</td>
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<tr>
<td>inservice education (teaching RN's in a general hospital)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other. Please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Were you previously employed in the hospital where you are currently responsible for inservice education? 

   - [ ] yes 
   - [ ] no 

10. If your answer to #9 is "yes" please indicate how long in years (including the present year) you were previously employed in the hospital where you are currently responsible for Inservice Education.

PART B: ORGANIZATION AND JOB PROFILE

Please place a check mark to the left of the most accurate response, or complete as requested.

1. How many beds does your hospital have? ___________

2. How many full time registered nurses are employed by your hospital? 
   - [ ] less than 50. Specify ___________
   - [ ] 50 - 99. Specify ___________
   - [ ] 100 - 149. Specify ___________
   - [ ] 150 and over. Specify ___________

3. How many casual and part-time registered nurses are employed by your hospital? ___________

4. What is the title of your position? ___________

5. What is your present employment status? 
   - [ ] full time 
   - [ ] part-time, temporary 
   - [ ] part-time, permanent 

6. How long have you held your current position? 
   - [ ] less than 1 year 
   - [ ] 1 - 4 years 
   - [ ] 5 - 8 years 
   - [ ] 9 years and over
7. How long has this position existed at your hospital?
   ___ less than 1 year
   ___ 1 - 4 years
   ___ 5 - 8 years
   ___ 9 years and over

8. What is the position title of the person to whom you report?

9. At what level is your position? That is, how many levels are there between you and the hospital administrator? (If you report directly to him/her, check "none").
   ___ none
   ___ one level
   ___ two or more levels

10. How many full time inservice instructors do you employ?
    ___ none
    ___ 1 - 2
    ___ 3 - 4
    ___ 5 or more

11. How many part-time inservice instructors do you employ?
    ___ none
    ___ 1 - 2
    ___ 3 - 4
    ___ 5 or more

12. During the past 12 months have you been involved with shared inservice programs for registered nurses with other hospitals? That is, have you planned and participated in a program with another hospital?
    ___ yes. Specify __________________________
    ___ no

13. During the past 12 months have you been involved with shared inservice programs for registered nurses with agencies, other than hospitals, such as the university? That is, have you planned and participated in a program with another agency?
    ___ yes. Specify __________________________
    ___ no

14. Is your registered nursing inservice education a part of a larger hospital-wide inservice education department?
    ___ yes
    ___ no

15. Is your hospital separated into individual units (wards, clinical areas)?
    ___ yes
    ___ no

16. If your answer to 15 is "yes", do individual units (wards, clinical areas) in your hospital provide their own inservice offerings for registered nurses?
    ___ yes
    ___ no
17. If your answer to \#16 is "yes", please indicate which units do this.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td></td>
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<tr>
<td>Obstetric</td>
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<tr>
<td>Pediatric</td>
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<tr>
<td>Orthopedic</td>
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<tr>
<td>Neurosurgical</td>
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<td></td>
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<tr>
<td>Rehabilitation</td>
<td></td>
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<tr>
<td>Psychiatric</td>
<td></td>
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<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospital does not have this unit

18. If your answer to \#16 is "yes", please indicate which of the following responses best describes the role of your inservice department in relation to the unit inservice.

<table>
<thead>
<tr>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To plan the unit program with the unit personnel by assisting in defining objectives, needs, assessment, and cost effectiveness</td>
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<tr>
<td>b. To organize the unit program in terms of carrying out the planned decision of the unit.</td>
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<tr>
<td>c. To facilitate the unit program in terms of teaching, guiding, and general observing of the ward unit's program</td>
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<tr>
<td>d. To evaluate the program by assessing changes in performance</td>
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<tr>
<td>e. To provide material and personnel resources as requested by the unit</td>
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<tr>
<td>f. Not involved</td>
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<tr>
<td>g. Other, please specify</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

PART C: POLICIES

1. Does your hospital have a written philosophy?
   __ yes
   __ no

2. Does your hospital have a written statement of the objectives or goals for the nursing service department?
   __ yes
   __ no

3. Does your hospital have a written statement of the policy related to attendance (including time off provisions for inservice education)?
   __ yes
   __ no
1. Does your hospital have mandatory attendance for registered nurses at programs other than for those subjects normally part of orientation such as fire and safety policy and procedures?  
   ___ yes, for full time registered nurses  
   ___ yes, for part-time registered nurses  
   ___ yes, for casual registered nurses  
   ___ no  

   Comments: ________________________________

5. Does your hospital recognize registered nurses for attendance at inservice programs by any of the following?  

   a. Recognition of attendance given on performance appraisals   
      Yes   No
   b. Monetary reward
      ___ ___
   c. Promotion
      ___ ___
   d. No recognition given
      ___ ___
   e. Other, please specify: ________________________________

PART D: PROGRAM CHARACTERISTICS

What method do you use to assess the need for inservice programs for registered nurses? Using the following response key for questions 1 - 16 below, circle the number of the response which most accurately reflects your situation.

<table>
<thead>
<tr>
<th>1.</th>
<th>Response Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>2</td>
</tr>
<tr>
<td>1. Meetings with formal advisory committee</td>
<td>1</td>
</tr>
<tr>
<td>2. Formal meetings with administration (non-nursing)</td>
<td>1</td>
</tr>
<tr>
<td>3. Formal meetings with nursing coordinator</td>
<td>1</td>
</tr>
<tr>
<td>4. Formal meetings with head nurses</td>
<td>1</td>
</tr>
<tr>
<td>5. Questionnaire survey of patients regarding nursing care</td>
<td>1</td>
</tr>
<tr>
<td>6. Analysis of critical incident reports involving registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>7. Analysis of performance evaluation of registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>8. Analysis of turnover records of registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>9. Survey of literature for new trends in nursing</td>
<td>1</td>
</tr>
<tr>
<td>10. Questionnaire survey of registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>11. Informal conversations with registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>12. Formal planning committees of registered nurses with special interest and knowledge in a subject area</td>
<td>1</td>
</tr>
<tr>
<td>13. Suggestion boxes located on the ward units for registered nurses to use</td>
<td>1</td>
</tr>
<tr>
<td>14. Job analysis of registered nurses</td>
<td>1</td>
</tr>
<tr>
<td>15. Plan programs on my own, with other inservice instructors</td>
<td>1</td>
</tr>
<tr>
<td>16. Plan programs on my own</td>
<td>1</td>
</tr>
</tbody>
</table>

17. How far in advance do you usually plan your programs for registered nurses?

   ___ less than 1 week  
   ___ 1 week  
   ___ 2 weeks  
   ___ 1 month  
   ___ 2 months  
   ___ 3 months  
   ___ 6 months  
   ___ more than 6 months
19. **Inservice programs may include the following content areas. Are the content areas listed below included in your inservice program?**

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership and management training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special clinical programs (e.g. neurology)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify ________________________________

19. **Indicate approximately how many of the following programs for registered nurses were conducted in the past year related to the six content areas below:**

a. **Orientation**
   - less than 2
   - 2 - 5
   - 6 - 9
   - 10 - 13
   - 14 - 17
   - 18 - 21
   - 22 - 25
   - 26 and over

b. **Skill Training**
   - less than 2
   - 2 - 5
   - 6 - 9
   - 10 - 13
   - 14 - 17
   - 18 - 21
   - 22 - 25
   - 26 and over

c. **Leadership and Management Training**
   - less than 2
   - 2 - 5
   - 6 - 9
   - 10 - 13
   - 14 - 17
   - 18 - 21
   - 22 - 25
   - 26 and over

d. **Continuing Education**
   - less than 2
   - 2 - 5
   - 6 - 9
   - 10 - 13
   - 14 - 17
   - 18 - 21
   - 22 - 25
   - 26 and over
19. continued

e. Patient Education

<table>
<thead>
<tr>
<th>Programming Item</th>
<th>Used in last 12 months</th>
<th>Staff Developed</th>
<th>Outside Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide-sound presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filmstrip-sound presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transparencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 mm. movies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape recordings (audio)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cassette tapes (audio)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role Plays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training games</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programmed instruction materials (independent study programs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor's guides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student manuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesson plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation questionnaires or rating forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Schechter, Daniel S. Agenda for Continuing Education: A Challenge To Health Care Institutions, (Chicago: Hospital research Educational Trust, 1974), p. 106.
21. Below on the left is a list of resource persons. On the right are headings specifying ways of participation. For each resource person used, please use a check mark to check the way or ways that your department has used these resource persons.

<table>
<thead>
<tr>
<th>Resource Person Participation</th>
<th>Consultants to you to assist with program development</th>
<th>Lecture</th>
<th>Demonstration</th>
<th>Discussion</th>
<th>Leader</th>
<th>Other (Please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social workers, pharmacists, physical therapists, dieticians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty: diploma college, or university schools of nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty, department of university extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inservice coordinators and instructors outside of your hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug or supply companies</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Special groups such as the Heart Foundation or Diabetic Association</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Below is a list of equipment resources. Please put a check if an item is available to you at the present time.

- Videotape recorder
- Videotape player
- Medical library
- Nursing library
23. Do you find that the space (teaching area) allocated for inservice education for registered nurses adequate for your present needs?
   ___ yes
   ___ no

24. Are the aspects of your program for registered nurses evaluated in a formal way?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content of program</td>
<td></td>
</tr>
<tr>
<td>Process (teaching) of program</td>
<td></td>
</tr>
<tr>
<td>Outcome of program</td>
<td></td>
</tr>
<tr>
<td>Other. Please specify</td>
<td></td>
</tr>
</tbody>
</table>

25. The effectiveness of inservice education for registered nurses is often reflected in the evaluation of knowledge. Do you evaluate knowledge in any of the following ways?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written test (pre-test) taken by nurse participants before the program</td>
<td></td>
</tr>
<tr>
<td>Written test taken by nurse participants after the program</td>
<td></td>
</tr>
<tr>
<td>Learner self-evaluation of amount learned</td>
<td></td>
</tr>
<tr>
<td>Incidental observations by instructor during the program (e.g. assessing what is learned through questions asked)</td>
<td></td>
</tr>
</tbody>
</table>

26. The effectiveness of inservice education for registered nurses is often reflected in the evaluation of performance. Does your hospital carry out any evaluation, specifically related to inservice offerings, by using any of the following methods?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed behavioral changes in the learner (e.g. skills)</td>
<td></td>
</tr>
<tr>
<td>Verbal statements by the nurse participants of change in behavior</td>
<td></td>
</tr>
<tr>
<td>Patient comment cards</td>
<td></td>
</tr>
<tr>
<td>Patient verbal responses to the care given by the nurse participants</td>
<td></td>
</tr>
<tr>
<td>Videotape</td>
<td></td>
</tr>
<tr>
<td>Review of performance record</td>
<td></td>
</tr>
</tbody>
</table>

27. The effectiveness of inservice education for registered nurses is often reflected in the "satisfaction" of participants. Do you evaluate participant satisfaction in any of the following ways?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant satisfaction with content</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with process (teaching) of programs</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with time schedule of the program</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with resources</td>
<td></td>
</tr>
</tbody>
</table>

28. Do you evaluate a specific program, if so, when is the evaluation most commonly done?

   | During the program | ||
   | Immediately after the program | ||
   | Up to six weeks after the program | ||
   | After six weeks | ||
29. Do you keep records of attendance at inservice education?
   __ yes
   __ no

30. If your answer to #29 is "yes", what type of attendance record do you keep?
   ___ general record of numbers attending
   ___ records on each registered nurse
   ___ other. Specify ________________________________

31. If you have attendance records, what use is made of these?

<table>
<thead>
<tr>
<th>For budget requests</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>For reporting to administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For the nurse's record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For planning future programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of present programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For evaluating the best times for future topics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To stimulate registered nurses to examine her performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To justify present programs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART E: BUDGET

1. Do you have funds specifically allotted for inservice education programs?
   __ yes
   __ no

2. Do you know what your budget is for the current budget year for inservice education for registered nurses?
   __ yes
   __ no

3. If answer to #2 above was "yes", please specify your yearly budget allotment.

4. Have the funds for inservice education for registered nurses in the past two years:
   __ grown significantly
   __ grown somewhat
   __ stayed the same
   __ reduced somewhat
   __ been reduced significantly
   __ no records
PART F: PROGRAM CONCERNS

1. Below is a list of various aspects of an inservice educator's job. Please check those about which you would like to know more.
   - Building learning principles into program designs
   - Assessing inservice education needs of registered nurses
   - Setting measurable objectives
   - Creating educational materials (e.g. course outlines, workbooks, modules) specifically suited to your situation
   - Combining content elements of educational programs effectively
   - Measuring costs -- to assist in program planning and budget proposals
   - Achieving an effective teaching and instructional methods "mix"
   - Evaluation of inservice education programs within the institution
   - Evaluation of packaged programs available from outside sources
   - Other. Specify

2. Do you have any other pertinent information regarding your inservice education program not elicited in this questionnaire? If yes, please elaborate.

3. Do you have any comments about this questionnaire? If yes, please elaborate.

THANK YOU VERY MUCH FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

June 6, 1983

Miss Jan Roseneder
Bibliographic Services
University of Calgary Library
University of Calgary
2500 University Drive, N.W.
Calgary, Alberta
T2N 1N4

Dear Miss Roseneder;
Further to our telephone conversation of June 1, 1983, you will find attached a permission form which I hereby request you sign and return to me in the enclosed stamped self-addressed envelope.

Thank you for your assistance with this matter.

Sincerely,

Lily Krause, R.N., B.S.N.
Graduate Student
University of Saskatchewan
APPENDIX C
Permission is hereby granted to Lily Krause, R.N., B.S.N., of University of Saskatchewan by the Bibliographic Services, University of Calgary, to xerox and adapt the questionnaire published in the thesis In-Service Education for Registered Nurses In General Hospitals in Southern Alberta: A Survey of Current Programs by Elizabeth Lansing Millham. This questionnaire is to be used to study Continuing Nursing Education Programs in Saskatoon, Saskatchewan.

(Signature)

University of Calgary Library
APPENDIX D
A SURVEY OF CONTINUING EDUCATION PROGRAMS
FOR REGISTERED NURSES IN HOSPITALS AND SPECIAL CARE HOMES IN SASKATOON

Please place a check mark to the left of the most accurate response, or complete as requested.

PART A: PROFESSIONAL DATA

1. Are you currently registered as a nurse?
   - Yes
   - No

2. Highest level of completed nursing education is:
   - R.N. diploma
   - Baccalaureate in Nursing
   - Masters in Nursing

3. Highest level of completed non-nursing education is:
   - High School
   - 2 year College of Technical Institute. Specify.
   - Baccalaureate degree. Specify.
   - Masters degree. Specify.

4. Do you possess a diploma or certificate in a nursing specialty?
   - Yes. Specify
   - No

5. Total number of years experience in the nursing field, including the present year:
   - no previous experience
   - 1 - 3 years
   - 4 - 6 years
   - 7 - 9 years
   - 10 - 12 years
   - 13 - 15 years
   - 16 - 18 years
   - 19 years and over
   - not applicable

6. Total number of years experience in a position in which you are responsible for the continuing education program for registered nurses, including the present year.
   - no previous experience
   - 1 - 3 years
   - 4 - 6 years
   - 7 - 9 years
   - 10 - 12 years
   - 13 - 15 years
   - 16 - 18 years
   - 19 years and over

7. Does your work experience include any of the following:
   - Staff nurse
   - Head nurse
   - Supervisor
   - Director of Nursing/Care
   - Instructor (diploma program)
   - Instructor (baccalaureate program)
   - Other. Please specify
8. How many years (including the present year) were you previously employed in the institution where you are currently responsible for continuing education for registered nurses.
   ___ years
   ___ not previously employed.

PART B: ORGANIZATION AND ADMINISTRATION

1. ________ Average daily census.

2. Registered nurses employed:
   ________ Full-time
   ________ Part-time/casual

3. Is your educational program for registered nurses a part of the institution's total program?
   ___ Yes
   ___ No

4. Is your educational program for registered nurses a part of the department of nursing's program?
   ___ Yes
   ___ No

5. Is your educational program for registered nurses a part of an institution-wide education department?
   ___ Yes
   ___ No

6. Is your institution separated into individual clinical areas (wards, nursing units, wings)?
   ___ Yes
   ___ No

7. If your answer to #6 is "Yes", do individual clinical areas (wards, nursing units, wings) in your institution provide their own educational offerings for registered nurses?
   ___ Yes
   ___ No

8. (a) If clinical areas in hospitals provide their own educational offerings for registered nurses, please indicate which wards do this:

<table>
<thead>
<tr>
<th>Clinical Areas</th>
<th>Yes</th>
<th># of Wards</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gynecology</td>
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<td></td>
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<tr>
<td>Orthopedics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Urology</td>
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<td></td>
<td></td>
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<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR/RR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Intensive Care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Intensive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(b) If clinical areas in special care homes provide their own educational offerings for registered nurses, please indicate which wards/wings do this:

<table>
<thead>
<tr>
<th>Clinical Areas</th>
<th>Ward/Wings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
PART C: POSITION PROFILE

1. State the title of your position.

2. State the position title of the person to whom you report.

3. How many levels are there between you and the chief administrator? (If you are the chief administrator or report directly to him/her, check "none")
   - None
   - One level
   - Two or more levels

4. How long have you held your current position in which you are responsible for the continuing education program for registered nurses?
   - less than 1 year
   - 1 - 4 years
   - 5 - 8 years
   - 9 - 12 years
   - 13 - 16 years
   - 17 years and over

5. What percentage of your time is spent in continuing education activities for registered nurses?
   - less than twenty-five
   - twenty-five
   - fifty
   - seventy-five
   - one hundred

6. How long has this position with responsibility for the continuing education program for registered nurses existed in the institution?
   - less than one year
   - 1 - 4 years
   - 5 - 8 years
   - 9 - 12 years
   - 13 - 16 years
   - 17 years and over

7. How many nursing instructors do you employ for the purpose of providing continuing education for registered nurses?
   (a) Full-time
      - self
      - 1 - 2
      - 3 - 4
      - 5 or more
   (b) Part-time
      - self
      - 1 - 2
      - 3 - 4
      - 5 or more
PART D: PHILOSOPHY AND OBJECTIVES

1. Does your institution have a written philosophy about continuing education for registered nurses.
   - Yes
   - No
   b) If "yes", I would appreciate a copy if available.
   c) If "no", please describe informal philosophy.

2. Does your institution have a written statement of the objectives and goals for the department providing continuing education for registered nurses?
   - Yes
   - No
   b) If "yes", I would appreciate a copy if available.
   c) If "no", please describe informal objectives and goals.

3. How frequently are educational activities to be conducted?

4. Does your institution have a written statement of the policy related to attendance (including time off provisions for continuing education)?
   - Yes
   - No
   b) If "yes", I would appreciate a copy if available.
   c) If "no", please describe informal policy.

5. On the average, how many hours per fiscal year does each registered nurse spend in continuing education activities as organized by the following:
   - your institution
   - self
   - agencies/individuals outside the institution.

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE
Interview Schedule

Introduction

First of all, I would like to thank you for agreeing to be interviewed today; I appreciate your cooperation. I would like to emphasize that the information you give me will be kept in confidence. To enable me to record your complete answers, I would appreciate your permission to tape this entire interview.

Purpose of Study

This study is being conducted as a thesis requirement for a Master of Continuing Education. The purpose of the study is to collect information about continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. More specifically, this investigation is to collect information about the organization and administration of the continuing education programs for registered nurses. Characteristics of the programs and some of the related issues will also be studied.

Instructions

The interview will take approximately 1 1/2 hours. As a guideline, please consider your program's operation during the last fiscal year. That is, your program beginning April 1, 1982 and ending March 31, 1983.

I would also like to clarify the term, continuing nursing education. For the purpose of this study, continuing nursing education includes all inservice education, orientation at times other than initial employment and other job-related forms of continuing education taking place within and outside your agency, which registered nurses have attended. It does not include initial orientation, enrollment in formal degree granting programs, incidental learning, or informal self-directed study.

For some of the questions I will show you a card containing a number of possible answers. Please choose the responses that are true for your program, and suggest others when appropriate. I will keep a check list and mark your answers as we go along, however, I will also be taping the entire interview. If you have any questions during the interview or if you do not understand some questions, please let me know, and I will try to clarify the question. Do you have any questions before we begin?
PART A: Administrative Policies

The first series of questions relate to policies.

1. Does your institution recognize registered nurses for attendance at continuing education activities by any of the following: (Select all that apply - Card A).

   Yes  No

1. recognition of attendance given on performance appraisals
   2. monetary reward
   3. promotion
   4. no recognition given
   5. other. Specify

2. What is the registered nurse's responsibility for sharing information following attendance at a continuing education activity either inside or outside the institution?

3.a) During the past fiscal year has your institution been involved in cooperative (shared) educational activities with other similar institutions and/or other agencies?

   Yes.  No.

b) If "Yes", how many institutions/agencies other than your own were involved?

c) Please list educational activities:

4.a) Are cooperative educational activities with other health care institutions/agencies now being planned for implementation during the next two years?

   Yes.  No.

b) If "Yes", how many health care institutions other than your own are involved?

c) Please list the prospective educational activities:
PART B: Program Characteristics

The next series of questions will relate to the actual program planning and evaluation.

1. If you are using any adult education theories as the basis for your program, please list them.

2. What method do you use to assess the need for continuing education activities for registered nurses? Using the following response key for questions 1 - 24, please select the number of the response which most accurately reflects your situation. (Card B).

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>rarely e.g. once/year</td>
<td>sometimes e.g. every 3 months</td>
<td>frequently at least once/month</td>
</tr>
<tr>
<td>1. Formal meetings with administration (non-nursing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Formal meetings with nursing coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Formal meetings with head nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Questionnaire survey of patients/residents regarding nursing care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Analysis of critical incident reports involving registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Analysis of performance evaluation of registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Analysis of turnover records of registered nurses</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. Survey of literature for new trends in nursing</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9. Questionnaire survey of registered nurses</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. Informal conversations with registered nurses</td>
<td></td>
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</tr>
<tr>
<td>11. Formal planning committees of registered nurses with special interest and knowledge in a subject area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Suggestion boxes located on the ward/units for registered nurses to use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Job analysis of registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Plan programs on my own, with other inservice instructors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Plan programs on my own</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Input from experts in the health care and related fields</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Input from society</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Annual program statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Program evaluation summaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Self assessment by registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Interviews with registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Brain storming sessions with registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Check lists completed by registered nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Other</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3.a) Who determines priorities for the educational activities offered?

b) Which factors are considered when establishing priorities?
4.a) Who determines objectives and content of educational activities?

b) How are stated objectives (written or verbal) for educational activities used?

5.a) During the last fiscal year, which of the following individual methods have been used by your institution for programming? (Select all that apply. Card C).

<table>
<thead>
<tr>
<th>Individual Methods</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. mastery learning (learning of one objective before starting another)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. self-learning packages (collection of information on a specific subject)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. self-instructional modules (self-contained learning experience)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. contract learning (mutually negotiated learning plan)</td>
<td></td>
<td></td>
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<tr>
<td>5. computer-assisted instruction (programmed materials on specific topics utilized by means of a computer)</td>
<td></td>
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<tr>
<td>6. learning resource center (facilities equipped with variety of instructional materials for both individual and group instruction)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. self-nonguided tour (walking tour with written instructions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) You may have used methods not listed on the card. What other methods have you used?

c) Which two methods were used the most frequently by your institution?

6.a) Does this institution have a library?

   Yes.
   No.

b) If "Yes", how are library services provided? (Select those that apply. Card D).

1. A central location only.
2. A central location and on individual units/wards/wings.
3. In individual units/wards/wings only.
4. Other. Specify.

c) During which hours is the library/libraries open?

   Weekdays a.m. to p.m.
   Weekends a.m. to p.m.
7.a) During the last fiscal year, which of the following group methods have been used by your institution for programming? (Select all that apply. Card E).

<table>
<thead>
<tr>
<th>Group Methods</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interview (e.g. patient/resident interview)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Incident Process (single incident or event studied)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstration (e.g. bath demonstration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Nominal group process (brain storming)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Open forum and buzz session (individuals given opportunity to present views)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Case method (comprehensive study of an individual, problem or situation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Role play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Nursing rounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Medical rounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Simulation (method of representing reality)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Study tours (field trip - first hand observation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Workshop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) You may have used methods not listed on the card. What other methods have you used?

c) Which two methods were used the most frequently by your institution?

8.a) During the last fiscal year, which of the following audiovisual devices have been used by your institution for programming? (Select all that apply. Card E).

<table>
<thead>
<tr>
<th>Audiovisual Device</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Films</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Videotapes (sight, sound, motion)</td>
<td></td>
<td></td>
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<tr>
<td>3. Slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Slide-sound presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Audiotape recordings (sound tapes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Displays (e.g. bulletin board)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Poster, photographs, and graphics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Poster Board (teaching/presenting system)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Mass media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Teleconference/Telephone system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) You may have used audiovisual devices not listed on the card. What other audiovisual devices have you used?

c) Which two audiovisual devices were used most frequently by your institution?
9.a) During the last fiscal year, which types of resource persons have been invited to present at your educational activities? (Select all that apply. Card G).

<table>
<thead>
<tr>
<th>Resource Persons</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients/residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td></td>
<td></td>
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<tr>
<td>Physical Therapists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dieticians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other. Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Which two types of resource persons were used most frequently?

10.a) Which of the following organizations did the resource persons represent? (Select all that apply. Card H).

<table>
<thead>
<tr>
<th>Organization</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employing agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute of Applied Arts &amp; Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Nursing Education (CNE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Saskatchewan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Health-Care Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Union of Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Registered Nurses Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Association of Special Care Homes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian Health Care Executive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug or Supply Companies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special groups e.g. Heart Foundation or Diabetic Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other. Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Which two organizations were represented most frequently?

11. What mechanisms are used to coordinate educational activities for registered nurses in this institution (both at the total institution/department level and the individual nursing unit level)?

12. How is the educational program for registered nurses evaluated?
13. The effectiveness of continuing education for registered nurses is often reflected in the evaluation of knowledge. Do you evaluate knowledge in any of the following ways. (Select all that apply. Card I). 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written test (pre-test) taken by nurse participants before the program</td>
<td></td>
</tr>
<tr>
<td>Written test taken by nurse participants after the program</td>
<td></td>
</tr>
<tr>
<td>Learner self-evaluation of amount learned</td>
<td></td>
</tr>
<tr>
<td>Incidental observations by instructor during the program (e.g. assessing what is learned through questions asked)</td>
<td></td>
</tr>
<tr>
<td>Other. Specify</td>
<td></td>
</tr>
</tbody>
</table>

14.a) Have you at any time attempted to evaluate attitudinal changes (e.g. to death and dying; towards elderly)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

b) If so, which methods did you use?

15.a) The effectiveness of continuing education for registered nurses is often reflected in the evaluation of performance. Does your institution carry out any evaluation, specifically related to continuing education activities by using any of the following methods? (Select all that apply. Card J). 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed behavioral changes in the learner (e.g. skills)</td>
<td></td>
</tr>
<tr>
<td>Verbal statements by the nurse participants of change in behavior</td>
<td></td>
</tr>
<tr>
<td>Patient/Resident comment cards</td>
<td></td>
</tr>
<tr>
<td>Patient/Resident verbal responses to the care given by the nurse participants</td>
<td></td>
</tr>
<tr>
<td>Videotape</td>
<td></td>
</tr>
<tr>
<td>Review of performance record</td>
<td></td>
</tr>
<tr>
<td>Other. Specify</td>
<td></td>
</tr>
</tbody>
</table>

b) Have you found that registered nurses tend to rediagnose their own learning needs during this evaluation process?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>
16. The effectiveness of continuing education for registered nurses is often reflected in the "satisfaction" of participants. Do you evaluate participant satisfaction in any of the following ways? (Select all that apply. Card K).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant satisfaction with content</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with process (teaching) of programs</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with time schedule of the program</td>
<td></td>
</tr>
<tr>
<td>Participant satisfaction with resources</td>
<td></td>
</tr>
<tr>
<td>Other. Specify</td>
<td></td>
</tr>
</tbody>
</table>

17. If you evaluate a specific educational activity, when is the evaluation most commonly done? (Select all that apply. Card L).

- During the program  
- Immediately after the program  
- Up to six weeks after the program  
- After six weeks  

18. How is information from evaluation of educational activities used?

19. a) Do you find that the space (teaching area, classroom space) allocated for educational activities for registered nurses adequate for your present needs?

- Yes.  
- No.  

b) If "No", what are your present needs?

20. a) Do you keep records of education activities?

- Yes.  
- No.  

b) If "Yes", what type of records do you keep? (Select all that apply. Card M).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. attendance records</td>
<td></td>
</tr>
<tr>
<td>2. achievement records (level of competency)</td>
<td></td>
</tr>
<tr>
<td>3. record of participation in continuing education activities outside the institution</td>
<td></td>
</tr>
<tr>
<td>4. statistical records (example: categories of personnel, learning activities)</td>
<td></td>
</tr>
<tr>
<td>5. evaluation records (success and failure of learner)</td>
<td></td>
</tr>
<tr>
<td>6. other. Explain</td>
<td></td>
</tr>
</tbody>
</table>
c) If "Yes", what type of record system do you use?

   Manual
   Computerized.

21. If records of educational activities are maintained what use is made of these?

22. a) Do you submit a report to administration on educational activities for registered nurses?
   ___ Yes.
   ___ No.
   b) If "Yes", how frequently?

23. a) Do you find that the clerical support provided is adequate?
   ___ Yes.
   ___ No.
   b) If "No", what are your present needs?

24. a) Do you find that the office space provided is adequate?
   ___ Yes.
   ___ No.
   b) If "No", what are your present needs?

25. a) Do you find that the special equipment which you have for duplication of materials and for instructional purposes is adequate?
   ___ Yes.
   ___ No.
   b) If "No", what are your present needs?

26. a) Do you find that your storage space for equipment and supplies is adequate?
   ___ Yes.
   ___ No.
   b) If "No", what are your present needs?
The last few questions in this section on program characteristics relate to specific planning aspects and communication of your educational activities to prospective participants.

27. How far in advance does the person responsible usually plan the educational activities for registered nurses?

institution level
individual nursing unit level.

28. How far in advance does the person responsible usually send out notices re educational activity for registered nurses?

institution level
individual nursing unit level.

29. a) Which tools and activities does your institution use to communicate educational activities for registered nurses?

(Select those that apply. Card N).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monthly calendars</td>
<td></td>
</tr>
<tr>
<td>2. Bulletin Board</td>
<td></td>
</tr>
<tr>
<td>3. Brochures</td>
<td></td>
</tr>
<tr>
<td>4. Newsletters</td>
<td></td>
</tr>
<tr>
<td>5. Others. Specify</td>
<td></td>
</tr>
</tbody>
</table>

b) Which one is used the most frequently?

30. a) Do you advertise your educational activities for registered nurses in other health care institutions?

Yes.
No.

b) If "Yes", why do you advertise?

31. a) Have you found any specific day of the week better than others to schedule educational activities for registered nurses?

Yes.
No.

b) If "Yes", which day?

32. a) Have you found any specific time during the day best to schedule educational activities for registered nurses?

Yes.
No.

b) If "Yes", which time of the day?

33. Scheduling educational activities at the time most appropriate for registered nurses, tends to increase attendance. What else is done to assure maximum attendance?
PART C: Budget

This next series of questions relates to operating costs and funding.

1. a) Do you have funds specifically allotted for continuing education for registered nurses?
   ____ Yes.
   ____ No.

   b) If "Yes", please specify the budget allotment for the previous fiscal year?

2. a) If "Yes", did you find that your budget was adequate in the last fiscal year?
   ____ Yes.
   ____ No.

   b) If "No", what is your projected need?

3. During the last fiscal year on which of the following three program costs was most of your money spent?
   (Select all that apply. Card Q)

   1. Salary costs for education personnel
   2. Salary costs for education by other personnel
   3. Cost of fees and honorariums for outside instructors
   4. Cost of purchasing & maintaining educational hardware
   5. Cost of purchasing other educational materials (books, films, tapes, and so forth)
   6. Costs associated with travel and tuition expenses for employee participation in outside educational activities
   7. Costs related to physical space for education

4. How do you establish the cost-effectiveness of your program?

5. Have the funds for continuing education for registered nurses changed in the past two years? (Select the most appropriate. Card P).
   ____ grown significantly
   ____ grown somewhat
   ____ stayed the same
   ____ reduced somewhat
   ____ been reduced significantly
   ____ no records

PART D: Program Concerns

The final part of this interview includes questions on program concerns.

1. During the last fiscal year, which reasons have nurses given for attending education activities?


2. During the last fiscal year, which reasons have nurses given for not attending education activities?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. What do you consider to be the major problems in providing continuing education activities to registered nurses in your institution, now and in the future?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. How would you recommend these problems to be overcome?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. During this fiscal year, what changes would you like to implement in your education program for registered nurses?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. Is there anything else that you would like to comment on which I have omitted? (Do you have any reports available that may be helpful?)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you for your participation in this interview.
Dear

As a graduate student in the College of Graduate Studies and Research, University of Saskatchewan, I am conducting a study of continuing education programs for registered nurses in Saskatoon. This study is being conducted as a thesis requirement for the degree of Master of Continuing Education.

I am writing to seek permission to conduct this study in your institution. Your permission will enable me to seek cooperation from the Administrator of the Nursing Department. This cooperation, if granted, will enable me to administer a questionnaire to and conduct an interview with the person responsible for continuing education for registered nurses.

I kindly request that you indicate your permission by signing the attached permission form and returning it to me at your earliest possible convenience in the stamped, self-addressed envelope. If you have any questions, please call me at 343-5151.

Thank you for your anticipated attention to this matter.

Sincerely,

Lily Krause, R.N., B.S.N.
Graduate Student
Department of Continuing Education
College of Graduate Studies
and Research
University of Saskatchewan

R.E.Y. Wickett, Ed. D.
Thesis Advisor
Department of Continuing Education
College of Education
University of Saskatchewan
I hereby grant permission to Lily Krause, R.N., B.S.N., to seek the cooperation of the Administrator of the Nursing Department. This will enable Lily Krause to conduct the research required for her graduate program in Continuing Education.

(Signature)

(Position)

(Name of Institution)
Dear

As a graduate student of the College of Graduate Studies and Research, University of Saskatchewan, I am conducting a study of continuing education programs for registered nurses. This study is being conducted as a thesis requirement for a Master of Continuing Education at the University of Saskatchewan.

The purpose of the study is to collect information about the current practice in continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. This information will be useful for planning future continuing education programs for registered nurses.

I have written to ___________ for permission to conduct this study in your institution. In addition, I am asking for your cooperation. Specifically I wish to interview the person responsible for continuing nursing education in your institution. Your distribution of the enclosed letter and pre-interview questionnaire to the person responsible for continuing nursing education shall be most appreciated.

I hope the above information provides you with sufficient detail to secure your cooperation with the study. I will contact you by telephone within five days of mailing this letter for the name of the person who will be responding to the pre-interview questionnaire and interview.

If you have any questions, I would be pleased to answer them. I can be contacted at 343-5151.

Sincerely,

Lily Krause, R.N., B.S.N.
Graduate Student
Department of Continuing Education
College of Graduate Studies and Research
University of Saskatchewan
APPENDIX I
To Whom It May Concern.

As a graduate student of the College of Graduate Studies and Research, University of Saskatchewan, I am conducting a study of continuing education programs for registered nurses. This study is being conducted as a thesis requirement for a Master of Continuing Education at the University of Saskatchewan.

The purpose of the study is to collect information about the current practice in continuing education programs for registered nurses in hospitals and special care homes in Saskatoon. This information will be useful for planning future continuing education programs for registered nurses.

As the person responsible for the continuing education program for registered nurses in your institution for the 1982-1983 fiscal year, you are being asked to participate by granting me an interview and by completing the attached pre-interview questionnaire.

All responses will remain confidential; publication of all data will be in the aggregate only and will not disclose the identity of individuals. Your responses will be seen only by my thesis advisor and committee members, and are entirely voluntary - you may choose not to supply any information to which you object. At the conclusion of the study all records which identify responses will be destroyed. At your request, a summary of the findings will be sent to you.

I hope the above information provides you with sufficient detail to secure your participation in the study. I will be contacting you to arrange for a convenient interview time.

If you have any questions, I would be pleased to answer them. I can be contacted at 343-5151.

Sincerely,

Lily Krause, R.N., B.S.N.
Graduate Student
Department of Continuing Education
College of Graduate Studies and Research
University of Saskatchewan
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Code</th>
<th>Date Sent</th>
<th>Date Letter Sent</th>
<th>Date Response Received</th>
<th>Date of Interview</th>
<th>Name of Interviewee</th>
<th>Letter of Appreciation Sent</th>
<th>Summary of Results Sent</th>
</tr>
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</table>
Written departmental philosophy statements as presented by hospital program respondents:

1. The nursing department believes . . . in the provision of opportunities for professional growth and stimulation.
2. The Staff Development Department believes it can best support . . . in its' mission to serve the community by assisting staff to develop to their fullest possible potential.

Written institutional philosophy statements as presented by special care home program respondents:

1. We believe that inservice programs are important to staff development.
2. We believe that in order to meet the challenge of providing comprehensive care, we must continually seek avenues of educational opportunities for staff in cooperation with available resources.
3. The implementation of this philosophy included providing opportunities which promote the education and personal development of staff and volunteers.

Written departmental philosophy statements as presented by special care home program respondents:

1. We believe in inservice education for nursing personnel to insure good resident care and help promote job satisfaction.
2. We believe that in order to deliver individualized care it is necessary to develop within our staff an awareness of the patient's needs and the knowledge and expertise to meet these needs.

Informal or unwritten philosophy statements as expressed by special care home program respondents:

1. I believe in offering the best I can within time and circumstances.
2. I believe in encouraging attendance and sharing of the information.
3. I believe in supporting and encouraging continuing education for registered nurses.
4. I believe continuing education is important.
5. We believe in encouraging all staff members to participate in continuing education programs inhouse and outside.
6. We believe in encouraging registered nurses and making it possible for them to attend.
Written goals and objectives as presented by hospital program respondents:

1. To assist personnel with decentralized staff development by direct participation in planning and implementation of learning opportunities by serving as a consultant.
2. To assist individuals in identifying their learning needs.
3. To assist in identifying learning needs of groups of personnel.
4. To plan, implement, and evaluate learning opportunities designed to assist the employees in fulfilling their role expectations.
5. To acquire and/or develop current learning materials and to make them known and available to the staff for centralized and decentralized programs.
6. To assist in designing evaluation tools for specific programs.
7. To form positive working relationships with hospital personnel for the purpose of increasing effective communication.
8. To utilize the unique contributions of members of health and other disciplines in providing learning opportunities.
9. To be the educational representative for the hospital in its liaison with educational institutions, hospital based educational programs, and other resource agencies.
10. Assist in the process of educational program development, i.e. assessing needs, setting priorities, planning, implementing, evaluating.
11. Organize and co-ordinate all educational resources, i.e. hardware, software-control and production, classroom space.
12. Set priorities for utilization of all educational resources, i.e. cost control.
13. Ensure the quality of all educational programs by setting standards for their development, i.e. teaching methodology and trainer skills.
14. Assist individuals with personal on-going educational needs.
15. Represent the hospital in dealing with educational resource persons, agencies, and institutions.
16. Assure the on-going education of Staff Development Personnel.
17. Assist with the development of patient education programs.
Written goals and objectives as presented by special care home program respondents:

1. To establish inservice programs for nursing departments.
2. To establish and develop knowledgeable staff who are committed to giving individualized care based on needs, in cooperation with their colleague, the community and the residents' relatives and friends.
3. To provide orientation to all new staff as well as inservice programs for all staff, thereby promoting ongoing staff development.
4. To provide educational opportunities for all departments in order to assist staff in becoming more knowledgeable and competent in fulfilling role expectations.
5. To explore resources for new information relevant to the Institution.
6. To work closely with department heads in order to identify learning needs and provide opportunities to meet these needs.
7. To utilize concepts of adult education.
8. To work with other staff to assist in developing new programs or adapting programs already in existence.

Informal or unwritten goals and objectives as expressed by special care home respondents:

1. To offer what is available.
2. To attend what is available and applicable to resident needs here.
3. To provide one inservice program every 2 weeks. However, my staff would not attend as only one is on duty at a time.
APPENDIX M
Frequency of conducting continuing education activities by special care home program respondents:

1. Nine per week.
2. Every 4 to 6 weeks.
3. Four yearly.
5. Would like 1 a month, however not a policy.
6. Combined educational activities 2 per month; registered nurses only 4 per year.
7. Twice per week.
8. Minimum of twice a month.

Informal or unwritten policy statements related to attendance at continuing education activities by registered nurses as expressed by special care home program respondents:

1. To encourage attendance by having group discussions as to what is worthwhile, then everyone attends.
2. If particular staff are requested by their supervisor to attend an inservice program, their time so spent will be given back.
3. Encourage to attend --individual decision.
4. Director of Care assesses what is available and what is applicable.
5. Attend when applicable.
6. We repay nurses with time off for time spent here on their day off. They are otherwise under no obligation to attend.
7. Expectation of casuals --at least 6 inservices per year.
8. If institution pays tuition, they give time to go plus share knowledge.
9. Upon request to Staff Development -- Staff Development consults with department heads concerned before final decision is made.
APPENDIX N
INTRODUCTION

The concept of Staff Development in its broadest sense means Personnel Management, social case work, resocialization processes, social group work, community organization and development, adult education, counselling and health.

We will confine ourselves, at this point in time, to the adult education and health components.

In the meantime, we will make appropriate referrals for those other functions listed above.

In this age of rapid and accelerating change, education is a life-long process of continuing discovery and growth. Its purpose is to stimulate in the learner, a desire to engage in this life-long process of discovering what he needs to know. Therefore, the responsibility for deciding what is to be taught and learned is shifting increasingly from the teacher toward the learner.

Learning takes place all the time and life-long learning is a personal responsibility of a true professional. The educational process must, then, help the learner to generate meaning and knowledge from his life situation in a way that he can utilize all of his activities as "potential for learning".
CHARACTERISTICS OF ADULT LEARNERS

Professor Malcolm S. Knowles of Boston University has identified four criteria that have impact on the learning process for adults. While they are simple in concept, they form the basis for a new technology of adult learning called Andragogy (the art and science of helping adults learn) which distinguishes this approach to education from Pedagogy (the art and science of teaching children). The four criteria are:

i) Self-concept of the Learner:

Adults tend to resent being put into situations that violate their self-concept of maturity, such as being treated with a lack of respect, being talked down to, being judged and otherwise being treated like children. Because so many of our educational and training environments have been dominated by Pedagogy, adults tend to come into educational or training programs expecting to be treated like children and prepared to allow the teacher to take responsibility for their learning. When adults discover that they are capable of self-direction in learning as they are in other activities of their lives, they often experience a remarkable increase of motivation to learn and a strong desire to continue the learning process on their own initiative. The same general criteria can be related to motivation to work.

ii) Utilizing the Learner's Experience:

Adults, in the course of living, have accumulated vast quantities of experience of differing kinds. Therefore, the methodology abounds with "experiential", two-way and multidirectional techniques such as group discussion, simulation, buzz groups, brainstorming, skill practice sessions, and so on. In this way, the experiences of all adult participants can be utilized as resources for learning. All participants can be teachers and learners at the same time.

iii) Readiness to Learn:

Educators are quite familiar with the concepts "readiness to learn" and "teachable moment". When a person is promoted to a new job, for example, he will want to learn what he must know to perform competently. While he will not know precisely what skills and information he needs, some time spent in mutual problem diagnosis by the learners at the beginning of a training session serves to identify particular learning interests or needs that become a foundation on which new knowledge can be built. This kind of a base enables the adult educator (or trainer) to provide technical or specific content information when the learners are most interested in receiving it, thus guaranteeing an economy of presentation time and a maximum of learning retention. In addition, when the content is clarified, the trainer can concentrate on facilitating the learning process itself.
iv) Time Perspective and Orientation to Learning:

We are used to thinking of education in terms of "preparation for the future" rather than "doing in the present". In andragogical education there is a strong impetus to close the gap between learning and doing. While adults are interested in planning and learning for the future, they seem to be more interested in learning for immediate application. Andragogy is a process for problem finding and problem solving in the present. Future possibilities become realities as a result of successful present accomplishment.
Some of the major managerial functions are giving direction, assigning responsibility, evaluating performance and counselling for problem solving. The functions of an educator are basically the same.

While the content of their work is most likely to be drastically different, the process, organizing, motivating and controlling are very much alike.

Managers should utilize the technology available in the field of adult education in helping each employee to develop to his/her fullest possible potential.

Organization of programs in applied adult education involves continuous circular application of the following seven steps:

1. Setting a climate for learning
2. Establishing a structure for mutual planning
3. Assessing interests, needs and values
4. Formulating objectives
5. Designing learning activities
6. Implementing learning activities
7. Evaluating results (reassessing needs, interests, and values)