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Attitudes of Nurses Toward Lifelong Learning: One Hospital Examines the Issues

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Continuing education in nursing is believed to be one of the factors that prevents obsolescence in practice. Hence, it is difficult to conceive of a professional person in 1979 who would not recognize the need for continuous learning just to keep up to date in current practice. Health care professionals, specifically nurses, have a variety of opportunities for continuous learning available to them, especially in urban centers. Health care agencies are actively involved in providing programs to meet the learning needs of staff, as evidenced by the emergence of staff development departments in hospitals throughout North America. Professional associations are actively involved in providing continuing education events for their membership as are universities and schools of nursing through the provision of both long-term academic programs and short-term programs in the form of workshops.

The opportunities and resources available are rich and the trend in each of the above appears to be toward a commitment to the concept of lifelong learning. Despite all of this, one questions the commitment of individual

nurses to the concept of lifelong learning.

With this concern as a basis for the endeavor, we decided to conduct a survey of our registered nurses. Our agency is an 875-bed, medical-surgical, adult, regional, referral, teaching hospital.

In the survey, we expected to answer the following questions:

1. What are current attitudes of nurses (both diploma and baccalaureate) at a specific hospital toward the concept of lifelong learning?
2. How much time do nurses spend in self- and other-directed learning activities.
3. What is the perceived effectiveness of current staff development and continuing education offerings in our hospital?
4. What areas in continuing education require further study?

The definition of terms used in the study are as follows:

Continuing Education—All education activities beyond the basic nursing program.¹

Registered Nurse—A person who has

met current requirements for registration established by the RNANS.

Self-Directed Activities—Informal education, eg, reading, studying, thinking, watching TV, discussing with others, doing a personal project, working on committees, belonging to a study group, picking someone's brains, solving a new problem and getting feedback.²

Other-Directed Activities—Formal education including planned programs, seminars, conferences, workshops, films, courses, panels, and university courses.²

It is recognized that staff development and continuing education are not necessarily the same thing, but for the purposes of this survey the two terms will be used synonymously.

RELATED LITERATURE

What sorts of findings does a search of the literature reveal in relation to factors which affect lifelong learning and one's commitment to participation in learning events specifically as it relates to nurses and nursing.

It appears generally that there is scarce research on staff development in health care agencies. Nakomoto and Verner³ found that there are no detailed studies on staff development and inservice education. And while there are some assumptions made in relation to staffing difficulties, program planning, and shift rotations, there is little concrete evidence of its effect on participation. Some studies indicate that there is a correlation between age, marital status, and educational preparation, however these factors need to be clarified. Cooper and Hornback⁴ found that family responsibility was the greatest deterrent to participation in continuous learning activities. Other deterrents identified were time, expense, staff coverage, inadequate advance notice and/or publicity.

Alan Tough⁵ found that many learning projects are related to desired knowledge and skill, to practical application of this knowledge or skill, to receiving a promotion or material reward, toward a certificate or degree, or toward greater understanding and self-awareness. All of these are related to pleasure and self-esteem. This seems to summarize and confirm findings of others such as Houle⁶ who defines learners as goal-, learning-, or activity-oriented. However, there is no clear-cut differentiation of the three types. Clark and Dickinson⁷ found that nurses participate more

TABLE I

BASE-LINE DATA
TOTAL RESPONDENTS (373)

Number of professional journals subscribed to	1.70
Articles read per month	6.52
Books purchased per year	1.92
Hours of CE programming per month (on duty)	1.88
Hours of CE per month (off duty)	2.03
Hours of CE per month—self-directed	9.35

in self-directed than in other-directed learning activities and identified a need to systematically study this area, to promote and recognize self-directed learning. This finding was further documented by Barber² in a recent article in *Canadian Nurse*, where she likens adult education to the tip of an iceberg. The tip, she says, is what we see—the workshops, conferences, lectures, courses—but below the waterline is where the majority of adult education really takes place. She suggests that hospital educators can plan better staff development programs if they understood what adults do on their own to continue learning.

The issue of self-directed learning has implications, not only for persons involved in continuing education, but also for basic education. Many nursing education programs continue to be content-oriented, and yet Knowles⁸ describes self-directed learning in its broadest sense as

a process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes.

This represents a skill to be learned and one which may need to be integrated into basic nursing curricula, if total individual commitment to the concept of lifelong learning is to become a reality.

Finally, the area of evaluation in terms of improved patient care continues to be one which requires further study to develop standards which are measurable. Farni and Overman⁹ report that the majority of persons responding to their survey use "happiness index" forms which are primarily intended to

TABLE II
STANDARD ANALYSIS OF DATA
STAFF NURSES

	Total	Diploma	Degree
Number of professional journals subscribed to	1.45	1.39	1.96
Articles read per month	4.93	4.71	7.32
Books purchased per year	1.57	1.50	2.09
Hours of CE programming per month (on duty)	1.62	1.73	0.56
Hours of CE per month (off duty)	1.17	1.30	0.24
Hours of CE per month—self-directed	7.44	7.15	7.54

obtain a reaction of participants to the program. They generally do not test changes in behavior which would affect patient care.

Overall, the state of the literature reflects the relative youth of the concept and provides little concrete evidence to answer the basic questions being searched. The whole area of evaluation is one which needs to be further refined—this is not unique to continuing nursing education.

DESIGN AND METHODOLOGY

The population chosen for this study was all registered nursing staff at an 875-bed, adult, medical/surgical, regional, referral, teaching hospital. Hence the following categories: Nursing Administration, Nursing Education, Head Nurses, and Staff Nurses.

A questionnaire, using forced-choice and open-ended questions, was designed and mailed to 789 nurses of which 373 were usable. Prior to conducting the survey, the questionnaire was mailed to five readers for comment, following which a pilot study was conducted to assure reliability of the questions.

ANALYSIS OF THE DATA

Due to the two types of questions on the questionnaire, open-ended and forced-answer, it was necessary for us to use two approaches to the data analysis. Because it was our intention to use the open-ended questions purely for the evaluation of the current programs in continuing education offered to our nurses, the answers from all categories of staff were tabulated and used internally as part of an evaluation of our program.

For the analysis of the forced-answer ques-

tions, frequency of replies as well as selected correlations were performed for the entire group and for stratifications, by computer. At no time during the study did we intend to apply inferential statistics to the results. There was no randomization done in the selection of our sample, and although all the registered nurses in the institution, on full-time staff, were surveyed, the return of the questionnaires was done on a purely voluntary basis. Even though we cannot really generalize to our entire nursing staff, we felt that our results were a strong indicator of the state of affairs regarding continuing education activities within our hospital (this conviction comes as a result of our surprisingly good 55% return).

Our baseline data, shown in Table I were based on a total of 373 respondents. Although these data gave us some indication of the interest in both self- and other-directed continuing education, one was not able to make any judgment as to the relative merit of the answers at this point. It is interesting to note, however, that the staff subscribe, on the average to fewer than two journals per month, and in each case one of these would be the *Canadian Nurse*, which comes with registration. This indicates that not a large number are subscribing to journals as a result of their own efforts.

Another point worth noting at this time is the fact the nurses are spending over twice as much time each month in self-directed activities as in other-directed activities.

Table II provides the standard analysis of the data regarding staff nurses, totally, and broken down into educational preparation.

One of the most interesting findings in the

standard analysis was the comparison in the responses of our head nurses—diploma preparation vs degree preparation. Table III presents these findings.

Although the findings from our head nurses are not conclusive, and in fact may lead us to jump to conclusions, one cannot help but notice the substantially greater interest of the degree-prepared head nurses in continuing their education.

The nursing administrators, assistant and associate directors, by far spend the most time per month in self-directed continuing education, and report an average of 21.73 hours per month. They also report reading an average of 23.36 journal articles per month.

One point that came up frequently during our analysis of the open-ended questions, was further substantiated by the answers to the forced-answer questions. This was a comparison between the activities of the nurses on the 8-hour and the 12-hour shift. Of the 278 staff nurses replying to the questionnaire, 116 were working 8-hour shifts and 162 were on 12-hour shifts. Because of the similarity in these numbers, we felt that a comparison was justified. Nurses on the 8-hour shifts attended twice as many hours of continuing education programs both on and off duty, and spent one and a half times as many hours on self-directed activities.

To determine the kinds of continuing education programs that were of the highest priority to our nurses, we asked them to rate a list of topics (don't be alarmed if you think that "doctors' lectures" is not a topic. It was put on the list for a purpose. It comes up frequently from the nurses as a program that they would like to have.) The results came back for the total group in the following order:

- disease entities
- doctors' lectures
- new equipment
- psychological problems of patients
- communication skills
- nursing research
- philosophies of nursing

This indicates the priorities of our total nursing staff at this point in time. Of course, there were differences in the ordering of these topics depending on the position of the nurse. The only major difference was between the head nurses with the two types of educational preparation.

TABLE III
STANDARD ANALYSIS
HEAD NURSES

	Diploma	Degree
Number of professional journals subscribed to	2.00	3.13
Articles read per month	3.78	7.00
Books purchased per year	1.58	4.63
Hours of CE programming per month (on duty)	2.17	6.17
Hours of CE per month (off duty)	2.13	16.00
Hours of CE per month—self-directed	8.47	10.50

TABLE IV
INTEREST IN FORMAL CONTINUING EDUCATION

Total Respondents—Frequency of Replies "I would like to go back to school to continue my education."	
Strongly agree	105
Agree	147
Don't care	28
Disagree	65
Strongly disagree	15

Head nurses with diploma preparation rated doctor's lectures as the most important, and the head nurses with degree preparation rated doctor's lectures as the least important. The degree-prepared head nurses rated philosophy of nursing as most important.

The correlations of the various questions with selected personal data such as marital status and years of experience, were unsubstantial. There were some substantial differences in the answers relative to the type of department, however, most of these differences were, at the time of the study, directly related to the type of continuing education programs and the instructors in the areas.

The final indicator of interest in continuing education that we chose for the study was interest in formally continuing one's education. The results of this question are shown in Table IV.

It was noted at the time of tabulation of the data that several of the respondents who

agreed that they would like to go back to school wrote in the margin "...but not in nursing," so this thought may have colored the results more than is evident.

DISCUSSION OF THE FINDINGS

In examining the baseline data for all respondents to our questionnaire, we were interested to note that there seems to be greater participation in self-directed than in other-directed continuing education activities. This finding is congruent with the theory of adult-learning, where adults are seen as self-directed, able to accurately assess their own needs.

We compared this finding to the present structure of our own Continuing Education Division, and found certain discrepancies. We currently have a decentralized department with a director and six and a half instructors. Although the learning needs of staff are assessed, and programs are planned in keeping with these assessed needs, most programs consist of structured classes. Because instructors are providing many more classes than is evidenced by the rather meager attendance reported, we question the effectiveness of the current philosophy of our department. It would seem an appropriate time to experiment with a variety of learning facilitation techniques.

After the data were stratified according to position and academic preparation, several findings were worth further consideration. It appeared that the head nurses with degree preparation felt more committed to the concept of lifelong learning, as evidenced by their reported activities. The possible impact of these attitudes of nursing leaders could be crucial in the participation of staff nurses in continuing education activities. This supposition was substantiated in answers to the open-ended questions, where time and time again it was stated by staff nurses that the head nurse affects whether or not her staff attends programs. On a philosophical level, we wonder about the commitment of these head nurses to quality care, if indeed, continuing education contributes positively to quality of care.

The second finding regarding academic preparation of head nurses concerned priorities in continuing education. "Doctors' lectures" represent very concrete, technical aspects of nursing, whereas "philosophy of nursing" deals more with abstractions and professional issues.

The results showing a major interest in continuing education of nursing administrators is in keeping with the findings of other studies. The question still remains—does the position require this interest, or does an interested person attain the position?

There is currently much discussion in our agency about 12-hour vs 8-hour shifts, and we seem to have provided fuel for the fire. If continuing education is to be a priority for professional nurses, then the trend shown in the findings may have implications for nursing administrators. Further, if continuing education contributes to quality care, the overall effects of the 12-hour shifts on patient care need to be examined.

Our respondents showed considerable interest in formal continuing education. However, in the answers to the open-ended questions, some concern was voiced about difficulties of attending university part-time. Do we, in fact, do anything substantial, to ease the way for our nurses to return to school?

RECOMMENDATIONS

Following this survey, several recommendations can be made:

1. The continuing education division of this agency needs to examine the current methods of presentation, with special emphasis on structured programs, and to consider the alternatives.
2. Nursing Administration should examine the variables in the head nurse position, including academic preparation.
3. Careful study of shift rotations (8-hour vs 12-hour) must be conducted, with special attention to their effects on quality care.
4. Integration of positive attitudes toward continuing education into basic nursing education needs to be studied.

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