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THE IDENTIFICATION OF CONTINUING EDUCATION NEEDS  
OF REGISTERED NURSES IN NORTHEASTERN KENTUCKY

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An Applied Project  
Presented to  
the Faculty of the School of Education  
Morehead State University

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In Partial Fulfillment  
of the Requirements for the Degree  
Education Specialist

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by  
Pauline Ramey  
July 18, 1983

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Accepted by the faculty of the School of Education,  
Morehead State University, in partial fulfillment of  
the requirements for the Education Specialist degree.

Richard W Daniel  
Director of Applied Project

Applied Project Committee: Richard W Daniel, Chairman  
Harold Rose  
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7-18-83  
Date

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OF REGISTERED NURSES IN NORTHEASTERN KENTUCKY

Pauline Ramey, R.N., M.A.C.E.  
Morehead State University, 1983

Director of Applied Project: Richard W Daniel

The purpose of this study was to determine continuing education needs as perceived by registered nurses in northeastern Kentucky. Questions were directed toward determining: (a) demographic data, (b) perceived continuing education, and (c) differences in needs due to work setting and nursing position.

A needs survey form was designed and distributed to 300 randomly selected registered nurses in northeastern Kentucky. The survey form elicited information about the respondents preferences relative to facilitation of continuing education activities and their needs for selected content items from areas of nursing. Eighty-one items were included in the areas of clinical, general, psychosocial, administrative, education, and professional concerns areas of nursing.

Two hundred and one (67%) nurses responded to the needs survey form. Results showed the highest area of perceived need was the psychosocial area of nursing. A multiple activity approach along with workshops and seminars was the highest preferred method of offering delivery. Among the work settings and nursing positions, the psychosocial and administrative areas of nursing were the highest perceived needs.

Accepted by: Richard W Daniel, Chairman  
Harold Rose  
DM Brummen

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## Introduction

During the seventies nurses witnessed significant social change and an increase in the use of technology for health care. Rapid changes in the delivery of health care and public demands for more extended and improved health care have made continuing education in nursing an obligation. In addition, continuing education has become so necessary that it is accepted as a human right and a social need (Popiel, 1976).

Two professional organizations of nursing, the American Nurses Association (ANA) and the National League for Nursing (NLN) have made clear statements of support for continuing education of nurses during the past decade. Within the ANA (1979) there was created a Council on Continuing Education. According to Cooper (1973), the creation of the Council on Continuing Education by the ANA was formal recognition of the importance of continuing education to nursing licensure. The NLN (1978) supported the implementation of continuing education requirements for renewal of nursing licensure. The NLN believed that such a requirement would promote the delivery of optimum nursing care.

In 1976, Popiel stated that it is the responsibility of faculties to determine the continuing education needs

of nurses. Furthermore, it is the obligation of nurses to make known their individual continuing education needs.

### Purpose

The purpose of this study was to determine continuing education needs as perceived by registered nurses in northeastern Kentucky.

### Background

The need for nurses to continue their education has been apparent since the days of Florence Nightingale. In the early nineteenth hundreds this need was advanced by Draper (1901) when she stated that nurses "who can would do well to profit by . . . courses of lectures" (p. 207). In addition, Plumer (1901) urged that postgraduate courses for nurses be established. Some authors candidly admitted that the primary impetus for nurses to continue their education was inadequate fundamental instruction during their basic nursing program, and not because of the philosophical beliefs of today toward lifelong learning (Cooper & Hornback, 1973).

During the 1920's and 30's there were formative steps taken toward continuing education for nurses. These offerings included postgraduate courses, lectures by physicians, and nurse alumnae association meetings. However, it was reported by Cooper and Hornback (1973) that

there were no educational controls on these programs; therefore, the amount and presumably the quality of instruction varied greatly.

The first government involvement toward organizing continuing education of nurses was during the 1940's. The Training for Nurses Act resulted in over 3,000 inactive nurses completing a refresher course (Cooper & Hornback, 1973).

The 1950's was the decade of an ever increasing shortage of nurses and a time of vast changes in the profession, which may have increased public and professional awareness of the need for continuing education. Generally speaking, prior to the late fifties, it was necessary for nurses to find their own resources for facilitating their continued learning.

A concern for the lack of nurses and the need for continued learning was perhaps the reason for new legislation dealing with continuing the education of nurses. The Manpower Development and Training Act of 1962 facilitated the return of thousands of nurses to active practice (Cooper & Hornback, 1973).

Popiel (1976) reported that one of the most dramatic changes in nursing education was the recognition by nurse educators that their responsibilities include the development of continuing education opportunities for practicing

nurses. She further charged that it is the responsibility of nurse educators to transmit the value of lifelong learning. Additionally, continuing education must be placed on an equal organizational and financial base with undergraduate and graduate programs in nursing.

Sponsors of continuing education courses and programs must be held accountable for the quality of the courses they offer (Popiel, 1976). The NLN in 1978, issued a statement in which it was reaffirmed that the continuing education program within an institution would be reviewed as an integral part of the accreditation process.

The Kentucky Council on Higher Education reported:

The popularity and necessity of continuing education for nurses represent a matrix of attitudes . . . commitment to the concept of lifelong learning, integrity in practice, the challenge of change, and acceptance of a new world of nursing evolving (Kentucky Nursing, 1982, p. 35).

Although there is little documented evidence that continuing education for nurses makes a difference in practice outcomes, the literature is replete with indications of the need for nurses to stay informed and learn new competencies while maintaining established skills (Wood & Dodge, 1982). Knowles (1973) wrote that adults are self directed and learn best when what

is being taught is relevant and timely. For many years there has been the widespread belief that nurses need continuing education. This need has been recognized by the government, by the professional organizations, the accrediting agencies, employers, sponsors of continuing education programs, and nurses.

The most valid source of information as to what the education needs are is the individual nurse. Good adult education does not just happen. It must be based on needs and every individual is aware of some of their needs (Knowles, 1970). Therefore, the ultimate responsibility for continuing education in nursing rest with individual nurses identifying their own education needs.

### Significance

The single most common pronouncement toward registered nurses in recent years is that they must actively participate in continuing education. Although, in education it is believed that those who are truly professional or motivated as learners will continue their education (Floyd, 1982), educational theorists reveal that adults learn best when objectives are relevant to their needs.

In The Design of Education, Houle (1972) stated "since men and women know what they need to learn, the

task of the educator of adults is to discover what it is and provide it for them" (p. 7). Lorig (1977) proclaims that nurses are rarely asked about their continuing education needs and even more rarely are nurses involved in scientific needs survey. A study of registered nurses by Milde, Powell, Ruther, Thomas, and Glick (1980) found that the lack of empirical evidence of continuing education needs underlines the value of an accurate needs survey.

To date, identification of the perceived continuing education needs of registered nurses in northeastern Kentucky does not appear to have been systematically determined. Therefore, the major purpose of this study was to determine continuing education needs as perceived by registered nurses in fifteen counties in northeastern Kentucky.

#### Definition of Terms

For the purpose of this study the key terms were defined.

Continuing education refers to planned professional education beyond the basic program of nursing education including both credit and noncredit courses.

Registered nurse refers to an individual who is licensed, by virtue of graduating from a basic program of

nursing education and passing a state examination to practice nursing (a legal term).

Basic nursing education preparation refers to those basic programs of nursing education which prepare students to pass a state examination and practice as registered nurses. Three types of basic programs exist: (a) the hospital based diploma program which is usually three years in length; (b) the two year, college based associate degree program; and (c) the four year, college based, generic baccalaureate degree program.

American Nurses Association refers to a national professional organization for registered nurses.

National League for Nursing refers to the national accrediting organization for all programs of nursing education.



### Review of Related Literature

Over the past few years, the nursing literature has highlighted the need for continuing education for nurses and frequently provided direction for new approaches and ideas to existing problems. The literature has also tended to reflect the topics of concern in nursing (Yoder Wise, 1981). However, keeping current in recent developments in nursing is a continual process in our rapidly changing society (Eltzeroth, 1976). Hutchison (1983) contends that:

even the most cursory examination of course announcements in continuing education in nursing leaves one almost overwhelmed by the ever-expanding dimension of our field. The variety of the learning needs and the speed with which new needs surface leaves us breathless. As continuing educators, we pride ourselves on our ability to respond rapidly to changing needs . . . we seek to further refine our skills in the diagnosis and meeting of learning needs (p. 40).

Within an organization the perceptions of employees' needs are based on desired performances and can be obtained through internal documents such as job descriptions, supervisor evaluations, and nursing audits. It is only when something is amiss within the organization or there is a "gap" in employee skills that a continuing education need is identified and acted upon (Yoder Wise, 1981).

The ANA and the NLN are nursing sources for input into the continuing education needs of nurses. Other sources, such as the media, research, and political activities concerning health care reveal a myriad of areas for continuing education offerings in nursing (Bell, 1978).

Three sources of data for determining continuing education needs are the individual nurse, nursing organizations, and society in general. In andragogy, great emphasis is placed on the involvement of the individual nurse in a process of self-diagnosis of needs (Tibbles, 1977).

In 1961 Houle identified three motivational orientations in adult learners: (a) goal orientation (to obtain something), (b) activity orientation (to do something), and (c) learning orientations (to know something). Peterson and others (1979) developed a synthesis of research on motives for learning. They reported these to be achievement of: (a) practical goals, (b) personal satisfaction, (c) formal educational goals, (d) socialization with others, (e) societal goals, and (f) new knowledge.

The overall orientation of continuing education for nurses is gaining new and up-to-date knowledge. According to Hanron (1979), by requiring continuing

education credits for relicensure, nurses publicly demonstrate their professional commitment to lifelong learning.

Others insist (Viebrock, 1979) that through legislated continuing education there is the potential for discrimination against the nurse with minimal funds. Peterson and others (1979) wrote that not only is there to be consideration of monetary input by the adult learner into their continuing education experience but the educator must consider scheduling of the activity, teaching or learning methods, and location as barriers to the learner. They inferred the necessity of a needs survey of the population to be served in order for barriers to be identified and presumably dealt with.

Viebrock (1979) wrote that there is no evidence from states with mandated continuing education that it has improved or is improving nursing care. Although there is little evidence that continuing education makes a difference in practice outcomes for those who participate, Yoder Wise (1981) emphasized the extreme usefulness of three pieces of information to be surveyed from the adult learner. First, whether or not the respondent is employed identifies a potential for effecting change. Second, what the employer pays

toward continuing education activities compared with what the respondent pays has a potential for influencing whether new information and skills are shared in the employment setting. There is a third factor to be considered in a total needs survey, is it "reward," i.e., why nurses are participating in continuing education. Is it to obtain something, do something, or know something as Houle asked in 1961?

Despite the varying motivational orientations for seeking continuation of learning, e.g., the legislative influences on continuing education, the barriers to adult learning, and the nebulous variable of the effect of continuing education on nursing practice, a needs survey has the positive feature of letting the individual learners participate in making decisions about the kind of education they need to more effectively perform their job (Lorig, 1977).

Cooper and Hornback (1973) stated that the determination of continuing education needs and the establishment of priorities may well be the most neglected aspect of program planning. Furthermore, continuing education offerings which are not based on a needs survey may result in isolated and unrelated educational experiences for the individual learner.

Consideration must be given to organized learning experiences which are planned around the learner's needs (Eltzeroth, 1976; Gessner, 1982).

Three essential components in a needs survey have been identified. The first component is content. It is essential that the investigator determine the specific topics in which the respondents can identify their continuing education needs and interests. The choice of design for the learning activity is recognized as the second important part of a survey. A survey form must give the respondent choices of educational activities which will most likely facilitate their learning. The third component is the respondent's background. Examples of this are geographic area and basic educational preparation in nursing (Lauffer, 1977; Yoder Wise, 1981).

Although the literature does not abound with reports on continuing education needs surveys for registered nurses, there have been data gathered as to the characteristics of nurses who participate in continuing education and factors which affect their participation. There have been a few surveys that determine needs of nurses in specialty work settings.

O'Connor (1980) surveyed nurses who participated in continuing education courses sponsored by

institutions of higher education. The purpose of the study was to identify characteristics of the participants. She found that most participants were between 21 and 40 years of age, female, married, diploma program graduates, employed, and one-fifth of them had completed requirements for an academic degree beyond their basic educational preparation in nursing. When her data were compared with the ANA survey (1979) it was reported that statistics on age, sex distribution, and marital status were similar for all registered nurses.

In a study of registered nurses in Iowa Hospital Emergency Departments (Milde et al., 1980) it was found that over 96% of the practitioners were females over 30 years of age with a diploma education. The needs for continuing education offerings were cardiovascular problems, traumas, and psychiatric emergencies. The desired length for offerings was two days and multi-media approach was the method most preferred.

Curran (1977) studied factors affecting participation in continuing education activities. Her population was 800 registered nurses employed full- or part-time in a large city hospital. She identified the major factors affecting continuing education as basic educational preparation in nursing, position in work

setting, employment status (full- or part-time), and clinical area of practice.

Johari's window of needs known or not known to self and others was used in a survey by Beach (1982) to determine the continuing education needs of community health nurses as perceived by these nurses and their supervisors. She indicated the need for adult educators to examine the work setting and nursing positions of the respondents as predictors of the continuing education needs.

In a statewide survey of the continuing education needs of 1,295 registered nurses in Wyoming, Wiest (1982) identified multiple factors that affected perceived needs. She reported these factors to be the basic educational preparation in nursing, the highest level of educational preparation, the age of the nurse, the number of years of nursing practice, and the work setting. She further stated that nurse registration in a state with mandatory continuing education affected perceived continuing education needs.

In a survey of 131 registered nurses employed in community health who care for patients with cancer, Wood and Dodge (1982) found their perceived needs to be improved communication skills, management of complications, dealing with death and dying, and learning the new

treatment modalities. The authors stated the need to include the learner in the planning of continuing education activities in order to make the continuing education process more dynamic.

In 1979, through a two-hour, open-circuit teleconference, Kentucky nurse viewers were asked to participate in a survey to determine their individual continuing education needs. A total of 405 registered nurses and 112 licensed practical nurses presented the following profile: the majority worked full-time in hospitals in staff nurse positions, had practiced nursing from 1 - 14 years, and were in the age group of 18 - 50. The registered nurses identified administration or management skills and pharmacology as priority continuing education needs (Kentucky Nursing, 1983).

In a formative evaluation of the Indiana statewide plan for continuing education, it was recommended that a system be designed for regions of the state to determine continuing education needs of nurses (Puetz, 1978).

### Summary

Smith, Ross, and Smith (1980) were instrumental in a statewide continuing education needs survey in South Carolina. They concluded that there are three sources



of data for identifying these needs. These are the statistical reports such as accreditation reports and nursing audits, observations, and opinions of other health care professionals, and the perceived needs of the nurses themselves. They insisted that continuing education planners have rarely attempted to collect data on the perceived needs of nurses.

With the rapid advances of health care, Hegge (Note 1) stated that the "half-life" of a nursing education is three years. The acknowledged existence of an ever-expanding body of knowledge applicable to nursing and the apparent paucity of nursing continuing education surveys seem to indicate the value and necessity for such surveys.

### Questions

This study was designed to provide answers to the following questions about registered nurses in northeastern Kentucky.

1. What are their characteristics as defined by:
  - a. basic educational preparation,
  - b. highest level of educational attainment,
  - c. continuing education hours earned beyond those required for relicensure,
  - d. opinion about mandatory continuing education,
  - e. age,
  - f. work setting,
  - g. nursing position,
  - h. area of clinical practice,
  - i. number of years employed in nursing,
  - j. work status, and
  - k. preferences pertaining to continuing education activities?

2. What are their self perceived continuing education needs?
3. Do their needs differ due to:
  - a. work setting and
  - b. nursing position?

## Methodology

### Population and Sampling

The population studied in this investigation consisted of registered nurses in fifteen counties in northeastern Kentucky (Appendix A). The names and addresses of the registered nurses were obtained through the Kentucky Board of Nursing computerized printout and Morehead State University continuing education files.

A total of 1,078 registered nurses were identified in the fifteen counties and a sample of 300 was randomly selected from this population. The data were collected in February and March of 1983.

### Instrumentation and Data Collection

A needs survey form was used in the study (Appendix B). Content validity was established by submitting the needs survey form to three experts in the field of continuing education for their review and critique. A field test was done and participants were asked to critique the form. As a result of input from the field test participants and the three experts, changes were made.

The survey form was divided into education, personal, employment, preferences, and perceived needs.

Education examines data relative to the educational attainments of the respondents. These are basic

educational preparation in nursing, highest level of educational attainment, continuing education hours earned beyond the requirements for relicensure, and opinion on mandatory continuing education.

Personal reports the age range of the respondents.

Employment reports a description of the work setting, nursing position, area of clinical practice, the number of years in nursing practice, and work status. This section is used in part to examine the perceived continuing education needs of nurses in selected work settings and positions.

Preferences presents data relative to the facilitation of continuing education activities. These are season, length, day, time preferred for the activity, and the distance the respondent is willing to travel to activities.

Perceived needs reports the continuing education needs as perceived by the respondents. These needs are divided among the areas of clinical, general, psychosocial, administrative, educational, and professional concerns of nursing.

### Procedure

A mailed survey approach was used to collect data. A packet containing an introductory letter (Appendix C),

a needs survey form, and a coded, preaddressed, stamped envelope was prepared.

The packets were mailed to the 300 randomly selected registered nurses on February 15, 1983. Of the 300 packets mailed, 36 (12%) were nondeliverable due to the addressee being unknown to the postal service. An additional 36 names were randomly selected to maintain the sample of 300 and packets were mailed to them on March 2, 1983. By March 15, 1983, there had been 150 (50%) responses. On March 17, 1983, a follow-up letter (Appendix D) was mailed to nurses in the sample who had not yet responded. By April 1, 1983, 201 needs survey forms had been returned. These 201 respondents then comprised the sample for this survey.

#### Data Analysis

The data obtained from the needs survey forms are presented by the use of descriptive statistics in the form of frequency distributions and percentages.

### Presentation of Data

This study was designed to determine the educational attainments, a personal characteristic, employment description, preferences pertaining to continuing education activities, and perceived continuing education needs of registered nurses in northeastern Kentucky. Descriptive statistics in the form of frequency distributions and percentages are used to analyze data.

#### Education

Examination of data for the basic nursing education preparation of the 201 respondents show that 84 (41.8%) were schooled in an associate degree (AD) nursing program. As their basic educational preparation in nursing one hundred and one (50.2%) have a diploma in nursing and 16 (8%) have earned a Bachelor of Science in Nursing (BSN) from a generic baccalaureate degree program. In northeastern Kentucky the number of college and hospital prepared registered nurses are about equal. One hundred (49.8%) of the respondents have a college based nursing education.

The basic educational preparation of the respondents by the highest level of educational attainment is shown in Table 8. Of the 22 respondents having the Baccalaureate degree in nursing as their highest level of educational

attainment, 3 (13.6%) have an associate degree, 6 (27.3%) have a diploma in nursing and 13 (59.1%) have a generic baccalaureate degree as their basic educational preparation. Of the 14 respondents who have a baccalaureate in another field as their highest degree, 10 (71.4%) have an associate degree and 4 (28.6%) have a diploma as their basic educational preparation in nursing.

Seven respondents have as their highest educational attainment a Masters degree. Four (57.1%) of these respondents have a diploma and three (42.9%) of them have the generic baccalaureate degree as their basic educational preparation in nursing.

Of the 201 respondents 26 (12.9%) have earned a degree beyond their basic educational preparation.

During 1982, most respondents, 175 (87%), earned more continuing education hours than are required for relicensure in Kentucky for 1983. Seventy-two (35.8%) of these respondents earned up to three more continuing education hours than was required and 43 (21.4%) earned up to six hours more than required for relicensure. Sixty (29.9%) of the respondents earned over six hours beyond the needed 10 hours for relicensure. Only 26 (12.9%) of the respondents earned no continuing education hours beyond the requirements for relicensure in Kentucky.

One hundred and forty-nine (74.1%) of the respondents approve of mandatory continuing education and 52 (15.9%) either express disapproval or have no opinion on the topic.

Table 1

Basic Educational Preparation by  
Highest Level of Educational Attainments

Highest Level of Educational Attainment	Basic Educational Preparation							
	AD		Diploma		BSN		Sub Totals	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Associate in Nursing	71	35.3					71	35.3
Diploma in Nursing			87	43.3			87	43.3
Baccalaureate in Nursing	3	1.5	6	3.0	13	6.5	22	11.0
Baccalaureate in Another Field	10	5.0	4	2.0			14	7.0
Masters in Nursing			1	0.5	2	1.0	3	1.5
Masters in Another Field			3	1.5	1	0.5	4	2.0
Total	84	41.8	101	50.3	16	8.0	201	100.0 <sup>a</sup>

Note.

<sup>a</sup>Total is more than 100 percent.



### Personal

The age range reported by the respondents is as follows: 61 (30.3%) are between the age of 20 and 29, 55 (27.4%) are between the age of 30 and 39, 49 (24.4%) are between the age of 40 and 49, 23 (11.4%) are between the age of 50 and 59, and 13 (6.5%) are over 60 years of age. Of the 100 respondents with an associate and baccalaureate degree as their basic educational preparation, 88 (88%) are below the age of forty. Of the 101 respondents who have a diploma in nursing as their basic educational preparation 73 (72.2%) are over the age of forty.

### Employment

Table 2 presents number and percent of the respondents by work setting. The majority, 117 (58.2%) of the respondents are employed in a hospital or inpatient work setting, while the other 56 (27.9%) are employed in the four major settings of community health or home health, physician's office, school of nursing, and other. The category labeled as other represents 16 (8%) of the respondents and is comprised of six work settings. These are industry (6 or 3%), nursing home (4 or 2%), student health or infirmary (3 or 0.5%), employee health (1 or 0.5%), family practice (1 or 0.5%), and dental office (1 or 0.5%). Twenty-eight (13.9%) of all respondents are either unemployed or retired.

There are 173 (86.1%) respondents presently employed, 20 (9.9%) unemployed, and 8 (4%) retired. All retired respondents have a diploma in nursing.

Table 2  
Number and Percent of  
Respondents by Work Setting

Work Setting	<u>n</u>	<u>%</u>
Community/Home Health	20	9.9
Hospital/Inpatient	117	58.2
Physician's Office	11	5.5
School of Nursing	9	4.5
Other	16	8.0
Unemployed/Retired	28	13.9
Total	201	100.0

Table 3 displays the number and percent of respondents by nursing positions. There are 92 (45.8%) respondents in staff nurse positions. Thirty-two (15.9%) respondents are supervisors or assistant supervisors and 20 (9.9%) are head nurses in their work setting. Two (1%) respondents are involved in education or staff development.

The number of respondents in a position of administrator or assistant administrator (7 or 3.5%), clinical

specialist (8 or 4%), and educator in a school of nursing (9 or 4.5%) are about equally distributed and comprise 24 (11.9%) of the total respondents. Only 3 (1.5%) respondents are consultants. Twenty-eight (13.9%) respondents are either unemployed or retired.

Table 3  
Number and Percent of  
Respondents by Nursing Position

Nursing Position	<u>n</u>	%
Administrator/Assistant	7	3.5
Clinical Specialist	8	4.0
Consultant	3	1.5
Educator, School of Nursing	9	4.5
Educator, Staff Development	2	1.0
Head Nurse	20	9.9
Staff Nurse	92	45.8
Supervisor/Assistant	32	15.9
Unemployed/Retired	28	13.9
Total	201	100.0

Table 4 portrays the basic educational preparation of respondents by their area of clinical practice. These areas are generally divided into four groups. The

combination group (63 or 31.3%) is employed in more than one area of clinical practice. These combination areas are obstetrics-pediatrics and psychiatric-medical. The second largest group is in medical clinical practice (52 or 25.9%). Surgical clinical practice (30 or 14.9%) is the third group. The fourth group (28 or 13.9%), is divided among obstetrics (9 or 4.5%), pediatrics (12 or 6%), and psychiatric (7 or 3.5%) clinical practice. The remainder of the respondents are either unemployed or retired (28 or 13.9%).

The combination group of 63 with more than one area of clinical practice are proportionately divided as to educational preparation with 31 (49.2%) having an associate degree and 28 (44.4%) having a diploma in nursing, while 4 (6.4%) have a generic baccalaureate degree in nursing. This pattern holds for the group of 52 in medical clinical practice with 28 (53.8%) having an associate degree and 21 (40.4%) having a diploma in nursing, while 3 (5.8%) have a generic baccalaureate degree in nursing. This pattern is also seen among the 9 respondents in obstetrical clinical practice with 4 (44.4%) having an associate degree and 4 (44.4%) having a diploma in nursing, while 1 (11.1%) has a generic baccalaureate degree in nursing. Further, among the 12 respondents in pediatric clinical practice, 6 (50%)

have an associate degree and 5 (41.7%) have a diploma in nursing, while 1 (8.3%) has a generic baccalaureate degree in nursing. In psychiatric and surgical clinical practice, more than twice as many respondents have a diploma in nursing as have an associate degree. Over two-thirds (67.8%) of the unemployed and retired have a diploma education.

Table 4  
Educational Preparation by  
Area of Clinical Practice

Area of Clinical Practice	Basic Educational Preparation							
	AD		Diploma		BSN		Total	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Medical	28	13.9	21	10.5	3	1.5	52	25.9
Obstetrics	4	2.0	4	2.0	1	0.5	9	4.5
Pediatrics	6	3.0	5	2.5	1	0.5	12	6.0
Psychiatric	2	1.0	5	2.5			7	3.5
Surgical	8	4.0	19	9.4	3	1.5	30	14.9
Combination	31	15.4	28	13.9	4	2.0	63	31.3
Unemployed/ Retired	5	2.5	19	9.4	4	2.0	28	13.9
Total	84	41.8	101	50.2	16	8.0	201	100.0

Table 5 shows the basic educational preparation of the respondents by years employed in nursing. The years of employment can generally be divided into four groups. The first group (32 or 15.9%) has been employed in nursing less than five years. The second group (78 or 38.8%) has been employed in nursing from 5 to 10 years. The third group (78 or 38.8%) has been employed from 11 to 40 years. In the fourth group (13 or 6.5%) all respondents have a diploma in nursing and have been employed more than 40 years in nursing or are retired from nursing.

Of the 78 respondents having worked from 5 to 10 years in nursing, the majority (52 or 66.7%) have an associate degree and only 15 (19.2%) have a diploma in nursing. Eleven (14.1%) of these respondents have a generic baccalaureate in nursing as their basic educational preparation.

In the group of 78 who have been employed in nursing 11 to 40 years, 70 (89.7%) have a diploma in nursing, and only six (7.7%) have an associate degree, and two (2.6%) have a generic baccalaureate degree as their basic educational preparation in nursing.

Generally, those respondents with fewer than 10 years of employment in nursing (110 or 54.7%) have an associate degree while those with more than 10 years

(91 or 45.3%) have a diploma as basic education preparation in nursing.

Table 5  
Basic Educational Preparation  
by Years Employed in Nursing

Years Employed	Basic Educational Preparation							
	AD		Diploma		BSN		Total	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
0 - 4	26	12.9	3	1.5	3	1.5	32	15.9
5 - 10	52	25.9	15	7.4	11	5.5	78	38.8
11 - 40	6	3.0	70	34.8	2	1.0	78	38.8
40 + or retired			13	6.5			13	6.5
Total	84	41.8	101	50.2	16	8.0	201	100.0

### Preferences

Table 6 displays the respondents preferred activities for learning. The three preferred activities are about equally divided among seminars (43 or 21.4%), workshops (48 or 23.8%), and the multiple activity (55 or 27.4%) approach to learning. Twenty-one (10.4%) prefer short courses. The other preferences are divided among audiovisual activities (4 or 2%), conferences (7 or 3.5%), independent study (1 or 0.5%), patient care activities

(5 or 2.5%), and symposiums (6 or 3.0%) while 11 (5.5%) report no preference.

Table 6  
Number and Percent of Respondents  
by Preferred Learning Activities

Activity	<u>n</u>	%
Multiple Activities	55	27.4
Workshops	48	23.8
Seminars	43	21.4
Short Courses	21	10.4
Conferences	7	3.5
Symposiums	6	3.0
Patient Care Activities	5	2.5
Audiovisual Activities	4	2.0
Independent Study	1	0.5
No Preference	11	5.5
Total	201	100.0

Table 7 indicates the distance that respondents are willing to travel one way to a continuing education offering. One hundred and sixteen (57.7%) are nearly equally divided between being willing to travel 1 to 25 miles and 25 to 50 miles to an offering. Forty-four (21.9%)



are willing to travel up to 100 miles and 33 (16.4%) are willing to travel over 100 miles to an offering. Eight (4%) did not respond.

Table 7

Number and Percent of Respondents by Distances Willing to Travel One Way to Offering

Distance One Way	<u>n</u>	<u>%</u>
1 - 25 Miles	59	29.3
26 - 50 Miles	57	28.4
51 - 100 Miles	44	21.9
101 - 150 Miles	22	10.9
More Than 150 Miles	11	5.5
No Response	8	4.0
Total	201	100.0

A majority of the respondents (141 or 70.1%) have no preference as to the season of the year for continuing education offerings. With 54 (26.9%) respondents, there is an even distribution among spring, summer, and fall as a preferred season for offerings. Only six (3.0%) report winter as a desirable season for continuing education offerings.

Most respondents (174 or 86.5%) prefer an offering to be one day or less in length. Fifteen (7.5%) prefer

more than a one day offering and 12 (6.0%) report no preference.

Among 101 (50.2%) respondents there is an even distribution of preferences for Monday through Friday as the desirable day of the week for an offering. Forty-one (20.4%) prefer Saturday for an offering and 59 (29.4%) have no preference or did not respond.

As to the time of day most desirable for an offering, 59 (29.4%) prefer Wednesday and Saturday morning, 36 (17.9%) prefer Tuesday and Thursday evening, 20 (9.9%) prefer Tuesday and Thursday afternoon, 13 (6.5%) have multiple preferences, and 73 (36.3%) report no preference or did not respond.

### Perceived Needs

Tables 8 through 13 provide a summary of the perceived continuing education needs of all nurses in the study population. These tables display the number and percent of respondents by rank order of needs in areas of nursing.

Table 8 shows needs in the clinical area of nursing. The topic of cardiovascular nursing (83 or 41.3%) ranks as the greatest continuing education need. The topic of trauma nursing (79 or 39.3%) ranks number two and respiratory nursing (72 or 35.8%) ranks number three.

In Table 9, legal issues in health care (107 or 53.2%) clearly ranks the number one need in the general area of nursing. Pharmacology (77 or 38.3%), evaluation of patient care (75 or 37.3%), accountability in nursing practice (73 or 36.3%), and physical assessment (73 or 36.3%) closely rank two through five.

Table 10 reveals that burnout in nursing (99 or 49.3%) and assertiveness training for nurses (96 or 47.8%) closely rank numbers one and two as the greatest needs in the psychosocial area of nursing. Coping with difficult patients (75 or 37.3%) ranks third.

Table 11 shows the needs in the administrative area of nursing. Motivating or influencing others (87 or 43.3%) is the topic which ranks as number one. Evaluation of personnel (70 or 34.8%) ranks second and leadership styles (59 or 29.4%) ranks third.

In Table 12, staff development or inservice (40 or 19.9%) ranks second behind patient education or health teaching (53 or 26.4%) as needs in the educational area.

Table 13 reveals that issues in nursing (53 or 26.4%) is second to credit courses for a baccalaureate degree in nursing as needs of professional concern.

Table 8  
 Number and Percent of Respondents by  
 Rank Order of Needs in the Clinical Area

Rank	Needs in Clinical Area	<u>n</u> <sup>a</sup>	%
1	Cardiovascular Nursing	83	41.3
2	Trauma Nursing	79	39.3
3	Respiratory Nursing	72	35.8
4	Infection Control	59	29.4
5	Coronary Care - Basic	57	28.4
6	Care of Gastrointestinal Problems	57	28.4
7	Coronary Care - Advanced	55	27.4
8	Oncology Nursing	53	26.4
9	Prevention and Health Maintenance	53	26.4
10	Burn Care	52	25.9
11	Neurological Nursing	50	24.9
12	Communicable Disease Nursing	44	21.9
13	Geriatric Nursing	42	20.9
14	Urological Nursing	37	18.4
15	Orthopedic Nursing	36	17.9
16	Hospice Nursing	34	16.9
17	Psychiatric/Mental Health Nursing	33	16.4
18	Pediatric Nursing	30	14.9
19	Care of Home Bound Patients	29	14.4
20	Child Birth Education	28	13.9
21	Obstetrical Nursing	28	13.9
22	Gynecological Nursing	27	13.4
23	School Nursing	14	7.0

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Table 9  
 Number and Percent of Respondents by  
 Rank Order of Needs in the General Area

Rank	Needs in General Area	<u>n</u> <sup>a</sup>	%
1	Legal Issues in Health Care	107	53.2
2	Pharmacology	77	38.3
3	Evaluation of Patient Care	75	37.3
4	Accountability in Nursing Practice	73	36.3
5	Physical Assessment	73	36.3
6	Ethical Issues in Nursing	62	30.8
7	Taking a Health History	58	28.9
8	Patients' Rights	56	27.9
9	Interpersonal Communication Skills	56	27.9
10	Planning Nursing Care (Nursing Process)	50	24.9
11	Anatomy and Physiology	43	21.4
12	Nursing Audit	39	19.4
13	Writing for Publication	38	18.9
14	Writing Behavioral Objectives	32	15.9
15	Legislative Process	31	15.4
16	Cultural Aspects of Nursing Care	28	13.9
17	Problem Oriented Records	26	12.9
18	Growth and Development	24	11.9

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Table 10  
 Number and Percent of Respondents by  
 Rank Order of Needs in the Psychosocial Area

Rank	Needs in Psychosocial Area	<u>n</u> <sup>a</sup>	%
1	Burnout in Nursing	99	49.3
2	Assertiveness Training for Nurses	96	47.8
3	Coping with Difficult Patients	75	37.3
4	Leadership (Roles in Nursing)	68	33.8
5	Death and Dying	59	29.4
6	Interviewing/Counseling Skills	54	26.9
7	Depression/Suicide	47	23.4
8	Substance Abuse/Alcohol	43	21.4
9	Child Abuse	42	20.9
10	Substance Abuse/Drugs	40	19.9
11	Crisis Intervention	40	19.9
12	Human Sexuality	28	13.9
13	Battered Men and Women	23	11.4
14	Family Planning	22	10.9

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Table 11  
 Number and Percent of Respondents by  
 Rank Order of Needs in the Administrative Area

Rank	Needs in Administrative Area	<u>n</u> <sup>a</sup>	%
1	Motivating/Influencing Others	87	43.3
2	Evaluation of Personnel	70	34.8
3	Leadership Styles	59	29.4
4	Management/Administration	49	24.4
5	Peer Review	47	23.4
6	Personnel Management	47	23.4
7	Nursing Care Delivery Methods	44	21.9
8	Federal Rules and Regulations	41	20.4
9	Management by Objectives	40	19.9
10	Staffing	40	19.9
11	Implementing Cost Effectiveness	35	17.4
12	Recruiting	19	9.5
13	Grantsmanship	4	1.9

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Table 12  
 Number and Percent of Respondents by  
 Rank Order of Needs in the Educational Area

Rank	Needs in Educational Area	<u>n</u> <sup>a</sup>	%
1	Patient Education/Health Teaching	53	26.4
2	Staff Development/Inservice	40	19.9
3	Teaching/Learning Process	32	15.9
4	Innovative Approaches to Teaching	27	13.4
5	Clinical Evaluation of Students	21	10.4
6	Multimedia Usage	17	8.5
7	Test Construction	16	8.0
8	Nursing Theory	15	7.5

Note.

<sup>a</sup>Number represents the total respondents who identified the need.



Table 13  
 Number and Percent of Respondents by  
 Rank Order of Needs  
 in the Professional Concern Area

Rank	Needs in the Professional Concern Area	<u>n</u> <sup>a</sup>	%
1	Credit Courses for BSN	88	43.8
2	Issues in Nursing	53	26.4
3	Credit Courses for Graduate Degree in Nursing	31	15.4
4	Research	20	9.9
5	Entry Level into Practice	14	7.0

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Table 14 portrays the rank order of the three needs from each of the areas of nursing for all respondents in the survey.

Table 14  
Number and Percent of Respondents by  
Rank Order of Needs from all Areas of Nursing

Rank	Needs from all Areas	<u>n</u> <sup>a</sup>	%
1	Legal Issues in Health Care	107	53.2
2	Burnout in Nursing	99	49.3
3	Assertiveness Training for Nurses	96	47.8
4	Credit Courses for BSN	88	43.8
5	Motivating/Influencing Others	87	43.3
6	Cardiovascular Nursing	83	41.3
7	Trauma Nursing	79	39.3
8	Pharmacology	77	38.3
9	Evaluation of Patient Care	75	37.3
10	Coping with Difficult Patients	75	37.3
11	Accountability in Nursing Practice	73	36.3
12	Physical Assessment	73	36.3
13	Respiratory Nursing	72	35.8
14	Evaluation of Personnel	70	34.8
15	Leadership (Roles in Nursing)	68	33.8

Note.

<sup>a</sup>Number represents the total respondents who identified the need.

Tables 15 through 19 display the rank order of needs in the areas of nursing by five work settings.

Table 15 shows that the respondents in the five work settings selected 17 different topics in identifying the top five needs in the clinical area of nursing. Cardiovascular and geriatric nursing rank in the top five needs of respondents in three work settings. Trauma nursing, prevention or health maintenance, basic coronary care, and advanced coronary care rank in the top five needs of respondents in two work settings.

Table 16 shows that the respondents in the five work settings selected 10 different topics in identifying the five top needs in the general area of nursing. Legal issues in health care, evaluation of patient care, and physical assessment rank in the top five needs of respondents in four work settings, while pharmacology and accountability in nursing practice rank in the top five needs in three work settings. Ethical issues in nursing and interpersonal communication skills rank in the top five needs of two work settings.

Table 15  
 Rank Order of Needs  
 in the Clinical Area by Work Setting

Work Setting	Rank	Needs in Clinical Area
Community/ Home Health	1	Prevention/Health Maintenance
	2	Care of the Home Bound
	3	Hospice Nursing
	4	Geriatric Nursing
	5	Cardiovascular Nursing
Hospital/ Inpatient	1	Trauma Nursing
	2	Cardiovascular Nursing
	3	Respiratory Nursing
	4	Coronary Care - Advanced
	5	Infection Control
Physician's Office	1	Cardiovascular Nursing
	2	Care of Gastrointestinal Problems
	3	Prevention/Health Maintenance
	4	Coronary Care - Basic
	5	Coronary Care - Advanced
School of Nursing	1	Geriatric Nursing
	2	Obstetric Nursing
	3	Oncology Nursing
	4	Pediatric Nursing
	5	Communicable Disease Nursing
Other	1	Burn Care
	2	Trauma Nursing
	3	Coronary Care - Basic
	4	Geriatric Nursing
	5	Psychiatric/Mental Health Nursing

Table 16  
 Rank Order of Needs  
 in the General Area by Work Setting

Work Setting	Rank	Needs in the General Area
Community/ Home Health	1	Evaluation of Patient Care
	2	Physical Assessment
	3	Pharmacology
	4	Accountability in Nursing
	5	Nursing Audit
Hospital/ Inpatient	1	Legal Issues in Health Care
	2	Pharmacology
	3	Accountability in Nursing Practice
	4	Physical Assessment
	5	Evaluation of Patient Care
Physician's Office	1	Evaluation of Patient Care
	2	Pharmacology
	3	Taking a Health History
	4	Legal Issues in Health Care
	5	Physical Assessment
School of Nursing	1	Ethical Issues in Nursing
	2	Interpersonal Communication Skills
	3	Physical Assessment
	4	Legal Issues in Health Care
	5	Cultural Aspects of Nursing Care
Other	1	Accountability in Nursing
	2	Ethical Issues in Nursing
	3	Interpersonal Communication Skills
	4	Legal Issues in Health Care
	5	Evaluation of Patient Care

Table 17 shows that the respondents in the five work settings selected 11 different topics in identifying the five top needs in the psychosocial area of nursing. Burnout in nursing and assertiveness training in nursing rank in the top five needs of respondents in four work settings. Death and dying and child abuse rank in the top five needs in three work settings. Coping with difficult patients, leadership roles in nursing, alcohol abuse, and drug abuse rank in the top five needs in two work setting.

Table 18 shows that the respondents in the five work settings selected 10 different topics in identifying the five top needs in the administrative area of nursing. In the physician's office work setting only one specific topic was indicated. Motivating or influencing others ranks in the top five needs of respondents in four work settings. Leadership styles, peer review, and management by objectives rank in the top five needs of respondents in three work settings, while evaluation of personnel and federal rules or regulations rank in the top five needs of respondents in two work settings.

Table 17  
 Rank Order of Needs  
 in the Psychosocial Area by Work Setting

Work Setting	Rank	Needs in Psychosocial Area
Community/ Home Health	1	Assertiveness Training for Nurses
	2	Death and Dying
	3	Burnout in Nursing
	4	Interviewing/Counseling Skills
	5	Child Abuse
Hospital/ Inpatient	1	Burnout in Nursing
	2	Assertiveness Training for Nurses
	3	Leadership (Roles in Nursing)
	4	Child Abuse
	5	Death and Dying
Physician's Office	1	Coping with Difficult Patients
	2	Death and Dying
	3	Child Abuse
	4	Substance Abuse/Alcohol
	5	Substance Abuse/Drugs
School of Nursing	1	Assertiveness Training for Nurses
	2	Burnout in Nursing
	3	Human Sexuality
	4	Leadership (Roles in Nursing)
	5	Coping with Difficult Patients
Other	1	Assertiveness Training for Nurses
	2	Burnout in Nursing
	3	Substance Abuse/Alcohol
	4	Substance Abuse/Drugs
	5	Depression/Suicide

Table 18  
 Rank Order of Needs  
 in the Administrative Area by Work Setting

Work Setting	Rank	Needs in Administrative Area
Community/ Home Health	1	Motivating/Influencing Others
	2	Management by Objectives
	3	Nursing Care Delivery Methods
	4	Peer Review
	5	Leadership Styles
Hospital/ Inpatient	1	Motivating/Influencing Others
	2	Evaluation of Personnel
	3	Leadership Styles
	4	Management/Administration
	5	Personnel Management
Physician's Office	1	Motivating/Influencing Others
	2	None
	3	None
	4	None
	5	None
School of Nursing	1	Motivating/Influencing Others
	2	Peer Review
	3	Grantsmanship
	4	Federal Rules/Regulations
	5	Management by Objectives
Other	1	Evaluation of Personnel
	2	Leadership Styles
	3	Peer Review
	4	Federal Rules/Regulations
	5	Implementing Cost Effectiveness



Table 19 shows that the respondents in five work settings selected 11 different topics in identifying the five top needs in the educational and professional concerns areas of nursing. In the physician's office work setting only two topics were indicated, and in the other work setting only four topics were indicated. Credit courses for a baccalaureate degree in nursing and patient education or health teaching ranks in the top five needs of respondents in four areas. Issues in nursing ranks in the top five needs in three work settings, while staff development or inservice and credit courses for a graduate degree in nursing rank in the top five needs of respondents in two work settings.

Table 20 displays the needs of respondents in the hospital or inpatient work setting in rank order by nursing positions. The hospital or inpatient work setting is made up of staff, head, supervisor and assistant supervisor nursing positions. The needs of respondents in these positions are identified and listed in rank order.

The respondents in the three nursing positions selected nine topics in identifying the five top needs in all areas of nursing. Burnout in nursing ranks in the top five needs of respondents in three

nursing positions. Cardiovascular nursing, legal issues in nursing, assertiveness training for nurses, and motivating or influencing others rank in the top five needs of two nursing positions.

Of the 63 (31.4%) respondents employed as staff nurses in the hospital or inpatient work setting, each identify various combinations of the 81 topics available from all areas of the needs survey form. However, over one-third of these respondents selected each of the five specific topics as displayed in rank order in Table 20.

Of the 24 (11.9%) respondents employed as supervisors or assistant supervisors in a hospital or inpatient work setting, over 50 percent selected each of the five specific topics listed in rank order.

Of the 16 (8%) respondents employed as head nurses in the hospital or inpatient work setting over 50 percent selected each of the five specific topics listed.

Table 19  
 Rank Order of Needs in the  
 Educational and Professional Concerns Areas  
 by Work Setting

Work Setting	Rank	Needs in Educational and Professional Concerns Areas
Community/ Home Health	1	Credit Courses for BSN
	2	Patient Education/Health Teaching
	3	Issues in Nursing
	4	Staff Development/Inservice
	5	Credit Courses for MSN
Hospital/ Inpatient	1	Credit Courses for BSN
	2	Patient Education/Health Teaching
	3	Staff Development/Inservice
	4	Credit Courses for MSN
	5	Issues in Nursing
Physician's Office	1	Patient Education/Health Teaching
	2	Credit Courses for BSN
	3	None
	4	None
	5	None
School of Nursing	1	Clinical Evaluation of Students
	2	Innovative Approaches to Teaching
	3	Multimedia Usage
	4	Nursing Theory
	5	Test Construction
Other	1	Credit Courses for BSN
	2	Patient Education/Health Teaching
	3	Issues in Nursing
	4	Teaching Learning Process
	5	None

Table 20

Rank Order of Needs in the Hospital/Inpatient  
Work Setting by Nursing Position

Hospital/Inpatient Work Setting	Rank	Needs from all Areas of Nursing
Staff Nurses	1	Burnout in Nursing
	2	Cardiovascular Nursing
	3	Legal Issues in Nursing
	4	Assertiveness Training for Nurses
	5	Pharmacology
Supervisors/Assistant Supervisor	1	Legal Issues in Health Care
	2	Motivating/Influencing Others
	3	Trauma Nursing
	4	Burnout in Nursing
	5	Cardiovascular Nursing
Head Nurses	1	Evaluation of Personnel
	2	Burnout in Nursing
	3	Motivating/Influencing Others
	4	Assertiveness Training for Nurses
	5	Evaluation of Patient Care

## Discussion and Recommendations

### Discussion

This study was designed to determine what registered nurses in northeastern Kentucky perceived as their continuing education needs.

Previous to this study there was little useable information available as to the current continuing education needs of individuals in the population surveyed. As a result of this study, such information as the current demographic data, the type of continuing education activity preferences most conducive to learning, the continuing education needs specific to current work settings or positions, and the attitude toward mandatory continuing education for nurses is available.

In this study it was found that the basic education preparation in nursing for 92 percent of the respondents was about equally divided between an associate degree and a diploma in nursing, while the remaining eight percent of respondents had a generic baccalaureate degree. Most of the respondents with an associate degree had been employed in nursing fewer than 10 years and 88 percent were below 40 years of age. Of those respondents with a diploma in nursing, over 82 percent had been employed more than 10 years in nursing and

72 percent were above 40 years of age. This is perhaps due to the trend in nursing education away from the hospital based diploma programs and toward the college based programs.

Over six percent of the respondents having an associate degree and seven percent of respondents having a diploma in nursing as their basic educational preparation have earned higher degrees. Only eight percent of the respondents have a generic baccalaureate degree; however, 25 percent have earned a higher degree. Also, 87 percent of these respondents have worked fewer than 10 years. The associate and generic baccalaureate degreed registered nurses are younger and may, for many reasons, be motivated to pursue higher educational attainment. Some of the reasons for this might include the recognized obligation of the nurse educators to transmit the value of lifelong learning; or job requirements, monetary rewards, and the possibility of noncredit continuing education creating the interest for further study.

Over 43 percent of the respondents expressed interest in credit courses for a baccalaureate degree in nursing. The significance of the perceived need of courses offered for college credit may reflect the emphasis the nursing profession has put on lifelong

learning. This interest might emphasize the need for offering courses at times and places accessible to the nurses in northeastern Kentucky. The possibility of universities and hospitals working together to meet the credit and noncredit continuing education needs of nurses might need to be explored.

Because it is essential for nurses to keep aware of the rapid changes in nursing practice, the findings of this study had implications for planning continuing education programs or offerings based on identified perceived needs. Although respondents preferred continuing education activities that were neither sequenced over several meetings, nor last longer than one day, there were two aspects of the study which supported the necessity to consider varied approaches to perceived needs and activities pertaining to continuing education. First, many of the priorities listed by the nurses closely related to broader aspects of nursing care. This may suggest the need for a series of offerings which would be planned on a continuum of learning from simple to complex. For example, the identified need of cardiovascular nursing could include a series of independent offerings; such as, anatomy and physiology, physical assessment, basic coronary care, advanced coronary care, patient education or health teaching,

and conclude with pharmacology and drug management. It would seem that many of the identified needs could be offered using this approach.

A second approach could be the activities pertaining to continuing education. There was a strong preference for a multiple activity approach in addition to seminars and workshops for offerings. This may affirm the need to offer continuing education in ways that vigorously involve the nurse in an exchange of information, ideas, and the application of techniques and skills. For example, this could begin with the development of a series of offerings using an open circuit television exchange of information and ideas between the resource persons and the participants. This could be followed by workshops using multiple types of media and the involvement of the participants in the application of techniques and skills being learned. It seems vital that available media technology be used to facilitate continuing education for nurses in rural Kentucky. Also, this second approach might be used to take into consideration their preferences for Tuesday evening and Saturday morning offerings which involve less than 50 to 100 miles of travel for the participants.

It is interesting to note that the survey respondents indicated little interest in psychiatric



or mental health nursing and crisis intervention, yet these topics are closely related to the more highly prioritized need of interviewing or counseling others. In addition, the literature indicates that a high percentage of health care needs of today are directly related to mental health and the stresses of daily living which can reach crisis level. Further, the communication techniques used in psychiatric or mental health nursing and crisis intervention are the same verbal and nonverbal techniques used to support other personnel and families in coping with difficult patients, in trauma nursing, and in cardiovascular nursing which were priority ranked topics.

It was expected that the areas of clinical practice for most nurses would be the typical hospital clinical areas particularly since most of the respondents were employed in the hospital or inpatient work setting. This expectation was supported by the data since over 70 percent of the respondents were practicing nurses in either medical, obstetric, pediatric, or psychiatric areas. Thirty percent of the respondents practiced in some combination of these areas.

Seventy-five percent of the respondents approved of mandatory continuing education. The data appears to support this conclusion since 87 percent of the respondents

earned more hours in continuing education than the minimum required for relicensure, and approximately 50 percent of the respondents earned 60 percent more continuing education hours than was required. The acceptance of mandatory continuing education in Kentucky may be a reflection of the positive attitude toward continuing education which was obtained in the basic educational preparation, the desire to have new and up-to-date knowledge in a rapidly changing profession, or the nurses' need to improve nursing care. Neither cost, convenience, nor legislation seem to be major barriers to continuing education for registered nurses in rural northeastern Kentucky.

The continuing education needs of the respondents varied among the areas of nursing. The most often identified needs in the clinical area were cardiovascular nursing, trauma nursing, and respiratory nursing. Legal issues in nursing was clearly the greatest need in the general area. Burnout in nursing and assertiveness training for nurses were needs one and two in the psychosocial area. The needs in the administrative area were clearly motivating or influencing others and evaluation of personnel. Patient education or health teaching was the primary need in the educational area. Almost 40 percent of the respondents

identified credit courses for a baccalaureate degree in nursing as a major professional concern.

Legal issues in health care was identified as the greatest need of all respondents. Burnout in nursing and assertiveness training for nurses were also much desired topics perceived by the respondents as needs.

One would not expect much commonality among the most often identified needs from across all areas of nursing because various work settings and different nursing positions clearly present different needs. However, 15 specific topics were identified as needs by over one-third of the respondents and legal issues in health care was identified as the greatest need by over 50 percent of all respondents.

One would expect the top five needs to vary due to work setting and these needs to vary among the areas in nursing. Upon close inspection, some specific needs were identified across all of the work settings for each area of nursing. Cardiovascular and geriatric nursing were in the top five needs of three work settings for the clinical area. Legal issues in health care, evaluation of patient care, and physical assessment ranked in the top five needs of four work settings in the general area. In the psychosocial area, burnout in nursing

and assertiveness training for nurses ranked in the top five needs in four work settings. Motivating or influencing others ranked in the top five needs of four work settings in the administrative area. In four work settings, credit courses for the baccalaureate degree in nursing and patient education or health teaching were ranked in the top five needs in the areas of educational and professional concerns in nursing. Burnout in nursing was the topic most often identified in the top five needs for all work settings for all areas in nursing.

Cardiovascular nursing, legal issues in health care, assertiveness training for nurses, and motivating or influencing others were identified as the highest priority needs for two nursing positions, while burnout in nursing was the highest priority topic, particularly for the nursing positions of staff nurse, head nurse, and supervisor. Major frustrations in nursing which might lead the nurse to feel burnout seem to transcend nursing positions. Burnout in nursing was ranked as a topic of considerable concern for nursing in four work settings and in particular for those in nursing positions as staff nurse, head nurse, and supervisor. Continuing education may be one way of helping these nurses, provided the content answers the need perceived by the participant.

Perhaps the significance of nurses identifying their continuing education needs could be contained in the observation that there is an ever-increasing body of nursing science, which might certainly preclude any sense of completeness to one's depth of knowledge. If the challenge of providing quality nursing care in northeastern Kentucky, in the 1980's, is to be met, it is through systematically designed continuing education which is firmly based on determining the needs of registered nurses.

#### Recommendations

1. At the present time there is no generalized, accepted method or process by which the continuing education needs of registered nurses in Kentucky are assessed. It is recommended that the Kentucky Board of Nursing initiate the appointment of a coordinating body to develop an acceptable system for determining continuing education needs of registered nurses within regions of Kentucky. It is also recommended that members of this coordinating body are representative of the professional organizations, the approved providers, the institutions of higher learning, the health care institutions, and the registered nurses of this state.

2. It is recommended that the Kentucky Board of Nursing approved providers of continuing education, in the geographic area, develop programs to deliver offerings which will satisfy the needs determined in this study as well as the mandatory continuing education requirements of registered nurses.

3. It is recommended that institutions having programs of nursing education encourage and support the didactic participation of nursing faculty members in continuing education in the region.

4. Since one of the equally weighted criterion for a nationally accredited program of nursing education is continuing education, it is recommended that institutions with nationally accredited programs of nursing education render support for the continuing education accreditation criterion commensurate with the other accreditation criteria.

5. It is recommended that this study be replicated after two years using a larger sample. In order to obtain and present data in a more manageable form, the number of nursing areas and work settings should be reduced unless the population is considerably larger. Further, the specific topics used to determine needs should be reduced due to obvious obsolescence and

include only the top 20 topics of this study, and the topics reflected in reliable sources.

6. There is little evidence that continuing education makes a difference in nursing practice for those who participate; therefore, it is recommended that there be studies done to determine the effects of continuing education for nurses on nursing practice.

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## Reference Notes

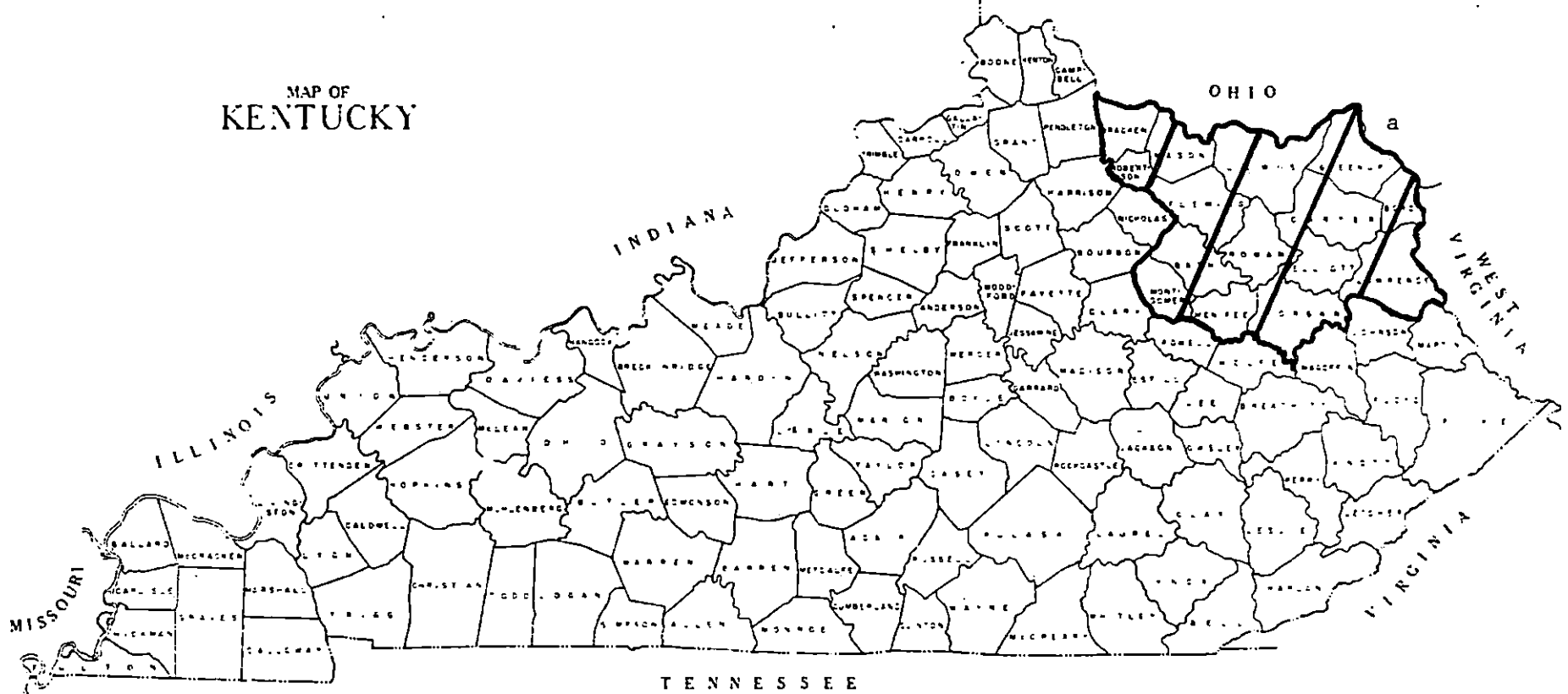
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APPENDICES

Appendix A

Kentucky Map Indicating Population Area

# MAP OF KENTUCKY



Note.

<sup>a</sup> Diagonal lines denote geographic area of population.

Appendix B  
Continuing Education Needs Survey Form



## Continuing Education Needs Survey

For each statement, place a check ( ) on the line representing the correct or best answer.

## I. Education

1. My basic educational preparation in nursing was:  
 Associate Degree \_\_\_\_\_ Baccalaureate \_\_\_\_\_ Diploma \_\_\_\_\_
2. My highest level of educational preparation is:  
 Associate Degree in Nursing \_\_\_\_\_  
 Diploma in Nursing \_\_\_\_\_  
 Baccalaureate Degree in Nursing \_\_\_\_\_  
 Baccalaureate in Another Field \_\_\_\_\_  
 Masters Degree in Nursing \_\_\_\_\_  
 Masters in Another Field \_\_\_\_\_  
 Education Specialist Degree \_\_\_\_\_  
 Doctorate Degree in Nursing \_\_\_\_\_  
 Doctorate Degree in Another Field \_\_\_\_\_
3. During 1982 the number of continuing education hours I earned beyond the requirement for relicensure was:  
 1-3 additional hours \_\_\_\_\_ 7-9 additional hours \_\_\_\_\_  
 4-6 additional hours \_\_\_\_\_ 10-12 additional hours \_\_\_\_\_  
 13 or more additional hours \_\_\_\_\_

## II. Personal

1. My age is within the range of:  
 20-29 years \_\_\_\_\_ 30-39 years \_\_\_\_\_ 40-49 years \_\_\_\_\_  
 50-59 years \_\_\_\_\_ 60 years or over \_\_\_\_\_
2. My opinion about mandatory continuing education for nurses is:  
 Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ No opinion \_\_\_\_\_
3. My present work status is:  
 Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_

## III. Employment

1. The best description of my work setting is:  
 Community/Home Health \_\_\_\_\_ Nursing Home \_\_\_\_\_  
 Hospital/Inpatient \_\_\_\_\_ Physician's Office \_\_\_\_\_  
 Industry \_\_\_\_\_ School of Nursing \_\_\_\_\_  
 Student Health/Infirmary \_\_\_\_\_

2. The best description of my position within my work setting is:  
 Administrator/Assistant \_\_\_\_\_ Educator, Staff Development \_\_\_\_\_  
 Clinical Specialist \_\_\_\_\_ Head Nurse \_\_\_\_\_  
 Consultant \_\_\_\_\_ Staff Nurse \_\_\_\_\_  
 Educator, School of Nursing \_\_\_\_\_ Supervisor/Assistant \_\_\_\_\_
3. The best description of my clinical practice is:  
 Medical Nursing \_\_\_\_\_ Pediatric Nursing \_\_\_\_\_  
 Obstetric Nursing \_\_\_\_\_ Psychiatric Nursing \_\_\_\_\_  
 Surgical Nursing \_\_\_\_\_
4. The number of years I have been employed in nursing is:  
 1 year or less \_\_\_\_\_ 2-4 years \_\_\_\_\_ 5-10 years \_\_\_\_\_  
 11-15 years \_\_\_\_\_ 16-20 years \_\_\_\_\_ 21-30 years \_\_\_\_\_  
 31-40 years \_\_\_\_\_ More than 40 years \_\_\_\_\_

#### IV. Preferences

1. The type of continuing education activity that best suits my learning needs is:  
 Audiovisual Activities \_\_\_\_\_ Seminars \_\_\_\_\_  
 Conferences \_\_\_\_\_ Short Courses \_\_\_\_\_  
 Independent Study \_\_\_\_\_ Symposia \_\_\_\_\_  
 Patient Care Activities \_\_\_\_\_ Workshops \_\_\_\_\_
2. The season I can attend continuing education offerings the easiest is:  
 Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
 Winter \_\_\_\_\_ No Preference \_\_\_\_\_
3. I prefer the length of continuing education offerings to be:  
 1-3 hours \_\_\_\_\_ 4-6 hours \_\_\_\_\_ 1 day \_\_\_\_\_  
 2 days \_\_\_\_\_ Weekend \_\_\_\_\_ 1 evening a week for  
 4-6 weeks \_\_\_\_\_
4. The day of the week I prefer for continuing education offerings is:  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_
5. The time of day I prefer to attend continuing education activities is:  
 Morning \_\_\_\_\_ Evening \_\_\_\_\_  
 Afternoon \_\_\_\_\_ No Preference \_\_\_\_\_
6. The most I am willing to travel one way to attend a continuing education offering is:  
 1-25 miles \_\_\_\_\_ 26-50 miles \_\_\_\_\_ 51-100 miles \_\_\_\_\_  
 101-150 miles \_\_\_\_\_ More than 151 miles \_\_\_\_\_

## V. PERCEIVED NEEDS

What kinds of continuing education offerings do you need to enhance your practice of nursing? Choose those you feel are a definite need for you. Please respond by placing a check ( ) in the box marked YES.

CLINICAL AREA	YES
1. Burn Care	
2. Cardiovascular Nursing	
3. Care of Gastrointestinal Problems	
4. Care of Home Bound Patients	
5. Child Birth Education	
6. Communicable Disease Nursing	
7. Coronary Care - Advanced	
8. Coronary Care - Basic	
9. Geriatric Nursing	
10. Gynecological Nursing	
11. Hospice Nursing	
12. Infection Control	
13. Neurological Nursing	
14. Obstetrical Nursing	
15. Oncology Nursing	
16. Orthopedic Nursing	
17. Pediatric Nursing	
18. Prevention and Health Maintenance	
19. Psychiatric/Mental Health Nursing	
20. Respiratory Nursing	
21. School Nursing	
22. Trauma Nursing	
23. Urological Nursing	
GENERAL AREAS	YES
24. Accountability in Nursing Practice	
25. Anatomy and Physiology	
26. Cultural Aspects of Nursing Care	
27. Ethical Issues in Nursing	
28. Evaluation of Patient Care	
29. Growth and Development	
30. Interpersonal Communication Skills	
31. Legal Issues in Health Care	
32. Legislative Process	
33. Nursing Audit	
34. Patients' Rights	
35. Pharmacology	
36. Physical Assessment	
37. Planning Nursing Care (Nursing Process)	
38. Problem Oriented Records	
39. Taking a Health History	
40. Writing Behavioral Objectives	
41. Writing for Publication	

PSYCHOSOCIAL AREAS	YES
42. Assertiveness Training for Nurses	
43. Battered Men and Women	
44. Burnout in Nursing	
45. Child Abuse	
46. Coping with Difficult Patients	
47. Crisis Intervention	
48. Death and Dying	
49. Depression/Suicide	
50. Family Planning	
51. Human Sexuality	
52. Interviewing/Counseling Skills	
53. Leadership (Roles in Nursing)	
54. Substance Abuse - Alcohol	
55. Substance Abuse - Drugs	
ADMINISTRATIVE AREAS	YES
56. Evaluation of Personnel	
57. Federal Rules and Regulations	
58. Grantsmanship	
59. Implementing Cost Effectiveness	
60. Leadership Styles	
61. Management/Administration	
62. Management by Objectives	
63. Motivating/Influencing Others	
64. Nursing Care Deliver Methods (Functional, Team, Primary)	
65. Peer Review	
66. Personnel Management	
67. Recruiting	
68. Staffing	
EDUCATIONAL AREAS	YES
69. Clinical Evaluation of Students	
70. Innovative Approaches to Teaching	
71. Multimedia Usage	
72. Nursing Theory	
73. Patient Education/Health Teaching	
74. Staff Development/Inservice	
75. Teaching-Learning Process	
76. Test Construction	
PROFESSIONAL CONCERNS	YES
77. Credit Courses for BSN	
78. Credit Courses for Graduate Degree in Nursing	
79. Entry Level into Practice	
80. Issues in Nursing	
81. Research	

Appendix C  
Introductory Letter

February 18, 1983

Dear Registered Nurse:

With the mandatory requirements for continuing education in nursing, institutions, including Morehead State University, are attempting to design continuing education course offerings for nurses in their service areas. In order for institutions to design the offerings that you need to enhance your practice of nursing as well as to provide you with the necessary continuing education units, your input is necessary.

Would you please take a few moments and respond to each statement on the enclosed questionnaire and return it to me by return mail. Enclosed is a stamped envelope for your convenience.

I greatly appreciate your assistance with this questionnaire. Hopefully, your efforts will result in continuing education course offerings that more closely meet your needs and those of other nurses in this region.

Sincerely,

Pauline Ramey  
Assistant Professor of Nursing  
Morehead State University

Appendix D  
Follow-up Letter

March 17, 1983

Dear Registered Nurse:

I really want your opinion.

A few weeks ago you were selected from over 1,000 registered nurses to participate in a survey pertaining to the continuing education needs for nurses in Northeastern Kentucky. You were then mailed a questionnaire with a self-addressed envelope that required no postage.

Would you please take a few minutes to complete the questionnaire so that the results of this study will be more accurate.

Your effort is appreciated and your response will be valued.

Sincerely,

Pauline Ramey  
Assistant Professor of Nursing  
Morehead State University