Registered Nurses’ Perceptions of Factors Impacting on Their Continuing Education

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This qualitative study examined the effects of hospital restructuring on a group of nurses at a community hospital. Eleven nurses were asked questions in order to gain insight into their experience in this situation. Ten of these participants were female, and one was male. The intent was to gather information about how restructuring has affected their lives, including, their motivational factors and barriers to participation in continuing education, and their descriptions of their workplace environment. Audiotaped interviews were conducted on two occasions to obtain this data. Emergent themes included the nurses’ comments about continuing education, motivational factors, barriers that included geography and time, reactions of co-workers, restructuring, the College of Nurses’ Quality Assurance Program including peer feedback, and performance appraisals. The literature review compares the barriers and motivational factors to the previous research findings. Thus, this study gave voice to the experience of this group of nurses, working in a healthcare setting that is involved in restructuring. This information is important to the healthcare system, since many areas are involved in restructuring. The whole process, if it is to be successful, depends on the frontline workers, namely the nurses. Thus, if there is anything to be learned from this group of people, that could be used to improve this progression, everyone would benefit from this information, were it to be implemented. Everyone is a stakeholder in the quality of healthcare in our province. The frontline workers are the ones that hold the vantage point to be able to provide suggestions for the changes needed to successful. These nurses are not just motivated by work issues however, and educating them and motivating them will also improve the care provided through increased knowledge and enhanced self-esteem.
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CHAPTER ONE: THE PROBLEM

Introduction

This study explored a group of nurses’ perceptions of factors impacting on their continuing education. Issues such as motivational factors, barriers, hospital restructuring and the College of Nurses’ Quality Assurance Program resulted from my contact with the participants. The process for gathering the data included semistructured interviews that gave these nurses the opportunity to share their experiences and insights.

Healthcare reform has targeted registered nurses as a means of cutting costs (Kirkey, 2000). In an effort to make the healthcare system more efficient, fewer nurses are doing more work for less pay (Boon, 1998; Kelleher, 2000; Kirkey; Trepanier, 2000). This is an atmosphere of change for the sake of financial cutbacks with very little regard to the effect on the quality of service or employees’ coping. In addition, the patients are sicker, with more complex needs (Kirkey; Trepanier, 2000). The average age of the patient is increasing as the baby boomer generation reaches the retirement age (Trepanier).

Healthcare reform is a fairly new phenomenon. In Ontario, focus on healthcare reform has been a priority for less than a decade. Therefore, research involving this topic is limited. This study provided the opportunity for a group of nurses who are influenced by healthcare reform to share their opinions.

By examining the varying perceptions of individual nurses, the results of this study serve to add to the existing body of knowledge in this area, and in addition, identify possible areas of further research. What, then does this mean for the quality of life for the
nurses, the quality of care for the patients and healthcare services in general?

This chapter will describe the problem and the rationale for this research. Included in this chapter are: 1) a description of the background of the problem, 2) a statement of the problem, 3) a purpose for this study, 4) the questions to be answered, 5) a definition of terms section, 6) an explanation of the importance of the study, 7) a description of the methodology, 8) the limitations of the study, and 9) an outline of the remainder of the document.

**Background of the Problem**

Nurses operate within the healthcare system. Any changes within that system affect the profession of nursing. As the healthcare system has changed recently, the profession of nursing has also encountered some challenges. The focus in healthcare in Ontario at the present time is cost-cutting. Hospitals are struggling to make decisions that will decrease their spending since the provincial government has decreased funding. The hospital involved in this study has been undergoing internal changes for at least the past 6 years in an effort to be fiscally accountable. In addition, the region that this hospital serves has been involved in amalgamation, and the restructuring committee in charge of making recommendations initially slated this hospital for closure. This community hospital has decreased the inpatient capacity by one-half in response to healthcare reform and hospital restructuring. Presently, the fate of the hospital appears that it will remain open as an outpatient and ambulatory care provider. Inpatient capacity at this time is approximately 100 beds with emergency, intensive care, operating room, oncology, dialysis, and diabetes education areas. Elimination of the intensive care and decrease in the emergency services
to 18 hours a day is planned for the future. In the past 3 years, in an attempt to remain open, the hospital has associated itself with a school of medicine and is operating a cardiovascular risk unit for research. The final recommendations, revealed over a year ago, decided to allow the hospital to remain open mostly as a result of the public outcry in the community against closing it. The hospital's role would be that of housing outpatient services. Outpatient services are defined as those services that can be provided in the healthcare setting which treat and recuperate the patients within 16 hours and do not require the patient to stay in hospital overnight. Inpatient services, on the other hand, are those services that require the patient to remain in hospital overnight in order to stabilize their condition enough to be discharged. Presently, the hospital is already at half inpatient capacity. Many changes remain to be completed if the plans are to be accomplished. Approximately 100 inpatient surgery and medical beds are to be replaced by 58 mental health beds. The emergency and intensive care units are also slated for closure. These changes will not occur without a huge impact on the human resources at the hospital, as well as the quality of care. Saving money will only happen with changes in service, resulting in a decrease in staff complement, and ultimately, negative effects on the quality of patient care.

This has affected how nurses view their role and has a direct effect on their confidence level, job satisfaction, and motivation to learn. Nurses used to consider that once they had obtained their nursing credentials, they were professionals for life. Now, as a result of the nature of the content being more complex and rapidly changing, more complex care being provided, nurses being asked to obtain more skills, and having fewer resources available,
nurses are forced to participate in continuing education for coping and survival. The way in which nurses react to this new reality becomes an important issue for patient care and the nursing profession.

In an era of cost-cutting, the nurses are being asked to care for more complex patients with more complicated equipment and are allotted less time and human resources to complete the task (Boon, 1998; Kirkey, 2000; Kelleher, 2000; Trepanier, 2000). Some of them are looking for a means of escape or distraction from their job, and others are seeking to improve their ability to perform in their position with increased knowledge and confidence (Fahey Dealy & Bass, 1995; Urbano, Jahns & Urbano, 1988). In many cases these emerging needs are satisfied by the individual participating in a continuing education program. Continuing education programs are most often being offered at a community college or university. In-hospital education provides ongoing skill certification.

In addition to these forces acting on the motivation of the nurses with regard to continuing education, the College of Nurses is emphasizing the necessity for nurses to be maintaining their competence through continuing education. Reflective practice is seen as a self-diagnostic process by which nurses are to identify and act upon gaps in knowledge and skills in order to maintain their competency. This is a method for enhancing nursing practice and quality of patient care.

Due to these changes in the system, as well as staff cutbacks, nurses are being relocated to other departments and are being required to retrain for these new positions. As a result, they often experience feelings of demoralization. Therefore, motivation to participate in continuing education may be missing or severely strained. In an effort to
save money, hospitals have provided positions for nurses with very little consideration as to the hours and amount of work. This has resulted in many nurses working several part-time jobs to earn a full-time salary. Coupled with the effects of shift work, and the physical demands of the job, these issues make the prospect of continuing education an undesirable one, even for those nurses who are motivated to participate.

On the other hand, many of the nurses find themselves enrolled in continuing education in order to meet the demands of a transfer to a new department. This situation may have resulted from restructuring and this may be a requirement for them to retain a job in a department that is not their preferred area of work. How does being required to learn skills and knowledge in order to retain a job in an area in which you did not choose to work in the first place affect your desire to learn? Possibly, the motivation for learning for these nurses would be quite different from those individuals who have chosen their area of work.

Another issue arises when the very basis for adult education theory, namely, the idea of free will or choice, (Cranton, 1994; Galbraith, 1990; Knowles, 1990), is not always present. As adult education theory states, adults desire to be competent in an activity that they value (Wlodkowski, 1990). Preservation of self-worth is very important among adults. How do nurses react to being forced into a job in which they may feel they are lacking experience in, and when their self-worth may be threatened? They may have uncertainties with regard to their capabilities and these factors may motivate them to enroll in continuing education, or may impact their job satisfaction and job performance.
Statement of the Problem Situation

In order for learning to be the most effective that it can be, as well as a positive affective experience for the learner, the motivation for participating in the learning experience should be driven by factors within the learner. Intrinsic motivation results in more interest and persistence on the part of the learner. Intrinsic motivation is defined as the factor that instigates behavior, without evidence of a tangible reward (Logan, 1976).

In the case of adult learners, extrinsic motivation also influences learning, as affected by their situation in life and the environment. For extrinsic motivation to be a positive influence, certain conditions must be present. These include, the potential for a successful learning experience, the opportunity to apply the learning and understand the relevance of it, and positive feedback that enhances self-esteem. Given the nature of the present context in which these nurses work, the factors influencing their extrinsic motivation may shed some light into the types of support which they rely on when engaging in continuing education.

The individuals' perception of the reason for engaging in continuing education will affect the learning situation itself, and the individuals' motivation to learn. Factors affecting the workplace may also play a role in how the nurses view continuing education. In the past, many nurses have had the opportunity to make a free choice about the area in which they work. More recently, with restructuring, many nurses find themselves in a workplace that they may not have chosen. If this is the case, these individuals may have a more difficult time engaging in continuing education to promote their professional
responsibility. Most often, if nurses have chosen their work area, this workplace plays a role in positively affecting their work and motivation to expand their body of knowledge for that particular area. Conversely, if required to change the area in which they work against their volition, this likely may have a negative effect on these aspects of the nurses' career (Brophy & Good, 1995; Puetz, 1980).

Finally, is imposed motivation better than no motivation? What effect does change of job, complexity of work, and lack of job security have on the nurses' motivation to learn?

Purpose of the Study

The purpose of this study was to give some of these nurses the opportunity to discuss the factors that they perceived were impacting on their continuing education. Specifically, nurses were asked about their participation in continuing education and barriers that they are facing, as well as motivational factors and descriptions of the workplace environment.

Rationale

I am employed at the hospital where the volunteers were contacted. Restructuring has affected virtually every employee at this hospital. I have already been displaced myself from one department to another, and had another transfer delayed for a period of 1 year. Therefore, this topic is very dear to my heart and it was important to me to learn more about how nurses are coping. I had a passionate interest to find out more by talking to those involved. I know that other nurses have endured career changes similar to mine, and I wanted to hear their stories. I also wanted to know if their awareness of these impending
changes had served as an extrinsic motivator to encourage their enrollment in continuing education. To some extent, these factors also would contribute to biases. I did enter this research with expectations that the Quality Assurance Program and restructuring were influencing nurses to participate in continuing education. I ended up with some surprises.

Questions to be Answered

This study examined the perceptions of nurses employed at this hospital in terms of factors that impact on their enrollment in continuing education. Motivational factors were examined as well as barriers for this group of nurses. In the case of registered nurses being employed in a hospital that is undergoing rationalization, has this had any impact on their motivation to participate in continuing education? In addition, has the College of Nurses' Quality Assurance Program had any influence in this regard?

Definition of Terms

Continuing Education - any formal learning program in which the adult is involved with specific short- and long-term goals in mind.

Healthcare Reform/Restructuring - the governmental process which is mandated and regulated a designated body with the main goal of providing quality patient in a more fiscally responsible manner and decreasing the duplication of services.

Inpatient Services - Inpatient services are those services which require the patient to remain in hospital overnight in order to stabilize their condition enough to be discharged.

Outpatient Services - services are defined as those services that can be provided in the
healthcare setting which treat and recuperate the patients within 16 hours and do not require the patient to stay in hospital overnight.

**Extrinsic Motivation** - generally recognized as some sort of a reward, a reason for the adult learning project which is tangible or will result in benefits for the learner other than enjoyment from the learning experience or gaining new knowledge.

**Intrinsic Motivation** - that factor which instigates behavior, in this case, becoming involved in the learning process with no evidence of a tangible reward. That is, engaging in the activity for the sheer enjoyment received from doing so.

**Motivation** - that factor which instigates behavior or encourages persistence of behavior.

**Amotivational** - rewards which provide feedback that diminish intrinsic motivation.

**The Importance of the Study**

Theoretically, adults should be guided through the learning experience, but allowed to set goals independently (Galbraith, 1990). On the other hand, we do not exist in a vacuum. Therefore, factors in the environment will inevitably impact on the learning experience. In the case of adult learners, this may directly reflect changes in the workplace environment that may motivate them to engage in a continuing education activity, or find them involved in the activity, but reluctantly so. Still, others may opt to
forego the learning and deal with the consequences of that decision.

The results of this study provided insight into the effects of restructuring from the point of view of the deliverers of care, namely registered nurses. Any implementation that affects these individuals will have a bearing on the quality of patient care. Therefore, examining their perceptions of the process is vital. In addition, for the type of care these nurses will be providing tomorrow, job satisfaction and professional development are crucial. Thus, inquiring as to their motivation to participate in adult education and their satisfaction with the workplace should provide insight into these areas.

Any hospital that has undergone or is potentially facing restructuring, may be interested in the results of this study. In addition, nurses may be interested to know that they are not alone in their responses to healthcare restructuring. The results may influence how hospitals choose to undertake the process of restructuring in the future.

Methodology

The method of this study was the collection of qualitative data from 11 registered nurses using interviews. These individuals contacted me voluntarily after completing questionnaires. These questionnaires were randomly distributed throughout the hospital with the help of volunteer contact people to 37 nurses. The questionnaires were designed to collect demographic data, information about participation in continuing education, and work department. They also requested volunteers for further research. Of the 37 questionnaires distributed, 25 nurses responded, and 11 agreed to participate in my research.

Volunteer participants were interviewed on two occasions, at a time and place of their
choice. Initial interviews lasted approximately 1 1/2 to 2 hours, with subsequent interviews being 1 to 1 1/2 hours in length. These interviews were taped and the data were be coded for recurring themes.

Limitations of the Study

The results of this study reflect only the perceptions of registered nurses, not other healthcare workers. These perceptions are reflective of the 11 participants only. Although every effort was made to include both genders, females did dominate the group, with only one male participating. The female pronoun was therefore used throughout the discussion to preserve his anonymity. In addition, this study was conducted in a community hospital and therefore results may vary from those experiences of registered nurses in a larger center.

Outline of the Remainder of the Document

Chapter 1 has served as an introduction and overview of the nurses’ perceptions of the effects of job restructuring on continuing education, job satisfaction, and motivation to learn. The following chapters will examine this issue in greater detail. Chapter 2 will contain a review of the literature with regard to motivation, adult education, and nurses enrolled in continuing education, as well as the effects of healthcare restructuring on the lives of these nurses. Chapter 3 will provide an overview of the methodology used in the study as well as the rationale for it. Chapter 4 will discuss the findings and Chapter 5 will deal with recommendations, implications for further research, and conclusions.
CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction and Overview of the Chapter

Any changes involved in hospital restructuring which affect the frontline workers will ultimately affect the quality of care that these nurses provide for the patients. The main goal of hospital restructuring is to be more efficient. In other words, using fewer resources to achieve the same goals, or even more optimal ones, for example, decreased lengths of stay. Included in these resources are the human resources. Thus, hospital restructuring will not occur without some cost, both fiscal and otherwise. If this cost includes changes that the nurses must endure, how then are these nurses dealing with these changes? How are these changes affecting the lives of the nurses, their motivation to participate in continuing education, and their workplace satisfaction?

This literature review will provide information about motivation, both intrinsic and extrinsic, the impact of rewards, motivators, and barriers to adult participation in continuing education, the effects of workplace on motivation and the effects of hospital restructuring on the nurses.

Motivation

In order to better understand how restructuring is influencing the motivation of these nurses, a review of the literature describing motivation itself can assist in this interpretation.
Definition of Motivation

A definition of motivation has always been difficult to establish. Mwangi (1994), presented motivation as the psychological process that gives purpose, direction and intensity to behavior, or, the reason individuals excel at work. Already in 1955, Jones described motivation as how behavior gets started, is energized, is sustained, is directed, is stopped and what kind of subjective reaction is present in the organism while all this is going on. Motivational factors refer to the states of the organism that are relatively temporary and reversible and which tend to energize and activate Fritz Heider (1959).

Motivation is a reason for human behavior, those processes that can 1) arouse and instigate behavior, 2) give direction and purpose to behavior, 3) continue to allow behavior to persist, 4) lead to choosing or preferring a particular behavior (Wlodkowski, 1990). According to Wlodkowski (1999), motivation is difficult to understand because it is intangible. Since motivation is such an elusive and intangible subject, four differing opinions have emerged when individuals attempt to understand it. These include the behaviorist, humanistic, cognitive, and organismic views of motivation and human behavior.

The behaviorist view holds that answers to demystifying motivation are found in the observable behaviors. The individuals' behaviors are believed to result from instinct, habit, drive, emotion, and volition. James (1890) held the behaviorist view. The effect of motivation could be included within both of the areas of emotion and volition, since one can be passionate about a goal, as well as determined, and both of these could have a positive result in assisting the individual in being successful with that goal. Similarly,
Logan (1976), defined performance as the product of learning and motivation and that if one holds the value of zero, no behavior will result. However this relationship would also reflect Logan's opinion that motivation has no direct effect on learning. In other words, his writings described the fact that motivation and learning both result in a behavior or performance but each factor is quite a separate entity, with no effect on the other. The effects then are on the changes in the level of performance, as a result of changes in motivation or learning. This contradicts much of the research that describes the effect that motivation has on learning.

The second view of motivation is the humanistic one. This view attempts to explain motivation through the interpretations of the individuals as they interact with their environment. The individual is seen as being motivated by needs that have a priority (Maslow, 1970). Decision-making with regard to choices of behavior that the individuals have, puts them in charge of their destiny.

Martin V. Covington (1992) discussed his self-worth theory of learning, which described the fact that protecting the sense of ability is the student's highest priority and sometimes even of greater importance than good grades. Students may handicap themselves by not studying since trying hard and failing reflects poorly on ability. Lack of behavior is just as much a motivated condition as active behavior, with a different motivator, namely, the fear of failure Covington, 1992).

Day, Berlyne & Hunt (1971) defined instigation as the reason why an organism is active, what starts and stops activity. They described motivation as the sum of expectancy for success + a sense of volition + a sense of value + enjoyment.
Cognitive theorists support the view of conscious control of motivation over behavior, and more specifically, towards desirable and away from undesirable outcomes.

Vroom (1964), explained how an individual directs behavior toward a desirable and away from undesirable outcomes and that this was a motivating factor when choices of behaviors were presented.

Organismic theorists recognize the effect of the environment on motivation. They reflect on the action of opposing forces in the organism's behavioral choices.

McClelland, Atkinson & Lowell (1953) described affective arousal as the fact that affect precedes behavior, energizes, drives and directs it. In addition, McClelland et al. proposed that all motives are learned through pairing of the result and the affected experience. This would indicate that motivation can be influenced in some way. This is an important implication for facilitators, since it would seem then, that motivation can be increased.

All of the above researchers tend to agree that motivation determines the intensity, direction, likelihood of, and persistence of the behavior, regardless of whether the behavior is instinctive or not. On the other hand, other individual factors are also at work during the learning experience. Some of these are the emotional situation in which the learners find themselves, as well as the goals that the individuals have set for themselves, and the risks which they are willing to take to achieve these goals. In addition, the role of self-esteem is important. Namely, if the learning experience has a positive effect on the individuals' feelings of self-worth, they are more likely to continue or persist with the learning. If the individuals sense that their self-esteem has been threatened, they are more
likely to withdraw from the experience. In addition, the environment has an influence on the individuals' motivation to learn and perform at their job.

**Measuring Motivation**

Next then, one would need to understand how to measure this intangible entity if we were intending to increase the amount of motivation the individual possessed. This leads to the second difficulty in relation to motivation. How do we measure it if we can't see it?

Wlodkowski (1999), stated that if there is no motivation to learn, then no learning will occur. However, he also clarifies that this is rarely the case since motivation is usually always present, just in differing amounts. For example, if motivation is extremely low, then potential learning achievement would be diminished somewhat.

Researchers have attempted different methods for the measurement of motivation. According to Wlodkowski (1999), the measurement of persistence will provide information regarding the individual's motivation. Namely, to what lengths will learners go and against what odds will they continue with the learning experience until it is complete, or when they have met their goal? Similarly, Brophy (1995) reflected that a measured indicator of motivation is persistence.

Other researchers have utilized time on task as an indicator for motivation (Amabile, Grossman & Hennessy, 1986). Other measurements include free-time on task after withdrawal of reward, self-reports of task interest, satisfaction and/or enjoyment, performance during free-time period and subjects' willingness to participate in future projects without a reward (Cameron & Pierce, 1994, 1996).

Wlodkowski (1990) cited the desire to gain competence over our environment as a
powerful motivator. He explained an optimal stimulation level that produces the greatest level of performance. This level lies between low stimulation and high stimulation. Either of these two extremes would result in a very low level of performance.

In fact, motivation can be too high for effective learning to occur, in some situations. This concurs with Tolman's (1959) findings that motivation has a limiting effect on learning and that an increase in motivation, if too high, can actually interfere with learning and may narrow the cognitive field. This state of high motivation may result in anxiety with the anticipation of failure.

In my study, I attempted to utilize the subjective information provided by the nurses during the interviews to better understand the way in which motivation affects their participation in continuing education, as well as measuring the degree to which this occurs.

**Intrinsic and Extrinsic Motivation, Rewards, and Reinforcement**

There are two different types of motivation—intrinsic and extrinsic. Intrinsic motivation is the phenomenon that occurs when the instigation to perform the behavior is a result of satisfying a felt need as perceived within the individual. In other words, the learner gains satisfaction from the activity itself (Brophy & Good, 1995). Conversely, extrinsic motivation relates to satisfying a felt need as perceived by the individual with the influence of an external source or satisfying consequences (Brophy & Good).

Deci (1975) developed the Cognitive Evaluation Theory, based on the assumption that people have innate needs for competence and self-determination. According to this theory, the basis for intrinsic motivation is that challenges are sought out. Deci described intrinsic
motivation as innate. Thus, any changes in intrinsic motivation are affected by changes in feelings in these areas. For example, an increase in intrinsic motivation results from increased feelings of competence and self-determination. Deci (1975) cited an inverse relationship between intrinsic motivation and the existence of an external reward. The difficulty with these observations is that feelings of competence and self-determination are seen as changes in intrinsic motivation, but not measured though assumed to be operating because of behavior changes. For example, the existence of competence, self-determination, and intrinsic motivation is inferred from the very behavior it supposedly causes.

According to Deci and Ryan (1985), events that facilitate and hinder feelings of competence and self-determination depend on their perceived informational, controlling, or amotivational significance. Verbal rewards that are considered informational result in competence being facilitated and intrinsic motivation being increased. On the other hand, rewards without performance criterion, especially tangible rewards, become controlling, attempt to determine behavior, and actually decrease intrinsic motivation. Amotivational rewards, in the form of negative feedback also decrease intrinsic motivation. In addition, they found that low interest activities have no effects on intrinsic motivation.

Rewards can be internal, according to Rotter (1966) when individuals perceive that the reward or punishment results from their own behavior, in other words, they are in control. External rewards are ones that the individuals perceive as being consequences that are beyond their control. Deci (1975) described affective rewards as being those positive emotional experiences that the learner undergoes.
According to Ford (1992) motivation can be facilitated or constrained, but not imposed. In other words, even though educators can influence the environment and content of the learning experience, they cannot with all certainty predict an increase in motivation for all of the learners, due to the individual differences of the participants. Wlodkowski (1990) noted similar findings- that threat does not facilitate the motivation to learn. Still, in recognizing the educator’s limitations with regard to influencing the motivation of the learner, one would be totally ignoring the affective aspect of the learning experience if one did not acknowledge the existence of motivational factors and at least attempt to have a positive effect in that regard.

The research is definitely conflicting with regard to the effect of rewards on learning and motivation. Tolman (1959) delineated latent learning in which reinforcement is not necessary in order for learning to occur. According to Wlodkowski (1990), reinforcement has limited usage and rewards may in fact reduce intrinsic motivation. Covington (1992) concluded that rewards work well on easy tasks, but not on more complex ones. In addition, he describes how competition threatens intrinsic task involvement and extrinsic over justification diminishes motivation and decreases intrinsic motivation.

Montessori (1967) wrote that rewards are not necessary for successful learning to occur and may in fact be harmful. This agrees with Atkinson & Birch’s (1978) writings that reflect the fact that competition is not a means to promote learning since it threatens intrinsic task involvement. In addition, Atkinson described a similar overjustification effect that decreases motivation if a behavior that is already enjoyable gets rewarded. Similarly, Covington (1992) discussed the minimax effect in which students that are offered rewards
for good behavior and adequate work will operate expediently in an attempt to maximize rewards for minimal effort.

According to Feingold and Mahoney (1975) and Mawhinney (1990), one must demonstrate that rewards are in fact reinforcers before any statement about the effects of reinforcement can be made. Rewards were found by Amabile, Hennessy, & Grossman (1986) to have no effect on time on task. These results differ from those of Deci (1975) that reflected that rewards decreased the time on task. Deci and Ryan (1985) also stated that not all types of reinforcement undermine intrinsic motivation. This concurs with the findings of Cameron and Pierce (1994, 1996), that contingent rewards do not harm intrinsic motivation. They cited that incentives are appropriate in certain situations. They described the operant analysis of behavior in which the discriminate stimulus is proportionate to the response minus the contingent reinforcement. They discussed that intrinsically motivated behavior is simply behavior for which appropriate controlling stimuli have yet to be specified. In other words, every behavior is the result of a motivator, even if the motivator has not been determined.

Bandura (1977) also referred to behavior that appears to be occurring without obvious or apparent extrinsic consequences, when in fact the anticipation of future benefits is the motivation for the behavior. Thus a form of intermittent reinforcement is in fact present and influencing behavior.

Cameron and Pierce (1994, 1996) explained the negative effects of a reward if it is offered for simply engaging in a task, when the reward is removed, then time on task decreases. Their measurement of intrinsic motivation included free-time on task after
withdrawal of the reward; self-reports of task interest, satisfaction and or enjoyment; performance during free-time period and subjects’ willingness to participate in future projects without a reward. Results reflecting the effect of reward on intrinsic motivation using the free-time measure reflect a decrease in intrinsic motivation as a result of the reward. The results seem to depend on the type of reward. The reward increased intrinsic motivation as measured by attitude toward the task performance during the free-time period or willingness to volunteer without a reward. In addition, findings reflected that unexpected rewards offer results that were not significantly different from non-rewarded controls with regards to intrinsic motivation. A promised tangible reward, regardless of the task compared to non-rewarded controls were not significantly different on free-time measure of intrinsic motivation.

However, according to Deci (1975), self-reporting by participants concluded that rewards are not always harmful, according to the person’s reflection of the experience of the activity. This would still point to the need for more research and measures of intrinsic motivation. According to him, self-actualization is the desire for self-fulfillment, internal striving and growth needs most readily met by learning that is intrinsically motivated. In addition, intrinsic motivation is evident when the individual associates pleasure with the activity itself.

Covington (1992) stated that intrinsic motivation results from the desire to become more effective as a person, or again, self-actualization. In addition, Covington described the Social Comparison Theory in which humans look at each other for information about themselves. This is the means by which individuals evaluate themselves and thus develop
plans for changing behavior in an attempt to improve this assessment.

According to Deci (1975), Knowles (1990) and Boshier (1971, 1977), intrinsic motivation is affected by the relevance of the course to the students' interests. Wlodkowski (1990) described intrinsic motivation as a primarily affective response to an activity, for example, enjoyment. This is a part of the mystery behind motivation. Intrinsic motivation is a very individual entity. In order for the facilitator to enhance intrinsic motivation in a number of adults, many different approaches may be required in order to be successful.

Thus, the importance of motivation is the influence that it can have on behavior. Although specifics in this regard vary among the different studies, the basic effect holds true. In my study, the nurses were given the opportunity to report on factors that they perceived were impacting on their participation in continuing education activities. These factors can be classified into those that are intrinsic motivators and those that are extrinsic ones. It was evident that these nurses are being influenced by factors of both types of motivators, as well as factors that serve as barriers to their participation in continuing education. This information is of interest in order to greater understand the experiences of these individuals.

**Adult Education**

More specifically, the relationship between motivation to learn and adult education needs to be examined. Wlodkowski (1990) described adults as being on a lifelong scholastic crusade, as they attempt to make meaning of their world and be successful at what they value. Enhancing the individuals' self-actualization will ensure a positive
learning experience. Cross (1981) described adults as possessing the intrinsic motivation to learn. In relation to continuing education, Wlodkowski (1990) discussed the fact that lifelong learning is a necessity in our civilization. In fact, he claims that continued motivation to learn can be as much an outcome as the attainment of any learning objective. The single most important goal of education is to develop lifelong learners. Perhaps by giving these nurses the opportunity to share their experiences, it can be revealed whether or not this is happening.

Knowles (1990) recognized adults as being self-directed, and that their readiness to learn depends on a perceived need. Kember (1995) reflected that adults see learning as a necessity for performing tasks or problem solving.

Wlodkowski (1990) identified that adults voluntarily undertake a learning project to solve problems. He stated that adults are motivated to learn by attitude, need, stimulation, affect, competence, and reinforcement. There is also risk involved for the learner, if only the threat to his or her self-esteem. Galbraith (1990) also wrote that the motivation behind the adult learning experience is focused on some immediate perplexing condition or circumstance. Being motivated to engage in the behavior involves this free will. This choice, according to Vroom (1964), is based on goals. In other words, choice is driven by the end result and how important that end result is. But how is learning and motivation influenced when the goals are imposed? Some of this is evident through the results of my study. Ideally, adults should be in control of their own learning, but realistically, their jobs and other demands result in imposed objectives.

Logan (1976) addressed the issue of decision making by the fact that incentive
motivation leads to a preference in the decision-making process. The belief that one can affect a situation with behavior alludes to locus of control. Seligman (1975) described the situation in which this was lacking, namely, learned helplessness, the belief that one can do nothing to terminate or avoid an aversive situation, and the resulting generalization to another situation. This phenomenon can result in a great barrier to learning and therefore a handicap for the learner and a challenge for the educator. Similarly, Brophy (1995) discussed the acceptance of failure. This takes into consideration the free will involved with any behavior. Covington (1992) also described the phenomenon of learned helplessness among adult learners which results in self-handicapping strategies such as procrastination, setting unattainable goals, underachieving or admitting to a less severe weakness, for example, test anxiety as opposed to lack of knowledge; in other words, the academic wooden leg. He cited the fact that adults operate in a world of extrinsic rewards, even though the scarcity of rewards fuels unrealistic aspirations. In addition, he described the effect of the self-fulfilling prophecy, which influences performance through the expectation that certain students will succeed in the school and others will not. In other words, the learners are ultimately in charge of their own motivation and learning.

As well, adults need to be successful learners. Wlodkowski (1990) reported reasons for why adults choose to learn on their own, including the ability to set their own pace, use their own personal learning style, that the learning style is flexible and easy to change, and that they can implement their own structure on a learning project. In addition, adults have a great desire to be effective in doing things that they value. This is a strong component of motivation. According to Cognitive Evaluation Theory, people have an innate need to be
competent, effective, and self-determining. This is the basis for intrinsic motivation, to seek out challenges.

Houle (1961, 1980) listed the choices that adult learners make as directly reflecting the type of learner they are. These types include goal-oriented, activity-oriented, and learning-oriented. He also depicted adult learners as recognizing a need or interest, willing to do something about it, and having the opportunity to do so. Wlodkowski (1999) also addressed the idea of choice. He writes that attitudes predispose the individual's choices of activities, companions, and environments across the lifespan. In addition, he defined what he calls “change events”, which are events in people's lives that affect their intellectual depictions of themselves and those around them. Education initiates many of these “change events”. If adults are to enjoy the learning experience, they must perceive that they are personally promoting their own learning. Confidence is the result of the awareness that the individual has deliberately become proficient. Thus the relationship between confidence and competence is cyclical, one affecting the other.

Kember (1995) relayed the greater relevance of intrinsic motivation in adult education as opposed to pedagogy. For example, factors such as self-esteem, self-perception, confidence, and recognition of quality of life are important for them.

Thus, factors that motivate adult learners to become motivated and participate in continuing education are unique to adults. They are playing a more active role in the decision-making and have their own goals, which may or may not at least partially coincide with the program objectives for the learning experience. They are engaging in the learning process due to a need that they are attempting to satisfy.
Although satisfying a felt need is important, so is the expectation that an individual will succeed at the learning project. This feeling of success is the reason for perpetuation of involvement in continuing education. In other words, if adults are successful at the learning experience, this will positively affect their motivation to engage in the process over and over.

**The Role of Expectancy for Success**

Since the adult learners are actively involved in the learning process, and have predetermined goals for the experience, the expectation that these goals will be met is partly what drives the participation in the first place. In addition, the need for competency is one shared by all humans.

According to Deci (1975), the energy that drives our behavior is the awareness that goals can be obtained, for example the awareness of potential satisfaction. Deci also described the fact that motivation is triggered by the cognitive representation of some future state, that is expectations. Similarly, Vroom (1964) described motivation as being determined by the individual’s perceived probability for success.

According to Atkinson & Birch, (1978), the achievement of success and the avoidance of failure are both powerful motivators. They describe those individuals who are motivated by success, that if they fail, will choose an easier task. On the other hand, those motivated by the avoidance of failure will chose a more difficult task, since it is perceived as less threatening to have failed at a difficult task. Behaviors are a result of the influence of the individual’s motivation, the probability for success, or probability of failure and the incentive value of achieving the expected outcome. Atkinson & Birch also point out the
social factor, or the fact that the presence of others energizes behavior.  

As well, according to Wlodkowski (1990), performance is the product of learning $X$ motivation. That is what energizes motivation to learn. Seeing human motivation as determined allows us to develop a plan for helping adults with their learning project and being successful at it. It is experiencing this success which increases the adults' motivation to learn. When successful, the learner reflects on both the process and the outcomes of the learning experience (Wlodkowski, 1999).  

According to Simpson's (1988) expectancy theory of motivation, individuals believe that positive outcomes will occur because of effective performance, which motivates them to perform effectively. There is a relationship between effort and performance and between performance and outcomes, whether intrinsic or extrinsic. Outcomes have a positive value for the individual and the individual possesses the ability to perform at the desired level.  

Similarly, Atkinson (1978) described his expectancy $X$ value theory of behavior that identifies that behavior is a product of motivation $X$ probability of attaining the goal $X$ incentive value, or the attractiveness of the goal. One problem with this theory may be that it lacks recognition for individual differences.  

Mager (1992) identified the direct relationship between self-efficacy and the individuals' belief in their abilities to perform and motivation. These individuals will strive harder as a result of their positive beliefs about their abilities. According to measures of self-directed learning readiness, the higher this value is, the more time individuals reported spending on continuing education.
In the case of these registered nurses, the individuals were given the opportunity to report on their beliefs about their capabilities to perform both at work and in the learning environment, in an attempt to identify a possible relationship within this group between self-efficacy and their beliefs about their abilities. By giving the nurses the opportunity to reflect on their learning experience, the effects of successful and unsuccessful learning experiences were revealed.

What Motivates Adults to Learn?

So, why is motivation so important? According Wlodkowski (1999), it is the deciding factor when comparing the performance and success between two individuals with otherwise identically matched ability, opportunity, and conditions to achieve. In addition, there will be an increased likelihood for the learner to engage in the learning process again if the experience has been a positive one for them. According to Wlodkowski (1999), higher levels of intrinsic motivation and self-determination increase the chance that future learning will be more attractive and nurturing for the individual.

Urbano et al. (1988) reported motivators for registered nurses participating in continuing education when the content was related to their job, or for job improvement or advancement. In addition, mandatory continuing education did not change the motivational orientation of the participants.

Similarly, Boshier (1971, 1977) described six motivational orientations, including social relationships, external expectations, social welfare (social sharing, social contact, social conformity), professional advancement, escape/stimulation and cognitive interest (educational supplementation). This information led to the development of the Education
Participation Scale, which assists in measuring the motivational orientations. Intrinsic factors included recognition of achievement, feedback on progress, professional growth, and opportunity for advancement. These factors were found to motivate, but not to dissatisfy the individual if they were not present. In an attempt to reveal if any similarities exist in this regard with this group of nurses, questions were asked regarding the effects of these intrinsic factors when present or absent.

According to Tough (1968), the most influential reason for continuing education was to apply the knowledge or skill. In the study conducted by Morstain and Smart, (1974), six factors motivated the participation in continuing education among adults. These were: social relationships, external expectations, escape/stimulation, and the three most commonly reported were social welfare, professional advancement, and cognitive interest. Cognitive interest was found to be the number 1 reason in another study. Based on the Education Participation Scale, communication improvement, social contact, educational preparation, professional advancement, family togetherness, social stimulation, and cognitive interest were cited as the motivational factors for participation in continuing education.

Specific to registered nurses, Fahey Dealey & Bass (1995) described motivational factors for continuing education as professional improvement, professional service, collegial learning and interaction, personal benefits, job security, professional commitment and reflection, cognitive interest and desire for professional advancement and competency. According to Fahey Dealey & Bass, adult learning principles reflect that adults demonstrate a readiness to learn related to a perceived need and therefore, the focus of the
delivery of education must be a problem-centered and not subject-centered approach.

What Barriers to Learning do Adults Face?

In interpreting results of adult education surveys, according to Kember (1995), drop-out may be explained by the fact that adult learners did not plan to complete the course, in the process of identifying their own learning needs. Possibly their goal-setting didn't include completion of the course. These findings are also included in Covington's (1992) research. Similarly, Johnstone and Rivera (1965) reported reasons as being dispositional (attitudes, beliefs, values, perceptions of oneself as a learner), situational (finances), and informational (lack of awareness).

Cross (1981) cited barriers to continuing education as situational, dispositional (attitudes toward learning), and institutional. Darkenwald and Valentine (1985) identified barriers to continuing education that were quite similar: time constraints, lack of course relevance (institutional), cost (situational), personal problems (situational), lack of confidence (dispositional), and low personal priority (not related to present studies). In investigating reasons for nonparticipation in continuing education in the past year, Scanlan and Darkenwald (1984) identified cost, work constraints, family constraints, lack of quality of available programs, lack of benefits, and disengagement, as reasons.

described barriers as depicted by diploma registered nurses not participating in continuing
education as: low priority given to work-related activities, absence of external motivators,
irrelevance of additional education for professional practice, incidental costs, and lack of
information and effective support.

It must be remembered that the age of the participants affects the reasons cited, in
other words, where they are in the life continuum and what their priorities are. In addition,
their schema, their preconceived idea of education affects their behaviors and reporting of
reasons for participation or nonparticipation. Cross (1981) identified that strongly
motivated individuals work around barriers. However, in the case of weakly motivated
learners, even if the barrier is removed, there is no resulting increase in motivation. Thus,
facilitators have the task of maintaining and supporting strongly motivated individuals, and
reducing barriers or their perceived imposition in the case of weakly motivated learners.

The Effect of the Workplace on Participation in a Learning Activity

Wlodkowski (1999) described how attitudes give us a sense that we are in control of
our environment. What role does the environment play in all of this? Behavior does not
occur in a vacuum. It is, instead, influenced by many factors, one of which is the
environment in which it is occurring. According to Feather (1982), as cited in Jones and
Jones (1995), motivation is the product of expectation $\times$ value $\times$ climate. Thus, reference
is made to the effect of the environment in which the learning is taking place. This
becomes a new factor influencing motivation and directly relates to this group of
participants in terms of the effect of work environment.

The environment may have an effect on the learning experience itself, or it may have an
effect on the decision making of the individual. In any case, the environment influences the affective experience for the individual and what future decisions they make with regard to participation in continuing education. Thus, the environment influences motivation.

As noted earlier, behavior and more specifically, learning, is influenced by the environment. In the case of adults enrolled in continuing education, the workplace has an effect on this participation. In the workplace, the environment plays a role in the motivation of the workers. According to Wlodkowski (1990), a controlled, rigid environment can decrease the motivation in children. In order for motivation and job satisfaction to be present, the work environment needs to be favorable (Deci, 1975; Herzberg, 1966). The ideal work environment would provide challenging, enriched jobs, individual achievement, recognition, responsibility, advancement, and personal growth. Some factors that affect motivation and job satisfaction were cited as policy, supervision, salary, interpersonal relationships, fringe benefits, working conditions, and the bureaucracy of the organization. These factors would be extrinsically affecting motivation.

According to Brophy (1995), the effect of the environment on motivation is very important, including the fact that competition can actually diminish intrinsic motivation. Similarly, Wlodkowski (1985) found that competition is not effective in increasing motivation and can actually destroy intrinsic motivation. He also reflected on the effect of the workplace on the individuals' motivation and stated that "in the workplace challenges are more often found than given." (p288) Namely, opportunities will not just drop into one's lap. Strongly motivated individuals will be conducting their time at work in such a manner as to put themselves in a position of increased likelihood of challenges. They are
not fearful of these challenges. In fact, they need them.

The literature also described results that reflect on the relationship between workplace and participation in continuing education. In the study conducted by Puetz (1980), nurses who worked in the Intensive Care Unit tended to have a greater rate of participation in continuing education than other areas. In addition, they were more motivated by cognitive interest than nurses in the same study who worked in the obstetrical department. Those nurses who had higher measurements on the Self Directed Learning Readiness Scale tended to be more motivated by professional advancement. Those individuals who were already enrolled in continuing education scored higher on the self-directed measures. Those nurses in the medical-surgical areas scored higher on the motivational measures than those nurses working in the obstetrical department. It was cited that bed closures, diversification and unfamiliar disease entities led to the establishment of learning goals among these individuals. Registered nurses most influenced to participate because of professional advancement tended to score lower on the Self Directed Learning Readiness Scale. In addition, they described the findings that illustrate that higher levels of education did not necessarily result in higher measures of self-directed learning, which is in conflict with the literature (Puetz, 1980).

The Effect of the Healthcare Milieu

Thus, it seems that the environment that the individual finds themselves in has a direct influence on the motivation of that individual. The larger environmental influence that is affecting the nurses is the healthcare milieu at the present time. It is a very stressful
environment of doing more with fewer resources.

Irvin (1996) reminded us that learning involves the physical, psychological, and social influences of one's environment and that our personal learning style is dependent upon these factors. With the environment playing such a role on education, it becomes necessary to address the issue of healthcare reform and hospital restructuring and their effects on continuing education among nurses. Restructuring means job losses (Kirkey, 2000) and much of the research reflects the general situation of fewer nurses doing more work for less pay (Kelleher, 2000; Kirkey; Trepanier, 2000; Boon, 1998).

In addition, the patients are sicker, with more complex needs (Kirkey, 2000; Trepanier, 2000). The average age of the patient is higher as the baby boomer generation reaches the retirement age (Trepanier). In order to cut back on expenses, hospitals have decreased the average length of stay. Not only has this decreased the time which nurses have with the patients in the hospital, but also results in an increased burden of care on the community, which is already short of resources.

Exacerbating the situation, there is a shortage of available nurses, resulting in the workplace being overtaxed, not only from the increased workload, but also from the inability to cover the time off to which nurses are entitled (Kirkey, 2000).

Boon (1998) cited that the majority of nurses reported increased workload, higher patient acuity, decreased length of stay, and less time for patient education and comforting patients as characteristics of the present state of healthcare. Also described is the labor trend as a situation where the goal is to "speed-up", in other words, nurses are expected to work harder and faster with fewer resources, providing care for increased numbers of
sicker patients in the same amount of time. This is an impossible task.

According to Trepanier (2000), 30% of registered nurses are working and supplementing their income with another job. Evidence of increased stress related to the workplace in the form of more sick leave incidents, more work-related injuries such as back pain, and overall concern about the health of the nurses has been noted in the literature (Cameron, Horsburgh & Armstrong-Stassen, 1999; Trepanier, 2000).

Kelleher (2000) reported that nurses found it stressful not to be able to do their jobs properly. In addition, they reported dissatisfaction with the vision of nursing. When asked what would improve this situation, the nurses replied that better pay, secure jobs, and a more reasonable workload would serve as relief. Other requests included paid training -- identifying that reimbursement of continuing education tuition is not enough, since getting the time off in order to participate in the activity was difficult. They also suggested mentorship programs, newer equipment, and a 24-hour cafeteria as some improvements to the present situation (Kirkey, 2000).

The study conducted by Boon (1998) attempted to describe the nursing perspective of the effect of restructuring in British Columbia on the nurses' ability to care. Issues of concern were: patterns of negativity in the work environment, unsafe workloads, lack of equipment, loss of leadership (e.g., the manager being further away), feelings of isolation, frustration, anger, and hopelessness. On the other hand, positive results were: the increased sense of staff cohesiveness, greater assertiveness, and more support for each other.

Meyer & Elliott (1996) recommended that creative approaches to staff education are
null
vital during healthcare reform. But is this happening? Boon (1998) suggested that nurses’ voices must be heard. Baumann et al. (1999) suggested that open communication between staff and management surrounding the subject of downsizing and including the nurses in the decision-making process, coordination of services, and finding innovative ways to save money without affecting staffing numbers would allow this to be accomplished.

Baumann et al. (1999) cited questions that remain unanswered -- what is the effect on morale during the process? What is the impact on patient outcomes and patient satisfaction? Are people finding comparable work? Are labor adjustment programs being utilized? What was the human cost in terms of unemployment? What is the impact of decreased funding on quality of care and Continuous Quality Improvement initiatives?

In the study conducted by Cameron et al. (1999), the quality of life for registered nurses and registered practical nurses was examined during downsizing as measured by the Person-Environment Fit Model. This model assumes a congruence between the workers’ abilities and needs and environmental supplies and demands should result in a “goodness of fit,” for example greater job satisfaction and trust in management result in decreased burnout and intention to leave. Cameron et al. (1999) wrote that nurses have a preference of work area, and when downsizing results in a change in work area, there is a resulting negative impact on quality of work life. In addition, if the nurses are working in a department outside of their area of expertise, this results in an additional negative impact on quality of care. In addition, full-time nurses reported wanting to work part time, but unable to due to lack of job postings, resulting in negative outcomes of depersonalization and emotional exhaustion. Nurses also cited lack of satisfaction with supervision as a
factor affecting their workplace contentment. Overall, Cameron et al. (1999) concluded that downsizing is significantly affecting the quality of work life of nurses.

This is significant, since the nurses are the main provider of care for patients. Happier workers are always more productive workers. Frustrated workers will be less productive and more apathetic about the whole process. This will not bode well for the quality of care being provided and the potential for participation in continuing education.

**Summary**

In this chapter, we have seen how difficult motivation is to understand and measure. The relationship between adult education and motivation has also been examined. Specifics with regards to motivation, such as rewards, drive, incentive, extrinsic motivation, and intrinsic motivation have been reviewed. The barriers and motivating factors for adult education as well as continuing education among registered nurses were investigated. The effect of the environment, and more specifically, healthcare restructuring was also noted.
CHAPTER THREE: RESEARCH METHODOLOGY

Introduction and Overview of the Chapter

This study investigated the perceptions of a group of registered nurses with respect to factors impacting on their continuing education. These included such things as motivational factors, barriers, hospital restructuring and the College of Nurses’ Quality Assurance Program. This chapter will address the methods used to collect the data that reflect these perceptions and the rationale for choosing these methods. This information will also include participant selection, details of surveys and interviews, and data coding. Also, included in this chapter are the assumptions and limitations of this study. The procedure for meeting ethical considerations was followed according to the Ethics Committee at Brock University. For details of this information, please see Appendix H.

Rationale for Research Methodology

I chose a qualitative approach to obtain the data. This study attempted to understand the experiences and perceptions of the nurses involved and therefore qualitative research was deemed to be applicable since it also examines the events in a phenomenon as they are perceived by the people who are directly involved (Tuckman, 1999). Similarly, Polit & Hungler (1999) described qualitative research as providing first-hand knowledge of the problem. They describe the simultaneous activities of analysis and interpretation, and how as a result of these, areas of further research come to light. The perceptions are
coming from those directly affected by the phenomenon. They also state that the purpose of qualitative research is to understand an issue or social setting and not necessarily to make predictions about the situation (Polit & Hungler). Thus, the way in which the phenomenon affects the individuals is the important thing. This is an appropriate style of research, then, when investigating such a dynamic process as healthcare reform.

Maxwell (1996) stated that the purposes of qualitative research include an understanding of the participants and the particular context within which the participants live. Polit & Hungler (1999) referred to the setting of qualitative research as having to do with the real-world. Similarly, Burns (1999) describes qualitative research as research that occurs from the inside. It is also noted that qualitative research studies the participants' perspectives, such as feelings, thoughts, beliefs, ideals and actions in natural situations (McMillan & Schumacher, 1997). Healthcare reform and its effects on the nurses who are delivering care is a very unique situation that must be examined from the inside. It is a phenomenon that deserves to be described and the methodology involved should identify themes and categories that are used to build a descriptive theory of the situation (Polit & Hungler). Since I suspected that these results would lead to issues which I had never intended and since the flexible design of qualitative research allows for an emergent process which changes with the results, therefore it was the appropriate type of research for this study (Polit & Hungler). This study also gave the nurses an opportunity to voice their concerns and describe their experiences during a phenomenon that will soon become very common throughout the province. As such, any information that can be learned from these nurses would be helpful.
In addition, because I am a nurse, the opportunity through qualitative research for the researcher to describe their role as well as their biases, makes it the best choice of data collection for this study (Polit & Hungler, 1999). I am employed at the same hospital as these participants and I have experienced the results of restructuring on two occasions, in which I had a change of jobs beyond my control.

**Data Collection and Recording**

Specifically, the study consisted of preliminary data collection using a survey that was pilot-tested and subsequent interviews to probe for richness in the data.

Questionnaires were distributed with the help of volunteer contact people to eight areas within the hospital, including the emergency department, operating and recovery areas, day surgery, inpatient surgery, medical, intensive care unit, oncology, and dialysis. These questionnaires were completed at the hospital. Participation was anonymous and completed questionnaires were placed in an envelope and sealed. Once again, this process was assisted by volunteers. See Appendix C and D for attached questionnaires and amended questionnaires resulting from pilot study feedback.

On the questionnaires, participants were asked if they would be willing to be interviewed and interested parties were asked to submit their name and contact phone number to me.

Eleven of the individuals expressed an interest in participating in the interviews and were contacted. First and second interviews were conducted which were approximately 1 1/2 to 2 hours in length. Initial interviews were used to establish rapport and gather themes. Second interviews were used to validate the information and elaborate on
recurring themes. These interviews were taped to assist me in coding the data, along with written notes that I recorded during the interviews. The goal of these interviews was to seek out more in-depth data as initiated by the questionnaires. These interviews were completed during off-duty time at a time and place of the participants’ choice.

All information obtained from both the questionnaires and the interviews was strictly confidential and anonymous. No participants’ names were revealed in the study. All data were stored in a locked cabinet at my residence during the research. Upon completion of the study, all materials were disposed of using the other confidential waste material disposal service at the hospital at which I am employed.

Selection of Participants

The group of participants consisted of 11 volunteer registered nurses. With the help of volunteer contact people, 37 questionnaires were distributed. Twenty-five replies were received, responses were not received from twelve of the individuals. These individuals included will both full-time and part-time employees. An attempt was made to include participants from both genders. The range in ages was 25 to 55. As a result of these questionnaires, interested parties were asked to contact me in order to arrange interviews.

Participants were told that they did not have to answer any questions that they felt were invasive. Participants were notified that they were free to withdraw from the study at any time without a penalty. Eleven volunteer participants were interviewed on two occasions to enhance the depth of the survey data.

Pilot Study

Using the literature review and my own experience, a questionnaire was set up with
the intention of gathering preliminary data about the participants, perceptions about healthcare restructuring, their enrollment in continuing education and volunteering for participation in interviews to further the data collection in the study. The questionnaire was pretested for ease of use and understanding. Also, I requested any suggestions for changes by use of the following pilot study.

A pilot study of the questionnaire was completed. Ten individuals, nine who were registered nurses and one human resources manager were asked to complete the survey and provide feedback about the tool. Input was requested with respect to ease of use of the tool and suggestions for changes/additions in light of the intention of the pilot study. This feedback included: 1) adding a question to determine whether the individual was college or university prepared, 2) a format suggestion about moving a question to the next page and one about the volume of information in the instructions, 3) the necessity for the inclusion of a cover letter, 4) the need to indicate if the respondent may choose more than one answer, 5) requesting specifics about time lines with reference to non-nursing employment, 6) instructions for whether or not to answer some of the questions if you responded with a Ano@, 7) no respondents detected any biases, 8) respondents replied that the language and intent was clear and that the tool was easy to complete, and 9) respondents replied that the length was appropriate.

Instruments

Questionnaires are a means of data gathering that assists researchers to convert into data the information that they receive directly from people. This allows them to measure
what someone knows, what their values or preferences are, and what their attitudes or beliefs are, as well as discovering what experiences have taken place and are occurring in the person's life (Tuckman, 1999). Questionnaires are also anonymous, easy to score, and allow the individuals time to ponder their responses (McMillan & Schumacher, 1997). Interviews are adaptable, provide an opportunity to probe and clarify, and allow for the inclusion of nonverbal behavior (McMillan & Schumacher). Therefore I chose questionnaires as the primary method of initiating confidential contact with the nurses and semistructured interviews as the main data-gathering instrument.

The questionnaires were used in a pilot study described previously. These questionnaires were distributed with the help of volunteer contact people from various departments within the hospital. They included a cover letter to explain the intent of the study. Eighteen open-ended and multiple-choice questions were used to obtain demographic information, continuing education participation, input regarding healthcare reform, and self-reporting about their motivation level. The nurses were asked to indicate their willingness to voluntarily participate in the interview portion of the study and contact me if they were interested.

**Interviews**

The interviews were conducted on two occasions, each being approximately 1 1/2 to 2 hours in length. The participants determined the time and place for the interviews. The interviews were taped, and subsequently the data were transcribed and coded for recurring themes. Interview questions were designed to enrich the data obtained by the questionnaires. Interview questions included: 1) Tell me about how you feel about
continuing education; 2) Tell me about your most memorable experience with continuing education; 3) What are your goals with regards to continuing education?; 4) What are your greatest motivating factors for participating in continuing education?; 5) What are your greatest barriers?; 6) Tell me about healthcare restructuring and how it has affected you; 7) Are you employed in the department of your choice? Explain if not; 8) Tell me what you think about the College of Nurses’ Quality Assurance Initiative; 9) Describe yourself in terms of motivation and finishing what you start or getting what you want; 10) How would the people around you answer the same (#9) question about you?; 11) Describe how you think things would be different at the hospital if healthcare reform had never come to be.; 12) Do you think healthcare reform is meeting its goals?; 13) What do you think would have been a better way to change the healthcare system and why?; and 14) Any other relevant questions which arise out of the conversations. Second interviews allowed participants to elaborate on previously discussed issues and to validate the information.

Field Procedures

The questionnaires were distributed at the hospital with the help of volunteers who also collected them after completion. Questionnaires were completed by each participant independently without opportunity for collaboration. The questionnaires requested that those who were interested in participating in one-on-one interviews for the purpose of further research provide me with a contact number. This was a totally voluntary and confidential process. Interviews were then arranged with the 11 contacts. Each participant was interviewed on two occasions, with each interview being approximately 1 1/2 to 2
hours in length. These interviews were held at a time and place of the participants' choosing. I kept notes during the interviews and also taped them to aid in accuracy of data collection. According to Neuman (1997), interviews need to occur in a series over time, which assists the researcher to establish a rapport with the participants. This was accomplished with the repeat interviews.

Data Analysis

An ethnographic approach was used to analyze the data. The questionnaire data were analyzed to uncover recurring themes that were recorded. The interview data consisted of tapes of the interview sessions as well as field notes recorded by myself at the time of the interview, which expanded on the atmosphere of the interview, or other data which might not be included in the tapes, such as participants’ body language.

I listened to the tapes and transcribed the content. Next, I compared the transcriptions to the tapes in order to ensure accuracy and to get a feel for the participants’ intentions. Themes were also chosen for each person. These themes were compared and common themes were determined. These included: 1) barriers, 2) motivating factors for participation in continuing education, 3) restructuring, and 4) College of Nurses’ Quality Assurance Program. The data was then re-coded for these common themes. Specific citations were selected which identified these themes. These citations were verified with the individuals for accuracy and any necessary adjustments were made. All participants were given a pseudonym in order to preserve their anonymity.

Methodological Assumptions

I have assumed that the random sample chosen for the questionnaires would result in
an adequate number of interested parties for interviewing. I have also assumed that any
information that the individuals have shared with me is honest and that they have not
been operating under a hidden agenda of their own. I have also assumed that even nurses
who are not enrolled in continuing education will be wanting to discuss their situation
and share their experiences.

**Limitations of the Study**

This study only reflects the perceptions of registered nurses employed in a community
hospital that is in the midst of healthcare restructuring. It does not include the experiences
of other healthcare professionals nor those people working in a different environment. In
addition, employees at this hospital are likely at a different stage along the continuum of
change than employees of other hospitals undergoing restructuring.

As an employee of the hospital myself, I may have had present or past working
relationships with some of the participants.

**Establishing Credibility**

In an attempt to establish credibility, I utilized triangulation and gathered data using
different methods and from different participants. These, namely: 1) field notes, 2)
interviews and 3) questionnaires were the methods, and information was validated
through use of the second interviews and the opportunity for discussing the results with
the participants. The purpose of this is was to gain a richer and less subjective picture
(Burns, 1999) than if one was relying on a single data gathering technique. Also, by
conducting second interviews time triangulation was accomplished, and in addition, the
richness of the data was enhanced. During these second interviews, the participants were
given the opportunity to read over the content of the first interview and encouraged to make changes as they saw fit, in order to ensure the accuracy of the data.

**Summary of the Chapter**

Data were collected through the method of questionnaires in an attempt to establish contact with interested parties who might volunteer for interviews. The interviews were used to obtain information that provided insight into the perceptions of registered nurses with regard to hospital restructuring and its effects on continuing education among them. This chapter identified the rationale for the data collection techniques used, participant selection, limitations, and assumptions of the study. Also discussed was a description of the hospital and of the questionnaires and interviews that were used.
CHAPTER FOUR: FINDINGS

Introduction
The purpose of this study was to examine the perceptions of a group of nurses with regards to factors that they feel are impacting on their continuing education. More specifically, the effect that restructuring has had on their participation in continuing education, barriers and motivators to participation, descriptions of the workplace environment, and their suggestions are included.

Questionnaire Data
Prior to interviews, questionnaires were distributed to 37 individuals and 25 returned their responses. Although the date collected in this study was based on the interviews, here is a brief discussion of the findings of the questionnaires. The majority of the nurses had graduated from nursing school over 15 years ago (n=19). Most of the nurses had been in their present work department for over 15 years (n=12). Most of the nurses were college prepared (n=17). The majority of the nurses were full-time employees (n=12). Motivators for participating in continuing education included: job improvement/promotion, self-improvement, making oneself marketable, interest/information/hands-on skill, to gain knowledge, to improve the quality of their work in a specialty area, and improve patient care. Barriers were cited as cost (n=16), personal commitments (n=11), lack of time (n=14), lack of confidence (n=3), lack of workplace support (n=6), and travel (n=5). Fifteen of the respondents reported being affected by restructuring and fourteen reported no change in participation in/attitude towards continuing education as a result of the Quality Assurance Program.

The initial intent was to interview at least 8 individuals, however 11 volunteers responded and were interviewed. As a result of the questions asked of the participants during the two interview sessions, many themes emerged. The nurses provided
feedback that gave information in the areas of motivation, continuing education, the College of Nurses' Quality Assurance program and restructuring. It was the researcher's intention to explore the relationships that these issues had, as well as the factors that were cited as barriers and motivators to participation in continuing education.

In qualitative research, a rich description of the participants should be provided, however, in this circumstance, I chose not to do that. Taking into consideration the situation in nursing at the present time, with so many changes, in order to obtain feedback from the participants, I had to guarantee anonymity. This is also a result of the fraternal relationships among nurses. Therefore, I have assigned pseudonyms for the participants. This is also why I have chosen not to go into great detail with regard to describing the individuals.

**Continuing Education**

There were 11 participants, 1 of whom was male. In order to preserve his anonymity, I have used the female pronoun throughout the discussion. When asked in general terms what their thoughts were about continuing education, 9 of them responded that it was important. Two of the nurses commented on the necessity of continuing education for their profession and 1 other respondent described participation in continuing education as mandatory, with reference to the College of Nurses' Quality Assurance program as setting this expectation. Three of the participants expressed the opinion that nurses need to be enrolled in some type of continuing education in order to keep current. Continuing education was also described by 2 nurses as being a motivator itself for further participation.
Motivational Factors

Of the participants, 4 reported current enrollment in formal continuing education, 4 stated that they participated in informal continuing education, 2 were not enrolled, and 1 described “taking a break.” The chart below depicts the respondents’ description of motivational factors for them.

Table 1

<table>
<thead>
<tr>
<th>Motivational Factor</th>
<th>Number Reporting</th>
<th>Quotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>family tradition</td>
<td>1</td>
<td>“it’s in my blood”</td>
</tr>
<tr>
<td>(extrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-expectation of profession</td>
<td>6</td>
<td>“it’s my responsibility as a senior nurse”</td>
</tr>
<tr>
<td>(extrinsic)</td>
<td></td>
<td>“I need to maintain competence in my dept.”</td>
</tr>
<tr>
<td>-timing of life</td>
<td>2</td>
<td>“I’ve finished having kids”</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-family support</td>
<td>4</td>
<td>“I want to keep ahead of my kids in education”</td>
</tr>
<tr>
<td>(extrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-career enhancement</td>
<td>7</td>
<td>“there is no future for a floor nurse”</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td>“I have hopes for a better job”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I need continuing education in order to meet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>requirements of future jobs and further</td>
</tr>
<tr>
<td></td>
<td></td>
<td>schooling”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I have professional aspirations”</td>
</tr>
<tr>
<td>-greater job satisfaction</td>
<td>2</td>
<td>“I like my job and I don’t want to make a</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td>mistake”</td>
</tr>
<tr>
<td>Motivational Factor</td>
<td>Number Reporting</td>
<td>Quotation</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>-to obtain a certificate</td>
<td>1</td>
<td>&quot;I want to get the CANO certificate in oncology nursing&quot;</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-to increase knowledge</td>
<td>5</td>
<td>&quot;I like to know something that the doctors don’t&quot;</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td>&quot;I want to increase my knowledge and decrease the amount that I don’t know&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I want to keep confident in my knowledge&quot;</td>
</tr>
<tr>
<td>-work environment</td>
<td>2</td>
<td>&quot;I don’t like shiftwork&quot;</td>
</tr>
<tr>
<td>(extrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-workplace</td>
<td>2</td>
<td>&quot;attitudes at work are very positive with lots of sharing&quot;</td>
</tr>
<tr>
<td>(extrinsic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-content of the course</td>
<td>2</td>
<td>&quot;I was particularly interested in that course&quot;</td>
</tr>
<tr>
<td>(intrinsic)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Of the 2 participants not currently enrolled in a continuing education activity, Karen stated that she is “contemplating doing something.” She reported that she has to find her “niche” and get her “toes wet again.” Her responses are reflective of her being pre-contemplative with regard to continuing education, and she recognized the “need to end up doing something one way or another.” Leslie who also reported not participating in continuing education described a disinterest in “the regimented school thing”– and possibly more of an interest in working towards different certificates, although she has not done anything in that regard.

Thus, this group reported motivational factors that included both intrinsic and extrinsic examples. Influence of family, expectation of the profession, timing of life, family support, career, and workplace motivators are examples of extrinsic motivators. On the other hand, enhanced job satisfaction, sheer enjoyment, increased knowledge, and course content are examples of intrinsically motivating factors.

**Goals for Continuing Education**

All of the respondents verbalized goals for their continuing education activity. Nine of these goals were related to their jobs. Karen expressed that she “may not even stay in nursing.” Three of the nurses voiced aspirations for “better positions.” Sylvia was motivated by wanting to “maintain competency in her present department.” Two of the participants had aspirations for specific job positions. Sally has long-term plans for actually leaving the country one day. Trina described how her goals “keep changing,” depending on what is happening at work.

One of the 2 individuals who had goals that were not related to their jobs, reported participating in an adult education experience involving a topic area totally different than her job. The second nurse is involved in informal continuing education, including
reading and attending hospital inservices. These individuals are both quite close to their retirement.

Five of the respondents reported possessing or working towards completion of a certificate or being a member of a professional organization. Four of these individuals reported that they had incurred a financial cost in relation to this membership.

Barriers

When asked about barriers to participation in continuing education, 11 themes emerged. These included: geography, time, family, fear of testing, timeline in their life, no relevant topics, cost, co-workers response, scheduling, the workplace environment, and feelings of frustration and uncertainty.

Five of the participants reported family commitments as a barrier. Comments reflective of this include “home-life” as a barrier, or “babysitting.” Alice described how her “long-term goals are fading due to the kids-this results in new priorities”. Leslie told me that “family life is too busy to even think about getting a degree in nursing at the present time.” Leslie likes “to spend time with the kids, but as the kids are getting older,” Leslie is contemplating a continuing education activity.

Two of the nurses felt that timeline in their life influenced participation in continuing education. Connie explained that she is “at the tail end of her career.” Verna told the researcher that her participation in continuing education is affected by “where I’m at in my lifeline – I’m very close to retirement.”

Eight of the nurses described encountering difficulty finding courses that addressed topics of relevance for them. Karen reported that “there are no topics in nursing of interest right now.” Alice advised that ”we need more locally available relevant topics for nurses.” She is making a comparison to where she used to live, in Regina, where “everything was at our fingertips.” “No available courses of interest”
was cited as a barrier for Leslie, who also felt that “if more courses were offered then more nurses would attend.” Connie reported that there are “no topics being offered that I’m interested in.”

Trina is enrolled at the local postsecondary institution, and she cites difficulty with scheduling of courses, particularly in relation to working. She described that the “time of the courses is not conducive for people who are working.” Two other individuals verbalized frustrations in dealing with the local postsecondary institution. “The local BScN program is just new and there are a lot of rules to be followed,” according to Flo. She described encountering difficulty with the process of transfer credits from another postsecondary institution to the local one. “I will probably end up transferring back to the original postsecondary institution in order to avoid these problems,” said Flo. Ella similarly stated that with the “difficulty getting approval for transfer credits by the local postsecondary institution, I will most likely go back to the other postsecondary institution. I’ve already been in contact with them and they will give me credit for the local courses, which is more then these guys were willing to do for me.”

All 11 of the participants reported that time was a barrier which they faced when considering participation in continuing education. The following table reflects their comments.
<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>QUOTE</th>
</tr>
</thead>
</table>
| Flo         | “I like time for me”  
|            | “my time is valuable”  
|            | “I don’t want to waste time redoing courses at the local post-secondary institution”  |
| Sylvia      | “You do the preceptorship thing but they won’t give you any prep time in our department for that”  |
|            | “I need to take time for me”  |
| Alice       | “It’s hard to fit continuing education in”  
|            | “I’ve done correspondence in the past to save time”  |
| Mo          | “There’s just not enough time”  
|            | “I’m always juggling my schedule”  |
| Leslie      | “People are taking courses on their own time”  
|            | “There’s a lot of juggling and balancing time involved”  |
| Connie      | “Everyone has a time factor”  |
| Verna       | “There’s not enough time to juggle family commitments”  |
| Trina       | “Deadlines are stressful”  
|            | “The last course I took was very convenient because if was on Saturday and I didn’t have to take a day off work”  
|            | “Perhaps I get to the point where I recognize the need for a break”  |
| Ella        | “There’s no time—it’s hard to juggle everything”  |
| Sally       | “Right now I’m taking a break for personal reasons”  |
Another barrier cited by the nurses was work schedule. For 5 of the participants this was recognized as an issue although for the remainder it was not. Mo described that it is “difficult to get time off, however, most co-workers are changing shifts and it benefits them especially if they get out of a night shift.” “Getting time off is hard since there’s not enough staff and with the 12 hour shifts, you end up losing 12 hours pay and there’s no-one to cover” relayed Leslie about getting time off. Connie agrees with that when she stated that “getting time off work” was a barrier for her as well as there being “no staff to cover shifts.” This was also reiterated by Verna’s comment that “it’s even hard to get a vacation day nowadays and so scheduling is a problem and it is inevitable that you’ll need a day off, since courses aren’t always offered on your day off.”

With regard to the cost of continuing education, 10 of the 11 nurses reported that it was a barrier for them. These individuals suggested that there should be provision for financial assistance for nurses who are participating in continuing education. The one nurse who denied that it was a problem is not participating at present. Four of the respondents verbalized concerns over the lack of wage incentives for nurses even after completion of the education. In addition, 4 of the participants were of the opinion that financial assistance would encourage people to participate more. The government-funded program administered by the RNAO was described as helpful by 3 of the nurses. Three of the nurses expressed a desire to at least get their wages paid for when participating in continuing education. They noted that the loss of wages, especially for a 12 hour shift is significant and the necessity for utilizing a vacation day didn’t improve the problem.
Geography

Geography was cited as a barrier for 9 of the participants. Karen recognized the problem even though it doesn’t affect her because she is currently not enrolled. She reported that “there is nothing locally available, and that even though Laurentian offers correspondence courses, that’s not for everyone. The local postsecondary institution is not geared to part-time education and the college in our area has ICU and ER courses only. The local postsecondary institution never had Health Sciences—the local Nursing Program closed a couple of years ago, that left a time lag. The alternative was to drive to Hamilton or Niagara Falls, New York. I can see how this has made it very difficult for people.” Six of the respondents made some sort of reference to this situation. In addition to the geographical issue itself, as an extension of that, the nurses identified the way in which continuing education for nurses has been affected locally due to program changes at the local postsecondary institution. The local postsecondary institution is just getting started with their BScN program and the local college nursing program has been closed for 2 years. Vema reflected that it “takes time to set up the curriculum for that kind of a program.” Four of the nurses reported that if a program were more geographically convenient, that would increase their participation in continuing education. Trina summed it up when she cited: “We’re a funny area. We are so widespread here—not like other areas—but I don’t know what you can do about it.”

Reactions of Co-workers and Colleagues

Nine of the respondents provided feedback with regard to reactions of co-workers and colleagues. Eight of the nurses have encountered positive and supportive responses, while 5 of the nurses described reactions as negative. This information leads to an overlapping situation involving 4 of the participants who have experienced
both positive and negative responses by colleagues and co-workers. Ella reported the “collaborative experience” in her continuing education class and some co-workers saying “good for you” in contrast to those who have asked her “why are you doing that? – what will it get you?” Similarly, Sylvia cited positive “networking occurring the Peritoneal Nurses’ Conference” in contrast to the “attitudes of the other staff that don’t realize the work involved when you’re preceptoring other nurse.” Mo described how

Co-workers refer to me as a resource person and ask me a question, so
I’ve been able to use the information I learned. I also met a lot of dynamic people and got a lot of resources. At the same time, though, there’s some difficulties with --workers --you know--people’s opinion of you-- it’s so strange -- they use you as a resource -- but also -- they ask you -- who do you think you are-- or -- of course, you know everything. I think that they wish had the knowledge, but at the same time, are jealous.

Flo is concerned when she sees that

Others in my department are clearly not interested in continuing education. In fact, they only come to inservices if there is a lunch provided.

What does that say about their motivation? Many of these people are very negative towards my participating in continuing education. There is another group of people as well, who don’t participate, but are rooters for me.

Other positive feedback was encountered by Leslie who found that the conference “provided an opportunity for sharing.” Connie described the “opportunity to teach new people in the department, but also to learn from them, since they quite often have
really good ideas about how we could be doing things better.” Trina stated that her “co-workers look to” her for advice. Verna reported that “some of the others in the department are encouraging me to pursue the Charge Nurse, even though I’m not interested.”

**Feeling of Frustrations and Uncertainty**

Also expressed by the participants were feelings of frustration and uncertainty, some related to continuing education, but most were related to the fact that the municipality in which these nurses live is involved in healthcare reform. Two of the nurses described “some frustrations” with their continuing education experiences. Flo reflected upon her frustrations, that she has “never stopped going to school--but I don’t have a degree. The college certificate is not recognized--it doesn’t mean anything. I’m even having trouble with the local university accepting my transfer credits. I want to transfer to the local postsecondary institution because it is geographically convenient--but I may have to drive to Hamilton since they are more accepting of my transfer credits.” Similarly, Ella cited that she is

enrolled at the local postsecondary institution--because it’s cheaper and closer. Recently I was angry at that postsecondary institution – since apparently my nursing marks are not good enough – these marks are from when I was 18 years of age – I’m a new person--the local post-secondary institution wants me to take a community health course and attain 80% as an entrance challenge – I felt that this was a reflection on me – I’ve since gotten over it. I plan to transfer to Hamilton – the process will be held up by a month because of the local postsecondary institution – but the other university will accept me.
All 8 of the respondents revealed frustrations and feelings of uncertainty as a result of hospital restructuring. Flo wondered

Where it will lead – I hope – it scares me – what will happen to me – I don’t know – will anyone care – where will I be – will they move the clinic as is? How can you just start over? We already have certified Oncology nurses – how can you just get rid of them? We’re unsure about the date, unsure about the location. There’s lots of uncertainty in the department and amongst the patients. It makes me nervous. It’s hard to know what’s happening throughout the city.

Alice revealed that she doesn’t

know if my job is stable – I wonder about that – my department is moving. I went through this at my last job in Regina – there was bumping due to restructuring – there were confrontations in the cafeteria – it got ugly – if you have low seniority and have a broad experience – you can get bumped out anytime.

Mo stated that

no radiation department has opened up yet – that’s where my education was leading me – however – knowledge is never wasted – people feel unrest – we will have jobs – but where will they be? When will it happen?

Leslie reported that “healthcare reform has not done anything – we’ve been stagnant for 5 years – senior staff fear changes – many have chosen retirement to avoid dealing with the changes.” Connie felt that

We were sold a bill of goods – a lot of time has passed – we’ve been through the bumping thing before – it’s an awful feeling – there was a
great impact on our lives – there was an uproar. In the meantime, the building might as well have imploded – things have stagnated – there is such a lack of decisions – everything is on hold-- there is so much non-involvement in things – decisions are on paper only – but there is nothing concrete – some of the equipment could go – they’re holding on to it – we’re idle in my department – as a community we deserve better. We had a secretary in our department who left and went to work at the casino – she has since come back – people have felt vulnerable – all it has done is cause a lot of uncertainty and a lot of fear – especially in the beginning – there has been a lot of backbiting and hardship. If you took a survey – especially in the beginning – I’ll bet restructuring had a tremendous impact on peoples’ lives and their major life decisions like having children or buying a home.

The same types of concerns were expressed by Trina, who talked about “some uncertainty within the whole healthcare system due to restructuring.” She would like “more security – that’s why I want full-time. There is so much uncertainty about the future – my department is supposedly safe – it’s slated to stay – I mean, and even expected to expand – but I have less seniority now since other more senior nurses have moved in.”

Ella reflected on the uncertainty: “my department is supposed to move-- she is unsure about the decisions that are being made – does anyone making them have dialysis experience?”

I was interested in gaining knowledge about whether or not the participants were working in the department of their choice. The following table denotes their responses.
Table 3

Responses to “Are you working in the department of your choice?”

<table>
<thead>
<tr>
<th>RESPONDENT</th>
<th>YES-DEPARTMENT OF CHOICE</th>
<th>NO-NOT DEPARTMENT OF CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flo</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Sylvia</td>
<td>√-“I’m very happy”</td>
<td></td>
</tr>
<tr>
<td>Karen</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Alice</td>
<td>√-“I would prefer not to be split between two areas though-I would rather just be in Oncology”</td>
<td></td>
</tr>
<tr>
<td>Mo</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Leslie</td>
<td>√-“I’m guess I’m happy”</td>
<td></td>
</tr>
<tr>
<td>Connie</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Verna</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Trina</td>
<td>√-“I wish I was full-time”</td>
<td></td>
</tr>
<tr>
<td>Ella</td>
<td>√-“I would like a more expanded role”</td>
<td></td>
</tr>
<tr>
<td>Sally</td>
<td>√-“I took advantage of an opportunity knocking”</td>
<td></td>
</tr>
</tbody>
</table>
Restructuring

The nurses were also asked about restructuring in terms of it affecting their enrollment in continuing education and whether or not it is meeting its goals. All 11 of the participants had feedback to share in each of these areas. The data are also included in the chart found in Appendix A.

Nine of the respondents reflected that restructuring is not meeting its goals, while 2 were unsure. Flo reported that the recommendations may result in a problem because “there is not enough parking.” Verna described that “there is not enough community support through clinics – we’ll need that when all of the changes become a reality.” Similarly, Ella reflected that “things are all messed up and getting worse every day and more complicated.” Eight of the nurses felt that restructuring did not affect their participation in continuing education. Four of the nurses recognized that they are aware of the influence on others around them that restructuring has had on continuing education. Three of the nurses reported that restructuring has affected their participation in continuing education. Mo, Trina, and Sally described this relationship. Several of the individuals made reference to the “wastage/abuse/fiscal responsibility issues” within the system. Flo, Sylvia, Karen, Alice, Mo, Leslie, Verna, Trina, Ella, and Sally discussed “wastage in the system, saving money the wrong way, not being mindfully wasteful but that we could do better to be fiscally responsible, and spending more money to revamp things that were revamped a while ago.” The political struggle and need to work collaboratively, which is not happening, was revealed by 8 of the participants. Sylvia recommended that “the hospitals need to get along.” Similarly, Sally, Ella, Verna, Mo, Leslie, Connie, and Karen described the “power struggle between the hospitals and the need to work cooperatively.”
College of Nurses' Quality Assurance Program

In relation to the College of Nurses Quality Assurance Program, the nurses were asked for their feedback in terms of their opinion of its usefulness and whether or not it has influenced their enrollment in continuing education. Six of the respondents expressed opinions that the QA program is a positive thing. Sylvia cited that the program “is compulsory for nurses” and that it is “a good thing,” although she found it “intimidating at first”. Similarly, Karen stated that “nurses have to keep up with the times”, but she did question the process finding it “interesting, that purple book, have those nurses at the college ever worked on the floor?” Trina responded that “it is a good thing, and a reason for others to take stock. It justifies why they should be doing something, we need a body to be accountable to and it’s a good self-reflection tool.”

The program was also described by Vema as a “good motivator for me to continue to try to be updated. I think that everyone is participating in QA. My goals for continuing education are directly related to the QA program and meeting the requirements. It boosts my self-confidence and allows an opportunity for feedback from the ones that are policing it.” Sally described being, “quite impressed. It helped me realize what long-term and short-term goals meant. Connie reported that the program is a “good thing. It had to be done. We are professionals, and we should be supervised. We have to meet expectations and goals.”

On the other hand, Flo cited that she’s “unsure whether or not the QA program has any influence at all. I fill out the papers, and they’re in a drawer. What good is that?” Similarly, Mo reported that the “whole thing is a waste – it’s a hoax. I would have a portfolio regardless of the College of Nurses. I already had one. It’s my personal responsibility. The College is there to protect the public. Quality Assurance is the same as charting. It’s there to protect you.” Likewise, Leslie described the opinion
that “the College of Nurses is always ready to find staff guilty. They’re not well-liked. The college staff don’t work in the hospital, their views are unrealistic. Some nurses haven’t taken a course since graduation – it’s hard to find the weeds out there.” Ella verbalized, “well,…..it’s a lot of work. I’m already working – why isn’t that enough?”

One nurse’s comments reflected that she was unsure about the Quality Assurance Program. “I’m new to the area and to this Quality Assurance thing. We do need to be accountable – but there are many competency issues and it ends up that practices don’t change.”

When asked whether or not they were participating in the Quality Assurance Program, 5 of the participants answered in the affirmative. The other six nurses made comments such as, “I’ve participated vaguely” (Karen). Alice reported participating “in my mind. I’m also doing things – but don’t have it written down. I’m awful to keep track of something.” Likewise, Sally reported not having “put pen to paper in over 2 years. I don’t have a portfolio. I have records, though, and if the call came, I’d be ready in a minute. I have it in the back of my head to do it.”

Five of the nurses described feeling that the influence of the Quality Assurance Program has decreased over time. Sylvia cited being intimidated “at first.” Karen verbalized that she was “motivated at the beginning. We send the information away and we never hear back again. We need some feedback.” In agreement, Leslie relayed how the Quality Assurance Program “scared the nurses at first. But you don’t hear of anyone being called. It’s that short-term fear factor. After that, the weeds went back to normal. At first there were some changes, now minimal changes are being seen.” Connie cited “that this effect has been decreasing over time. I’m not sure if it’s policed right now.” Similarly, Sally wondered “why the College hasn’t followed through. At first, there was lots of participation, but that has since diminished”.
Three of the respondents expressed the opinion that the Quality Assurance Program has influenced nurses to participate in continuing education. “Maybe not me, but others have been taking courses because of the Quality Assurance Program,” cited Sylvia. Connie reported that “the Quality Assurance Program has encouraged us to participate in continuing education.” Likewise, Verna discussed the fact that “my goals for continuing education are directly related to the Quality Assurance Program and meeting the requirements.”

On the other hand, there were four participants who stated that in fact the Quality Assurance Program has not influenced the participation of nurses in continuing education. Flo observed, “look at all those people not taking anything, I’m not sure that Quality Assurance is having any influence on them.” Alice cited that “my attitudes about continuing education haven’t really changed since I came to the province and was exposed to the QA Program.” Mo was adamant that, “there has been absolutely no change in peoples’ attitudes. Nobody has changed their attitudes towards continuing education in the whole 5 years that I’ve been here. They only attend the freebies. They don’t attend anything unless it’s free and the drug company provides a lunch.” Sally identified that, “especially people who retired in the past 5 years, I bet that they were not participating in the QA thing and I’m sure that they weren’t bothered with continuing education and keeping continuing education records.”

Mo made reference to the proposed use of a multiple-choice exam to evaluate nurses’ competency. “This is not appropriate, it will be meaningless,” she described. Another nurse, Trina, expressed her opinion that this process “won’t work, because there needs to be consideration for the different departments, and the different skills and knowledge nurses need to work there.”
Peer Feedback

One of the requirements of the Quality Assurance Program is the peer feedback portion. Seven of the nurses had comments about this segment. Six of these individuals reported disagreeing with the peer feedback requirement. Flo described that, “the form doesn’t make sense. I already get enough feedback from my boss and co-workers when I put on inservices.” “It’s not effective, it’s just surface,” Karen reported. Leslie described that “peer feedback is hard to get – especially honest peer feedback – you can’t go to your supervisor – they don’t know you – you work with different nurses all the time— it needs to be deleted – it’s not applicable – it’s difficult to assess those you don’t work with.” Similarly, Connie cited that the “peer review is not having any effect— it’s just a piece of paper. Who are you going to ask--someone who will give you a good review, of course—even if it was anonymous, it could get vindictive. Also, some people see things in a different light. It’s interpretive, I don’t know if I would suggest supervisor feedback. People who work with you every day should provide ongoing feedback. It should be gone. It doesn’t mean anything.” Ella, likewise, responded that “it’s not meaningful. It’s superficial. It infers the negative. The subject gets upset. The giving and receiving of information is a problem.” Sally discussed, “the peer feedback? Some nurses do it and some don’t. Generally it’s not done. It’s not useful.”

The 1 nurse who was not adamantly negative about the peer review is “new to the province and the Quality Assurance Program.” In addition, 6 of the participants admitted to not participating in the peer review. When asked for suggestions, 4 of the nurses recommended that the peer review be “deleted.”
Performance Appraisal

As an extension of the peer feedback, the issue of supervisor feedback arose. For these nurses, this information would come in the form of a formal performance appraisal. Some of the nurses had concerns when they were not receiving regular performance appraisals. Ten of the respondents provided information about this practice. Five of the nurses reported that they are not receiving performance appraisals. Karen stated, “I don’t get performance appraisals. The negative and positive feedback are lacking. Ultimately, it affects your performance at work, both individually and as a group.” Mo also described, “it’s not done. I’ve only had one performance appraisal in 5 years. How do we know how we’re doing.” Similarly, Connie cited “people need feedback. People can go a mile on a little pat on the back. We don’t get performance appraisals in my department.” Trina reported that performance appraisals are “not done. They should be done annually.” Ella replied that they’re “not done. I’ve only had one in the last 8 years. That was 3 years ago.”

Conversely, 5 of the nurses reported regular performance appraisals being done. Flo described that “it’s done annually. My boss does it. She follows the standards from the College of Nurses as a framework. It is important in the workplace.” Likewise, Sylvia cited that “we get one every 3 years. It gives us ongoing feedback. That way you know how you’re doing”. Alice reported that “they’re done annually.” Leslie had the same sort of response. Interestingly enough, though, another nurse in Leslie’s department was one of the ones who had already commented on the lack of performance appraisals. Sally described her opinion that performance appraisals are “necessary for job satisfaction and your own personal growth as a source of positive feedback and for the desire for improvement.” She continued that they “need to be provided on an ongoing basis so that staff know that they are doing a reasonable job—
which is all that can be expected, according to the legal issues workshop that I went to recently”. All ten of these nurses made comments that reflected their opinion that performance appraisals were important. One of the participants, Verna had no comment to make about this subject.

Suggestions

The final information gathered from the nurses entailed any suggestions that they may have in any of the previous areas, including restructuring, College of Nurses’ Quality Assurance Program, and issues surrounding continuing education. These data are included in the table that is included as Appendix A. These suggestions ranged from very specific ones to very general recommendations.

Restructuring

In terms of restructuring, Flo recommended to “keep the Oncology department at our hospital -- there is so much confidence in the department--it was built from the ground up.” Sylvia also had very specific suggestions for her department

We need a monthly panel for predialysis teaching—we need more predialysis classes and more focus on the preparation for the process. We need more time than the present program allows. We need the group setting as opposed to the one-on-one. The staff in the department should be cross-trained for all renal departments. The department is too spread out—it needs to be better organized.

Similarly, Connie described how the “this southern Ontario hospital has put their life into dialysis and oncology--these departments shouldn’t leave.” Alice felt that when the “department moves, it should go as a department. That only seems fair.” Mo recognized the “need to revive the clinical instructors—they are important as a resource and we need more inservices.”
Four of the nurses shared the opinion that restructuring should have started with a brand new state-of-the-art facility. Ella, Mo, Leslie, and Sally all expressed that the two existing hospitals should be closed and that we should start with a brand new one. In the words of Sally: “then you’re not redoing a graveyard.”

Several of the nurses recommended that the restructuring process would have been more effective if the opportunity for frontline workers’ feedback was provided. The individuals who revealed this suggestion included Karen, Connie, Leslie, Mo, Trina and Sally. In fact, Mo suggested

Let the staff know about how much things cost. For example those disposable Levine bags that should be used for the patient over an extended time period instead of being thrown out after one use or one day. These bags cost about $11 – $13, they shouldn’t be thrown out after one use. Ask the nurses first, they will tell you how to save money.

Some of the respondents also described the need to involve the community and provide more programs for preventative healthcare. Sylvia recommended “more health teaching and preventative healthcare.” Similarly, Karen suggested that we need to “educate the consumer.” Verna identified the lacking in the community “in the form of clinics-we need more.” Alice agreed that “people need to take responsibility for their own health.”

Continuing Education

Sylvia suggested that the hospital needs to “do more to help with continuing education-we lost our clinical instructors-that leads to a problem--basic things are lacking--lots of things are lacking--we need the clinical instructors back again.” Along the same lines, Connie described that “internal opportunities for continuing education could be more often.”
Cost

Several of the nurses responded with the suggestion that the employer could provide more financial support for continuing education. Flo, Sylvia, Connie, Verna, Ella, Alice, Mo, Leslie, and Sally all described the need for an educational budget and financial assistance for the nurses, at least in the form of a day off with pay, in order to attend. In fact, Sally recommended that we

Motivate the staff by the hospital offering to pay for the first course--I bet that they would be interested enough to continue on their own after that. They would get hooked and continue on their own.

Geography

Alice described the need for more “locally available relevant topics--this would make things easier.” Likewise, Trina takes “advantage of local opportunities so that I don’t have to drive--we need lots of these opportunities.”

In terms of suggestions for the local situation, some of the nurses identified the need for the local postsecondary institution to assist in the processing of transfer credits. Flo and Ella both recognized this need. Some of the participants also remarked on the gap in time between the closure of the local college nursing program and the establishment of the university program, as well as the fact that the university program is quite new. Karen, Connie, Verna, and Leslie all shared opinions that agreed with these concerns. Leslie also commented on the need for the local post-secondary institution “to liaison with hospitals.” Both Sally and Verna described the fact that “having to travel will certainly deter me from jumping right in,” and the fact that “accessibility is a real issue.”
The Quality Assurance Program

Several of the nurses recommended independently participating in, and recording their participation in, continuing education as opposed to the mandatory tone of the process as it stands. Flo, Ella, Leslie, and Sally shared opinions in this regard. In addition, Flo, Karen, Alice, and Sally recommended some form of accountability to the College by the nurses. They report the need for completion of all of the requirements, and yet they never receive any feedback to let them know how they are doing. They are requesting that kind of feedback. Two of the nurses, Ella and Sally, also recommended a decrease in frequency of the requirements. Karen suggests that the College see her at work if they want to assess her. Several of the nurses recommended that the College make the process easier. This was the opinion of Flo, Karen, Ella, Leslie, and Sally, who all suggested that the whole process be made simpler.

Summary

In sum, the data collected from the participants included their reflections with regard to continuing education, motivational factors and barriers, the workplace environment, restructuring, performance appraisals, and the College of Nurses’ Quality Assurance Program.
CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

The purpose of this research was to examine the perceptions of a group of nurses with regard to factors impacting on their continuing education. This includes motivational factors and barriers to participation in continuing education as well as the influences of restructuring and the College of Nurses’ Quality Assurance Program. This final chapter includes a summary of the information presented in the preceding chapters and a review of the research findings. Also, I compare and contrast these findings with the related literature. I further include some conclusions from the data analysis. Finally, I explore the implications of these results.

Summary

This study began as an interest in motivational theories and continuing education. However, I soon realized that the environment in which these nurses found themselves was an influencing factor in their participation in continuing education. This environment involves the healthcare milieu at the present time and, more specifically, healthcare reform as well as the geographical setting that these nurses reside in.

A review of the literature in chapter 2, examined motivational theories, in terms of defining motivation, measuring motivation, and exploring the behaviorist, humanistic, cognitive, and organismic views of motivation and human behavior. Also discussed were intrinsic and extrinsic motivation, rewards, and reinforcement. An inquiry of adult education theories was also completed. A common thread across the literature
seemed to be the role of expectancy for success in motivating the adult learner. The literature was also probed for barriers to adult education as well as motivational factors for continuing education. In addition, the effect of the workplace on participation in a learning activity was discussed as reviewed in the literature. More specifically, this led me to analyze more closely the effects of the healthcare milieu at the present time.

In chapter 3, the process of defining the research methodology was described. Eleven volunteers, one of whom was male, were interviewed on two occasions. An ethnographic approach was used to analyze the data. The data were examined for recurring themes. Although these nurses represent a small sample size and the results cannot lead to the development of generalizations, their responses could be considered reflective of the phenomenon being experienced by nurses across the country as a result of hospital restructuring. Their perceptions served to provide greater insight into what they are enduring as a result of restructuring. In the next section, I will present an interpretation of the findings and compare them to the related literature.

Discussion of the Findings

Motivational Factors

In terms of motivational factors, the participants in my study verbalized responses that were similar to the literature. These included: course content, professional expectation, career goals, job satisfaction, sheer enjoyment, certification, knowledge enhancement and work environment and workplace motivators.

Urbano et al. (1988) cited course content as a motivator, as did Morstain and Smart (1974) and Fahey Dealey & Bass (1995). Professional expectations was identified by Urbano et al., Boshier (1971, 1977), as well as Morstain and Smart, and Fahey Dealey & Bass. Working towards career goals concurred with studies done by Boshier,
Morstain and Smart, and Fahey Dealey as being revealed as a motivating factor.

Participation for the purpose of job satisfaction was a similar finding in the studies by Urbano et al., Fahey Dealey & Bass, and Morstain and Smart. Boshier, Morstain and Smart and Fahey Dealey & Bass all cited sheer enjoyment as a motivator. Obtaining a certificate was reported as a motivator by Boshier, Morstain and Smart and Fahey Dealey & Bass. The results of Boshier, Tough (1968), Morstain and Smart and Fahey Dealey & Bass revealed knowledge enhancement as a motivator. Work environment and the workplace were motivational factors for the participants in the studies by Urbano et al., (1988), Morstain and Smart and Fahey Dealey & Bass.

Factors in my study that were different than the other studies included family as a motivator, and timing of life. Karen described family as a motivator, in that “it’s in my blood. My father is a professor and most of my family attend the local university as adults.” In addition, Trina discussed the desire to “try and keep ahead of my children”. Timing of life was described by Karen as a motivator, since she is “finished having kids.”

In both my study and the related literature it is apparent that participants report motivational factors that include examples of both intrinsic and extrinsic motivators. Professional expectations and work environment/workplace would serve as examples of extrinsic motivators. Course content, career goals, job satisfaction, sheer enjoyment, to obtain a certificate, and to enhance knowledge were responses that would demonstrate intrinsic motivators. The two findings that were not similar to the previous studies included one extrinsic motivator, namely family, and one intrinsic motivator, timing of life.

**Barriers**

Examples of cited barriers in my study which were similar to the literature
include: time, family commitments, no relevant topics of interest, cost, scheduling, and fear of testing/feelings of frustration and uncertainty.

The studies by Kember (1995), Darkenwald and Valentine (1985) and Parochka (1985) revealed findings that concurred with my results in terms of time being a barrier. Family was reported as a barrier in the research conducted by Scanlan and Darkenwald (1984) and Puetz (1980). Darkenwald and Valentine and Scanlan and Darkenwald described participants’ responses that included lack of relevant course topics as a barrier. Cost was discussed in the studies by Darkenwald and Valentine, Scanlan and Darkenwald, Parochka (1985), and Blais, Duquette and Painchaud (1989) as a barrier to enrollment in a continuing education activity. There also was congruence between my findings and the research by Scanlan and Darkenwald and Puetz that described work scheduling as an obstacle for the participants. My findings that revealed fear of testing/feelings of frustration and uncertainty were also discovered in the works of Darkenwald and Valentine, who cited lack of confidence, and Miller (1975), who reported personal insecurities as barriers.

Areas in which my results differ from the others include: participants’ describing geography, timeline in their life, responses of co-workers and workplace environment as barriers to continuing education. Only one study reported inconvenient location as an obstacle (Puetz, 1980). All of these other identified barriers are unique to my research. Two of the nurses reported timeline in their life as a barrier. Both of these participants are nearing the age of retirement, and therefore, report that they are less likely to be motivated to participate in continuing education because of this. Other studies may not have encountered similar findings simply due to the age of the respondents.
In terms of reactions of co-workers, 5 of the nurses have encountered negative responses from colleagues that have made them reluctant in their participation and interest in continuing education. In addition, the department where the nurses are working has an effect on their comments about continuing education. Only 1 of the respondents described being unhappy in her present department. The other ten nurses reported contentment in their department. In the study by Puetz (1980), the researchers found that the work department where the participants worked influenced their motivation to participate in continuing education. More specifically, when the researchers compared motivational levels between departments, there were departments that had higher levels than others. In fact, the Intensive Care Unit nurses scored higher on the measures of motivation to participate in continuing education than nurses in other departments. Those nurses also tended to be motivated more by cognitive interest than other factors. For the purposes of this study, an attempt was made to interview volunteers from varied departments however, no measurements were used and no comparisons were made across departments.

Geography

The most dramatic result that I uncovered was the effect of the geographical circumstances of the participants. The location of the hospital in which all of the nurses are employed is this southern Ontario city. This city is located in a region that is a very widespread area. The nurses living in this area would find themselves in the situation that would necessitate travel in order to accommodate participation in continuing education. There are two universities that provide postgraduate studies in nursing, which are both outside of the peninsula in cities that would require transportation in order to attend. The local postsecondary institution provides a postgraduate program for nurses, however, it is a very new program. In addition, it
replaces the nursing program at the local college that was closed a couple of years previously. The result was a time lag between availability of local programs and therefore, many nurses chose to attend one of the two programs offered outside of their region. As well, nurses are encountering difficulties with the program at the local postsecondary institution due to the fact that it is such a new program, and is just getting established. Flo has encountered some of these difficulties, and in fact, plans to transfer to the university in another city because “they are more accepting of my transfer credits.” Similarly, Ella plans to “transfer to the other city – the process will be held up by a month because of the local post-secondary institution – but the other university will accept me.” Only one other study identified inconvenient location as a barrier (Puetz, 1980).

This was one of the most significant findings in my research. Nine of the nurses reported geography as a barrier for them in terms of their participation in continuing education. Issues that the participants described in this regard included: nothing locally available, a local postsecondary institution with a very new program, a time lag between the closure of the previous college program and the establishment of the university program and no locally available part-time programs. Four of the respondents commented that their participation in continuing education would increase if a program were geographically more convenient. As indicated in the previous chapter, Trina summed up the geography issue when she stated, “We’re a funny area. We are so widespread here—not like other areas—but I don’t know what you can do about it.”

The Workplace Environment

The workplace environment was reflected upon by the nurses in my study as it relates to the uncertainty behind the impending changes which they anticipate due to
restructuring. This situation has created an atmosphere that is not always conducive nor encouraging to continuing education. In fact, 8 of the nurses commented on restructuring, and all 8 of them described feelings of frustration and uncertainty as a direct result of hospital restructuring. Two of the participants reported feelings of uncertainty and frustration which were related to the availability of local continuing education for them and the difficulty with transfer credits between their previous university and the local one.

Similarly, other studies have identified feelings of frustration that nurses are experiencing, such as doing more in the workplace with fewer resources (Kelleher, 2000; Kirkey, 2000; Trepanier, 2000). Boon (1998) also reported concerns of nurses with regards to increases in workloads, increased patient acuity, decreased lengths of stay, and decreased time available for patient education. These concerns reflect the general state of the healthcare milieu at the present time. In addition, reports of negativity in the work environment, unsafe workload, lack of equipment, loss of leadership—the managers are far away and feelings of isolation, frustration, anger, and hopelessness were described as negative occurrences in the present healthcare environment by nurses in British Columbia as a result of their restructuring (Boon, 1998).

In addition, Cameron et al. (1999) cited dissatisfaction among younger nurses to be greater than among older nurses, also identifying that this phenomenon needs to addressed for the future. These younger nurses will comprise the workforce of the future and therefore quality of patient care is directly related their level of job satisfaction.

In general, the similarities in discontent between my participants and these other researchers’ findings, indicates the need for not only more research, but also some
implementations put into place to rectify this situation and maintain quality patient care and satisfied workers.

Restructuring

Hospital restructuring tends to be a very political issue. The situation with these particular nurses has been that their employer was initially the hospital that was slated for closure. Then, due to an outpouring of community support, the decision was made to keep the hospital open in a different capacity, as an ambulatory care center. Although the staff should be appeased with this decision, there still remains a great deal of uncertainty surrounding their future. Eight of the nurses reflected upon the political unrest between the different stakeholders in healthcare restructuring. These participants also reported concerns that this collaboration is not occurring, which only adds to the tension. This is a very specific circumstance that did not seem to be identified in other literature.

Due to their vantage point in this process of change, the nurses were asked to give their opinions as to whether or not restructuring is meeting its goals. Nine of the nurses reflected that restructuring is not meeting its goals, while 2 were unsure. Another observation of the system was the reference made to “wastage/abuse/fiscal responsibility issues.” Ten of the respondents voiced concerns in this regard.

It was my intention to inquire of these nurses whether or not they felt that this situation in healthcare had played a role in motivating them to participate in continuing education. Eight of the respondents felt that restructuring did not affect their participation in continuing education. The other 3 nurses reported that restructuring did influence their motivation to enroll in continuing education. In addition, 4 of the nurses recognized that they are aware of the influence on others around them that restructuring has had on continuing education. Results reported by
other researchers made reference to the effects of healthcare restructuring on job losses, stress on the job that was related to doing more work with fewer resources, general dissatisfaction with the vision of nursing and impacts on the quality of life of nurses (Boon, 1998; Cameron, 1999; Kelleher, 2000; Kirkey, 2000; Trepanier, 2000). The literature did not seem to provide insight into the effects of restructuring on the nurses' motivation to enroll in continuing education.

The College of Nurses' Quality Assurance Initiative

The Quality Assurance Initiative that the College of Nurses has implemented has very little feedback in the literature. This may be due to two reasons. One is that this is a fairly new procedure, and secondly, it is a requirement of all members of the College of Nurses, and as such, the responses of the participants are most likely seen as insignificant. For the purposes of this study, I had hoped for feedback in terms of whether or not this activity was influencing the nurses to participate in continuing education.

In terms of participation, 5 of the nurses reported being involved in the initiative, while the remainder were “not exactly participating.” Three of the participants reported that the Quality Assurance Initiative has influenced nurses to participate in continuing education. On the other hand, 4 of the respondents provided feedback to the contrary, expressing that, in fact, they do not think this requirement has increased enrollment in continuing education by nurses. In addition, the comments made by 5 of the nurses seem to reflect the fact that any sort of influence by this initiative has decreased over time. It seems that the Quality Assurance Program prompted nurses to enroll in continuing education at its inception, however, in the time that has since passed, this effect has diminished. This is a result of the initial attention the program
attracted, in addition to the fact that the nurses have realized that there has been no policing of this mandatory program.

Peer Feedback

One of the requirements of the Quality Assurance Initiative is providing evidence of obtaining peer feedback. When participants were commenting on the program, some of them had responses specific to this segment. For the same reasons that other literature on the Quality Assurance Program is unavailable, there was none available for this segment of the program. In fact, 7 of the nurses had comments about the peer feedback requirement and 6 of these individuals reported disagreeing with this process. The one nurse who was not adamantly negative with regard to this segment, is an individual who is new to the province and the procedure.

Performance Appraisals

One subject area that came out of the interviews, but was not researched ahead of time, was that of performance appraisals. As an extension of the peer feedback, the issue of feedback from supervisors arose. In fact, 10 of the respondents provided information about the practice of supervisor feedback through performance appraisals. Five of the nurses reported that they are not receiving regular performance appraisals, while the remaining 5 did receive this regular feedback. All 10 of the participants who had comments to make about performance appraisals, expressed the opinion that this type of feedback was very important and that it had impacts on job satisfaction and level of job performance.

According to two other articles, since reviewed, my findings agree with what the other authors suggested, namely that constructive feedback in the workplace is crucial for maximizing the performance of the workers (Grensing-Pophal, 2000).
Conclusions

As a result of the survey information and interviews, and how these data compare to the literature, I was able to draw some conclusions. Initially, I was searching for information from a group of registered nurses, regarding their participation in continuing education, and their perceived barriers and motivational factors that influenced that participation. Thus, it all began with motivational theories. But it didn’t end there. It became apparent very quickly that the environment plays a role in this participation. As a result, the healthcare milieu was discussed, as well as the work environment of these nurses, including reactions of co-workers. Since the hospital that employs these nurses is in the midst of healthcare restructuring, the participants were commenting on the effects of this phenomenon with regard to their continuing education activities. Also disclosed was the influence felt by these respondents on their continuing education activity by the College of Nurses’ Quality Assurance Initiative. Their comments about feedback in terms of the peer feedback segment of the Initiative, as well as performance appraisals at work were also uncovered.

Continuing Education

The nurses described motivational factors which were similar to the literature, including: family influence, expectation of the profession, timing of life, family support, career, greater job satisfaction, sheer enjoyment, to obtain a certificate, to increase knowledge, work environment, positive workplace sharing, and content of the course. The nurses were describing examples of both intrinsic and extrinsic factors that were motivating them to participate in continuing education.

All 11 of the nurses verbalized goals for their continuing education activity. Nine of these goals were job-related. Of the 2 participants who reported goals that were not related to their jobs, 1 reported enrollment in an adult education experience that would
be totally different from her job, and the second had more informal goals. Both of these individuals are quite close to their retirement. In other words, job-related goals for continuing education are held by individuals who perceive the potential for a benefit to their job as a result of the endeavor.

In terms of barriers to participation in continuing education that were described by the nurses, most of the results from my research were similar to previous studies. These include: geography, time, family, fear of testing, timeline of their life, no relevant topics, cost, co-workers response, scheduling, the workplace environment and feelings of frustration and uncertainty. In comparison to other studies, barriers that I did not uncover include previous negative continuing education experience (Miller, 1975), inability to specify learning needs (Miller), irrelevance of additional education for professional practice (Blais, Duquette & Painchaud, 1989) and low priority to work-related activities (Blais, Duquette & Painchaud). Possibly illness could be a very coincidental response of a participant, depending on the timing of the study, or my nurses may have seen it as a family commitment issue. The length of time since Miller described a previous negative continuing education experience and my study may explain why this wasn’t an identified barrier. Facilitators are in the business of educating adults and it is their job to make sure the experience is a positive one in order to perpetuate the interest in continuing education by adults. By the same token, adults feel greater pressure in the workplace at the present time to be enrolled in a continuing education activity. It would likely take more than a negative experience to discourage their participation in this day and age. Similarly, the other differences, inability to specify learning needs, irrelevance of additional education for professional practice, and low priority of work-related activities would all serve to expedite the professional demise of any individual employed in the workforce at the
present time. There is so much competition out there, that it necessitates the individual to seek out opportunities to improve themselves and to make this a priority if they expect to compete with others who are furthering their education.

Only one other study reported similar data to my research, reflecting on the feelings of frustration and uncertainty (Darkenwald & Valentine, 1985), negative response of co-workers (Blais, Duquette, & Painchaud, 1989), fear of testing (Miller, 1975) and geography (Puetz, 1980). The fear of testing would tend to be a very personal experience, and therefore likely not a commonly reported barrier. Feelings of frustration and uncertainty and negative responses of co-workers are reflective of the healthcare milieu at the present time. They were more evident in my study as a result of restructuring. Geography, one of the most profound of my findings, is a direct result of the situation that exists in this southern Ontario area, where these nurses reside. This situation, as discussed earlier, is complex. It involves the distance between other universities and this area, the requirements for admission at the local postsecondary institution, as well as that institution being delayed in its preparation and provision of postgraduate programs for these nurses on a part-time basis.

**The Effects of the Work Environment and Restructuring**

Of the nurses interviewed, 9 described feedback with regards to reactions of co-workers and colleagues. Positive and supportive reactions have been experienced by 8 of the participants and 5 have encountered negative reactions. In other words, 4 of the nurses had feedback to share that gave examples of both positive and negative reactions. To some extent, this has to do with envy. Nurses are relying on those who are upgrading to provide them with answers to their questions, but at the same time, they are resentful of that knowledge. This results in mixed feelings amongst co-workers and variable responses of colleagues. When others are benefiting from the
knowledge gained through continuing education, they are rooters for this activity, and yet, at other times, they feel threatened by their colleagues who are participating.

Eight of the respondents described feelings of frustration and uncertainty related to the healthcare milieu at the present time, namely the restructuring that these nurses are enduring. It is a difficult environment to find oneself in. This environment necessitates enrollment in continuing education in order to keep marketable, but at the same time, goal-setting is very difficult when one does not have a clear picture as to where the changes are headed. Thus, feelings of frustration and uncertainty revealed by some of the nurses are a result of the environment within which they are working. The many changes, both already planned and those pending, have created an environment within the healthcare milieu which is bound to breed the feelings of uncertainty and frustration that these individuals discussed.

I was very surprised at the responses that I obtained when I asked the nurses about their contentment in their present work department. I expected to gain information that would demonstrate that many of the nurses desired to be employed in a different department. However, of the 11 nurses interviewed, only 1 of them reported that she was not employed in the department of her choice. Perhaps the very environment that necessitates change and continuing education to facilitate that change, is responsible for the employees’ inability to set clear goals due to the uncertainty of the environment. Examining the effects of restructuring on these individuals and this environment of uncertainty was the second profound finding in my study.

In terms of restructuring, all 11 of the nurses had information to share with regard to their perspectives. Three of the respondents reported that restructuring has had an influence on their participation in continuing education. This was a much lower number than I had anticipated. Possibly, even though their jobs are important to them,
these individuals perceive avoidance of the fallout of restructuring as an extrinsically motivating factor, thus, not having a great impact after all. In addition, the whole air of uncertainty leaves them feeling helpless and unclear in terms of goal-setting. This could be further investigated through more research.

Another Extrinsic Motivator – The Quality Assurance Program

So what influence does the professional organization that governs these nurses have on their participation in continuing education? Five of the nurses reported participation in the College of Nurses’ Quality Assurance Program, while 6 were more vague about their involvement. This program is mandated by the College of Nurses. Six of the nurses responded with positive responses to the program. One nurse stated that she was “unsure” about the program since she is new to the province. In terms of whether or not this program has influenced their participation in continuing education, 3 of the participants shared the opinion that it has influenced nurses to participate in continuing education. On the other hand, 4 nurses expressed that they felt that the program had no effect on nurses’ enrollment in continuing education. Probably the most substantial finding was the fact that 5 of the nurses have identified a decrease in the influence of the program over time. Once again, when motivation for continuing education is a result of meeting the needs of a mandated program, quite often the increase in participation is a temporary change. This is especially since the nurses have sensed that the College is not following through with any sort of policing of the program, nor feedback with how they are doing. The question is, is this feedback meaningful? Most of the participants felt that it was not. People tended to prefer to be evaluated by their supervisor, but is that being done?

Ten of the nurses shared information about the practice of performance appraisals. Five of these individuals reported that they are not receiving regular performance
appraisals. They related the lack of supervisor feedback as affecting their performance at work. They are especially concerned about impending changes in the workplace and the need for ongoing records of their performance to substantiate any decisions for attaining different positions. The one nurse who had no comment to make about the subject is near retirement.

Implications and Recommendations

From this research, the participants have provided insight into some situations that need to be improved upon. In addition, these individuals have supplied some feedback as to constructive suggestions. The areas in which they provided this type of this information include: continuing education, cost, geography, restructuring, and the College of Nurses’ Quality Assurance Program.

Theoretical Implications

Although initially I expected to obtain feedback from the participants that reflected that their participation in continuing education was enhanced because of restructuring, my results did not agree with this assumption. In accordance with motivational theories, restructuring, being an extrinsic motivator, would likely not affect the nurses’ participation in continuing education. Thus, my findings agreed with other theories of extrinsic motivators.

In addition, the College of Nurses has instituted the Quality Assurance Program, which may suit their purposes of providing reassurance of ongoing nursing upgrading in order to serve the public at the highest level of expertise. However, this too is an extrinsic motivator and in no way has enhanced the enrollment of this group of nurses in continuing education, except for possibly as a short-term motivator initially.
Implications for Practice

Continuing Education. The hospital should be providing more internal opportunities for continuing education. These types of programs would make the nurses feel more valued as staff, and facilitate the nurses to meet goals. This would create an atmosphere of cooperation between employees and the employer in terms of facilitating continuing education opportunities.

Cost. In general, more financial assistance for nurses who are participating in continuing education is needed. This needs to become a high priority for the hospital. The hospital must have designated funds for this purpose and more of this aid needs to find its way to the frontline workers. This would ease their burden, and again provide a sense of importance for what they are trying to accomplish. Clearly, if the hospital provided more financial support, then more nurses would participate. This would result in an increase in the workers’ knowledge and satisfaction. Ultimately, the product that these nurses are providing, patient care, would have an improved level of quality.

More specifically, the budget that the hospital has for continuing education could be divided up among the different departments, then the supervisor could be responsible for distributing the funds between the staff that they know are participating in continuing education. Or possibly, an education fund with so much money per year or so many education hours per month could be allotted to the different departments.

There should also be inclusion for reimbursement of at least partial wages for time spent participating in a continuing education activity. Possibly the provision of financial aid, at least initially, would spark some interest on the part of the nurses to
engage in the continuing education activity, with the participation itself fueling their interest to continue.

Thus, hospitals need to make continuing education a priority, both by making time for the nurses to attend, and assisting them financially. They are not asking for much, even the day off with pay in order to attend. This nominal outlay initially, with pay off in exponential results such as increased staff knowledge, improved attitude towards education and enhanced feelings of value as an employee.

The literature identified cost as a barrier to participation in continuing education, similar to my findings. Studies by Johnstone & Rivera (1965), Darkenwald & Valentine (1985), Scanlan & Darkenwald (1984), Parochka (1985), and Blais, Duquette, & Painchaud (1989) all revealed that the participants identified cost as a barrier.

Geography. The local postsecondary institution should be more helpful in the process of transfer credits. Their nursing program is very new, and many of the nurses are already engaged in the process of obtaining a degree elsewhere. It is only natural for them to want to attend a geographically more convenient university. Implications, if they do not improve on this, are that some nurses may leave their program, or possibly enrollment numbers may be lower.

In general terms, there is a need for more locally available relevant topics for nurses. It was clearly identified as a deterrent if the participants needed to travel to attend courses. Thus, more locally available relevant topics would increase the participation of nurses in continuing education.

Also recognized was the time lag between the closing of the local college program and the establishment of the university program. In addition, the nurses were commenting on the immaturity of the university program and the need for this
program to liaison with the local hospitals. The university needs to be communicating with the local hospitals and the nurses in order to assess the needs of the community. In areas where academic institutions are closing, there needs to be a plan in place, much like that for hospitals, to ensure that programs are locally available that suit the needs of the individuals in that area.

Restructuring. In general, the political atmosphere of local restructuring results in recommendations to improve the process. Issues include the lack of collaboration between the hospitals as well as the waste that is evident in the system. The nurses feel that the process was established without any input from the nurses who are providing the service. Thus, it is evident that enhanced collaboration between the hospitals is needed, as well as input from the frontline workers. The nurses’ feedback is necessary, in order to make the decision-making process complete. It would also encourage their buy-in as well as their cooperation with implementation. And who better to provide suggestions for cost-cutting but the frontline workers? The hospitals need to approach saving money as a collaborative effort between the nurses and the hospitals. Not only will the nurses have some suggestions to save money, but also, if the hospital is implementing methods to save money, having workers who are informed of the process would ensure success.

Specific suggestions included keeping the Oncology and Dialysis departments at the hospital, group programs for pre-dialysis teaching and more time allotted for same, more community programs, and enhancement of local programs.

Some of the respondents shared the opinion that the committee should have recognized the option of closing both of the existing older hospitals and starting from scratch again, with a brand-new, state-of-the-art facility. In terms of human resources, one nurse expressed concerns that when various departments are moved, that they
should do so as a department, including the existing staff to operate the department with a consistent level of expertise. So what can be learned from all of this? First, in terms of restructuring, feedback from the frontline workers is critical. Perhaps staff involvement might serve to allay some of these feelings of frustration and uncertainty.

Second, there needs to be a system in place for ensuring regular feedback of performance by a supervisor. This is essential for job satisfaction and to encourage the desire to improve performance in the workplace.

**Quality Assurance Program.** This group of nurses provided many suggestions to improve the College of Nurses' Quality Assurance Program. All of these professionals recognize the need for such accountability, however, they see opportunities for improving the process. One nurse felt that nurses could be recording their continuing education hours and submitting these records annually to the College of Nurses. This practice has been effective for other professional bodies, and is seen as a more realistic way to assist nurses to meet requirements, since many of them are already participating. Thus, it would just be a matter of record-keeping.

Other suggestions included a mail-out from the College, with the intention of condensing the process. Comments were also made that propose that representatives of the College of Nurses should visit these nurses at their job while they are performing their duties if the intention is to evaluate them. In addition, visits at the hospitals to assist in education and implementation of the QA Program was suggested. Possibly decreasing the frequency, was another recommendation that was made. The nurse suggested possibly every 3 to 5 years, as opposed to annually. Also proposed was changing the forms to make them more user-friendly and less redundant. The lack of follow-through was also addressed, and it was suggested that nurses be required to mail in the completed records.
Concerns were raised by a couple of nurses with regard to a proposed testing procedure, which they feel is not appropriate. There was concern about the tone of the process being negative, and that the questions presume fault, and that this is not helpful. Their recommendation suggests that the tone be more positive. Another recommendation was for nurses to keep their own portfolio. Specifically referring to the peer-feedback segment of the program, 6 of the nurses (over 50%) recommended that it be deleted.

Thus, these are the suggestions, and the College of Nurses needs to implement a process of evaluation to obtain feedback from its members with regard to its practices. Specific to the Quality Assurance Program, changes that would simply the process would benefit the members. The members also need the opportunity for some individualization in the program. The program should augment continuing education activities that they are already involved in, as opposed to adding to their burden of work. In other words, a system that allows for record-keeping, possibly assisting with the development of a professional portfolio, or other alternatives, would be more helpful. The College must also provide feedback in response to the members’ submissions, including individual contacts with members, but also, site visits to hospitals to encourage collaboration and buy-in of the members. In addition, a multiple-choice exam to evaluate competency would not be appropriate. In a profession such as nursing, many factors influence competency. It would be helpful to conduct more studies to determine what these factors are. In the meantime, a mass distribution of the least valid and least reliable testing method would accomplish nothing, and in fact will result in negative feelings on the part of the nurses. Last, the Quality Assurance Program should not include the peer feedback section. It is very difficult to obtain accurate, unbiased meaningful feedback from co-workers.
Requesting a copy of supervisor assessment, or performance appraisal information would be more significant. In fact, including this as a requirement may ensure that regular supervisor feedback is provided, because the nurses were requesting this be done.

**Further Research**

Out of my research questions arise that remain unanswered, and therefore are potential areas of further research. The first of these include revisiting these individuals at a later date when the true effects of restructuring on their lives could be examined and reflected upon in greater detail. Second, more investigation needs to be done to evaluate how the continuing education opportunities at the local university are meeting the needs of nurses in the area.

Also, a comparison of the different departments’ responses to determine any commonalities would add to the research, as would further evaluation of the questionnaire data to uncover any correlations. In addition, greater insight into motivational factors would result from studies of other groups in an attempt to compare those findings with my study. This would answer the question as to whether or not my findings were unique to this group of nurses.

Last, further inquiry needs to be completed in the area of the Quality Assurance Program, including more in-depth interviews with nurses who are enduring restructuring, to delve deeper into its effects. This could include getting feedback from the nurses as to how they are dealing with the changes and how these changes affect their lives in general, not just their participation in continuing education.
Personal Observations

I had the opportunity to discuss with this group of nurses how they feel about continuing education, the factors affecting their motivation, and how their environment and other external influences affect their motivation. This study would not have been possible without their cooperation. I feel compelled to share the extent to which this was displayed in my contacts with the nurses employed at this hospital.

First, in terms of responses to the initial surveys, out of the 37 surveys that were distributed, twenty-five nurses replied, resulting in an approximately 67% reply rate. This is incredible. What's more, although I had hoped for 8 participants, I actually exceeded that number with 11 volunteers who were willing to be interviewed. In addition, another example of their commitment included that on only one occasion did an individual change an appointment for an interview. Also, another participant contacted me, as previously agreed upon, to arrange an interview, which really demonstrated dedication and interest.

I must include some of my own reflections on the effects of restructuring on participation in continuing education. I have personally endured many changes in my career as a result of the reorganization that is taking place at my hospital. I have been enrolled in continuing education for as long as I can remember. I have always been motivated by the hopes for “that better job.” However, I have experienced many ups and downs over the years. Changes occur at the hospital, which are a direct result of the upper management making decisions for the good of the institution as a whole. I have been personally affected by restructuring and have been involved in the bumping process. I was bumped out of a job that I loved, had to pick the least of three evils, against my will, and be the initiator of someone else losing her job. This was very
difficult for me to endure. At many times, my motivation in my studies has been
directly influenced by what was happening at work. In a workforce that is undergoing
such change, and due to the involvement of unions, I suspect many nurses are
experiencing these types of ups and downs with their motivation. Why spend the
money, take the time and put out the effort, if there are no benefits in terms of job
satisfaction?
References


behavior. New York: Plenum.


Kelleher, C. (2000, February). Nurses are some of the victims, not the cause of the nursing crisis. Ottawa Citizen Online [3541367].


Kirkey, S. (2000, May). Nurses under pressure: In Ottawa hospital, much like other Ontario hospitals, the nursing crisis is taking its toll. Ottawa Citizen Online [3446334].


February 16, 2000

To whom it may concern:

Please find attached a copy of the proposed survey which I plan to circulate as a part of my research project.

Would you be so kind as to read it over, and provide feedback within 10 days.

I am most interested in your opinions regarding the language used in the survey, i.e. Is it clear? In addition, is it a reasonable length, and how long would you expect it to take participants to complete? Is it user-friendly, and are there any apparent biases revealed?

Sincerely,

Mrs. Bozena Fusek-Given
51 Cherwood Street
St. Catharines, ON L2S 1K3
(905) 682-4489
PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING SURVEY. RESPOND TO THE STATEMENT WITH THE ANSWER WHICH MOST CLOSELY APPLIES TO YOU. PLEASE USE A CHECKMARK OR AN 'X' TO INDICATE YOUR CHOICE. PLEASE USE THE 'OTHER' OR 'NOT APPLICABLE' CHOICE IF NO OTHER ONE APPLIES. THANK YOU IN ADVANCE.

1- How many years have passed since you graduated from nursing school?

Up to 5 yrs____  5 to 10 yrs____  10 to 15 yrs____  Over 15 yrs____

2- How long have you been employed in your present position?

Up to 5 yrs____  5 to 10 yrs____  10 to 15 yrs____  Over 15 yrs____

3- Is your present position:  Full-time____  Part-time____

4- Your present place of employment is: (indicate all choices which apply)

hospital in-patient____ hospital out-patient____ community nursing____ specialty area____

surgical____  medical____  administration____  education____

5- Have you ever been employed in a job which was not nursing related?

Yes____ (If yes - for how many yrs?____ and how many yrs ago?____)

No____

6- Have you ever participated in any continuing education experience outside of what was provided through your employer?

Yes____ (If yes - please complete questions 7-12)

No____ (If no - please skip to question 13)

7- Was the continuing education directly related to your job at the time?

Yes____

No____

8- What was your major goal for participating in that experience? ____________________________
9-How were you made aware of the continuing education activity?

From a friend____  Newspaper____  Workplace information sharing____  Other____ (please specify____________________)

10-What were your greatest sources of support for initiating and/or persisting with the continuing education activity?

__________________________________________
__________________________________________
__________________________________________

12-Overall, did you find the activity rewarding?   Yes____   No____

Please elaborate: ___________________________________________________
__________________________________________
__________________________________________

13-What do you consider as barriers to continuing education? (indicate all choices which are applicable)

Cost____  Personal commitments (ie family)____  Lack of time____  Lack of confidence____  Inability to find courses of interest/relevance____  Not a personal priority at the time____  Lack of support in the workplace____  Other____ (please specify____________________)

14-Have you been affected by healthcare reform/hospital restructuring?

Yes____ please elaborate: ___________________________________________________
__________________________________________
__________________________________________

No____

15-Is your present department your first choice of where to work?
Yes______
No______ What would be your first choice, please elaborate:


16-Has the College of Nurses’ Quality Assurance Initiative affected your attitude and/or participation in continuing education?

Yes______ Attitude______ Participation______

No______

17-Would you consider yourself a self-directed or highly motivated individual?

Yes______ Self-directed______ Highly motivated______

No______

18-How would co-workers describe you?


Thank you very much please return to:
Bo Fusek
when completed
SURVEY

Please use a checkmark or an “X” to indicate the response which most closely applies to you. Use the “other” or “not applicable” choice if no other one applies.

1. How many years have passed since you graduated from nursing school?

   Up to 5 yrs_____   5 to 10 yrs_____   10 to 15_____   Over 15 yrs_____

2. How long have you been employed in your present position?

   Up to 5 yrs_____   5 to 10 yrs_____   10 to 15_____   Over 15 yrs_____

3. Are you university or college prepared in your nursing education?

   University_____   College_____

4. Is your present position: Full-time_____ Part-time_____

5. Your present area of employment is (indicate all that apply)

   in-patient_____    out-patient_____    surgical_____    medical_____    specialty area_____

6. Have you ever been employed in a job other than nursing since graduating from nursing school?

   Yes____ (If yes - for how many years?_____ how many years ago?)    No_____

No
13. What do you consider as barriers to continuing education? (indicate all choices which are applicable)
   Cost_____ Personal Commitments (ie family)_____ 
   Lack of time_____ 
   Lack of confidence_____ Lack of support in the workplace_____ 
   Inability to find courses of interest/relevance_____ 
   Not a personal priority at the time_____ Other (please specify_________________________) 

14. Have you been affected by healthcare reform/hospital restructuring?
   Yes_____(please elaborate ______________________) 
   No_____ 

15. Is your present department your first choice of where to work?
   Yes____
   No____ What would be your first choice, please elaborate_______________________________

16. Has the College of Nurses’ Quality Assurance Initiative affected your participation in/attitude towards continuing education?
   Yes____  Attitude____  Participation____
   No_____ 

17. Would you consider yourself a self-directed or highly motivated individual?
   Yes____  Self-directed____  Highly-motivated____
   No_____ 

18. How would your co-workers describe you? ______
7. Have you ever participated in any continuing education experience outside of that which was provided by your employer?

Yes____ (if yes – please complete questions 7-12)
No_____ (if no – please skip to question 13)

8. Was the continuing education directly related to your job at the time?

Yes____ No_____  

9. What was your major goal for participating in the experience?

__________________________  

10. How were you made aware of the continuing education activity?

From a friend____ Newspaper_____ Workplace
Information sharing____
You sought out the information_____ Other____ (please specify______________________________)

11. What were your greatest sources of support for initiating and/or persisting with the continuing education activity?

__________________________

12. Overall, did you find the activity rewarding? Yes____
No____
Please elaborate__________________________
19. I would be willing to be contacted as a participant in the interview process for data collection. Yes____ No____

If interested, please provide name and phone number, or follow-up yourself with contact with the researcher.

Name:______________________________

Phone:______________________________

Thankyou very much
Please return to:

Bo Fusek

When completed
(via interdepartmental mail)
Title of Study: Perceptions of Restructuring and Their Effects on Continuing Education Among Registered Nurses

Researchers: Bozena Fusek, Clinical Instructor, Hotel Dieu Hospital
             Dr. Alice Schutz, Faculty of Education, Brock University

Name of Participant: (Please print)

I understand that this study in which I have agreed to participate will involve two interviews with the researcher, with the intent of gaining information about perceptions of restructuring and their effects on continuing education. The time commitment is approximately two to four hours.

I understand that my participation in this study is voluntary and that I may withdraw from the study at any time and for any reason and without penalty.

I understand that there will be no payment for my participation.

I understand that there is no obligation to answer any question/participate in any aspect of this study that I consider invasive, offensive, or inappropriate.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that only the named researchers above will have access to the data.

Participant's Signature __________________________ Date __________________

***************

This study has been reviewed and approved by the Brock Research Ethics Board. (File# )

If you have any questions or concerns about your participation in the study, you may contact Bo Fusek, Diabetes Education Centre, (905)682-4200 or Dr. Alice Schutz (905)688-5550.

Feedback about the use of data collected will be available (date TBD) in (location TBD). A written explanation will be provided for you upon request.

Thank you for your help! Please take one copy of this form with you for future reference.

***************

I have fully explained the procedures of this study to the above volunteer.

Researcher Signature __________________________ Date __________________

Thank you for your help!
Appendix D: Interview Questions

TELL ME HOW YOU FEEL ABOUT CONTINUING EDUCATION

TELL ME ABOUT YOUR MOST MEMORABLE EXPERIENCE WITH CONTINUING EDUCATION

WHAT WERE YOUR EXPECTATIONS OF CONTINUING EDUCATION – DID YOUR EXPERIENCE MEET THOSE EXPECTATIONS

WHAT ARE YOUR GOALS WITH REGARDS TO CONTINUING EDUCATION

WHAT ARE YOUR GREATEST MOTIVATIONAL FACTORS FOR PARTICIPATING IN CONTINUING EDUCATION

WHAT ARE YOUR GREATEST MOTIVATIONAL FACTORS FOR PARTICIPATING IN CONTINUING EDUCATION

ARE YOU EMPLOYED IN THE DEPARTMENT OF YOUR CHOICE. EXPLAIN IF NOT

TELL ME WHAT YOU THINK OF THE CNO QA INITIATIVE

DESCRIBE YOURSELF IN TERMS OF MOTIVATION AND FINISHING WHAT YOU START AND/OR GETTING WHAT YOU WANT

HOW WOULD THE PEOPLE AROUND YOU DESCRIBE YOU IN TERMS OF MOTIVATION TO FINISH WHAT YOU START AND/OR GET WHAT YOU WANT

DESCRIBE HOW YOU THINK THINGS WOULD HAVE BEEN DIFFERENT AT THE HOSPITAL IF HEALTHCARE REFORM HAD NEVER COME TO BE

DO YOU THINK HEALTHCARE REFORM IS MEETING ITS GOALS- WHAT WOULD YOUR SUGGESTION HAVE BEEN TO CHANGE THE HEALTHCARE SYSTEM AND WHY
Appendix E: Thesis Themes

1- Continuing Education
2- Motivational factors
3- Barriers
4- geography
5- reactions of co-workers
6- feelings of frustration/uncertainty
7- restructuring
8- College of Nurses QA Program
9- peer feedback
10- performance appraisals
## Appendix F

### Restructuring

<table>
<thead>
<tr>
<th>YES IT'S MEETING IT'S GOAL</th>
<th>NO IT IS NOT</th>
<th>UNSURE</th>
<th>COMMENTS</th>
<th>YES, IT HAS EFFECTED MY PARTICIPATION IN CONTINUING EDUCATION</th>
<th>NO, IT HAS NOT EFFECTED MY PARTICIPATION IN CONTINUING EDUCATION</th>
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<td>√</td>
<td></td>
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<td>Flo – “I disagree with my departments move to the General Hospital – there is no parking”</td>
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<td>√-has not greatly effected my participation</td>
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<td>Sylvia – “There is still a lot of wastage and bureaucracy. My department has not been directly affected – but indirectly – due to regional cutbacks with CCAC – we deal with many problems that our patients have been involved with”</td>
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<td>Karen– “They are trying to save money the wrong way – there is still lots of waste and yet, who monitors that? – lots of abuse of the system – so much politics – the hospitals need to get along. I can see how younger people would be more effected by restructuring and that they are more likely to be taking courses.”</td>
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<td>Alice– “Even in Regina – the decisions didn’t make sense. They went from three hospitals to two – I don’t have all the facts here – in terms of my department – it would be good to have a cancer center. The General never had a cancer center, the Hotel Dieu started programs – will the NHS determine how these departments will now run? Areas have a lot to learn from those that have been there. In Saskatchewan, there is approximately, one million people, they run two cancer centers and they’re in the black – no budget problems there. Here there is a lot of wastage – in Regina – the nurses taught the family and the patient about dressing changes to save money on a nurse’s visit – however the health plan still covered the supplies. Why can’t we do that here?”</td>
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<td>Mo– “I was driven by restructuring – it was an</td>
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<td><strong>opportunity to prepare myself. Restructuring is going slowly – the powers that be have done their best at dragging their heels – to some extent it is a fine idea – however, I’m unsure if the General is the right site. Basic needs are not being met. We’re not mindfully wasteful, but we could do better to be fiscally responsible. The managers are away from the floor a lot. They get paid to be there – they need to be there – they don’t know what is going on”</strong></td>
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<td><strong>Leslie – “These two hospitals never have worked together. It’s a mistake keeping both facilities open and expecting them to work together. I can see us stuck here for another four years. They are not saving money – hospitals are laying off – this doesn’t save money”</strong></td>
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<td>√-has increased my awareness but has not effected my participation</td>
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<td><strong>Connie – “The most important people haven’t been involved. There is such a power struggle between the two local hospitals. The one hasn’t been spending any money on equipment because of restructuring. The girls in my department call us the ‘Hospital Make Do’ because we have to be ingenious in using what we have to get the job done. The hospital has put their life into dialysis and the same goes for oncology.”</strong></td>
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<td><strong>Verna – “There is not enough community support through clinics – we’ll need that when all of the changes become a reality. Some of the programs were started at the hospital – like oncology and nephrology – they have experts in the field, now, all of a sudden, we’re not good enough-you manage your budget and you get shifted. This isn’t a complete hospital if it’s just an ambulatory care center. The other hospital will be challenged to meet the needs of the community. We need to work cooperatively. It’s up to the leaders of the institutions. Even after retirement I will be concerned because then I’ll be a consumer. The committee did listen – they decided not to close this hospital – we are a voice that needs to be heard. We don’t look after our fiscal”</strong></td>
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<td>responsibility - if we don’t improve this the next generation will pay the price. Think about your children and grandchildren – healthcare is expensive – we’re trying to save money – but it’s not working. For any change – it’s hard because the grassroots buckle against any changes for example – the doctors don’t cooperate, there is lots of resistance to change. There was a proposal for a nurse practitioner – it didn’t go very far – we want change but everyone still wants to do it the old way”</td>
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<td>✓</td>
<td>Trina - “In some respects I would rather be elsewhere – there are some department issues related to conflicts between the RNs and the RPNs – and these are worse since restructuring. I agree with the idea of restructuring because of the abuse that’s been happening. However the process could have been better planned. I don’t like the changes, however I do agree with the changes in terms of improving patient care. Other nurses with less seniority or near retirement have been more threatened by restructuring than me. Right now the patients are not happy – in the whole peninsula – not just our city.</td>
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<td>✓</td>
<td>Ella - “It’s not meeting it’s goals. It’s all messed up and getting worse everyday and more complicated. They’re not doing a complete job – they’re trying to fix something – other sites have invested reasons to stay – everyone has a rationale for why they shouldn’t close – they’re spending more money revamping things that were revamped a while ago. People are not working together – everyone has a self-serving agenda”</td>
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<tr>
<td>✓</td>
<td>“I have never been threatened by restructuring. It did give me that push to enroll in continuing education”</td>
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<td>Sally – “We did need reform. What’s happening here is a sin. We need to look at other places to find out what they did – Ireland went through this already. In Ireland they closed three hospitals and opened a brand new one – they asked the staff for feedback – what we’ve done here is ram down people’s throats- I’ve never been asked for my opinion as a healthcare professional. Although I find myself in a perfect job, that will change with restructuring – I’ll have to do other education. People who you wouldn’t have expected to participate in continuing education are now enrolled. I’d say at least 25% - all of them because of restructuring.”</td>
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<td>√</td>
<td></td>
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<tr>
<td>√ - “necessity and urgency because of restructuring”</td>
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Appendix G

Participant’s Suggestions

<table>
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<tr>
<th>PARTICIPANT</th>
<th>SUGGESTION</th>
<th>TOPIC AREA</th>
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<tbody>
<tr>
<td>Flo</td>
<td>-keep Oncology dept at this hospital—there is so much confidence in my department—it was built from the ground up</td>
<td>Restructuring</td>
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<td>-we need to record our continuing education hours and submit them annually to the College of Nurses.</td>
<td>Quality Assurance</td>
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<td>-the local post-secondary institution should work on things to help us in the process of transfer credits</td>
<td>Geography</td>
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<td></td>
<td>-we need more financial support from the employer—I would take more courses</td>
<td>Cost</td>
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<tr>
<td>Sylvia</td>
<td>-the hospital needs to do more to help with continuing education—we lost our clinical instructors—that leads to a problem—basic things are lacking—lots of things are lacking. We need the clinical instructors back again</td>
<td>Continuing Education</td>
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<td></td>
<td>-we need a monthly panel for pre-dialysis teaching—we need more pre-dialysis classes and more focus on the preparation for the process. We need more time than the present program allows. We need the group setting as opposed to the one-on-one</td>
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<td>-staff in the department should be cross-trained for all renal departments</td>
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<td>-we need more health teaching and preventative healthcare</td>
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<td>-the department is too spread out—it needs to be better organized</td>
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<td>-there needs to more financial help—maybe we don’t need everything paid for—at least your day off—we need some help</td>
<td>Cost</td>
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<td>-I would leave it as is—we just started with the QA program</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>Karen</td>
<td>-we need to educate the consumer—the problem was—they didn’t get any feedback from the nurses</td>
<td>Restructuring</td>
</tr>
</tbody>
</table>
-they’re trying to save money the wrong way-they’re cutting nurses – cutting services, but there is still lots of waste. Who monitors the waste by the people in the system?

-there should be a pamphlet mailed out with the College of Nurses’ registration annually to be completed by nurses-something else other than all those papers

-if you want to assess me – see me at work

-the peer review is not effective – it’s just surface-toss out the peer assessment

-we need some feedback from the College

-the local post-secondary institution never had Health Sciences – even though the local college had a nursing program – it’s not the same as university – there was a time lag – the alternative was to drive to Hamilton or Niagara Falls New York – this should have been better planned to accommodate people’s needs

Connie

-get feedback from the worker

-this hospital has put their life into dialysis and oncology – these departments shouldn’t leave

-the gov’t should control political sabotage of restructuring

-the College of Nurses needs to do more in-hospital visits and talk to nurses more

-the information needs to be more specific to the specialty areas – the peer review – I’d like to see it gone – it doesn’t mean anything

-internal opportunities for continuing education could be more often

-the local post-secondary institution should have provided continuing education for nurses a long time ago

-maybe the cost is a union issue – it would help at least if we got our day paid

Verna

-hospitals need to look at their educational budget

-you should be financially compensated after you complete a course – that would
<table>
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<tr>
<th>Name</th>
<th>Comment</th>
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<td></td>
<td>motivate others. Some other financial help would be good for example wages paid for even partial day and tuition fees -there’s not enough community in the form of clinics – we need more -the hospitals need to work together -health care is expensive here – we’re trying to save money – but it’s not working -accessibility is a real issue – even if you drive – the courses may not be offered on the day you are available – there needs to be more options. The local BScN program is just new – it takes time to set up curriculum for that type of program – we may have to go elsewhere</td>
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<td>Restructuring</td>
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<td>Trina -we needed a more gradual process, by area -we needed a representative from each area instead of professional people making decisions. They should have examined the demographics to determine the choice of representatives -this hospital needs to enhance services in order to decrease the number of people who are shipped out -this region needs more intensive services, for example a pediatric ICU, then we wouldn’t have to transfer critical patients out of the area. What are the numbers? Is there enough demand? Could we support that kind of unit? I also think that you will always need some duplication of services, such as ICU and surgery -the College test planned for the future should be geared to department specific issues – for example you may work on the surgical floor and not have any psych background – you can’t be expected to have knowledge of everything always -I wouldn’t change the QA program -I take advantage of local opportunities so that I don’t have to drive – we need lots of these opportunities</td>
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<td>Restructuring</td>
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<td>Ella - it needs to be less frequent, say every three to five years – especially if you’re working -they need to make it easier, the form needs</td>
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<td>Quality Assurance</td>
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to be user-friendly and less redundant

-I’m enrolled at the local post-secondary institution because it’s cheaper and closer – the problem is that the local post-secondary institution isn’t making it easy to transfer credits from the previous university I was enrolled in. I’ll probably end up going back to the original university, even though I have to drive. The local post-secondary institution needs to make things easier.

-we need a new facility and we should be working from the ground up.

<table>
<thead>
<tr>
<th>Alice</th>
<th>-if people had to be more accountable, they would be. The College should require that people send in their records.</th>
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<tbody>
<tr>
<td></td>
<td>-In Regina, there is a walk-in clinic to service Home Care patients. People need to take responsibility for their own health.</td>
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<td>-when the department moves, it should go as a department. That only seems fair.</td>
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<td>Nurses at the host hospital shouldn’t have more opportunities than those already working in the department.</td>
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<td>-areas have a lot to learn from those that have been there.</td>
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<td>-here – there is a lot of wastage</td>
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<td>-we need more locally available relevant topics – this would make things easier</td>
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<tr>
<td></td>
<td>-I came from a hospital that always provided support – I think that for other people who haven’t taken courses for a long time that financial assistance would be a motivator</td>
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<thead>
<tr>
<th>Mo</th>
<th>-the College plans for us to write exams to prove our competency – this is not appropriate.</th>
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<td></td>
<td>-internally – we need to revive the clinical instructors-they are important as a resource and we need more inservices</td>
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<td>-we deserve a brand new beautiful hospital. In fact, this would probably have been just as expensive.</td>
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<td></td>
<td>-let the staff know about how much things</td>
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</table>
cost. For example those disposable Levine bags that should be used for the patient over an extended time period instead of being thrown out after one use or one day. These bags cost about $11 - $13, they shouldn't be thrown out after one use.
-ask the nurses first, they will tell you how to save money.

-if we were compensated financially for continuing education it would encourage more nurses to participate. The little bit of help there is involves too much of a rigamarole. The hospital needs an education funding plan, say, for example, $1,000.00 /floor to be divided amongst staff who are enrolled

| Leslie        | -hospital budget needs to provide some financial compensation for education  
|               | -right now, the priority seems to be equipment at the present time- however, you need educated people to operate the equipment.  
|               | -education seems to be low on the priority list.  
|               | -having your own portfolio is a better way than the Quality Assurance program as it stands.  
|               | -simplify the portfolio  
|               | -delete the peer feedback  
|               | -the questions show fault – this needs to be changed – this should be more of a positive experience.  
|               | -we need a brand new state of the art facility – you can only patch so much. The buildings are old. Services need to be tertiared to all other outlying areas  
|               | -it depends on what the local post-secondary institution offers – I don’t even know what type of program they are putting together – it’s five years too late. The local post-secondary institution needs to liaison with the hospitals. They also need to offer special interest courses aside from the BScN |

| Sally         | -let’s motivate the staff by the hospital offering to pay for the first course – I bet that they would be interested enough to continue on their own after that. They would get hooked and continue on their |

| Continuing Education - cost  
| Quality Assurance  
| Restructuring  
| Geography  
| Continuing Education |
null
own. Don’t make it compulsory – that doesn’t work.

- having to travel will certainly deter me from jumping right at it – we need something here

- maybe if the hospital offered time off and even paid for a course, that would motivate nurses to participate in continuing education.
- there should be so much education money per year or so many education hours per month

- close the two hospitals – and open one new one – then you’re not redoing a graveyard, and there would be more community support.
- I haven’t been asked for my opinion as a health care professional

- the hospital educators need to get some people together and do a hands-on workshop to complete the Quality Assurance requirement.
- the form isn’t convenient – maybe we don’t need to complete the form every year – how about every five years, with a short form to be completed every year
- if people had to be more accountable – they would – for example – sending something to the College
- get rid of the peer review – that should not be a part of the self-evaluation

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<th>Geography</th>
<th>Cost</th>
<th>Restructuring</th>
<th>Quality Assurance</th>
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APPLICATION FOR ETHICS REVIEW

Perceptions of Restructuring and It’s Effects on Continuing Education Among Registered Nurses

Prepared for: Director of the Office of Research Services
Brock University

Submitted by: Bozena Fusek
9369448

Faculty Supervisor: Alice Schutz
Brock University Research Ethics Board
Application for Ethics Review of Research with Human Participants

A. GENERAL INFORMATION (PLEASE PRINT)

1. Title of Project (this title should be identical to that of any corresponding grant):
   Perceptions of Restructuring and Its Effects on Continuing Education Among Registered Nurses

2. Faculty Investigator(s)  Department  Ext. #  Email
   ____________________________________________  ____________________________  ____________________________
   ____________________________________________  ____________________________  ____________________________
   ____________________________________________  ____________________________  ____________________________

3. Faculty Supervisor(s)  Department  Ext. #  Email
   DR. Alice Smith  Graduate Ed  3340  aschutz@edu.brocku.ca

4. Student Investigator(s)  Department  Home/#/Ext. #  Email
   Bozena Fuick  Graduate Ed  ____________________________  ____________________________

5. Nature of the Research (please check all that apply):
   Ongoing track of research  ( )  Independent Study  ( )  Masters Thesis  (x)
   Single study (one-time only)  ( )  Faculty Research  ( )  Honours Project  ( )
   Doctoral Dissertation  ( )
   Class assignment (course # and name) ____________________________
   Other (please specify) ____________________________

6. Funding Status:
   Is this project currently funded?  Yes  ( )  No  (x)
   Details of funding: ________________________________________________
If no, is funding being sought?  Yes ( ) No (X)

Agency

7. Has this application been submitted to any other Institutional Research Ethics Boards?
   Yes ( ) No (X)
   If yes, provide name of Institution, date and decision. Attach a copy of the protocol (and approval if available).

8. Expected project commencement date (YY/MM/DD): 1999/04/01 and expected project completion date: Spring 2001
Form # 02

To Expedite or Not Expedite

Researcher's Name: Bozena Lily Ann Fulk

File #: __________

Title: Perceptions of Restricting and Its Effect on Continuing Education Among Registered Nurses

In order to apply for an Expedited Review, the Researcher must be satisfied that the proposed studies involve no more than MINIMAL RISK. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The purpose of this checklist is to facilitate the review process and to identify the ethical issues with which the Committee is concerned. It is meant to be an aid for the researcher and for the Committee.

CHECK HERE:

[ ] THIS IS A NEW PROPOSAL.

[ ] THIS IS A RENEWAL OF A PREVIOUSLY APPROVED PROPOSAL.

[ ] THIS IS A CONTINUATION OF A PREVIOUSLY APPROVED PROPOSAL.

Please check YES or NO to each of the following questions:

YES  NO

1.  ______  [ ] Will the populations studied be defined as consisting of any of the following: Minors (under 18), pregnant women, prisoners, mentally disabled? (If YES, underline all that apply.)

2.  ______  [ ] Will it be possible to associate specific information in your records with specific participants on the basis of name, position, or other identifying information contained in your records?

3.  ______  [ ] Will persons participating or queried in this investigation be subjected to physical discomfort, pain, aversive stimuli, or the threat of any of these? (If YES, underline all that apply.)

4.  ______  [ ] Will the investigation use procedures designed to induce participants to act contrary to their wishes?

5.  ______  [ ] Does the investigation use procedures designed to induce embarrassment, humiliation, lowered self-esteem, guilt, conflict, anger, discouragement, or other emotional reactions? (If YES, underline all that apply.)
6. [ ] [ ] Will participants be induced to disclose information of an intimate or otherwise sensitive nature?

7. [ ] [ ] Will participants engage in strenuous or unaccustomed physical activity?

8. [ ] [ ] Will participants be deceived (actively misled) in any manner?

9. [ ] [ ] Will information be withheld from participants that they might reasonably expect to receive?

10. [ ] [ ] Will participants receive any type of compensation for their participation?

11. [ ] [ ] Will a penalty result if they decide to withdraw from the study or not participate at all?

12. [ ] [ ] Will participants be exposed to any physical or psychological risks not indicated above? (If YES, explain.)

13. [ ] [ ] Does the research involve recording of data from subjects (18 years or older), using invasive procedures routinely employed in clinical practice? (including exposure to electromagnetic radiation outside visible range, x-rays, blood sampling, microwaves, etc.)

14. [ ] [ ] Does the research require voice readings or recordings made for research purposes? 

15. [ ] [ ] Does this research require study of existing data, documents, records, pathological specimens, or diagnostic specimens?

16. [ ] [ ] Will the investigation involve research on individual or group behaviour or characteristics of individuals (e.g. studies of perception, cognition, game theory, or test development) where the investigator does not manipulate behaviour and the research will not stress the subject?

Considering the above, are you applying for

Expedited Review [ ] Full Review [ ]

If the committee decides that Full Review is necessary, you will be informed by e-mail immediately.
B. SUMMARY OF PROPOSED RESEARCH

1. PURPOSE AND/OR RATIONALE FOR PROPOSED RESEARCH

The intent of this study is to examine the perceptions of restructuring and their effects on continuing education of nurses. Restructuring has affected all nurses in different ways. This study will provide the opportunity for nurses to share their experiences and insights. Examining the varying perceptions of individual nurses will serve to add to the existing body of knowledge, and in addition, identify possible areas of further research.

2. METHODOLOGY/PROCEDURES

This research study will consist of 20 subjects completing surveys.(See Appendix A)

These individuals will be volunteer participants, randomly chosen from nurses employed at the Hotel Dieu Hospital. From these surveys, approximately 8 individuals will be asked to participate in interviews with the researcher. All participants will be given an informed consent form outlining the nature of the study.

The surveys will be designed to obtain demographic data, and information about participation in continuing education, work department and perceptions of restructuring.

Initial interviews will be approximately one to two hours in length, taped, seeking more in-depth data as initiated by the surveys. Subsequent interviews will be conducted for approximately the same length.

The study will take place at the Hotel Dieu Hospital, commencing September 2000.

Data analysis will examine the results of initial and repeat interviews using qualitative data analysis.

3. PARTICIPANTS

Twenty registered nurses will be asked to complete surveys on a voluntary basis. This group will include both full-time and part-time nurses employed by the Hotel Dieu Hospital. An attempt will be made to include participants from both genders. The range in ages will be approximately 25-55. These surveys will lead to interviews with approximately 8 individuals.

As an employee of the Hotel Dieu Hospital herself, the researcher may have a present or past working relationship with the participants.

4. RECRUITMENT PROCESS

Surveys will be distributed with the help of volunteer contact people to eight areas within the hospital, including, the emergency department, operating and recovery areas, day surgery, inpatient surgery, medical, intensive care unit, oncology and dialysis. A cover letter(Appendix B) will also be included with information regarding further participation in the subsequent interviews in order to facilitate contact with the researcher. The surveys will be completed at the hospital.

Interviews will be completed during off-duty time at a time and place of the participants' choice.

5. COMPENSATION FOR PARTICIPANTS

There will be no compensation for participation.
6. FEEDBACK TO PARTICIPANTS
When the study is complete, the participants will be sent a debriefing letter containing a summary of the study in addition to the information regarding how they can access a copy of the report.

C. POTENTIAL BENEFITS FROM THE STUDY

1. This study may provide some insight into the effect of hospital restructuring. It may also provide an opportunity for nurses to share some of their experiences with regards to this issue.

D. POTENTIAL RISKS FROM THE STUDY

1. There are no anticipated risks of this study. Participants will be told that they do not have to answer any questions which they feel are invasive.

2. This study does not involve a topic that might be expected to cause participants emotional distress. If there is any discomfort during the answering of interview or survey questions, the participant may choose not to answer.

3. During the interviews, the researcher and the participants will be alone.

4. No aspect of this research is expected to cause mental or psychological harm. It will be made clear to the participants that they may withdraw from the study at any time without penalty.

5. No aspect of this research is expected to cause participants physical harm to their health.

6. Participants’ rights will not be infringed upon in any way. There is no cost to participate and they are free to withdraw from the study at any time without penalty.

7. Every effort will be made to protect the physical and psychological health of the participants. It will be explained to the participants that their involvement in the research is strictly voluntary and that they are free to withdraw at any time. Participants will be informed that confidentiality will be maintained at all times. The completed surveys will be returned in a self-addressed envelope. Interest in the subsequent interview process will be indicated by a separate cover sheet with its own return envelope. There will be no information on the survey which might reveal the participant’s identity.
E. FREE AND INFORMED CONSENT

1. No minors will be involved in this study.
2. This research does not present any risks to the participants.
3. At the completion of the research, the participants will receive a debriefing letter which explains study and its results. Information regarding where they can access the research report will also be included.
4. Each participant will receive a letter of information and a consent form. (Appendix C)

F. PRIVACY AND CONFIDENTIALITY

All information obtained from both the surveys and the interviews will be strictly confidential and anonymous. No participants’ names will be revealed in the study. All data will be stored in a locked cabinet at my residence during the research.

Upon completion of the study all materials will be disposed of along with other confidential waste material at the Diabetes Education Center at the Hotel Dieu Hospital.
PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING SURVEY. RESPOND TO THE STATEMENT WITH THE ANSWER WHICH MOST CLOSELY APPLIES TO YOU. PLEASE USE A CHECKMARK OR AN ‘X’ TO INDICATE YOUR CHOICE. PLEASE USE THE ‘OTHER’ OR ‘NOT APPLICABLE’ CHOICE IF NO OTHER ONE APPLIES. THANK YOU IN ADVANCE.

1- How many years have passed since you graduated from nursing school?

Up to 5 yrs____  5 to 10 yrs____  10 to 15 yrs____  Over 15 yrs____

2- How long have you been employed in your present position?

Up to 5 yrs____  5 to 10 yrs____  10 to 15 yrs____  Over 15 yrs____

3- Is your present position:  Full-time____  Part-time____

4- Your present place of employment is: (indicate all choices which apply)

hospital in-patient____ hospital out-patient____ community nursing____ specialty area____
surgical____ medical____ administration____ education____

5- Have you ever been employed in a job which was not nursing related?

Yes____ (If yes - for how many yrs?_______ and how many yrs ago?_______)
No____

6- Have you ever participated in any continuing education experience outside of what was provided through your employer?

Yes____ (If yes - please complete questions 7-12)
No____ (If no - please skip to question 13)

7- Was the continuing education directly related to your job at the time?

Yes____
No____

8- What was your major goal for participating in that experience? ____________________________
__________________________________________________________________________________
9-How were you made aware of the continuing education activity?

From a friend_____ Newspaper_____ Workplace information sharing_____
You sought out the information_____ Other_____(please specify_______________)

10-What were your greatest sources of support for initiating and/or persisting with the continuing education activity?____________________________________________________________

_____________________________________________________________________

12-Overall, did you find the activity rewarding? Yes____ No____

Please elaborate:_________________________________________________________

_____________________________________________________________________

13-What do you consider as barriers to continuing education?(indicate all choices which are applicable)

Cost_____ Personal commitments (ie family)_____ Lack of time_____ Lack of confidence_____
Inability to find courses of interest/relevance_____ Not a personal priority at the time_____
Lack of support in the workplace_____ Other_____(please specify_______________)

14-Have you been affected by healthcare reform/hospital restructuring?

Yes____ please elaborate:_________________________________________________

_____________________________________________________________________

No____

15-Is your present department your first choice of where to work?
Yes____
No____ What would be your first choice, please elaborate:

16-Has the College of Nurses' Quality Assurance Initiative affected your attitude and/or participation in continuing education?

Yes____  Attitude____  Participation____
No____

17-Would you consider yourself a self-directed or highly motivated individual?

Yes____  Self-directed____  Highly motivated____
No____

18-How would co-workers describe you?

Thank you very much
please return to:
Bo Fusek
when completed
Date,

Dear Hotel Dieu Hospital Employee,

I am currently a student in the Master of Education Program at Brock University. In order to complete the requirements for this degree, I am conducting a study which will examine the perceptions of restructuring and their effects on continuing education among nurses. I have always been interested in adult education and the motivating and inhibiting influences. I feel that this study will provide the opportunity to examine these factors more closely.

Your participation in completing these interviews will assist me in realizing the goals of my study. To confirm your participation, please complete and sign the attached consent form. Please be aware that all information will be kept confidential. The time commitment required is approximately two to four hours, involving two interviews. These will be scheduled at a time that is convenient for you.

Please be advised that you are free to withdraw your participation at any time. You are welcome to have a copy of my research report when it is complete.

This study has been reviewed and received ethics approval through the Brock University Research Ethics Board. Participants who have concerns or questions about their involvement in the study may contact the Director of the Office of Research Services, (905)688-5550, ext.4315.

If you have any other questions or concerns about the study, please do not hesitate to call me at (905)682-4200 or Dr. Alice Schutz at Brock University (905)688-5550.

Sincerely,

Bozena Fusek  
Student Investigator  
Clinical Instructor  
Diabetes Education Center  
Hotel Dieu Hospital  

Dr. Alice Schutz  
Faculty Supervisor  
Faculty of Education  
Graduate Department  
Brock University