An Exploration of the Impact of a Mandatory Quality Assurance Program on the Staff Nurse’s Commitment to Professional Development

Laura Farrelly, R.N., B.Sc.N

Department of Graduate and Undergraduate Studies in Education

Submitted in partial fulfillment of the requirements for the degree of Master of Education

Faculty of Education, Brock University
St. Catharines, Ontario

©November, 2001
Abstract

This study explored experiences in relation to the impact of the College of Nurses of Ontario’s (CNO’s) mandatory Quality Assurance (QA) program on registered nurses (RNs) working in a clinical setting of an acute care hospital.

A qualitative descriptive research design was used and data collection was done in 2 stages. First, a survey with open-ended questions was given to 45 nurses. Second, 8 respondents from the survey were interviewed using a semistructured format. Data were obtained from 2 groups—diploma-prepared and post diploma-prepared RNs.

Findings demonstrated that the CNO’s QA program had varying influences on the RNs’ learning paths, and these differences appeared to be related to the educational background of the individual. The diploma-prepared nurses reported that their commitment to professional development was influenced by their level of internal motivation, the pressures associated with time, and the need for a strong external motivator, namely the obligation of management to conduct formal performance appraisals. They further reported that the QA program played a part in positively altering their commitment to continuing education. The post-diploma baccalaureate nurses reported that the QA program played a positive role in influencing their ongoing learning, along with their level of internal motivation, the work and health care environment, and the element of professionalism. Several implications for nursing practice, theory, and further research also became evident.
Acknowledgements

I would first like to express my sincere thanks to my thesis advisor, Dr. Alice Schutz, for providing me with constant feedback, suggestions, and encouragement. I am also grateful to my proposal committee members, Dr. Patrick O’Neill and Dr. Rodger Beatty. Their insights and comments provided me with invaluable guidance and input.

Also, I am grateful to the participants involved in this study who responded to my survey so quickly, and to those who volunteered their valuable time to participate in the interviews.

Finally, I would like to thank my husband Kevin, and my daughters Kyra and Maya, for giving me inspiration throughout this study. I am grateful for their constant encouragement and love.
Table of Contents

Abstract .......................................................................................................................... ii
Acknowledgements ......................................................................................................... iii
List of Figures ................................................................................................................ vi

CHAPTER ONE: THE PROBLEM ...................................................................................... 1
  Introduction .................................................................................................................... 1
  Background of the Problem ......................................................................................... 2
  Rationale ....................................................................................................................... 2
  College of Nurses of Ontario’s Quality Assurance Program ....................................... 3
  Statement of the Problem ............................................................................................. 6
  Questions to be Answered .............................................................................................. 7
  Purpose of the Study ...................................................................................................... 7
  Definition of Terms ....................................................................................................... 8
  Significance of the Study ............................................................................................... 9
  Scope and Limitations of the Study ............................................................................ 11
  Outline of the Remainder of the Document ................................................................ 11

CHAPTER TWO: REVIEW OF RELATED LITERATURE .................................................... 13
  Overview ....................................................................................................................... 13
  Background – QA Programs ......................................................................................... 14
  What is Professionalism? ............................................................................................. 17
  A New Professionalism for Nursing ............................................................................. 20
  What is Reflective Practice? ......................................................................................... 22
  Reflective Practice in Nursing ..................................................................................... 24
  Intrinsic and Extrinsic Motivation in Professional Development ................................ 26
  Mandatory Continuing Education in Nursing ............................................................. 28
  Chapter Summary ........................................................................................................ 31

CHAPTER THREE: METHODOLOGY AND PROCEDURES ............................................ 33
  Research Methodology ............................................................................................... 33
  Pilot Study .................................................................................................................... 34
  Semistructured Interviews .......................................................................................... 36
  Selection of Participants ............................................................................................... 36
  Data Collection and Recording .................................................................................... 37
  Data Analysis ............................................................................................................... 40
  Ethical Implications ..................................................................................................... 41
  Methodological Assumptions ....................................................................................... 41
  Limitations ................................................................................................................... 42
  Restatement of the Problem ......................................................................................... 42
  Chapter Summary ......................................................................................................... 43
# Chapter Four: Findings

The Participants – Demographic Data ........................................... 45

Findings ...................................................................................... 47

Group A: Role of Internal Motivation ........................................... 48

Group A: Role of Time as a Barrier to Professional Development ... 50

Group A: Role of External Motivators ........................................... 52

Group B: Role of Internal Motivation ........................................... 56

Group B: Role of the Environment ............................................... 58

Group B: A Sense of Professionalism ............................................ 63

Group B: Role of External Motivators ........................................... 66

Questionnaire Data ................................................................. 69

Chapter Summary ...................................................................... 74

# Chapter Five: Summary, Discussion, Implications, and Conclusions

Summary of the Study ............................................................... 78

Discussion ................................................................................... 80

Implications ............................................................................... 88

Conclusion .................................................................................. 95

References .................................................................................. 97

Appendix A: Pilot Study Questions .............................................. 108

Appendix B: Participant Informed Consent Form – Pilot Study Questionnaires ........................................... 111

Appendix C: Research Study Interview Questions ....................... 113

Appendix D: Participant Informed Consent Form – Semistructured Interviews ........................................... 114

Appendix E: Brock University Ethics in Research Committee Approval ........................................... 115

Appendix F: Permission to Conduct Research .............................. 116

Appendix G: Research Study Letter to Participants ...................... 117
List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Elements Affecting the Professional Development Activities of the Nurse, As Reported by Diploma-prepared RNs</td>
<td>75</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Elements Affecting the Professional Development Activities of the Nurse, As Reported by Baccalaureate-prepared RNs</td>
<td>76</td>
</tr>
</tbody>
</table>
CHAPTER ONE: THE PROBLEM

Introduction

This study explores the influence of a mandatory quality assurance program on the staff nurses’ commitment to ongoing learning and development. This inquiry first attempts to determine the factors that affect the registered nurse’s (RN’s) professional development activities, and then explores nurses’ perceptions about the requirements of the quality assurance program. Specifically, this research attempts to discover if participation in the program will motivate individuals to pursue continuing education and professional development opportunities.

In the past, graduation from a nursing program presumed competency of practitioners throughout their careers. This mindset is no longer realistic. In today’s health care environment, there are rapid changes in knowledge, patterns of illness, technology, and new requirements. Practicing registered nurses (RNs) must maintain competency in practice by updating their knowledge to ensure quality patient care. Competence, assessment of competence, and mandatory continuing education are controversial topics that are receiving increasing emphasis in the literature. Concerns about competence are not new, and yet the focus on competence has historically surrounded the novice RN. However, perceptions and expectations related to competence in nursing are being reconceptualized and redesigned to be more responsive to escalating changes and associated consequences for education (Lenburg, 1999). Influential leaders and groups in the health care industry are increasingly outlining the need for nurses to find ways to validate continuing competence. Lenburg states that documented competence is becoming essential—not optional, and is likely to...
become mandatory in the near future for initial and continuing licensure and certification, and perhaps even for employment.

**Background of the Problem**

Although continuing education and lifelong learning are not yet mandatory in the province of Ontario, the regulatory body of the nursing profession has recently implemented a quality assurance (QA) program with the goal of promoting ongoing competence through continuous learning. This program has been operational since 1997. A major focus of this QA program is aimed at enhancing the reflective practice of RNs. Almost 4 years after its implementation, the profession needs to conduct evaluation activities in order to determine if RNs are fulfilling the QA program requirements. There is also a need to see if mandating reflective practice improves the professionalism and growth of RNs, and to see if RNs are meeting reflective practice requirements merely to satisfy the college.

**Rationale**

This study focuses on the experience and perceptions of staff nurses who are fulfilling the mandatory requirements of a quality assurance program. The purpose is to uncover the impact of this mandatory program on their individual practice and commitment to lifelong learning. Gaps in the literature have identified that there are conflicting views as to what benefits a mandatory continuing education program has upon staff nurses' professional development. And, at present, there is little evidence as to the benefits of any type of mandatory quality assurance program or mandatory reflective practice requirements. Because the implementation of such programs is
relatively recent, there is little research-based evidence as to any effects of these programs.

From a personal perspective working within an advanced practice role, facilitating staff nurses’ professional development is an essential aspect of my position. I believe that nursing revolves around an ongoing learning process; I hold a personal belief that lifelong learning is essential to the nursing profession, and yet I see that many staff nurses do not participate in professional development activities. There is a need to find a process which ensures that all nurses recognize the need for ongoing education. It is therefore imperative to understand the impact of the QA program upon the staff nurses’ practice and to incorporate the data into my own practice.

**College of Nurses of Ontario’s Quality Assurance Program**

The College of Nurses of Ontario (CNO) regulates and governs the practicing RNs of Ontario. In 1993, the Regulated Health Professions Act (RHPA) was proclaimed. The RHPA mandated that each health profession develop a quality assurance program that would ensure the quality of care provided by members and ensure ongoing member competence (Witmer, 1997). In response to this, the CNO developed a Quality Assurance (QA) program in consultation with nurses across the province to help nurses maintain and continuously improve their competence from year to year. This program, which was officially launched in 1997, focuses on continuous learning and encompasses both quality control and quality improvement. Quality control focuses on ways to eliminate performance below minimum standards of competence, and quality improvement involves processes and activities intended to assess and improve individual performance (Wansbrough, 1997). The QA program is a formal
process that is intended to help nurses maintain their competence in today’s rapidly changing health care environment and is based on the following concepts:

- reflective practice
- self-assessment
- adult learning
- experiential learning
- continuous learning.

There are three parts to the program: reflective practice, a practice review component, and a practice setting consultation program. For the purpose of this study, the emphasis is on the reflective practice component. The requirements of this component include carrying out a self-assessment (where reflective practice plays a large part), seeking peer feedback, and developing, implementing, and evaluating a learning plan. In order to meet the QA program requirements, RNs have various options from which to choose. Presently, the CNO allows RNs to choose the tool that best suits their needs and learning style, and choices can be changed from year to year. The College is not requiring members to take courses, although the program requires the RN to undertake professional improvement activities and to keep a record of these activities (Campbell, 1998). Nurses are to keep a written record of their QA activities, and starting in 1999, the CNO began randomly selecting nurses to collect information about nurses’ experience with the program and to assess for competence and attainment of the QA program requirements. The CNO maintains that nurses’ participation in the program is essential, and as a professional, it is their responsibility to engage in quality assurance. A guiding principle of the Professional Standards for
Registered Nurses and Registered Practical Nurses in Ontario is that reflective practice means continually assessing one’s practice to identify learning needs and opportunities for constant growth and improvement, and the College feels that this is key to competence improvement (College of Nurses of Ontario, 1996). The College claims that meeting the goals of the program will result in quality practice and achieve public protection (Wansbrough, 1996). While the objective is that this mandated program would result in nurses engaging in professional development activities, there remains the concern that it may actually decrease involvement in lifelong learning if nurses perceive that they are being “forced” to participate.

Other provinces of Canada are adopting similar programs. In 2000, British Columbia will be implementing a Continuing Competence Program with annual relicensure requirements similar to the CNO’s requirements. In Alberta, nurses are required to track the hours that they practice and they must also monitor their continuing education activities. In Manitoba, nurses must maintain their competency through one or more of current practice, educational activities, or professional practice activities.

Nursing professions in other countries have also adopted programs to encourage lifelong learning and professional development. For instance, in the United States, mandatory continuing education is a prerequisite for registered nurse licensure in 22 states. In these types of programs, nurses are required to take a minimum number of continuing education units yearly in order to maintain their licensure. Opponents of mandated ongoing education argue that nurses may take courses that do not relate to their practice or that are only convenient and don’t augment their knowledge of their
particular practice. Others argue that there are issues related to time and money required for fulfillment of mandatory continuing education units (Hawke, 1999).

The United Kingdom Central Council for Nursing (UKCC) has implemented a program similar to Ontario’s QA program, the Post-Registration Education and Practice Project (PREPP). These standards have been in place since 1995. PREPP provides a framework to help practitioners identify and meet their own needs for continuing education, again with an increased emphasis on using reflective practice. Practitioners are responsible for verifying the time they have spent updating their practice and the UKCC audits the process to ensure members are fulfilling the requirements (Bagnall & Garbett, 1996). Like the Canadian systems, the set standards are guidelines rather than rigid rules, and there is flexibility for individuals to determine their professional development needs and to find creative ways to achieve their goals (Ferguson, 1994).

**Statement of the Problem**

During the past twenty years, there has been controversy as to the value, utilization, or impact of mandated continuing education or professional development activities on the registered nurse. Specifically, the question has been raised: Does mandating practice requirements actually increase a nurse’s engagement in professional development activities? And, will a mandatory system take away from the RN’s inherent motivation and thus hinder his/her learning? In discussing mandatory continuing education, Gathers (1988) argues that forced attendance may have the effect of discouraging the self-directed and self-initiated learning that for many professionals is more relevant to their needs than the structured opportunities that may
be available to them. Can we argue that the same is true of "forced" reflective practice requirements? Thurston (1994) states that nurses have to be highly, intrinsically motivated to maintain professional competence. Can we therefore conclude that mandatory QA program requirements will not benefit those who are not intrinsically motivated? Thus, the concept of the QA program needs to be studied further in order to discover if it fosters a sense of professionalism and a commitment to ongoing learning in the practicing RN.

Questions to be Answered

Based on the gaps identified in the literature, a number of questions have been raised:

- What are the influencing factors which contribute to the RN's participation in ongoing learning?
- What are the perceptions of staff nurses regarding a mandatory quality assurance program?
- If nurses are participating in the program, do they view this program as being worthwhile?
- How do mandatory reflective practice requirements influence the nurses' commitment to professional development and ongoing education activities?
- How has participating in this QA program influenced the staff nurses' own practice?

Purpose of the Study

The purpose of this study is to explore the effects of the CNO's QA program and reflective practice requirements upon the practicing staff nurse. Specifically, the aim
of this study is twofold: first, to identify the factors which influence the RN’s professional development activities, and second, to uncover information about staff nurses’ perceptions and lived experiences about the QA program. This study will focus on those RNs who are meeting the requirements and identify how this impacts upon their commitment to lifelong learning and professional development activities.

Definition of Terms

A number of relevant terms have been used in the literature and throughout this study. The terms are defined as follows:

- A baccalaureate nursing program is a nursing degree program offered at the university level which offers an undergraduate degree (B.Sc.N.) at graduation.
- A diploma nursing program is offered at a community college and offers a diploma at graduation.
- A post-diploma RN refers to the registered nurse who has initially graduated from a college diploma program, and then returned to university to complete the requirements needed to obtain a B.Sc.N. degree.
- Professional development refers to the learning and growth opportunities an individual pursues in order to move towards improved clinical practice. Synonymous terms used include ongoing, continuing, or lifelong learning, and continuing education.
- A Quality Assurance program refers to a systematic process wherein there is a data-based, judgmental appraisal of a selected element of care or practice and subsequent improvement (Smith, Armann-Hutton, Inions, & Hutton, 1999).
A staff nurse refers to either the diploma or degree nurse who is working in the chosen study setting.

**Significance of the Study**

The results of this study may have implications in relation to the areas of practice, theory, and further research. Insights gained may be helpful for educators, advanced practice nurses, and health care organizations interested in the promotion of staff nurses' continuing education. Results of this study may be disseminated among key organizational stakeholders in order to initiate activities that will support professional development within the nursing profession in our institution.

**Possible Implications for Practice**

The findings of this study may be disseminated among other advanced practice nurses and clinical educators within the health care organization in order to plan and implement educational activities which will be helpful to staff nurses. Also, as other health care disciplines adopt quality assurance programs to meet the mandates of the RHPA, the results of this study may be beneficial to them.

Additionally, restructuring of the health care sector has led many organizations to become flatter, with less on-site management. As a result, formal evaluation systems have been phased out in many areas. This has meant that the CNO's QA program is often the only evaluative tool that the practicing RN has. James and Clark (1994) argue that reflective evaluation enhances the nursing practice because it leads to the RN becoming comfortable with analyzing their experiences and viewing them critically. A further argument is that the process enhances the RN's professional status, as he/she becomes able to verbalize his/her individual strengths and learning
needs and then develop ways to address these needs. This allows the individual to feel challenged and motivated, thereby encouraging professional growth. Yet, there is little research to support these claims. Results of this study may therefore identify if the CNO’s QA program is actually improving the RN’s professional growth and practice.

**Possible Implications for Theory**

Many elements that contribute to the staff nurse’s commitment to ongoing learning have been identified in the literature, and the findings of this study may support many of these conclusions. However, there is little evidence available as to the benefit of mandating ongoing learning or QA activities. This study will therefore contribute to the few theories presently connected with mandating quality assurance programs in the health care profession. Also, because the CNO is presently in the planning stages for many of the evaluation activities around the QA program components, the results of this study may support or enhance these activities. Theories associated with professionalism, reflection, and reflective practice can also be augmented with the insights gained from this study.

**Possible Implications for Further Research**

Further research is indicated in several areas. For instance, is there a difference in the experience of meeting the CNO’s program between diploma-prepared and post-diploma RNs? Also, research is needed to explore the experiences of nurses who have been practicing for various time intervals. There may be additional factors or barriers in the population of nurses who have been out of school for some time or who have experienced a “traditional” form of nursing education in the past. Research is also
warranted to explore the effects of reflective practice on patient care and professional practice; does this actually lead to better practice among RNs?

Scope and Limitations of the Study

The focus of this study is on the perspectives of 8 staff nurses regarding the impact of a mandatory quality assurance program with reflective practice requirements upon both their clinical practice and their commitment to professional development activities. A descriptive research approach using a questionnaire as a pilot study, followed by interviewing of participants was chosen in order to provide depth and detail with the goal of capturing what is really happening without being judgmental. Both diploma-prepared and post-diploma nurses were interviewed in order to provide rich detail and perhaps discover key differences between these two groups.

Limitations of this study are based on the nature of qualitative research. Because the absence of systematic analytic procedures makes it difficult to present conclusions in such a way that their validity is patently clear, conclusions drawn from this study cannot be generalized beyond the context of the selected participants. However, the trustworthiness of data is enhanced by member checking and triangulation of data (Polit & Hungler, 1999).

Outline of the Remainder of the Document

The remainder of this document includes Chapters Two through Five. Chapter Two presents a review of the literature with a focus on professionalism, reflective practice, adult motivational factors, and mandatory continuing education in nursing. Gaps in the literature are also identified.
Chapter Three describes the methodology used in researching the experience of staff nurses completing their quality assurance requirements. A qualitative research design with a phenomenological perspective was used to uncover themes, and the rationale for this approach is presented. The pilot study and interview styles used, selection of participants, data collection, and data analysis are also outlined in this chapter. Methodological assumptions and limitations are included.

Chapter Four presents the findings of the study and the key themes uncovered. Interpretations of transcribed interviews, field notes, and pilot study responses are identified.

In Chapter Five, the summary, conclusions, and recommendations are addressed. Implications for educational practice and further research are given.
CHAPTER TWO: REVIEW OF RELATED LITERATURE

Overview

Much literature has been published that supports the concept that reflection and reflective practice are effective learning tools for professional and personal growth. The components of the College of Nurses of Ontario’s (CNO’s) Quality Assurance (QA) program claim to encourage ongoing learning, growth, reflective practice, professionalism, and clinical excellence. However, the CNO is mandating reflective practice, but there is very little literature available with regard to the effectiveness of a mandatory reflective practice program. Thus, the question remains: Will participating in the QA program, with specific reference to the mandatory reflective component, actually ensure that the nurse will be motivated to pursue continuing education and professional development opportunities?

After a look at the background of nursing quality assurance programs (Koch, 1992; Maich, 1996; Schroeder, 1991; Williams, 1998), the literature review for this study examines the related elements that may impact upon the staff nurse’s commitment to ongoing learning and development. This review first looks at the concept of professionalism and how this relates to nursing. Second, the literature on reflective practice and the implications on the nursing profession are presented. Third, the theories of intrinsic and extrinsic motivation are reviewed. Last, the literature regarding mandatory continuing education in the nursing profession is examined.
Background–QA Programs

The term quality assurance refers to one aspect of professional accountability by which the relevant public, patients, service providers, and health unit administrators can be informed that professional activities are appropriately carried out (Koch, 1992). An ebb and flow of interest in quality assurance programs has occurred in nursing, possibly related to a perceived need or health professional self-regulation, regulatory requirements, and legal necessity. In the health care field, there is uneven development between countries, and even between health care disciplines, in quality assurance activities. In some countries, for instance the USA and Australia, a quality assurance program has become a requirement for accreditation in certain disciplines. While this is not yet the case in Canada, there is a sense of urgency in the nursing profession towards assuring quality in nursing care and practice. Koch feels that to achieve true professional standing, nursing must introduce quality assurance movements and incorporate the findings into daily practice. She goes on to say that only through quality assurance programs can it be said that nursing is continually evaluating and improving its practice. This participation in quality assurance activities means that nurses will fulfill their obligation and collective responsibility for nursing practice and evaluation of care. This self-regulation is an integral part of professionalism (Schroeder, 1991).

To date, there is limited research literature regarding mandated quality assurance programs in the nursing profession because the idea of compulsory requirements for registration is relatively new. However, the CNO is beginning to evaluate the effectiveness of their mandatory QA program. On the 1998 payment form, the CNO
asked members to answer questions and attached a member survey to gain insight into the use and effectiveness of the QA program initiatives. Of the respondents, 99% of practicing RNs said they planned to participate in reflective practice. The most popular options chosen were the *Self-Assessment Tool* (72% of RNs), followed by the agency professional development system (21% of RNs), and the *Professional Profile* (14% of RNs). Over half of the nurses (58%) said they felt prepared to participate in the self-assessment component of the QA program, but only 47% felt prepared to identify their learning needs and develop a learning plan (Mildon & Ward, 1998).

Although these statistics were obtained early in the program, they seemed to indicate that many nurses were not ready to take part in the program. The CNO subsequently scheduled more educational opportunities and sessions at hospitals and nursing schools.

Two studies have looked at the effects of mandatory quality assurance programs. The first study was a qualitative study by Maich (1996), where 24 Level Four Bachelor of Science in Nursing (B.Sc.N.) students (ie., nursing students enrolled in their final year of a baccalaureate program) participated in audiotaped, open-ended, semistructured focus groups, or interviews. This group used professional profile portfolios to enhance their reflection and reflective practice experiences in order to meet the CNO’s QA program requirements. Participants clearly articulated that their experience with developing the portfolio resulted in personal and professional growth that was translated into enhanced client care and professional practice. In the study findings, Maich states that the participants repeatedly referred to the “profound” personal and professional growth that had occurred within themselves. Their
reflections on important experiences facilitated the identification of areas they were personally responsible for as professionals, yet were previously unaware of, and the participants took on the responsibility for their continued learning needs. There was also the perception that participating in reflective practice would promote an attitude shift towards professionalism and accountability for all nurses. Participants stated that the QA program would "force nurses to be responsible for their professionalism and to continually have to reevaluate the learning standards in the profession" (Maich, p. 91). In Maich's study, participants also alluded to an enhancement of relationships with clients and enhanced client care.

The second study consisted of a large-scale evaluation project in the United Kingdom which looked at how their Post-Registration Education and Practice Project (PREPP) system was working. This program has mandatory standards similar to Ontario's nursing QA program. Williams (1998) outlines the results of this study related to the PREPP project. In the pilot study, 200 nurses randomly drawn from the register, who were using a professional profile, were surveyed. The results indicated that having a structured profile did not necessarily help the user to provide evidence of the process of learning. Most participants included details of courses and study days and factual information, yet only 59% of participants included evidence of reflection on learning activity. The second phase of the study consisted of a larger survey where 12,000 people on the register were asked about PREPP, with several questions on the personal professional profile. Over half of the respondents said that their profile set out what they hoped to achieve, and more people actually set goals and action plans.
and used self-appraisal and reflective practice techniques in their profile than thought they did (Williams, 1998).

Much of the work done to date regarding the effects of mandatory reflective practice requirements on the RN’s commitment to lifelong learning includes largely anecdotal claims. In order to more fully explore the concept of the possible effects of such a program, a literature review was conducted to examine some of the related elements that impact upon the staff nurse’s commitment to ongoing learning and development. The themes and concepts included in this review are professionalism, reflective practice, intrinsic and extrinsic motivation, and mandatory continuing education.

What is Professionalism?

The concept of professionalism has been discussed at great lengths in past and current literature, yet the term remains an ambiguous one. Although there is no universally accepted definition of a professional nurse, there are many attributes that collectively and commonly characterize professional status within the literature. The desired characteristics are described as consisting of a unique body of knowledge, altruistic service, lengthy socialization, autonomy of practice, and maintaining associations that define a professional code of ethics and regulate who is able to practice (Bates & Linder-Pelz, 1990; Friedson, 1983; Oermann, 1991; Richman, 1987; Rutty, 1998). However, there is no consensus over what definitely constitutes a profession, and few appear to agree on the genuine components of professional practices. Porter (1992) supports the idea that a trait approach to the concept of professionalism does not allow each individual occupation to give an accurate
description of its unique attributes. He argues that such a checklist merely includes elements without any evidence that they deserve inclusion. Also, many elements that are claimed to be exclusive to professions, such as a code of ethics, can be reduced to an obligation to the client, which is found in almost all occupations. Thus, he maintains that it is pointless to measure the proposals of any occupation against arbitrary checklists or requirements of professional goals. Yet claiming professional status remains a desirable and natural goal for many occupations, and professionalization within nursing has been discussed to an enormous extent.

Nursing has long sought to establish its knowledge and credibility as a profession in the health care field. Yet, many authors have proposed that nursing has not achieved full professional status, but rather is an aspiring "semi" or "quasi" profession (Billingsley, 1994; Coburn, 1988; Parkin, 1995; Turner, 1987). A disadvantage for nursing in relation to professionalism is that the exact meaning or description of nursing which includes all activities is difficult, and those that have been suggested are diverse (Rutty, 1998). Indeed, there are numerous barriers obstructing the achievement of full professional status for nurses. These include the scarcity of an identifiable knowledge base, issues and questions regarding the education system, lack of control over nursing services, insufficient autonomy, and problems of internal disunity (Rutty, 1998). Numerous authors also claim that the failure to accomplish professional standing is partly because the majority of nurses are female (Billingsley, 1994; Rutty, 1998). First, historically nursing has been subordinated to medicine in the social and technical division of labor so that, in theory, nurses merely executed doctors’ decisions (Parkin, 1995; Turner, 1987). Second, there often remains a
disparity between the distinctions and behaviors comparable with the female gender role and those necessary for professional fulfillment. Broadly, the socialization of women is allied with denial of stereotypically masculine traits commonly assumed to be required for professional success, such as achievement and autonomy, and is instead linked with the acceptance of nurturing, conforming, and subservient roles (Billingsley, 1994; Parkin, 1995; Rutty, 1998). In order for nursing to emerge as a full profession, numerous authors have suggested various transformations. It has been said that there is a need for nurses to expand and increase their knowledge base and reform nursing education curriculum so that university education is the basic level of education, as many nursing leaders consider education to be one of the major barriers to complete professionalization. The question arises as to what level of education is required for a person who practices to be considered a professional. This debate has been longstanding; in a position paper outlined by the American Nurses Association in 1965, the recommendation was made that baccalaureate preparation be the minimum requirement for the professional nurse (Berger & Williams, 1992). Presently, having two streams of nursing education results in a two-tier structure: “professional” versus diploma nurses. As a result, there are overt references in the nursing literature to “professional” (degree) nurses and more practically oriented (diploma) nurses (Coburn, 1988). Other authors have suggested strategies such as nursing’s need to increase participation in research activities, be accountable to its key stakeholders, and continuously redesign and reengineer the profession (White & Begun, 1996). It has been suggested that nursing needs to seek more diversity in its members and must create more advanced practice roles in order to transform nurses to a relation of
"colleagueship" and collaboration with the medical profession (Rutty, 1998). It has also been recommended that nurses guide and influence their future route of practice, commit themselves to encouraging that the caring aspects of nursing are seen as valuable components of practice, and become united in order to alter fragmented and variable beliefs in practice (Billingsley, 1994; Rutty, 1998; Turner, 1987).

A New Professionalism for Nursing

Nursing has undergone major structural, educational, and professional changes in the last decade, with expanding roles being created. Additionally, the role of women in society is changing. With these changes has come the need to challenge the maintenance of only one dominant approach to professionalism and to look for new approaches to professional regulation (Fuller, 1995; Parkin, 1995). Longstanding notions within traditional definitions of professionalism are not wholly consistent with today's primary health care concepts of multidisciplinary teamwork, empowerment, and self-help. C. Davies (1996) contends that these longstanding notions of professionalism still have much to do with 19th century ideas about masculinity which stress the active, competitive person, instead of the more reflective, interdependent one. She argues that old professionalism must be replaced with a new concept of professionalism, one that values things other than the formal and abstract, copes with uncertainty, acknowledges the intuitive, and accepts the importance of experience. Davies contends that the idea of reflective practice works toward this alternative concept and sees knowledge as something that grows and develops from the fusion of expertise and experience and the formal and the intuitive (Walmsley, 1993). Benner (1984) stressed the worth and merit of expert, intuitive clinical knowledge and
experience as knowledge in a professional, and this cannot be identified or measured by prepositional theories. Davies also argues that lifelong learning and continuing professional education are mandatory traits in any profession. This confronts the idea of complete mastery of knowledge that underpins previous notions that a profession must possess a unique body of knowledge.

B.K. Miller, Adams, and Beck (1985) believe that nurses must disclaim the traditional analysis of professionalism by other disciplines as the only method to determine definitions and characteristics of professionalism in nursing. They suggest that each profession describes the concepts of a profession and behaviors of professionalism according to consensus in that profession and then develops a model specific to that profession. From this, Miller et al. (1993) created a model to define professionalism in nursing, according to the tenets of a nursing professional organization (the American Nurses Association). The model depicts and includes the following nine prevalent and traditionally agreed on professionalism characteristics which are specific to nursing:

1. education in an institution for higher learning,
2. adherence to a code of ethics,
3. participation in the professional organization,
4. continuing education and competency,
5. communication and publication,
6. autonomy and self-regulation,
7. community service,
8. theory use, development, and evaluation, and

Miller et al. (1993) state that because an occupation is made up of individuals, there are varying degrees of professionalism, and each nurse needs to be encouraged to reach the highest degree of professionalism possible and be respected and recognized for this attainment. The authors go on to state that continuing education and competency contribute to improved practice, and that each professional nurse is expected to participate in performance appraisal methods that include self-regulation, self-evaluation, and reflective practice measures.

**What is Reflective Practice?**

It has been suggested that reflective practice must be accepted as an adjunct to scientific knowledge in nursing's alternative approach to professionalism (C. Davies, 1996). Reflection is the process of reviewing one's repertoire of clinical experiences and knowledge to invent novel approaches to complex clinical problems. Reflection also provides data for self-evaluation (which is necessary for high professional standards and autonomy) and increases learning from experience. Reflection occurs through a four-stage cycle which involves: (a) identifying and describing a situation or problem, (b) analyzing and evaluating your response to the event (mentally "reexperiencing" it), (c) either formulating a new or confirming an existing working hypothesis on how best to respond to future similar situations, and (d) converting that personal theory into action in response to new experiences (Cross, 1993; Saylor, 1990). The components of reflective practice have been cited frequently in past works (Dewey, 1933; Freire, 1972; Habermas, 1972; Mezirow, 1981). One of the most frequently cited references in nursing research is the work of Schön (1987) and his
description of reflective professional practice. He questions the kinds of knowledge valued in academic settings as opposed to the professional competence necessary for practice, and attempts to bridge the usual dichotomy of “hard” scientific knowledge and “soft” artistry or intuition, saying that both are essential components of professional action. Merriam and Brockett (1997) have echoed Schön’s feelings and claim that professionalism must value both kinds of knowledge.

Schön (1991) identifies two aspects of reflection: *reflection-in-action* and *reflection-on-action*. Reflection-in-action is defined as the process of the professional trying to make sense of a confusing situation by deliberately reflecting on the problem in the midst of the situation to guide further action, while reflection-on-action is reflection after the confusing situation or event. Schön believes that it is these processes that elevate the actions of the reflective practitioner above those of the technical expert. According to Schön, experience alone is not sufficient for professional practice; it is the learning that results from the experience, and this is where reflection holds its true value. Through reflection-in-action and reflection-on-action, practitioners can continuously grow both personally and professionally and develop their professional practice. Schön argues that reflective practice is an essential component of professional action—an alternative which places technical problem-solving within the broader context of reflective enquiry.

While reflection is central in many theories of experiential learning and adult learning, as well as being the subject of an influential body of literature, the question arises: How accurate is the assumption that reflection in nursing will lead to better practice and enhanced patient care? Accepted views in nursing are that reflection will
lead to better practice and to greater competence, and this assumption is supported by James and Clark (1994). Accordingly, reflective practice is necessary for effective nursing; and reflective practice will bring universal benefits. They argue that the process of reflection enhances the RN’s professional status, as he/she becomes able to verbalize individual strengths and learning needs and then develop ways to address these needs. This allows the individual to feel challenged and motivated, thereby encouraging professional growth.

Reflective Practice in Nursing

The need for a transformation in nursing has been reviewed and accepted. Contemporary nursing education socialized nurses into conformity, rigidity, and maintenance of the status quo, giving them little power to effect the necessary change (Clare, 1993; Krieger, 1991). Traditional nursing education also poorly equipped nurses to deal with the disparity between educational practices with what they saw or were forced to do in real practice (Clare). The reality is that today’s health care requires nursing practice that is constantly growing and changing. Nurses require critical thinking skills to examine their skills and practices and to enhance their professionalism. Reflection and reflective practice in nursing are emerging as tools to augment this transformation in nursing education and nursing practice.

The work of Benner (1984) has received much acclaim and been highly regarded in the nursing profession. Her work aims to provide a greater understanding of expert nursing practice. Benner states that expert nurses frequently describe their clinical judgments and decision making as being a result of “gut” feelings, a sense of uneasiness, or a feeling that things are not quite right. The expert practitioner does not
just rely on rules, guidelines, or overt behaviors in order to connect his/her understanding of the situation to an appropriate action. Rather, the expert nurse zeroes in on the problem without wasteful consideration of a large range of alternative diagnoses and solutions. Farrington (1993) argues that this “gut” feeling or intuitive grasp is part of the decision-making process that is inherent in Schön’s notion of reflective practice. Benner (1984) also maintains that practice is the center of nursing education; therefore reflection is critical if learning is to result from practice.

According to Mezirow (1991), critical reflection is essential for professionals; it is a means to integrate theory and practice. Critical reflection challenges the meaning of routines and habitual practices and questions the validity of beliefs and values that have been routinely taken for granted. Reflection is needed to facilitate continued growth in experienced professionals and prevent stagnation and thoughtless repetition of nursing care.

Jarvis (1991) states that professional practice is about meaningful conscious action in a specific field and about seeking to learn from practice and so improve it constantly, and thus become an expert. He goes on to imply that reflective practice is something more than thoughtful practice; it is that form of practice which seeks to explain many situations of professional performance so that they can become potential learning situations and so the practitioners can learn, grow, and develop in their practice.

M. Clarke (1986) states that practicing nurses who accept the need to choose nursing actions on the basis of reflection, and who accept the necessity for understanding and being able to communicate the reasons for action, are a powerful
force for the development of nursing into an increasingly more effective profession for the benefit of patients.

Many theorists have claimed that reflective practice in the RN enhances personal, and therefore professional, growth. Yet, these assumptions have not been verified or supported with research. Is the idea of reflective practice just a bandwagon that the CNO has jumped upon to provide a rationale for their QA program, or will fostering reflection in practicing RNs really result in achieving quality practice? Also, what are the implications of mandated reflective practice requirements—will this type of reflection result in increased personal and professional growth of the RN? Does a mandatory system take away from the RN's inherent motivation and hinder his/her learning? Does such a "forced" program have the effect of discouraging the self-directed nurse, and will it benefit those nurses who are not intrinsically motivated?

**Intrinsic and Extrinsic Motivation in Professional Development**

Motivation is defined as the force within the individual that influences strength or direction of behavior; it is the willingness to put effort into achieving a goal or satisfying unmet needs (Marquis & Huston, 2000). Because all people have needs and wants, people are always motivated to some extent. Yet, each person is unique and has different needs and is, therefore, motivated differently. It is important to realize that because motivation comes from within the person, it is often impossible to directly motivate staff. As state boards or licensing bodies of nursing adopt or abandon requirements for mandatory continuing education, researchers continue to study why nurses do or do not participate in available programs (Aucoin, 1998).
Intrinsic motivation originates from the individual’s perception of the relevance and value of the learning opportunity and may reflect satisfaction of an inner need for achievement (J. Miller, Bligh, Stanley, & Al Shehri, 1998). It is directly related to a person’s level of aspiration and is affected by many factors, including parents, peers, and cultural background. Research on professional development emphasizes the key role of intrinsic, or internal motivators. Factors such as self-esteem and self-actualization, cognitive interest, drive for professional and personal knowledge and improvement, professional commitment, and reflection have been identified as the forces which exercise the greatest influence upon clinical performance (Dake & Taylor, 1996; Dealy & Bass, 1995; DeSilets, 1995; Laszlo & Strettle, 1996; Urbano, Jahns, & Urbano, 1988). Thurston (1994) claims that the primary motivation of nurses to participate in continuing professional development is the desire to improve professional knowledge and skills, yet nurses have to be highly intrinsically motivated in order to meet the needs of their profession.

Findings indicate that motivation is multidimensional and is influenced by a variety of external factors. Extrinsic motivation depends on perceptions of gain in the form of rewards or the avoidance of sanctions (J. Miller et al., 1998) and is enhanced by the job, environment, or external rewards. Irwin (1996) suggests that perception of reward and external motivation are the driving factors in RNs seeking continuing education. Conversely, Laszlo and Strettle (1996) claim that the main motivation for nurses seeking continuing education is not due to an obligation to meet external legal requirements, but is related to their need to enhance professional competence and an innate need to learn and develop themselves. Kenrick (1993) argues that financial
gains, job security or promotion, status and recognition, advancement, and achievement rewards will influence the staff nurse, although the influence is not as significant as internal motivation.

Because motivation is so complex, it is difficult (if not impossible) to accurately identify individual and collective motivators. From birth, human beings are genetically predisposed to learn. As we grow and develop, we are subject to factors, both intrinsic and extrinsic, which stimulate or restrain our motivation to learn and either promote or act as a barrier to our learning. Motivational factors may be multidimensional, but increased job competence and the increasing professionalization of nursing have been identified as major motivational factors (Furze & Pearcey, 1999). Although nursing research has identified motivating and restraining factors in relation to continuing education opportunities, there is limited literature in relation to mandatory quality assurance programs. Additionally, most of the research done to date takes into account external forces, and little attention is paid to intrinsic or personal motivators.

Mandatory Continuing Education in Nursing

There are limited data available regarding the impact of a mandatory quality assurance program on the nurses’ professional development activities. However, there has been some examination done in regard to the influence of mandatory continuing education requirements in nursing, and these study conclusions may contribute to the understanding of the general effects of mandatory requirements.

Participation in continuing education is an important contributor to quality practice (Waddell, 1993). There is a wide spectrum of attitude to learning, from the highly motivated, self-directed nurses to those nonattendees who appear to possess little
motivation or find it difficult to gain the opportunity to further their professional development. One avenue which has been explored in an attempt to reach these nonattendees is mandated requirements for continuing education. This is an external motivating factor that receives much attention in the nursing profession. A basic assumption implicit in mandatory continuing education is that professionals lack motivation to voluntarily update knowledge and skills without external pressure. Thus, legal mandates are necessary to ensure that professional competencies are updated on a regular basis (Urbano et al., 1988). It is also hoped that mandatory requirements will instill the concept of lifelong learning into the nurses’ professional life plan (Thomas, 1986). Proponents of mandatory continuing education argue that the need to produce evidence for reregistration in nursing will overcome the problems of nonattendance, patchy and unplanned provision, and barriers to uptake (Furze & Pearcey, 1999; Hogston, 1995). It has also been suggested that mandatory requirements generate a large number of alternative opportunities for participation in professional development (Urbano et al., 1988). Others argue that continuing education has not been proven to have an impact on nursing practice, and mandatory requirements are unlikely to have an impact on nurses who are not motivated to learn (Furze & Pearcey, 1999).

The United States of America has had mandatory education requirements for relicensure in some states for over 20 years (Thurston, 1994). The self-regulating body in each state sets the education requirements for nurses under its jurisdiction. However, evaluating the effectiveness of the continuing education activities in promoting and maintaining competence is not a requirement in this system. Therefore,
research done on the effectiveness of such requirements has not been conclusive; results of different studies have cited varied conclusions, and these differences have only served to fuel the debate around mandatory versus voluntary continuing education. For instance, Thurston found that more nurses favored mandatory practice requirements in the states where mandatory continuing education requirements were implemented and that there had been a positive attitude shift in favor of mandatory requirements after its implementation. Aucoin (1998) found that mandatory continuing nursing education requirements affected the reasons that staff development specialists participated in learning opportunities. In contrast, other studies have found that nurses were primarily motivated to participate in continuing education by the desire to learn more and that external expectations had little influence on participation (Thomas, 1986; Urbano et al., 1988). Earlier studies also supported the conclusion that nurses are not motivated to participate in continuing education solely by external mandated requirements, but by the desire to maintain currency of knowledge and skills and improved ability for patient care (O'Connor, 1979). These studies suggest that nurses who participate in mandatory professional continuing education demonstrate the same pattern of motivational orientation as those who voluntarily participate in educational activities.

Although it will be some time before CNO's QA program can be evaluated, it will be interesting to see whether a positive attitude shift will be produced or whether there is any noticeable improvement in professional practice. It will be interesting to ascertain if mandatory practice requirements alter the percentage of nurses who are highly motivated and self-directed or if nonattendees become more involved in
professional development activities. Other themes that may emerge include the influence of the mandatory requirements on the nurse who has practiced under the system for a number of years and if, as time goes by, the participation of nurses reverts back to their original levels before mandatory requirements were implemented. As other health disciplines implement quality assurance programs, collaborative research with these disciplines may help to identify the reasons for participation common to most learners, providing a foundation for the practice of staff development (Aucoin, 1998).

Chapter Summary

Nursing continues to struggle for true professional status. Traits that often define a profession include continuing education and competency, autonomy, and self-regulation. It has been suggested that nursing quality assurance programs will address these issues. Additionally, there is a need for nurses to maintain competency through professional development activities. Reflection and reflective practice can be seen as vehicles to augment this need, and the CNO’s QA program was developed as an initiative to encourage professional development and clinical excellence through mandatory reflective practice requirements. However, because this program has been implemented fairly recently, limited research has been done.

A significant amount of research related to reflection exists in the nursing literature. Reflective practice involves analyzing a problem or confusing situation either during or after some event. These processes are believed to add to the professionalization of nursing and allow the nurse to grow, learn, and develop both personally and professionally. However, this is only an assumption, as there are gaps
in the literature on the impact of mandatory reflective practice requirements upon the staff nurses' commitment to ongoing learning and professional development.

Motivating factors can be either intrinsic (internal) or extrinsic (external). Motivation is a complex concept that affects how and why we learn. Research done to date implies that major motivational factors for nurses engaging in professional development activities are related to intrinsic factors. This may imply that mandatory regulations will not motivate all nurses to engage in ongoing learning opportunities.

The demonstrated effects of mandated continuing education requirements may either support or oppose the concept of mandatory reflective practice requirements. While the hope is that mandated programs will instill the concept of professional development into the practicing RN, research done to date has been inconclusive. Differing and often contradictory results have served only to add to the controversy surrounding mandatory versus voluntary continuing education. These varied results may also appear when evaluating the CNO's mandatory QA program.

Chapter Three outlines the qualitative research methodology used to research the perceptions and experiences of staff nurses meeting the requirements of a mandatory quality assurance program. The research design, pilot study, selection of participants, data collection, and data analysis procedures are included.
CHAPTER THREE: METHODOLOGY AND PROCEDURES

This study was undertaken to examine if a mandatory quality assurance program would increase staff nurses’ commitment to ongoing professional development. This chapter outlines the research methodology which was used, the selection of the participants and data collection techniques, as well as techniques for data analysis. Pilot study insights are presented, assumptions about, and limitations of the study are described. Included as well are the rationale for the research approach and techniques used for this study.

Research Methodology

Because the focus of this study was to explore nurses’ perceptions of the College of Nurses’ of Ontario (CNO) Quality Assurance (QA) program, a qualitative research design with a phenomenological approach was chosen for the main study. Qualitative research is a systematic, subjective approach used to describe life experiences and to understand phenomena in their natural environment; qualitative designs do not attempt to control or manipulate variables within the research setting (Humphris, 1999). Qualitative researchers aim for rich, deep, real, and valid data (Shih, 1998). The purposes of phenomenological research are to describe experiences as they are lived, to capture the “lived experience” of study participants, and to emphasize the direct study of personal experience; the phenomenological approach is essentially concerned with how an event is experienced and understood by a certain individual (Burns & Grove, 1999; Cohen & Omery, 1994; Polgar & Thomas, 2000). Thus, the chosen approach was appropriate because this process of enquiry attempts to understand naturally unfolding events within their context. Walker (1999) states that
the biggest strength of the qualitative approach is its descriptive power, and it is useful when the research question pertains to understanding a particular phenomenon or event about which little is known. The phenomenological approach asks questions such as, “What is the meaning of a particular experience to the individual living through that experience?” Because the CNO’s mandatory QA program is fairly recent, there is little research available as to its effect on a nurse’s commitment to ongoing professional development. The chosen study design would therefore be useful as a starting point to facilitate the exploration of the staff nurses’ feelings regarding the effects of this program upon their practice.

Data collection was accomplished in two stages. First, a pilot study was conducted in which a confidential survey was given to staff nurses in order to provide anecdotal observations and feelings about CNO’s QA program. This also provided a chance for respondents to volunteer to participate in the second stage of the study-semistructured interviews with open-ended questions. These semistructured interviews used questions to initiate discussion and promote comments and expressions of opinions regarding the effect of the CNO’s program on the staff nurses’ ongoing professional development. It was the comments obtained in these interviews that provided the majority of the rich data obtained.

**Pilot Study**

A pilot study was conducted prior to initiating the proposed research study. For the pilot study, a confidential survey was designed by the investigator. The format used was open-ended questions, and this was chosen in order to elicit more detailed responses about staff nurses’ feelings. Additionally, the types of answers that were
given to each question helped in the reformulating of questions for the interviews. The pilot study questions were given to 5 nursing educators for feedback to ensure face validity. Pilot study questions were modified according to their feedback (see Appendix A). The survey was distributed to all 45 registered nurses (RNs) working in one clinical setting at an acute care hospital. Twenty-two surveys (48%) were returned. As surveys were returned, those who were willing to participate in the next phase (the semistructured interview) were requested to sign their names. Participants for the next phase were selected from the volunteers because of their particular views and nursing education backgrounds. This selection method is known as purposeful sampling.

Purposeful sampling involves selecting information-rich cases for study indepth. In qualitative studies, opportunistic samples are appropriate and sampling is purposeful. Particular informants (e.g., expert nurses) can be purposely included for their relevant knowledge or experience. Random selection of subjects for representativeness should not be used for qualitative research; an appropriate sampling method must have a "good fit" with the study purpose (Forchuk & Roberts, 1993).

In addition, the pilot study was useful because it allowed for additional data and comments from other nurses, and this added to the researcher's understanding. According to Fielding and Fielding (1986), multiple methods or sources of data collection can be combined in order to collect more in-depth data covering a broader spectrum, and to help provide the basis upon which the investigator could accurately view and understand the varied dimensions of the phenomenon being studied.
Semistructured Interviews

The next phase of this study consisted of interviews and discussions with participants. Eight staff nurses were chosen and each was asked questions (see Appendix B). Interviews lasted approximately one hour in length and were audiotaped. Extensive notes were taken during the interviews to help keep track of statements needing clarification or that required more extensive probing, and to record contextual and nonverbal communication. Immediately after the interviews, audiotapes were transcribed by the investigator and hand-written notes were added to the data collected. The data were then read and reread and coded in an attempt to encapsulate the participants' meanings and significant statements, and phrases were identified and extracted. Related codes were then grouped into categories and given a name that captured the essence of the concept or theme they contained. This followed the recommendations made by McMillan and Schumacher (1997), who defined coding as the process of identifying units of meaning, clustering similar units of meaning, and grouping similar clusters to identify themes.

Selection of Participants

The setting for this study was an acute care teaching hospital of approximately 300 beds. The hospital is one of four hospitals which belong to a university-affiliated organization in southern Ontario. The hospital chosen for the site of study employed all health care professionals and support staff and was a designated teaching hospital which provided a clinical setting for students of all health care disciplines. Pilot surveys were given to all 45 staff nurses working within the Intensive Care Unit (ICU) at the chosen hospital setting. Because qualitative research is concerned with
information richness (A.M. Clarke, 1998), purposeful sampling was carried out based upon the comments obtained from the pilot surveys. In qualitative studies, a relatively small sample is studied in depth (Clarke); therefore, I chose 8 participants who stated that they were completing the required components of the CNO's quality assurance program. I elected to interview four diploma-prepared RNs and four post-diploma RNs. I selected RNs from both educational backgrounds in order to see if there appeared to be any differences between the two groups.

Data Collection and Recording

For the purpose of this study, data were collected through pilot survey results, individual interviews, and observation of participants during interviews. As semistructured interviews were conducted, dialogue was tape-recorded, and notes taken during the process reflected the verbal and nonverbal interactions that were concurrently occurring during the interviews.

Pilot surveys (see Appendix A) were given to all staff nurses directly by the researcher. The purpose of the study was briefly outlined to each nurse by the researcher using the same wording. Confidentiality and the guarantee that participation in the study was voluntary were emphasized to each nurse, and written consent was obtained from participants (see Appendix B). All pilot surveys were handed out in an envelope with the researcher's name on it, and completed surveys were to be placed in the envelope, sealed, and returned to a large manilla envelope left in the workplace with the researcher's name on it. Completed surveys were collected each day.
In the next phase of the study, interviews were conducted away from the workplace. All interviews were held in a casual manner, one on one with each participant. A.M. Clarke (1998) recommends that interviewing methods should be open, casual, and relatively unstructured as this increases the possibility of unforeseen issues and experiences being revealed. Questions (see Appendix C) were posed one at a time to each person in a quiet, uninterrupted setting. Written consent was obtained (see Appendix D) and interviews were audiotaped to allow accurate recording of data and to provide a source for later analysis. The interviews lasted approximately one hour in length, and the field notes were transcribed and coded immediately after the interview. The transcribed interviews were validated against the tape recording of the interview to ensure accuracy in the transcription. During the interviews, a description of what was observed and personal feelings of the researcher and reactions (such as participants’ unstated attitudes or feelings as evidenced by body language, voice tone, inflection, etc.) were also noted. These observation notes were also used in the data analysis process. Tesch (1990) suggests that the researcher should reflect upon the data as they are collected and record initial thoughts and feelings in the form of analytical notes, or “memos.” These personal observation memos included all high and low inference comments. Low inference descriptions were verbatim accounts of comments and literal descriptions of actions by participants (McMillan & Schumacher, 1997). High inference notes included the abstract thoughts of the researcher and comments used to identify possible themes, interpretations and questions (McMillan & Schumacher). Because these were my observations and feelings, these memos were separated from the actual interview data and were noted
in the margins of the transcribed data. They were highlighted in a different-coloured ink.

Strategies were utilized to enhance the validity of the research results. Denzin (1989) noted that study findings become more believable if a theme of mutual confirmation is developed and refined through triangulation. Triangulation refers to the use of multiple methods to measure a single construct and has been defined as the combination of two or more theories, data sources, methods, or investigators in one study of a single phenomenon (Denzin). Although the majority of the themes were construed from the semistructured interviews, comments from the pilot surveys were used as a tool for mutual confirmation of themes, that is, to find regularities in the data. Fielding and Fielding (1986) advocate the combining of multiple methods in a single study in order to add to the investigators' depth and breadth of understanding and have linked this concept to the goal of completeness. They go on to say that we should not expect multiple sources of data to confirm one another. Rather, the expectation is that each source will contribute an additional "piece to the puzzle." Multiple strategies are selected and combined because of their unique angle in addressing the research question, and not because of their counterbalancing strengths and weaknesses (Knafl & Breitmayer, 1989).

Member checking was also used during the interview process when topics were rephrased and comments were probed to obtain more complete meanings, or when participants were asked for clarification or expansion on key ideas that emerged. This method of subject verification was described by McMillan and Schumacher (1997). Another form of member checking was undertaken when the researcher’s analysis was
taken back to the participants for review and comment. Participants were asked if any modifications were required or if the analysis accurately reflected the essence of their experience. This ensured data analysis represented a reasonable account of their experience (A. Clarke, 1999).

**Data Analysis**

Porter (1996) notes that qualitative work is inductive, which means that theories and propositions are formed at the end of the research process and are generated from analysis of the data; the process is systematic but not rigid. Data analysis continues until no new insights are being generated. Parahoo (1997) says that phenomenologists collect intensive and exhaustive descriptions from interviewees. These data are scrutinized for emergent themes, with the aim of capturing the "essence" of the phenomenon studied according to specific and distinctive recurring qualities, characteristics, or concerns.

After reading all transcribed interviews and personal notes and memos, significant words and phrases were identified and extracted. These significant statements were collected and coded with key words so that they were identified easily as data analysis progressed. Similar types of data were organized into clusters or categories. The researcher then looked for links between categories, and further clustering of similar categories was performed in order to provide themes and patterns. From this analysis, major recurring themes were identified which were used to provide a full description of the phenomenon of the effect of the quality assurance program on the nurses' commitment to professional development.
Ethical Implications

This study complied with guidelines set by the Brock University Ethics Research Committee (see Appendix E). Permission to conduct the interviews was given by the Vice-President of Regional Services of the chosen organization (see Appendix F). All participants in the study were given a written letter outlining the purpose of the study (see Appendix G).

Methodological Assumptions

Regardless of the method of data analysis used, in qualitative work the researcher is the main tool through which data are collected and analyzed (A. Clarke, 1999). The researcher works closely with those under study and must therefore be alert to the impact they themselves may have upon the people they are studying (A.M. Clarke, 1998). Thus, there is the potential that personal values and beliefs have added to the risk of researcher bias, especially because the researcher in this study reflected upon the data as they were collected and recorded thoughts and feelings in the form of analytical notes or “memos.” Additionally, qualitative data collection techniques such as interview and observation have enormous potential to influence the accounts or behavior of study participants (Thompson, 1999). The risk of participants saying or doing what they think the researcher wants to hear is always going to be present, especially in this study because the researcher works in an advanced role in the same area as the participants. It was therefore imperative that all interviewees understood that their participation in the study was entirely voluntary and that their responses would remain confidential. Conducting interviews in a relaxed manner away from the work area was also done in order to address this potential problem. Clarke (A.M.,
1998) states that it is imperative that the researcher suspend personal beliefs and
analyzes the data without trying to confirm his or her own presuppositions. While this
may be impossible, triangulation of data addressed this potential for bias since
comments from the pilot surveys were added to the data collected in the interviews in
order to strengthen and add to the themes identified.

Additional strategies used to maximize the validity of findings included the search
for evidence in the literature that confirmed the explanations developed, utilization of
audiotaped interviews, undertaking of member checking, and participant review.
These strategies increased agreement between the researcher and the participants in
the generation of recurrent themes.

Limitations

Because this study involved a sample of participants who volunteered to participate
in the interview process, the findings of this study cannot be generalized beyond this
population. Furthermore, because all participants were meeting the requirements of
the QA program, the findings of this study cannot be transferred to those RNs who are
not meeting the requirements. Lastly, the operational definition of this study was
based upon the premise that each participant accurately understood the requirements
of the QA program and the processes involved.

Restatement of the Problem

In the nursing profession, documented competence is becoming essential, not
optional (Lenburg, 1999). In 1997, the regulatory body of the nursing profession
implemented a quality assurance program with the goal of promoting ongoing
competence through continuous learning. Now, almost 4 years after its
implementation, evaluation needs to be done in order to determine if RNs are fulfilling these requirements. More important, we need to determine if mandating a quality assurance program will have some effect on the professional development and growth of practicing RNs.

Chapter Summary

A qualitative research approach with a phenomenological method was used to explore nurses’ perceptions of the role of a mandatory quality assurance program on their professional development. The study consisted of a pilot survey and semistructured interviews with 8 practicing RNs. Dialogue and comments obtained yielded rich data. Themes were identified from the participant responses and analyzed to determine frequency and patterns. Insights gained have the potential for generating additional research questions and extending our knowledge of how a mandatory quality assurance program affects the practice of nurses.

Chapter Four presents the findings of the study and the key themes uncovered.
CHAPTER FOUR: FINDINGS

This chapter presents the findings derived from analysis of the transcript data and from responses given on a pilot questionnaire. The purpose of this inquiry was to explore the perceptions and lived experiences of registered nurses (RNs) in relation to the College of Nurses of Ontario’s (CNO’s) mandatory Quality Assurance (QA) program. Specifically, the study asked: Do meeting the requirements of the program have an impact upon your commitment to lifelong learning and professional development? Analysis of data yielded interactive elements that affected the nurses’ commitment to professional development, and these elements differed somewhat between the two groups of study participants.

Data collection consisted of pilot study questionnaires and interviews. In the first phase of the study, questionnaires were given to all 45 RNs working in one clinical setting. Twenty-two (48%) completed surveys were returned. Of these, 15 were from diploma-prepared RNs, and 7 were from either baccalaureate-prepared or post-diploma RNs. The purpose of the questionnaire was twofold. First, the responses given to the open-ended questions formed the basis for the interview questions. Second, the questionnaires gave respondents the opportunity to volunteer to participate in the second phase of the study.

In the second phase of the study, interviews were conducted. By reviewing the nurses who completed questionnaires, the names of the volunteers were determined. From those volunteers, purposeful sampling was done. Eight subjects were chosen and all participated in semistructured interviews; 4 were diploma-prepared RNs and 4 were post-diploma RNs. These nurses were chosen because of their responses to the
pilot study questions. All of these volunteers were participating in CNO’s QA program and expressed knowledge of and experience with the program requirements. Group A consisted of the 4 diploma-prepared RNs, and Group B was comprised of the 4 chosen post-diploma degree nurses.

The Participants: Demographic Data

Group A

Subject A1 was 36 years old, and married with two school-aged children. She had graduated from the RN diploma program at Mohawk College almost 20 years ago. Since then, she has been employed mainly in critical care areas and has been working in the chosen clinical area fulltime for the past 13 years. In her present role, she is seen as an expert among her peers. For the past year, she has been one of the “unit leaders” of the area.

Subject A2 was 45 years old, and married with one daughter who is away at university. She had graduated from Mohawk College’s diploma program over 22 years ago. Since then, she has worked in emergency departments, critical care areas, and transport units. She had been working in the chosen clinical area fulltime for 18 years. She had been one of the area’s “unit leaders” for the past 4 years, and was considered to be an expert and a resource to her peers. As this research study progressed, she left this area and began working fulltime in an outpatient clinic.

Subject A3 was 40 years old, and a single parent with two teen-aged daughters. Eleven years ago, she graduated from Mohawk College with a diploma in nursing. She has been working parttime in the critical care units of two different hospitals. She has been working parttime in this study’s clinical setting for the past 5 years and had
recently accepted a fulltime job in this unit. She continues to work parttime at a second hospital in a different city.

Subject A4 was 36 years old, married with two school-aged daughters. She had also graduated from Mohawk College 15 years ago. She has worked fulltime ever since graduating and has been employed in this clinical area for the past 14 years. She had also been one of the area’s “unit leaders” until approximately 6 months ago.

**Group B**

Subject B1 was 33 years old, married with two preschool children and expecting her third. She had originally graduated from Mohawk College 12 years ago. She began her post-diploma B.Sc.N. in 1995 and completed the program in 2000. She had worked fulltime in acute care areas since her original graduation, but had recently transferred to the Public Health Department.

Subject B2 was 39, and a single parent with two preschool children. She had also originally graduated from Mohawk College 16 years ago and returned to school in 1990 to obtain her post-diploma B.Sc.N. She completed the program in 1999. Since her original graduation, she had worked fulltime in acute care areas and then worked parttime while attending university. She had recently taken on a nurse clinician position.

Subject B3 was 40 years old, married with one school-aged son. She had graduated from Mohawk College 14 years ago and also returned to university to obtain her post-diploma B.Sc.N. She worked fulltime in the chosen setting for the past 13 years and had recently taken on a nurse clinician position in the area.
Subject B4 was 34 years old, single with no children. She had first graduated from Mohawk College 13 years ago and then from McMaster University (Mac) 5 years ago with a post-diploma B.Sc.N. She has always worked fulltime, and had also recently taken on a nurse clinician position.

Findings

This study was initially undertaken to examine whether a mandatory quality assurance program would increase the staff nurses' commitment to ongoing professional development. To determine the effects of this program, one-on-one interviews with all 8 of the chosen study volunteers were conducted and audiotaped. Immediately after the interviews data were transcribed by the investigator, who subsequently analyzed all data for common themes. In examining the data, it became apparent that all participants in both groups felt that nursing was a profession. Another common belief was that each RN was accountable and responsible for maintaining the profession's requirements and standards through ongoing development and education. However, the major theme which emerged indicated that the RN's level of commitment to professional development was shaped by certain factors. The most influential factor named was the RN's inherent level of internal motivation, and this theme emerged in all of the interviews. Additional themes did emerge, and these did vary between the two groups. It was evident that while the perceived effects of a mandatory QA program differed between diploma and degree RNs, neither group felt that the CNO's QA program was a major force in enhancing the staff nurse's personal or professional development.
Although the majority of the themes were construed from the interview data, comments from the pilot surveys were later used as a tool for mutual confirmation of themes and to add to the richness of the data. The themes which emerged from the interview data are presented first. The questionnaire responses which contribute additional data are presented second.

**Group A: Role of Internal Motivation**

Among the subjects in Group A, a person’s inherent level of internal motivation was seen to exert the most influence on the RN’s commitment to professional development and lifelong learning. The interview question that addressed this issue was: Do you attend inservices / workshops or other educational initiatives, and why or why not?

All interview participants did attend available educational offerings, and all subjects identified the need for nurses to take responsibility for their own learning and attendance at educational events. Subject A3 emphasized that she didn’t feel she had to attend inservices or educational updates, but rather she “wanted to improve and learn new things, to increase my knowledge base and keep current.” All members of Group A stated that they mainly attended workshops, courses, or educational sessions that had direct relevance to their clinical practice area. It was interesting that the offerings that were mandated by their employers were the events that these nurses did not want to attend. Subject A3 commented:

I’ve gone to the Nurse-to-Nurse conference and I really enjoyed that. And I’m planning to go to the Critical Care Conference in November. I like to go to things at my leisure and when I’m off. But I hate wasting my time coming in for things
that the hospital says are important, like WHIMS or fire safety—give me the manual and I’ll read it on my own...and how about all that Redesign stuff that we had to attend where we learned some of the RT skills? Maybe it was nice, but it sure wasn’t anything I wanted to do, and it didn’t help me to do a better job. I don’t want to waste my free time on the stuff that’s not really important to me giving good care. All that stuff takes away from the time that I could be doing something I want to do and that’s relevant to my job.

Data also indicated that the individuals who possessed an innate desire to learn were more likely to participate in educational activities that were available. These individuals were the ones who would often take advantage of opportunities offered within their work setting, but they were also the ones more likely to pursue relevant courses or workshops offered outside of their clinical environment. Subject A4 noted:

Given the opportunity, I like to learn new things...I find that fun and interesting, as opposed to keeping the status quo. I’ve always taken courses or workshops that interest me and that help me do a better job, and they’re usually on my own time. There’s never been any reason that I’ve had to take something, I just did it for myself or to help me get a better job.

Subject A2 commented:

I’ve always gone to inservices or conferences because I wanted to go. I think that’s part of being a professional—continuing education is needed, but you have to want to do it. And now that I’ve changed jobs, I want to attend even more things. I didn’t realize how unhappy I was before... I had been in the same area for so long that I didn’t want to go to anything on my days off. But now I’m learning a lot again and
I am so much happier.

In summary, internal motivators were seen to be the most influential aspect in inducing nurses to participate in professional development activities. All interviewees spoke of “wanting to attend” or “wanting to learn” or “wanting to improve my practice.” Although respondents couldn’t explain why they were internally motivated, they felt it was this innate desire to learn and grow which made them go above and beyond the minimal expectations of the nursing profession and to seek out additional learning opportunities which had relevance to their immediate work environment.

Group A: Role of Time as a Barrier to Professional Development

The data collected indicated that time limitations were a major factor in the diploma-prepared RNs’ quest for professional enhancement. Data collection was prompted by the following interview question: Were there any barriers or problems you encountered in meeting the requirements of the QA program?

All respondents commented that ongoing educational opportunities were not mandatory for their present job. Yet, all respondents wanted to attend some form of educational sessions and would like even more opportunities available to them. However, they all stated that the main barrier to participating in professional development activities was time. All respondents in Group A worked fulltime and didn’t want to attend educational events on their days off, especially because of family commitments. Subject A3 reflected:

I’ve always gone to inservices or workshops. I used to do a lot more, and I wish I
could do more now, but time's a factor when you work fulltime, do shifts, and have
two kids. So, I basically can only do things when they don't conflict with my life or
my children's busy lives.

The perceived lack of time and its effect on participating in professional development
activities is perhaps best summarized by Subject A4:

There's all kinds of barriers to meeting the requirements, especially when you have
to do it by a certain time. You're so busy and they just keep putting more and more
workload in our job that something else becomes a huge nuisance. We're too busy
at work to attend anything, and they certainly don't replace you so that you can get
to anything anyways. And then you've got your life outside of work...your family
is constantly needing something, or one of the kids needs you to drive them
somewhere, and by the time they get to bed, you're too tired to sit down and study
or write a paper, or whatever. So, how can you be expected to do all this extra
stuff, and take more courses, or whatever. Plus, the hospital should have some sort
of responsibility to offer more courses or inservices, but there seems to be less
offered now.

Related to this cited lack of time was the recurring theme that meeting the
requirements of the CNO's mandatory QA program was too time consuming. Subject
A1 said:

I think working in a critical care setting should be enough. I mean, things change
constantly and we always have to learn new things, new ways of doing things, or
even just new technology. So that should count for something and we shouldn't
have to go to all the trouble of having to prove it.
When asked if meeting the requirements of the program would lead to any change in their professional development or practice, all of the participants in Group A indicated that the QA program would not positively impact upon their professional development. As Subject A2 said:

No...the program doesn't help me or motivate me at all. It just takes a lot of time and I resent having to waste my time putting things on paper just because I have to. How does this help me do a better job?

In summary, this group saw the QA program as a time-intensive activity that did not influence their commitment to professional development or lead to the improvement of their clinical practice.

**Group A: Role of External Motivators**

**Influence of Management**

During the data analysis process, an unexpected theme emerged, namely the importance that these nurses placed on external motivation. However, the motivator needed to have some type of punitive element involved. The most common and effective factor that was cited as being effective was external motivation in the form of a manager's responsibility to evaluate the RN's clinical practice and identify areas for needed improvement. The interview question that addressed this area was: Are there any tools or methods you would prefer to use (instead of the requirements of the QA program)?

In the past, nurse managers were responsible for yearly performance appraisals with every staff member. Due to restructuring and flattening of management levels in the studied hospital, formal performance appraisals hadn’t been done for the past 5
years in this particular clinical area. However, all respondents in Group A felt that this method had been extremely effective in increasing staff’s participation in professional development activities and ongoing learning opportunities. Subject A1 captured this common belief:

This whole quality assurance program is not necessary. The onus should be on managers to do performance reviews every year, and if your performance is falling short, they should take action.

Subject A2 revealed a similar thought:

What worked better was when nurse managers actually sat down with employees and evaluated them on their job performance. Then, you identified areas of weakness together and you had to set goals to meet these needs. And if you didn’t meet these needs....well, I don’t really know what happened because I just did it. I guess I was always too scared not to meet my goals, and I think everyone else felt that too. I mean, you used to be afraid of the head nurse, so you just did what she told you. I think this was effective and in part more rewarding for the RN.

It was interesting to note that all respondents in Group A felt that external motivators would increase a nurse’s professional growth and lead to enhanced clinical practice. However, the participants all mentioned the need for there to be some sort of threat or punishment attached to the external motivator.

**Influence of the College of Nurses’ Quality Assurance Program**

Although all members in Group A believed that nurses were professionals, they didn’t feel that encouraging RNs to identify their own learning needs would lead to their own personal or professional growth. The data also indicated that this group felt
that external motivation in the form of a mandatory QA program was not an effective motivator. The individuals in Group A felt that there was no threat to job security if they didn’t meet the QA requirements. Because of this, they didn’t make a dedicated effort to meet the requirements. This became evident with the answers given to the interview question: Do you feel prepared if you are audited by the CNO? As Subject A1 said:

I have enough done to pull something together if I get audited. I’m not too worried...what are they going to do?

Not one of the participants in this group cited any change in their personal practice or participation in any educational activities because of this program. The interview question that addressed this issue was: Do you feel that meeting the QA requirements has benefited or changed your practice or contributed to your personal and/or professional growth?

The respondents all felt that the CNO’s QA program was mainly designed to target “bad” nurses, or those with poor performance standards. Subject A4 noted:

Maybe this program is valuable in some way, but does it make me a better nurse?

No, because I don’t think I’m a “bad” nurse. I mean, there’s always room for improvement, but making me write it down doesn’t help me personally.

When discussing the benefits of reflective practice, all respondents felt that reflection did play a positive role in their practice, but they did not believe that formalizing the process would influence their professional development activities. Subject A1 commented:

I think the whole quality assurance program is just a paper exercise. Just because
you put something on paper, doesn’t mean you do a better job. The bottom line is that it’s just your way of doing it. Knowledge and practice are two different things. There are good “book” people that lack skill, but they sure know how to write up a learning plan or a reflective journal. But they still lack the skills. We’ve got lots of them, and this program won’t change that. It would be nice to “weed out” the nurses who aren’t living up to the College’s standards, but this program isn’t the answer. What you need is for the managers to be able to do proper and accurate evaluations at work.

Participants in Group A felt that CNO’s QA program was fraught with barriers. Specific problematic features noted were:

- Difficulty was experienced with finding a nurse to complete the peer review component: “I asked two different people to do it for me, but they never returned it” (Int. A1).

- Giving constructive criticism was difficult for many nurses, as most were never formally taught this skill (Int. A2, A4).

- Various presenters from the CNO did the initial education sessions when the QA program was initially being implemented, and many of the respondents felt that the sessions were confusing: “I never had a clue what to do” (Int.A2). Subject A3 claimed that the process “is long and complicated and wasn’t explained to me very well.”

- Learning plans were seen as ineffective tools for setting goals and following through: “You can write one up, but that doesn’t mean you’re doing it. I just think about what I’ve done in the past year, and then I make one up in hindsight, just so that I can check that box off on my yearly registration” (Int.A3).
In summary, this group did not believe that formalizing a learning plan or participating in self-assessments or peer assessments would lead to professional growth. Subject A1 felt that although reflective practice was important, “writing it down is just a university thing anyways.” None of the respondents believed that mandating reflective practice requirements led to any type of personal or professional growth, nor did they believe it enhanced their clinical practice in any way. Instead, they spoke of the need for management to identify an individual’s areas of weakness and to then address these needs. All interviewees said that external motivation in the form of mandatory relicensure requirements was ineffective, and that they only fulfilled the CNO’s QA requirements because they were mandatory.

**Group B: Role of Internal Motivation**

Similar to the diploma nurses, the impact of an individual’s level of internal motivation appeared as a recurring theme in the data collected from the degree nurse group. Just as with the members of Group A, the interview question that prompted this issue was: Do you attend inservices / workshops or other educational initiatives, and why or why not?

All participants in Group B stressed the need for individual nurses to want to take responsibility for their own professional development. Through analysis of data, it became apparent that internally motivated individuals had some sort of innate desire to learn, and they were most likely to take advantage of educational opportunities both in and out of the clinical setting. Subject B1 commented:

I couldn’t really tell you why I’ve continually updated myself, but that’s just the way I’ve always been. Ever since I graduated, I’ve gone to workshops or sessions
regularly. I also took two certification courses at Mohawk. Even though I believe that nursing has become more specialized and you have to be more qualified now, I think you first have to want to continually update. I mean, there’s no real threat...you’re certainly not going to lose your job or get a cut in pay. So, you have to want it within yourself. I mean, even if you go back to school to get your degree, you only get an extra 9 cents an hour, so you have to really want to make that commitment. And I really couldn’t tell you what actually motivates nurses to learn, not even after all these years.

Internal motivation was seen as a crucial aspect in fostering professional development activities, and yet no one was able to explain why that innate desire was a part of them. However, all respondents felt that the nurses needed to have this personal commitment before professional development could occur. Subject B4 summarized:

If we really want to promote our profession, we need nurses who are continually interested in improving themselves and the profession. This has to be apparent in their constant search to improve themselves within their group, by their continuous learning and questioning and trying to be creative in their learning.

Although all participants in both Groups A and B felt that internal motivation was the strongest factor influencing a nurse’s professional growth, a difference did emerge in the post-diploma RNs. In this group, participants wanted to learn not only the things that were relevant to their day-to-day practice, but they also strived to attend events that would help them to grow personally. Subject B4 stated:

I tend to go to as many things as I can, and not just the ones that have content directly related to my area. I believe that while the essence of the topic might
not be to your area of expertise, there’s always some kernel of wisdom you can get from other disciplines that you can apply to your area. That in itself improves the quality of work and the care you provide.

Sessions that were mandated by their employers were well attended by the members of Group B, even if the content wasn’t seen as a priority for these individuals. Subject B3 said:

Sometimes the E & D department makes us all go to workshops that sound so stupid at first, but then I go and enjoy it and realize how much I really don’t know. And I can always take something back to my area and use it somehow. It really expands my horizons, because it’s usually some course I would have never dreamed of going to.

The innate desire to continuously learn and improve oneself both personally and professionally was viewed as the main criterion in prompting nurses to go beyond minimal standards and expectations and to strive for continuous knowledge and growth. Like their counterparts in Group A, the degree nurses possessed a desire to attend educational events that had direct relevance to their clinical areas. However, the members of Group B also all felt that it was imperative to search out opportunities to attend offerings that didn’t always have direct application to their work environment, but which would help them to expand and grow personally.

**Group B: Role of the Environment**

In Group B, certain themes related to environmental influences became evident through the data analysis process. Data collection was prompted by the following interview question: Are there any barriers to meeting the requirements of the QA
program? Data collected indicated that a nurse’s commitment to professional development was largely affected by the environment. Within this theme, two subthemes became apparent: the role of the work (clinical) environment, and the role of the health care (external) environment.

Role of the Work (Clinical) Environment

The individual’s work environment was cited as being extremely influential to the nurse’s commitment to ongoing learning. Within each RN’s clinical setting, three elements were seen to affect the RN’s quest for professional development. The first element that could bias an RN’s path to professional development was the attitude of other nurses. Subject B2 reflected:

When I first started going back to school to get my degree, there were only two of us doing it. And lots of people in the unit would ask me why was I wasting my time. I remember someone even saying to me that she would never get her degree because it was more important to her to spend time with her kids. Or people would say, “It’s easy for you because you don’t have kids.” So, I heard over and over what a waste of my time it was, and how pointless it was to get my degree since I wouldn’t make more money anyways. I used to have to make excuses for going back to school, like, “Well, I want to get into teaching, so I need my degree.” Now, why did I have to rationalize what I was doing? Just because I was almost embarrassed to be working on my degree. And no one ever really gave me encouragement, or said what a good thing it was I was doing. There was no support at all from my peers. And I was working full-time shifts, and the manager would never change my schedule for me, so I had to always make switches or take
vacation time. I would even stay up after night shift to go to class. Once, someone came in an hour early for me so that I could make it to a night class, and then she made me feel guilty about it for the next year! So, no one at work made it any easier for me...in fact, people made it harder.

The second element in the work environment that could influence a person’s level of commitment to professional development was the “culture” of the environment.

Subject B4 noted:

The philosophy that’s created in one unit can really support or deter the nurse from becoming the driver of health care. Where I work, there are two separate units who look after very similar patients, but the philosophy on each unit is very different. In one of the units, the report is physician led, the discussions are physician led, the care is very much still physician driven, and the nurses don’t get much input. On the second unit, the physicians listen to what the nurses say, and the care is much more nursing focused. Control is very much handed back to the nurse...everything is a dialogue, not a physician monologue. I think being a profession means being equal partners in care on equal footing with the doctors, and I think that because this has been fostered over time and the nurses have been encouraged, they are more likely to try to improve themselves. On that unit, 20 of the 25 nurses have their oncology certification. On the first unit, only 2 of the 48 nurses have their oncology nursing certification. The nurses on the second unit will come in for inservices, even on their days off, or they’ll come in for staff meetings, or ask me for articles about new technologies or procedures. On the other side, it’s more of an attitude of, “I’ll sit back when it’s convenient for me, and you can teach me.”
There isn’t that sense of that thirst for knowledge or the constant search to improve themselves within their group.

Working within a hospital setting was described as being the third element of the clinical environment that influenced whether a nurse would attempt to move beyond minimal professional expectations. Subject B3 commented:

I think our being in a union has often affected nursing and we have turned kind of “job” mentality instead of “career” or “profession” mentality. Meaning, in a profession, the borders of time sort of disappear in terms of 9 to 5, or a shift... you go in and work for the benefit of the career and there’s a whole sense of your career, your training, your education, and the workers supporting each other... a sense of continuous learning and seeking out opportunities to better yourself.

Unfortunately in nursing, because of the union, we focus on the shift, the breaks, not working overtime or doing tasks that aren’t in our job description. Just being in a hospital setting even takes some control away from us because you have to rely on so many other people for your bit to come together... a lot of control is taken away from you, and when you lose that control, I think you stop caring about the profession—it just becomes a job, a way to pay the bills. But I think that if you work in a clinic, or in research or education, you have more control over yourself and what you do, so you want to go above and beyond the basics.

In summary, depending on where an individual was employed, the clinical environment could have either very positive or very negative effects on professional development. Indeed, it became apparent that there were often oppressors and barriers inherent within the work environment, especially in the hospital setting.
Role of the Health Care (External) Environment

The major role played by the external environment in swaying the nurse’s commitment to professional development became apparent during the data analysis process. The changing health care environment was seen to play a major part in influencing ongoing education in the nurse. At the time of the study, there was a shortage of nurses, especially critical care trained nurses. This was seen to be detrimental to promoting the professional development of many nurses. Subject B2 stated:

I remember about 8 or 9 years ago, there were layoffs and bumping going on. Everyone was worried about losing their job, so all of a sudden nurses were taking courses or applying to Mac, or taking the critical care course, just to make their job safer. But nowadays, there’s such a shortage that you could basically walk into any hospital and get a job on the spot, especially if you have critical care experience. I remember when I started in critical care, you had to have a few years experience on a surgical floor and preferably have taken the critical care course. But now, we’re hiring new grads right out of nursing school because we’re so desperate for staff. So, where’s the incentive to go back to school or take any extra courses? There’s really no threat to your job, and you aren’t going to get paid more as a staff nurse, so why bother?

Even mandatory requirements of the workplace did not seem to offset the influence of the present health care environment. Subject B4 commented:

Right now, we can’t even get staff to come to mandatory things or sessions that they will get paid for. People just don’t want to come in on their days off. I think
one of the problems is that there's no built-in system of checks and balances. I think most people need to know there's some consequence to not meeting the requirements of the area, but there's not. They're not going to revoke your license or make you go back to nursing school, and there's no way the hospital is going to fire you, so what are they going to do?

It is interesting that because of the nursing shortage, the CNO's mandatory requirements were not seen to exert much influence on the nurse's commitment to professional development activities. One of the respondents pointed out that because there was no threat to job security at the present time, there was no punitive element to the reflective practice requirements, "so there's no real reason for nurses to do it" (Int.B3).

An interesting finding of this study was that the present external environment played a part in obstructing the professional development activities of the staff nurse. The participants in the post-diploma B.Sc.N. group believed that because there was no threat to job security, even mandatory hospital or unit-based educational sessions were no longer well attended by staff nurses.

**Group B: A Sense of Professionalism**

Among the post-diploma nurses, professionalism emerged as an element essential for a nurse's pursuit of ongoing learning opportunities. The questions that prompted this issue were: Is nursing a profession? Has this changed since you began practicing nursing? Does CNO's QA program fit into your definition of a "professional?"

All of the post-diploma nurses felt that nursing was considered to be more of a profession than it had been in the past. They looked at this as a positive step for
nursing and equated it with more prestige and respect, and felt that nurses were now “more specialized and more recognized” (Int. B1). Conversely, all members of Group A felt that nursing had always been a profession, and this had not changed. Many of them felt that the only difference was that there were now more responsibilities and requirements on the nurse. Group A interviewees looked on this as having a negative impact on their workload and felt that expectations placed on nurses were too high.

In these degree RNs, having a sense of heightened professionalism was seen as being influential in promoting participation in lifelong learning activities. Within this concept, the themes of continuing education, clinical practice expertise, and professional accountability emerged. Subject B1 described the responsibilities associated with being a professional:

I think that being a nurse means you have legal, ethical, and moral obligations to serve the public and be accountable for your actions. You have to accept that your behaviors and actions can be evaluated by others because you have to answer to a regulating body, a professional organization. And that’s a big responsibility. You can’t just be the same nurse you were when you graduated—it’s your obligation to continually update yourself. And I think it’s great that you’ll need a degree soon. I think there’s more demand for degree nurses because of the specialized knowledge, and that helps the profession become more recognized. You’re not just the doctor’s helper anymore, so you have to keep up with the current changes, not just in your area, but in the health care environment at large.

All of the comments made by this group reinforced the common belief that being
a member of the nursing profession meant keeping current and functioning above the minimum expectations of the College. Nurses were seen as being accountable to patients, to the public, and to the College of Nurses. This accountability meant the nurse had to be committed to continuing education which, in turn, would lead to increased clinical competence. Subject B3 noted:

I don’t think there’s a nurse out there who goes to work and deliberately tries to do a bad job. I think we all want to be seen as a professional bunch, and ongoing education is one way to achieve this. If you want to continue to grow and learn as a professional, you have to commit to ongoing education—they go hand in hand.

A subtheme that emerged when discussing the concept of professionalism was that there were apparent gaps in college nursing diploma programs. Participants from Group B recognized that the emphasis in the diploma program was on practical, hands-on material, with evaluation consisting primarily of written (usually multiple-choice) tests. The diploma program was seen as very limited in teaching students the variety of options open to nurses. In reflecting on her career, Subject B3 said:

When I first started taking courses, I realized how much I didn’t know. I think that’s a weakness of the diploma programs—they really don’t emphasize continuing learning or reflective practice. The emphasis is on tasks, so you only focus on the here and now. Once I went back for my degree, I learned so much more about nursing as a profession, not just about the hands-on patient care. I didn’t even know the difference between the CNO and ONA when I graduated from Mohawk—I thought they were one and the same.
Comments from all of the respondents in Group B implied that obtaining a degree in nursing had enhanced their professionalism and had further increased their desire for professional development. A common idea was that being a professional meant that the quest for continuing education was continuous and there was never a point where the nurse was “finished” with learning. Subject B1 said:

Nursing has changed. It’s more specialized now...you have to know more, be more qualified, and have more credentials. It never ends, and it shouldn’t, because health care isn’t a constant. There’s always something new and different. You can’t fight the changes all the time, and being a professional means you have to keep up with the changes.

Group B: Role of External Motivators

College of Nurses of Ontario’s Quality Assurance Program

Data analysis revealed that the participants in Group B felt that external motivation in the form of the College of Nurses of Ontario’s mandatory QA program had improved their personal care and clinical practice by having a positive effect on their professional development. The interview question that addressed this issue was: Do you feel meeting the QA requirements has benefited or changed your practice?

The tools of the program were seen as effective in facilitating the identification of areas they are responsible for as professionals and of which they were previously unaware. Subject B3 noted:

It surprised me how effective the program is...you have to be open to these things. It definitely increases my professional growth and knowledge because setting goals almost forces me to learn. And meeting the requirements makes me realize how
valuable ongoing education is. I think the best thing is the LEARN acronym, because it makes you look back and see how you can improve in something. I’ve done journaling in the past, but until you formalize the self-assessment part and the learning plan, you don’t realize how powerful a learning tool it really is...it really motivates me to learn because I realize how little I do know.

These feelings were common among the degree nurses. Subject B1 noted:

I think what the program does is it makes you look back and you see how you can improve some situation. At first, I thought the program was stupid, but then I tried it and realized that it was just like a blueprint...it’s so good...you answer the questions and then set concrete goals. Now I use it all the time. In my job, I have to always look at the programs I develop and look at the effectiveness of them. So I basically use the CNO guidelines every day anyways.

Although this group did feel that the QA program served as an external motivator for themselves, they did not seem to feel it was enough of a motivator for the majority of their peers. As Subject B4 said:

I think it’s just seen as one more hassle, and I don’t think most people take it seriously. Sure, they say you could get audited, but so what? If they tell you you’re going to get audited, you get some notice. So, those folks who are told that they were being audited could take that preparatory time period to read a book, watch a video, or whatever, and say that’s what they did...whatever the elements that they select for auditing, they would do it in that preparatory time period.

Likewise, subject B2 stated:

I had to do reflective journaling in my last two clinical practices at Mac, and now I
find that I keep doing it, maybe not regularly, but I still do it. And I find I bring it into my practice now. I think it’s great that the program has made us formalize our continuing education, but it would be better if it was more enforced. I mean, instead of random auditing, they should do more and see how people are doing. I hate to say that there needs to be more of a threat, but everyone knows there’s no real punishment if they don’t do it. So I think that even though it’s valuable, most people aren’t doing it properly because they know that even if they are going to be audited, you get a few weeks notice, so they’ll just use that time to throw something together. And that’s too bad, because I think if nurses would just try to meet the objectives of the program, they’d see how much it could affect their learning and improve their practice. But like I say, there’s no real threat, so why should most people bother? And I know another thing is that a lot of diploma nurses never learned about reflective practice in school—they think it’s university based so they immediately label the whole program as being useless. At least that’s what I’ve seen in our unit.

Additionally, the interviewees all felt that there remained barriers to the staff nurse completing the program requirements. Specific problematic features were seen as:

- The reliability of the peer review process was unknown: “I question its validity. Simply because the person gets to choose the reviewer, so you’re going to ask people you know, who like you, and who you have good rapport with. And then you’re going to give them a good review” (Int. B4).
• There remained ongoing confusion about the program requirements: “The presentations by CNO at work were not clear...I’m sure most people still aren’t even sure what reflective practice is” (Int.B3).

• There was a perceived lack of ongoing support by the CNO: “We heard so much about this program before it was implemented, and they blitzed us with education sessions, but that was a few years back. Now, you don’t really hear all that much...no updates, and there certainly haven’t been any more sessions at work. So what happens to all the new grads, or to those nurses who didn’t get to the first sessions, or to those of us who just forget what is required of us?” (Int.B4).

• There has been a noticeable lack of evaluation of the project: “I’d like to see if the CNO has looked at the effectiveness of the project...they talk about the importance of nurses evaluating their learning, but I certainly haven’t seen anything in the Communique or heard anything about how the project is doing, or if it is making a difference to practice, or patient care, or anything else” (Int.B1).

In summary, the members of Group B all felt that the CNO’s program was valuable and had influenced their personal professional development activities. However, there were barriers within the program. Thus, it was felt that the program was not a strong enough external motivator to incite the entire nursing profession to participate in ongoing development activities.

Questionnaire Data

Once the data from the interviews were analyzed and themes were uncovered, the pilot questionnaires were reexamined. These questionnaires addressed the issues of why nurses were or were not participating in the CNO’s QA program. Because this
[Content of the page in plain text format]

[Paragraphs of text]

[Further paragraphs]

[Continued text]

[Final paragraphs]

[End of the page]
program acts as a tool to facilitate the professional development of nurses, an assumption was made that there would be a relationship between why nurses voluntarily take part in professional development activities and why they do or don’t participate in the mandated requirements of the CNO.

Of those who were taking part in the mandatory QA program, the responses to the questions asked on these pilot surveys supported many of the themes which emerged from the interviews. Many of the reasons that respondents gave as to why they did or didn’t participate in the QA program were the same as those given by the interview participants.

Of the 22 surveys returned, 15 were from diploma-prepared RNs, with 4 of these nurses claiming that they weren’t participating in the program. Of those nurses who were taking part in the program, not one claimed to enjoy meeting the QA requirements and no one believed that the process enhanced their practice. Rather, reasons for participation in the QA program were given as, “because it’s mandatory,” “I have to,” and “I don’t like it...I do it because I have to.” None of the respondents spoke of an element of internal motivation or desire to participate in the program. Only one respondent claimed to be completing the requirements because, “It’s my professional responsibility.” One respondent even wanted to “get rid of the program and replace it with nothing.”

When asked what they would prefer to do to meet their professional development needs, the requirement for a powerful external motivator again became apparent. More than half of the respondents made reference to some sort of “regular, formal
evaluation process like the nurse managers used to do.” This was a sentiment echoed by the interview participants.

Similar to the interview data, the role of time was cited frequently as a barrier to completing the program requirements. Responses indicated that the program was “more work,” “took too much time,” and required “too much paperwork.” One respondent said the process was, “too long and complicated,” and another didn’t like “taking the time to do it.”

It was interesting that among the diploma nurses interviewed, the mandatory program was seen as an ineffective tool for promoting professional development. Rather, it was perceived as being a way for the CNO to monitor the performance of nurses. This theme was also apparent in the data collected from pilot surveys. Respondents said the program made them feel like “the CNO is looking over my shoulder,” and that it “feels like punishment.” Another commented that “the whole process makes me feel dictated or ordered to.”

Survey responses also suggested that the program was full of barriers, especially in relation to the peer review process. A response on the pilot questionnaire declared, “It has taken me a long time to get my peer review completed and returned.” Other survey remarks were, “I’m uncomfortable with completing the peer review and most other people aren’t comfortable with it either,” “there’s a lack of familiarity with the process,” and, “it’s easily manipulated…I would only request evaluation from someone who would give me a good review.”

In summary, questionnaires returned by diploma-prepared nurses did not indicate that these nurses were taking part in the QA program as a means of enhancing their
professional development or clinical practice. Rather, comments suggested that the process was "forced on staff" and was "too much work." All respondents met the program requirements only because "I have to."

Of the 7 degree nurse survey respondents, all claimed that they were meeting the CNO's QA requirements. Pilot surveys returned by these nurses also addressed why they were participating in the program. Again, the reasons given were similar to the reasons that interviewees gave for participating in professional development activities, and the role of internal motivation again became apparent. One of the responses was that "those who enjoy participating in the QA program are most likely the ones who are already doing stuff...they already have the desire to improve themselves."

Overall, questionnaire responses which commented on the influence of the work environment were similar to the themes which emerged from the interview data. Responses such as "I feel like my peers don’t take it seriously" supported the feeling that the work environment could be a negative influence on the drive for professional development. Another person commented that, "I think I’m the only one in my area actually doing it. Sometimes I wonder why I bother."

Responses to questions on the surveys reinforced the concept of professionalism. Degree nurses stated that there was a "professional responsibility" to meet the requirements. The program was seen as "a great tool for professional growth" and a "guideline for self-improvement." Respondents said it was "rewarding to read about the gains I have made...it provides me with positive reinforcement." Respondents to the pilot survey often cited the fact that nurses were self-regulating and had to be accountable for maintaining certain standards. One participant stated, "I like the fact
that as a nurse I am given the freedom to decide myself what it is I want to learn about professionally...no one dictates that I have to attend certain things or go to specific workshops. I get to pick and choose what I think is relevant to my area or my personal learning needs.”

Likewise, the questionnaire responses and the interview responses on the role of external motivation were similar. One survey respondent claimed, “The threat of auditing might make a nurse more likely to search out continuing education opportunities.” Another commented, “Well, I don’t think the program will motivate everyone to do something, but it might be enough of a stimulus to affect even a few people that wouldn’t otherwise do anything.” Yet others wrote, “The premise is good, but it needs to be enforced,” or “The concepts are good, but they need to be continually enforced. The whole push on the program has really decreased, and I think they need to constantly promote and enforce it, or people just stop thinking it’s important.”

Again, responses in the two sets of data were similar in respect to the barriers of the QA program. Most degree nurse respondents said the peer review component was “not valid...staff just choose their friends to do their reviews.” The response to the survey question, “What do you like least about the QA program?” was, in most cases, “obtaining peer review,” “writing peer review,” or “having to fill out the peer review stuff.” This concern was reiterated by the response, “it’s not an objective process and can be manipulated to suit the person being evaluated. I’d be interested in knowing if anyone evaluated has ever received constructive criticism from one of their peers!!”

The difficulties inherent in college nursing programs were also mentioned. One person
wrote, "the concepts of the QA program are great, but they need to be taught more in the school curriculums, especially in the college programs."

**Chapter Summary**

In reviewing the themes that emerged from the data, a summary description of the elements that impacted upon the staff nurse's commitment to lifelong learning and professional development emerged. These interactive elements differed somewhat between the diploma and degree RNs. Essential themes and subthemes are depicted as concept maps and are presented in Figures 1 and 2.

Recurrent themes appeared in the interviews conducted with the diploma-prepared RNs. These themes were supported by written responses to a pilot questionnaire. Among these nurses, the elements that influenced the RNs' professional development included intersecting elements of internal motivation, time, and the need for a powerful external motivator, namely the obligation of management to conduct formal performance appraisals. Although these nurses all believed that reflective practice positively influenced their practice, they did not feel that mandating reflective practice requirements would lead to their increased participation in professional development activities or ongoing learning opportunities. Instead, they saw the CNO's QA program as the College's attempt to monitor "bad" nurses. Most of the diploma-prepared interviewees and questionnaire respondents believed that the tools of the program were full of barriers and didn't sway their personal quest for personal and professional growth.
**Figure 1.** Elements affecting the professional development activities of the nurse as reported by diploma-prepared RNs.
Figure 2. Elements affecting the professional development activities of the nurse as reported by baccalaureate-prepared RNs.
In the post-diploma nurses, the expressed common elements affecting professional development which emerged in one-on-one interviews were clustered into major themes. These themes were internal motivation, the work and health care environment, professionalism, and the need for external enforcement or motivation, such as mandatory relicensure requirements. Data from the returned pilot surveys supported these issues. In contrast to the diploma-prepared RNs, this group believed that the CNO’s QA program served as an external motivator for themselves and acted as a blueprint in identifying their personal learning needs and encouraging them to participate in various professional development activities. However, the commonly expressed view was that although the program encouraged their personal involvement in ongoing learning opportunities, it was not an effective motivator for most members of the nursing profession.

The following chapter provides the final conclusions of this qualitative inquiry. Included are a summary of the study methodology, a discussion of the findings, and the implications for practice, theory, and further research.
...
CHAPTER FIVE: SUMMARY, DISCUSSION, IMPLICATIONS, AND CONCLUSIONS

This chapter presents the insights and recommendations of this study. The summary outlines the objectives of the work, the data collection methods and analysis, and the results of the study. This is followed by an elaboration of the basic findings, along with the conclusions obtained from the analysis of the data. Comparisons to the literature are discussed, and then practical suggestions and implications for practice, theory, and further research are presented.

Summary of the Study

This study was undertaken to explore the effects of the College of Nurses of Ontario’s (CNO’s) mandatory Quality Assurance (QA) program. Because the aim of the program is to act as a tool to encourage the professional development of nurses, it was believed that examining why the nurse participates in ongoing education would help clarify the impact of the QA program. Specifically, the aim was to explore the effects of meeting the requirements of the program upon the registered nurses’ (RNs) commitment to lifelong learning and professional development.

A review of related health care literature provided theory regarding the background of QA programs and some of the related elements that contribute to the nurse’s commitment to ongoing learning and development. The concepts included in this review were professionalism, reflective practice, intrinsic and extrinsic motivation, and mandatory continuing education.

For this inquiry, data collection took place in two stages. This study began with a pilot questionnaire sent to all RNs working within one clinical setting. The purpose of
this questionnaire was to provide anecdotal observations and feelings about the QA program. This questionnaire also provided a chance for respondents to volunteer to participate in the second stage of the study—semistructured interviews with open-ended questions. Purposeful sampling was undertaken in order to select information-rich cases for in-depth study.

Eight RNs were chosen for the second stage—one-on-one interviews which explored reasons why the subjects participated in professional development activities. Interview participants included 4 diploma-prepared RNs, and 4 post-diploma nurses. Choosing RNs with varied educational backgrounds was done in order to see if there were any notable differences between the two groups.

Inductive data analysis was utilized for interview data. Direct statements from the interview participants were coded according to trends and patterns and were scrutinized for significant words and phrases. From this, major recurrent themes and patterns of meaning were identified. Direct quotations from the interview participants were collected and used to increase the reliability of the extracted themes. In order to enhance the validity of these emergent themes, triangulation of data was addressed. Comments from the pilot surveys were used as a tool for mutual confirmation of themes. Because the CNO's mandatory QA program is designed to be used as a tool for professional development, it was hoped that analyzing the reasons for participating in this mandatory program would help to define some of the reasons why nurses voluntarily participated in professional development activities. Again, responses from the questionnaires were used to find regularities in the data and to add to the depth of the understanding.
Although all nurse participants claimed to be involved in ongoing educational events, results of this study demonstrated that the CNO's QA program had varying effects on their personal learning paths, and these differences were dependent upon the educational background of the individual. While none of the diploma-prepared nurses felt that CNO's mandatory requirements positively altered their commitment to lifelong learning, the entire degree nurse group felt that the requirements provided effective tools to enable them to identify their personal learning needs and encourage them to participate in professional development activities. This second group felt that the mandatory requirements could possibly help to motivate those nurses who were not presently participating in professional development activities.

Instead of being dependent upon mandatory requirements, the diploma-prepared nurses depicted their commitment to professional development activities as being mainly influenced by three elements. These were the RN's level of internal motivation, the role of time, and the need for a strong external motivator, namely the perceived obligation of management to conduct formal performance appraisals. In the post-diploma RNs, the QA program played a slightly bigger part in affecting their path to professional development. In this group, the common elements affecting professional development were described as internal motivation, the work and health care environment, professionalism, and the need for external enforcement such as that provided by CNO's QA program.

Discussion

Many of the findings in this study support the literature on internal and external motivation, the role of time, professionalism, reflection, and the role of mandatory
requirements in the nursing profession. However, there were some surprises found in the conclusions of this study. While it was hoped that the study would address the impact of the CNO's QA program upon the professional development of nurses, it became apparent that there were differing views as to the influence this program was having on the RN's ongoing education and clinical practice. Although all interview and questionnaire respondents claimed that professional development was an essential part of nursing, the mandatory requirements of the CNO were not seen to foster a sense of professional development in the majority of the diploma nurses.

In examining the interview data, it became evident that all subjects did participate in ongoing education activities. Although both diploma and degree nurses commented on the importance of internal motivation, an unexpected pattern did emerge. The diploma nurses were more likely to participate in educational offerings that had direct clinical relevance, whereas the degree nurses sought out and attended varied opportunities that didn't always have application to their immediate work environment but which would help them grow personally.

In this study, the element most essential in influencing professional development was an innate desire to learn and develop. One nurse stated, "I want to learn new things that will improve my patient care and help me to do a better job." All study participants, regardless of their educational background, uttered similar statements. This internal trait has been identified in the literature as a powerful motivator. For example, both McCrea (1998) and Thurston (1994) recognized that the desire to improve or expand professional knowledge and skills is the primary motivation of nurses to participate in continuing professional development.
The influence of external motivators also became evident in this study as it became apparent that external motivation did play a part in altering the RN’s commitment to professional development. This finding is strengthened by Irwin’s (1996) claim that external motivators are the driving factors in RNs seeking continuing education opportunities. However, in this inquiry, differences in effective external motivators were cited in the diploma RNs versus the post-diploma RNs. The diploma nurses felt that performance appraisals carried out by nurse managers were the most effective external motivator that played a part in enhancing their professional development path. These nurses felt that there needed to be some sort of punitive or hierarchical element connected to the external motivational factor. Conversely, the post-diploma nurses felt that a mandatory quality assurance program with an emphasis on reflective practice was effective in helping them to design an educational path to meet their learning needs. This group felt that although the CNO’s program did not have a strong threat or punitive element attached to it, it was still an effective external motivator for their personal development. This group did recognize that it probably would not be an effective motivator for most of their peers. Thus, a common theme emerged in relation to the external motivation that the QA program provided. All participants felt that although external motivators did play a part in influencing their commitment to professional development, the CNO was not enough of a “threat” to make everyone participate in the QA program. Internal motivation remained the most powerful reason for engaging in ongoing learning. The interviewees did not feel they required external motivators as they were already involved in continuing education activities. However, they did believe that some sort of external motivator could encourage participation in
professional development by those RNs who were not involved in ongoing learning opportunities. This feeling supports Kenrick’s (1993) finding that a threat to job security will influence the staff nurse, although the influence is not as significant a force as internal motivation.

In the diploma-prepared RNs, time was seen to exert a negative effect on the nurse’s commitment to professional development. It was expressed by the majority of the first interview group, as well as by a number of the questionnaire respondents, that a lack of time was a major barrier to participating in professional development activities or in completing the requirements of the mandatory QA program. Dealy and Bass (1995) stated that it is important for leaders who plan or support the educational activities of a hospital to understand what restrains staff from participating in professional activities. They identified that time was one of the main barriers to motivating staff to attend sessions. Cannon and Walters (1993) also maintain that continuing education delivery methods must allow a person flexibility and control over time, recognizing that nurses prefer offerings that can be accomplished at the convenience of the individual. They go on to claim that even mandatory relicensure requirements must realize that the perceived lack of time often acts as a deterrent to many nurses for meeting continuing education needs. Interestingly, none of the post-diploma RNs cited the influence of time on their educational activities, even though they had similar family and work commitments.

Perhaps the most satisfying insight of this study was the fact that all respondents described nursing as being a true profession. In the degree RNs, the concept of being a professional was seen to have a positive impact upon an individual’s commitment to
lifelong learning. Respondents spoke of the “professional responsibility” of all nurses to engage in learning that would support a professional approach to their clinical practice and enhance their patient care. They also spoke of being accountable to their patients, the public, and the CNO. The degree nurses felt that completing the requirements of the CNO’s QA program was therefore part of their professional responsibility. A qualitative study by Gillies (1998) found that nurses’ commitment to the profession of nursing had a significant influence upon their individual staff nurse role by encouraging participation in various educational activities that would improve their clinical practice. This supports the statements of numerous researchers, including Davis (1996), who contend that lifelong learning and continuing professional education are mandatory traits in any profession and that there is a need for nurses to continually increase their knowledge base in order to become a true profession.

The perceived gaps in the curriculum of the college nursing diploma programs emerged as a subtheme. Group B interview participants stated that the college programs they had attended focused primarily on hands-on skills. Obtaining a degree in nursing not only enhanced their understanding of the merits of reflective practice, but it also increased their commitment to the profession of nursing. This, in turn, solidified their quest to continue pursuing personal and professional development, and these feelings formed the basis for their participation in the QA program. Similarly, many nursing leaders consider hospital-based or college-based training to be one of the major barriers to complete professionalization within nursing (Coburn, 1988). Even today, there exist disharmony and a simmering tension between diploma and degree nurses, and it has been said that university education needs to be the basic level
of education for all nurses before true professionalism can be achieved (B.K. Miller, 1985; B.K. Miller et al., 1993; Coburn, 1988; White & Begun, 1996). Perhaps university education as the basic entrance point to nursing may also be required before full participation in the QA program can be realized.

Reflection and reflective practice are frequently cited in the nursing literature as strategies that hold the potential to allow individuals to become empowered with skills to explore and critically work through issues so as to learn from experience (Cross, 1993; Saylor, 1990; Schön, 1987). Schön argued that experience alone is not sufficient for professional practice; it is the learning that results from the experience, and the nursing literature is full of claims that utilizing reflective practice gives the nurse learning tools which can augment his/her practice and enhance the professionalism of nursing. The notion of the relevance of reflective practice emerged as an important element in this study. Most of the participants in both groups felt that reflection did play an important role in their practice, and the data in this study support the literature suggesting that, among nurses, reflection encourages the identification of professional responsibilities of which they were previously unaware (Wansbrough, 1996; Witmer, 1995). Participants viewed reflective practice as having a positive effect on their commitment to professional development and enhancing their ability to effectively deal with clinical situations. This ideology is noted in the literature. Reflective practice offers the potential to facilitate the analysis, critical thinking, and problem solving necessary to deal with the numerous and complex issues that perpetually confront nurse professionals (E. Davies, 1995; Kobert, 1995; Nehls, 1995).
An unexpected finding was that although all nurses spoke of the benefits of using reflective practice in their day-to-day practice, the diploma nurses did not see any benefit to formalizing their processes of reflection (i.e., through learning plans or self-assessment tools). Indeed, most of the diploma nurses were unsure of what reflective practice entailed, but once a definition of the process was given, all participants agreed that they were reflective practitioners. One of the diploma-prepared RNs stated: “Of course...reflection is a big part of how I nurse. I learn by doing and then thinking about how I’ve handled some crisis or some situation. Then, if something worked well, I can either keep doing that. If not, I can change what I’ve done and try something different. It’s an ongoing cycle.” In contrast, the degree nurses were all aware of what reflective practice encompassed and believed reflection was interwoven with their thought process. Comments made by the degree nurse group of interview participants often cited the CNO’s “LEARN” acronym as beneficial, and believed that formalizing the experiential process (especially through developing a learning plan or maintaining a journal or a profile) was an essential part of reflective practice. The benefits of writing as an integral component of reflection are well documented (Boud, Keogh, & Walker, 1985; E. Davies, 1995; Mezirow, 1991; Schön, 1987).

Research on the effectiveness of mandatory education requirements for nursing relicensure has not been conclusive. Furze and Pearcey (1999) argued that mandatory requirements for continuing education are unlikely to have an impact on nurses who are not motivated to learn. Study results confirmed that the CNO’s mandatory relicensure requirements did not affect the participants’ involvement in ongoing educational activities. Rather, the participants in both groups stated that they
participated in professional development activities because they were intrinsically motivated to learn more and improve their practice. All of the nurses who participated in this study claimed that they had always participated in lifelong learning activities, even before the mandatory requirements had been implemented. These findings are supported by studies that have concluded that nurses are primarily motivated to participate in continuing education by the desire to learn more and that external requirements have little influence on participation (Thomas, 1986; Urbano et al., 1988). This study did discover a new finding, namely that the degree RNs felt that implementing mandatory requirements did make them increase their participation in professional development activities. At the same time, however, these nurses did not feel that the QA program was enough of a motivator for all nurses who were not previously involved in ongoing learning.

A surprising finding of this study was the effect of the environment on the nurse's commitment to professional development. Analysis of the data from the post-diploma nurses indicated that a nurse's ongoing learning was largely affected by the work (clinical) environment and the health care (external) environment. Waddell (1992) also discovered that the characteristics of the clinical practice setting could impact upon a nurse's continuing education. Mackereth (1989) identified the problem of attempting to foster motivation for continuing education among nurses at a time of poor recruitment and retention. It is interesting that, although numerous educational opportunities may exist and mandatory requirements are now in place, it became evident that the work and health care environment could have either a positive or negative effect on the staff nurse's commitment to professional development.
An interesting subtheme that emerged in both groups of interviewees, as well as numerous questionnaire responses, was that there remained many barriers with the CNO’s QA program. The available literature related to reflective practice cites some of the common restraining factors to completing these processes, including time, motivation, and uneasiness with completing peer review and self-assessment sections (Baker, 1996; Cayne, 1995; Mitchell, 1994; Price & Price, 1993). Some of the themes which emerged in this study supported these citations. Participants in Group A identified specific barriers to meeting the QA requirements: time was seen as being the biggest barrier, but this group also identified difficulties in regard to the peer review and learning plan components. Participants in Group B also identified common barriers to the reflective practice requirements, mainly in relation to the peer review component and the lack of ongoing support and evaluation by the College.

Implications

The findings of this study have implications for practice, theory, and further research. The results and insights gained will be helpful for nurse educators, clinical nurse managers, individual nurses, advanced practice nurses, researchers, and health care workers at large. Analyzing and attempting to foster the staff nurses’ commitment to professional development activities may not only improve patient care, but may also increase the status of the nursing profession by producing nurses who function above minimum standards and qualifications.

Implications for Practice

The participants in this study described the essential role that internal motivation plays in the individual’s quest for professional development. There was also the
finding that extrinsic motivation played a part in the staff nurse’s ongoing learning, albeit a smaller part. These elements must be considered by nurse educators and clinical nurse managers in their quest to provide a climate that stimulates both intrinsic and extrinsic drives.

Findings of this study indicated that the individual nurse must first take responsibility for their own professional development. All nurses must address the following inquiries: Am I committed to professional development? Do I model the element of professionalism in my quest for ongoing learning? Do I nurture and coach the process of professional development? Do I support my peers in their quest for continuing education?

Some of the participants in this study expressed concerns regarding the negativity of their peers and their workplace regarding the CNO’s QA program and the promotion of ongoing learning. Nurses need to contemplate the following questions: Can I recognize the inherent value of reflective practice to myself personally and professionally? Do I foster reflection within my own scope of practice? How can I assist my peers to recognize the benefits of reflection? How can the profession reduce the defensiveness associated with the mandatory requirements of the QA program? How can it better nurture the process? Additionally, advanced practice nurses, nurse educators, and other key groups must be challenged to incorporate the principle of reflective process into current and future educational offerings. Learning activities should involve strategies that foster discussion, inclusion of alternate points of view, and opposing theoretical positions, and practical activities need to be encouraged (Cranton, 1996).
The findings in this study highlighted the view that the process of peer review is riddled with problems. However, in today’s health care environment, nurse managers are responsible for an increased number of staff, so it becomes extremely difficult for RNs to get managerial feedback on their performance. Thus, peer review may be the only avenue available for feedback. Because of this, more emphasis needs to be placed on this evaluative tool. This requires the development of skills and resources to facilitate the learning associated with this process among nurses.

The study results also suggest numerous implications for management groups within various clinical settings. These groups need to be aware that the clinical / work environment and the external / health care environment influence the nurses’ commitment to ongoing learning. Challenges for these groups include creating an environment that encourages and supports the guiding principles of reflective practice. Hayward-Murray (1998) suggests some strategies to facilitate this. Processes, for example, need to be put in place that allow RNs to deviate from standardized policies and procedures according to the individual needs. Senior staff must be encouraged to act as mentors for those novice nurses with fewer clinical experiences from which to draw. It is evident that those who have the ability to execute changes within the clinical setting need to be aware that environmental elements can impinge upon the nurses’ path of continuing education, and they need to address how improvements can be made to address these elements. These individuals, therefore, need to consider certain questions: How does the clinical setting influence the nurse’s commitment to ongoing learning? What changes to the clinical setting can be made in order to facilitate the nurse’s route of professional development? Are varied, relevant
opportunities made available to staff at flexible times? What are the consequences of the external health care environment upon the employees?

As well, implications for nursing education were suggested. Post-diploma RNs identified significant gaps in diploma nursing programs. How can these gaps be reduced in the future? Is there an opportunity to include the concept of reflective practice in the curriculum of the diploma-nursing program? As of 2005, a baccalaureate will be the only recognized entry to practice for the registered nurse in Ontario. As colleges and universities begin to merge and form partnerships, curriculum issues will exist regarding when and how to incorporate reflective practice. If nursing education remains bound to traditional methods of teaching, students and learners will remain traditional in their approach to continuing education and professional development. Ongoing evaluation will also become essential. We must contemplate on the impact of this educational prerequisite on diploma-prepared nurses already in the health care system. How will this affect their learning needs and their commitment to the CNO’s QA program? Will this requirement for entry to practice cause further disharmony between diploma and degree nurses? Will this requirement only serve to add to the thinking that the QA program and a commitment to lifelong learning are “just a university thing”? Clearly, this situation will need to be monitored closely.

Finally, the insights from this study will be helpful for other health care professions as they adopt similar programs in response to the Regulated Health Professions Act. For example, in 2001, the first group of dietetics professionals in the United States will begin using a similar certification process, the Professional Development
Portfolio, that was developed by their credentialing agency. This process also includes the steps of professional self-reflection, learning needs assessment, learning plan development, implementation of a learning plan, and evaluation of learning plan outcomes (Grandgenett, 1999). As quality assurance requirements become more commonplace among the various health professions, their regulatory bodies may gain insights from looking at the results from studies conducted with RNs already participating in a QA program.

**Implications for Theory**

Many elements that contribute to the staff nurse’s commitment to ongoing learning have been identified in the literature. The findings of this study have confirmed the impact of many of these, namely the intersecting elements of internal and external motivators and the influence of the barrier of time in the quest for professional development. In addition to these characteristics, this qualitative study has identified new traits, such as a sense of professionalism, within the individual staff nurse that affect the nurse’s development. The findings of this investigation indicate that there are factors within both the work environment and the health care environment-at-large that also contribute to the RN’s continuing education activities. It was discovered that a commitment to professional development does not develop in isolation; it appears to be fostered by the interaction between these two elements.

In this study, reflective practice was found to positively influence the individual nurse’s knowledge, perhaps leading to enhanced clinical practice. Theories associated with reflection and reflective practice can therefore be strengthened with the insights gained from this inquiry. However, there remained disagreement as to the benefits of
formalizing the process of reflection. On the one hand, post-diploma nurses felt that mandating the procedure could positively affect an individual’s commitment to lifelong professional development and would ultimately enhance their patient care. On the other hand, the diploma nurses did not believe a mandatory QA program would sway their ongoing educational pursuits or change their practice in any way.

**Implications for Future Research**

Research related to exploring the lived experiences of nurses in relation to the CNO’s mandatory QA program is limited. Although the results of this study provided some interesting insights into the reasons why nurses engage in professional development activities, it also raised a number of unanswered questions. Recommendations for further research are presented.

1. The present participants were all nurses practicing in an acute care hospital setting. Further research is recommended to assess the experience of nurses in other clinical settings and contexts.

2. Participants in this study had been registered nurses for many years, from 11 to 22 years. Research is needed to explore the lived experiences of nurses who have been practicing for various time intervals. A few of the participants in this study expressed concern, both for those nurses who had been out of school for many years, and for those who had experienced hospital-based programs many years ago.

3. Further research is needed to study the experiences of nursing students who are formalizing their reflective practice requirements. Studies that explore strategies to support and nurture reflective practice are also indicated. Additionally, inherent within
the concept of reflective practice is the notion that it will contribute to enhanced clinical practice. Thus, a field study to explore the actual relationship between reflective practice requirements and patient care would add an important dimension to the research presently available.

4. Ongoing research is needed to more fully explore the barriers existing for nurses, especially in light of the fact that the main barrier cited among diploma nurses (i.e., time) was not mentioned by the degree nurse group.

5. In this study, all B.Sc.N. nurses had obtained their initial nursing education from a college system. Further studies are therefore warranted to look at the experiences of nurses whose basic nursing education was in a university setting.

6. All interview participants were participating in continuing education activities and had been doing so even before the implementation of the CNO's program. In addition, they were all presently meeting the requirements of the program, even if they were only doing so because "it's mandatory." It may be beneficial to explore the experiences of nurses who are not completing the QA requirements or those nurses who do not participate in any form of continuing education.

7. All degree nurses in this study were now working in educator roles. Many of these participants felt that being in this role affected their responsibility and accountability for ongoing learning as they were seen as role models by their peers. This was cited as one of the reasons why meeting the QA requirements was imperative to this group, and it may be said that the bedside nurse does not always have this same responsibility and accountability. In the studied clinical setting, most of the staff nurses who had pursued their degree in nursing had gone on to
accept jobs away from direct patient care. In this clinical area, only three baccalaureate-prepared nurses remained working at the bedside in direct patient care, and none of these nurses volunteered to be a part of the interview process. Future research could therefore aim to target those degree nurses who continue to work at the bedside in direct patient care areas.

Conclusion

Continuing education for nursing is said to be a planned learning experience beyond the basic nursing education programs. Ongoing learning is believed to promote the development of knowledge, skills, and attitudes that enhance nursing practice and help to promote the view of nursing as a profession. Fundamental to this belief is the concept that basic nursing education is only a foundation, and it is the RN’s commitment to continuing education that improves clinical practice. This commitment to ongoing personal and professional development is dependent upon a mix of elements within a person, and is further biased by the work (clinical) and health care (external) environments. These factors act to either positively sway an individual to strive for ongoing learning activities or negatively suppress the individual’s quest for professional development. A mandatory quality assurance program has been put in place in Ontario to try to prepare nurses for lifelong learning, to teach them to question their practice, and to learn from their experiences. Although the aim of this program is to act as a tool for nurses to use in organizing their quest for professional development, the effects of such a program remain uncertain, and there exist wide variations in the perceived benefits of the CNO’s QA program. In today’s health care environment, it is up to each individual nurse to take responsibility for his /
her own continuing education and professional development. The hope of the College of Nurses of Ontario is that their QA program will ensure competency and result in enhanced patient care by mandating nurses to participate in professional development through reflective practice requirements. Neither voluntary nor mandatory reflective practice requirements are panaceas for instant upgrading of nursing to a full professional status, but the mandatory requirements may be the beginning of the solution. However, this study has uncovered additional questions which need to be more fully explored through research.
References


www.nursingworld.org/ojin/topic10/tpc10_1.htm


CNO'S QUALITY ASSURANCE PROGRAM SURVEY

As part of the thesis requirements for my Master of Education, I would like to explore staff nurses' feelings regarding the College of Nurses' mandatory Quality Assurance program and any problems/barriers encountered. Please answer the following questions as part of a pilot survey I am doing...I greatly appreciate your taking the time to help.

Instructions:
Please answer all questions. Space has been provided for your comments. If you require additional space, please use the back of the page. When you have completed the survey, place it in the addressed envelope and return to Laura Farrelly by______________.

1) What is the level of nursing education that you have attained?
   □ diploma
   □ B.Sc.N.
   □ B.Sc.N. in progress

2) Are you presently completing the College of Nurses' of Ontario's (CNO's) Quality Assurance requirements for 2000?
   □ yes
   □ no

3) Please complete either i) or ii):
   i) I am completing the requirements because

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   ii) I am not completing the requirements because

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4) What do you enjoy most about the quality assurance program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5) What do you like least?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6) Do you feel that meeting the requirements has enhanced your practice? Why or why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7) Are there any other processes you would rather use to meet quality assurance requirements?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Thank you for taking the time to complete this survey. If you would be willing to take part in the next phase (a one-on-one interview lasting approximately one hour), please sign below.
Participant Information-- Pilot Study Questionnaires

Date

Re: The Effects of a Mandatory Quality Assurance Program on the Staff Nurse's Commitment to Professional Development

Dear RN,

I am currently a student of the Master of Education Program at Brock University. To complete the requirements for the Master of Education degree, I am conducting a study that will gather information about the effect(s) of the College of Nurses' Mandatory Quality Assurance program on the professional development activities of nurses. I am particularly interested in this topic because I would like to learn if there are any strategies which are beneficial in assisting the RN to achieve his/her goals and I would like to be able to build on these strengths as we plan for future educational events.

By completing a short questionnaire, your answers will assist me in realizing the goals of my project. Additionally, this questionnaire will provide me with volunteers for the second phase of my study - interviews in which I will be asking RN's questions about their feelings regarding the Quality Assurance program and the steps they've taken to meet the requirements of the program. This second phase will rely strictly on volunteers - you can choose to complete the questionnaire only, or you may volunteer to participate in the interview process as well.

All information received from the completed questionnaires will remain anonymous and confidential. Participants' names will not be revealed in the study. Any time that individual responses are quoted, pseudonyms will be used. All completed questionnaires will be stored at my home in a locked cabinet and destroyed when the study is complete.

Please be advised that you are free to withdraw your participation at any time. When completing the questionnaire, you may decline from answering any question(s). 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 at Brock University (905-688-5550, ext. 4315).

If you have any other questions or concerns about this study, please do not hesitate to call me at (905) 527-4322, ext. 42355 or Dr. Alice Schutz at Brock University (905-688-5550, ext. 3340).

Sincerely,

Laura Farrelly  
Student Investigator  
Advance Practice Nurse  
Hamilton Health Sciences Corporation

Dr. Alice Schutz  
Faculty Advisor  
Faculty of Education  
Graduate Department  
Brock University
Participant Informed Consent Form – Pilot Study Questionnaire

Title of Study: The Effects of a Mandatory Quality Assurance Program on the Staff Nurse's Commitment to Professional Development

Researchers: Laura Farrelly, Advance Practice Nurse, Hamilton Health Sciences Corporation
Dr. Alice Schutz, Faculty of Education, Graduate Department, Brock University

Name of Participant: (Please print) __________________________________________

I understand that this study in which I have agreed to participate will involve answering questions on a short questionnaire. I will be asked questions about my feelings about the effects of the College of Nurses' Mandatory Quality Assurance Program upon my practice, and the strategies I have used to meet the requirements of the program. The time commitment will be approximately 15-20 minutes.

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

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

I understand that there is no obligation to answer any question 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 researchers named above will have access to the data.

Participant 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 this study, you may contact Laura Farrelly at (905) 527-4322, ext. 42355 or Dr. Alice Schutz at (905) 688-5550, ext. 3340.

Feedback about the use of the 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 further reference.

*******

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

Researcher Signature: __________________________ Date: ______________________
Research Study Interview Questions

Preamble: background/personal data

1. Is nursing a “profession”? How do you define a “profession”? Has this changed since you began practicing nursing?
   - attributes of a “profession”
   - what is a “professional”?
   - does the QA program fit into this definition of a “professional”

2. Do you attend inservices / workshops or other educational initiatives?
   - how many in the past year? 2 years? 3 years? career?
   - where?
   - why or why not?

3. A key purpose of the CNO’s QA program is to foster reflection and reflective practice. What do these terms mean to you?
   - do you use reflection / reflective practice in your job?

4. How are you meeting the requirements of the program?
   - self-assessment, learning plan tools
   - professional profile
   - competency scales
   - formal focused learning
   - are there any tools / methods you would prefer to use?
   - which aspect(s) have been most valuable?

5. Do you feel meeting these requirements has benefited or changed your practice or contributed to your personal and/or professional growth? Can you give examples?
   - increased knowledge; personal and / or professional development
   - improved patient care
   - change in practice
   - any changes in you as a learner?

6. Were there any barriers / problems you encountered in meeting the requirements of the QA program?
   - what could make it easier?

7. Will you continue to maintain and use reflective practice in your career? Why or why not?

8. Do you feel prepared if you are audited by the CNO?

9. Is there anything else you want to mention or comment on regarding your experience with the Quality Assurance Program?
   - any change in your beliefs about nursing, the workplace, or any other structures or educational systems?
   - what was most valuable / least valuable
Participant Informed Consent Form – Semistructured Interviews

Title of Study: The Effects of a Mandatory Quality Assurance Program on the Staff Nurse's Commitment to Professional Development

Researchers: Laura Farrelly, Advance Practice Nurse, Hamilton Health Sciences Corporation  
Dr. Alice Schutz, Faculty of Education, Graduate Department, Brock University

Name of Participant: (Please print) ____________________________________________

I understand that this study in which I have agreed to participate will involve answering questions during an interview. I will be asked questions about my feelings about the effects of the College of Nurses' Mandatory Quality Assurance Program upon my practice, and the strategies I have used to meet the requirements of the program. The time commitment will be approximately 45-60 minutes.

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

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

I understand that there is no obligation to answer any question 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 researchers named above will have access to the data.

Participant 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 this study, you may contact Laura Farrelly at (905) 527-4322, ext. 42355 or Dr. Alice Schutz at (905) 688-5550, ext. 3340.

Feedback about the use of the 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 further reference.

********

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

Researcher Signature: ___________________________ Date: __________________________
FROM: David Butz, Chair
Senate Research Ethics Board (REB)

TO: Alice Schutz, Education
Laura Farrelly

FILE: 00-163, Farrelly

DATE: February 7, 2001

The Brock University Research Ethics Board has reviewed the research proposal:

"The Effects of a Mandatory Program on the Staff Nurse's Commitment to Professional Development"

The Subcommittee finds that your proposal conforms to the Brock University guidelines set out for ethical research.

** Accepted as clarified.

Please note: If Changes or Modifications are required to this approved research, they must be reviewed and approved by the committee. If so, please complete form #5 - Request for Ethics Clearance of a Revision or Modification to an Ongoing application for Ethics Review of Research with Human Participants and submit it to the Chair of the Research Ethics Board. You can download this form from the Office of Research Services or visit the web site:

DB/dvo

*****************************************************************************
Deborah Van Oosten - Brock University
Administrative Assistant
Office of Research Services
http://www.brocku.ca/researchservices/
phone: (905)688-5550, ext. 4315
fax: (905)688-0748
email: dvanoost@spartan.ac.brocku.ca
22 September 2000

TO WHOM IT MAY CONCERN,

Re: Laura Farrelly

This letter is confirmation of permission for Laura Farrelly, Advance Practice Nurse (Critical Care) to conduct her research at the [redacted].

Permission is granted to conduct research questionnaires and interviews with Registered Nurses to determine their feelings regarding the effectiveness of the College of Nurses' of Ontario Quality Assurance Program.

I support Laura Farrelly in her study and am confident it will be conducted in an ethical and confidential manner.

Sincerely,

[redacted]
Vice President
Regional Services
Appendix G

Dear RN,

I am currently a student of the Master of Education Program at Brock University. To complete the requirements for the Master of Education degree, I am conducting a study that will gather information about the effect(s) of the College of Nurses' Mandatory Quality Assurance program on the professional development activities of nurses. I am particularly interested in this topic because I would like to learn if there are any strategies which are beneficial in assisting the RN to achieve his/her goals and I would like to be able to build on these strengths as we plan for future educational events.

Your participation in an interview will assist me in realizing the goals of my project. I will be asking you questions about your feelings regarding the Quality Assurance program and the steps you've taken to meet the requirements of the program. A sample question is "What strategies have you utilized to meet the peer review component of the program?" I anticipate the interview lasting 45-60 minutes. It will be scheduled at a time and place convenient for you. I will record the interview on audiotape. After transcribing the recording and analyzing the data, I will meet with you again so that you can review my analysis for accuracy or to add any further insights.

All information received during the interview will remain anonymous and confidential. Participants' names will not be revealed in the study. Any time that individual responses are quoted, pseudonyms will be used. All transcripts and tapes will be stored at my home in a locked cabinet and destroyed when the study is complete.

Please be advised that you are free to withdraw your participation at any time. During the interview process, you may decline from answering any question(s). 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 at Brock University (905-688-5550, ext. 4315).

If you have any other questions or concerns about this study, please do not hesitate to call me at (905) 527-4322, ext. 42355 or Dr. Alice Schutz at Brock University (905-688-5550, ext. 3340).

Sincerely,

Laura Farrelly
Student Investigator
Advance Practice Nurse
Hamilton Health Sciences Corporation

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