Learning Needs For and Barriers to Re-entry to Practice as Perceived by Inactive Nurses in Manitoba

By

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in Partial Fulfillment of the Requirements

for the Degree of

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LEARNING NEEDS FOR AND BARRIERS TO RE-ENTRY TO PRACTICE AS PERCEIVED BY INACTIVE NURSES IN MANITOBA

BY

SANDRA ROMANO

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University

of Manitoba in partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

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Abstract

This research study was designed to describe the learning needs for, and potential barriers to, re-entry to nursing practice as perceived by inactive diploma and baccalaureate prepared nurses in Manitoba. Data from the study will contribute to refresher program development. Differences in perceived needs of nurses and perceived barriers to re-entry to practice, based on demographics, will be of interest to educators as the requirement of a baccalaureate degree for entry to practice looms closer. The Manitoba Association of Registered Nurses supports the position that by the year 2000 a baccalaureate degree in nursing should be the minimum educational requirement for nurses to enter nursing practice. A literature review indicated that the majority of refresher programs were developed as a means to cope with nursing staff shortages; programs are generally content intensive; and perceived learning needs of re-entry nurses have not been assessed prior to program development. Research in continuing education for nurses indicates greater commitment and participation of learners when learner needs are assessed before and considered in program planning (Bowman, Wolkenheim, LeBeck, O'Donnell & Schneider, 1985; Chesney & Beck, 1985; Sullivan, Saver, Moyer, Hurray, & Hagues, 1991). The conceptual framework was based on concepts and principles of adult learning.

The study was an approximate replication of a study done by Macdonald (1991) titled Learning Needs of Inactive Nurses in Alberta. This descriptive survey utilized a mailed questionnaire to gather data from inactive nurses in Manitoba. The questionnaire was designed to collect demographic data, data related to perceived barriers to re-entry,

and personal and professional learning needs. Data analysis was done using descriptive statistics. Qualitative data were analyzed according to themes and frequency of responses. Results indicated that basic nursing knowledge and specialty areas of nursing (medical and surgical, community health, and geriatric care) stood out as of greater importance to respondents. Most felt it important to refresh specific abilities (taking a nursing history, performing physical assessment, using technical equipment and computers), to be up to date on issues and trends in nursing and health care, and to develop professional ways. It was found that these perceptions were influenced by certain demographic characteristics of the respondents. Based on findings, implications for the nursing profession, most specifically nursing education, were discussed. The major implication for nursing education is the need to consider the personal learning needs of refresher nurses, their past learning through prior learning assessment, as well as the knowledge needs required in the nursing work environment. Fewer than 50% of respondents perceived any barriers to re-entry to practice as great barriers. However, home and family responsibilities, limited job opportunities, lack of technical skills, and poor working conditions were considered to be great or slight barriers to re-entry to nursing practice by mor than two-thirds of respondents in this study.

Chapter 1

Statement of the Problem and Its Significance

Registered nurses leave nursing temporarily (sometimes permanently) for a variety of reasons. In Manitoba, those who want to return to practice or to university, but have not met the Manitoba Association of Registered Nurses (MARN) practice requirement of 1,125 hours in the previous 5 years, must take a refresher program to be eligible for active practicing registration (see Appendix A, MARN Regulation 7, Sections a) and b), 1992). Inactive nurses in Manitoba can regain active practicing status by successfully completing a refresher program. A major purpose of refresher programs is to provide an opportunity for nurses returning to practice to regain the knowledge, skills, and competence necessary to provide safe care to clients. These currently inactive nurses may be needed in the future and refresher programs to prepare them to re-enter the profession as safe competent practitioners will be necessary.

For nurses educated outside of Manitoba who have not worked 1,125 hours in the previous 5 years, the MARN requires that they take a refresher program prior to initial registration in Manitoba or writing the Canadian Nurses Association Testing Service Examination (the Canadian nursing registration examination) (Appendix A, MARN Regulations 2(1)h and 5, 1992). The MARN recommends, to nurses educated in other countries, that they take a refresher program to prepare for the Canadian nursing registration examinations and to become oriented to Canadian nursing culture. In addition, baccalaureate programs for registered nurses at Manitoba universities

require that applicants be active practicing members of MARN to be eligible for the programs. There are also a few current active practicing MARN members who take the refresher program or a portion of it to facilitate changes in nursing positions.

The only MARN approved refresher program in Manitoba is offered by Red River Community College (RRCC) in Winnipeg. It is a modularized medical-surgical nursing refresher program that moves from basic, and toward more complex, concepts of nursing practice. The curriculum content also includes gerontology, rehabilitation, palliative nursing and other current topics in nursing. The curriculum and delivery model have evolved since RRCC began offering the program in 1970. Traditionally, the program was offered as a full-time, 8-week program which included 20 days of instructor supervised clinical practice in both long term and acute care facilities. This program was similar to refresher programs described in the literature (Brown & Waddell, 1988; Carpenter-Connell, 1984; Kalnins, 1986; Phelps & Morice, 1992).

Following an internal RRCC program evaluation, the delivery model was changed in 1993 in order to make the program more accessible to inactive nurses who are not able to attend a full time program in Winnipeg (rural nurses, nurses who are otherwise employed or who have family obligations). This evaluation was based on feedback from program graduates, employers of graduates, and program faculty. No information was gathered from prospective participants in the program. Currently, the program is offered as a distance education program which consists of two courses, one theory and one practice. The curriculum content has been updated but remains similar to that described earlier. The theory course is an independent study course, with access

to an instructor by telephone or in person by appointment, and includes supervised basic nursing skills practice. Students have access to learning resources at RRCC.

The clinical practice course involves 20 preceptored clinical practice days which must be completed within 3 months. The clinical practice is organized and monitored by RRCC. Students must complete both courses within one year of registration in the program. This type of delivery method for refresher programs is described and supported in current literature (Ferris & Brown, 1992; Harris & Nesheim, 1989; Healy, 1989; MacDonald & Freise, 1989; Reed, 1985; Sharp & Frederick, 1990).

The curriculum was originally developed by the MARN in the late 1960s. Curriculum changes and a change in the method of delivery have been made based on feedback from program graduates, their employers, nursing educators (RRCC, 1983; 1988; 1993), and the MARN Advisory Council. Although inactive nurses are key stakeholders in refresher programs, there is a lack of research as to the perceptions of these nurses about their learning needs for re-entry to practice. If programs aim to provide meaningful learning experiences, the needs and expectations of the learners deserve consideration.

Changes have occurred in nursing, nursing education, and health care in Manitoba since the last RN Refresher program evaluation was initiated. The RN Refresher Program has not been formally evaluated since the delivery method was changed to distance delivery. To improve and keep the RN Refresher Program current and appropriate for the student population, data about the personal and professional learning needs for, and barriers to re-entry to nursing practice perceived by inactive

nurses in Manitoba will be useful additional information in the next RN Refresher Program evaluation.

The majority of nurses re-entering active practice via refresher programs in the United States and Canada are graduates of diploma programs (Brown & Waddell, 1988; Kalnins, 1986; MacDonald, 1991; RRCC, 1983; 1988; 1993). However, as the year 2000 and a baccalaureate requirement for entry to practice approaches, it is realistic to expect that more baccalaureate-prepared nurses will re-enter nursing via refresher programs. Since June 1992 the job market for nurses has remained static (MARN Annual Report 1992-93, p. 7). Fewer nurses are able to enter the job market, while others have difficulty getting enough practice hours to maintain licensure. Anecdotal reports indicate that some nurses are choosing to return to university now, hoping to improve opportunities for employment when more nursing positions become available, and because nursing course hours partially satisfy the MARN practice hours requirements. Other anecdotal reports from inactive nurses indicate that their personal economic situations make it imperative that they return to the workforce to support or help support their families financially.

The MARN has recommended that the last intake of students into diploma nursing programs occur in the fall of 1997 (MARN, 1994). In her speech at the annual Victorian Order of Nurses' Annual Meeting (Winnipeg, June 23, 1995), Susan Vandevelde-Coke, Senior Vice President, Health Sciences Centre, cited this recommendation as a factor in future nursing shortages in Manitoba. In times of shortage, inactive nurses are often recruited and there must be courses available to help

them meet their learning needs to return to active practice. In order to recruit inactive nurses into a RN Refresher program, knowledge about what they perceive as barriers to re-entry to nursing practice will be essential to educators and the nursing profession.

While a shortage of nurses in Manitoba is not evident, it is likely that the need for refresher programs will continue. Refresher programs will be needed to ensure that when inactive RNs return to practice, they do so as safe, competent practitioners who realize the importance of continued and lifelong learning. With health care costs rising and the progression of health care reform, it may be more economical to recruit inactive nurses via refresher programs than to educate new nurses. Education costs are also rising and it is important that education programs satisfactorily meet the needs of stakeholders.

In 1995 there were fewer new nursing graduates in Manitoba than in previous years. Enrollment in nursing programs has decreased by about 30% over the previous 3 years (Jean Burrows, Chair, Directors of Schools of Nursing Committee, MARN, personal communication, September, 1995). This decrease in the potential number of new graduates may lead to a shortage of nurses in the future. One recent report (Manitoba Nursing Professions Advisory Council, April, 1995) noted that between 1991 and 1994 the number of RN graduates dropped by 18% and that between 1994 and 1995 the number of RN graduates would decrease by 53. At the same time, one-third or more of active practicing nurses (all categories) in Manitoba are 45 years of age or older (MNPAC, April, 1995). This indicates that many nurses will reach retirement age at about the same time. In these situations inactive nurses would be a potential

workforce resource.

Inactive nurses as well as refresher program teachers, students, graduates, and their employers should be consulted to determine content for refresher programs. Refresher programs in Manitoba and the United States have relied heavily on faculty input for curriculum development (Harris & Nesheim, 1989; MacDonald & Freise, 1989; Marcinek, 1993) and tended to emphasize content rather than the process of learning.

Programs emphasizing the process of learning, critical thinking, and creative problem solving can influence future development of the nursing profession (Jones & Brown, 1991). While the primary purpose of refresher programs is to prepare nurses to return to nursing practice, re-entry nurses must be prepared to cope with personal and professional responsibilities, as well as changes in health care, on a continuing basis. The very nature of nursing work dictates that nurses must be able to think critically when making nursing decisions (Brock & Wotton, 1995; Wilkinson, 1992). Nurses who think critically gain genuine knowledge which becomes the basis of sound intuitive and quality nursing practice (Paul & Heaslip, 1995). It may not be possible for inactive nurses to fully develop intuition and critical thinking skills during a nursing refresher program. However, refresher programs can provide inactive nurses with information about the current workplace, the skills expected of practicing nurses in that environment, and encourage critical thinking through varied learning activities.

The nursing community expects appropriate programs to be in place to meet the needs of nurses, nursing professional associations, and the nursing workplace. MARN

has developed standards for refresher programs and these standards identify the skills and the knowledge which the professional association sees as necessary for re-entry to practice. The MARN Standards and Related Outcome Criteria for Approval of Nursing Refresher Programs (1991) addresses program purpose, philosophy, conceptual framework, objectives, curriculum, and evaluation of learners and the program, as well as program resources. Program resources include learner support services, clinical practice areas, faculty, selection and administrative policies, and administrative supports (see Appendix B). These standards presumably reflect the views of the nursing community since they have been developed by MARN committees and councils made up of nurses representing various sectors of the nursing community.

Learning needs are rarely fixed; they are always changing (Babcock & Miller, 1994; Bell, 1978) and may be perceived differently by inactive RNs. Inactive RNs who enter a refresher program are adult learners and as such will be more motivated and committed to learning if they view the learning process as helping them meet their own perceived needs (Babcock & Miller, 1994; Knowles, 1984). In today's rapidly changing world, learning is an essential lifelong process. It has been suggested that 4 years after a student graduates from school, 50% of what was learned will be obsolete (Marcinek, 1993).

Nurses returning to the profession have been away varying lengths of time, some as long as 25 years. Others may have been working continuously in nursing but take a refresher course in preparation for a move from one area of nursing to another. The literature suggests learning needs of nurses away for longer periods of time are

different from those of nurses with more recent education or work experience (Ferris & Brown, 1992; Lee, 1988; Marcinek, 1993). Thus there is likely to be variation in learning needs of nurses away from active practice for differing lengths of time and with different experience.

The personal learning needs of inactive nurses (knowledge and skills required to cope with the process of returning to nursing practice) affect their re-entry experience. These students may need to learn how to cope with feelings of insecurity, lack of self-esteem, fear of failure, and role strain (Elkin, 1990; Ferris & Brown, 1992; Harris & Nesheim, 1989; Lee, 1988; Marcinek, 1993, Paulin, 1987). Stress for re-entry nurses can be a deterrent to their success. They are often older, have families and the associated responsibilities, and are often unfamiliar with the educational system (Lee, 1988; Perry, 1986). Inactive nurses re-entering the educational system may be similar to post-secondary adult students who may experience role strain because of inadequate role preparation, role conflict, and/or role overload (Bradley & Cleveland-Innes, 1992).

Professional learning needs include the knowledge and skills necessary for return to active practice as identified by the various stakeholders--the returning nurse, the employer, the professional association, the program advisory committee, and educators.

Summary of the Study Chosen for Approximate Replication to Address the Problem

This study (1995) was an approximate replication of a Canadian study by Macdonald (1991) titled Learning Needs of Inactive Nurses in Alberta. The purpose of this descriptive study was to identify barriers to, and personal and professional learning needs for, re-entry to nursing as perceived by inactive nurses in Alberta. Macdonald

(1991) wanted to use the results of the study to make recommendations which would improve the effectiveness of refresher programs for inactive nurses in Alberta. The research questions in this study (1995) were basically the same as those of Macdonald's (1991) study.

Macdonald (1991) used a descriptive survey method. In this present study (1995) Macdonald's descriptive survey method was replicated, using a slightly revised version of Macdonald's (1991) questionnaire. The questionnaire (1991) was revised to be used in Manitoba in a changing health care environment.

Macdonald's (1991) findings indicated that about half of the respondents in her study were interested in returning to active nursing practice. Outdated nursing skills and family and home responsibilities were considered barriers to re-entry to nursing. The author concluded from the findings that inactive nurses in Alberta have many personal learning needs upon re-entry to nursing practice and they perceive professional learning needs to be of great importance. Macdonald (1991) defined personal learning needs as those needs related to personal responsibilities, conditions, and needs that re-entry nurses must meet to learn effectively. Professional learning needs were described as those related to acquiring knowledge, skills, and attitudes that are necessary to achieve the professional nursing standards (Macdonald, 1991). The findings also indicated that some of the perceptions of inactive nurses about barriers and personal and professional needs were significantly affected by age, educational background, and career patterns.

Purpose of the Study

This research project was designed to explore and describe learning needs for and potential barriers to re-entry to nursing practice as perceived by inactive nurses. Recommendations for refresher programs will be made based on the findings of this study.

Research Questions

The research questions posed were:

1. What personal learning needs are perceived by inactive nurses as essential for re-entry to practice in Manitoba?
2. What professional learning needs are perceived by inactive nurses as essential for re-entry to practice in Manitoba?
3. What, if any, barriers to re-entry to practice are perceived by inactive nurses in Manitoba?
4. Are there differences in perceived learning needs according to the demographic characteristics of inactive nurses in Manitoba?
5. Are there differences in the perceived barriers to re-entry to practice according to demographic characteristics of inactive nurses in Manitoba?

Definition of Terms

For the purposes of this study, the following definitions of terms were used.

Registered nurse: a graduate nurse registered to practice by a professional body. In Manitoba, the MARN has the authority to register nurses as active practicing or associate members. A registered nurse may be a graduate of a diploma or a baccalaureate program.

Inactive nurse: a nurse who has been away from active nursing practice for 3 years or more.

Re-entry or returning nurse: terms used to describe the inactive nurse who is making the transition from inactivity as a nurse to an educational program in preparation for return to practice (Baker, 1991; Lee, 1988; Perry, 1986).

Refresher program: a program for inactive nurses designed to update nursing knowledge and skills to prepare them for their return to active practice. RN Refresher programs include both theoretical and clinical components. A refresher program may also be utilized by nurses who wish to change the focus of their nursing practice or by nurses educated outside of Manitoba in preparation for the Canadian nursing registration examinations.

Learning needs: needs for the knowledge and skills identified as necessary for actual return to nursing practice (professional learning needs) and for coping with the process of returning to practice (personal learning needs)(Macdonald, 1991).

Personal learning needs: those individual needs which may be internally (e.g.self-esteem, self-confidence, self-actualization) or externally (e.g. economic situation) motivated and include needs for knowledge and skills to cope with the process of returning to nursing practice (Ferris & Brown, 1992; Lee, 1988; Kalnins, 1986; Marcinek, 1993; Schuldenfrei, 1990).

Professional learning needs: knowledge and skills necessary for returning to active nursing practice as identified by the returning nurse, the employer, the professional association or licensing body, program advisory committees, and educators.

Barriers to re-entry: situations or circumstances, conditions, or attitudes which may block or hinder the inactive nurse's transition to active nursing practice.

Assumptions of the Study

It was assumed that:

1) there are some inactive nurses who want to or plan to return to nursing practice and that they would be motivated to complete the survey questionnaire;

2) inactive nurses are adult learners with different educational backgrounds, learning styles, nursing and life experiences, and expectations which may impact on their learning needs and responses to the questionnaire;

3) inactive nurses may perceive that there are some barriers to re-entry to active nursing practice; and that,

4) the learning needs ascribed to inactive nurses by the nursing profession may not be reflective of the personal and professional needs actually perceived by inactive nurses.

Summary

This study of the perceived learning needs of inactive nurses in Manitoba was designed to provide valuable information for the various stakeholders in nursing refresher programs. Results of the study will be useful in determining if current refresher program objectives do, in fact, meet the learning needs of returning nurses. Given the high cost of development and revision of educational programs, learning needs assessments are important considerations in ensuring appropriate and quality nursing refresher programs.

Chapter 2

Literature Review

The literature review encompassed four topics: registered nurse refresher programs, barriers to returning to nursing practice via an education program, learning needs, and assessment of learning needs. Most of the articles and studies reviewed were written by American writers, with the exception of that of Bajnok (1992), Bradley and Cleveland-Innes (1992), Kristjanson and Scanlan (1992), Logan and Boss (1989), Macdonald (1991), Reed (1985), and Sullivan (1993). Hence a Canadian perspective on these topics is limited. These topic areas were reviewed because the experience of an educational program is both a personal and professional learning experience for inactive nurses re-entering the profession.

RN Refresher Programs

A review of the literature on registered nurse refresher programs was included for various reasons. The first was to discover what is already known about the learning needs for re-entry to nursing practice of inactive nurses. Other reasons were to explore the nature of existing refresher programs, how content was determined, and the existence of tools for assessing learning needs of inactive nurses. Since a needs assessment is often the first step in program planning, it was assumed that the literature would include such tools. It was anticipated that barriers to re-entry to nursing practice would be described in the literature on registered nurse refresher programs.

Despite current emphasis in nursing education of learning as a life-long process, the literature reveals that registered nurse refresher programs continue to be content-

bound, curriculum-driven programs (Carpenter-Connell, 1984; Curtis & Schneidenbach, 1990; Harris & Nesheim, 1989; Kalnins, 1986; Macdonald & Freise, 1989; Marcinek, 1993; Phelps & Morice, 1992). While numerous writers identify the special or different needs of registered nurses re-entering nursing via a refresher program, the data have been gathered informally after course completion (Curtis & Schneidenbach, 1990; Macdonald & Freise, 1989; Reed, 1985; Sharp & Frederick, 1990; Schuldenfrei, 1991).

Registered nurse refresher programs are generally delivered in one of two ways. The content in both delivery methods is similar, including an overview of the changes in nursing and health care, basic nursing concepts and skills, and medical-surgical nursing content. None of the articles reviewed described inclusion of specialty areas of nursing. Refresher programs are offered as full or part-time programs with classroom instruction and clinical practice ranging from 6 to 12 weeks (Brown & Waddell, 1988; Curtis & Schneidenbach, 1990; Kalnins, 1986; Phelps & Morice, 1992; Purnell, 1992; Reece, Kerr, & Moore, 1993; Welty & Gooden, 1989), or as independent study theory and then preceptored clinical experience programs (Ferris & Brown, 1992; Harris & Nesheim, 1989; Macdonald & Freise, 1989; Reed, 1985; Sharp & Frederick, 1990). Macdonald (1991) notes that the independent study method may not be appropriate for all refresher nurses, mainly because of the lack of peer support. Macdonald (1991) states that this is one reason that it is imperative to assess learning needs of inactive nurses.

Nineteen articles describing refresher programs were reviewed. Eighteen of these are anecdotal in nature and describe specific programs in terms of student

demographics, length of the program and a breakdown of time spent on theory and practice, an overview of content, and the program's success. Program success was generally defined in terms of the employability or marketability of program graduates (Brown & Waddell, 1988; Curtis & Schneidenbach, 1990; Ferris & Brown, 1992; Harris & Nesheim, 1987; Reece et al., 1993; Sharp & Frederick, 1990). None of these articles included a learning needs assessment tool.

Only one of the articles reviewed is a description of a formal research study. Kalnins (1986) found that no outcome studies of RN refresher programs had been done in the previous years. Kalnins (1986) used structured telephone interviews to research graduates' satisfaction with the program and their employment status after the program. Two other articles describe informal follow-up studies of a nursing refresher program (Brown & Waddell, 1988; Ferris & Brown, 1992). The method of data collection was mailed questionnaires to graduates of a refresher program. Data yielded information similar to that of Kalnins' (1986) study. This study found that the length of time away from practice was insignificant in relation to re-entry to practice. Refresher graduates are described as committed, professionally responsible, and able to become "marketable" in a tight market (Brown & Waddell, 1988; Ferris & Brown, 1992).

A critical shortage of nurses and the large number of nurses not employed in nursing is generally recognized in the literature as the main reason for existence of nursing refresher programs (Brown & Waddell, 1988; Carpenter-Connell, 1984; Harris & Nesheim, 1989; Healy, 1989; Kalnins, 1986; Lamb & Booth, 1990; Phelps & Morice, 1992; Reece et al., 1993; Schuldenfrie, Hopper, & Vartanian, 1990; Sharp &

Frederick, 1989; Welty & Gooden, 1989). Refresher programs are viewed as inexpensive means of solving the shortage of nurses. Curtin (1987) states that nursing shortages are not the real problem; the fact that nursing has become so specialized is the problem. She suggests that reactivating inactive nurses is not a solution in itself (Curtin, 1987) and implies that specialty courses may also be required. If inactive nurses perceive the need for more specialized nursing knowledge, they are more likely to be motivated to participate in educational programs.

Barriers to Re-entry to Practice via an Education Program

A review of literature reveals that inactive nurses perceive various barriers to re-entry to practice. Barriers such as program expense and location may prevent an inactive nurse from entering a refresher program. Role strain, mode of instruction, stress associated with low self-esteem and lack of confidence may interfere with the inactive nurses' abilities to complete a refresher program. Attitudes of employers and the need for further specialized courses may prevent returning nurses from becoming employed in nursing even after successful completion of a refresher program.

Barriers related to registered nurse refresher programs themselves include expense (Perry, 1986; Phelps & Morice, 1992) and inconvenient or distant location of the program site (Macdonald & Freise, 1989; Marcinek, 1993; Reece et al, 1993). It may be that some inactive nurses do not return to practice simply because they cannot access a refresher program without relocating themselves during the program. Relocation would increase the cost of the program to them and add other stressors associated with role changes and with leaving their families and homes during the

program.

Role strain is recognized as a potential barrier or stress for nurses re-entering an educational program (Baker & Barlow, 1988; Lee, 1987; Lengacher, 1993). Baker and Barlow (1988), Lee (1987), and Lengacher (1993) conducted studies related to RNs entering baccalaureate nursing programs while still practicing nursing, or RNs returning to university programs after a period ranging from 1 to 20 years away from an educational program. The roles assumed by these nurses entering a baccalaureate program after a time away from studies are similar to those of nurses entering a refresher program, although a refresher program is shorter than a university program. The number of years since inactive nurses in a refresher program have participated in an educational program can vary from 1 to 25 years (RRCC, 1983; 1988).

Bradley and Cleveland-Innes (1992) explain role strain experienced by adult learners as problems of inadequate role preparation and role conflict and/or role overload. Inadequate role preparation includes problems related to confidence, background education, study skills, and other factors critical to student success. Inactive nurses who are adult learners experience stress and anxiety associated with lack of self-confidence and self-esteem, and fear of making mistakes (Carpenter-Connell, 1984: Elkin, 1990: Paulin, 1987: Perry, 1986; Sharp & Frederick, 1990). Bradley and Cleveland-Innes (1992) suggest that if adult learners are prepared for their roles as students, they will be more efficient at meeting obligations of the student role.

Role conflict, as the term implies, occurs when an individual's behaviour complies with the expectations of one role but violates, or is in conflict with, the

expectations of another role (Baker & Barlow, 1988; Bradley & Cleveland-Innes, 1992; Lee, 1987; Lengacher, 1993). Most nurses re-entering nursing via an education program have simultaneous roles of professional, spouse, parent, student, homemaker, and perhaps others (Baker & Barlow, 1988; Lengacher, 1993).

According to Bradley and Cleveland-Innes (1992), role overload refers to strain caused by time pressures. As the number of roles assumed by an adult learner increases, so do the obligations associated with roles. The obligations undertaken in the role of student impact on the time available for other activities related to other roles (Bradley & Cleveland-Innes, 1992).

Potential role strain problems may be identified as personal need areas for re-entry nurses if they are given the opportunity to consider these prior to entering an education program. If educators are aware of these potential stressors, they can better assist re-entry nurses to cope with the obligations of student roles. Lee (1987), after comparing stressful didactic incidents experienced by RNs in a baccalaureate program with those of generic students, found that the mode of instruction (classroom experience, course grading, assignments) was not always geared to adult learners. This may be considered by inactive nurses to be another barrier to re-entry via an education program. Assessment of personal and professional learning needs of re-entry nurses will allow educators to gear instructional methods to this particular group of learners.

Employers' attitudes about nurses who have been inactive for a period of time considered to be too long can be a barrier to re-entry to practice (Paulin, 1987). The question "How long is too long?" to be away from nursing is one asked by some

employers (Kalnins, 1986). "Too long" is described by Paulin (1987) as a very long time but is not defined in years. Issues of specialization in nursing and increasing acuity of clients' conditions (Curtin, 1987) may be barriers to some inactive nurses who wish to return to practice.

Learning Needs

In their review of literature related to assessment of continuing education learning needs, Kristjanson and Scanlan (1992) note that a generally accepted, useful, substantive definition of the term "need" is lacking and this may lead to confusion in usage. Learning needs are described by Sullivan (1993) as needs for knowledge or for gaining ability to do something. Other writers describe educational needs as needs which: can be satisfied by means of learning experiences; arise out of roles, responsibilities, and functions; and which may, or may not, be recognized (Bell, 1978; Koonz, 1978). Educational needs are also described as the difference or gap between what learners want to know and what they actually know (Cannon & Waters, 1993; Kowalski, 1988), or between present capability and desired capability (Sork, 1994). Sork (1994) states that while academics have tried to analyze the meaning of "need" as used in education, it has no consistent definition.

Some agreement exists about the definition of felt or perceived learning needs. These needs are perceived by individuals or groups and are important because they can motivate learning (Bell, 1978; Bowman, Wolkenheim, LeBeck, O'Donnell, & Sneider, 1985; Kalnins & Kalnins, 1991; Koonz, 1978; Sullivan, 1993) but may be limited by self-awareness (Cannon & Waters, 1993). Normative, ascribed, or prescribed learning

needs are those identified or perceived by the experts (Brookfield, 1986; Koonz, 1978; Sullivan, 1993) and are viewed as required for improved work performance (Kalnins & Kalnins, 1991).

Sullivan (1993) studied the "felt" learning needs of pregnant women. Findings of this study support the importance of assessing learning needs before developing an instructional program and materials. This study, based on adult learning theory, indicated that learning needs vary as does the time the need arises. Bell (1978) and Koonz (1978) also use the term "felt" need (defined as perceived need) and agree that learning needs are not fixed but are constantly changing. The perceived learning needs of learners offer a place to start when planning for learning experiences. Brookfield (1986) warns though that "felt needs", while important, cannot by themselves ldictate the program content.

Assessment of Learning Needs

Writers describe different techniques for assessing learning needs. The written survey, using both fixed response and open ended questions is considered to be particularly useful (Bachman, Kitchens, Halley, & Ellison, 1992; Bell, 1978; Koonz, 1978; Kristjanson & Scanlan, 1992; Macdonald, 1991; Polit & Hungler, 1991; Sullivan, Saver, Moyer, Hurray, & Hagues, 1991). The literature supports assessment of the perceived learning needs of potential learners as a beginning step to offering viable, appropriate programs (Kowalski, 1988; McKillop, 1987; Sork, 1994). It is critical that both perceived needs and normative needs are assessed and that learners realize that their assessment of needs is important to program planners (Kristjanson & Scanlan,

1992).

Written information on the topic of assessment of the perceived learning needs of nurses entering nursing refresher programs is scarce. Yet it is apparent from anecdotal writings that educators promote flexibility of teaching plans to accommodate individual learner's needs once in a program (Curtis & Schneidenbach, 1990; Reed, 1985; Schuldenfrei, 1991; Sharp & Frederick, 1989). Healy (1989) indicated that she and her colleagues developed a questionnaire to assess the needs of inactive nurses in their community. Among other things, their study showed that an overwhelming majority of inactive nurses were willing to consider taking refresher courses or other courses to prepare themselves to return to nursing practice. Their study did not address which learning needs inactive nurses felt should be addressed in such courses (Healy & Mueler, 1989).

Continuing education literature in nursing revealed several articles about learning needs assessment which are relevant to re-entry nurses. Logan and Boss (1993) studied nurses' learning patterns related to skill acquisition. Their findings indicate that technical skills must be acquired before a nurse can master more complex relationships (Logan & Boss, 1993). Skill performance is often a concern to re-entry nurses because of the time lapsed since practice and changing technology necessitating new skills. This needs to be considered when assessing the professional learning needs of re-entry nurses.

Assessment of the educational needs of learners is important in gaining and sustaining the interest and commitment of learners. The learners themselves are seen

as the best source of information about perceived learning needs (Bowman et al., 1985; Reece et al., 1993). Bowman et al. (1985) found that learners ranked perceived personal needs first and "job related" or professional needs second and therefore they recommended that needs assessment for program planning is a fundamental step and must be on-going. This structured interview study revealed nurses' perceptions of relative importance of needs but did not yield demographic data which are essential in determining the potential needs of specific groups of nurses (for example, those away from nursing for 5 years and those away for 15 years). Educators must ensure the tools used reflect "need to know" and not just "nice to know" topics.

Learning needs as perceived by learners must be coupled with the learning needs for re-entry to nursing as identified by employers and educators (Bowman et al., 1985; Chesney & Beck, 1985; Sullivan et al., 1991). Input by both educators and employers is important because nurses often identify continuing education needs in areas where they already feel competent (Sullivan et al., 1991). Inactive nurses may not have adequate knowledge of the current nursing and health care environment to assess adequately their own professional learning needs for re-entry to practice.

Kalnins (1986) suggests that the following issue may arise: How long a time away from nursing can be permitted? The suggestion is that nurses who have been away from nursing may not find a place in nursing because employers can be selective. This presumably would be because learning needs of nurses away from practice for longer time periods would be too great. Yet the results of Kalnins' (1986) study indicate that the length of inactivity (between 0 and 30 years), as reported in a group of

re-entry nurses, was not found to be significant.

Macdonald's (1991) study showed that inactive nurses in Alberta perceived outdated nursing knowledge, lack of technical skills, home and family responsibilities, and limited job opportunities as the greatest barriers to re-entry into nursing practice. Over 75 percent of the inactive nurses surveyed identified the following personal needs as important or greatly important: recognition of individual, family and/or work needs; need for a caring learning environment; need to have feedback and supervision; need to learn independently and at one's own rate; and, development of self-confidence, study skills, and stress management strategies (Macdonald, 1991). Professional learning needs perceived as important by this group of inactive nurses centred around specific nursing knowledge and skills. Differences in professional and personal learning needs as perceived by diploma and baccalaureate graduates were identified.

Summary of Literature Review

This literature review encompassed four main topic areas: RN Refresher programs, barriers to re-entry to nursing practice via an education program, learning needs, and assessments of learning needs. The literature reveals linkages among these. Inactive nurses entering, or in, refresher programs are influenced by other life roles and responsibilities and their own perceived personal and professional learning needs. Different authors use different terms to describe personal and professional needs, yet agree that a careful needs assessment should be an integral step in program planning.

In the literature that specifically addresses registered nurse refresher programs, there is little, if any, evidence of assessments of perceived learning needs of inactive

nurses being done prior to program development. Tools to assess the learning needs of inactive nurses are scarce. Macdonald's (1991) questionnaire was used in this study. It has already been used in one Canadian study. It is apparent from the literature that little research related to the learning needs for return to nursing practice as perceived by inactive nurses has been done. In the needs assessment literature reviewed, interviews and written questionnaires are the most commonly described methods of gathering data about perceived learning needs.

Conceptual Framework

Malcolm Knowles (1984) describes androgogy as a theoretical framework for thinking about adult learning, a systematic framework of assumptions and principles which lead to strategies.

The inherent assumptions of the androgogical principles described by Knowles (1984) are:

1. adult learners are self-directed and capable of accepting responsibility for themselves;
2. adults enter into educational activities with more life experiences than younger people and are therefore the richest resources for themselves and one another;
3. adults become ready to learn when an event triggers a need to know or do something to perform better in some aspect of their lives;
4. adults enter educational activities with a task-centred or problem-centred orientation; and,

5. internal motivators such as self-esteem, recognition, and improved quality of life are the strongest motivators for adult learners.

Inactive nurses often re-enter nursing because of life events such as divorce, death of a spouse, or economic reasons (Brown & Waddell, 1988; Curtis and Schneidenbach, 1990; Perry, 1986; Sharp and Frederick, 1990). Each nurse who enters a refresher program has experienced a different life circumstance which determines the individual's need and motivation for learning.

Knowles (1984) assumes adult learners are able to accept responsibility for learning and enter educational activities with a problem-centred orientation. Thus inactive nurses are likely to accept responsibility for the learning required to re-enter nursing practice. As problem-centred adult learners, they will likely be able to identify perceived gaps in their own knowledge and skills.

Refresher programs are usually mandatory for inactive nurses who wish to return to nursing practice. This may be problematic for adult learners who are assumed to be self-directed, task- or problem-centred learners with individual learning styles. Their learning needs and goals may not match those of the educational program. Thus it is important to involve inactive nurses in the process of assessing their own learning needs so that the learning is meaningful and useful to them.

An androgogical model promotes involvement of learners in a process of diagnosing their own learning needs and eventually planning learning experiences to meet those needs (Knowles, 1984: Cranton, 1992). Cranton (1992) cautions that learners from other cultures may not be self-directed, therefore different strategies

would be used to help them identify learning needs and to plan activities. Knowles' (1984) model assumes that learners are self-directed and, in this sense, is culture specific.

Brookfield (1986) explains self-directed learning in adulthood as a way of learning how to change perspectives, shift paradigms, and replace one's old ways of interpreting the world with new ways. For nurses from different cultural backgrounds or for those who have not been involved in nursing recently this may be particularly significant.

The nursing and relevant life experiences of inactive nurses vary widely. Inactive nurses, as part of learning needs assessment, will identify and reflect on these experiences, assess their relevance to future nursing experiences and identify learning needs. Relevance of subject matter is crucial for success for adults in all learning situations (Kowalski, 1988). The perceived personal and professional learning needs of inactive nurses have the potential to influence their motivation and readiness to learn. It is assumed that as adult learners they will perceive a greater need for self-direction in learning and that their life experiences and situations and the diversity and range of adult learning styles should be respected (Babcock & Miller, 1994; Brookfield, 1986).

Chapter 3

Research Design

The research design is the blueprint or plan for getting answers to research questions; it includes plans for sample selection, data collection and analysis (Burns & Grove, 1993). The research questions posed in this study are descriptive in nature. Burns and Grove (1993) describe this type of question as a factor-naming or factor-searching study which describes or characterizes a phenomenon or an event. The design was a non-experimental descriptive study (Polit & Hungler, 1991) and was intended to describe and document the learning needs for, and barriers to, re-entry to practice as perceived by inactive nurses in Manitoba. Both quantitative and qualitative approaches for collection of data were used.

Needs assessments provide data which allow identification of the extent and type of existing needs for the purposes of evaluation and revision of existing programs and planning new ones in light of the learners' needs (Polit & Hungler, 1991; Warheit, Bell, & Schwab, 1979). A needs assessment which synthesizes the perceived needs of the learners and the normative needs prescribed by employers and educators can expand knowledge and improve performance of the learners (Bowman et al., 1985). Needs analysis is done to reduce the uncertainty about what programming or program content should be added or reduced (McKillop, 1987). In this study, inactive nurses were asked to identify learning needs for, and barriers to, re-entry to nursing practice.

This study was an approximate replication of a study done by Macdonald (1991) in Alberta. An approximate replication study involves use of the same methods as the

original study, under similar, yet not identical, conditions (Burns & Grove, 1993; Haller & Reynolds, 1986). Macdonald's study was not exactly replicated. This study was done approximately 4 years later in another province in which there is no shortage of nurses and circumstances are different. Macdonald's method was replicated with a few questions added or slightly changed and the sequencing of questions reorganized on the needs assessment questionnaire. If the replication yields findings similar to those of the original, these findings are credible, validating, and can generate new information from different populations and settings (Blomquist, 1986; Burns & Grove, 1993; Connelly, 1986; Haller & Reynolds, 1986). Replication of studies is needed to establish credibility of findings and to increase generalizability (Beck, 1994; Connelly, 1986; Haller & Reynolds, 1986). Findings which indicate that inactive nurses in Manitoba perceive similar learning needs and barriers to re-entry to nursing practice as inactive nurses in Alberta would afford credibility and generalizability of findings to other inactive nurses.

Macdonald (1991) described her design as a descriptive survey method. She viewed this method as appropriate because the focus of the study was learning needs as perceived by inactive nurses themselves. Macdonald (1991) developed a questionnaire based on two other questionnaires, input from subject experts, the literature on nursing refresher students and programs, and the Alberta Association of Registered Nurses' 1980 guidelines for refresher programs. The focus of one of the questionnaires used by Macdonald (1991) in the development of her questionnaire was effectiveness of a nursing refresher program in meeting the personal and professional learning needs of its

graduates (Barabash-Pope, 1990). The focus of the other was assessment of barriers to re-entry and the professional learning needs of inactive nurses in California in 1981 (Macdonald, 1991). Permission to use or adapt the Macdonald's (1991) questionnaire for use in this study was obtained (see Appendix C).

As stated earlier, there has been very little documented research which describes the learning needs for re-entry to practice from the perspective of inactive nurses. This study was designed to describe these perceived needs in depth.

Sampling

Sampling involves selecting a group of people who are representative of the population being studied (Burns & Grove, 1993). Descriptive studies are most often conducted with a non-random, or non-probability sample, in which subjects are chosen on the basis of convenience (Burns & Grove, 1993).

The population consisted of inactive nurses in Manitoba; that is, nurses who have not actively practiced for 3 years or more. The sample consisted of inactive nurses who lived in Manitoba and had notified the MARN of their associate member status in 1995 and were obtained through the MARN roster. Associate members are not practicing nursing; however they can participate in the business affairs of the MARN and receive the MARN's publication. These members would have held inactive or associate memberships in the MARN in 1994 and 1993 as well. In Macdonald's (1991) study, members of the sample were born between 1940 and 1975 making them between 20 and 55 years of age at the time of the study. The Manitoba inactive nurses in the sample were also selected on the basis of their age (birth dates

between 1940 and 1975) so that participants in the study were between 20 and 55 years of age. The age categories used on Macdonald's (1991) questionnaire spanned 10 years (for example 20 - 29, and 50 - 59). The age categories in this study were revised based on the following:

1) Macdonald's (1991) data revealed that only 2 of the respondents were in the 20 - 29 age range;
2) it is highly unlikely that a nurse 20 - 22 years of age could have been inactive in nursing for 3 years;
3) one criterion for inclusion in the sample is being between the ages of 20 and 55 years of age; so the age categories did not need to exceed 55 years of age.

In the 1994 MARN registration year, 475 MARN members who were active in 1993 became inactive in 1994 and 191 of these held associate membership in 1994 (MARN Annual Report 1993 - 94, p. 7). Following initial discussions with the MARN Business Manager, a larger sample was anticipated. After further discussions the MARN Business Manager recommended that criteria for inclusion in the sample include that the member had not worked as a registered nurse for 3 or more years, rather than 4 (as initially proposed and as it was in Macdonald's (1991) study and held only associate membership in the years 1995, 1994, and 1993. The main reason for this recommendation was because so few (23) members who fit the age and residency criteria had also been associate members of MARN for 4 years or more. By changing this to 3 or more years, there were then 40 associate members who made up the

sample. Most nurses who opt for associate membership with the MARN do so to keep in touch with MARN activities through MARN publications and may be living outside of Manitoba or away on maternity or other leave (A. Mayer, Business Manager, personal communication, May, 1995). Given that Macdonald's (1991) questionnaire (see Appendix D) is relatively structured, a larger sample for this study would have been better (Brink & Wood, 1989; Burns & Grove, 1993) since return of completed questionnaires was not predictable.

The MARN Policy Regarding the Release of Names from the MARN Roster (see Appendix E) permits either the release of names of members or address labels for research purposes. Rather than requesting the release of the names and addresses of associate members, the MARN was asked to affix address labels to the prepared envelope packages. After ethical approval was obtained from the University of Manitoba (Appendix F) and permission from the MARN Board of Directors (Appendix G) for the study was obtained, the MARN Business Manager was asked to generate names and addresses of inactive nurses who met the sample criteria. The prepared envelope packages were delivered to the MARN for labelling and mailing. An advantage of this method of access was convenience. Mailing questionnaires was a relatively simple process and was less costly and less time consuming than telephone interviews/surveys or in-person interviews. Because not all inactive nurses reside in Winnipeg, interviews would have involved travel on the part of the researcher and perhaps even for some participants. This would have involved greater cost and inconvenience. However, there were some costs associated with mailing of

correspondence and questionnaires and provision of stamped return envelopes. In this study the advantage of convenience outweighed the associated costs for the researcher.

The Instrument

A mailed questionnaire survey was chosen as the instrument for the study for several reasons. It was anticipated that inactive nurses in the sample would reside in various places in Manitoba. The mailed questionnaire was used to gather data with minimal expenditure of time and money. Macdonald's (1991) study had a higher than expected return rate of 58%, which may indicate that inactive nurses were motivated to respond. Initially there was less expense involved in development of an instrument because Macdonald (1991) had already developed and piloted an instrument (See Appendix D) and then used it in her study. Permission to use or adapt this instrument for use in this study was granted (see Appendix C). As noted earlier, the questionnaire is relatively structured. Brink and Wood (1984) indicate that a descriptive study requires more overall structure.

Macdonald's (1991) questionnaire with minor editorial changes and some adaptations to the organization and content of some questions was used. Adaptations to the original were made based on local refresher program evaluation reports, comments made by members of the program advisory committee, and a MARN Entry to Practice Report (1984). The focus of the MARN Entry to Practice Report (1984) was on the educational preparation necessary to enter beginning practice as a registered nurse in the future. This report indicated that the MARN membership viewed greater competence in health assessment, teaching and counselling, stress management, and

critical thinking skills as important for the nurse of the future (MARN, 1984). In this report the future was considered to be 1992. A recent paper describing nursing resources in Manitoba supports the need for nurses to have knowledge in these and other areas such as delegation and supervisory skills and technological knowledge (computers) (MNPAC, April, 1995).

The adapted questionnaire (Appendix H) is divided into four sections: demographic data, barriers to re-entry, personal learning needs, and professional learning needs. The majority of questions are closed-ended questions, using a Likert scale for responding. Open-ended questions were included at the end of each section, to allow participants to share information not included elsewhere. There are 94 closed-ended questions and 10 open-ended questions in the questionnaire.

The original instrument was piloted before use in the Alberta study (1991) and the adapted questionnaire was piloted before use in this study in Manitoba. There were two reasons for piloting the questionnaire before this study. One was because some additions were made to the questionnaire; the other was that circumstances in nursing are different in Manitoba in 1995 (from that of Alberta in 1991). The adapted questionnaire was mailed with a cover letter (Appendix I) to members of the pilot test group. The pilot test group included five inactive nurses who may or may not have a current associate membership with the MARN. Members of the pilot test group were asked to comment on how much time was required to complete the questionnaire, the appropriateness and currency of the content, the appearance of the questionnaire, the cover letter, and to offer any other comments they wished to make about the cover

letter, questionnaire, and the process. Questions were standardized as much as possible in order to analyze the answers to each question as a unit using descriptive statistics (Brink & Wood, 1989).

The five inactive nurses who completed the questionnaire as a pilot test all indicated that they felt the directions and questions were clear, and the content appropriate. Three said it took them 20 minutes to complete, one said 10 minutes, and one said 30 minutes (average time to complete 20 minutes).

Questionnaires were self-administered by inactive nurses in the sample and provided data acquired through self-report.

Method of Data Collection

The total number of possible survey participants was determined on the basis of roster information received from the MARN. A survey package containing a cover letter, a questionnaire, and a stamped and addressed return envelope was prepared for each survey participant. The prepared envelope packages were delivered to the MARN for address labelling and mailing. The MARN Business Manager had the only master list of names. The researcher did not have the names of participants. The desired return date for the questionnaires was specified in the cover letter (see Appendix J). The return date was set for approximately two weeks after the date on which the questionnaire was mailed.

Dillman (1978) suggests use of a follow-up reminder to improve response rate. Macdonald (1991) did not send follow-up reminders because within 4 weeks of the initial mailing 58% of the questionnaires were returned and she felt this response was

adequate. In this 1995 study questionnaires were not coded and a follow-up reminder (see Appendix K) was mailed to all members of the sample 2 weeks after the initial mailing. A second reminder and another questionnaire were mailed to all members of the sample 4 weeks after the initial mailing.

On advice from the MARN Business Manager, reminders were sent to all members of the sample to further assure them of their anonymity to the researcher. This advice was based on the MARN Business Manager's past experiences with nurses and other studies: if nurses see that questionnaires are coded, they feel that they can somehow be identified and may be less likely to respond.

Ethical Considerations

The major ethical concerns in a study of this kind include confidentiality of the data and anonymity of the participants (Brink & Wood, 1989). Since the MARN labelled and mailed out the envelope packages and the researcher did not personally have access to the names or the MARN roster, the participants remained anonymous to the researcher. The MARN assures confidentiality of names and addresses of members. In the cover letter which accompanied the mailed questionnaire, participants were assured of anonymity and confidentiality of data gathered (see Appendix I). Once mailings were completed, the MARN destroyed the master list. As noted earlier, approval to carry out the study was obtained from the University of Manitoba Faculty of Nursing Ethical Review Committee (Appendix F) and the MARN Board of Directors (Appendix G). Anonymity was safeguarded in the following way: no identifying information was placed on the questionnaire or return envelope or entered into

computer files. The researcher did not acquire or possess any information which could have identified the respondents (Polit & Hungler, 1991). To ensure confidentiality of data, completed questionnaires will be retained in a secure filing cabinet for 7 to 10 years. If this study is published, participants will not be identifiable because the researcher did not have access to participants' names.

The cover letter (Appendix I) served as a disclaimer as well as a request asking inactive nurses to participate in the study. A written consent form was not used; there is minimal risk to participants when a paper and pencil questionnaire is used. Participation in the study was voluntary.

Data Analysis

Data analysis was done using descriptive statistics. Macdonald (1991) used the Statistical Package for the Social Sciences (SPSS) for data analysis. The Statistical Analysis System package was used in this current study. This package was more accessible and provided the same data output. Summary statistics are usual in the analysis of data from questionnaires (Burns & Grove, 1993). Frequency and percentage distributions were reported for each category on the questionnaire. Because of the small sample size, no attempt was made to apply inferential statistics which require a larger sample size in order to be valid. Data gathered under "general comments" sections of the questionnaire were analyzed according to themes and frequency of responses.

Demographic data provided a general description of participants and information about different groups of inactive nurses in the sample. Demographic characteristics of

respondents included age range, family status, number and ages of children, educational background, and career patterns. Measures of central tendency were used to determine the mean number of years away from active nursing practice and modes for highest level of education and interest in returning to nursing were determined. Frequency distribution tables were used to display demographic data.

Summary

Questionnaires were mailed to 40 members of the MARN who: had not worked as a registered nurse in 3 years; were living in Manitoba; held only associate membership in the MARN in 1995, 1994, and 1993; and were born between the years 1940 and 1975, making them between 20 and 55 years of age. Statistical analysis was done using descriptive statistics. The following two chapters include the results and discussion of the findings.

Chapter 4

Results

The purpose of this chapter is to present the results of this study. It includes a description of the sample in terms of demographics. Answers to the following research questions were sought:

1. What personal learning needs are perceived by inactive nurses as essential for re-entry to practice in Manitoba?
2. What professional learning needs are perceived by inactive nurses as essential for re-entry to practice in Manitoba?
3. What, if any, barriers to re-entry to practice are perceived by inactive nurses in Manitoba?
4. Are there differences in perceived learning needs according to the demographic characteristics of inactive nurses in Manitoba?
5. Are there differences in the perceived barriers to re-entry to practice according to demographic characteristics of inactive nurses in Manitoba?

A descriptive survey method was used to collect data. The instrument used was a questionnaire. Questionnaires were mailed to 40 associate members of the MARN who met the criteria for the sample. Members were selected from the MARN roster by the MARN Business Manager. However, 8 of the respondents who returned completed questionnaires indicated that they have been employed in nursing within the last 3 years in Manitoba, and one is currently an active practicing member of the

MARN. Five others returned the questionnaires but did not complete them because they are actively practicing nursing outside of Manitoba (4 in the USA and 1 in another province). Two questionnaires were declined, one due to long term disability and the other due to terminal illness. This left a possible 25 participants, not 40 as originally projected.

Fifteen nurses (60% of the 25 who met the sample criteria) responded to the questionnaire. Two of these 15 completed only those sections of the questionnaire that asked for demographic data and information on barriers to returning to nursing practice. Both indicated that they did not complete the sections on learning needs because they are not interested in returning to nursing.

Summary tables presenting frequencies and percentages have been used to display the data. No attempt was made to apply inferential statistical analyses which require a larger sample size in order to be valid. A sample size of at least 30 is required in order to have sufficient power to detect differences or relationships that actually exist in the sample (Burns & Grove, 1993). When the word "most" is used in data presentation, it refers to, at minimum, two-thirds of respondents and "majority" refers to more than one-half of respondents (Tornquist, 1986).

Demographic Characteristics

Demographic characteristics of respondents include age, family status, number and ages of children, educational background, and career patterns.

The majority (73.4%) of respondents in the sample were between 40 and 55 years of age, with only 4 (26.7%) between 25 and 39 years of age (see Table 1). This

differs from Macdonald's (1991) study, where 63.2% of respondents were between 40 and 55 years of age, and 36.8% were between 20-39 years of age. However, if this study (1995) had been done in 1991 in Manitoba, results may have been more similar to Macdonald's (1991) or vice versa. The average age of nurses in Manitoba is increasing yearly (MNPAC, April, 1995).

Table 1

Age Groups : Frequency and Percent (n=15)

Age	Frequency	Percent	Combined Frequency	Combined Percent
25 - 29	1	6.7	1	6.7
30 - 34	2	13.3	3	20.0
35 - 39	1	6.7	4	26.7
40 - 44	4	26.7	8	53.4
45 - 49	4	26.7	12	80.1
50 - 55	3	20.0	15	100.0

The majority of respondents were married (86.7%) with 1-3 children (66.7%) (See Table 2 and Table 3). The ages of their youngest children varied, with 4 indicating the youngest child was 5 years old or younger (See Table 4). These demographic characteristics are very similar to those of the respondents in Macdonald's (1991) study in which 89.7% of respondents were married and 69.7% had 1-3 children.

Table 2

Family Status:Frequency and Percent (n=15)

Family Status	Frequency	Percent	Combined Frequency	Combined Percent
Married	13	86.7	13	86.7
Single	1	6.7	14	93.4
Divorced	1	6.7	15	100.00

Table 3

Number of Children: Frequency and Percent (n=15)

Number of Children	Frequency	Percent	Combined Frequency	Combined Percent
None	4	26.7	4	26.7
1 - 3	10	66.7	14	93.4
4 or more	1	6.7	15	100.0

In the general comments at the end of the questionnaire, one respondent noted that although they have no children they have elderly parents who require their care.

Table 4

Age of Youngest Child: Frequency and Percent (n=15)

Age of Youngest Child	Frequency	Percent	Combined Frequency	Combined Percent
No Children	4	26.7	4	26.7
0 - 5	4	26.7	8	53.4
6 - 12	2	13.3	10	66.7
13 - 19	2	13.3	12	80.0
Over 20	3	20.0	15	100.0

Two (13.3%) of these inactive nurses have completed Master's degrees in fields other than nursing. Two (13.3%) completed a baccalaureate in nursing, and one (6.7%) a baccalaureate in another field. A registered nurse diploma was the highest level of completed education for 10 (66.7%) of these 15 inactive nurses (see Table 5). In Macdonald's (1991) study, 74.2% of respondents had a diploma in nursing (highest education), 14.2% a baccalaureate in another field, 4.5% a Master's degree in another field, and 1.3% a Master's degree in nursing.

Table 5

Highest Level of Completed Education: Frequency and Percent (n=15)

Highest Level of Education Completed	Frequency	Percent	Cumulative Frequency	Cumulative Percent
RN	10	66.7	10	66.7
BN	2	12.3	12	80.0
Baccalaureate Other Field	1	6.7	13	87.7
Masters' Other Field	2	13.3	15	100.0

Thirteen (86.7%) of the respondents had not attended any nursing continuing education programs during their absence from nursing. The two who attended indicated that they took "courses toward a certificate in gerontology", and "crisis intervention counselling, counselling skills, and Introduction to Nursing Management, Distance Education".

Conversely, 11 (73.3%) of the 15 indicated that they had attended non-nursing educational programs while being absent from nursing. These respondents cited many different types of educational offerings or various topics including volunteer and

association management, fundraising, communications, computer courses, team building, Ukrainian language, instrument technician, business administration, accounting, neurolinguistics, library technician program, and library workshops.

The educational backgrounds of respondents in this study are similar to those of respondents in Macdonald's (1991) study. The majority of the inactive nurses who responded had achieved a registered nurse diploma as the highest level of completed education; the majority had not attended nursing continuing education programs. However, in this 1995 study, 73.3% of respondents reported attending non-nursing educational programs compared to only 55.8% of respondents in Macdonald's (1991) study.

All but two of the respondents were initially registered nurses in Manitoba. One other indicated Ontario, and a second "Canada".

The amount of nursing experience varied considerably, with a range of 1 to 24 years of nursing experience (see Table 6). The average number of years of experience or years actively worked as a nurse was 12.3 years, with a mode of 10 years.

Table 6

Length of Time Actively Worked as a Nurse: Frequency and Percent (n=15)

Length of Time Actively Worked As a Nurse	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1 year	1	6.7	1	6.7
2 years	1	6.7	2	13.4
4.5 years	1	6.7	3	20.1
5.5 years	1	6.7	4	26.8
9 years	1	6.7	5	33.5
10 years	3	20.0	8	53.5
13 years	1	6.7	9	60.2
15 years	1	6.7	10	66.9
16 years	1	6.7	11	73.6
17 years	1	6.7	12	80.3
21 years	1	6.7	13	87.0
23 years	1	6.7	14	93.7
24 years	1	6.7	15	100.0

Table 7 displays data describing the length of time since respondents were last employed in nursing. The range was 3 to 17 years and the average length of time since last practicing as a nurse was 6.9 years, with a mode of 3 years.

Table 7

Length of Time Since Last Employed in Nursing: Frequency and Percent (n=14)

Length of Time Since Last Employed in Nursing	Frequency	Percent	Cumulative Frequency	Cumulative Percent
3 years	3	21.4	3	21.4
3.5 years	1	7.1	4	28.5
4.5 years	1	7.1	5	35.6
5 years	2	14.3	7	49.9
6 years	1	7.1	8	57.0
7 years	1	7.1	9	64.1
8 years	1	7.1	10	71.2
10 years	2	14.3	12	85.5
12 years	1	7.1	13	92.6
17 years	1	7.1	14	100.0

Missing = 1

Many (40%) of the respondents cited the acute care setting as that in which they were employed the longest. Others were employed the longest in educational, long term care, ambulatory care, and community settings (see Table 8). Two cited "other setting" and described these settings as "rehab" and "Ca Treatment Foundation". The majority (9 or 64.3%) of respondents were last employed as staff nurses, with the remainder having been last employed in administration (2 or 14.3%), education (2 or 14.3%), or as office nurse (1 or 7.1%).

Table 8

Setting in Which Last Employed: Frequency and Percent (n=15)

Setting in Which Employed the Longest	Frequency	Percent	Combined Frequency	Combined Percent
Acute Care Hospital	6	40.0	6	40.0
Long term Care Facility	2	13.3	8	53.3
Ambulatory Care	1	6.7	9	60.0
Community Setting	1	6.7	10	67.7
Educational Setting	3	20.0	13	87.7
Other	2	13.3	15	100.0

The career patterns of the inactive nurses who responded in this study are somewhat similar to those of respondents in Macdonald's (1991) study. In Macdonald's study 60.4% of respondents had last been employed as a nurse 6 - 15 years prior, compared to 42.7% in this study. In Macdonald's (1991) study the majority (67.5%) of respondents had been employed the longest in acute care settings, compared with 40% in this study. The majority of respondents in both studies were employed the longest in staff nurse positions (63.4 and 64.3% respectively).

Only one-third (5) of the respondents indicated an interest in returning to nursing. Three of the 5 wrote comments about why they had taken time away from nursing and which areas of nursing they would prefer on their return to practice. One said "I simply took time off to develop a skill I've always enjoyed" (diploma course in communications) and hopes "to build on this by working in nursing as a health care educator" in a community setting.

Another respondent noted that "because of downsizing I was unable to find work in my small community. . . . I will need a refresher but would have taken one anyway for my own confidence builder."

Finally, the third respondent stated their absence from nursing was due to chronic fatigue syndrome. This respondent indicated that their return to nursing practice could be on a part-time basis only "3-4 hours/day, 2-3 days/wk".

While only five respondents indicated an interest in returning to nursing practice, six responded to the question, "If you are interested in returning to nursing, which best describes the setting in which you would most like to be employed?"

Table 9

Preferred Setting on Return to Nursing Practice: Frequency and Percent (n=15)

Preferred Setting on Return to Nursing Practice	Frequency	Percent	Combined Frequency	Combined Percent
Acute Care Hospital	1	14.3	1	14.3
Psychiatric Hospital	1	14.3	2	28.6
Community Setting	3	42.9	5	71.5
Educational Setting	2	28.6	7	100.0

(One person chose 2 potential settings, psychiatric hospital and educational setting)

Respondents who were not interested in returning to nursing described various reasons for their decisions. Five are currently employed in other fields such as library science, counselling, and administration, in a non-nursing setting. One said that in nursing the "salary is lower than my current occupation. There is more satisfaction in my current field--association management". Health and family obligations were also

listed as reasons for not wanting to return to nursing. Two others cited current trends in nursing education as the reasons they are not interested in returning to nursing. One of them said "[I] do not like the direction nursing is taking at this time, or the types of educational limits. I think nursing is overriding other areas!" The other stated, "I am not prepared to return to study at the BN level having already completed a master's program in another field."

In Macdonald's (1991) study approximately one-half of the respondents were interested in returning to nursing and approximately one-half were not. Reasons for not being interested in returning to nursing were similar to those of respondents in this study: health, family obligations, being satisfactorily employed in another field, and discontent with trends in nursing.

In this study the 2 respondents who did not complete the questionnaire sections on personal and professional learning needs are not interested in returning to nursing, are in the 40-55 years age range, have 10 years of nursing experience, have a registered nurse diploma, and last worked in nursing 5 and 10 years ago.

Personal and Professional Learning Needs

The first two research questions asked what personal and professional learning needs are perceived by inactive nurses in Manitoba as necessary for re-entry to practice. The sections of the questionnaire related to these questions used rating scales for possible personal and professional learning needs. Respondents were asked to respond in one of three ways to each item on this section of the questionnaire, rating each as of great importance, important, or not important. Based on participants'

responses, the learning needs items in each category of importance were ranked from the item chosen most often to the one chosen least often, and frequency and percentage for each item listed. Additionally, the combined frequencies and percents for responses "Of Great Importance" and "Important" to learning needs items were reviewed and ranked. This provides a general overview of learning needs perceived as at least important. The phrase "at least important" was used to describe the cluster of responses "Of Great Importance" and "Important". The combined frequencies for responses of "Great Barrier" and "Slight Barrier" to items on barriers to re-entry are also presented. This provides a general overview of perceived barriers to re-entry to practice.

Items were ranked in order from the highest frequency and percent to the lowest. When items shared the same frequency and percent they were assigned the same rank. Then the next item was ranked according to how many items had been ranked ahead of it. The following sample table illustrates this.

Example: n = 15

Rank	Need	Combined Frequency	Combined Percent
1		15	100.0
2	These 3 items are the 2nd, 3rd and 4th	12	80.0
2	items ranked. They share a rank of 2 by	12	80.0
2	virtue of equal frequencies and percents	10	66.7
5			

Personal Learning Needs

Personal learning needs which were rated as "Of Great Importance" by the respondents are displayed in Table 10. Personal learning needs are listed, starting with those rated "Of Great Importance" most frequently and ending with those rated "Of Great Importance" the least frequently. Seven of the personal learning needs described were rated "Of Great Importance" by about 50% or more of respondents. Another six needs were viewed as "Of Great Importance" by approximately one-third of respondents, three others by 15-25% of respondents, and four others by 7.7% (or 1 respondent). One personal learning need, "Learn how to set goals", was not rated as "Of Great Importance" by any of the respondents.

Table 10

Personal Learning Needs Perceived to be of "Great Importance": Rank Order, Frequency and Percent (n = 13)

Rank	Need	Frequency	Percent
1	have my various family responsibilities recognized as important even if they compete with my learning	10	76.6
2	learn in a caring and encouraging environment	9	69.2
3	learn on my own (at home by correspondence)	7	53.8
3	have instructor feedback	7	53.8
3	progress at my own rate	7	53.8
3	have my work responsibilities recognized as important even if they compete with my learning	7	53.8
7	have my individual learning needs recognized	6	46.2
8	develop self-confidence	5	38.5
8	have peer support	5	38.5
10	learn to be more assertive	4	30.8
10	express my own learning needs	4	30.8
10	have instructor supervision and assistance	4	30.8
10	develop my ability to manage stress	4	30.8
14	develop organization & time management skills	3	23.1
14	have financial support	3	23.1
16	improve my self esteem	2	15.4
17	develop my study skills	1	7.7
17	develop my writing skills	1	7.7
17	improve my ability to identify my own learning skills	1	7.7
17	be with my peers in a classroom setting	1	7.7
21	learn how to set goals	0	0.0

Personal learning needs rated as "Important" by respondents are summarized on Table 11, starting with those most frequently rated "Important" and ending with those rated that way the least frequently.

Fourteen of the 21 personal learning needs listed on the questionnaire were viewed as "Important" by approximately one-half of respondents. Another 5 needs were rated important by about one-third of respondents, and the remaining 2 were rated important by 15-25% of respondents. In Macdonald's (1991) study all of the personal learning needs were rated as important by at least one-third of respondents.

Table 11

Personal Learning Needs Perceived to be "Important": Rank Order, Frequency, and Percent (n = 13)

Rank	Need	Frequency	Percent
1	learn how to set goals	9	69.2
1	be with my peers in a classroom setting	9	69.2
3	have instructor supervision and assistance	8	61.5
4	develop my study skills	7	53.8
4	improve my ability to identify my own learning skills	7	53.8
4	have my individual learning needs recognized	7	53.8
4	develop my ability to manage stress	7	53.8
8	develop self-confidence	6	46.2
8	improve my self esteem	6	46.2
8	develop my writing skills	6	46.2
8	express my own learning needs	6	46.2
8	develop organization & time management skills	6	46.2
8	have instructor feedback	6	46.2
8	have financial support	6	46.2
15	learn on my own (at home by correspondence)	5	38.5
15	have peer support	5	38.5
15	progress at my own rate	5	38.5
15	have my work responsibilities recognized as important even if they compete with my learning	5	38.5
19	learn to be more assertive	4	30.8
20	have my various family responsibilities recognized as important even if they compete with my learning	3	23.1
21	learn in a caring and encouraging environment	2	15.4

Fewer than one-half of respondents rated any personal learning need items as "Not Important" to consider for re-entry to nursing (see Table 12). The need most often identified as "Not Important" was the need to develop writing skills.

A summary table displaying data from Tables 10, 11, and 12 is in Appendix L.

Table 12

Personal Learning Needs Rated as "Not Important": Rank Order, Frequency, and Percent (n = 13)

Rank	Need	Frequency	Percent
1	develop my writing skills	6	46.2
2	improve my self-esteem	5	38.5
2	learn to be more assertive	5	38.5
4	develop my study skills	7	53.8
4	improve my ability to identify my own learning skills	7	53.8
6	learn how to set goals	4	30.8
6	develop organization & time management skills	4	30.8
6	have financial support	4	30.8
9	express my own learning needs	3	23.1
9	be with my peers in a classroom setting	3	23.1
9	have peer support	3	23.1
12	develop self-confidence	2	15.4
12	learn in a caring and encouraging environment	2	15.4
12	develop my ability to manage stress	2	15.4
15	learn on my own (at home by correspondence)	1	7.7
15	have instructor supervision and assistance	1	7.7
15	progress at my own rate	1	7.7
15	have my work responsibilities recognized as important even if they compete with my learning	1	7.7
19	have my individual learning needs recognized	0	0.0
19	have instructor feedback	0	0.0
19	have my various family responsibilities recognized as important even if they compete with my learning	0	0.0

When the combined frequencies and percentages of the responses "Of Great Importance" and "Important" are reviewed, it is apparent that the majority of respondents perceived all personal learning needs listed on the questionnaire as greatly important or important (see Table 13). All respondents rated three needs as greatly important or important: these were to have individual learning needs recognized, have instructor feedback, and have various family responsibilities recognized as important, even if they compete with learning. Seven needs were rated as at least important by 92.3% of respondents. Only three of these seven were rated similarly by Macdonald's (1991) respondents. They were: have instructor feedback, learn in a caring environment, and have home/family responsibilities recognized (Macdonald, 1991). Data from Macdonald's study and this one are similar in that all learning needs on the questionnaire were perceived as greatly important or important by at least 53.7% and 53.8% respectively.

Table 13

Personal Learning Needs Perceived as "Of Great Importance" and "Important": Rank Order, Frequency, and Percent (n=13)

Rank	Need	Combined Frequency	Combined Percent
1	have my individual learning needs recognized	13	100.0
1	have instructor feedback	13	100.0
1	have my various family responsibilities recognized as important even if they compete with my learning	13	100.0
4	learn on my own (at home by correspondence)	12	92.3
4	have instructor supervision and assistance	12	92.3
4	progress at my own rate	12	92.3
4	have my work responsibilities recognized as important even if they compete with my learning	12	92.3
8	develop self-confidence	11	84.6
8	learn in a caring and encouraging environment	11	84.6
8	develop my ability to manage stress	11	84.6
11	express my own learning needs	10	76.9
11	be with my peers in a classroom setting	10	76.9
11	have peer support	10	76.9
14	learn how to set goals	9	69.2
14	develop organization & time management skills	9	69.2
14	have financial support	9	69.2
17	improve my self-esteem	8	61.5
17	learn to be more assertive	8	61.5
17	develop my study skills	8	61.5
17	improve my ability to identify my own learning skills	8	61.5
21	develop my writing skills	7	53.8

Three respondents took the opportunity to comment at the end of the questionnaire section about personal learning needs. Two referred to health and family needs and refresher programs for registered nurses.

> Due to my illness (CFS) [Chronic Fatigue Syndrome] my energy level is unknown day to day and I don't know if I could work out any reliable timetable.
> I also believe that in regard to the areas I might be able to work in eg Group therapy - I have not lost my skills. To need to take all nursing theory over seems an excess.

> Important that the time commitment be flexible to avoid being away from home for a long period of time.
> - distance of "refresher course" close to home would be the ideal situation
> - an array of locations for courses
> - not just Winnipeg
> - access to videos - as much learning as possible at home to prepare for re-entry to practice

The third respondent explained why responses were made stating, "not important for #3 & 5 means I feel competent in these areas and does not mean they are not important to education. I have been very involved in patient and public education recently." This response indicates that at least one respondent found the questionnaire directions unclear as to the relation of important to that respondent or generally important as ability or knowledge that every nurse would need.

Professional Learning Needs

Basic nursing knowledge. The first set of items on professional learning needs was related to the importance of updating basic nursing knowledge before returning to nursing practice. As noted in the previous section, two respondents did not complete this portion of the questionnaire.

Approximately one half (46.2% - 61.5%) of the respondents perceived 5 of 12 basic knowledge areas as of great importance if they were to consider returning to nursing (see Table 14). Three other knowledge areas were perceived as greatly important by approximately one-third (30.8% - 38.5%) of respondents. The remaining basic knowledge areas (4) were perceived as greatly important by less than one-quarter of respondents.

Table 14

Basic Knowledge Perceived as "Of Great Importance": Rank Order, Frequency and Percent (n = 12-13)

Rank	Basic Knowledge	Frequency	Percent
1	current diagnostic and therapeutic nursing care	8	61.5
1	the significance of laboratory and diagnostic findings as related to patients' physical status	8	61.5
3	common emergencies/first aid	7	58.3
4	pharmacological aspects of nursing care	7	53.8
5	critical thinking skills	6	46.2
6	the pathophysiology underlying patients' health problems	5	38.5
6	decision making skills	5	38.5
8	the role of patient education	4	30.8
9	the nursing process, a problem solving approach to deliver nursing care	3	23.1
10	the normal anatomy and physiology of the human body	2	15.4
10	the psychosocial needs of patients	2	15.4
12	the physical needs of patients	1	8.3

In Macdonald's (1991) study the three basic knowledge areas rated most frequently as greatly important were current diagnostic and therapeutic nursing care, significance of diagnostic and laboratory findings, and pharmacologic aspects of nursing care. The same knowledge areas are among those five rated as greatly important to participants in this study.

All basic knowledge areas were perceived as at least important to 30% or more of respondents (see Table 15). When rank ordered, knowledge items rated as important are in a different order when compared with those ranked highest for greatest importance (see Tables 14 and 15).

Table 15

Basic Knowledge Perceived as "Important": Rank Order, Frequency and Percent

(n=12-13)

Rank	Basic Knowledge	Frequency	Percent
1	The normal anatomy and physiology of the human body	9	69.2
2	the nursing process, a problem solving approach to deliver nursing care	8	61.5
3	the physical needs of patients	7	58.3
4	the pathophysiology underlying patients' health problems	6	46.2
4	pharmacological aspects of nursing care	6	46.2
4	the psychosocial needs of patients	6	46.2
7	current diagnostic and therapeutic nursing care	5	38.5
7	the significance of laboratory and diagnostic findings as related to patients' physical status	5	38.5
7	decision making skills	5	38.5
10	common emergencies/first aid	4	33.3
10	critical thinking skills	4	33.3
12	the role of patient education	4	30.8

Table 16 displays the frequency of responses about which basic knowledge areas are perceived as not important if considering returning to nursing. Basic knowledge areas have been ranked starting with the item viewed as not important by the largest number of respondents and ending with the one viewed as not important by the fewest. Data displayed in Table 16 supports the data reported in Tables 14 and 15. A summary table displaying all data from Tables 14, 15, and 16 appears in Appendix M.

Table 16

Basic Knowledge Perceived as "Not Important": Rank Order, Frequency and Percent

(n = 12-13)

Rank	Basic Knowledge	Frequency	Percent
1	the role of patient education	5	38.5
2	the psychosocial needs of patients	4	33.3
2	the physical needs of patients	4	33.3
4	critical thinking skills	3	23.1
4	decision making skills	3	23.1
6	the normal anatomy and physiology of the human body	2	15.4
6	the pathophysiology underlying patients' health problems	2	15.4
6	the nursing process, a problem solving approach to deliver nursing care	2	15.4
9	common emergencies/first aid	1	8.3
10	current diagnostic and therapeutic nursing care	0	0.
10	the significance of laboratory and diagnostic findings as related to patients' physical status	0	0
10	pharmacological aspects of nursing care	0	0

The combined frequencies and percentages for responses of great importance and important indicate that 61.5% of respondents perceive all of the basic knowledge areas as greatly important or important (see Table 17). Three basic knowledge areas were perceived as greatly important or important by 100% of respondents. In Macdonald's (1991) study none of the knowledge areas was perceived as greatly important or important by 100% of respondents. However, data from the 2 studies are similar in that all basic knowledge areas were perceived as greatly important or

important by over 60% of respondents.

Table 17

Basic Knowledge Perceived as "Of Great Importance" and "Important": Rank Order, Frequency and Percent (n = 12-13)

Rank	Basic Knowledge	Combined Frequency	Combined Percent
1	current diagnostic and therapeutic nursing care	13	100.0
1	the significance of laboratory and diagnostic findings as related to patients' physical status	13	100.0
1	pharmacological aspects of nursing care	13	100.0
4	common emergencies/first aid	11	91.7
5	the normal anatomy and physiology of the human body	11	84.6
5	the pathophysiology underlying patients' health problems	11	84.6
5	the nursing process, a problem solving approach to deliver nursing care	11	84.6
8	critical thinking skills	10	76.9
8	decision making skills	10	76.9
10	the physical needs of patients	8	66.7
10	the psychosocial needs of patients	8	66.7
12	the role of patient education	8	61.5

One respondent noted that they had marked "not important" because they felt little need to update in these areas. A second respondent felt that new trends would need to be emphasized or updated before returning to practice but that many professional learning needs are not important because it is perceived that those abilities or knowledge have been retained. This same respondent's comments include support

for mandatory continuing education:

> NB to emphasize new trends-legal, pharmacologic, computer skills- communication other things under 2 & 3 one does not forget. Update CPR etc. Would like to see regular Continuing courses incorporated into MARN program and make X# [sic] of hours mandatory to keep license for all nurses.

Specialty areas of nursing practice. The next set of questionnaire items on professional learning needs was related to the need to update knowledge in specialty areas of nursing practice. Data indicate that medical-surgical care, community health care, and caring for geriatric patients were of most importance to the majority of respondents. Ranking of these learning need areas based on combined frequencies of responses "Of Great Importance" and "Important" are listed in Table 18. The need to update knowledge related to caring for obstetrical patients was rated as "Not Important" by 54.5% of respondents. A summary of response data to these items is in Appendix N.

Respondents in Macdonald's (1991) study most frequently ranked medical-surgical care as greatly important or important (92.6%). Other specialty areas were rated (and thus were ranked) differently from respondents in this study. Following medical-surgical care in Macdonald's (1991) study were caring for pediatric patients, community health and caring for obstetrical patients, caring for geriatric patients, and, lastly, caring for psychiatric patients.

Table 18

Specialty Areas Perceived as "Of Great Importance" and "Important": Rank Order, Frequency and Percent (n = 12-13)

Rank	Specialty Area	Combined Frequency	Combined Percent
1	medical and surgical care	10	90.9
2	community health care	10	83.3
3	caring for geriatric patients	9	81.8
4	caring for pediatric patients	7	63.6
5	caring for psychiatric patients	6	60.0
6	caring for obstetrical patients	5	45.5

Written comments about the need for updating in specialty areas of nursing were limited. One respondent wrote: " only interested in public health nursing". Another shared thoughts related to specialization in nursing practice:

> I know that the nursing licence entitles a person to be recognized as a nurse available in the health profession but I feel that the technology is changing so rapidly that a nurse must be specific in his/her field. The basics in nursing is not enough.

Nursing abilities. The next set of questions asked respondents to rate the importance of refreshing specific nursing abilities. Five of the nursing abilities listed were rated as greatly important by 53.8% or more of respondents (see Table 19). The remaining abilities were rated in this way by less than one-third of respondents. In Macdonald's (1991) study, over 60% of respondents rated 4 of these 5 nursing skills as greatly important: "Perform emergency nursing procedures", "use technical equipment and nursing care supplies" (included computers), and "perform advanced

physical nursing care". "Performing a physical assessment" was rated as "of great importance" by 43.8% of Macdonald's (1991) respondents compared with 61.5% in this study.

Table 19

Nursing Abilities Perceived as "Of Great Importance" to Refresh: Rank Order, Frequency and Percent (n = 12-13)

Rank	Specialty Area	Frequency	Percent
1	use technical equipment and nursing care supplies (monitors, intravenous, oxygen, and suctioning equipment)	9	69.2
2	perform a physical assessment	8	61.5
2	perform emergency nursing procedures (CPR,etc.)	8	61.5
4	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	7	53.8
4	use computers	7	53.8
6	take a nursing history	4	30.8
6	develop useful nursing care plans	4	30.8
6	administer medications and recognize their effects	4	30.8
9	perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	15.4
9	use communication skills to develop a helping relationship with patients	2	15.4
9	plan and carry out effective patient/family teaching	2	15.4
12	use communications skills to develop a working relationship with other health care professionals	1	8.3
13	record on the patient's chart	1	7.7

Table 20 lists, in rank order, those nursing abilities rated as important by respondents. Four were rated "important" by 53.8% or more of respondents, with the remaining nine rated this way by 23.1% to 46.2% of respondents. These results are comparable to Macdonald's in that three of the four abilities were rated as important by 54.1% or more of Macdonald's (1991) respondents. The three are listed in that study as "develop effective nursing care plans" (59.1%), "take a nursing history" (56.6%), and "record on a patient's chart" (54.1%). However, in that same study (1991), the item "administer medications and their effects" was rated as important by 30.7% of respondents, compared with 61.5% in this study.

Table 20

Nursing Abilities Perceived as "Important" to Refresh: Rank Order, Frequency and Percent: (n = 12-13)

Rank	Ability To:	Frequency	Percent
1	take a nursing history	8	61.5
1	administer medications and recognize their effects	8	61.5
1	record on a the patient's chart	8	61.5
4	develop useful nursing care plans	7	53.8
5	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	6	46.2
5	plan and carry out effective patient/family teaching	6	46.2
7	perform a physical assessment	5	38.5
8	use communication skills to develop a helping relationship with patients	4	30.8
8	use computers	4	30.8
10	use communications skills to develop a working relationship with other health care professionals	3	25.0
11	perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	3	23.1
11	perform emergency nursing procedures (CPR, etc.)	3	23.1
11	use technical equipment and nursing care supplies (monitors, intravenous, oxygen, and suctioning equipment)	3	23.1

Only two nursing abilities were perceived by most respondents as "Not Important" to refresh. These were the abilities to use communication skills to develop working relationships with other health care professionals, and to perform basic physical nursing care. This may be because most of the respondents feel that they have these skills. Table 21 displays this data.

A summary table displaying data found in Tables 19, 20, and 21 appears in Appendix O).

Table 21

Nursing Abilities Perceived as "Not Important" to Refresh: Rank Order, Frequency and Percent (n = 12-13)

Rank	Ability To:	Frequency	Percent
1	use communication skills to develop a working relationship with other health care professionals	8	66.7
2	perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	8	61.5
3	use communication skills to develop a helping relationship with patients	7	53.8
4	plan and carry out effective patient/family teaching	4	33.3
5	record on the patient's chart	4	30.8
6	develop useful nursing care plans	2	15.4
6	perform emergency nursing procedures (CPR, etc.)	2	15.4
6	use computers	2	15.4
9	take a nursing history	1	7.7
9	administer medications and recognize their effects	1	7.7
9	use technical equipment and nursing care supplies (monitors, intravenous, oxygen, and suctioning equipment)	1	7.7
12	perform a physical assessment	0	0.0
12	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	0	0.0

The combined frequencies and percentages for nursing abilities perceived as greatly important and important to refresh indicate that 10 of 13 abilities were rated as, at least, important by 66.7% or more of respondents (see Table 22). Three nursing abilities

were rated in this manner by 33.3% to 46.2% of respondents. In Macdonald's (1991) study all nursing skills listed were rated as of great importance or important by 66.4% or more of respondents; none was perceived that way by 100% of respondents. In this study (1995) two nursing abilities were rated as greatly important or important by 100% of respondents who answered this portion of the survey. None of the respondents wrote any comments in the space provided in this section of the questionnaire.

Table 22

Nursing Abilities Perceived of "Great Importance" and "Important" to Refresh: Rank Order, Frequency and Percent (n=12-13)

Rank	Issue or Trend:	Combined Frequency	Combined Percent
1	perform a physical assessment	13	100.0
1	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	13	100.0
3	take a nursing history	12	92.3
3	administer medications and recognize their effects	12	92.3
3	use technical equipment and nursing care supplies (monitors, intravenous, oxygen, and suctioning equipment)	12	92.3
6	develop useful nursing care plans	11	84.6
6	perform emergency nursing procedures (CPR, etc.)	11	84.6
6	use computers	11	84.6
9	record on the patient's chart	9	69.2
10	plan and carry out effective patient/family teaching	8	66.7
11	use communication skills to develop a helping relationship with patients	6	46.2
12	perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients use computers	5	38.5
13	use communications skills to develop a working relationship with other health care professionals	4	33.3

Issues and trends in nursing. The next category of professional learning needs was related to issues and trends in nursing that might be perceived as knowledge that would be important to update for return to nursing practice. Table 23 displays data illustrating issues and trends that were perceived as of great importance to update for

return to nursing practice. Questionnaire items are listed on the table in rank order from the item rated most frequently indicated as greatly important to the one rated that way the least frequently. This portion of the questionnaire differed from Macdonald's (1991) and included only two of the nine items Macdonald listed under "Professional Behaviours". The two items which were the same were the legal aspects of nursing and ethical concerns facing nurses today. These items were ranked in the three items perceived as greatly important by most respondents in both studies.

Table 23

Issues and Trends in Nursing Perceived as "Of Great Importance" to Update: Rank Order, Frequency and Percent (n=13)

Rank	Issue or Trend	Frequency	Percent
1	changes within the health care system	10	76.9
2	the legal aspects of nursing	8	61.5
2	the ethical concerns facing nurses today	8	61.5
2	the health risks of nursing	8	61.5
5	changes in nursing education	7	53.8
6	the current professional roles and responsibilities of nurses and other health care workers	6	46.2
6	current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	6	46.2
8	the application of research in patient care	5	38.5
9	management and leadership skills	4	30.8
9	delegation and supervisory skills	4	30.8

Less than one-half of respondents rated any of the issues and trends listed as "important" to update for return to nursing practice (see Table 24).

Table 24

Issues and Trends in Nursing Perceived as "Important" to Update: Rank Order, Frequency and Percent (n=13)

Rank	Issue or Trend	Frequency	Percent
1	the current professional roles and responsibilities of nurses and other care workers	6	46.2
1	current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	6	46.2
3	the application of research in patient care	5	38.5
4	the health risks of nursing	4	30.8
4	management and leadership skills	4	30.8
4	delegation and supervisory skills	4	30.8
4	changes in nursing education	4	30.8
8	the legal aspects of nursing	3	23.1
8	the ethical concerns facing nurses today	3	23.1
8	changes within the health care system	3	23.1

Management and leadership skills, and delegation and supervisory skills were the items most frequently rated as "not important". However, those responses only represent 5 or 38.5% of respondents (see Table 25).

A table which summarizes data from Tables 23, 24, and 25 is included as Appendix P.

Table 25

Issues and Trends in Nursing Perceived as "Not Important" to Update: Rank Order, Frequency and Percent (n=13)

Rank	Issue or Trend	Frequency	Percent
1	management and leadership skills	5	38.5
1	delegation and supervisory skills	5	38.5
3	the application of research in patient care	3	23.1
4	the legal aspects of nursing	2	15.4
4	the ethical concerns facing nurses today	2	15.4
4	changes in nursing education	2	15.4
7	the health risks of nursing	1	7.7
7	the current professional roles and responsibilities of nurses and other care workers	1	7.7
7	current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	1	7.7
10	changes within the health care system	0	0.0

The combined frequencies and percentages of responses "Of Great Importance" and "Important" show that 61.5% or more of all who responded to this portion of the questionnaire rated all items in this way (see Table 26). None of the respondents wrote any comments about the items listed or about other knowledge of issues or trends that would require updating for re-entry to nursing practice.

Table 26

Issues and Trends in Nursing Perceived as "Of Great Importance" and "Important" to Update: Rank Order, Frequency and Percentage (n=13)

Rank	Issue or Trend	Frequency	Percent
1	changes within the health care system	13	100.0
2	the health risks of nursing	12	92.3
2	the current professional roles and responsibilities of nurses and other health care workers	12	92.3
2	current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	12	92.3
5	the legal aspects of nursing	11	84.6
5	the ethical concerns facing nurses today	11	84.6
5	changes in nursing education	11	84.6
8	the application of research in patient care	10	76.9
9	management and leadership skills	8	61.5
9	delegation and supervisory skills	8	61.5

Professional ways. The final section of the questionnaire related to professional learning needs consisted of a set of items described as professional ways. Respondents were asked to rate the importance to them of further developing specific professional ways. Macdonald (1991) included six of these items in her survey in the category "Professional Behaviors". In that study (1991) and in this one, four similar items were ranked among the four most frequently rated as "Of Great Importance". Data in Table 27 display frequency and percentage of responses in this (1995) study. Approximately 50% or fewer respondents rated any items in this section as "Of Great Importance".

Table 27

Professional Ways Perceived as "Of Great Importance" to Update: Rank Order, Frequency and Percent (n=12-13)

Rank	Professional Ways	Frequency	Percent
1	continuing professional development	7	53.8
1	self-directed learning	7	53.8
3	the standard of care I deliver	6	46.2
3	the legal considerations of nursing today	6	46.2
5	the ethical decisions I must make	5	38.5
6	the image I portray to the public	3	23.1
7	my role as a patient advocate	2	16.7
8	my responsibilities to nursing associations and unions	2	15.4
9	my contribution to society	1	7.7

Professional ways perceived as "Important" to develop further for re-entry to nursing practice are listed in rank order from the one rated that way most frequently to that listed least frequently (see Table 28). Only one item, "my role as patient advocate" was rated as important by 66.7% of those who responded. The remaining eight items were rated as important by 30.8% - 53.8% of respondents. Similarly, in Macdonald's (1991) study these same items were rated as important by 28.7% - 52.9% of respondents.

Table 28

Professional Ways Perceived as "Important" to Develop: Rank Order, Frequency and Percent (n=12-13)

Rank	Professional Ways	Frequency	Percent
1	my role as a patient advocate	8	66.7
2	my responsibilities to nursing associations and unions	7	53.8
2	my contribution to society	7	53.8
4	the standard of care I deliver	6	46.2
4	the legal considerations of nursing today	6	46.2
4	the image I portray to the public	6	46.2
5	the ethical decisions I must make	5	38.5
5	continuing professional development	5	38.5
7	self-directed learning	4	30.8

The three professional ways most frequently rated "Not Important" to update (see Table 29) are the same ones rated this way in Macdonald's (1991) study by 21.3% to 35.3% of respondents. These were: my contribution to society, the image I portray to the public, and, my responsibilities to nursing associations and unions.

A summary table which displays data found in Tables 27, 28, and 29 is included in Appendix Q.

Table 29

Professional Ways Perceived as "Not Important" to Develop: Rank Order, Frequency and Percent (n=12-13)

Rank	Professional Ways	Frequency	Percent
1	my contribution to society	5	38.5
2	the image I portray to the public	4	30.8
2	my responsibilities to nursing associations and unions	4	30.8
4	the ethical decisions I must make	3	23.1
5	my role as a patient advocate	2	16.7
6	self-directed learning	2	15.4
7	the standard of care I deliver	1	7.7
7	the legal considerations of nursing today	1	7.7
7	continuing professional developments	1	7.7

One respondent whose highest level of completed education was a diploma in nursing wrote, "It disturbs me to hear negative attitudes voiced re nurses with a B.N. I hope nurses can work together with less of this attitudinal baggage, and I wish for a greater recognition of the benefits of university degrees for nurses."

When combined frequencies and percents for professional ways rated as greatly important and important are reviewed, it is evident that all nine items are rated as at least important by 61.5% or more of those who responded to this section of the questionnaire (see Table 30). In Macdonald's (1991) study 61.7% or more of respondents rated all items as of great importance or important.

Table 30

Professional Ways Perceived as "Of Great Importance" and "Important" to Develop: Rank Order, Frequency, and Percent (n=12-13)

Rank	Professional Ways	Frequency	Percent
1	the standard of care I deliver	12	92.3
1	the legal considerations of nursing today	12	92.3
1	continuing professional developments	12	92.3
4	self-directed learning	11	84.6
5	my role as a patient advocate	10	83.3
6	the ethical decisions I must make	10	76.9
7	the image I portray to the public	9	69.2
7	my responsibilities to nursing associations and unions	9	69.2
9	my contribution to society	8	61.5

Barriers to Re-entry to Nursing Practice

The third research question in this study asked what, if any, barriers to re-entry to nursing practice are perceived by inactive nurses in Manitoba. Twelve items on the questionnaire were listed as potential barriers. Respondents were asked to rate each as a "great barrier", "slight barrier", "not a barrier", or "unable to assess". The last response was included because it was felt that some inactive nurses may have inadequate information about some items to be able to assess them as barriers.

Less than one-half of respondents (13.3% - 46.7%) rated any of the items as "great barriers" to re-entry to practice (see Table 31). "Limited job opportunities" and "lack of technical skills" were rated as great barriers by 46.7% of respondents. In Macdonald's (1991) study 8.1% - 43.6% of respondents rated all items as great barriers

to re-entry to nursing practice; however, the rank order was dissimilar to that in this study (Table 31).

Table 31

Barriers Perceived to be "Great Barriers" to Re-entry to Nursing: Rank Order, Frequency and Percent (n=14-15)

Rank	Professional Ways	Frequency	Percent
1	limited job opportunities	7	46.7
1	lack of technical skills	7	46.7
3	poor working conditions	6	40.0
4	home/family responsibilities	5	35.7
4	lack of satisfaction from working as a nurse	5	35.7
6	outdated nursing knowledge	5	33.3
6	type of refresher program available	5	33.3
8	physical health	2	13.3
8	inadequate salary/benefits	2	13.3
8	lack of confidence	2	13.3
8	lack of financial assistance	2	13.3
8	lack of support from employed nurses	2	13.3

More respondents (66.7%) rated "outdated nursing knowledge" as a slight barrier to re-entry to nursing practice. "Limited job opportunities" and "lack of technical skills" were rated as slight barriers by 46.7% of respondents. The remaining items were perceived as slight barriers by 40% or less of respondents (see Table 32). The three item rated most frequently as slight barriers are the same three rated that way most frequently by respondents in Macdonald's (1991) study.

Table 32

Barriers Perceived as "Slight Barrier" to Re-entry to Nursing: Rank Order, Frequency and Percent (n=14-15)

Rank	Barrier	Frequency	Percent
1	outdated nursing knowledge	10	66.7
2	limited job opportunities	7	46.7
2	lack of technical skills	7	46.7
4	home/family responsibilities	6	42.9
5	poor working conditions	6	40.0
5	lack of confidence	6	40.0
7	lack of support from employed nurses	5	33.3
8	inadequate salary/benefits	4	26.7
8	lack of financial assistance	4	26.7
10	lack of satisfaction from working as a nurse	3	21.4
11	physical health	1	6.7
11	type of refresher program available	1	6.7

"Physical health" was rated most frequently as not being a barrier to re-entry to nursing. Macdonald's (1991) data indicated the same thing. Other items perceived as not being barriers were rated similarly in both studies but the rank order of percent of responses was different. Table 33 illustrates frequency and percent of responses to items perceived as not being barriers to re-entry to nursing.

Table 33

Barriers Perceived as "Not a Barrier" to Re-entry to Nursing: Rank Order, Frequency and Percent (n=14-15)

Rank	Barrier	Frequency	Percent
1	physical health	12	80.0
2	inadequate salary/benefits	8	53.3
3	lack of financial assistance	7	46.7
3	lack of support from employed nurses	7	46.7
5	lack of confidence	6	40.0
6	lack of satisfaction from working as a nurse	5	35.7
7	type of refresher program available	4	26.7
8	home/family responsibilities	3	21.4
9	poor working conditions	3	20.0
10	limited job opportunities	1	6.7
10	lack of technical skills	1	6.7
12	outdated nursing knowledge	0	0.0

All respondents perceived "outdated nursing knowledge" as either a great or slight barrier to re-entry to nursing. The items found to be great or slight barriers by 67.1% to 90.2% of respondents in Macdonald's (1991) study are the same four perceived as barriers by 78.6% to 100% of respondents in this (1995) study: outdated nursing knowledge, lack of technical skills, limited job opportunities, and home and family responsibilities. Table 34 displays the combined frequencies and percents of responses to items perceived as great and slight barriers.

Table 34

Barriers Perceived as "Great" and "Slight" Barriers to Re-entry to Nursing: Rank Order, Frequency and Percent (n=14-15)

Rank	Barrier	Frequency	Percent
1	outdated nursing knowledge	15	100.0
2	lack of technical skills	14	93.3
2	limited job opportunities	14	93.3
4	home/family responsibilities	11	78.6
5	poor working conditions	9	60.0
6	lack of satisfaction from working as a nurse	8	57.1
7	lack of confidence	8	53.3
8	inadequate salary/benefits	6	40.0
8	type of refresher program available	6	40.0
8	lack of financial assistance	6	40.0
11	lack of support from employed nurses	5	33.3
12	physical health	3	20.0

A table which summarizes response data for all items about barriers to re-entry to nursing is in Appendix R.

Two respondents wrote comments about difficulties experienced by registered nurses who want to enter a university nursing program. One wrote, "Roughly 10 - 12 years ago, I tried to gain entry to U of M Nursing & [I] found it confusing & conflicting information--gave up & now pursuing business admin".

The second added two barriers, rated them and wrote the following:

- client/nurse/physician abuse - slight barrier

- politics in nursing and imposed ethics - great barrier

> An example of "politics": a university not recognizing diploma nurses' completion of anatomy & physiology, introduction to psychology and sociology courses although these nurses were taught by that university's instructors and attended classes with that university's medical students. reason for not recognizing the courses: nursing school was not affiliated at the time. Message: It's not what you know but where you study that's important".

Another respondent expressed feelings about the accessibility of the refresher program, and perception about when the program occurs.

> Because the refresher program is not offered every year, I feel that potential applicants must consider taking the program when it may not be the best time to do so. The fear of a one to two year wait for the course to begin is a weighty factor, and doesn't serve potential applicants well.

Two other respondents specified the personal circumstances that pose barriers to re-entry to nursing. One respondent who suffers from chronic fatigue syndrome described health problems as a barrier by saying, "mostly my health & job opportunities that could be specific just for my skills and health".

Family responsibilities were perceived as a barrier to re-entry to nursing by one person who wrote:

> When my youngest came along I knew of my limitations in the nursing field. I don't feel that nursing was a profession that I could further explore. I am unemployed at this time. When my children all go to school then I may re-evaluate my personal needs and then pursue my chosen profession.

This respondent indicated that the youngest child has Down's Syndrome.

General Comments

At the end of the questionnaire a space was provided for general comments. Few respondents made any general comments. One simply wrote: "Good questions". Two others made comments about family status or responsibilities.

Appendix S contains several tables which illustrate the major differences and similarities in the way the Alberta (1991) sample and this Manitoba (1995) sample perceived personal and professional learning needs for, and barriers to re-entry to nursing. Personal and professional learning needs are listed in the order in which they were ranked, based on the combined frequencies and percentages for responses "Of Great Importance" and "Important". Perceived barriers are listed according to rank, based on the combined frequencies and percentages for the responses "Great" and "Slight" barriers.

Differences in Perceived Learning Needs for and Barriers to Re-Entry According to the Demographic Characteristics of Inactive Nurses in Manitoba

Research questions 4 and 5 asked if there were differences in the perceived learning needs for and barriers to re-entry to nursing practice according to the demographics of inactive nurses in Manitoba. In order to determine if perceptions of personal and professional learning needs for and barriers to re-entry to nursing practice differed based on demographics, respondents were divided into subgroups based on:

1) age (25-39 and 40-55 years of age).
2) highest level of completed education (registered nurse diploma and baccalaureate in nursing or higher).
3) years of nursing experience (1 - 15 years and 16 or more years)

4) number of years since last being employed in nursing (less than 10 years and 10 years or more)

5) interested or not interested in returning to nursing

Since the sample in this study was too small to apply inferential statistics, reliable comparisons cannot be made between Macdonald's (1991) results and those from this study. Macdonald (1991) applied inferential statistics using ANOVA, t-test, and Scheffé's test to determine if there were differences in perception of personal and professional learning needs for, and barriers to re-entry to practice according to demographics. Descriptive results of the two studies were reviewed and similarities and differences were noted.

Differences in Responses of Younger (n=4) and Older (n-11) groups of Respondents

Appendix T includes tables which display the response data for both age groups in relation to each item in the personal and professional learning needs categories. A third table in Appendix T provides an illustration of responses to items about barriers to re-entry to practice as perceived by respondents in the two age groups.

All four respondents in the younger age group perceived 3 personal learning needs to be greatly important. These were the needs to develop organization and time management skills, learn in a caring and encouraging environment, and have various family responsibilities recognized as important. None was perceived as of great importance by 100% of the older respondents. Additionally, all younger respondents rated 12 more personal learning needs as at least important; that is, either greatly important or important. Most (75%) of this group rated 5 more needs as at least

important. One personal learning need was rated as at least important by less than 75% of respondents in the younger group. This was the need to improve self-esteem. In the older age group 66.7% rated this item as at least important.

Only four personal learning needs were rated as at least important by 100% of respondents in the older age group. These were the needs to have individual learning needs recognized, have instructor feedback, have various family responsibilities recognized as important, and have work responsibilities recognized as important. The remaining needs items were rated as least important by 44.4% - 88.9% of respondents. The data indicate that the personal needs items on the questionnaire are generally of more importance to the younger respondents in the sample. Macdonald (1991) found little difference in the personal learning needs based on age of respondents.

In all categories of professional learning needs more younger respondents rated more items as at least important than did the older age group. In the first category of professional needs, the need to update basic knowledge, there are some differences between younger and older respondents. Most (75% - 100%) of the younger respondents rated all but one (the psychosocial needs of patients) as at least important. Older respondents perceived the role of patient education as the basic knowledge of least importance to update.

All younger respondents felt it was important to update knowledge in all specialty nursing areas, except caring for psychiatric patients. This item was at least important to 66.7% of younger respondents. The majority (50% - 87.5%) of older respondents felt that it would be important to update in all areas, except caring for obstetrical patients.

This item was important to only 25% of the older respondents.

All younger respondents rated 8 of 13 items on the need to refresh abilities as at least important. Four other items were rated as at least important by 75% of younger respondents. The remaining item (use communication skills to develop a working relationship with other health care professionals) was perceived as at least important by 50% of younger respondents. This item was viewed as at least important by only 25% of older respondents. Only 2 items (perform a physical assessment, perform advanced physical nursing care) were rated as at least important by 100% of older respondents. Older respondents also placed the least importance on the need to refresh abilities to perform basic physical nursing care, using communication skills to develop a helping relationship with patients, and plan and carry out effective patient/family teaching.

There was little difference in the way the two age groups perceived the need to update knowledge of issues and trends in nursing. Only two items elicited very different responses. Most (75%) of younger respondents, compared to 55.6% of older respondents rated the need to update knowledge of management and leadership skills, and delegation an supervisory skills as at least important.

Some differences in the way the two groups perceived the need to further develop professional ways were noted. All younger respondents rated four items (the standard of care I deliver, my role as patient advocate, continuing professional development, self-directed learning) as at least important. The only item rated as at least important by 100% of the older cohorts was "the legal considerations of nursing today".

All respondents in the younger age groups perceived home/family responsibilities

a great or slight barrier to returning to nursing. Fewer of the older respondents (70%) responded in these ways. Most other items on this portion of the questionnaire were perceived as barriers by higher percentages of the younger respondents. Only 3 items were rated as a great or slight barrier by 75% or more of older respondents, compared to 11 of the 12 items rated that way by 75% or more of younger respondents. These results are different from Macdonald's (1991) where no significant difference in perception of most barriers was noted between age groups. However, younger respondents in Macdonald's (1991) study also found home/family responsibilities a greater barrier than did older respondents.

Differences in Responses of Diploma (n=8) and Baccalaureate (n=5) or Higher Educational Achievement

Since the majority of respondents were in the 40-55 year old age group, it was expected that the highest level of education achieved would be a registered nurse diploma. At the time when these nurses would most likely have completed their nursing education, diploma programs were producing far more graduates than were the baccalaureate programs. Indeed, 11 of the 15 respondents reported diploma in nursing as the highest level of education. It might be assumed that those with baccalaureate degrees or higher levels of education would be in the younger age group. However, 4 of the 5 respondents who reported having baccalaureate or higher education were in the 40-55 year old age group.

Traditionally, diploma nursing programs were hospital-based, and grew from being service-based, to a more educational, yet practical, program. Baccalaureate programs

were, and are, university based, provided a broader educational program, and tended to have more community nursing experiences. Given the basic differences in the two types of nursing education programs, it was expected that there would be differences in the perceptions of learning needs for, and barriers to re-entry to practice, between diploma and baccalaureate prepared nurses.

Differences in the percentage of respondents in each group who rated items as at least important were noted in all categories of items on the questionnaire. Summary tables displaying these data are in Appendix U.

All (100%) respondents in the RN group (RN diploma the highest level of education achieved) rated four personal needs as the least important: express my own learning needs, have my individual learning needs recognized, be with peers in a classroom setting, and have instructor feedback. In the BN or higher group (baccalaureate in nursing or higher, the highest level of education achieved), 100% of respondents rated two of these four items as at least important: have my individual learning needs recognized and have instructor feedback. Only 40% of this group felt it would be at least important to be with peers in a classroom setting, and 80% of them rated having instructor feedback as at least important. For all remaining items, some differences between groups as far as percentage of respondents rating items as at least important were noted (see Appendix U).

Eight of 12 items related to the need to update basic nursing knowledge were rated as at least important by a higher percentage of respondents in the BN or higher group than by respondents in the RN group. All respondents in both groups rated 3

items (current diagnostic and therapeutic care, significance of lab and diagnostic findings, pharmacologic aspects of nursing care) as at least important. Only 50% of respondents in the RN group so rated the need to update basic knowledge about physical and psychosocial needs of patients, compared to 100% of respondents in the BN or higher group. Fifty percent of respondents in the RN group rated the role of patient education as at least important, compared to 80% of respondents in the BN or higher group.

Differences were noted in the way the two groups responded to other professional learning need items. All items related to the need to update knowledge in specialty areas were rated as at least important by higher percentages of BN or higher respondents than by the RN respondents. A higher percentage of respondents in the RN group than those in the BN or higher group rated the need to refresh abilities to take nursing histories, plan and carry out effective teaching, and use computers as at least important. A higher percentage of respondents in the BN or higher group than in the RN group, rated the following items as at least important: record on the patient's chart (80% compared to 62.5%) and use communication skills to develop a working relationship with health care professionals (50% compared to 25%).

All (100%) respondents in the BN or higher education group rated the majority of issues and trends listed in the questionnaire as at least important, while 62.5% - 87.5% of respondents in the RN group rated those same items as at least important. Similarly, 80% - 100% of respondents in the former group so rated all items related to further developing professional ways, compared to 50% - 100% of the latter. Five items were rated as at least important by all respondents in the BN or higher group, while only one

item (the standard of care I deliver) was rated as at least important by 100% of the RN group.

A higher percentage of respondents in the RN group (50%) perceived inadequate salary/benefits as at least a slight barrier, while only 20% of respondents in the BN or higher group responded this way. Most (75%) respondents in the BN or higher education group rated lack of satisfaction from working as a nurse compared to 50% of RN respondents. Lack of financial assistance was rated as at least a slight barrier by 60% of respondents in the BN or higher group and 30% of respondents in the RN group.

Although the sample was too small to apply inferential statistics, the descriptive results are different from those of Macdonald's (1991) study. Macdonald (1991) found that respondents with differing educational backgrounds did not respond in a significantly different manner to any items or professional behavior for re-entry to nursing practice. The most significant barrier to re-entry to practice for respondents with baccalaureate education was poor working conditions and for diploma nurses it was the lack of financial assistance (Macdonald, 1991).

Differences in Responses of Respondents with 15 or Less Years (n=8) and Those with 16 or More Years Nursing Experience (n=5)

Data for these two groups are detailed in Appendix V. The most notable difference between responses of these two groups to personal learning needs items was in two items. Three-quarters (75%) of respondents with 15 or less years of experience rated "learn to be more assertive" as at least important. Only 40% of the respondents with 16 years or more experience rated this item as important. A higher percentage

(62.5%) of respondents with less nursing experience felt it would be at least important to develop writing skills. This compares with 40% of respondents with 16 years or more nursing experience (see Appendix V).

Results are similar to those of Macdonald's (1991) study in that respondents with fewer years of nursing experience found the need to learn on one's own and learn in a caring environment more important than did those with more years experience. Macdonald (1991) found that the need for instructor feedback was greater for respondents with fewer (10 or less) years experience. Data from this study (1995) indicate that 100% of respondents in both groups identified the need for instructor feedback as at least important.

Years of nursing experience also seemed to influence responses to professional learning needs items. A higher or equal percentage of respondents with 15 years or less experience rated more items as at least important than did the group with 16 years or more experience. Differences were noted in the way respondents from these groups rated the importance of refreshing in specialty areas of nursing. The respondents with fewer years experiences all felt it would be at least important to update knowledge in medical and surgical care. The area of specialty most frequently rated as at least important by respondents with 16 years or more nursing experience was community health care.

The data revealed notable differences in the way the two groups rated the need to refresh basic physical nursing care abilities, use communication skills to develop a helping relationship with patients, use communication skills to develop a working relationship with other health care professionals, and plan and carry out effective

patient/family teaching. In all four of these areas 42.5% - 62.5% more respondents with 15 years or less nursing experience rated these as at least important to refresh for re-entry to nursing than did the group with 16 or more years experience. All of the more experienced respondents felt it was at least important to refresh abilities to take a nursing history, compared with 87.5% of respondents with fewer years of experience. A higher percentage of respondents with 15 years or less experience rated most other items as at least important than did those with 16 years or more experience.

Macdonald (1991) also found that a greater percentage of respondents with fewer years of nursing experience rated the majority of professional learning needs as important than did respondents with more years experience.

This same pattern of responses was evident in data related to the need to update knowledge of issues and trends and to further develop professional ways. The most noticeable differences were in responses to the following items: the application of research in patient care, management and leadership skills, delegation and supervisory skills, the ethical decisions I must make, my responsibilities to associations and unions, my contribution to society, my role as a patient advocate, and self-directed learning.

There were also differences in perceived barriers to re-entry to nursing based on years of nursing experience (see Appendix V). The three items rated as great or slight barriers by the highest percentage of respondents with 15 or less years experience were: limited job opportunities (90%) outdated nursing knowledge (100%), and lack of technical skills (100%). All (100%) respondents with 16 or more years experience rated the following items as great or slight barriers: home/family responsibilities, limited job

opportunities, and outdated nursing knowledge. Eighty percent of this group of respondents rated inadequate salary/benefits as at least a slight barrier compared with 20% of respondents with 15 or fewer years experience. Macdonald (1991) found no significant comparisons between years of nursing experience and issues, trends, professional behaviours or ways, or barriers to re-entry to nursing practice.

Differences in Responses of Respondents Who Last Worked in Nursing Less than 10 Years Ago (n=10) and Those Who Last Worked 10 or More Years Ago (n=3).

The majority of items related to personal learning needs were rated as at least important by higher percentages of respondents who last worked in nursing less than 10 years ago than by those who last worked 10 or more years ago. The biggest differences were in response to the items "develop self-confidence" and "develop ability to manage stress". All respondents (100%) with more recent nursing experience rated these items as at least important compared with 33.3% of respondents who last worked 10 or more years ago. Ninety percent of the former group of respondents felt it at least important to have financial support compared with 100% in the latter (see Appendix W).

Fewer differences were noted in the way these two groups of respondents rated professional learning needs items related to basic nursing knowledge. Critical thinking skills and decision making skills were rated as at least important by 90% of respondents with more recent nursing experience while only 33.3% of respondents who had not worked in nursing in 10 years or more rated them this way. Medical and surgical care, caring for geriatric patients, and community health care appear to be the three specialty areas important to update for respondents who had worked more recently. All

respondents who had not worked in nursing in 10 or more years considered it greatly important or important to update in medical, surgical, obstetrical, pediatric, psychiatric, and community care.

Eleven of 13 items related to refreshing nursing abilities were rated differently by these two groups of respondents. More items were rated as at least important by higher percentages of respondents with more recent nursing experience. Fewer differences were noted in the last two categories of items on professional learning needs (issues and trends, development of professional ways). Higher percentages of respondents who had worked in nursing in the past 9 years rated the following items as at least important than did respondents who had not worked in nursing for 10 or more years: management and leadership skills, delegation and supervisory skills, changes in nursing education, my role as a patient advocate, continuing professional development, and self-directed learning. All respondents in the latter group felt it would be important to develop further skills related to ethical decision making while 70% of the former group responded this way.

Results from this study (1995) with regard to data about professional learning needs based on years of experience differ from Macdonald's (1991) results. Macdonald (1991) noted that, generally, respondents who had been away from nursing for the least amount of time found professional learning needs to be less important than did respondents who had been away for a longer time.

Higher percentages of respondents who had worked in the past 9 years rated 10 of 12 barriers listed in the questionnaire as great or slight barriers. Three respondents (75%) who have not worked in 10 or more years felt unable to assess if the type of refresher

program available would be a barrier. Respondents in both groups found outdated nursing knowledge and lack of technical skills to be great or slight barriers. A larger percentage (63.6%) of respondents who have worked in the past 9 years found lack of confidence to be a barrier than did respondents who last worked 10 or more years ago (25%). In Macdonald's (1991) study these same 3 barriers were found to be greater barriers for respondents away from nursing for 11 or more years than for those away from nursing for 10 or less years.

Differences in Responses Based on Interest in Returning to Nursing Practice

Of the 13 respondents who completed the personal and professional learning needs sections of the questionnaire only 4 expressed interest in returning to nursing practice. Generally, responses of participants based on this interest differed somewhat for most items. The most notable difference in the personal needs was that 100% of those interested in returning rated having financial support as at least important. Of those respondents not interested in returning, 55.6% felt financial support would be at least important if they considered returning to nursing.

Macdonald (1991) found that many of the personal learning needs were more important to those respondents who were interested in returning to nursing. Data from this (1995) study indicate that all but five personal needs items were rated as at least important by the same or a higher percentage of respondents interested in returning to nursing than those not interested in returning

Professional learning needs items related to updating basic nursing knowledge, issues and trends in nursing, and developing professional ways were generally rated as at

least important by higher percentages of respondents not interested in returning to nursing than those who were interested. Conversely, items about updating specialty areas of nursing, and refreshing specific nursing abilities were generally rated as at least important by higher percentages of respondents interested in returning to nursing than those not interested. In Macdonald's (1991) study none of the professional learning needs was found to have significantly different ratings based on interest or lack of interest in returning to nursing practice.

Items rated as great or slight barriers to re-entry by the highest percentages (90.9%-100%) of respondents not interested in returning to nursing were: limited job opportunities, outdated nursing knowledge, and lack of technical skills. These, as well as home/family responsibilities, type of refresher program available, and lack of confidence were perceived as barriers by 100% of respondents who indicated interest in returning to nursing practice. Results were similar to those of Macdonald's (1991) study in that inadequate salary benefits and lack of satisfaction from working as a nurse were perceived as greater barriers to those respondents not interested in returning to nursing than to those interested.

Summary

Descriptive statistics were used to analyze data collected through use of a descriptive survey. Demographic characteristics of respondents including age, family status, number and ages of children, educational background, and their career patterns, were described. The five research questions were explored by using descriptive statistics and results described. Results were compared to findings of Macdonald's (1991) study

and similarities and differences noted.

Although relatively few qualitative responses were written in the comments sections of the questionnaire by respondents, these were reviewed and presented in terms of frequencies and themes.

Chapter 5

Discussion, Conclusions, and Implications

A discussion of the research findings in relation to the research questions, literature review, and conceptual framework is presented in this final chapter. Conclusions drawn from the research findings are presented. Implications for nursing education, practice, research, and the nursing profession are outlined.

Discussion

The purpose of the study was to describe the personal and professional learning needs for and barriers to re-entry to practice perceived by inactive nurses in Manitoba. In addition, the study sought to determine if differences existed in perceived learning needs for and barriers to re-entry to practice according to the demographic characteristics of inactive nurses in Manitoba. It was anticipated that inactive nurses, as adult learners, would identify learning needs for, and barriers to, re-entry to practice.

Nursing refresher programs have traditionally been content bound, curriculum driven programs that relied heavily on nursing educators for input (Carpenter-Connell, 1984; Curtis & Schneidenbach, 1990; Harris & Nesheim, 1989; Kalnins, 1987; Macdonald & Freise, 1989; Marcinek, 1993; Phelps & Morice, 1992). Refresher programs were developed to cope with shortages of nurses (Brown & Waddell, 1988; Carpenter-Connell, 1984; Harris & Nesheim, 1989; Healy, 1989; Kalnins, 1986; Lamb & Booth, 1990; Phelps & Morice, 1992; Reece et al., 1993; Schuldenfrei et al., 1990; Sharp & Frederick, 1989). These kinds of programs tend to focus more on completion of specific content areas, rather than on fostering inquiry and critical thinking skills.

None of the articles reviewed described inclusion of specialty areas of nursing.

However, the registered nurse refresher program in Alberta offers study modules in specialty areas of nursing after completion of core content (Macdonald, 1991). Curtin (1987) feels that increasing specialization in areas of nursing is more problematic than a shortage of nurses. Findings of this present study (1995) indicate that the inactive nurses in the Manitoba sample recognized the need for learning in specialty areas of nursing care, such as geriatrics and community health.

Barriers to re-entry to nursing practice have been identified as expense and location of a refresher program, and the methods of instruction used in refresher program (Macdonald & Friese, 1989; Marcinek, 1993; Perry, 1986; Phelps & Morice, 1992; Reece, 1993). For adult learners, inadequate role preparation, role strain, and role overload are also identified in the literature as barriers to learning and re-entry to practice (Baker & Barlow, 1988; Lee, 1987; Lengacher, 1993). The student role has inherent obligations which may be viewed as personal learning need areas.

There is little evidence in the literature of personal and professional learning needs assessments being done prior to refresher program development, and as a result tools to do assessments are scarce. For this study (1995), Macdonald's (1991) learning needs assessment tool was adapted for use in Manitoba.

Because of the changing health care environment in Manitoba, nurses must be prepared to cope with numerous and on-going changes in the workplace and to continue to learn throughout their nursing careers. If currently inactive nurses wish to return to the workplace, it is essential that their learning needs, both personal and professional, be identified and addressed so that they can become active contributing members of the health care team. The literature supports the contention that assessment of both personal

and professional learning needs is an important step in program planning (Kowalski, 1988; Kristjanson & Scanlan, 1992; McKillop, 1987; Sork, 1994).

Because of differing demographic characteristics, educational, and career patterns, individual inactive nurses are likely to perceive different personal and professional learning needs for and barriers to re-entry to nursing practice (Macdonald, 1991). A description of learning needs and barriers perceived by a sample of inactive nurses in Manitoba was elicited through use of a mailed questionnaire. The questionnaire was an adapted version of the one used by Macdonald (1991). The initial questionnaire and reminder packages were mailed to 40 associate members of the MARN who had not actively practiced nursing for 3 years or more, lived in Manitoba, and were born between 1940 and 1975, making them between 20 and 55 years of age. Of the 40, only 25 actually met these criteria, and 15 of those responded. Because the MARN Business Manager generated the list of 40 names and mailed the initial packages and reminders, the identities of participants were not known to the researcher.

Characteristics of Respondents

Respondents were different from Macdonald's (1991). In this (1995) study a somewhat higher percentage (73.4%) of respondents was in the 40-55 years of age range. In Macdonald's (1991) study, 63.2% of respondents were in this age category. Most respondents were married, had 1-3 children of varying ages. Most respondents had achieved a registered nursing diploma as the highest level of completed education. This is consistent with data from Macdonald's (1991) study and with descriptions of refresher nurses in the literature. Anecdotal articles describe refresher nurses as having an average age of 40 years or between 41 and 50, mostly diploma graduates, and inactive for 5-20

years (Brown & Waddell, 1988; Curtis & Schneidenbach, 1990; Schuldenfrei, 1991; Welty & Gooden, 1989). Inactive nurses who responded to the study were similar to registered nurses in Manitoba in 1993 in that the majority are between 35 and 55 years of age and are graduates of diploma nursing programs (MNPAC, April, 1995).

The years of nursing experience for individual respondents varied from 1-24 years, as did the number of years since respondents were last employed in nursing (3-17 years). Factors which may account for these findings include: at present and for the last few years, there are few nursing employment opportunities for new graduates or experienced nurses; changes in staff mix have resulted in layoffs for nurses. Respondents were last employed in various settings, with most having last worked in an acute care hospital. Only one-third of respondents expressed interest in returning to nursing practice compared to one-half in Macdonald's (1991) study.

Personal Learning Needs

The first research question asked what personal learning needs are perceived by inactive nurses for re-entry to practice in Manitoba. Two- thirds of respondents felt the following personal needs were of great importance: to have family responsibilities recognized as important even if they compete with learning, and to learn in a caring and encouraging environment.

The majority (62%) of the personal learning need items were perceived as greatly important or important to more than three-quarters of respondents. In Macdonald's (1991) study, one half (50%) of the need items listed were perceived the same way by the same proportion of respondents. Three-quarters of respondents in both studies perceived the following personal learning needs as greatly important or important:

- develop self confidence
- learn on my own (at home by correspondence)
- have instructor supervision and assistance
- have instructor feedback
- progress at my own rate
- learn in a caring and encouraging environment
- have my various family responsibilities recognized as important even if they compete with my learning
- have my work responsibilities recognized as important even if they compete with my learning
- develop my ability to manage stress

These results were anticipated since inactive nurses are adult learners, and as such are likely to be self-directed and responsible for their own learning. At the same time adult learners are motivated by recognition of their achievements (Knowles, 1984). This, as well as support and encouragement, can be provided through instructor feedback. Since most respondents were married and were parents, the need for recognition of their individual circumstances was not surprising.

It is important that inactive nurses entering a refresher program realistically assess their own personal and family needs and commitments, as well as their independent study skills, abilities, or habits (Ferris & Brown, 1992; Kalnins, 1986; Perry, 1986; Sharp & Frederick, 1990) and abilities to manage stress (Kalnins, 1986; Lee, 1988). Nurses today may find themselves in workplaces that seem quite different from the ones they left. An attitude of life-long learning and coping strategies will be useful in today's changing

health care system (MNPAC, 1995; Schuldenfrei, Hopper, & Vartanian, 1990).

Few written comments were put forward by respondents and those that were made reinforced the argument that health and family responsibilities can impinge on an individual's available time for a refresher program. As adult learners, most respondents indicated that they want to have their individual learning needs recognized. The various responses related to professional learning needs indicate that relevance of learning and experiences is important to the inactive nurses who participated in this study.

Professional Learning Needs

The second research question asked what professional learning needs are perceived by inactive nurses for re-entry to practice in Manitoba. Items were categorized in five sections on the questionnaire: first, items related to basic nursing knowledge, then nursing abilities, followed by specialty areas, issues and trends, and lastly, professional ways.

Basic nursing knowledge. Most refresher programs described in the literature reviewed stress basic nursing knowledge required to return to a hospital, and often a medical or surgical care setting (Brown & Waddell, 1988; Curtis & Schneidenbach, 1990; Ferris & Brown, 1992; Harris & Nesheim, 1989; Healy, 1989; Kalnins, 1986; Phelps & Morice, 1992). Curriculum content focused or was organized around body systems, common disease processes, and changes in equipment and procedures.

In Macdonald's (1991) study, over 80% of respondents rated all need items under basic nursing knowledge [similar to those used in this study (1995)] as greatly important. However, in this current study (1995) the highest percentage of respondents who rated any of these items as greatly important was 61.5%. Two items were perceived as of

great importance: 1) current diagnostic and therapeutic nursing care, and 2) the significance of laboratory and diagnostic findings as related to patient's physical status. The first of these was noted in Macdonald's (1991) study, as standing out as an area of knowledge considered of great importance to refresh prior to re-entry to nursing practice. This knowledge area is included in current RN refresher programs in Manitoba, Alberta, and as noted above, in some programs described in the literature. Findings related to this category of need items were similar to those of Macdonald's (1991) study in that the majority of respondents perceived all as basic knowledge that needed to be updated for re-entry to nursing practice. The basic nursing knowledge areas listed are general knowledge required by nurses in any setting. One respondent recommended mandatory continuing education for nurses (which may eliminate the need for refresher programs) and also stated that only new trends in areas like legal aspects, pharmacology, and computers would need updating.

Specialty areas of nursing. Three specialty areas of nursing (medical and surgical care, community health care, and geriatric care) stood out as of greater importance to respondents. Recent literature supports more learning experiences for nursing students in both community health and geriatric nursing (Bajnok, 1992; Larsen & Baumgart, 1992; MNPAC, 1995). It follows that inactive nurses returning to practice would require these additional experiences as well. In Macdonald's (1991) study approximately three-quarters of respondents felt all specialty areas (compared with three in this study) were important to update for re-entry to practice. In this study (1995), one respondent specified a specific interest in returning to nursing only in a public health setting; another felt that nurses "must be specific in his/her field. The basics in nursing is not

enough". Adult learners are problem-centred or task-oriented learners (Knowles, 1984). If more nursing positions were available and inactive nurses perceived some choice about where they might work, their responses may have included more problem-centred or specific needs related to specialty areas of nursing.

Nursing abilities. Several nursing abilities identified by respondents as greatly important or important were perceived similarly by respondents in Macdonald's (1991) study. Eighty percent or more respondents in both studies perceived the following nursing abilities as at least important.

- take a nursing history
- perform a physical assessment
- develop useful nursing care plans
- perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)
- administer medications and recognize their effects
- use technical equipment and nursing care supplies (monitors, intravenous, oxygen, and suctioning equipment)
- use computers

Inclusion of all of these learning needs in nursing refresher programs is supported in the literature. Nursing process (theory and application), pharmacology, administration of medications, review of technical and assessment skills are listed as content included in programs described in the literature (Brown & Waddell, 1988; Carpenter-Connell, 1984; Ferris & Brown, 1992; Harris & Nesheim, 1989; Kalnins, 1986; Purnell, 1992; Schuldenfrei, Hopper, & Vartanian, 1990).

Issues and trends in nursing. The majority of respondents perceived all nine issues and trends cited on the questionnaire as greatly important or important to update for re-entry to nursing practice. All (100%) respondents felt it would be important to update knowledge about changes within the health care system. Interestingly, the two items perceived as at least important by the lowest (61.5%) percentage of respondents are cited in a recent Manitoba report (MNPAC, April, 1995) as areas in which nurses need more skills. These were management and leadership skills and delegation and supervisory skills. These responses may be related to lack of information on current roles of nurses. Others (Brook & Wotton, 1995) in the nursing profession believe that these are important skills for nurses in the 1990s. This portion of the questionnaire was different from the corresponding section of Macdonald's (1991). Two items included on both (legal aspects of nursing and ethical concerns facing nursing today) were perceived as greatly important by most respondents in both studies.

Professional ways. The final professional learning needs items were grouped as professional ways important to develop for re-entry to nursing practice. All were perceived as greatly important or important by the majority of respondents. This finding is supportive of Macdonald's findings where the vast majority of respondents felt all were at least important. Over 80% of respondents in both studies perceived development of the following as greatly important or important.

- the standard of care I deliver
- the legal considerations of nursing today
- my role as a patient advocate
- continuing professional development

- self-directed learning

Barriers to Re-entry to Practice

The third research question asked what, if any, barriers to re-entry to practice are perceived by inactive nurses in Manitoba. The questionnaire listed 11 potential barriers to re-entry. Fewer than 50% of respondents rated any of the barriers to re-entry to practice as a great barrier. Only one barrier (outdated nursing knowledge) was rated as a slight barrier to re-entry by more than one half of respondents. When the great and slight barrier responses are considered together, more than 50% of respondents perceived 7 of the 11 potential barriers cited as at least a slight barrier. All respondents perceived outdated nursing knowledge as at least a slight barrier. The remaining 6 of those 7 perceived as great or slight barriers by at least 50% of respondents were:

- home/family responsibilities
- limited job opportunities
- lack of technical skills
- poor working conditions
- lack of satisfaction from working as a nurse
- lack of confidence

Similarly, 6 of the 7 barriers were perceived as barriers to re-entry to nursing practice by over 50% of respondents in Macdonald's (1991) study. In that study (1991) poor working conditions were perceived as a barrier by 48.9% of respondents. The first four of the barriers listed above were considered to be barriers by more than 75% of respondents in this study (1995). It is likely that inactive nurses are aware that there are fewer nursing positions available now than in years past, and that there have been

changes in nursing workplaces. The media have tended to focus on the negative aspects of health reform, including nursing job losses, reports of poor working conditions for nurses, and poor care for clients because of fewer nurses. It is little wonder that inactive nurses perceive few opportunities and poor working conditions. Written comments by respondents focused on difficulties experienced in trying to enter a university nursing program, accessibility of a refresher program, and health and family responsibilities.

Differences in Learning Needs According to Demographics

The data indicate that the following demographic characteristics of respondents affected the way in which they responded to the questionnaire: age, highest level of completed education (RN or BN or higher), years of nursing experience, the number of years since last employed in nursing, and interest in returning to nursing. These are presented in relation to personal and professional learning needs, and barriers perceived.

Personal learning needs. Generally a higher percentage of the younger group of respondents perceived more personal learning needs than did the older group of respondents. Few differences in perception of personal learning needs of RN-prepared respondents and those with higher levels of education were noted. Differences in perception of personal learning needs of respondents with different years of experience were found. There was a trend toward perception of more personal learning needs by inactive nurses with more recent nursing experience (within the last 10 years). This is different from what was expected and from the literature. Ferris & Brown (1992) noted that nurses who had been away from nursing for more than 10 years, expressed greater needs for support and confidence building than did those with more recent experience.

A higher percentage of respondents with fewer years experience perceived as

important the need to learn on one's own and in a caring environment than did those with more years experience.

Respondents who have more recent nursing experience perceived the majority of personal learning needs as at least important. A lower percentage of respondents who last worked 10 years or more ago perceived the same personal learning needs. The most notable differences were that higher percentages of respondents with more recent experience found important the needs to develop self-confidence, ability to manage stress, and to have financial assistance than did those with more years of experience. All those interested in returning to nursing practice also perceived the need for financial assistance important.

Professional learning needs. Several learning needs among respondents in the various demographic groups were noted. For the most part, higher percentages of respondents who were in the younger age group, those with fewer (1-15) years of nursing experience, and those in the group who had been away from nursing practice for less than 10 years, and those who were interested in returning to nursing perceived more professional learning needs as important.

A higher percentage of respondents who had a RN diploma as the highest level of completed education perceived the need to update abilities to take nursing histories, plan and carry out effective teaching, and use computers than did respondents with a BN or higher education. In most other areas of professional learning needs, higher percentages of participants in the group who had a BN or higher education perceived the majority of needs to be at least important.

Barriers to re-entry to practice. Higher percentages of respondents in the

following groups perceived more of the potential barriers as great or slight barriers than did respondents in the opposite groups in the study: those who were in the younger (25-39 years) age group, achieved a BN or higher educational level, had been away from nursing practice for less than 10 years, and were interested in returning to nursing. It is conjectured that these inactive nurses may have young children and the associated responsibilities which make a return to nursing more difficult. They may also have had difficulty securing enough practice hours to maintain MARN registration. Higher percentages of younger than older respondents perceived home/family responsibilities as a great or slight barrier. Inadequate salary/benefits was perceived as a great or slight barrier by a higher percentage of respondents whose highest level of completed education was a RN diploma. The opposite response pattern was evident related to perceptions of the barriers listed as lack of satisfaction from working as a nurse and lack of financial assistance for re-entry.

Macdonald (1991) found that respondents' years of nursing experience did not significantly affect responses to items related to barriers to re-entry. However, in this study (1995) there were variations in the way those with 1 - 15 years and those with 16 or more years experience perceived barriers to re-entry to practice. It was anticipated that nurses away for longer times would perceive more personal and professional learning needs. It was expected that nurses away the longest would lack confidence, need study skills, would identify most nursing knowledge and abilities as learning needs, and would indicate learning needs around issues and trends in nursing.

Based on responses of the respondents to the questionnaire, it is clear that this sample of inactive nurses in Manitoba perceived certain personal and professional

learning needs for, and barriers to re-entry to nursing practice. There were differences in perceptions of learning needs and barriers according to respondents' ages, level of past nursing education, years of experience, interest in returning to nursing, and the number of years since respondents last worked in nursing.

Limitations

Some limitations of the study are related to the nature of questionnaires. Questionnaires are self-report instruments; responsive cannot ask for clarification of questions nor can the researcher probe for deeper meaning or clarification of responses (Burns & Grove, 1993). The comprehension levels and writing skills of respondents influence the responses and comments related to open-ended questions.

The sample for this study was a small convenience sample of inactive nurses who have maintained associate status with the MARN. Because of the small sample size it was not considered appropriate to apply inferential statistics for more reliable comparison data. It is very likely that there are other inactive nurses who, for various reasons, have allowed their registration to lapse and thus are not included in the MARN's roster. Results may be generalized to the sample of inactive nurses as defined in this study but not to other inactive nurses in Manitoba or elsewhere. Despite the fact that a larger sample was anticipated, it is not absolutely certain that the sample was representative of the target population; thus generalization to the target population should be cautious (LoBiondo-Wood & Haber, 1990). There were also some people who received the questionnaire who should not have had it sent to them. It is not known why this occurred but it is surmised that there may have been some human error in data entry on the part of the MARN, or perhaps some MARN members had not submitted updated

personal information to the MARN.

As previously noted, the MARN recommends the RRCC RN Refresher Program to nurses educated outside of Manitoba as preparation for the Canadian nursing registration examinations. This study did not assess the perceived learning needs of those nurses and is limited in that sense.

Self-reported data may be considered shallow and limiting by some (Wilson, 1989); however, in this case inactive nurses are the only ones who can really describe their own perceived needs. Self-selection may be a bias associated with the sample because not all associate MARN members who received the questionnaire chose to complete and return it.

The return rate was 60%; however, there was the possibility of a low return rate, perhaps as low as 20 to 30% (Wilson, 1989; Burns & Grove, 1993). In Macdonald's (1991) study, the return rate was 58%. A cover letter (Appendix H) in which the purpose of the study was described briefly was sent to each participant with the questionnaire. A reminder was sent two weeks later to encourage completion and return of the questionnaire. It was hoped that inactive nurses who want to return to nursing would be motivated to return the completed questionnaire if they felt that their learning needs are important considerations in program planning.

Conclusions

Inactive nurses in the sample are similar to adult learners described by Knowles (1984) in that they have expressed interest in, or the desire to be, self-directed learners, have many and differing life experiences (personal and professional) which would affect their learning needs, and personal learning needs associated with self-esteem and

recognition. Some also wrote comments to identify more specifically what they felt their own learning needs would be, indicating a problem-centred approach.

The findings of the study are supportive of Macdonald's (1991) findings. Learning needs (personal and professional) for, and barriers to re-entry to nursing practice perceived by this sample of inactive nurses in Manitoba were similar to those perceived by Macdonald's (1991) sample of inactive nurses in Alberta. In both studies, the most notable barriers to re-entry to nursing practice as perceived by inactive nurses were outdated nursing knowledge, lack of technical skills, home/family responsibilities, and lack of job opportunities. While the perceived personal and professional learning needs were generally similar in the two studies, some differences were noted. Differences may be related to differences in the sample sizes, the current employment situation in Manitoba, changes in the health care system, and impending changes in nursing education in Manitoba.

Results of the study support the contention that learning needs for re-entry to practice as perceived by learners must be coupled with those identified by employers and educators (Bowman et al., 1985; Chesney & Beck, 1985; Sork, 1994; Sullivan et al., 1991). Current information (Brock & Wotton, 1995; MNPAC, 1995) indicates that the move to community health care means that nurses will need more delegation and supervisory skills, along with management and leadership skills. Respondents in this study most frequently rated these two professional learning needs as not important. Delegation, supervisory, leadership, and management skills imply the abilities to think critically and priorize. Because it is most likely the nurses entering or re-entering the work force will start on a casual basis, they must be flexible and able to prioritize

(Kowalski, 1993). It may be that respondents in this study were not fully aware of current nursing work environments in which registered nurses are responsible for delegation and supervision of the work of health care aides.

Despite the limitations of this study, it does contribute to the limited information available about assessment of personal and professional learning for and barriers to re-entry to nursing practice as perceived by inactive nurses.

Implications for Nursing

Education

It is likely that for various personal and professional reasons some inactive nurses will continue to need and want access to a refresher program. Given the differing demographic characteristics, education, and career patterns of individual inactive nurses, assessment of their individual learning needs must be considered.

Given that the majority of respondents in this study perceived all personal learning needs as important, educators need to determine how best to assess personal learning needs prior to, or at the beginning of, a refresher program. Currently, the RN refresher begins with an orientation at RRCC. This would be a good time to provide information about the current health care environment, future directions of nursing, and nursing education. Additionally, the orientation must continue to include information about available resources at the college, MARN, and other educational institutions. It is likely that at least some inactive nurses will continue their nursing education after a refresher program at baccalaureate or higher level or by attending nursing continuing education programs. It is essential to stress, in an orientation to the refresher course, the importance of self-assessment of personal and professional needs and barriers to

education, and of life-long learning to cope with changes in health care and nursing. Portions of the questionnaire (personal and professional learning needs sections) could be adapted and used as a self-assessment tool prior to or at the beginning of the theory course.

Almost equal percentages of respondents perceived a need to learn on their own (at home by correspondence) and to have instructor supervision and assistance. The current RN refresher program at RRCC includes independent study theory and preceptored clinical courses. Based on study results, it is important to maintain the current level of instructor feedback and supervision in both courses. Course evaluations should determine if refresher nurses feel the current instructor feedback and supervision are adequate.

When assessing learning needs for re-entry to practice, it is important that both inactive nurses and educators be involved. This can be accomplished through prior learning assessment of individual inactive nurses' formal and experiential learning and by allowing credit for prior learning where appropriate (Zakos, 1995). One way to do this would be to have the inactive nurse complete a portfolio documenting past personal and professional learning experiences, including formal, informal, and experiential learning, and learning goals. The portfolio would be assessed by educators to determine potential knowledge gaps, as well as knowledge that the inactive nurse already has. Use of a portfolio would be coupled with interviews with and/or completion of a learning needs questionnaire by the inactive nurse to determine individual learning need areas. Individual learners could be directed to specific areas of study. The current RN refresher theory course at RRCC is a modularized course and specific modules could be identified

for study.

Prior learning assessment can also mean using challenge exams. Consideration should be given to offering challenge exams related to specific course content areas. In addition, other methods of prior learning assessment such as skill demonstrations and interviews can be used. Prior learning assessment can increase the satisfaction of adult learners by recognizing what they already know and allowing them to be involved in identifying the gaps in their knowledge (Zakos, 1995).

Since the individual career goals of inactive nurses re-entering nursing practice are bound to vary it is important that they be aware of the current environments in which nurses work. Inactive nurses need to be aware that to work in some areas, such as emergency, specialty courses beyond a refresher program may be necessary. Future competencies are likely to shift from the technical to cognitive skills and from specialist to generalist practice (Brock & Wotton, 1995). These shifts will necessitate review of current RN refresher theory and clinical courses to be sure content and practice address these areas. Inactive nurses must also be advised of specialty nursing courses that are available at colleges and universities if their career goals include working in highly specialized areas. In addition, future nurses will need more theory and practice in community and family nursing (Bajnok, 1992; MNPAC, 1995).

A refresher program must include computer education because there has been, and will continue to be, an increase in the use of this technology in health care. Without computer skills it will be more difficult to return to practice after absences. Inactive nurses in this study recognized the ability to use computers as important.

Current refresher course content must be reviewed and evaluated on a regular

basis to ensure that the learning needs of inactive nurses are met. Learning needs identified by respondents in this study can be compared to that currently in the course and revisions/additions made if necessary. In addition to use of computers, inclusion of content related to health assessment, health promotion, illness prevention, community nursing care, gerontology, management, delegation, and supervisory skills must be ensured. The Urban Health Planning Partnership Committee (1996) has recently submitted recommendations to the Minister of Health which include greater emphasis on community care and an increase in the number of geriatric beds and services in Winnipeg. If these recommendations are implemented, nurses returning to active practice in these areas will need skills in all areas cited above. This may mean that, in addition to a refresher program, inactive nurses may require additional courses in specialty areas of nursing. The trend toward baccalaureate for entry to practice in nursing may affect refresher programs. More inactive nurses returning to nursing via refresher programs are likely to have university degrees. Refresher programs must strive to meet the diverse needs of the learners.

Educational institutions offering refresher programs must ensure that both course instructors and preceptors are adequately prepared to assist inactive nurses in refresher courses. Both must also be aware that inactive nurses have had valuable, relevant life experiences which affect what and how they want to learn. Graduates of refresher programs must be encouraged to reflect on their refresher experience to provide feedback about the program to educators. They must also be encouraged, once they are working and feeling comfortable with that, to act as preceptors for future refresher nurses. Their first-hand experience is an invaluable asset.

Educational institutions will be challenged to deliver individualized, appropriate yet cost-efficient and accessible programs to meet the needs of inactive nurses returning to practice. Inactive nurses wishing to re-enter nursing must recognize that the costs of education are likely to increase in the future. Many will carefully weigh the costs and benefits of returning to a continually changing health care environment. If the current static job market continues, fewer inactive nurses may decide to re-enter nursing via a refresher program. Program costs and fees often increase when there are fewer applicants.

Research

The findings of this study would be strengthened if replication with a larger sample of inactive nurses in Manitoba yielded similar results. It may be useful to replicate it in another province as well. When replicated, the method could be expanded to include either telephone interviews or focus group interviews in addition to the mailed survey. This would give participants an opportunity to respond more fully and clarify questions and answers as needed.

Further research should be done on the perceptions of employers and general duty nurses about what knowledge is needed for practice. This could be done at least partially through refresher program evaluation but might yield more useful information if employers and general duty nurses simply identified knowledge they feel is required for re-entry to nursing. If general duty nurses were to be surveyed, they should be asked to indicate if they are diploma or baccalaureate nursing graduates and results compared to determine if differences exist in their perceptions of knowledge required. With the move to baccalaureate as entry to practice, this may provide useful information.

If the same questionnaire were to be used or adapted for use, some changes are recommended. The directions on the questionnaire asked respondents to rate professional learning needs according to how important a learning need it would be to them if they were to consider returning to nursing. The following statement was also included: Do NOT rate each item as to how important it is to nursing. If the questionnaire were to be used again, it is recommended that the directions be expanded. If respondents feel that they have retained the knowledge or skills and do not perceive a need to refresh or update, then it is appropriate for them to rate those learning need items as not important to them. Two respondents wrote notes on the questionnaire to say that "not important" meant that they felt they still had that knowledge but the items were important nursing knowledge.

Rather than asking respondents to identify the age category in which they fit, a blank space for them to write their ages would be preferable. Then the average age of the respondents could be determined. More information may be obtained through use of an open-ended question about whether marital status, number and ages of children, and family obligations affect personal learning needs or present barriers to re-entry to nursing. On the questionnaire used in this study, multiple choice type questions were followed by a general comments section. Few respondents wrote comments related to this demographic data. One mentioned that, while the respondent is childless, elderly parents were a concern because they required care. Because the population is aging, this could be a concern to more inactive nurses in the future. While this questionnaire was used in this study, it may require change if used in the future to reflect nursing and health care inviroments at the time.

The questionnaire as it was used in this study was useful in exploring perceived barriers to re-entering nursing via a refresher program. Once in a refresher program there may be barriers to successful completion of a program. Inactive nurses may or may not be aware of barriers like role overload, role strain, or role conflict, which may interfere with program completion. Further refinement and use of the questionnaire to identify or explore signals of potential barriers to successful program completion would provide insights useful to educators and inactive nurses. In this case, the use of interviews with study participants would enhance data gathering by allowing for clarification of both questions and responses.

There is very little available literatue which describes how to actually carry out a replication study. Nurse researchers involved inreplication research are encouraged to write about their studeis interms of how closely the original study must be replicated. Research in the development of nursing resource data bases might be considered to anticipate what and when nursing resources are most likely to be needed. Then refresher program planning and recruitment of inactive nurses could be done more effectively and efficiently.

Practice

Practicing nurses must be encouraged to mentor and preceptor nurses re-entering the profession by way of a refresher program. Each can learn from the other. Practicing nurses should also be encouraged to take advantage of opportunities that will allow them to learn to be effective preceptors. Since these nurses effectively serve as role models for refresher nurses, it is important that they too develop a sense of life-long learning in themselves and try to foster the same in refresher nurses. To this same end, the MARN

must encourage inactive and associate members to be involved and to participate in nursing continuing education and professional association activities. With potentially fewer jobs in traditional settings (Brock & Wotton, 1995; MNPAC, 1995), the MARN must help nurses to identify and define new roles within the changing health care system.

Nursing Profession

Currently there is very little funding, aside from student loans, available for inactive nurses to take a RN refresher program. When inactive nurses are needed to augment the nursing workforce in Manitoba, it may be difficult to recruit them into a RN Refresher program if no funding is available. The MARN Foundation and nursing alumni associations might consider providing funding to assist inactive nurses to take a RN refresher program.

The MARN's mission statement states that the association is committed to the personal and professional development of its members (MARN, 1995). The MARN could consider supporting associate members financially when refresher programs are required. Continued support by the MARN for research on the learning needs of inactive nurses in the future is also recommended.

Summary

In summary, it is clear that the majority of inactive nurses in the study perceived that both personal and professional knowledge would require updating or refreshing prior to re-entry to nursing practice. Educational institutions offering refresher programs, practicing nurses, and the professional associations must work together to assist nurses re-entering practice to meet their learning needs and overcome barriers to re-entry.

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APPENDIX A

MARN REGULATIONS

THE REGISTERED NURSES ACT MANITOBA
REGISTERED NURSES REGULATION

PART I - REGISTRATION

:tration of Manitoba graduates
:ubject to sections 4 and 6, any person who furnishes such evidence to the
as it may require that he or she
a) is a graduate of a nursing education program which has been approved by
esolution of the MARN Board;
b) is of sound physical and mental health and functions within the guidelines of
ne Canadian Nurses Association Code of Ethics;
c) has passed the Canadian Nurses Association Testing Service Comprehensive
:xamination in accordance with section 3;
d) has applied in writing in the form prescribed by the board;
e) has paid the registration fee prescribed by or pursuant to the by-laws of the
ssociation; and
f) has successfully completed any required refresher program prescribed by this
egulation;
tled to become a member of the association and to be entered in the register
the roster of active practising members.

tration of nurses educated outside Manitoba
ubject to section 5 and 6, any person who furnishes such evidence to the board
ay require that he or she
i) is a graduate of a nursing program outside of Manitoba which the board by
esolution approves as substantially equivalent to programs which were
:credited or approved in Manitoba at the time of the applicant's graduation;
i) is registered in good standing as a registered nurse in the province, state or
ountry or territory in which the program was taken or in which he or she last
ractised and is not subject to any suspension or revocation of the right to
actice as a registered nurse in any jurisdiction;
:) if his or her first language is other than English, has passed the Test of
nglish as a Foreign Language (TOEFL) with a score of at least 500 and with a
inimum of 50 in each section;
) has successfully completed the Canadian Nurses Association Testing Service
omprehensive Examination or the State Board Test Pool Examinations for
egistered Nurses or the examinations required in another Canadian jurisdiction;
) is of sound physical and mental health and functions within the guidelines of
e Canadian Nurses Association Code of Ethics;
has applied in writing in the form prescribed by the board;
) has paid the registration fee prescribed by or pursuant to the by-laws of the
sociation; and
) has successfully completed any required refresher program prescribed by this
gulation;
ed to become a member of the association and to be entered in the register
he roster of active practising members.

on application and payment of the registration fee, the board in its discretion
ter in the register and in the roster of active practising members, with or without
examination or education, any person otherwise qualified who is registered as
tered nurse in any other province, state, country or territory, or who, having
registered, has resigned while in good standing.

applicant who qualified for registration as a registered nurse in the province of
in the years 1976 and 1977 except for the successful completion of the
language test shall be considered for the purposes of this section to have been
ed as a registered nurse in the province of Quebec.

iations
candidate writing some of the parts but less than three of the four part
ation will be considered to have
iled, if he or she is unable to document a reason for not writing; or
(b) not written, if he or she can document an extenuating circumstance acceptable to the registrar which prevented the writing of all parts of the examination.

3(2) A candidate writing only three of the four parts of the examination may choose
(a) to receive a score; or
(b) to be considered as "did not write" if he or she can document an extenuating circumstance acceptable to the registrar which prevented the writing of one of the parts.

3(3) The pass mark is the standard score of 350.

3(4) A candidate who fails to receive a pass mark at the initial sitting shall be advised of that failure by registered mail and unless the candidate re-writes the examination within nine months of the mailing of that notice he or she shall be considered to have failed for the second time.

3(5) A candidate who fails to receive a pass mark for the second time
(a) shall be advised, by registered mail, of that failure and of recommendations from the Committee on Qualifying Examinations as to how to prepare to write the examination for the third time;
(b) shall re-write the examination within one year of the mailing of the notice and recommendations referred to in clause (a);
(c) shall be considered to have failed for the third time if he or she does not comply with clause (b).

3(6) A candidate who fails for the third time to achieve a pass mark is not eligible to write again and is not eligible to reapply to the association for registration until he or she has subsequently successfully completed a nursing education program.

3(7) Examinations written at any one sitting by an applicant for registration in another province in Canada shall be considered a time of writing for registration in Manitoba should that applicant apply for registration in Manitoba.

3(8) A candidate, who has been made aware in writing of the provisions of subsection (7) and who does not advise the registrar of all previous sittings is guilty of an offense under section 21 of the Act.

3(9) The association shall not disclose the specific examination score obtained by a candidate except to the candidate.

Special requirements
4 A person applying for membership under section 1 who has not successfully completed the Canadian Nurses Association Testing Service Comprehensive Examination in accordance with section 3 within the three year period immediately prior to the application for membership shall be required to successfully complete a refresher program approved by resolution of the board of directors before his or her name is entered in the register.

5 A person applying for membership under section 2(1) who has not practised as a registered nurse for a minimum of 1,125 hours in the five year period immediately preceding the registration year of the association for which registration is sought and who has not successfully completed the Canadian Nurses Association Testing Service Comprehensive Examination or the State Board Test Pool Examination for Registered Nurses in accordance with section 3 within the three year period immediately prior to the application for membership shall be required to successfully complete a refresher program approved by resolution of the board of directors before his or her name is entered in the register.

PART II - RENEWAL OF MEMBERSHIP

on
erson who has successfully completed the five test Canadian Nurses
tion Testing Service Examination prior to August 1st, 1981 in accordance with
3 is not required to comply with clauses 1(c) or provisions of clause 2(1)(d).

gistration examinations written in another Canadian jurisdiction and the State
est Pool Examination are considered equivalent to the Canadian Nurses
tion Testing Service Comprehensive Examination.

licants who were registered prior to 1990 in another Canadian jurisdiction are
ired to comply with clause 2(1)(d).

l of registration
nmencing with the 1991 registration year, to qualify for renewal of registration
:tive practising member, a person shall not be subject to any suspension or
on of the right to practise as a registered nurse in any jurisdiction and
all have practised as a registered nurse for a minimum of 1,125 hours in the
ar period immediately preceding the registration year of the association for
a renewal is sought; or
all have successfully completed, within a four year period immediately
preceding the registration year of the association for which a renewal is sought, a refresher program approved by resolution of the board.

8 A person who qualifies for renewal under section 7 and who for each registration year
(a) has paid the registration fee prescribed by or pursuant to the by-laws of the association; and
(b) has applied in writing in the form prescribed by the board;
shall be entitled to have his or her name maintained in the register and in the roster of active practising members.

8.1 A person who fails to make application and pay the fees referred to in section 8 by December 1 in any year shall pay an additional late fee in an amount prescribed by or pursuant to the by-laws of the association.

9 The name of a person who fails to make the application and pay the fees referred to in section 8 by December 31 in any year shall be struck from the roster of active practising members effective January 1 of the following year but shall be restored to that roster, subject to section 7, upon the person having satisfied the requirements of section 8.

03/04/92; kd

APPENDIX B

MANITOBA ASSOCIATION OF REGISTERED NURSES

STANDARDS AND RELATED OUTCOME CRITERIA

FOR APPROVAL OF

NURSING REFRESHER PROGRAMS

MANITOBA ASSOCIATION
OF
REGISTERED NURSES

STANDARDS, CRITERIA
AND
PROCESS OF REVIEW
FOR
NURSING REFRESHER PROGRAMS

Approved by the Board of the Manitoba Association
of Registered Nurses on October 24, 1990
647 Broadway, Winnipeg, Manitoba R3C 0X2

CRITERIA FOR THE APPROVAL OF REFRESHER PROGRAMS

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
I. Purpose, Philosophy, Conceptual Framework, Program Objectives, Curriculum, Evaluation of Learners and Evaluation of the Curriculum			
1.0 <u>Purposes of the Program</u>			
The agency sponsoring the Nursing Refresher Program for Registered Nurses shall develop a comprehensive plan for the program that			
1.1 Describes the target population of learners and their unique needs with reference to education, experience and anticipated professional role.			
1.2 Demonstrates the relevance of the program to the health and nursing care needs of the community and to the learner.			
1.3 Is designed to meet registration renewal requirements of the nurse for active nursing practice.			
1.4 States that the graduate is prepared to practise in general nursing areas.			
2.0 <u>Statement of Philosophy</u>			
The Refresher Program for Registered Nurses shall provide a written statement of philosophy which			
2.1 Includes statements of beliefs about person, environment, health, nursing, refresher programs and teaching-learning.			

.../10

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
2.2 Incorporates principles of adult education.			
2.3 Is consistent with the philosophy of the sponsoring agency.			
2.4 Provides direction for the development, implementation and evaluation of the program.			
3.0 <u>Conceptual Framework</u>			
The nursing division of the agency sponsoring the Nursing Refresher Program for Registered Nurses shall provide a statement of its conceptual framework which			
3.1 Is consistent with the philosophy and purpose of the program.			
3.2 Identifies the focus, goal and scope of the program.			
3.3 Provides the organizing structure for the program including planning, implementation and evaluation.			
4.0 <u>Program Objectives</u>			
The nursing division of the agency sponsoring the Nursing Refresher Program for Registered Nurses shall provide the program objectives which			
4.1 Provide direction for learning activities and program achievement.			

.../11

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
4.2 Are congruent with the purpose, philosophy, and conceptual framework.			
4.3 Are congruent with the MARN Standards of Nursing Practice.			
4.4 Describe the competencies of the graduate in measurable terms.			
4.5 Are presented to the clinical agencies.			
5.0 <u>Curriculum</u>			
The agency sponsoring the Nursing Refresher Program for Registered Nurses shall provide an overall plan for the program that			
5.1 Is derived from the purpose, philosophy, conceptual framework and objectives.			
5.2 Provides for individualization of learning experiences and incorporates principles of adult education.			
5.3 Is organized into courses/modules/ units sequenced for continuity and integration.			
5.4 Provides for sufficient learning experiences in the classroom and clinical setting to meet the learning objectives.			
5.5 Includes provision for supervised clinical experience in general nursing practice in acute and long term care.			

.../12

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
5.6 Allows for completion of the program within twelve months from admission.			
6.0 **Evaluation of Learners**			
The evaluation of progress through and satisfactory completion of both the theoretical and clinical components of the program			
6.1 Is based on clearly stated objectives.			
6.2 Is based on methods and tools that provide comprehensive data on learners progress.			
6.3 Provides formative and summative evaluation as designated by the curriculum design.			
6.4 Is understood by learners and faculty.			
6.5 Is outlined in written policies.			
6.6 Allows for an appeal mechanism.			
7.0 **Evaluation of the Curriculum**			
The evaluation of the curriculum			
7.1 Is based upon measurable program objectives.			

.../13

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
7.2 Is a systematic, comprehensive, ongoing process which includes input from			
7.2.1 Learners/graduates.			
7.2.2 Faculty.			
7.2.3 Employers.			
7.3 Is used for ongoing curriculum development/refinement.			
II Resources			
The program identifies the physical, human and fiscal resources and limitations that have implications for the program.			
1.0 There is evidence of adequate financial support to develop, implement, and evaluate the program.			
2.0 There is financial support and sufficient time allotted for systematic and ongoing revision of the program.			
3.0 The learning resources support the theoretical content and learning experiences.			
3.1 There is adequate office space for faculty and support staff.			

.../14

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
3.2 There are classrooms and laboratory space, if applicable.			
3.3 There is space accessible for interviewing, counselling, and study.			
3.4 Resources, eg. library and audio-visual aids, are current, available, and appropriate in terms of expected outcomes.			
4.0 <u>The Clinical Practice Areas</u>			
The clinical practice areas are adequate to support the content and learning experiences.			
4.1 The facilities utilized for clinical practice are in an agency in which the quality of nursing care has been assessed by the faculty.			
4.2 The clinical practice areas meet the program requirements by providing sufficient learning experiences and accessible space for conferences and interviews.			
4.3 There are written agreements between the nursing program and agencies providing clinical facilities for practice which			
4.3.1 Outline responsibilities of the program and the agency.			
4.3.2 Are reviewed at specified periods.			

.../15

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
4.3.3 Provide for the protection of the rights of the patients, the learners and parties to the agreements.			
4.3.4 Provide for the supervision of the learners while in the clinical area.			
5.0 **Faculty**			
Policies and practices related to faculty of the nursing program make provision for			
5.1 A Program Director/Coordinator with a master's degree, experience and/or preparation in education and administration, and current MARN registration.			
5.2 Nursing faculty with a baccalaureate degree in nursing, master's preparation in nursing is preferred; clinical experience appropriate to areas of responsibility; and current MARN registration.			
5.3 Sufficient teaching personnel to assist learners to achieve the program objectives.			
5.4 An orientation program.			
5.5 Written personnel policies regarding			
5.5.1 Selection and appointment.			
5.5.2 Promotion.			
5.5.3 Salary range.			
5.5.4 Employment benefits.			

.../16

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
5.6 Professional development.			
5.7 Administrative records for faculty which include			
5.7.1 Educational Background and experience.			
5.7.2 Performance appraisal.			
5.7.3 Professional development activities.			
5.7.4 Participation in professional and community activities.			
5.7.5 Research and scholarly activities.			
6.0 <u>Learner Support Services</u>			
Adequate and accessible support services are available to learners for			
6.1 Counselling.			
6.2 Health services.			
7.0 <u>Selection and Admission Policies</u>			
The sponsoring agency shall specify criteria and methods for selection and admission of learners.			
7.1 Learner selection and admission policies are congruent with the philosophy and nature of the program.			

STANDARDS AND RELATED OUTCOME CRITERIA	MET	UN-MET	COMMENTS
7.2 Verification of the applicant's eligibility for nurse registration before being accepted into the program is established.			
7.3 Provision for extended or shortened clinical experience or theoretical instruction is based on individual learning needs.			
8.0 **Administration**			
The sponsoring agency will provide			
8.1 Complete and current information on the program.			
8.2 Support services to the program which include:			
8.2.1 Support staff.			
8.2.2 Registrar services.			
8.2.3 Financial assistance for learners.			

APPENDIX C

PERMISSION TO USE

MACDONALD'S (1991) QUESTIONNAIRE

Michele C.B. Macdonald B.ScN. M.Ed.

Edmonton, Alberta, Canada

Phone:

May 18, 1994

Sandra Romano B.N.

Dear Ms. Romano

Thank you for your inquiry regarding my study, Learning Needs of Inactive Nurses in Alberta. My goal has always been to improve Nursing Education and the development of excellence in nursing. I would be pleased to assist you in your study in Manitoba through the use of the questionnaire used in my study.

Please consider this letter as authorization for your use of the material from my dissertation.

I wish you much success on your study and the completion of your Master's degree.

Yours very truly

Michele C.B. Macdonald

APPENDIX D

MACDONALD'S QUESTIONNAIRE

APPENDIX

AN ANALYSIS OF THE NEEDS OF INACTIVE NURSES IN ALBERTA

This questionnaire will take about 15-20 minutes to complete. Parts I and II include demographic questions and questions regarding barriers to re-entry to nursing. Even if you are not interested in returning to nursing, I would ask you to complete these two parts.

Parts III and IV include questions regarding your personal and professional learning needs if you were to consider returning to nursing. Even if you are not interested in returning to nursing at this time, but may be in the future, please complete these last two parts as well as Parts I and II.

Thank you for your assistance.

PART I

OFFICE USE

Please circle the item that best represents your answer or fill in the response as indicated.

___ ___ ___ 1
1-4

Biography

1. Your age

   1 - 20-29 years
   2 - 30-39 years
   3 - 40-49 years
   4 - 50-59 years

2. Number of children

   1 - none
   2 - 1-3
   3 - 4 or more

5, 6 ___ ___

3. Your family status

   1 - married
   2 - single
   3 - divorced/separated
   4 - widowed
   5 - other, specify ____________

4. Age of youngest child

   1 - no children
   2 - 0-5 years
   3 - 6-12 years
   4 - 13-19 years
   5 - over 20 years

7, 8 ___ ___

Education

5. Please indicate the highest level of completed education.

   1 - Diploma in nursing
   2 - Baccalaureate Degree nursing
   3 - Baccalaureate Degree, other field
   4 - Master's Degree, nursing
   5 - Master's Degree, other field
   6 - Other, please specify ____________

9 ___

6. Have you attended any continuing educational programs in nursing during your absence from nursing?

   1 - Yes
   2 - No
   3 - If yes, please name the course(s).

10 ___

OFFICE USE

7. Have you attended any non-nursing educational programs while being absent from nursing?

1 - Yes
2 - No
3 - If yes, please name the course(s).

11

Career Pattern

8. How long have you actively worked as a nurse?

1 - less than one year
2 - 1-10 years
3 - 11-19 years
4 - 20 years or more

12

9. How long has it been since you were last employed as a nurse?

1 - 0-5 years
2 - 6-10 years
3 - 11-15 years
4 - 16-20 years
5 - 21 years or more

13

10. In what setting were you employed longest?

1 - acute care hospital
2 - long-term care facility
3 - psychiatric hospital
4 - ambulatory care setting
5 - community setting
6 - educational setting
7 - other, please specify ______

14

11. What is the title that best describes the last position you held before you left nursing?

1 - staff nurse
2 - administration
3 - education
4 - public health nurse
5 - office nurse
6 - other, please specify ______

15

12. Of the following alternatives, which one best describes your position?

1 - I am interested in returning to nursing
2 - I am not interested in returning to nursing.
Please explain the reason.

3 - I am interested in returning to another field of work.
Please specify field of work (if known).

16

OFFICE USE

13. If you are interested in returning to nursing, which best describes the setting you would most like to be employed in? — 17

 1 - acute care hospital
 2 - long-term care facility
 3 - psychiatric hospital
 4 - ambulatory care setting
 5 - community setting
 6 - educational setting
 7 - other, please specify ______________

PART II - Barriers to Re-entry

dentified barriers to nursing re-entry are listed as follows. Please rate each item as to how much of a barrier it would be to you if you were to consider returning to nursing. Please circle your answer.

A. If I were to consider returning to the nursing profession, how much of a barrier would I perceive the following items to be?

	Great Barrier	Slight Barrier	Not a Barrier	Office Use
. home/family responsibilities	1	2	3	18
. limited job opportunities	1	2	3	19
. physical health	1	2	3	20
. outdated nursing knowledge	1	2	3	21
. lack of technical skills	1	2	3	22
. poor working conditions	1	2	3	23
. inadequate salary/benefits	1	2	3	24
. cultural values regarding the woman's role	1	2	3	25
. type of refresher program available	1	2	3	26
0. lack of satisfaction from working as a nurse	1	2	3	27
1. lack of financial assistance	1	2	3	28
2. lack of support from employed nurses	1	2	3	29
3. lack of confidence	1	2	3	30

4. comments/other barriers

ven if you are not interested in returning to nursing at this time, but may be in the future, please omplete Parts III and IV.

PART III - PERSONAL LEARNING NEEDS

OFFICE USE

The following lists specific personal learning needs that have been considered important for re-entry nurses to meet to learn effectively. Please rate each item as to how important a learning need YOU perceive it to be if you were to consider returning to nursing. Please circle your answer.

A. If I were to consider returning to nursing, how important would it be for me to :

		Of Great Importance	Important	Not Important	Office Use
1.	develop self-confidence	1	2	3	31
2.	improve my self esteem	1	2	3	32
3.	learn to be more assertive	1	2	3	33
4.	develop my study skills	1	2	3	34
5.	develop my writing skills	1	2	3	35
6.	improve my ability to identify my own learning needs	1	2	3	36
7.	express my own learning needs	1	2	3	37
8.	have my individual learning needs recognized	1	2	3	38
9.	learn how to set goals	1	2	3	39
10.	develop organization and time management skills	1	2	3	40
11.	learn on my own (at home, by correspondence)	1	2	3	41
12.	learn with my peers in a classroom setting	1	2	3	42
13.	have peer support	1	2	3	43
14.	have instructor supervision and assistance	1	2	3	44
15.	have instructor feedback	1	2	3	45
16.	progress at my own rate	1	2	3	46
17.	learn in a caring and encouraging environment	1	2	3	47
18.	have my various family and/or work responsibilities recognized as being important even if they compete with my learning	1	2	3	48
19.	have financial support	1	2	3	49
20.	develop my ability to manage stress	1	2	3	50

21. Comments/other personal needs

PART IV Professional Learning Needs

OFFICE USE

The following lists specific knowledge, skills and behaviors that are considered important for nurses to possess. Please rate each item as to how important a learning need YOU perceive it to be if you were to consider returning to nursing. DO NOT rate each item as to how important it is to nursing. Please circle your answer.

A. If I were to consider returning to nursing, how important would it be for me to update by knowledge of:

	Item	Of Great Importance	Important	Not Important	Office Use
1.	the normal anatomy and physiology of the human body	1	2	3	51
2.	the pathophysiology underlying patients' health problems	1	2	3	52
3.	current diagnostic and therapeutic nursing care	1	2	3	53
4.	common emergencies/first aid	1	2	3	54
5.	the significance of laboratory and diagnostic findings as related to patient's physical status	1	2	3	55
6.	the nursing process, a problem solving approach to deliver nursing care	1	2	3	56
7.	pharmacological aspects of nursing care	1	2	3	57
8.	the physical needs of patients	1	2	3	58
9.	the psychosocial needs of patients	1	2	3	59
10.	medical and surgical care	1	2	3	60
11.	obstetrics	1	2	3	61
12.	paediatrics	1	2	3	62
13.	psychiatry	1	2	3	63
14.	geriatrics	1	2	3	64
15.	community health care	1	2	3	65
16.	the role of patient education	1	2	3	66
17.	the role of research in patient care	1	2	3	67
18.	the legal aspects of nursing	1	2	3	68
19.	the ethical concerns facing nurses today	1	2	3	69
20.	the health risks of nursing	1	2	3	70
21.	the current professional roles and responsibilities of nurses	1	2	3	71
22.	current modes of therapy from other health care professionals i.e., respiratory, occupational, physiotherapy, dietary	1	2	3	72
23.	changes within the health care system	1	2	3	73
24.	Comments/other knowledge				

OFFICE USE
_ _ _ 2
1-4

8. If I were to consider returning to nursing, how important would it be for me to refresh my ability to:

		Of Great Importance	Important	Not Important	
1.	take a nursing history	1	2	3	5
2.	perform a physical assessment	1	2	3	6
3.	develop useful nursing care plans	1	2	3	7
4.	perform basic physical nursing care, i.e., hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	1	2	3	8
5.	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	1	2	3	9
6.	administer medications and recognize their effects	1	2	3	10
7.	perform emergency nursing procedures (CPR, etc.)	1	2	3	11
8.	record on the patient's chart	1	2	3	12
9.	use communication skills to develop a helping relationship with patients	1	2	3	13
10.	use communications skills to develop a working relationship with other health care professionals	1	2	3	14
11.	carry out effective patient/family teaching	1	2	3	15
12.	use technical equipment and nursing care supplies (monitors, intravenous, oxygen and suctioning equipment, computers)	1	2	3	16

13. Comments/other skills

OFFICE USE

The following lists some aspects of professional behavior that are considered important to the nursing profession.

C. If I were to consider returning to nursing, how important would it be for me to further develop my professional ways regarding:

		Of Great Importance	Important	Not Important	
1.	the standard of care I deliver	1	2	3	17
2.	the ethical decisions I must make	1	2	3	18
3.	the legal considerations of nursing today	1	2	3	19
4.	the image I portray to the public	1	2	3	20
5.	my responsibilities to nursing associations and unions	1	2	3	21
6.	my value to society	1	2	3	22
7.	my role as a patient advocate	1	2	3	23
8.	continuing education	1	2	3	24
9.	self-directed learning	1	2	3	25
10.	Comments/other				

GENERAL COMMENTS

Thank you very much for your time and effort.

Michele C.B. Macdonald, R.N., B.Sc.N

Please return your questionnaire in the enclosed addressed envelope by April 22, 1991.

APPENDIX E

MARN POLICY REGARDING THE RELEASE OF NAMES FROM THE MARN ROSTER

Manitoba Association of Registered Nurses

Application for Release of Membership Names for Research Purposes

GENERAL INFORMATION

	Yes	No
MARN Committee	______	______
MARN Membership	______	______
Non-MARN Member(s)	______	______

Name of Principal Investigator
OR Association Address ____
____
____

Telephone Number: ____________________

I. **TITLE OF PROJECT:** ____
Abstract of Project (150 words or less)

PROJECT IS:

New [ ] Continuing [ ] Academic [ ]

ETHICAL REVIEW:

Attached: ______ Submitted for review (date): ________________________________

Name of Ethical Review Committee: ____

SPONSORING AGENCY (name and address): ________________________________
____

Approval of Sponsoring Agency:

Signatures: ______________________________ ______________________________

Application for Release of Membership Names Page 2

II. PROJECT RELEVANCE: Briefly state why you believe this project would be of value to nursing/health care.

III. DESCRIBE procedures used to maintain confidentiality of MARN membership names.

IV. DESCRIPTION OF PROJECT (attach):

Not to exceed ten (10) typewritten, double-spaced pages exclusive of appendices. Please include:

- Statement of the Research Problem/Aims and Objectives
- Current State of Knowledge/Review of the Literature
- Conceptual Framework/Rationale
- Methods:
  - Design
  - Sample and Setting
  - Variables (including operational definition)
  - Data Collection Instruments (if applicable, append)
  - Data Collection Procedure and Schedule
- Data Analysis/Interpretation
- Protection of Human Subjects (append consent form)

V. ENCLOSURES CHECKLIST

Letters of agency support: Enclosed: ______ Date Expected: ________________________

Letter of approval by Ethical Review Committee: Enclosed: ______ Date Expected: ________________________

Research instruments (if applicable): Enclosed: ______ Date Expected: ________________________

Manitoba Association of Registered Nurses
647 Broadway, Winnipeg, Manitoba R3C 0X2 (204) 774-3477
Toll Free: 1-800-665-2027 (Manitoba Only.)
Fax: (204) 775-6052

POLICY:	General	SECTION:	9
SUBJECT:	Release of Membership Names for Research Purposes	NUMBER:	2.2
CURRENT REVIEW DATE:	January 1994	APPROVED:	March 8, 1988
PREVIOUS REVIEW DATE(S):	January 20, 1988 March 4, 1985	ORIGIN DATE:	May 22, 1981

STATEMENT OF POLICY

The release of MARN membership names or labels on the roster for research purposes excluding release for commercial or marketing purposes, may be granted at the written request of a MARN Committee, MARN member(s), or non-MARN members following review and recommendation by the MARN Research Committee.

1. The applicant will provide the Research Committee with two (2) copies of:
   - the research proposal;
   - evidence of ethical committee review and approval;
   - evidence of agency support;
   - in the case of graduate thesis, evidence of Thesis Advisory Committee approval;
   - any additional information requested by the Research Committee.

2. For projects approved in the above manner, the researcher will sign a letter assuring MARN that:
   - The researcher will identify to each sampled individual that her or his name was obtained from MARN for purposes of the research study only;
   - The researcher will keep the membership list secure, private and confidential and that all members of the research project team are bound by this assurance;
   - The researcher will not duplicate the membership list and must return all unused membership material to MARN;
   - The researcher will pay for all expenses incurred by MARN in generating and providing the list;
   - The researcher will not alter the original project as approved by the MARN Research Committee.

3. Strategies for Release of Names of Approved Projects:
   The Research Committee, after reviewing the applicant's specification of population, the sampling framework (procedures and numbers), will recommend the most efficient strategy for release of names, eg., entire roster, stratified computer or non-computer generated, etc.

APPENDIX F

APPROVAL OF UNIVERSITY OF MANITOBA,

FACULTY OF NURSING, ETHICAL REVIEW COMMITTEE

The University of Manitoba

FACULTY OF NURSING
ETHICAL REVIEW COMMITTEE

APPROVAL FORM

Proposal Number N#95/13

Proposal Title: "LEARNING NEEDS FOR AND BARRIERS TO RE-ENTRY TO PRACTICE AS PERCEIVED BY INACTIVE NURSES IN MANITOBA."

Name and Title of Researcher(s): SANDRA ROMANO
MASTER OF NURSING GRADUATE STUDENT
FACULTY OF NURSING, UNIVERSITY OF MANITOBA

Date of Review: MARCH 06, 1995.

APPROVED BY THE COMMITTEE: MARCH 06, 1995.

Comments: APPROVED WITH SUBMITTED REVISIONS AND CLARIFICATIONS.
(MARCH 20, 1995)

Date: March 20, 1995

Linda J. Kristjanson, PhD, RN — Chairperson
Associate Professor
University of Manitoba Faculty of Nursing

Position

NOTE:
Any significant changes in the proposal should be reported to the Chairperson for the Ethical Review Committee's consideration, in advance of implementation of such changes.

Revised: 92/05/08/se

APPENDIX G

APPROVAL OF THE MANITOBA ASSOCIATION OF REGISTERED NURSES, BOARD OF DIRECTORS FOR RELEASE OF MEMBERSHIP NAMES

Manitoba Association of Registered Nurses
647 Broadway, Winnipeg, Manitoba R3C 0X2 (204) 774-3477
Toll Free: 1-800-665-2027 (Manitoba only.)
Fax: (204) 775-6052

May 4, 1995

Sandra Romano
484 Speers Rd.
Winnipeg, MB
R2J 1N2

Dear Ms. Romano:

At the May 1, 1995 meeting of the Manitoba Association of Registered Nurses Board of Directors, the following motion was passed:

> THAT the Board of Directors accept the recommendation of the Standing Committee - Nursing Research to approve the release of membership names for the purpose of the project "Learning Needs For and Barriers to Re-entry to Practice as Perceived by Inactive Nurses in Manitoba" only.

Please contact Anita Mayer, Business Manager, regarding setting up the membership query.

Sincerely,

Diana Davidson Dick RN MEd
Executive Director

cc. Anita Mayer
Judith Deatrich, Staff Liaison
Donna Goodridge, Co-Chair, Research Committee
Wendy Fallis, Co-Chair, Research Committee

g:\profdept\cmttee\research\romano

APPENDIX H

QUESTIONNAIRE USED IN THIS STUDY

AN ANALYSIS OF THE NEEDS OF INACTIVE NURSES IN MANITOBA

This questionnaire will take about 15 - 20 minutes to complete. Parts I and IV include demographic questions and questions regarding barriers to re-entry to nursing. Even if you are not interested in returning to nursing I would ask you to complete these two parts.

Parts II and III include questions regarding your personal and professional learning needs if you were to consider returning to nursing. Even if you are not interested in returning to nursing at this time, but may be in the future, please complete these two parts as well as parts I and IV.

Thank you for your assistance.

PART I

Please circle the term that best represents your answer or fit in the response as indicated.

Education

1. Please indicate the highest level of completed education.

   1. Diploma in nursing
   2. Baccalaureate Degree nursing
   3. Baccalaureate Degree, other field
   4. Master's Degree, nursing
   5. Master's Degree, other field
   6. Other, please specify ____________________

2. Have you attended any continuing educational programs in nursing during your absence from nursing?

   1. Yes
   2. No
   3. If "yes", please name the course(s).

3. Have you attended any non-nursing educational programs while being absent from nursing?

   1. Yes
   2. No
   3. If "yes", please name the course(s).

Career Pattern

4. In which country/province were you initially registered as a nurse?

   ____

5. How long have you actively worked as a nurse? _____ years.

6. How long has it been since you were last employed as a nurse?

   _____ years

7. In what setting were you employed longest?

   1. acute care hospital
   2. long term care facility
   3. psychiatric hospital
   4. ambulatory care setting
   5. community setting
   6. educational setting
   7. other, please specify ____________________

-2-

8. What is the title that best describes the last position you held before you left nursing?

1. staff nurse
2. administration
3. educator
4. public health nurse
4. office nurse
6. other, please specify ________________________

9. Of the following alternatives, which one best describes your current interest in nursing?

1. I am interested in returning to nursing.
2. I am not interested in returning to nursing.

PLEASE EXPLAIN THE REASON.

3. I am interested in returning to another field of work.

PLEASE SPECIFY FIELD OF WORK (IF KNOWN).

10. If you are interested in returning to nursing, which best describes the setting in which you would most like to be employed?

1. acute care hospital
2. long term care facility
3. psychiatric hospital
4. ambulatory care setting
5. community setting
6. educational setting
7. other, please specify ________________________

-3-

Even if you are not interested in returning to nursing at this time, but may be in the future, please complete Parts II and III.

PART II - PERSONAL LEARNING NEEDS

Following is a list of specific personal learning needs that have been onsidered important for re-entry nurses to learn effectively. Please rate each item as to how important a learning need you perceive it to be if you were to consider returning to nursing.

PLEASE CIRCLE YOUR ANSWER.

A. If I were to consider returning to nursing, how important would it be for me to:

		Of Great Importance	Important	Not Important
1.	develop self-confidence	1	2	3
2.	improve my self esteem	1	2	3
3.	learn to be more assertive	1	2	3
4.	develop my study skills	1	2	3
5.	develop my writing skills	1	2	3
6.	improve my ability to identify my own learning skills	1	2	3
7.	express my own learning needs	1	2	3
8.	have my individual learning needs recognized	1	2	3
9.	learn how to set goals	1	2	3
10.	develop organization & time management skills	1	2	3
11.	learn on my own (at home by correspondence)	1	2	3
12.	be with my peers in a classroom setting	1	2	3
13.	have peer support	1	2	3
14.	have instructor supervision and assistance	1	2	3
15.	have instructor feedback	1	2	3
16.	progress at my own rate	1	2	3
17.	learn in a caring and encouraging environment	1	2	3

-4-

		Of Great Importance	Important	Not Important
18.	have my various family responsibilities recognized as important even if they compete with my learning	1	2	3
19.	have my work responsibilities recognized as important even if they compete with my learning	1	2	3
20.	have financial support	1	2	3
21.	develop my ability to manage stress	1	2	3

22. comments/other personal needs

-5-

PART III PROFESSIONAL LEARNING NEEDS

The following lists specific knowledge, skills and behaviours that are considered important for nurses to possess. Please rate each item as to how important a learning need you perceive it to be if you were to consider returning to nursing. **DO NOT** rate each item as to how important it is to nursing.

PLEASE CIRCLE YOUR ANSWER.

A. If I were to consider returning to nursing, how important would it be for me to update my basic knowledge of:

		Of Great Importance	Important	Not Important
1.	The normal anatomy and physiology of the human body	1	2	3
2.	the pathophysiology underlying patients' health problems	1	2	3
3.	current diagnostic and therapeutic nursing care	1	2	3
4.	common emergencies/ first aid	1	2	3
5.	the significance of laboratory and diagnostic findings as related to patients' physical status	1	2	3
6.	the nursing process, a problem solving approach to deliver nursing care	1	2	3
7.	critical thinking skills	1	2	3
8.	decision making skills	1	2	3
9.	pharmacological aspects of nursing care	1	2	3
10.	the physical needs of patients	1	2	3
11.	the psychosocial needs of patients	1	2	3
12.	the role of patient education	1	2	3
13.	comments/other professional learning needs.			

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B. If I were to consider returning to nursing, how important would it be for me to update my knowledge in specialty areas of nursing practice?

		Of Great Importance	Important	Not Important
1.	medical and surgical care	1	2	3
2.	caring for obstetrical patients	1	2	3
3.	caring for pediatric patients	1	2	3
4.	caring for psychiatric patients	1	2	3
5.	caring for geriatric patients	1	2	3
6.	community health care	1	2	3
7.	comments			

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C. If I were to consider returning to nursing, how important would it be for me to refresh my ability to:

	Of Great Importance	Important	Not Important
1. take a nursing history	1	2	3
2. perform a physical assessment	1	2	3
3. develop useful nursing care plans	1	2	3
4. perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination,rest and activity needs of patients	1	2	3
5. perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc)	1	2	3
6. administer medications and recognize their effects	1	2	3
7. perform emergency nursing procedures (CPR, etc.)	1	2	3
8. record on the patient's chart	1	2	3
9. use communication skills to develop a helping relationship with patients	1	2	3
10. use communications skills to develop a working relationship with other health care professionals	1	2	3
11. plan and carry out effective patient/family teaching	1	2	3
12. use technical equipment and nursing care supplies (monitors, intravenous, oxygen and suctioning equipment)	1	2	3
13. use computers	1	2	3
14. comments/other skills			

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D. If I were to consider returning to nursing, how important would it be for me to update my knowledge of the following issues and trends in nursing.

	Of Great Importance	Important	Not Important
1. the application of research in patient care	1	2	3
2. the legal aspects of nursing	1	2	3
3. the ethical concerns facing nurses today	1	2	3
4. the health risks of nursing	1	2	3
5. the current professional roles and responsibilities of nurses and other health care workers	1	2	3
6. management and leadership skills	1	2	3
7. delegation and supervisory skills	1	2	3
8. current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	1	2	3
9. changes within the health care system	1	2	3
10. changes in nursing education	1	2	3
11. comments/other knowledge			

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The following lists some aspects of professional behaviour that are considered important to the nursing profession.

E. If I were to consider returning to nursing, how important would it be for me to further develop my professional ways regarding:

	Of Great Importance	Important	Not Important
1. The standard of care I deliver	1	2	3
2. the ethical decisions I must make	1	2	3
3. the legal considerations of nursing today	1	2	3
4. the image I portray to the public	1	2	3
5. my responsibilities to nursing associations and unions	1	2	3
6. my contribution to society	1	2	3
7. my role as a patient advocate	1	2	3
8. continuing professional development	1	2	3
9. self-directed learning	1	2	3

10. comments/other

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PART IV - BARRIERS TO RE-ENTRY

Potential barriers to nursing re-entry are listed as follows. Please rate each item as to how much of a barrier it would be to you if you were to consider returning to nursing.

PLEASE CIRCLE YOUR ANSWER.

A. If I were to consider returning to the nursing profession, how much of a barrier would I perceive the following items to be?

		Great Barrier	Slight Barrier	Not a Barrier	Unable to Assess
1.	home/family responsibilities	1	2	3	4
2.	limited job opportunities	1	2	3	4
3.	physical health	1	2	3	4
4.	outdated nursing knowledge	1	2	3	4
5.	lack of technical skills	1	2	3	4
6.	poor working conditions	1	2	3	4
7.	inadequate salary/benefits	1	2	3	4
8.	type of refresher program available	1	2	3	4
9.	lack of satisfaction from working as a nurse	1	2	3	4
10.	lack of financial assistance	1	2	3	4
11.	lack of support from employed nurses	1	2	3	4
12.	lack of confidence	1	2	3	4
13.	comments/other barriers				

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BIOGRAPHY

1. Your age

    1. 20 - 24 years
    2. 25 - 29 years
    3. 30 - 34 years
    4. 35 - 39 years
    5. 40 - 44 years
    6. 45 - 49 years
    7. 50 - 55 years

2. Number of children

    1. none
    2. 1 - 3
    3. 4 or more

3. Your family status

    1. married
    2. single
    3. divorced/separated
    4. widowed
    5. other, specify_____

4. Age of youngest child

    1. no children
    2. 0 - 5 years
    3. 6 - 12 years
    4. 13 - 19 years
    5. over 20 years

GENERAL COMMENTS

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT

SANDRA ROMANO, R.N., B.N.

Please return your questionnaire in the enclosed envelope.

Original Questionnaire developed by M.C.B. Macdonald, R.N., B.N., 1991
Adapted for use in Manitoba by S. Romano, R.N., B.N., 1994

APPENDIX I

COVER LETTER FOR PARTICIPANTS

IN THE PILOT TESTING OF THE QUESTIONNAIRE

Winnipeg, Manitoba

March, 1995

Dear ________,

I am a graduate student in the Master of Nursing program at the University of Manitoba. My thesis study is titled Learning Needs for Re-entry to practice as Perceived by Inactive Nurses in Manitoba. I plan to use a questionnaire survey method.

Prior to the actual study I would like to pre-test the questionnaire and would appreciate your help. The purpose of pre-testing the questionnaire is to assess the quality and validity of the questionnaire itself. I am requesting that you complete the enclosed questionnaire at your earliest convenience. I would appreciate your comments and suggestions on the following aspects of the questionnaire:

a) length of time (in minutes) required to complete it
b) clarity of the directions
c) clarity of the questions
d) appropriateness of the content
e) any additional questions

Please write your suggestions or changes and length of time to complete right on the questionnaire. Please return the completed questionnaire in the enclosed pre-addressed, stamped return envelope by __________, 1995.

Thank you very much for your assistance and cooperation.

Sincerely,

Sandra Romano, R.N., B.N.
Graduate Nursing Student
University of Manitoba

APPENDIX J

COVER LETTER WHICH ACCOMPANIED QUESTIONNAIRE

Winnipeg, Manitoba

May 29, 1995

Dear MARN Member,

I am a graduate student in the Master of Nursing Program at the University of Manitoba. I am conducting a study titled Learning Needs For and Barriers to Re-Entry to Practice as Perceived by Inactive Nurses in Manitoba.

The purpose of this study is to analyze the learning needs and identify barriers to re-entry to practice as perceived by inactive nurses themselves. The information gained will help nurse educators improve the present nursing refresher program and to plan for future programs. This study has been approved by the Ethics Review Committee of the Faculty of Nursing, University of Manitoba. Participants for this study were selected from the MARN's roster of associate members for the 1993, 1994, and 1995 registration years. The names of associate members to whom questionnaires were mailed remain and will remain unknown to me. The envelope packages were delivered to the MARN for labelling and mailing. Reminders will be prepared and mailed in the same way.

Only one person at the MARN will have access to the names and addresses and any lists or address labels will be destroyed following mailing of reminder notices asking participants to complete the questionnaire. The MARN assures that this individual will keep names and addresses confidential.

Please be assured that your identity will remain anonymous to me throughout and after the study. Since your name does not appear anywhere on the questionnaire, and the names of participants are unknown to me, individual responses will not be identifiable in this study nor if the study is published. Completed questionnaires will be retained in a locked filing cabinet for 7 -10 years.

Your participation in this study would be most appreciated. Please be assured that it is strictly voluntary. By completing the questionnaire you will be giving your consent to participate, therefore no consent form is being used. Please return the completed questionnaire in the enclosed preaddressed, stamped, return envelope by June 14, 1995. The time required to complete the questionnaire is approximately 20 minutes.

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Thank you for your consideration of this questionnaire. If you have any questions or concerns about the questionnaire, please feel free to call me at or my thesis committee chair, Dr. Cynthia Cameron at . When calling, you need only identify yourself as a participant in the study without giving your name. If you would like a summary of the study please send the form at the bottom of this page to the MARN and they will send it to you:

Manitoba Association of Registered Nurses
647 Broadway Avenue
Winnpeg, Manitoba
R3C 0X2

Sincerely,

Sandra Romano, R.N., B.N.
Graduate Nursing Student
University of Manitoba

....

Please send me a copy of the summary of the findings of the study titled Learning Needs and Barriers to Re-Entry to Practice as Perceived by Inactive Nurses in Manitoba.

Send to:

____
(name)

____
(address)

____
(City) (Postal Code)

APPENDIX K

FOLLOW-UP REMINDERS

June 12, 1995

Winnipeg, Manitoba

REMINDER

Dear MARN Member,

About 2 weeks ago you received a letter and questionnaire about learning needs for re-entry to practice as perceived by inactive nurses. If you have not yet responded please take the time to do so as your responses are important to me and my work with this most interesting topic.

If you do not wish to participate in the study, please return the unused questionnaire in the pre-addressed stamped envelope to allow me to account for outstanding responses. Thank you.

Sincerely,

Sandra Romano, R.N., B.N.
Graduate Nursing Student
University of Manitoba

June 26, 1995

Winnipeg, Manitoba

REMINDER

Dear MARN Member,

About 4 weeks ago you received a letter and questionnaire about learning needs for re-entry to practice as perceived by inactive nurses. If you have not yet responded please take the time to do so as your responses are important to me and my work with this most interesting topic. I am enclosing another questionnaire in case the initial one has been misplaced.

Because the questionnaires have not been coded, it is not possible to send reminders to non-respondents only. If you have already responded, thank you very much and please disregard the reminders!

If you do not wish to participate in the study, please return the unused questionnaire in the pre-addressed stamped envelope to allow me to account for outstanding responses. Thank you.

Sincerely,

Sandra Romano, R.N., B.N.
Graduate Nursing Student
University of Manitoba

APPENDIX L

SUMMARY TABLE: IMPORTANCE OF PERSONAL LEARNING NEEDS

Need	Of Great Importance		Important		Not Important	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
have my various family responsibilities recognized as important even if they compete with my learning	10	76.9	3	23.1	0	0
learn in a caring and encouraging environment	9	69.2	2	15.4	2	15.4
learn on my own (at home by correspondence)	7	53.8	5	38.5	1	7.7
have instructor feedback	7	53.8	6	46.2	0	0
progress at my own rate	7	53.8	5	38.5	1	7.7
have my work responsibilities recognized as important even if they compete with my learning	7	53.8	5	38.5	1	7.7
have my individual learning needs recognized	6	46.2	7	53.8	0	0
develop self-confidence	5	38.5	6	46.2	2	15.4
have peer support	5	38.5	5	38.5	3	23.1
learn to be more assertive	4	30.8	4	30.8	5	38.5
express my own learning needs	4	30.8	6	46.2	3	23.1
have instructor supervision and assistance	4	30.8	8	61.5	1	7.7
develop my ability to manage stress	4	30.8	7	53.8	2	15.4
develop organization and time management skills	3	23.1	6	46.2	4	30.8
have financial support	3	23.1	6	46.2	4	30.8
improve my self esteem	2	15.4	6	46.2	5	38.5
develop my study skills	1	7.7	7	53.8	5	38.5
develop my writing skills	1	7.7	6	46.2	6	46.2
improve my ability to identify my own learning skills	1	7.7	7	53.8	5	38.5
be with my peers in a classroom setting	1	7.7	9	69.2	3	23.1
learn how to set goals	0	0	9	69.2	4	30.8

APPENDIX M

SUMMARY TABLE: IMPORTANCE OF UPDATING KNOWLEDGE IN SPECIALTY AREAS OF NURSING PRACTISE

Specialty Area	Of Great Importance		Important		Not Important	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
medical and surgical care	5	45.5	5	45.5	1	9.1
community health care	5	41.7	5	41.7	2	16.7
caring for geriatric patients	3	27.3	6	54.5	2	18.2
caring for pediatric patients	1	9.1	6	54.5	4	36.4
caring for psychiatric patients	1	10.0	5	50.0	4	40.0
caring for obstetrical patients	1	9.1	4	36.4	6	54.5

APPENDIX N

SUMMARY TABLE: IMPORTANCE OF UPDATING BASIC NURSING KNOWLEDGE

Basic Knowledge	Of Great Importance		Important		Not Important	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
current diagnostic and therapeutic nursing care	2	15.4	9	69.2	2	15.4
the significance of laboratory and diagnostic findings as related to patients' physical status	8	61.5	5	38.5	0	0
common emergencies/first aid	7	58.3	4	33.3	1	8.3
pharmacological aspects of nursing care	7	53.8	6	46.2	0	0
critical thinking skills	6	46.2	4	33.3	3	23.1
the pathophysiology underlying patients' health problems	5	38.5	6	46.2	2	15.4
decision making skills	5	38.5	5	38.5	3	23.1
the role of patient education	4	30.8	4	30.8	5	38.5
the nursing process, a problem solving approach to deliver nursing care	3	23.1	8	61.5	2	15.4
the normal anatomy and physiology of the human body	2	15.4	9	69.2	2	15.4
the psychosocial needs of patients	2	15.4	6	46.2	4	33.3
the physical needs of patients	1	8.3	7	58.3	4	33.3

APPENDIX O

SUMMARY TABLE : IMPORTANCE OF REFRESHING NURSING ABILITIES

	Of Great Importance		Important		Not Important	
Ability to:	Frequency	Percent	Frequency	Percent	Frequency	Percent
use technical equipment and nursing care supplies (monitors, intravenous,oxygen, and suctioning equipment)	9	69.2	3	23.1	1	7.7
perform a physical assessment	8	61.5	5	38.5	0	0
perform emergency nursing procedures (CPR, etc.)	8	61.5	3	23.1	2	15.4
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.).	7	53.8	6	46.2	0	0
use computers	7	53.8	4	30.8	2	15.4
take a nursing history	4	30.8	8	61.5	1	7.7
develop useful nursing care plans	4	30.8	7	53.8	2	15.4
administer medications and recognize their effects	4	30.8	8	61.5	1	7.7
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	15.4	3	23.1	8	61.5
use communication skills to develop a helping relationship with patients	2	15.4	4	30.8	8	66.5
plan and carry out effective patient/family teaching	2	15.4	6	46.2	4	33.3
use communications skills to develop a working relationship with other health care professionals	1	8.3	3	25.0	8	66.7
record on the patient's chart	1	7.7	8	61.5	4	30.8

APPENDIX P

SUMMARY TABLE: IMPORTANCE OF UPDATING KNOWLEDGE OF ISSUES AND TRENDS IN NURSING

Issue or Trend	Of Great Importance		Important		Not Important	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
changes within the health care system	10	76.9	3	23.1	0	0.0
the legal aspects of nursing	8	61.5	3	23.1	2	15.4
the ethical concerns facing nurses today	8	61.5	3	23.1	2	15.4
the health risks of nursing	8	61.5	4	30.8	1	7.7
changes in nursing education	7	53.8	4	30.8	2	15.4
the current professional roles and responsibilities of nurses and other health care workers	6	46.2	6	46.2	1	7.7
current modes of therapy from other health care professions i.e. respiratory, occupational, dietary, physiotherapy	6	46.2	6	46.2	1	7.7
the application of research in patient care	5	38.5	5	38.5	3	23.1
management and leadership skills	4	30.8	4	30.8	5	38.5
delegation and supervisory skills	4	30.8	4	30.8	5	38.5

APPENDIX Q

SUMMARY TABLE: FURTHER DEVELOPMENT OF PROFESSIONAL WAYS

Professional Ways	Of Great Importance		Important		Not Important	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
continuing professional development	7	53.8	5	38.5	1	7.7
self-directed learning	7	53.8	4	30.8	2	15.4
the standard of care I deliver	6	46.2	6	46.2	1	7.7
the legal considerations of nursing today	6	46.2	6	46.2	1	7.7
the ethical decisions I must make	5	38.5	5	38.5	3	23.1
the image I portray to the public	3	23.1	6	46.2	4	30.8
my role as a patient advocate	2	16.7	8	66.7	2	16.7
my responsibilities to nursing associations and unions	2	15.4	7	53.8	4	30.8
my contribution to society	1	7.7	7	53.8	5	38.5

APPENDIX R

SUMMARY TABLE:

POTENTIAL BARRIERS TO RE-ENTRY TO NURSING PRACTISE

	Great Barrier		Slight Barrier		Not a Barrier		Unable to Assess	
Barrier	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
limited job opportunities	7	46.7	7	46.7	1	6.7	0	0
lack of technical skills	7	46.7	7	46.7	1	6.7	0	0
poor working conditions	6	40.0	3	40.0	3	20.0	3	20.0
home/family responsibilities	5	35.7	6	42.9	3	21.4	0	0
lack of satisfaction from working as a nurse	5	35.7	3	21.4	5	35.5	1	7.1
outdated nursing knowledge	5	33.3	10	66.7	0	0	0	0
type of refresher program available	5	33.3	1	6.7	4	26.7	5	33.3
physical health	2	13.3	1	6.7	12	80.0	0	0
inadequate salary/benefits	2	13.3	4	26.7	8	53.3	1	6.7
lack of confidence	2	13.3	6	40.0	6	40.0	1	6.7
lack of financial assistance	2	13.3	4	26.7	7	46.7	2	13.3
lack of support from employed nurses	2	13.3.	5	33.3	7	46.7	3	20.0

APPENDIX S

SUMMARY TABLES : PERSONAL LEARNING NEEDS AND PROFESSIONAL LEARNING NEEDS PERCEIVED AS OF GREAT IMPORTANCE AND IMPORTANT

MANITOBA SAMPLE (1995) AND ALBERTA SAMPLE (1991)

-and-

GREAT OR SLIGHT BARRIERS TO RE-ENTRY TO NURSING PRACTISE:

MANITOBA SAMPLE (1995) AND ALBERTA SAMPLE (1991)

Personal Learning Needs Perceived as of Great Importance or Important: Manitoba Sample (1995) and Alberta Sample (1991)

Manitoba (1995)	Alberta (1991)
Have my individual learning needs recognized	Have instructor feedback
have instructor feedback	learn in a caring environment
have my various family responsibilities recognized as important even if they compete with my learning	have home/family responsibilities recognized
learn on my own (at home by correspondence)	progress at my own rate
have instructor supervision and assistance	have instructor supervision
progress at my own rate	have individual learning needs recognized
have my work responsibilities recognized as important even if they compete with my learning	develop self-confidence

Professional Learning Needs Perceived as of Great Importance or Important: Manitoba Sample (1995) and Alberta Sample (1991)

A. BASIC NURSING KNOWLEDGE

Manitoba (1995)	Alberta (1991)
current diagnostic and therapeutic nursing care	Current diagnostic and therapeutic nursing care
the significance of laboratory and diagnostic findings as related to patients' physical status	the significance of laboratory and diagnostic findings as related to patients' physical status
pharmacological aspects of nursing care	pharmacological aspects of nursing care
common emergencies/first aid	the pathophysiology underlying the patients' health problems
the normal anatomy and physiology of the human body	anatomy and physiology
the pathophysiology underlying patients' health problems	the role of patient education
the nursing process,a problem solving approach to deliver nursing care	

B. SPECIALTY AREAS OF NURSING PRACTICE

Manitoba (1995)	Alberta (1991)
Medical-surgical care	Medical-surgical care
Community health care	Pediatrics
Caring for geriatric patients	Community health
Caring for pediatric patients	Obstetrics
Caring for psychiatric patients	Geriatrics

C. NURSING ABILITIES

Manitoba (1995)	Alberta (1991)
Perform a physical assessment	Use technical equipment and nursing care supplies
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc).	administer medications and recognize their effects
take a nursing history	perform emergency nursing care procedures
administer medications and recognize their effects	perform advanced physical nursing care
use technical equipment and nursing care supplies (monitors, intravenous,oxygen and suctioning equipment)	perform a physical assessment

D. ISSUES AND TRENDS

Manitoba (1995)	Alberta (1991)
Changes within the health care system	Current roles and responsibilities of nurses
the health risks of nursing	current modes of therapy from other health care professionals
the current professional roles and responsibilities of nurses and other health care workers	ethical concerns facing nurses today
current modes of therapy from other health care professionals i.e respiratory, occupation, dietary, physiotherapy	health risks of nursing

E. PROFESSIONAL WAYS

Manitoba (1995)	Alberta (1991)
The standard of care I deliver	Continuing education
the legal considerations of nursing today	self-directed learning
continuing professional development	the ethical decisions I must make
self-directed learning	the standard if care I deliver

Great or Slight Barriers to Re-Entry to Nursing Practise: Manitoba Sample (1995) and Alberta Sample (1991)

Manitoba (1995)	Alberta (1991)
Outdated nursing knowledge	Outdated nursing knowledge
lack of technical skills	lack of technical skills
limited job opportunities	home/family responsibilities
home/family responsibilities	limited job opportunities
poor working conditions	type of refresher program available

APPENDIX T

SUMMARY TABLES: PERSONAL LEARNING NEEDS, PROFESSIONAL LEARNING NEEDS, AND BARRIERS TO RE-ENTRY TO PRACTISE PERCEIVED BY RESPONDENTS INDIFFERENT AGE GROUPS

Personal Learning Needs as Perceived by Respondents in Different Age Groups

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	25-39 years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	2	50.0	2	50.0	0	0.0
improve my self esteem	1	25.0	1	25.0	2	50.0
learn to be more assertive	2	50.0	1	25.0	1	25.0
develop my study skills	1	25.0	2	50.0	1	25.0
develop my writing skills	1	25.0	2	50.0	1	25.0
improve my ability to identify my own learning skills	0	0.0	3	75.0	1	25.0
express my own learning needs	2	50.0	2	50.0	0	0.0
have my individual learning needs recognized	2	50.0	2	50.0	0	0.0
learn how to set goals	0	0.0	4	100.0	0	0.0
develop organization and time management skills	1	25.0	3	75.0	0	0.0
learn on my own (at home by correspondence)	4	100.0	0	0.0	0	0.0
be with my peers in a classroom setting	1	25.0	3	75.0	0	0.0
have peer support	2	50.0	2	50.0	0	0.0
have instructor supervision and assistance	2	50.0	2	50.0	0	0.0

Personal Learning Needs (continued)	25-39 Years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	3	75.0	1	25.0	0	0.0
progress at my own rate	2	50.0	2	50.0	0	0.0
learn in a caring and encouraging environment	4	100.0	0	0.0	0	0.0
have my various family responsibilities recognized as important even if they compete with my learning	4	100.0	0	0.0	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	2	50.0	1	25.0	1	25.0
have financial support	1	25.0	3	75.0	0	0.0
develop my ability to manage stress	3	75.0	1	25.0	0	0.0

Personal Learning Needs as Perceived by Respondents in Different Age Groups

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	3	33.3	4	44.4	2	22.2
improve my self esteem	1	11.1	5	55.6	3	33.3
learn to be more assertive	2	22.2	3	33.3	4	44.4
develop my study skills	0	0.0	5	55.6	4	44.4
develop my writing skills	0	0.0	4	44.4	5	55.6
improve my ability to identify my own learning skills	1	11.1	4	44.4	4	44.4
express my own learning needs	2	22.2	4	44.4	3	33.3
have my individual learning needs recognized	4	44.4	5	55.6	0	0.0
learn how to set goals	0	0.0	5	55.6	4	44.4
develop organization and time management skills	2	22.2	3	33.3	4	44.4
learn on my own (at home by correspondence)	3	33.3	5	55.6	1	11.1
be with my peers in a classroom setting	0	0.0	6	66.7	3	33.3
have peer support	3	33.3	3	33.3	3	33.3
have instructor supervision and assistance	2	22.2	6	66.7	1	11.1

Personal Learning Needs (continued)	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	4	44.4	5	55.6	0	0.0
progress at my own rate	5	55.6	3	33.3	1	11.1
learn in a caring and encouraging environment	5	55.6	2	22.2	2	22.2
have my various family responsibilities recognized as important even if they compete with my learning	6	66.7	3	33.3	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	5	55.6	4	44.4	0	0.0
have financial support	2	22.2	3	33.3	4	44.4
develop my ability to manage stress	1	11.1	6	66.7	2	22.2

Professional Learning Needs as Perceived by Respondents in Different Age Groups

1 = Of Great Importance; 2= Important; 3 = Not Important

Professional Learning Needs	25-39 years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	1	25.0	3	75.0	0	0.0
the pathophysiology underlying patient's health problems	2	50.0	2	50.0	0	0.0
current diagnostic and therapeutic nursing care	2	50.0	2	50.0	0	0.0
common emergencies/first aid	1	25.0	2	50.0	1	25.0
the significance of laboratory and diagnostic findings related to patients' physical status	2	50.0	2	50.0	0	0.0
the nursing process, a problem solving approach to deliver nursing care	2	50.0	2	50.0	0	0.0
critical thinking skills	3	75.0	1	25.0	0	0.0
decision making skills	2	50.0	2	50.0	0	0.0
pharmacological aspects of nursing care	2	50.0	2	50.0	0	0.0
the physical needs of patients	0	0.0	3	75.0	1	25.0
the psychosocial needs of patients	0	0.0	2	50.0	2	50.0
the role of patient education	2	50.0	1	25.0	1	25.0

Professional Learning Needs (continued)	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	1	11.1	6	66.7	2	22.2
the pathophysiology underlying patient's health problems	3	33.3	4	44.4	2	22.2
current diagnostic and therapeutic nursing care	6	66.7	3	33.3	0	0.0
common emergencies/first aid	6	75.0	2	25.0	0	0.0
the significance of laboratory and diagnostic findings related to patients' physical status	6	66.7	3	33.3	0	0.0
the nursing process, a problem solving approach to deliver nursing care	1	11.1	6	66.7	2	22.2
critical thinking skills	3	33.3	3	33.3	3	33.3
decision making skills	3	33.3	3	33.3	3	33.3
pharmacological aspects of nursing care	5	55.6	4	44.4	0	0.0
the physical needs of patients	1	12.5	4	50.0	3	37.5
the psychosocial needs of patients	2	25.0	4	50..0	2	25.0
the role of patient education	2	22.2	3	33.3	4	44.4

Professional Learning Needs (continued)	25-39 of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	2	66.7	1	33.3	0	0.0
caring for obstetrical patients	0	0.0	3	100.0	0	0.0
caring for pediatric patients	1	33.3	2	66.7	0	0.0
caring for psychiatric patients	0	0.0	2	66.7	1	33.3
caring for geriatric patients	2	50.0	2	50.0	0	0.0
community health care	3	75.0	1	25.0	0	0.0
	Note: one frequency missing for first 3 items in this section					

Professional Learning Needs (continued)	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	3	37.5	4	50.0	1	12.5
caring for obstetrical patients	1	12.5	1	12.5	6	75.0
caring for pediatric patients	0	0	4	50.0	4	50.0
caring for psychiatric patients	1	14.3	3	42.9	3	42.9
caring for geriatric patients	1	14.3	4	57.1	2	28.6
community health care	2	25.0	4	50.0	2	25.0
	Note: one frequency missing for first 3 items in this section					

Professional Learning Needs (continued)	25-39 years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	50.0	2	50.0	0	0.0
perform a physical assessment	3	75.0	1	25.0	0	0.0
develop useful nursing care plans	3	75.0	1	25.0	0	0.0
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	50.0	1	25.0	1	25.0
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	4	100.0	0	0.0	0	0.0
administer medications and recognize their effects	2	50.0	2	50.0	0	0.0
perform emergency nursing procedures (CPR, etc)	2	50.0	1	25.0	1	25.0
record on the patient's chart	0	0.0	3	75.0	1	25.0
use communication skills to develop a helping relationship with patients	1	25.0	2	50.0	1	25.0
use communications skills to develop a working relationship with other health care professionals	0	0.0	2	50.0	2	50.0
plan and carry out effective patient/family teaching	1	25.0	3	75.0	0	0.0
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	4	100.0	0	0.0	0	0.0
use computers	3	75.0	1	25.0	0	0.0

Professional Learning Needs (continued)	40-55 years of Age (n =9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	22.2	6	66.7	1	11.1
perform a physical assessment	5	55.6	4	44.4	0	0.0
develop useful nursing care plans	1	11.1	6	66.7	2	22.2
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	0	0.0	2	22.2	7	77.8
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	3	33.3	6	66.7	0	0.0
administer medications and recognize their effects	2	22.2	6	66.7	1	11.1
perform emergency nursing procedures (CPR, etc)	6	66.7	2	22.2	1	11.1
record on the patient's chart	1	11.1	5	55.6	3	33.3
use communication skills to develop a helping relationship with patients	1	11.1	2	22.2	6	66.7
use communications skills to develop a working relationship with other health care professionals	1	11.1	1	11.1	6	66.7
plan and carry out effective patient/family teaching	1	12.5	3	37.5	4	50.0
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	5	55.6	3	33.3	1	11.1
use computers	4	44.4	3	33.3	2.	22.2

Professional Learning Needs (continued)	25-39 years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	1	25.0	2	50.0	1	25.0
the legal aspects of nursing	1	25.0	2	50.0	1	25.0
the ethical concerns facing nurses today	1	25.0	2	50.0	1	25.0
the health risks of nursing	3	75.0	1	25.0	0	0.0
the current professional roles and responsibilities of nurses and other health care workers	2	50.0	2	50.0	0	0.0
management and leadership skills	1	25.0	2	50.0	1	25.0
delegation and supervisory skills	1	25.0	2	50.0	1	25.0
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	2	50.0	2	50.0	0	0.0
changes within the health care system	2	50.0	2	50.0	0	0.0
changes in nursing education	2	50.0	2	50.0	0	0.0

Professional Learning Needs (continued)	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	4	44.4	3	33.3	2	22.2
the legal aspects of nursing	7	77.8	1	11.1	1	11.1
the ethical concerns facing nurses today	7	77.8	1	11.1	1	11.1
the health risks of nursing	5	55.6	3	33.3	1	11.1
the current professional roles and responsibilities of nurses and other health care workers	4	44.4	4	44.4	1	11.1
management and leadership skills	3	33.3	2	22.2	4	44.4
delegation and supervisory skills	3	33.3	2	22.2	4	44.4
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	4	44.4	4	44.4	1	11.1
changes within the health care system	8	88.9	1	11.1	0	0.0
changes in nursing education	5	55.6	2	22.2	2	22.2

Professsional Learning Needs (continued)	25-39 years of Age (n =4)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	4	100.0	0	0.0	0	0.0
the ethical decisions I must make	1	25.0	2	50.0	1	25.0
the legal considerations of nursing today	1	25.0	2	50.0	1	25.0
the image I portray to the public	0	0.0	2	50.0	2	50.0
my responsibilities to nursing associations and unions	1	25.0	2	50.0	1	25.0
my contribution to society	0	0.0	3	75.0	1	25.0
my role as a patient advocate	1	25.0	3	75.0	0	0.0
continuing professional development	3	75.0	1	25.0	0	0.0
self-directed learning	3	75.0	1	25.0	0	0.0

Professional Learning Needs (continued)	40-55 years of Age (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	2	22.2	6	66.7	1	11.1
the ethical decisions I must make	4	44.4	3	33.3	2	22.2
the legal considerations of nursing today	5	55.6	4	44.4	0	0.0
the image I portray to the public	3	33.3	4	44.4	2	22.2
my responsibilities to nursing associations and unions	1	11.1	5	55.6	3	33.3
my contribution to society	1	11.1	4	44.4	4	44.4
my role as a patient advocate	1	12.5	5	62.5	2	25.0
continuing professional development	4	44.4	4	44.4	1	11.1
self-directed learning	4	44.4	3	33.3	2	22.2

* 2 respondents in the 40-55 age group did not respond to this section of the questionnaire.

Barriers to Re-Entry to Practise as Perceived By Respondents in Different Age Groups

1 = Great Barrier; 2 = Slight Barrier; 3 = Not a Barrier; 4 = Unable to Assess

	25-39 years of Age (n =4)							
	1		2		3		4	
Barriers to Re-Entry	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	3	75.0	1	25.0	0	0.0	0	0.0
limited job opportunities	2	50.0	2	50.0	0	0.0	0	0.0
physical health	0	0.0	0	0.0	4	100.0	0	0.0
outdated nursing knowledge	1	25.0	3	75.0	0	0.0	0	0.0
lack of technical skills	3	75.0	1	25.0	0	0.0	0	0.0
poor working conditions	1	25.0	2	50.0	1	25.0	0	0.0
inadequate salary/benefits	0	0.0	2	50.0	2	50.0	0	0.0
type of refresher program available	3	75.0	0	0.0	0	0.0	1	25.0
lack of satisfaction from working as a nurse	1	25.0	1	25.0	1	25.0	1	25.0
lack of financial assistance	1	25.0	2	50.0	0	0.0	1	25.0
lack of support from employed nurses	0	0.0	1	25.0	1	25.0	2	50.0
lack of confidence	1	25.0	3	75.0	0	0.0	0	0.0

Barriers to Re-Entry (continued)	40-55 years of Age (n =10-11)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	2	20.0	5	50.0	3	20.0	0	0.0
limited job opportunities	5	45.5	5	45.4	1	9.1	0	0.0
physical health	2	18.2	1	9.1	8	72.7	0	0.0
outdated nursing knowledge	4	36.4	7	63.6	0	0.0	0	0.0
lack of technical skills	4	36.4	6	54.5	1	9.1	0	0.0
poor working conditions	5	45.5	1	9.1	2	18.2	3	27.3
inadequate salary/benefits	2	18.2	2	18.2	6	54.5	1	9.1
type of refresher program available	2	18.2	1	9.1	4	36.4	4	36.4
lack of satisfaction from working as a nurse	4	40.0	2	20.0	4	40.0	0	0.0
lack of financial assistance	1	9.1	2	18.2	7	63.6	1	9.1
lack of support from employed nurses	0	0.0	4	36.4	6	54.5	1	9.1
lack of confidence	1	9.1	3	27.3	6	54.5	1	9.1

APPENDIX U

SUMMARY TABLES: PERSONAL LEARNING NEEDS, PROFESSIONAL LEARNING NEEDS, AND BARRIERS TO RE-ENTRY TO PRACTISE PERCEIVED BY RESPONDENTS WITH HIGHEST LEVEL OF EDUCATION RN OR BN (OR HIGHER)

Personal Learning Needs as Perceived by Respondents With Highest Levels of Education-RN and BN (or higher)

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	RN (n =8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	4	50.0	3	37.5	1	12.5
improve my self esteem	1	12.5	3	37.5	4	50.0
learn to be more assertive	1	12.5	3	37.5	4	50.0
develop my study skills	1	12.5	4	50.0	3	37.5
develop my writing skills	1	12.5	3	37.5	4	50.0
improve my ability to identify my own learning skills	0	0.0	5	62.5	3	37.5
express my own learning needs	2	25.0	5	62.5	1	12.5
have my individual learning needs recognized	3	37.5	5	62.5	0	0.0
learn how to set goals	0	0.0	6	75.0	2	25.0
develop organization and time management skills	2	25.0	4	50.0	2	25.0
learn on my own (at home by correspondence)	3	37.5	4	50.0	1	12.5
be with my peers in a classroom setting	1	12.5	7	87.5	0	0.0
have peer support	3	37.5	4	50.0	1	12.5
have instructor supervision and assistance	2	25.0	6	75.0	0	0.0

Personal Learning Needs (continued)	RN (n=8)					
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	4	50.0	4	50.0	0	0.0
progress at my own rate	2	25.0	5	62.5	1	12.5
learn in a caring and encouraging environment	5	62.5	2	25.0	1	12.5
have my various family responsibilities recognized as important even if they compete with my learning	6	75.0	2	25.0	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	3	37.5	4	50.0	1	12.5
have financial support	1	12.5	5	62.5	2	25.0
develop my ability to manage stress	3	37.5	4	50.0	1	12.5

*Note: Two respondents in the RN group did not answer this section of the questionnaire.

Personal Learning Needs (continued)	BN (or higher)(n=5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	1	20.0	3	60.0	1	20.0
improve my self esteem	1	20.0	3	60.0	1	20.0
learn to be more assertive	3	60.0	1	20.0	1	20.0
develop my study skills	0	0.0	3	60.0	2	40.0
develop my writing skills	0	0.0	3	60.0	2	40.0
improve my ability to identify my own learning skills	1	20.0	2	40.0	2	40.0
express my own learning needs	2	40.0	1	20.0	2	40.0
have my individual learning needs recognized	3	60.0	2	40.0	0	0.0
learn how to set goals	0	0.0	3	60.0	2	40.0
develop organization and time management skills	1	20.0	2	40.0	2	40.0
learn on my own (at home by correspondence)	4	80.0	1	20.0	0	0.0
be with my peers in a classroom setting	0	0.0	2	40.0	3	60.0
have peer support	2	40.0	1	20.0	2	40.0
have instructor supervision and assistance	2	40.0	2	40.0	1	20.0

Personal Learning Needs (continued)	BN (or higher) (n =5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	3	60.0	2	40.0	0	0.0
progress at my own rate	5	100.0	0	0.0	0	0.0
learn in a caring and encouraging environment	4	80.0	0	0.0	1	20.0
have my various family responsibilities recognized as important even if they compete with my learning	4	80.0	1	20.0	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	4	80.0	1	20.0	0	0.0
have financial support	2	40.0	1	20.0	2	40.0
develop my ability to manage stress	1	20.0	3	60.0	1	20.0

Professional Learning Needs as Perceived by Respondents With Highest Levels of Education RN and BN (or higher)

1 = Of Great Importance; 2= Important; 3 = Not Important

Professional Learning Needs	RN (n= 7-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	1	12.5	5	62.5	2	25.0
the pathophysiology underlying patient's health problems	2	25.0	4	50.0	2	25.0
current diagnostic and therapeutic nursing care	4	50.0	4	50.0	0	0.0
common emergencies/first aid	4	57.1	2	28.6	1	14.3
the significance of laboratory and diagnostic findings related to patients' physical status	5	62.5	3	37.5	0	0.0
the nursing process, a problem solving approach to deliver nursing care	1	12.5	6	75.0	1	12.5
critical thinking skills	3	37.5	3	37.5	2	25.0
decision making skills	2	25.0	4	50.0	2	25.0
pharmacological aspects of nursing care	4	50.0	4	50.0	0	0.0
the physical needs of patients	0	0.0	4	50.0	4	50.0
the psychosocial needs of patients	1	12.5	3	37.5	4	50.0
the role of patient education	1	12.5	3	37.5	4	50.0

Professional Learning Needs (continued)	BN (or higher) (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	1	20.0	4	80.0	0	0.0
the pathophysiology underlying patient's health problems	3	60.0	2	40.0	0	0.0
current diagnostic and therapeutic nursing care	4	80.0	1	20.0	0	0.0
common emergencies/first aid	3	60.0	2	40.0	0	0.0
the significance of laboratory and diagnostic findings related to patients' physical status	3	60.0	2	40.0	0	0.0
the nursing process, a problem solving approach to deliver nursing care	2	40.0	2	40.0	1	20.0
critical thinking skills	3	60.0	1	20.0	1	20.0
decision making skills	3	60.0	1	20.0	1	20.0
pharmacological aspects of nursing care	3	60.0	2	40.0	0	0.0
the physical needs of patients	1	25.0	3	75.0	0	0.0
the psychosocial needs of patients	1	25.0	3	75.0	0	0.0
the role of patient education	3	60.0	1	20.0	1	20.0

Professional Learning Needs (continued)	RN (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical care	3	50.0	2	33.3	1	16.7
caring for obstetrical patients	1	16.7	2	33.3	3	50.0
caring for pediatric patients	1	16.7	2	33.3	3	50.0
caring for psychiatric patients	1	16.7	2	33.3	3	50.0
caring for geriatric patients	2	28.6	4	57.1	1	14.3
community health care	4	50.0	3	37.5	1	12.5

Professional Learning Needs (continued)	BN (or higher) (n =7-9)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical care	2	40.0	3	60.0	0	0.0
caring for obstetrical patients	0	0.0	2	40.0	3	60.0
caring for pediatric patients	0	0.0	4	80.0	1	20.0
caring for psychiatric patients	0	0.0	2	50.0	2	50.0
caring for geriatric patients	1	25.0	2	50.0	1	25.0
community health care	1	25.0	2	50.0	1	25.0

Professional Learning Needs (continued)	RN (n = 6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	25.0	6	75.0	0	0.0
perform a physical assessment	3	37.5	5	62.5	0	0.0
develop useful nursing care plans	3	37.5	4	50.0	1	12.5
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	25.0	1	12.5	5	62.5
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	4	50.0	4	50.0	0	0.0
administer medications and recognize their effects	2	25.0	5	62.5	1	12.5
perform emergency nursing procedures (CPR, etc)	4	50.0	2	25.0	2	25.0
record on the patient's chart	0	0.0	5	62.5	3	37.5
use communication skills to develop a helping relationship with patients	1	12.5	3	37.5	4	50.0
use communications skills to develop a working relationship with other health care professionals	0	0.0	2	25.0	6	75.0
plan and carry out effective patient/family teaching	1	12.5	5	62.5	2	25.0
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	6	75.0	1	12.5	1	12.5
use computers	4	50.0	4	50.0	0	0.0

Professional Learning Needs (continued)	BN (or higher) (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	40.0	2	40.0	1	20.0
perform a physical assessment	5	100.0	0	0.0	0	0.0
develop useful nursing care plans	1	20.0	3	60.0	1	20.0
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	0	0.0	2	40.0	3	60.0
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	3	60.0	2	40.0	0	0.0
administer medications and recognize their effects	2	40.0	3	60.0	0	0.0
perform emergency nursing procedures (CPR, etc)	4	80.0	1	20.0	0	0.0
record on the patient's chart	1	20.0	3	60.0	1	20.0
use communication skills to develop a helping relationship with patients	1	20.0	1	20.0	3	60.0
use communications skills to develop a working relationship with other health care professionals	1	25.0	1	25.0	2	50.0
plan and carry out effective patient/family teaching	1	25.0	1	25.0	2	50.0
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	3	60.0	2	40.0	0	0.0
use computers	3	60.0	2	40.0	0	0.0

Professional Learning Needs (continued)	RN (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	1	12.5	4	50.0	3	37.5
the legal aspects of nursing	4	50.0	2	25.0	2	25.0
the ethical concerns facing nurses today	3	37.5	3	37.5	2	25.0
the health risks of nursing	4	50.0	3	37.5	1	12.5
the current professional roles and responsibilities of nurses and other health care workers	5	62.5	3	37.5	0	0.0
management and leadership skills	3	37.5	2	25.0	3	37.5
delegation and supervisory skills	3	37.5	2	25.0	3	37.5
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	4	50.0	3	37.5	1	12.5
changes within the health care system	6	75.0	2	25.0	0	0.0
changes in nursing education	5	62.5	2	25.0	1	12.5

Professional Learning Needs (continued)	BN (or higher) (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	4	80.0	1	20.0	0	0.0
the legal aspects of nursing	4	80.0	1	20.0	0	0.0
the ethical concerns facing nurses today	5	100.0	0	0.0	0	0.0
the health risks of nursing	4	80.0	1	20.0	0	0.0
the current professional roles and responsibilities of nurses and other health care workers	1	20.0	3	60.0	1	20.0
management and leadership skills	1	20.0	2	40.0	2	40.0
delegation and supervisory skills	1	20.0	2	40.0	2	40.0
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	2	40.0	3	60.0	0	0.0
changes within the health care system	4	80.0	1	20.0	0	0.0
changes in nursing education	2	40.0	2	40.0	1.	20.0

Professional Learning Needs(continued)	RN (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	4	50.0	4	50.0	0	0.0
the ethical decisions I must make	3	37.5	3	37.5	2	25.0
the legal considerations of nursing today	4	50.0	3	37.5	1	12.5
the image I portray to the public	0	0.0	4	50.0	4	50.0
my responsibilities to nursing associations and unions	2	25.0	3	37.5	3	37.5
my contribution to society	0	0.0	4	50.0	4	50.0
my role as a patient advocate	1	12.5	5	62.5	2	25.0
continuing professional development	3	37.5	4	50.0	1	12.5
self-directed learning	3	37.5	3	37.5	2	25.0

Note: Two respondents in the RN group did not respond to this section of the questionnaire.

Professional Learning Needs (continued)	BN (or higher) (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	2	40.0	2	40.0	1	20.0
the ethical decisions I must make	2	40.0	2	40.0	1	20.0
the legal considerations of nursing today	2	40.0	3	60.0	0	0.0
the image I portray to the public	3	60.0	2	40.0	0	0.0
my responsibilities to nursing associations and unions	0	0.0	4	80.0	1	20.0
my contribution to society	1	20.0	3	60.0	1	20.0
my role as a patient advocate	1	25.0	3	75.0	0	0.0
continuing professional development	4	80.0	1	20.0	0	0.0
self-directed learning	4	80.0	1	20.0	0	0.0

Barriers to Re-Entry to Practise as Perceived By Respondents With Highest Level of Education RN and BN (or higher)

1 = Great Barrier; 2 = Slight Barrier; 3 = Not a Barrier; 4 = Unable to Assess

	RN (n =9-10)							
	1		2		3		4	
Barriers to Re-Entry	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	3	33.3	4	44.2	2	22.2	0	0.0
limited job opportunities	4	40.0	5	50.0	1	10.0	0	0.0
physical health	2	20.0	0	0	8	80.0	0	0.0
outdated nursing knowledge	4	40.0	6	60.0	0	0.0	0	0.0
lack of technical skills	5	50.0	4	40.0	1	10.0	0	0.0
poor working conditions	4	40.0	2	20.0	2	20.0	2	20.0
inadequate salary/benefits	1	10.0	4	40.0	5	50.0	0	0.0
type of refresher program available	4	40.0	0	0	2	20.0	4	40.0
lack of satisfaction from working as a nurse	4	40.0	1	10.0	4	40.0	1	10.0
lack of financial assistance	1	10.0	2	20.0	5	50.0	2	20.0
lack of support from employed nurses	0	0.0	3	30.0	4	40.0	3	30.0
lack of confidence	1	10.0	5	50.0	3	30.0	1	10.0

Barriers to Re-Entry (continued)	BN (or higher)(n =5)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	2	40.0	2	40.0	1	20.0	0	0.0
limited job opportunities	3	60.0	2	40.0	0	0.0	0	0.0
physical health	0	0.0	1	20.0	4	80.0	0	0.0
outdated nursing knowledge	1	20.0	4	80.0	0	0.0	0	0.0
lack of technical skills	2	40.0	3	60.0	0	0.0	0	0.0
poor working conditions	2	40.0	1	20.0	1	20.0	1	20.0
inadequate salary/benefits	1	20.0	0	0	3	60.0	1	20.0
type of refresher program available	1	20.0	1	20.0	2	40.0	1	20.0
lack of satisfaction from working as a nurse	1	20.0	2	40.0	1	20.0	0	0.0
lack of financial assistance	1	20.0	2	40.0	2	40.0	0	0.0
lack of support from employed nurses	0	0.0	2	40.0	3	60.0	0	0.0
lack of confidence	1	20.0	1	20.0	3	60.0	0	0.0

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APPENDIX V

SUMMARY TABLES: PERSONAL LEARNING NEEDS, PROFESSIONAL LEARNING NEEDS, AND BARRIERS TO RE-ENTRY TO PRACTISEE PERCEIVED BY RESPONDENTS WITH 15 YEARS OR LESS, AND THOSE WITH 16 YEARS OR MORE NURSING EXPERIENCE

Personal Learning Needs as Perceived by Respondents With 15 or Less Years and Those With 16 or More Years Nursing Experience

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	15 Years or Less (n =8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	3	37.5	4	50.0	1	12.5
improve my self esteem	1	12.5	4	5.0	3	37.5
learn to be more assertive	3	37.5	3	37.5	2	25.0
develop my study skills	1	12.5	4	50.0	3	37.5
develop my writing skills	1	12.5	4	50.0	3	37.5
improve my ability to identify my own learning skills	1	12.5	4	50.0	3	37.5
express my own learning needs	3	37.5	3	37.5	2	25.0
have my individual learning needs recognized	3	37.5	5	62.5	0	0.0
learn how to set goals	0	0.0	6	75.0	2	25.0
develop organization and time management skills	1	12.5	5	62.5	2	25.0
learn on my own (at home by correspondence)	7	87.5	1	12.5	0	0.0
be with my peers in a classroom setting	1	12.5	5	62.5	2	25.0
have peer support	3	37.5	3	37.5	2	25.0
have instructor supervision and assistance	2	25.0	5	62.5	1	12.5

Personal Learning Needs (continued)	15 Years or Less (n=8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	4	50.0	4	50.0	0	0.0
progress at my own rate	5	62.5	3	37.5	0	0.0
learn in a caring and encouraging environment	7	87.5	0	0.0	1	12.5
have my various family responsibilities recognized as important even if they compete with my learning	7	87.5	1	12.5	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	4	50.0	3	37.5	1	12.5
have financial support	2	25.0	3	37.5	3	37.5
develop my ability to manage stress	3	37.5	4	50.0	1	12.5

Note: Two respondents with 15 years or less experience did not answer this section of the questionnaire.

Personal Learning Needs as Perceived by Respondents With 15 or Less Years and Those With 16 or More Years Nursing Experience

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	16 Years or More (n =5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	2	40.0	2	40.0	1	20.0
improve my self esteem	1	20.0	2	40.0	2	40.0
learn to be more assertive	1	20.0	1	20.0	3	60.0
develop my study skills	0	0.0	3	60.0	2	40.0
develop my writing skills	0	0.0	2	40.0	3	60.0
improve my ability to identify my own learning skills	0	0.0	3	60.0	2	40.0
express my own learning needs	1	20.0	3	60.0	1	20.0
have my individual learning needs recognized	3	60.0	2	40.0	0	0.0
learn how to set goals	0	0.0	3	60.0	2	40.0
develop organization and time management skills	2	40.0	1	20.0	2	40.0
learn on my own (at home by correspondence)	0	0.0	4	80.0	1	20.0
be with my peers in a classroom setting	0	0.0	4	80.0	1	20.0
have peer support	2	40.0	2	40.0	1	20.0
have instructor supervision and assistance	2	40.0	3	60.0	0	0.0

Personal Learning Needs	16 Years or More (n=5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	3	60.0	2	40.0	0	0.0
progress at my own rate	2	40.0	2	40.0	1	20.0
learn in a caring and encouraging environments	2	40.0	2	40.0	1	20.0
have my various family responsibilities recognized as important even if they compete with my learning	3	60.0	2	40.0	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	3	60.0	2	40.0	0	0.0
have financial support	1	20.0	3	60.0	1	20.0
develop my ability to manage stress	1	20.0	3	60.0	1	20.0

Note: Two respondents with 15 years or less experience did not answer this section of the questionnaire.

Professional Learning Needs as Perceived by Respondents With 15 or Less Years and Those With 16 or More Years Nursing Experience

1 = Of Great Importance; 2= Important; 3 = Not Important

Professional Learning Needs (continued)	15 Years or Less (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	2	25.0	6	75.0	0	0.0
the pathophysiology underlying patient's health problems	4	50.0	4	50.0	0	0.0
current diagnostic and therapeutic nursing care	5	62.5	3	37.5	0	0.0
common emergencies/first aid	3	37.5	4	50.0	1	12.5
the significance of laboratory and diagnostic findings related to patients' physical status	5	62.5	3	37.5	0	0.0
the nursing process, a problem solving approach to deliver nursing care	3	37.5	4	50.0	1	12.5
critical thinking skills	5	62.5	2	25.0	1	12.5
decision making skills	3	37.5	4	50.0	1	12.5
pharmacological aspects of nursing care	6	75.0	2	25.0	0	0
the physical needs of patients	1	14.3	5	71.4	1	14.3
the psychosocial needs of patients	2	28.6	3	42.9	2	28.6
the role of patient education	3	37.5	3	37.5	2	25.0

Professional Learning Needs (continued)	16 Years or More (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	0	0.0	3	60.0	2	40.0
the pathophysiology underlying patient's health problems	1	20.0	2	40.0	2	40.0
current diagnostic and therapeutic nursing care	3	60.0	2	40.0	0	0.0
common emergencies/first aid	4	100.0	0	0.0	0	0.0
the significance of laboratory and diagnostic findings related to patients' physical status	3	60.0	2	40.0	0	0.0
the nursing process, a problem solving approach to deliver nursing care	0	0.0	4	80.0	1	20.0
critical thinking skills	1	20.0	2	40.0	2	40.0
decision making skills	2	40.0	1	20.0	2	40.0
pharmacological aspects of nursing care	1	20.0	4	80.0	0	0.0
the physical needs of patients	0	0.0	2	40.0	3	60.0
the psychosocial needs of patients	0	0.0	3	60.0	2	40.0
the role of patient education	1	20.0	1	20.0	3	60.0

Professional Learning Needs (continued)	15 Years or Less (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	4	57.1	3	42.9	0	0.0
caring for obstetrical patients	1	14.3	3	42.9	3	42.9
caring for pediatric patients	1	14.3	4	57.1	2	28.6
caring for psychiatric patients	0	0.0	3	50.0	3	50.0
caring for geriatric patients	2	28.6	4	57.1	1	14.3
community health care	4	57.1	2	28.6	1	14.3

Professional Learning Needs (continued)	16 Years or More (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	1	25.0	2	50.0	1	25.0
caring for obstetrical patients	0	0.0	1	25.0	3	75.0
caring for pediatric patients	0	0.0	2	50.0	2	50.0
caring for psychiatric patients	1	25.0	2	50.0	1	25.0
caring for geriatric patients	1	25.0	2	50.0	1	25.0
community health care	1	20.0	3	60.0	1	20.0

Professional Learning Needs (continued)	15 Years or Less (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	4	50.0	3	37.5	1	12.5
perform a physical assessment	7	87.5	1	12.5	0	0.0
develop useful nursing care plans	4	50.0	3	37.5	1	12.5
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	25.0	3	37.5	3	37.5
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	7	87.5	1	12.5	0	0.0
administer medications and recognize their effects	3	37.5	5	62.5	0	0.0
perform emergency nursing procedures (CPR, etc)	5	62.5	2	25.0	1	12.5
record on the patient's chart	1	12.5	5	62.5	2	25.0
use communication skills to develop a helping relationship with patients	2	25.0	3	37.5	3	37.5
use communications skills to develop a working relationship with other health care professionals	1	14.3	3	42.9	3	42.9
plan and carry out effective patient/family teaching	2	28.6	4	57.1	1	14.3
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	7	87.5	1	12.5	0	0.0
use computers	6	75.0	1	12.5	1	12.5

Professional Learning Needs (continued)	16 Years or More (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	0	0.0	5	100.0	0	0.0
perform a physical assessment	1	20.0	4	80.0	0	0.0
develop useful nursing care plans	0	0.0	4	80.0	1	20.0
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	0	0.0	0	0.0	5	100.0
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	0	0.0	5	100.0	0	0.0
administer medications and recognize their effects	1	20.0	3	60.0	1	20.0
perform emergency nursing procedures (CPR, etc)	3	60.0	1	20.0	1	20.0
record on the patient's chart	0	0.0	3	60.0	2	40.0
use communication skills to develop a helping relationship with patients	0	0.0	1	20.0	4	80.0
use communications skills to develop a working relationship with other health care professionals	0	0.0	0	0.0	5	100.0
plan and carry out effective patient/family teaching	0	0.0	2	40.0	3	60.0
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	2	40.0	2	40.0	1	20.0
use computers	1	20.0	3	60.0	1	20.0

Professional Learning Needs (continued)	15 Years or Less (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	4	50.0	3	37.5	1	12.5
the legal aspects of nursing	5	62.5	2	25.0	1	12.5
the ethical concerns facing nurses today	5	62.5	2	25.0	1	12.5
the health risks of nursing	7	87.5	1	12.5	0	0.0
the current professional roles and responsibilities of nurses and other health care workers	4	50.0	4	50.0	0	0.0
management and leadership s kills	3	37.5	3	37.5	2	25.0
delegation and supervisory skills	3	37.5	3	37.5	2	25.0
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	4	50.0	4	50.0	0	0.0
changes within the health care system	6	75.0	2	25.0	0	0.0
changes in nursing education	5	62.5	2	25.0	1	12.5

Professional Learning Needs (continued)	16 Years or More (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	1	20.0	2	40.0	2	40.0
the legal aspects of nursing	3	60.0	1	20.0	1	20.0
the ethical concerns facing nurses today	3	60.0	1	20.0	1	20.0
the health risks of nursing	1	20.0	3	60.0	1	20.0
the current professional roles and responsibilities of nurses and other health care workers	2	40.0	2	40.0	1	20.0
management and leadership skills	1	20.0	1	20.0	3	60.0
delegation and supervisory skills	1	20.0	1	20.0	3	60.0
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	2	40.0	2	40.0	1	20.0
changes within the health care system	4	80.0	1	20.0	0	0.0
changes in nursing education	2	40.0	2	40.0	1	20.0

Professional Learning Needs (continued)	15 Years or Less (n =6-8)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	5	62.5	3	37.5	0	0.0
the ethical decisions I must make	4	50.0	3	37.5	1	12.5
the legal considerations of nursing today	4	50.0	3	37.5	1	12.5
the image I portray to the public	3	37.5	3	37.5	2	25.0
my responsibilities to nursing associations and unions	2	25.0	5	62.5	1	12.5
my contribution to society	1	12.5	6	75.0	1	12.5
my role as a patient advocate	2	25.0	6	75.0	0	0.0
continuing professional development	7	87.5	1	12.5	0	0.0
self-directed learning	7	87.5	1	12.5	0	0.0

Note: Two respondents with 15 years or less experience did not answer this section of the questionnaire.

Professional Learning Needs (continued)	16 Years or More (n =4-5)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	1	20.0	3	60.0	1	20.0
the ethical decisions I must make	1	20.0	2	40.0	2	40.0
the legal considerations of nursing today	2	40.0	3	60.0	0	0.0
the image I portray to the public	0	0.0	3	60.0	2	40.0
my responsibilities to nursing associations and unions	0	0.0	2	40.0	3	60.0
my contribution to society	0	0.0	1	20.0	4	80.0
my role as a patient advocate	0	0.0	2	50.0	2	50.0
continuing professional development	0	0.0	4	80.0	1	20.0
self-directed learning	0	0.0	3	60.0	2	40.0

Barriers to Re-Entry to Practise as Perceived By Respondents With 15 Years or Less, and Those With 16 Years or More Nursing Experience

1 = Great Barrier; 2 = Slight Barrier; 3 = Not a Barrier; 4 = Unable to Assess

Barriers to Re-Entry	15 Years or Less (n = 8-10)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	4	40.0	3	30.0	3	30.0	0	0.0
limited job opportunities	4	40.0	5	50.0	1	10.0	0	0.0
physical health	1	10.0	0	0	9	90.0	0	0.0
outdated nursing knowledge	3	30.0	7	70.0	0	0.0	0	0.0
lack of technical skills	6	60.0	4	40.0	0	0.0	0	0.0
poor working conditions	3	30.0	2	20.0	3	30.0	2	20.0
inadequate salary/benefits	0	0.0	2	20.0	7	70.0	1	10.0
type of refresher program available	3	30.0	1	10.0	2	20.0	4	40.0
lack of satisfaction from working as a nurse	2	20.0	2	20.0	4	40.0	1	10.0
lack of financial assistance	2	20.0	3	30.0	4	40.0	1	10.0
lack of support from employed nurses	0	0.0	3	30.0	5	50.0	2	20.0
lack of confidence	1	10.0	5	50.0	4	40.0	0	0.0

Barriers to Re-Entry (continued)	16 Years or More (n = 4-5)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	1	25.0	3	75.0	0	0.0	0	0.0
limited job opportunities	3	60.0	2	40.0	0	0.0	0	0.0
physical health	1	20.0	1	20.0	3	60.0	0	0.0
outdated nursing knowledge	2	40.0	3	60.0	0	0.0	0	0.0
lack of technical skills	1	20.0	3	60.0	1	20.0	0	0.0
poor working conditions	3	60.0	1	20.0	0	0.0	1	20.0
inadequate salary/benefits	2	40.0	2	40.0	1	20.0	0	0.0
type of refresher program available	2	40.0	0	0	2	40.0	1	20.0
lack of satisfaction from working as a nurse	3	60.0	1	20.0	1	20.0	0	0.0
lack of financial assistance	0	0.0	1	20.0	3	60.0	1	20.0
lack of support from employed nurses	0	0.0	2	40.0	2	40.0	1	20.0
lack of confidence	1	20.0	1	20.0	2	40.0	1	20.0

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APPENDIX W

SUMMARY TABLES: PERSONAL LEARNING NEEDS, PROFESSIONAL LEARNING NEEDS, AND BARRIERS TO RE-ENTRY TO PRACTISE PERCEIVED BY RESPONDENTS WHO LAST WORKED IN NURSING LESS THAN 10 YEARS AGO

Personal Learning Needs as Perceived by Respondents Who Last Worked in Nursing Less than 10 Years Ago, and 10 or More Years Ago.

1 = Of Great Importance; 2= Important; 3 = Not Important

Personal Learning Needs	Less Than 10 Years Ago (n =10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	4	40.0	6	60.0	0	0.0
improve my self esteem	2	20.0	5	50.0	3	30.0
learn to be more assertive	4	40.0	3	30.0	3	30.0
develop my study skills	1	10.0	6	60.0	3	30.0
develop my writing skills	1	10.0	5	50.0	4	40.0
0improve my ability to identify my own learning skills	1	10.0	6	60.0	3	30.0
express my own learning needs	4	40.0	5	50.0	1	10.0
have my individual learning needs recognized	5	50.0	5	50.0	0	0.0
learn how to set goals	0	0.0	8	80.0	2	20.0
develop organization and time management skills	3	30.0	5	50.0	2	20.0
learn on my own (at home by correspondence)	6	60.0	3	30.0	1	10.0
be with my peers in a classroom setting	1	10.0	7	70.0	2	20.0
have peer support	4	40.0	5	50.0	1	10.0
have instructor supervision and assistance	4	40.0	5	50.0	1	10.0

Personal Learning Needs (continued)	Less than 10 Years Ago (n =10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	6	60.0	4	40.0	0	0.0
progress at my own rate	6	60.0	3	30.0	1	10.0
learn in a caring and encouraging environment	7	70.0	2	20.0	1	10.0
have my various family responsibilities recognized as important even if they compete with my learning	8	80.0	2	20.0	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	6	60.0	3	30.0	1	10.0
have financial support	3	30.0	6	60.0	1	10.0
develop my ability to manage stress	4	40.0	6	60.0	0	0.0

Note: Note: One respondent in the "10 or More Years Ago" group did not complete this section of the questionnaire.

Personal Learning Needs (continued)	10 or More Years Ago (n =3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
develop self-confidence	1	33.3	0	0.0	2	66.7
improve my self esteem	0	0.0	1	33.3	2	66.7
learn to be more assertive	0	0.0	1	33.3	2	66.7
develop my study skills	0	0.0	1	33.3	2	66.7
develop my writing skills	0	0.0	1	33.3	2	66.7
improve my ability to identify my own learning skills	0	0.0	1	33.3	2	66.7
express my own learning needs	0	0.0	1	33.3	2	66.7
have my individual learning needs recognized	1	33.3	2	66.7	0	0.0
learn how to set goals	0	0.0	1	33.3	2	66.7
develop organization and time management skills	0	0.0	1	33.3	2	66.7
learn on my own (at home by correspondence)	1	33.3	2	66.7	0	0.0
be with my peers in a classroom setting	0	0.0	2	66.7	1	33.3
have peer support	1	33.3	0	0.0	2	66.7
have instructor supervision and assistance	0	0.0	3	100.0	0	0.0

Personal Learning Needs (continued)	10 or More Years Ago (n =3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
have instructor feedback	1	33.3	2	66.7	0	0.0
progress at my own rate	1	33.3	2	66.7	0	0.0
learn in a caring and encouraging environment	2	66.7	0	0.	1	33.3
have my various family responsibilities recognized as important even if they compete with my learning	2	66.7	1	33.3	0	0.0
have my work responsibilities recognized as important even if they compete with my learning	1	33.3	2	66.7	0	0.0
have financial support	0	0.0	0	0.0	3	100.0
develop my ability to manage stress	0	0.0	1	33.3	2	66.7

Note: One respondent in the "10 or More Years Ago" group did not complete this section of the questionnaire.

Professional Learning Needs as Perceived by Respondents Who Last Worked in Nursing Less than 10 Years Ago, and 10 or More Years Ago.

1 = Of Great Importance; 2= Important; 3 = Not Important

Professional Learning Needs	Less Than 10 Years Ago (n =8-10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	2	20.0	7	70.0	1	10.0
the pathophysiology underlying patient's health problems	4	40.0	5	50.0	1	10.0
current diagnostic and therapeutic nursing care	6	60.0	4	40.0	0	0.0
common emergencies/first aid	6	60.0	3	30.0	1	10.0
the significance of laboratory and diagnostic findings related to patients' physical status	6	60.0	4	40.0	0	0.0
the nursing process, a problem solving approach to deliver nursing care	3	30.0	5	50.0	2	20.0
critical thinking skills	5	50.0	4	40.0	1	10.0
decision making skills	5	50.0	4	40.0	1	10.0
pharmacological aspects of nursing care	5	50.0	5	50.0	0	0.0
the physical needs of patients	1	11.1	5	55.6	3	33.3
the psychosocial needs of patients	1	11.1	5	55.6	3	33.3
the role of patient education	4	40.0	2	20.0	4	40.0

Professional Learning Needs (continued)	10 or More Years Ago (n =2-3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
A. BASIC KNOWLEDGE						
The normal anatomy and physiology of the human body	0	0.0	2	66.7	1	33.3
the pathophysiology underlying patient's health problems	1	33.3	1	33.3	1	33.3
1current diagnostic and therapeutic nursing care	2	66.7	1	33.3	0	0.0
common emergencies/first aid	1	50.0	1	50.0	0	0.0
the significance of laboratory and diagnostic findings related to patients' physical status	2	66.7	1	33.3	0	0.0
the nursing process, a problem solving approach to deliver nursing care	0	0.0	3	100.0	0	0.0
critical thinking skills	1	33.3	0	0.0	2	66.7
decision making skills	0	0.0	1	33.3	2	66.7
pharmacological aspects of nursing care	2	66.7	1	33.3	0	0.0
the physical needs of patients	0	0.0	2	66.7	1	33.3
the psychosocial needs of patients	1	33.3	1	33.3	1	33.3
the role of patient education	0	0.0	2	66.7	1	33.3

Professional Learning Needs (continued)	Less Than 10 Years Ago (n =8-10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	4	50.0	3	37.5	1	12.5
caring for obstetrical patients	0	0.0	4	44.5	5	55.6
caring for pediatric patients	1	11.1	6	66.7	2	22.2
caring for psychiatric patients	1	12.5	4	50.0	3	37.5
caring for geriatric patients	3	33.3	5	55.6	1	11.1
community health care	4	44.4	4	44.4	1	11.1

Professional Learning Needs (continued)	10 or More Years Ago (n =2-3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
B. SPECIALTY AREAS OF NURSING						
medical and surgical area	1	33.3	2	66.7	0	0.0
caring for obstetrical patients	1	50.0	0	0.0	1	50.0
caring for pediatric patients	0	0.0	0	0.0	2	100.0
caring for psychiatric patients	0	0.0	1	50.0	1	50.0
caring for geriatric patients	0	0.0	1	50.0	1	50.0
community health care	1	33.3	1	33.3	1	33.3

Professional Learning Needs (continued)	Less Than 10 Years Ago (n=8-10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	20.0	7	70.0	1	10.0
perform a physical assessment	6	60.0	4	40.0	0	0.0
develop useful nursing care plans	3	30.0	6	60.0	1	10.0
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	2	20.0	1	10.0	7	70.0
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	5	50.0	5	50.0	0	0.0
administer medications and recognize their effects	4	40.0	6	60.0	0	0.0
perform emergency nursing procedures (CPR, etc)	6	60.0	3	30.0	1	10.0
record on the patient's chart	1	10.0	6	60.0	3	30.0
use communication skills to develop a helping relationship with patients	2	20.0	3	30.0	5	50.0
use communications skills to develop a working relationship with other health care professionals	1	11.1	2	22.1	6	66.7
plan and carry out effective patient/family teaching	2	22.2	5	55.6	2	22.2
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	8	80.0	2	20.0	0	0.0
use computers	6	60.0	3	30.0	1	10.0

Professional Learning Needs (continued)	10 or MoreYears Ago (n =2-3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
C. NURSING ABILITIES						
Take a nursing history	2	66.7	1	33.3	0	0.0
perform a physical assessment	2	66.7	1	33.3	0	0.0
develop useful nursing care plans	1	33.3	1	33.3	1	33.3
perform basic physical nursing care i.e. hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	0	0.0	2	66.7	1	33.3
perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	2	66.7	1	33.3	0	0.0
administer medications and recognize their effects	0	0.0	2	66.7	1	33.3
perform emergency nursing procedures (CPR, etc)	2	66.7	0	0.0	1	33.3
record on the patient's chart	0	0.0	2	66.7	1	33.3
use communication skills to develop a helping relationship with patients	0	0.0	1	33.3	2	66.7
use communications skills to develop a working relationship with other health care professionals	0	0.0	1	33.3	2	66.7
plan and carry out effective patient/family teaching	0	0.0	1	33.3	2	66.7
use technical equipment and nursing care supplies (monitors , intravenous, oxygen and suctioning equipment)	1	33.3	1	33.3	1	33.3
use computers	1	33.3	1	33.3	1	33.3

Professional Learning Needs (continued)	Less than 10 Years Ago (n=8-10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	4	40.0	3	30.0	3	30.0
the legal aspects of nursing	6	60.0	2	20.0	2	20.0
the ethical concerns facing nurses today	6	60.0	2	20.0	2	20.0
the health risks of nursing	6	60.0	3	30.0	1	10.0
the current professional roles and responsibilities of nurses and other health care workers	5	50.0	4	40.0	1	10.0
management and leadership skills	3	30.0	4	40.0	3	30.0
delegation and supervisory skills	3	30.0	4	40.0	3	30.0
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	5	50.0	4	40.0	1	10.0
changes within the health care system	8	80.0	2	20.0	0	0.0
changes in nursing education	8	80.0	2	20.0	0	0.0

Professional Learning Needs (continued)	10 or More Years Ago (n =3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
D. ISSUES AND TRENDS						
the application of research in patient care	1	33.3	2	66.7	0	0.0
the legal aspects of nursing	2	66.7	1	33.3	0	0.0
the ethical concerns facing nurses today	2	66.7	1	33.3	0	0.0
the health risks of nursing	2	66.7	1	33.3	0	0.0
the current professional roles and responsibilities of nurses and other health care workers	1	33.3	2	66.7	0	0.0
management and leadership skills	1	33.3	0	0.0	2	66.7
delegation and supervisory skills	1	33.3	0	0.0	2	66.7
current modes of therapy from other health care professionals i.e. respiratory, occupational, dietary, physiotherapy	1	33.3	2	66.7	0	0.0
changes within the health care system	1	33.3	2	66.7	0	0.0
changes in nursing education	1	33.3	0	0.0	2	66.7

Professional Learning Needs (continued)	Less Than 10 Years Ago (n =8-10)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	4	40.0	5	50.0	1	10.0
the ethical decisions I must make	2	20.0	5	50.0	3	30.0
the legal considerations of nursing today	3	30.0	6	60.0	1	10.0
the image I portray to the public	2	20.0	5	50.0	3	30.0
my responsibilities to nursing associations and unions	1	10.0	6	60.0	3	30.0
my contribution to society	1	10.0	5	50.0	4	40.0
my role as a patient advocate	2	22.2	6	66.7	1	11.1
continuing professional development	5	50.0	5	50.0	0	0.0
self-directed learning	5	50.0	4	40.0	1	10.0

Note: One respondent in the "10 or More Years Ago" group did not complete this section of the questionnaire.

Professional Learning Needs (continued)	10 or More Years Ago (n =2-3)					
	1		2		3	
	Freq	Percent	Freq	Percent	Freq	Percent
E. PROFESSIONAL WAYS						
the standard of care I deliver	2	66.7	1	33.3	0	0.0
the ethical decisions I must make	3	100.0	0	0.0	0	0.0
the legal considerations of nursing today	3	100.0	0	0.0	0	0.0
the image I portray to the public	1	33.3	1	33.3	1	33.3
my responsibilities to nursing associations and unions	1	33.3	1	33.3	1	33.3
my contribution to society	0	0.0	2	66.7	1	33.3
my role as a patient advocate	0	0.0	2	66.7	1	33.3
continuing professional development	2	66.7	0	0.0	1	33.3
self-directed learning	2	66.7	0	0.0	1	33.3

Note: One respondent in the "10 or More Years Ago" group did not complete this section of the questionnaire.

Barriers to Re-Entry to Practise as Perceived by Respondents Who Last Worked in Nursing Less than 10 Years Ago, and 10 or More Years Ago.

1 = Great Barrier; 2 = Slight Barrier; 3 = Not a Barrier; 4 = Unable to Assess

Barriers to Re-Entry	Less Than 10 Years Ago (n =10)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	5	50.0	4	40.0	1	10.0	0	0.0
limited job opportunities	6	54.5	5	45.5	0	0.0	0	0.0
physical health	2	18.2	1	9.1	8	72.7	0	0.0
outdated nursing knowledge	3	27.3	8	72.7	0	0.0	0	0.0
lack of technical skills	4	36.4	6	54.5	1	9.1	0	0.0
poor working conditions	5	45.5	3	27.3	3	27.3	0	0.0
inadequate salary/benefits	2	18.2	3	27.3	6	54.5	0	0.0
type of refresher program available	5	45.5	1	9.1	3	27.3	2	18.2
lack of satisfaction from working as a nurse	3	27.3	3	27.3	4	36.4	1	9.1
lack of financial assistance	2	18.2	3	27.3	5	45.5	1	9.1
lack of support from employed nurses	0	0	4	36.4	5	45.5	2	18.2
lack of confidence	2	18.2	5	45.5	4	36.4	0	0.0

Barriers to Re-Entry (continued)	10 or More Years Ago (n =3-4)							
	1		2		3		4	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
home/family responsibilities	3	100.0	0	0.0	0	0.0	0	0.0
limited job opportunities	1	25.0	2	50.0	1	25.0	0	0.0
physical health	0	0.0	0	0.0	4	100.0	0	0.0
outdated nursing knowledge	2	50.0	2	50.0	0	0.0	0	0.0
lack of technical skills	3	75.0	1	25.0	0	0.0	0	0.0
poor working conditions	1	25.0	0	0.0	0	0.0	3	75.0
inadequate salary/benefits	0	0.0	1	25.0	2	50.0	1	25.0
type of refresher program available	0	0.0	0	0.0	1	25.0	3	75.0
lack of satisfaction from working as a nurse	2	66.7	0	0.0	1	33.3	0	0.0
lack of financial assistance	0	0.0	1	25.0	2	50.0	1	25.0
lack of support from employed nurses	0	0.0	1	25.0	2	50.0	1	25.0
lack of confidence	0	0.0	1	25.0	2	50.0	1	25.0