

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

By

Sandra Romano RN, BN

A Thesis

Submitted to the Faculty of Graduate Studies, University of Manitoba,
in Partial Fulfillment of the Requirements

for the Degree of

MASTER OF NURSING

Faculty of Nursing

University of Manitoba

Winnipeg, Manitoba, Canada

©March, 1996



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file *Votre référence*

Our file *Notre référence*

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-612-16257-5

Canada

THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION

**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**

(c) 1996

**Permission has been granted to the Library of The University of Manitoba to lend or sell
copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis
and to lend or sell copies of the film, and to University Microfilms Inc. to publish an
abstract of this thesis/practicum.**

**This reproduction or copy of this thesis has been made available by authority of the
copyright owner solely for the purpose of private study and research, and may only be
reproduced and copied as permitted by copyright laws or with express written
authorization from the copyright owner.**

Acknowledgements

Thank you to my committee, Dr. Cynthia Cameron, Professor Nettie Peters, and Dr. Alexander Gregor for their guidance and mentoring throughout the thesis process.

I would also like to express my gratitude to the inactive nurses who volunteered their time to participate in the study and share their perceptions of their learning needs.

A special thanks to the Manitoba Association of Registered Nurses for supporting this study, the Winnipeg General Hospital/Health Sciences Centre Alumni, and Red River Community College for supporting me throughout the process. I would not have begun the Master of Nursing program or completed it without the encouragement and support of my colleagues in the Nursing Department at RRCC.

To my family and friends, thank you for your support!

Table of Contents

	Page
Acknowledgements	i
List of Appendix	vi
List of Tables	ix
Abstract	1
Chapter 1	3
Statement of the Problem and Its Significance	3
Summary of the Study Chosen for Approximate Replication to Address the Problem	10
Purpose of the Study	12
Research Questions	12
Definition of Terms	12
Assumptions of the Study	14
Summary	14
Chapter 2	15
Literature Review	15
RN Refresher Programs	15
Barriers to Re-entry to Practice via an Education Program	18
Learning Needs	21
Assessment of Learning Needs	22

Summary of Literature Review	25
Conceptual Framework	26
Chapter 3	29
Research Design	29
Sampling	31
The Instrument	34
Method of Data Collection	36
Ethical Considerations	37
Data Analysis	38
Summary	39
Chapter 4	40
Results	40
Demographic Characteristics	41
Personal and Professional Learning Needs	50
Personal Learning Needs	52
Professional Learning Needs	60
Basic nursing knowledge	60
Specialty areas of nursing practise	66
Nursing abilities	67
Issues and trends in nursing	73
Professional ways	77
Barriers to Re-Entry to Nursing Practice	81

General Comments	87
Differences in Perceived Learning Needs for and Barriers to Re-entry According to the Demographic Characteristics of Inactive Nurses in Manitoba	87
Differences in Responses of Younger (n=4) and Older (n=11) Groups of Respondents	88
Differences in Responses of Diploma (n=8) and Baccalaureate (n=5) or Higher Educational Achievement	91
Differences in Responses of Respondents with 15 or Less Years (n=8) and Those with 16 or More Years Nursing Experience (n=5)	94
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)	97
Differences in Responses Based on Interest in Returning to Nursing Practice	99
Summary	100
Chapter 5	102
Discussion, Conclusion, and Implications	102
Discussion	104
Characteristics of Respondents	105
Personal Learning Needs	105

Professional Learning Needs	107
Basic nursing knowledge	107
Specialty areas of nursing	108
Nursing abilities	109
Issues and trends in nursing	110
Professional ways	110
Barriers to Re-entry to Practice	111
Differences in Learning Needs According to	
Demographics	112
Personal learning needs	112
Professional learning needs	113
Barriers to re-entry to practice	114
Limitations	115
Conclusions	117
Implications for Nursing	118
Education	118
Research	122
Practice	124
Nursing Profession	125
Summary	125
References	126
Appendices	134

List of Appendices

	Page
Appendix A: MARN Regulations	134
Appendix B: Manitoba Association of Registered Nurses Standards and Related Outcome Criteria for Approval of Nursing Refresher Programs	135
Appendix C: Permission to Use Macdonald's (1991) Questionnaire	145
Appendix D: Macdonald's Questionnaire	140
Appendix E: MARN Policy Regarding the Release of Names From the MARN Roster	153
Appendix F: Approval of University of Manitoba, Faculty of Nursing, Ethical Review Committee	156
Appendix G: Approval of the Manitoba Association of Registered Nurses Association, Board of Directors for Release of Membership Names	157
Appendix H: Questionnaire Used in This Study	158
Appendix I: Cover Letter for Participants in the Pilot Testing of the Questionnaire	169
Appendix J: Cover letter Which Accompanied Questionnaire . . .	170
Appendix K: Follow-up Reminders	172
Appendix L: Summary Table: the Importance of Personal Learning Needs	174

Appendix M: Summary Table: Importance of Updating Nursing	
Knowledge	175
Appendix N: Summary Table: Importance of Updating Basic Nursing	
Knowledge	176
Appendix O: Summary Table: Importance of Refreshing Nursing	
Abilities	177
Appendix P: Summary Table: Importance of Updating Knowledge of	
Issues and Trends in Nursing	178
Appendix Q: Summary Table: Further Development of Professional	
Ways	179
Appendix R: Summary Table: Potential Barriers to Re-entry to	
Nursing Practice	180
Appendix S: Summary Table: 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 Practice: Manitoba	
Sample (1995) and Alberta Sample (1991)	181
Appendix T: Summary Table: Personal Learning Needs, Professional	
Learning Needs, and Barriers to Re-Entry to Practice	
as Perceived by Respondents in Different Age Groups	185

Appendix U: Summary Tables: Personal Learning Needs, Professional Learning Needs, and Barriers to Re-entry to Practice Perceived by Respondents With Highest Level of Education RN or BN (or higher)	200
Appendix V: Summary Tables: Personal Learning Needs, Professional Learning Needs, and Barriers to Re-entry to Practice Perceived by Respondents With 15 Years or Less, and Those With 16 Years or More Nursing Experience	215
Appendix W: Summary Tables: Personal Learning Needs, Professional Learning Needs, and Barriers to Re-entry to Practice Perceived by Respondents Who Last Worked in Nursing Less Than 10 Years Ago	230

List of Tables

Table	Page
1 Age Groups: Frequency and Percent	42
2 Family Status: Frequency and Percent	43
3 Number of Children: Frequency and Percent	44
4 Age of Youngest Child: Frequency and Percent	44
5 Highest Level of Completed Education: Frequency and Percent	45
6 Length of Time Actively Worked as Nurse: Frequency and Percent	47
7 Length of Time Since Last Employed in Nursing: Frequency and Percent	48
8 Setting in Which Last Employed: Frequency and Percent . .	49
9 Preferred Setting on Return to Nursing Practice: Frequency and Percent	50
10 Personal Learning Need Perceived to be "Of Great Importance": Rank Order, Frequency and Percent	53
11 Personal learning Needs Perceived to be "Important": Rank Order, Frequency and Percent	55
12 Personal Learning Needs Rated as " Not Important": Rank Order, Frequency and Percent	57
13 Personal learning Needs Rated as "Of Great Importance" and "Important": Rank Order, Frequency and Percent	59

14	Basic Nursing Knowledge Perceived as "Of Great Importance": Rank Order, Frequency and Percent	61
15	Basic Knowledge Perceived as "Important": Rank Order, Frequency and Percent	63
16	Basic Knowledge Perceived as "Not Important": Rank Order, Frequency and Percent	64
17	Basic Knowledge Perceived as "Of Great Importance and "Important" Rank Order, Frequency and Percent	65
18	Specialty Areas Perceived as "Of Great Importance" and "Important": Rank Order, Frequency and Percent	67
19	Nursing Abilities Perceived as "Of Great Importance" to Refresh: Rank Order, Frequency and Percent	68
20	Nursing Abilities Perceived as "Important" to Refresh: Rank Order, Frequency and Percent	70
21	Nursing Abilities Perceived as "Not Important" to Refresh: Rank Order, Frequency and Percent	71
22	Nursing Abilities Perceived as "Of Great Importance" and "Important" to Refresh: Rank Order, Frequency and Percent	73
23	Issues and Trends in Nursing Perceived as "Of Great Importance" to Update: Rank Order, Frequency and Percent	74
24	Issues and Trends in Nursing Perceived as "Important" to Update: Rank Order, Frequency and Percent	75

25	Issues and Trends in Nursing Perceived as "Not Important"	
	to Update: Rank Order, Frequency and Percent	76
26	Issues and Trends in Nursing Perceived as "Of Great Importance"	
	and "Important" to Update: Rank Order, Frequency	
	and Percent	77
27	Professional Ways Perceived as "Of Great Importance" to	
	Develop: Rank Order, Frequency and Percent	78
28	Professional Ways Perceived as "Important" to Develop:	
	Rank Order, Frequency and Percent	79
29	Professional Ways Perceived as "Not Important" to Develop:	
	Rank Order, Frequency and Percent	80
30	Professional Ways Perceived as "Of Great Importance" and	
	"Important" to Develop: Rank Order, Frequency and Percent	81
31	Barriers Perceived to be "Great Barriers" to Re-Entry to	
	Nursing: Rank Order, Frequency and Percent	82
32	Barriers Perceived as "Slight Barriers" to Re-Entry to	
	Nursing: Rank Order, Frequency and Percent	83
33	Barriers Perceived as "Not a Barrier" to Re-Entry to	
	Nursing: Rank Order, Frequency and Percent	84
34	Barriers Perceived as "Great" or "Slight Barriers" to Re-Entry	
	to Nursing	85

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 more 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 Vandavelde-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.