

Research Report

Influences on the Education Choices of Medical and Surgical RNs with 20 years or more Nursing Experience.

August 2000

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Abstract

An Interpretive research study using focus group interviews was undertaken to explore the influences on the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

A total of 48 registered nurses with 20 or more years nursing experience working on medical and/or surgical wards of public hospitals, in towns and cities in Queensland where universities have campuses with a School of Nursing, were recruited for 9 initial focus group interviews.

All participants were provided with an information letter and asked to sign a consent form. Confidentiality was assured. The focus group interviews were recorded on audiotape and copies of transcripts returned to participants for comment and validation.

Following a process of review, discussion, re-evaluation of the transcripts and 2 further focus group interviews with 6 of the original participants to validate interpretations, three main themes emerged from the data: Lifestyle, Organisational Environment and Education Experience.

The results of this study show that this group of nurses value work based learning and that:

- lifestyle,
- life outside of nursing, including family commitments;
- organisational environment and expectations;
- previous educational experience;
- the cost of the proposed course of study;
- the time available to do the study, including the demands on time of both their life outside nursing and work commitments,
- and the relevance of the proposed course to their career aspirations and current job requirements

all influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

The Research Team wishes to thank the medical and surgical registered nurses who participated in this project. We appreciate their willingness to share their thoughts and experiences on the factors that influence their education choices.

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Executive Summary

Introduction

This document reports on a research study, which investigated the factors that influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience. The research looked at what is currently known about the education choices of registered nurses; explored medical and surgical registered nurses' perception of their education choices; analyzed the nurses' views on their education experiences, and provides recommendations for nurse educators, nurse academics and nurse managers with regards to the education choices and future education needs of this group of nurses.

Research Questions

The question addressed by this research study was:
What influences the education choices of medical and surgical registered nurses with 20 years or more nursing experience?

Research Design

As this was a new topic area an Interpretative research study using a Constructivist framework, was selected to address the research question. Data was collected via focus group interviews and analysed within a liberal feminist theoretical framework.

Data Collection and Sample

For this Interpretative research study, data was collected using focus group interviews. In total, 11 focus group interviews were conducted as part of this research project. The focus group participants were recruited from the core of registered nurses with 20 or more years nursing experience working on medical and/or surgical wards in public hospitals across Queensland. This group of nurses was chosen as all had:

1. the opportunity to attend staff development programs offered by their hospital's Education Centre (opportunity for attendance may have been in either their own or work time).

2. ready access to tertiary education facilities and nursing courses.

In total, 48 registered nurses with 20 years or more nursing experience who were working on medical and/or surgical wards of public hospitals, in towns and cities in Queensland where universities have campuses with a School of Nursing, were recruited for the initial focus group interviews.

The selection of nurses from this group enabled the research team to reduce the variables that would occur if the sample included registered nurses without access to staff development opportunities and tertiary education facilities.

Hospital/Health Care Agency	Number of Focus Group Interviews Conducted	Total Number of Participants
The Prince Charles Hospital, Brisbane	4	16
Princess Alexandra Hospital, Brisbane	2	7
Rockhampton Hospital	1	6
Townsville General Hospital	1	6
Bundaberg Base Hospital	1	6
Logan Hospital	1	4
Royal Brisbane Hospital	1	3
Total Number	11	48

A twelfth focus group was undertaken, however, several members of this group fell outside the inclusion criteria, so data from this interview has not been included in the study.

It is important to note that of the 48 research participants, 6 who worked at The Prince Charles Hospital, Brisbane agreed to participate in follow-up focus group interviews, thereby enabling the research team to validate and clarify their interpretation of the data.

Ethical Considerations

All participants in this research study were provided with an information letter and asked to sign a consent form prior to participating in the focus group discussions. Confidentiality was assured. The focus group interviews were recorded on audiotape and copies of the transcripts returned to participants for comment and validation. None of the research participants returned their interview transcripts with comments.

Results

Numerous common themes regarding the factors affecting the education choices of medical and surgical registered nurses with 20 years or more experience emerged from the focus group data. Through a process of review and discussion by the investigators and constant re-evaluation of the transcripts, it became apparent that these factors could be classified under three main themes:

1. Lifestyle
2. Organisational environment
3. Education

1. Lifestyle

Lifestyle factors such as the life outside nursing, family life events including children's needs, time, health, and stress have all been identified by this research as being influences on the education choices of medical and surgical registered nurses with 20 years or more nursing experience. The results of the study showed that this group of registered nurses felt that there was little or no acknowledgement for studies undertaken and that they would only contemplate doing study that provided for flexibility in both delivery and time, relevance to work, and enjoyment. Some felt that to achieve these goals they would undertake studies in areas other than nursing. Interestingly, although several participants talked about the need for experience to be recognised as learning, many of the participants focused their discussion of education choices around why they had or hadn't undertaken tertiary study.

Organisational Environment

Organisational environment factors such as pressure, time and stress were identified by this research as major influences on the education choices of medical and surgical registered nurses with 20 years or more nursing experience. The results of this study showed that the organisation's perception of nursing has the ability to influence this group's education choices. The study also showed that this group of nurses' felt that there was little or no acknowledgement from their health care organisation for studies undertaken and, as such, employer sponsored study was a more attractive option. Furthermore, the outcome of the research indicated that the relevance of the study to the participant's work was another major influence on whether study avenues were pursued.

It is important to note that the results of this research indicated that participants felt a growth in their self confidence following the completion of workshops and courses that gave them the skills to interact with other members of the health care team.

3. Education

The third major category to emerge from the research data was education, which included sub-themes of self-confidence, perception of nursing, acknowledgement, change, relevance, flexibility, cost, enjoyment, personal gain, language and culture of academia, and technology.

Several participants spoke of both the positive and negative consequences of their past education choices on their self confidence and identified their perception of this experience as a factor which may affect their future education choices.

The nurses' perception of nursing was also identified as a factor that influenced their education choices. According to the results of this study, nurses' perception of nursing as either a job or a career was a major factor in influencing their education choices.

Acknowledgment was another factor identified as influencing the education choices of medical and surgical registered nurses with 20 years of more nursing experience. Participants of this study believed that peer acknowledgment of their ability to care for patients was more important than the acknowledgment received from other sources for formal qualifications.

The cost of and expenses associated with education were clearly identified in this research as factors that influenced this group of nurses' education choices. The results of this study showed that nurses with 20 years or more nursing experience were not willing to spend money on courses they felt were irrelevant to their learning and work needs and would seek flexibility when choosing programs of study. However, factors such as enjoyment, interest in the program of study and personal gain were clearly identified by participants as being positive influences for pursuing educational activities.

The results of this study also showed that some of the research participants felt that the culture and language of academia was a barrier to their participation in tertiary education however, in contrast, several participants did express the view that their tertiary education experiences had been both challenging and rewarding. Further

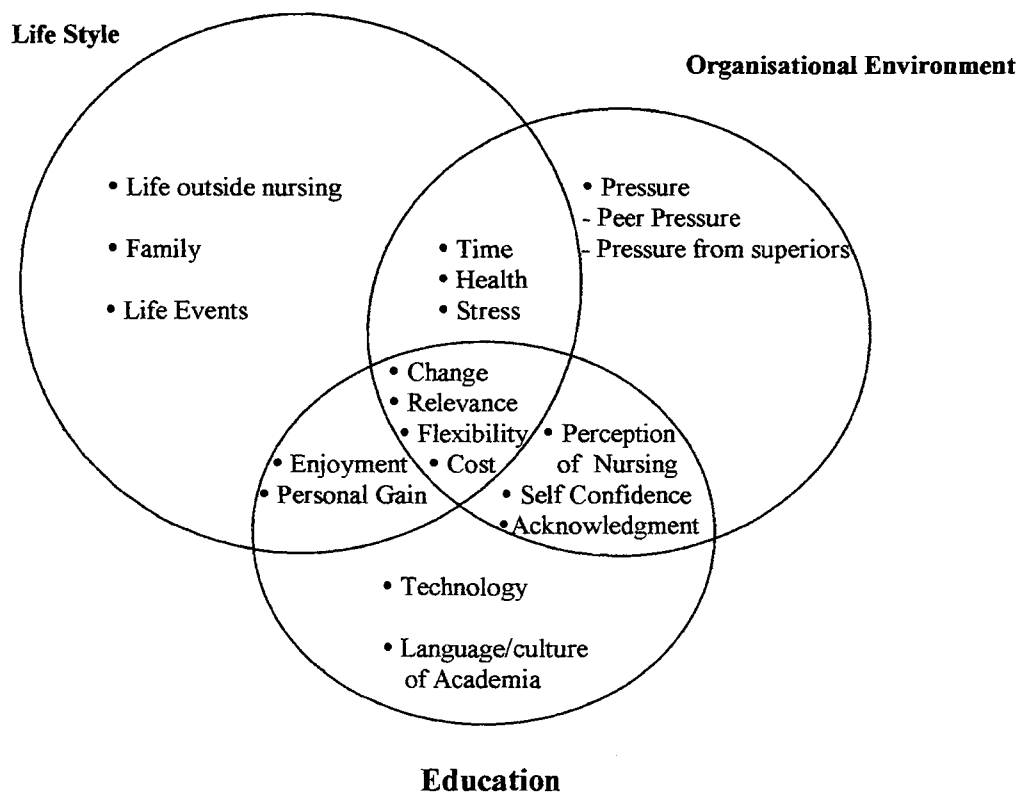
thoughts on this topic exposed another, less dominant theme, in which many participants expressed views that technology such as email and the Internet had been valuable tools that enhanced their distance education learning experience.

In Summary

In summary, lifestyle, organisational environment, and education experiences all influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience. It is important to note that although some sub factors raised were specific to the identified themes, there were many areas where themes overlapped, with five factors actually identified to have lifestyle, organisational environment and educational aspects to them. (see model)

Model of Results of the Study

Factors Influencing Education Choices of RNs with 20 or More Years Nursing Experience



The model presents a diagrammatic description of the results of this study. The differences in the sizing of the circles represents the strength of the influence of each factor on the education choices of medical and surgical registered nurses with 20 years of more nursing experience. The largest circle highlights life style factors as the

major influence on this groups educational choices, followed closely by organisational environment and education experience. The overlap between the three key elements of life style, organisational environment and education, uncovered the sub themes of each group, highlighting the inter-relationship between each of the key factors that influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

Recommendations and Conclusion.

The results of this study showed that registered nurses with 20 or more years nursing experience have many life commitments that draw on both their financial, physical and emotional resources and as a consequence may have little time, or money left to pursue education.

The results of this study revealed that this group of nurses value work based learning and as a consequence it is recommended that key stakeholders in nursing education, that is, staff development educators, academics and nurse managers:

- 1) Ensure learning programs are both experiential and relevant to the target group.
- 2) Work together to promote purposeful education programs that are relevant to nurses with 20 or more years nursing experience.
- 3) Work together to implement steps to facilitate a link between industry based learning, professional development and academic standards thereby enabling a transition to tertiary studies if desired.
- 4) Have information regarding all types of education programs available for staff.
- 5) Introduce strategies to facilitate the development of study skills amongst registered nurses with 20 or more years nursing experience.
- 6) Use creative and flexible rostering and implement strategies to facilitate equity amongst staff seeking study support.
- 7) Seek and provide incentives such as scholarships, interest free loans and flexible rostering to assist with this groups' goals.

In conclusion, the education choices of medical and surgical registered nurses with 20 years or more nursing experience is influenced most strongly by the cost of the course, the time available to do the course, including the demands on time of both their life outside nursing and work commitments, and the relevance of the proposed course to their career aspirations and current job requirements.

Chapter 1 – Introduction

1.1. Overview of Report

This document reports on a research study, which investigated the factors that influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience. The research looked at what is currently known about the education choices of medical and surgical registered nurses; explored medical and surgical registered nurses' perception of their education choices; analyzed registered nurses' views on their education experiences, and provides recommendations for nurse educators, nurse academics and nurses managers with regards to the education choices and future education needs of this group of registered nurses.

1.2 Purpose and Aim of Research

The purpose of this research study was to explore the education choices of medical and surgical registered nurses with 20 years or more nursing experience and to uncover the factors that influence the education choices of this group of nurses. Such information is needed as the nursing workforce is aging in line with the general trend in Australian society today and much of the current nursing workforce has 20 years or more experience (Short, et al. 1993).

Although clinical experience is very valuable, the changing face of health care in Australia in the 21st century requires nurses to keep abreast of modern practices (Short, et al. 1993). The results of Walker's (1998) study indicated that many nurses with 20 years or more nursing experience may be relying heavily on knowledge and skills gained in clinical practice without the benefits and opportunities afforded by formalised education strategies. This situation presents a dilemma for hospital based nurse educators and nurse academics, who have been entrusted with the task of educating clinically based nurses. This is also an important issue for nurse managers responsible for staffing, as many of these nurses have a further 15 to 20 years working life ahead of them.

The aim of this study was to generate an understanding of the issues encountered by medical and surgical registered nurses with 20 years or more nursing experience and to uncover information that may be able to assist nurse academics,

nurse educators and nurse managers to better equip these nurses for the dynamic work environment of the modern health care system.

1.3 Research Question

The question addressed by this research study was:

What influences the further education choices of medical and surgical registered nurses with 20 years or more nursing experience?

1.4 Significance of Research

The answer to this research question is important because, despite the professionalisation of nursing, the movement of nursing education to the tertiary sector (Short, 1993) and the need for modern nursing practice to be evidence based (Furze and Pearcey, 1999), mature experienced registered nurses do not appear to be undertaking further education (Walker, 1998). Such a situation is concerning because in order for nurses in Queensland to provide competent care in a rapidly changing health care system, they must embrace continuous learning throughout their careers (Appel, and Malcolm, 1998).

The future impact of this situation on the profession is unknown at present, however, the failure to capitalise on this group's clinical experience by combining it with the broader outlook and investigative skills gained from further education can only jeopardise the full realisation of the profession's goals (Miers, 2000). Consequently, it is imperative that the research question posed by this study be answered, as the results will provide important information on mature and experienced nurses' choice of education and their attitudes to learning.

1.5 What is Education?

Before proceeding further it is important to clarify what is meant by education and in what context this term has been used throughout this report. In collecting and analysing the data the research team adopted a constructivist research methodology. To facilitate consistency, a constructivist view of education and learning has also been embraced.

According to McNerney and McNerney (1994) constructive theories of learning and education emphasise interactive teaching and active student learning.

This view is supported by Foley, (1995) who argues that education is often directed by the learner during the construction of their learning experience.

Constructive theories of learning often form the basis of competency based programs in adult education settings (Angwin, Maclean and Sanguinetti, 1997). The style of such programs require the educator to have the skills and abilities to integrate or combine theory and practice so that the learner can make sense of the learning situation or activities presented (Flanagan, Baldwin, and Clarke, 2000; Alspach, 1995). Learning experiences for nurses, including staff development and formal educational activities, are often guided by constructivist theories of learning (Alspach, 1995). Interactive teaching sessions, guided by the constructive theories of learning, encourage nurses to share their knowledge and experiences, thereby maximising group interaction and the learning opportunities presented (Rajachich, Kane and Foster, 1991).

Constructivist theories of learning can also be applied to other forms of learning undertaken by nurses including clinical experience and the reading of professional journals. According to Barriball, While and Norman (1992) such activities are significant in assisting nurses to maintain up-to-date knowledge with regards to clinical practice.

In summary, staff development and formal education programs taught within a constructivist educational framework offer students the opportunity to develop a better understanding of issues and to gain insight into their true potential (Toms, 1995). Adopting the constructivist view that education is constructed by the learner during the learning experience, enriches the view of learning as a life long process (Furze and Pearcey, 1999), and highlights the need for a study such as this which explored the education choices of medical and surgical nurses with 20 years or more nursing experience.

1.6 Background to Research

The results of a recent research study conducted at The Prince Charles Hospital, Brisbane (Walker, 1998), identified an issue for both hospital based nurse educators and nurse academics who are entrusted with the task of educating clinically based nurses, and for nurse managers responsible for staffing. The results of the study, which investigated nurses' choice of post-graduate education, identified a section of the nursing work force that appeared reluctant to pursue further education or post-

graduate study. Many of the nurses who indicated no plans for further studies had 20 or more years nursing experience behind them and had not studied formally since their hospital training days. Such findings are concerning and raise questions about how this group of nurses maintains the knowledge needed to fulfill their work requirements.

According to Idvall and Rooke (1998) medical and surgical nursing is a specialty area of practice that requires the registered nurse to have extensive knowledge of patient care strategies, as well as the skills to provide competent client care. Greenwood (2000) supports this view and argues that specialty nursing in Australia occupies an important position within the health care system. She further adds that for optimal specialist nursing practice to occur, specialist nurses need to develop a passion for life long learning. Such discussions have fueled the debate about the much talked about theory-practice gap in nursing and facilitated the incorporation of theoretical knowledge with clinical competency, resulting in the convergence of traditional academic subjects with vocational subjects to form new more vocationally oriented courses, offered both in the workplace and educational sector (Gonczi, Hager and Athanasou, 1993).

The convergence of academic and clinical subjects and the narrowing of the theory-practice gap raises questions about the awarding of recognition of prior learning. According to Walkin (1991) recognition of prior learning is an important part of adult education and is often assessed through challenge tests or assessment for accreditation, evidence of ability or prior achievement, and reflection on prior experience. Although Smith (2000) supports this view, he warns that it is important for recognition of prior learning to focus on confirming that the learner already has the knowledge rather than comprehensively testing or re-testing the applicant (Smith, 2000).

Even though processes for granting recognition of prior learning are in place at many further education and workplace education centres (Michelson, 1997), Walker's (1998) study showed that medical and surgical registered nurses with 20 years or more nursing experience may be reluctant to take up the challenges of education. In recent years there have been several research studies conducted which have explored nurses' thoughts on factors that influence their education choices and participation in professional education programs (Iava 1994; Chaboyer, Theobald, Pocock and Friel, 1997; Bell, Daly and Chang, 1997; Kersaitis, 1997). However there is no available

literature which discusses this situation and its impact on today's dynamic health care setting. Consequently, this research study, which explored the views of medical and surgical registered nurses with 20 years or more nursing experience towards education, has filled this gap in the nursing knowledge and uncovered information on the factors that influence the education choices of this group of nurses. Additionally it provides direction for future course development and recommends further collaboration between the health sector and education providers.

1.7 Summary of Research Report

To assist in uncovering the education choices of medical and surgical registered nurses with 20 or more years nursing experiences a review of the literature was undertaken. Chapter 2 of this report presents this literature review and discusses what is currently known about the topic area.

Chapter 3 presents an overview of the method and theoretical framework adopted to address the research question. As this was a new topic area an Interpretative research study using a Constructivist framework, was selected to address the research question. Data was collected via focus group interviews and analysed within a liberal feminist theoretical framework. Chapter 4 presents the results of the study, while chapter 5 discusses these results within the liberal feminist framework. Recommendations generated from the research results and discussion are presented in chapter 6, along with the conclusion to the study.

Chapter 2 – Literature Review.

2.1 Introduction

In identifying the education choices of medical and surgical registered nurses with 20 or more years nursing experience it was important to explore the current literature and the topic area to uncover contemporary thinking on the issues.

To assist in this task a search of the databases, CINAHL, MEDLINE, UNCOVER and PROQUEST was undertaken. Key words or a combination of words including education, nursing, nurses, nursing education, education needs, medical nursing, surgical nursing, medical and surgical nursing, post-graduate nursing, university education, mature nurses, aging nurses, and staff development were used in the search.

The use of these databases and terms enabled access to a copious amount of literature that was systematically sifted through to identify clearly what was relevant to the research question and what was not.

After reading the literature 3 topics were selected, upon which to construct the literature review. The first of these explored the influences on the education choice of medical and surgical registered nurses, the second discussed professional continuing education, while the third looked at the education choices of medical and surgical registered nurses.

2.2 Influences on Education Choices

In recent years there have been several research studies conducted which have explored nurses' thoughts on factors that influence their education choices and participation in professional education programs. One such study was undertaken by Iava (1994) who surveyed 76 students in postgraduate nursing schools in the North Eastern region of USA to identify their reasons for undertaking their course of study. The results of the study showed that most nurses commenced their study program in an effort to secure professional advancement, acquire knowledge that may assist in improving their nursing practice and to gain higher job status.

The results of this study are supported by the outcome of more recent research undertaken by Gould, Smith, Payne and Aird (1999). These United Kingdom based researchers organised group interviews with 62 students enrolled in post-registration nursing degrees and explored the students' expectations of and reason for taking their

chosen course of study. According to the outcome of Gould's, et al. (1999) study, nurses undertake post-registration nursing degrees for their own personal and professional development and also to acquire knowledge that will enable them to provide quality patient care.

These results are supported by the outcome of an Australian study, which explored why nurses undertake higher degrees (Pellieter, Donoghue, Duffield, Adams and Brown, 1998)(c). Pellieter, Donoghue, Duffield, Adams and Brown (1998)(c) surveyed 666 students enrolled in post-graduate nursing studies in a large university in Sydney and found that nurses undertaking post-graduate studies were seeking both professional and personal satisfaction, increased professional standing and better job opportunities. This study also showed that the most likely factors to disrupt their studies were family and work commitments, however, a large percentage (40%) indicated that nothing would interfere with their planned studies.

In yet another Australian study Chaboyer, Theobald, Pocock and Friel (1997) surveyed critical care nurses in Queensland to identify nurses' perceptions of their educational needs. The results of this study showed that most critical care nurses in Queensland, irrespective of their geographical location, wanted access to courses that were relevant to their workplace, conducted in and by hospitals, and that offered them the opportunity to gain a university qualification (Chaboyer, et al. 1997, p. 19). According to Chaboyer et al (1997) the results of the study suggest that a partnership arrangement between universities and hospitals may be successful in addressing the educational needs of critical care nurses.

This view on the importance of partnership arrangements between universities and health care agencies in the preparation and delivery of postgraduate nursing education is supported by Parks (1995) and Dunn (1996) who both argue that there is a need to improve collaboration between universities and hospitals to ensure advanced nurse practitioners are adequately prepared and are able to access educational resources.

2.3 Continuing Professional Education

The need for nurses to have access to education was one of the main conclusions of Huntley's (1995) study, which looked at factors surrounding the recruitment and retention of staff in rural and remote area hospitals. Huntley (1995) undertook a survey of 158 registered nurses employed in 6 hospitals in north western

NSW and found that continuity of employment and job satisfaction are affected by participation in professional education, relationships with colleagues and staffing levels.

The view that nurses need to participate in professional education is supported in a later study undertaken by Bell, Daly and Chang (1997) who identified access to courses as important to the recruitment and retention of staff in rural communities. A Delphi technique was implemented in the collection of the data for this study. Although only 16 nurses completed all 3 rounds of interviews, the results of the study showed that nurses in rural communities wished to have courses that enable them to have hands on experience. Many respondents believed that staff exchanges with colleagues in city hospitals for short periods of time would be beneficial to their learning.

Further knowledge of issues surrounding nurses' attitudes to professional education are available in the results of a study undertaken by Kersaitis (1997), who surveyed 500 nurses in NSW to identify their attitudes and participation in continuing professional education. She discovered that the majority of respondents participated in some form of continuing professional education and that most of the nurses would be prepared to pay for courses they believe are relevant to their work.

According to an early American study by Urbano, Jahns and Urbano (1988), nurses' participation in continuing education was primarily the result of the motivational orientation of the individual. The research showed motivational orientation to include external expectation, professional advancement, social relationships, social welfare, escape/stimulation and cognitive interest. They also found that factors such as demographics, life situation and educational opportunity often influenced nurses' participation in continuing education programs. Waddell's (1993) meta analysis of studies which examined why nurses participate in continuing education supported Urbano, et al. (1988) findings that motivational orientation was the most important factor in determining an individual's participation in continuing education programs.

Castle, Holloway and Race (1998) argue that the current issues in continuing professional development/education in the United Kingdom are very similar among the professions of teaching, radiography and nursing. They reason that this is due to the technocratic educational model adopted by each of these professional groups, i.e. curriculum delivered by educational institutions, consisting of a systematic knowledge

base, application of that knowledge base to practice and supervision of clinical practice in the workplace (Castle, et al. 1998). Castle, et al (1998) contend that the current work environment necessitates a move to a post technocratic educational approach with more emphasis on partnerships between employers and educational institutions, practitioner inquiry and reflective practice to bridge the theory practice gap. According to Castle, et al (1998) and Ritchie (1998) such situations create a general climate in educational institutions which foster recognition of both informal and experiential prior learning.

The view that informal learning should be recognised was supported by Ritchie (1998) who studied informal learning as a mode of continuing professional education among Adult Literacy and Basic Education teachers in the Western Institute of TAFE, NSW. The results of this research suggest that changes in the workplace environment including management approaches, financial constraints and administrative responsibilities, dictated a reliance on informal learning to meet the demands of everyday professional practice. Nurses are similarly feeling these workplace changes and as a result value their informal learning channels (Sunter, 1993; Palmer, 1994).

2.4 Medical and Surgical Registered Nurses and Education

In light of the information generated as a result of research into the importance of informal workplace learning, many studies have been undertaken to uncover the learning needs of clinically based nurses (Gibson, 1998; Hart and Rotem, 1995; Mackereth, 1989; Punch and Horner, 1991; Sheperd, 1995).

Gibson (1998), using a Delphi survey panel involving 28 nurse participants investigated the educational needs and learning approaches of medical and surgical registered nurses. The results of Gibson's (1998) study showed that medical and surgical nurses require knowledge and skill in clinical care, specialist nursing roles, their changing roles within the health care system, and research application. She also found that this group of nurses valued an organizational climate, which fostered both personal and professional development in everyday working practices. The results of this study showed that medical and surgical nurses felt that a positive organisational environment would add opportunity for professional development that was as worthy as formal education courses. However, Gibson (1998) did find that although nurses

valued and needed staff development, factors such as lack of time, resources, support and recognition limited their participation in education.

In a very recent study, McCaughan and Parahoo, (2000) surveyed 106 medical and surgical nurses working in Northern Ireland to identify their learning needs with regards to the care required by cancer patients. Results of this study showed that medical and surgical nurses cared for people with a range of cancers. The results also reported that the nurses in the sample group believed that they had an above-average level of competence when dealing with cancer patients. However, the study did identify a need for nurses to have more understanding of the psychosocial aspects of care required by cancer patients, better communication skills, and knowledge of the side-effects of treatment and pain management.

A recent research project (Walker, 1998) conducted at The Prince Charles Hospital, Brisbane explored the influences on medical and surgical registered nurses' choice of post-graduate education. Many of the registered nurses who responded to the survey had 20 years or more nursing experience behind them but had not studied formally since their hospital training days. A search of the nursing literature failed to uncover any research specifically targeting this group of nurses. Such a paucity in the literature is concerning as the nursing workforce is aging in line with the general trend in Australian society today and much of the current nursing workforce has 20 years or more nursing experience (Short, et al. 1993). The results of Walker's (1998) study indicated that many nurses with 20 years or more nursing experience may be relying heavily on knowledge and skills gained in clinical practice rather than through formalised education strategies. This situation presents a great dilemma for hospital based nurse educators and nurse academics who are entrusted with the task of educating clinically based nurses. This is also an important issue for nurse managers responsible for staffing, as many of these nurses have a further 15 to 20 years working life ahead of them.

2.5 Conclusion

Much has been written on the learning needs of medical and surgical nurses and the value of education to this group. However, there is little research available on the factors that influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience. The lack of available literature regarding this specific nursing group suggests there is a need for further exploration

of issues relevant to medical and surgical registered nurses. Furthermore, the paucity of information on the situation identified by Walker (1998) and the implications of this problem for today's dynamic health care system raises many questions that require further investigation. Such knowledge and concerns have formed the basis for this research study, which explored the influences on the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

Chapter 3 – Method

3.1 Introduction

The literature review failed to uncover prior research on the factors that influenced the education choices of medical and surgical registered nurses with 20 years or more nursing experience. As this was a new topic area an Interpretative research study using a Constructivist framework, was selected to address the research question. Data was collected via focus group interviews and analysed within a liberal feminist theoretical framework.

3.2 Research Approach

According to Neuman (1991) an interpretive approach to a research issue is concerned with uncovering how ordinary people manage their affairs in everyday life. Schwandt (1994) supports this view and argues that terms such as interpretivist, interpretivism, constructivist and constructionism, are not methodological paths but a collection of loose terms that are able to guide the reader in a direction to view and understand the complex world of the lived experience. Crotty (1998) agrees with these thoughts and adds that from a constructivist's view, meaning is not discovered but constructed. The researcher is able to construct the meaning of lived events and issues that confront people as they go about their daily lives. However, Greene (1998) argues that constructivism is more than just the telling of a story. She believes that it requires the evaluation of social action and as such is in harmony with interpretivism. Green (1998) contends that constructivism relates to the actions that emerge from the setting, and in this way it differs from the more prescriptive equity and social justice agendas of critical theory, feminism and normative inquiry (Greene, 1998).

Nevertheless, liberal feminism, which is founded on the principle that all people are equal and should not be denied equality of opportunity because of their gender (Lindsey, 1994) provides important concepts to consider when discussing nursing issues. According to Miers (2000), sociologists writing on liberal feminists approaches have identified ways in which men and women are treated differently. Miers (2000) states that feminist writers have noted how socialisation and sex roles diminish women's opportunity in education, law and employment. Liberal feminists seek to remove such restrictions on women and to ensure women have equal

opportunity to men (Lindsey, 1994). This philosophical basis and the constructivist framework guided analysis and interpretation of data collected for this study.

3.3 Focus Group Interviews

Various data collection methods have been used successfully with Interpretative research methodologies including interviews, observation and document review (De Laine, 1997). For this Interpretative research study, data was collected using focus group interviews.

Focus group interviews originated in the sociological research paradigm in the late 1930s and were used frequently in market research (Fern, 1982; Morgan, 1988; Krueger, 1994). The increased use of qualitative methods in health care research has facilitated growth in the appropriateness of focus group interviews as a research technique to investigate nursing problems (Sandelowski, 1986; Kingry et al., 1990; Nyamathi & Shuler, 1990; Gray-Vickrey, 1993; McDaniel & Bach, 1994). According to Stewart and Shamdasani (1990) focus group interviews are in-depth group discussions on selected topics that are guided by a facilitator or moderator. Happell (1996) argues that one advantage of focus group interviews is that they provide access to a large number of people more quickly than individual interviewing techniques and as a result are much less time consuming.

A focus group usually consists of four to 12 individuals with shared and personal experiences of the topic area. The focus group interview is carefully planned and guided to obtain the group's perceptions of the research topic. According to Ivall and Rooke (1998) researchers using focus group interview techniques need to ask several different categories of questions during the focus group interviews including, the opening question, introductory questions, transition questions, key questions and ending questions. For this research study the following focus group questions were piloted with 2 groups of nurses at The Prince Charles Hospital, Brisbane:

1. What does education mean to you?
2. What does nursing mean to you?
3. What has influenced your previous education choices?
4. What would encourage you to pursue further education?
5. What type of education do you like and enjoy?

As a result of the pilot test of the focus group questions, only questions 3, 4 and 5 were used to guide the focus group interviews as questions 1 and 2 failed to help

participants concentrate on the research topic.

3.4 Data Collection and Sample

In total, 11 focus group interviews were conducted as part of this research project. The focus group participants were recruited from the core of registered nurses with 20 or more years nursing experience working on medical and surgical wards across Queensland. This group of nurses were chosen as all had:

1. the opportunity to attend staff development programs offered by their hospital's Education Centre (opportunity for attendance may have been in either their own or work time).
2. ready access to tertiary education facilities and nursing courses.

Permission to approach nurses in each institution was requested via a letter to senior hospital management (Appendix A) and entry to the health care agency followed individual hospital policy with regards to research. The recruitment of participants was achieved by sending flyers to medical and surgical clinical areas within the selected hospitals (Appendix B), along with individual letters of invitation seeking volunteers from the registered nursing pool who met the inclusion criteria, ie registered nurses with 20 years or more nursing experience (Appendix C).

In total, 48 registered nurses with 20 or more years nursing experience who were working on the medical and/or surgical wards of public hospitals in towns and cities in Queensland where universities have campuses with a School of Nursing were recruited for the initial focus group interviews.

The selection of nurses from this group enabled the research team to reduce the variables that may have occurred if the sample included registered nurses without access to staff development opportunities and tertiary education facilities.

Hospital/Health Care Agency	Number of Focuses Group Interviews Conducted	Total Number of Participants
The Prince Charles Hospital, Brisbane	4	16
Princess Alexandra Hospital, Brisbane	2	7
Rockhampton Hospital	1	6
Townsville General Hospital	1	6
Bundaberg Base Hospital	1	6
Logan Hospital	1	4
Royal Brisbane Hospital	1	3
Total Number	11	48

A further focus group was undertaken, bring the total number conducted to 12, however several members of this group fell outside the inclusion criteria therefore data from this interview has not been included in the study.

Efforts were made to recruit participants in other clinical sites including Toowoomba Base Hospital and the Gold Coast Hospital and to conduct further interviews at Royal Brisbane Hospital and the Princess Alexandra Hospital. Unfortunately these attempts were unsuccessful for 2 reasons. Firstly, these organisation have large numbers of new graduates and therefore a smaller pool of nurses in the target sample group. Secondly, changes occurring within the agencies at the time of the research influenced the time available to staff for activities such as research.

It is important to note that of the 48 registered nurses who agreed to participant in the research, 47 were female and 1 male. Of the 48 participants, 37.5% (n = 18) were from regional areas in Queensland. This numbers is representative of the percentage of the population of Queensland living in regional centres. As of June 30, 1998 35.4% of the Queensland population lived in regional and rural centres (Crossman, 1999). Of the 48 research participants, 6 who worked at The Prince Charles Hospital, Brisbane agreed to participate in follow-up focus group interviews thereby enabling the research team to validate and clarify their interpretation of the data (Appendix F).

Participation in the focus group interviews was completely voluntary and all participants were provided with an information letter and asked to sign a consent form (Appendix D). Confidentiality was assured. The focus group interviews were recorded on audiotape and transcribed at a later date. The transcripts were coded consecutively commencing at number one to number 11 to ensure confidentiality. Copies of the transcripts were returned to participants for comment and validation (Appendix E). Although participants were invited to comment on the transcripts, no feedback or alterations to the interview notes were received. Consequently, data analysis proceeded with the original transcript data.

Each participant received a copy of the executive summary of the final report and each was offered a copy of the complete report (Appendix G). To enable participants and the nursing community to access the results of this study a paper was presented at the Royal College of Nursing Australia Inaugural Medical–Surgical Nursing Conference held in Brisbane in August, 2000.

Ethical approval to conduct the research was received from Central Queensland University and various hospital research and ethics committees. This followed the guidelines set out by the National Health and Medical Research Council of Australia (1999).

3.5 Data Analysis

Following the initial nine focus groups interviews the audiotapes were transcribed and read by all members of the research team. Each interview transcript was systematically analysed by individual members of the research team to identify common themes, patterns, trends and commonalities. Key words and concepts were then highlighted and shared with other members of the research team.

The analysis of the interview transcripts followed the steps recommended by Emden (1998). According to Emden (1998) the process of narrative analysis includes reading the transcripts, deletion of the interview questions from the full interview transcripts, deletion of words that may detract from key sentences, and re-reading remaining text to uncover meaning. Emden (1998) recommends repeating the reading of the transcripts three or four times to ensure the key concepts have been identified. This process was followed and the research team re-read all nine interview transcripts, repeating the process several times, until thematic analysis had been completed.

Emden (1998) suggests that once key concepts and segments of the themes have been identified these are moved together to create one coherent core story or set of stories. The research team followed this process and the key concepts and themes were compared, clustered and labelled, thereby enabling the emergence of the research categories.

The final step in the data analysis process recommended by Emden (1998) is the returning of the data to the participants to discover whether the interpretations are a true reflection of participants thoughts and experiences. To enable this process to occur the research team organised a further 2 focus groups with 6 of the original research participants. The model developed from the research data was shared with participants and they were asked to comment on the relevance of the analysis to their experiences. This process enabled the research team to validate and clarify their interpretation of the data.

3.6 Trust Worthiness of the Research Approach

The concepts of reliability and validity come from the scientific paradigm and refer to the extent to which a study can be replicated by researchers using the same methods. (LeCompte and Preissle, 1993). However, this is often difficult to achieve in qualitative studies as no two people undertake research in the same way. Nevertheless, Koch (1994) believes that there is a need for the auditing qualitative studies. This view is supported by Sandelowski (1986), who argues the importance of auditing qualitative research studies and the need for others to be able to follow the decision trail. Koch (1994) suggests that a decision trail establishes a means for an audit trail in which the researcher identifies linkages in the data. She believes that researchers using qualitative research methods need to signpost their decisions, thereby leaving a decision trail, which details theoretical, methodological and analytical choices throughout the study.

Guba and Lincoln (1989) argue that qualitative research is only credible when it presents reliable descriptions of an experience that the reader can recognise. Koch (1994) agrees with this point of view and contends that researchers are able to achieve credibility in qualitative research by returning the original transcripts to participants, thereby ensuring all conclusions and interpretations are grounded in data.

By implementing Emden's (1998) narrative analysis process the decision trail for the analysis of data collected as part of this study has been sign posted. The structured approach to the analysis of the data has enabled the research team to provide the means for the reader to follow the decision trail, thereby facilitating dependability of the research data.

3.7 Conclusion

In summary, the implementation of an interpretive research process, within a constructivist framework, enabled the research question to be addressed and uncovered the factors that influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

Chapter 4 – Results

4.1 Introduction

During initial discussions in the focus groups, many of the participants related education experience and choice only in terms of formal education, however as the discussions progressed, a broader perspective on education was elicited. One outcome from the focus groups interviews showed a wide selection of education choices made by participants throughout their nursing careers, ranging from staff development activities conducted by the staff development unit of their health care organisations through to Masters level studies at university.

Further analysis of the data uncovered numerous common themes regarding the factors that influenced these education choices. The themes emerged from the research data through a process of review, discussion and constant re-evaluation of the interview transcripts by members of the research team. Following these activities it became apparent that the emerging themes could be classified under three main headings:

1. Lifestyle
2. Organisational environment
3. Education

While some of the factors identified as influencing the education choices of medical and surgical registered nurses with 20 or more years nursing experience were specific to the identified themes, many more actually overlapped between the themes, with five factors identified as having lifestyle, organisational environment and educational aspects to them (see Model).

4.2. Lifestyle

4.2.1 Life Outside Nursing

The influence of lifestyle on the education choices of medical and surgical registered nurses with 20 or more years nursing experience was the strongest theme to emerge from the research data. Many of the research participants felt that nursing hours already had a major impact on their life outside of nursing, particularly the family unit. In the majority of cases the added pressure and stresses associated with study were not considered to be worthwhile. The following comments illustrated this viewpoint:

"...there is a life outside nursing, believe it or not, and there is pressure and I don't feel that education, I don't think there are the jobs in nursing to warrant all the implications on your family."
(Interview 8 – June 4, 1999)

"A lot of what is going on in your life outside of nursing matters. You know, I think that influences you." (Interview 5 – May 19, 1999)

The shift work and often lengthy hours that nurses typically work were also identified as a deterrent to commencing further study as evidenced by this statement:

"...nursing hours aren't really conducive to having to work full time and having young children I opted for teaching basically. A bit of a lifestyle choice." (Interview 7 – June 3, 1999)

4.2.2 Family

Another important factor that influenced the decision if this group of nurses to study was the ages of the participants' children and the time and commitment they felt their family required. Depending on the age and life stage of the participants' family, undertaking further education was viewed either as a positive or negative influence.

"Well, probably my children have got older and less dependent so I felt like I had a bit more time to just sort of do things."
(Interview 2 – April 30, 1999).

The participants were often very concerned that education may rob them of time with the family and put unnecessary pressure on their loved ones.

"..it was the demands on the family, it really was, because you'd work and you'd study and you'd have very little time for a young... family... you say we can't do this on the weekend because mummy's got to work or mummy's got to finish this assignment.... And it's just really unfair to follow that up with another few years of study." (Interview 4 – May 20, 1999).

The majority of participants felt that females who had reached higher levels within the nursing hierarchy had sacrificed and/or chosen to forego the typical family route.

“.....the DON here doesn’t have children so I mean again men are allowed to have families and children but women can’t. They have to forego a family probably to keep a position....the person at home might also work but their primary role is to look after children so they only have a part time job.” (Interview 2 – May 20, 1999)

Another aspect that influenced education choices of medical and surgical registered nurses was the fact that some members of the family, who had contributed to the study, expected results such as increased salary or a rise in status, and were disappointed when this failed to occur. One participant who failed to get a promotion after studying stated:

“...my husband used to say I’ve been paying this money for this degree and buying all these books, what are you doing that for, what’s it going to get you?” (Interview 8 – June 4, 1999)

Although, within modern society, we would like to believe that the role of women is evolving and changing it is clear, within the group interviewed for this study, that the female’s role is still centred on caring for the family and the typical male lifestyle confers a large advantage in the working arena. This was also clearly reflected in the educational choices that both sexes believed were not only available to them but could also be moulded around their specific lifestyle. The only male participant reinforced this view of the female as the primary family caregiver and the limitations it placed on their educational and career choices.

“being a male looking at mostly females, not that that was a problem but you could see that their main role is their family and it has a big influence on what they do, so that was a nightmare.”
(Interview 2 April 30, 1999)

“this may sound sexist but I believe the increasing numbers of males in nursing has put pressure on female nurses and because the men move through their further degrees sort of much quicker because they don’t have families, well if they do, they sort of don’t have the same commitment, time commitment to children running round their feet.”
(Interview 2 – April 30, 1999)

Unfortunately, even some of the male partners of the participants were perceived by them to be unsupportive of their decision to return to study.

My husband at the time wouldn’t let me go back to school.”
(Interview 7 – June 3, 1999)

This lack of support would obviously be a major barrier to further studies. (see section Education – fear of failure for further quotes). As a point of interest it was also considered by this group that the patriarchal foundations upon which nursing has evolved has also served as a negative influence on nurses lifestyle and their ability to undertake further education.

“... to become a DON in nursing you had to promise to (a) not get married and (b) not have a child.” (Interview 2 - April 30, 1999)

Participants identified that before the introduction of Equal Employment Opportunities (EEO) extremely personal questions related to lifestyle were part of the job interview process:

“she asked me at my interview, for my first job, ... was I married... and was I on the pill?” (Interview 2 – April 30, 1999)

4.2.3 Life Events

Each individual participant was experiencing or had experienced different life events that had influenced their decision to commence or continue their education. Many of the participants considered themselves to be within the older age group within society and this alone was felt to be a deterrent to continuing or starting study.

They felt that due to the limited amount of time they had left within the nursing profession, the benefits from study may not outweigh the costs, either financially or to their lifestyle.

“...I think I must be mad, how many years left have I got to work and it's just do you want to be spending that money on education or should I be spending it on having a good time... its not that you don't want to do it. “ (Interview 1 – April 20, 1999)

The participants acknowledged that work itself could become harder as they aged without adding the pressure of education.

*“I think you get a little bit selfish with your time as you get older, you get slower, you have more things to do, you have the same things to do but they take longer to do and you don't have to learn too.”
(Interview 1 – April 20, 1999)*

These comments also illustrate how priorities may change over time and an individual may become more focussed on obtaining maximum personal gain from their life rather than devoting energy to education.

The research participants also believed that some people held fixed beliefs about older nurses in general and that interrupting their lifestyle by studying may not lead to advantages because of such views.

“I think from my perspective I have a lot of people in the older group, so to speak, that are quite comfortable with coming to work, doing their job and going home.” (Interview 8 – June 4, 1999)

The participants also stated that other life events such as pregnancy and family life had adversely affected their careers and it was hard to recoup these losses even with the added benefit of study.

"...because men don't have children, it's as simple as that so there's that gap of even the maternity versus the female ghost working after six months comes back to work there's still that period and their focus isn't at work anymore unless they are really motivated, their focus is their family. You'll find men have got the edge over that..."
(Interview 2 – April 30, 1999)

The grandparent role also emerged as another factor in the decision to study as most participants were unwilling to devote time to further education during this period of their life.

"...or grandchildren, a lot of us are in the grandparent role now so that's another area I know I'm starting to look at because I'd still like to enjoy my grandson growing up and if I get myself so committed with work and inservice and uni.... I am not able to spend that time with him." *(Interview 10 – October 11, 1999)*

4.2.4 Time

Many of the participants cited time as a crucial factor in their decision not to study. Many believed the long hours that are typical throughout most nurses' working life, were not conducive to taking on the extra commitment of further education. The majority found that a radical change in lifestyle was required in order to meet the demands of their work and study.

"...I found that I'd do absolutely none of the study or anything Monday to Friday because I am here for twelve hours Monday to Friday every day but then the weekends I'd back it all up and then I'd really slog at it on the weekend sort of thing."
(Interview 3 – May 7, 1999)

Such a situation impacted on family and personal life in a largely negative manner.

Finding the time for study while maintaining the role of primary care giver within the home was often difficult and sometimes required monumental effort.

"...I found that while working full time with young children I just didn't have the time....you know I was up at 5 am in the morning trying to complete my studies." (Interview 5 – May 19, 1999)

This view is supported by McGovern and Matter (1992) who argues that paid employment does not make home duties disappear, but instead crowd it into the hours generally considered as leisure time.

Most of the participants agreed that they were more attracted to study that allowed them to gain knowledge without the restriction of deadlines.

"I mean a lot of people do things in their own time."
(Interview 2 – April 30, 1999)

Some participants also agreed that because their time within the field of nursing was decreasing that other factors played a role in determining their study.

"Interest really motivates you....at my stage of my working career...time is limited now." (Interview 6 – May 31, 1999)

4.2.5 Health

Health of the individual was also identified as an important aspect in determining whether or not nurses with 20 or more years nursing experience commenced or continued with further education. The participants in this research project believed that study was not a positive influence on their health and at this stage of both their lives and careers it was not worth courting illness in order to obtain more knowledge or qualifications.

"...I think lifestyle has a lot to do with it, life's to be enjoyed not to kill yourself." (Interview 4 – May 20, 1999)

Many participants were convinced that the pressure and stress associated with study certainly played a key role in one's ability to cope and their health in general.

"I'm sure it (study) does impact on peoples health."
(Interview 10 – October 11, 1999)

Some of the participants interviewed stated that during their own study they had experienced negative effects, both psychologically and physically, and viewed these periods of their life as quite traumatic.

“...I’m part way through my degree and I’ve had to take a step back because I just burn myself out.” (Interview 10 – October 11, 1999)

Health of the individual was identified as an important aspect in determining whether or not nurses with 20 or more years nursing experience commenced or continued with further education. However this factor and the influence of study commitments and the associated stresses on health were not explored in detail in this study and as such, is an area that is recommended for further research.

4.2.6 Stress

A major recurring theme that the registered nurses discussed in relation to study was stress and its impact on all aspects of their lives. According to the research participants’ stress arose from many different areas including the family and the requirement to balance their needs with the demands of study.

“...I did a research course and stuff like that was important for me but then I didn’t do anything with it after I had a family or I went to part time work, it was just too difficult, bringing up a family and trying to study...” (Interview 4 – May 20, 1999)

Another concern was the stress of the added financial burden that study represented and the adverse impact that this would have on their personal and family lives.

*“Finances didn’t allow, family commitments didn’t allow and I had other things that were more important to me at the time”
(Interview 5 May 19, 1999)*

The majority of participants were concerned with the stress that study itself presented and the fact that returning to further education was a major anxiety provoking event, especially for those in the participants age group.

"I think probably for people who have not studied for a long time its frightening." (Interview 7 – June 3, 1999)

Most of the nurses interviewed acknowledged that the number of their working years was limited and as a result many were not prepared to endure the stress of study when the benefits were not clearly foreseeable.

"I don't have enough working life left to put myself through the stresses of doing those things." (Interview 1 – April 20, 1999)

"I plan to retire in 2 years time." (Interview 11, November 4, 1999)

At this particular point in their lives many felt that their stress levels were already at the upper levels and they did not wish to compound this problem.

"I just think I'm a bit too stressed with work and study, I'd rather do what I am doing now, see I'm in menopause time now." (Interview 10 – October 11, 1999)

Some felt that they would be unable to cope with the pressure that often comes with study and thus were unwilling to commence any further education for fear of failure and stress.

"..about the stress, you know, if you can't take that as well as the study, you can only take on as much as you can take on." (Interview 10 – October 11, 1999)

4.2.7 Acknowledgement

Several of the nurses who took part in the study felt that their life experience and the knowledge base gained from many years of nursing was undervalued and not

acknowledged by health care organisation managers. The results of the study showed that the participants resented the fact that only formal education qualifications were recognised within the nursing field and many felt that often the education they were required to complete was irrelevant to their long term goals and work needs.

According to one participant:

"Life experience is a great knowledge base." (Interview 8 – June 4, 1999)

Such beliefs and the view that knowledge gained from experience is undervalued by many in management positions within the health care setting has lead many of the study participants to question the value of formal education. Such questioning has been identified in this study as a major influence on the education choices of nurses who have 20 or more years nursing experience.

4.2.8 Change

Change is often perceived as threatening at any stage of one's life or career and further education can require substantial lifestyle, family and financial adjustment.

"..in the eighties, you didn't study once you had your family, you just didn't, most people didn't....I spent ten years on night duty part time while I was bringing up the my family and nobody ever encouraged me to learn anything." (Interview 4 – May, 20, 1999)

However, in today's dynamic world study is viewed by many as beneficial in achieving career goals (Pelletier, et al, 1998 (a), Pelletier, et al, 1998 (b)). Nevertheless, many of the nurses participants who had not undertaken formal study for a substantial amount of time found the concept of commencing study quite threatening.

"I think probably for people who have not studied for a long time its frightening." (Interview 7- June 4, 1999)

Although the majority of participants agreed with the above viewpoint, some nurses did find further education a positive challenge and a change from regular shift work.

“The reason I’m doing it is just for a change of pace really – change of direction.” (Interview 5 – May 19, 1999)

4.2.9 Relevance

As we enter the 21st Century there are a variety of educational avenues available to registered nurses including staff development, technical and trade studies, conferences and higher education in the form of university degrees (Biley and Smith, 1998). However as the results of this research have shown, study commitments have a major impact upon lifestyle and time commitments of nurses in the sample group. Consequently, one must ensure the study commitments are planned and relevant to career goals.

“...I don’t feel that a lot of the subjects are actually quite relevant... it is expensive and I have had to put away all my tax cheques to be able to pay for it and you go without a lot of things... and you don’t have a lot of free time.” (Interview 5 – May 19, 1999)

Many of the nurses within the older age group also felt that the benefits gained from study were not worthwhile due to the limited time they had left within the profession and thus viewed most forms of further education as irrelevant.

*“..I don’t want to do a degree because I don’t think it’s got anything to do with me because I’ll be retiring in the next five years...”
(Interview 4 – May 20, 1999)*

Practicality was also an important issue and the participants felt that they would be much more likely to undertake study if they could directly utilise the skills they learnt on a daily basis.

"We need to know things such as ... these are the forms we use at PA and this is how you do it. It was much more day to day practical in context." (Interview 3 – May 7, 1999)

4.2.10 Flexibility

In addition to relevance, flexibility was also identified by participants as an important issue in the decision of whether or not to commence further education. Many felt that if they could tailor the study to suit their individual needs, it would become a much more attractive option.

"I am more a do it alone go to the library at different times sort of thing, so the flexible mode suits me more." (Interview 3 – May 7, 1999)

They also felt that educational commitments had to be flexible enough to cater for both the individual's and family's needs.

"It's not only a time commitment on your part it's your family's as well because they have to slot in around you to get all this done." (Interview 1 – April 20, 1999)

4.2.11 Cost

As with all areas of life, finances play a large role in determining further education options (Keraitis, 1997). The expense of university subjects is often a deterrent, especially if family income is limited.

"You may turn around and say it's tax deductible but you still have to have \$600 – 700 to outlay and in my situation being a single supporting parent raising two young children at the time I could not afford the time as well as the money to do any extra courses and I would have loved to have the opportunity." (Interview 5 – May 19, 1999)

“...I mean \$900 a subject that’s a lot of money for somebody to find and they have a young family and they are working part time. It’s too much money you just can’t find...” (Interview 4 – May 20, 1999)

Nurses in this age group also felt that they could not recoup their financial outlay through career advancement, an issue of particular concern to those nearing retirement age.

“... but you know that I felt that I didn’t have enough working life left in me to recoup that sort of cost.” (Interview 1 – April 20, 1999)

Such conclusions are supported by the results of Pelletier et al (1998)(c) Australian study which investigated why nurses undertake high degrees. The researchers surveyed 666 students studying at a large Sydney University and found that nurses undertake such courses for a variety of reasons including personal and job satisfaction but found that only 3% received financial assistance from their employer.

Such situations are worrying, as nursing traditionally has not had the career path that may lead to greater earning capacity, even if educational qualifications were gained.

“the thing with nursing is that with so many other professions once you are in it for 20 years you are on a relatively high salary where as nursing you could be in for 50 years and still be plugging away.”
(Interview 3 – May 7, 1999)

This level of earning obviously allowed for a particular lifestyle, which would be compromised by the expense of further education. However, in some cases, the participants felt that education became more feasible as the financial burden of a family eased.

“I actually ended up liking it and I really enjoyed it but I had a grown-up family so financially it wasn’t too bad...I really feel for the people with young children who are staying up late at night.”
(Interview 8 – June 4, 1999)

4.2.12 Enjoyment

Many participants in this study felt there were many factors that impacted upon their lifestyle and as such, further education had to be viewed as enjoyable in order to be undertaken. In some cases the enjoyment and relevance of studying outweighed the financial cost.

"...if there is something that's interesting , I will go and do it, it doesn't matter how much it cost....Some things you don't mind spending the money on if you enjoy it." (Interview 4 – May 20, 1999)

The belief that their time in the workforce is limited, combined with their current lifestyle, wants, needs and age, saw many of the participants chose to focus their study energies in areas outside of nursing. .

"I like learning, but I'm sick of learning nursing now there are lots of other things I want to learn before I die, I like reading a lot of history and poetry you know I want to read all that stuff now, so I guess your priorities change." (Interview 1 – April 20, 1999)

"Well I want to start music towards the end of the year and I will certainly have to pay for that but I will because I have that interest. I certainly won't earn any money from it but it will be something I enjoy."(Interview 6 – May 31, 1999)

A course that was not particularly stressful and did not impinge on lifestyle but still provided extra skills and/or knowledge was viewed as both worthwhile and a source of pleasure.

"...there's always short term courses being given by various hospitals around town, they are very interesting and keep you abreast of things...you still gain the knowledge but you don't have all the stress related to it...and there's no commitment." (Interview 4 – May 20, 1999)

4.2.13 Personal Gain

Together with enjoyment, personal gain was also considered to be a very important element in the decision to undertake further education. An improvement in self perception was often associated with the successful completion of further educational courses and in some cases, led to benefits in the work area and subsequent lifestyle changes.

"... it certainly gave me the confidence to apply for jobs and I have got them and I'm now a CNC doing some clinical work."

(Interview 5 – May 19, 1999)

Further education was often undertaken solely for the purpose of gaining skills and knowledge and a sense of satisfaction and enjoyment, rather than career advancement.

"...If you're like me I'm not ambitious, I just want to do a good job for my patients so I don't feel I have to do those things."

(Interview 4 – May 20, 1999)

Many saw their role in maintaining and caring for the family as too important to sacrifice for the perceived personal gain that study could provide and could not justify interrupting their lifestyle.

"...I was very busy raising a family... It was one of those things I kept putting off and then I got to a stage where I thought I could only do it part time and by the time I have done I've maybe got 2-3 years left and I thought what's the point, I'd rather be doing something else."

(Interview 6 – May 31, 1999)

4.2.14 Summary

Lifestyle factors such as the life outside nursing, family life events including children's needs, time, health, and stress have all been identified by this research as influencing the education choices of medical and surgical registered nurses with 20 or

more years nursing experience. The results of the study showed that this group of nurses felt that there was little or no acknowledgement for studies undertaken and that they would only contemplate doing study that provided for flexibility in both delivery and time, relevance to work, and enjoyment. Some felt that to achieve these goals they would undertake studies in areas other than nursing. Interestingly, although several participants talked about the need for experience to be recognised as learning, many of the participants focused their discussion of education choices around why they had or hadn't undertaken tertiary study.

4.3 Organisational Environment

The second major category to emerge from the research data as having a significant influence on the education choices of medical and surgical registered nurses with 20 or more year nursing experience was the organisational environment in which they work. Nurses identified the pressure and expectations placed on them by their employing organisation as factors which have influenced their education choices.

4.3.1 Pressure

The first of the sub-elements in this category was pressure. The research participants reported "pressure" to undertake education from within their work environment, as a major influence on their education choices.

".. pressure, that was the reason for the education thing.."

(Interview 2 – April 30, 1999)

"...there is pressure there that we put on each other."

(Interview 2 – April 30, 1999)

"it was expected of me." (Interview 9 – July 22, 1999)

The nature of this pressure was not always well characterised by participants, nevertheless, many described it as coming from a variety of sources, including: management, peers, and new graduate nurses.

The nursing career structure, introduced in Queensland in the early 1990's and the move towards formalised merit based application processes, significantly influenced participants decision to undertake post registration nursing degrees, with several of the research participants indicating that they had felt pressured by their managers to upgrade their hospital based training to the post registration nursing degree.

This was reflected in comments such as:

".. the story would be going round that if you don't do your degree you will be virtually sacked." (Interview 5 – May 19, 1999)

"I felt there was a lot of pressure because of (being) hospital trained to get a degree..." (Interview 8 – June 4, 1999)

"But I had to go to university to prove that I am capable (of) doing the job I do." (Interview 2 – April 30, 1999)

"..when I went and did my diploma... I had applied for a Charge Nurse position and that was sort of expected of me to do it.... And these people were coming out with a degree .. so then you needed to upgrade"
(Interview 4 May 20, 1999)

"... there was an expectation that you will continue to study and my argument is that if you do study you get no support and it makes no difference at the end of the day when you have (already) got the job."
(Interview 9- July 22, 1999)

Participants indicated that the pressure from management to undertake study was particularly evident with regards to programs that were actively supported by Queensland Health.

“There is a lot of institutional pressure currently” (to undertake Graduate Certificate in Health Management sponsored by Queensland Health) (Interview 3 – May 7, 1999).

Some participants employed in managerial positions felt that there was more pressure to undertake formal tertiary programs as a way of ensuring their currency with modern management practices and this was reflected in comments such as:

“... the paper chase is more important within management than it probably is in clinical.” (Interview 4 – May 20, 1999)

Several participants felt that when peers were actively pursuing continuing education, this created pressure for them to also pursue education. This viewpoint is illustrated by the following comments:

“it got to the stage where like everyone around me was doing it and I thought shit, you know?” (Interview 3 – May 7, 1999)

“if you’re in an area where everybody is very motivated and studying even though you didn’t want to, it can influence you to do it.” (Interview 4 – May 20, 1999)

Such outcomes are consistent with the findings of earlier research studies by Hogston, (1995) and Kersaitis (1997). Hogston (1995) undertook unstructured interviews with 18 registered nurses who worked in a London Hospital to investigate the impact of continuing professional education on the quality of nursing care and found nurses attach significant importance to continuing education in facilitating quality patient care. Kersaitis’ (1997) Australian survey looked at registered nurses attitudes to continuing education and found many nurses participate in continuing education and self education processes.

The presence of graduates with tertiary education in their workplace was also perceived by some of the research participants as a pressure for them to complete tertiary qualifications. The reasons for this pressure varied among the following broad headings:

- need to keep up with or ahead of the graduate nurses

“when I was an acting Level 3 and felt that I was employing a lot of new grads with degrees and while I didn’t feel any less capable, I mean I felt quite confident of my own abilities, it made me think about, do I need to do more studies ?” (Interview 8 – June 4, 1999)

*“I think that RNs Level 1 and 2 who don’t have some sort of post graduate training do feel intimidated by the grads.”
(Interview 3 – May 7, 1999)*

“There is (pressure), it comes from everybody, it doesn’t just come from our age group and our peers.... But it also comes from the younger ones, especially if they havedone all this whizz bang stuff,....”(Interview 8 – June 4, 1999)

*“I have got six new grads down there today on orientation and I have got to be right on top to know what they are on about.”
(Interview 6 – May 31, 1999)*

- to avoid loss of job to tertiary educated nurse graduates

“.. at my age I feel I am under threat from younger people who’ve got tertiary qualifications..” (Interview 2 – April 30, 1999)

*“.. with the grads coming out..that if you didn’t go through the KSC that they would put pressure on you to take your positions over you.”
(Interview 2 – April 30, 1999)*

*“you can have people who have been registered two years and as far as they are concerned your level of experience has nothing to do with it, in fact they might have come through the door as a novice, you might have been their preceptor, but now they are after your job.”
(Interview 2 – April 30, 1999)*

- to prove capabilities were equal to the tertiary educated graduates

“it gives you a little bit of self satisfaction that you can answer the questions as good as they (the graduates) are.”

(Interview 4 – May 20, 1999)

Such findings are consistent with Wildman's, et al (1999) United Kingdom study, which explored nurses' perceptions of the impact of higher education on their subsequent clinical practice. This study reported that nurses felt that following completion of their higher education studies they questioned more, were able to apply research findings in clinical practice, and had a wider knowledge of issues related to their nursing practice.

Another workplace pressure that participants identified as influencing their education choices was the annual Performance Planning and Review process in which they were required to outline their work and learning goals for the coming 12 months.

“Which is another thing that sort of adds, facilitates the pressure on them... things like PP&R.” (Interview 2 – April 30, 1999)

“..I had a very domineering charge nurse who used to line me up every year and say when are you going to do some study.”

(Interview 5 – May 19, 1999)

The results of this study showed that although pressure occurred as a consequence of the Performance, Planning and Review process, it was not a contributing factor in the type of education choices made by participants. Nevertheless, it was viewed by many as a powerful factor in determining that they actually went looking for some form of education.

4.3.2 Time

Most participants felt that times had changed regarding the availability of paid work time to undertake education. Efficiencies within the workplace have eroded the handover time, traditionally used for inservice education (Appel and Malcolm, 1998).

Additionally, time for education has not been factored into the financial control measures currently used to manage nursing labour in Queensland, thus making it very difficult for staff to be released from direct patient care to undertake educational activities.

“it wasn’t that the nurses didn’t want to come (to staff development programmes), but they just couldn’t get released from the wards.”

(Interview 1 - April 4, 1999)

“... even if we were allowed perhaps eight hours a year to do it in paid time it would be nice. It would be a bit of an incentive.”

(Interview 8 – June 4, 1999)

Additionally, one participant identified that mandatory educational sessions imposed by the organisation, eat up any available staff release time, and that these session may not be of particular interest to all required to attend.

“by the time we get every staff member to four hours of training a year that adds up to quite a few hours you’ve got to find and some of them are part timers... its four hours lost that you can’t find at a minimum, before you even start looking at things they’d like to do, or the ward needs.” (Interview 1 – April 20, 1999)

“there is no way in the world we are going to get ours to any (inservice)..there are some mandatory things like this cost centre thing I’ve got to go to.” (Interview 1 – April 20, 1999)

When the lack of organisational time is combined with the time pressures experienced in participants’ life outside nursing, one can see that there is little time left to devote to formal learning.

Additionally, several participants reported that the number of hours they were spending completing the requirements of their positions (particularly Level 3 Registered Nurses) did not allow them enough free time to reasonably undertake a significant commitment to study.

"Most of us at level 3 put in twelve hour days Monday to Friday so trying to do... something at a graduate level (of) study is just impossible." (Interview 3- May 5, 1999)

"it wouldn't have been so bad if you were..a normal 40 hour a week worker, which is what we are on paper, but in real life none of us work forty hours a week, we all work 50 plus hours a week."
(Interview 3- May 5, 1999)

4.3.3 Stress

The concept of stress related to the organisational environment was similar to the concept of time. Participants felt that the workplace environment was becoming increasingly stressful and that they had enough to cope with, without adding study to the burden.

"...there is no such thing as quiet days any more and so, by the time you get home..your mind doesn't want to be thinking about doing any reading of textbooks or thinking of anything technical, you just kind of forget the hospital exists." (Interview 1 – April 20, 1999)

"..everybody's just absolutely exhausted by the end of every shift now." (Interview 1 – April 20, 1999)

One participant even suggested that nurses felt guilty if the organisation did release them for training:

"you're not replaced, there is not enough staff to cover you, you're made to feel like you are getting something extra."
(Interview 2 – April 30, 1999)

4.3.4 Self Confidence

Several participants revealed that the changes in their working guidelines and the demands of their job, required they interact on an equal footing with other members of the health care organisation such as the Finance Department and Human

Resource staff. Many participants felt the education they had completed gave them the confidence they needed to participate appropriately with people at various levels within their organisation. Such conclusions are supported by the following comments:

“Being able to talk to those wretched people in Finance in words that you understand.” (Interview 3 – May 7, 1999)

“you can get your message across better.” (Interview 3 – May 7, 1999)

4.3.5 Perception of Nursing

According to some participants, how nursing and nursing education was perceived within their organisation influenced both the availability of and their feelings towards education.

“I think the whole thing in this hospital is that you are skilled for the floor, nothing more, nothing less. Keep you on the floor, the bare minimum skills you need to function on the floor and that’s it, end of story...Not into development” (Interview 6 – May 31, 1999).

Another factor which appeared to be related to the organisational perception of nursing work, was that work took priority over nursing education. This was perceived by participants to be in contrast to the experience of medical staff, whose work within the organisation could be interrupted for education.

“when the medical staff want their inservice....they are not disturbed, so..we.. have to shuffle around that time if we want to access them, but we can’t do that in nursing, we can’t deprive a group of patient’s a nurse for an hour.” (Interview 1 – April 20, 1999)

4.3.6 Acknowledgment

Acknowledgement is an interesting point that many participants referred to as reward. Many participants reported that their organisational environment provided few positive rewards or incentives for nurses to undertake educational activities. This was reflected in statements such as:

"I mean we are being told to go and get a degree but what have I got a degree for. I didn't get any more money, I didn't get a promotion..."
(Interview 8 – June 6, 1999)

".. no one's going to give me higher money or a bigger office, or pat me on the head." (Interview 9- July 22, 1999)

".. there is no incentive to do it really.. yet we are expected to constantly be studying something." (Interview 9 – July 22, 1999)

"That's the thing, at the end of the day you've forked out all this money but you still have the same job, still getting the same money but they're utilising your expertise and they're not paying you for it."
(Interview 9 – July 22, 1999)

"... they expect you (to) do it, but they give you nothing back...."
(Interview 9 – July 22, 1999)

"there is no recognition or anything." (Interview 1 – April 20, 1999)

"I'm not going to go and spend three and four days a week to study to get little in return." (Interview 4 – May, 20, 1999)

Some of the participants felt that their health care organisation rewarded them with more work as they increased their skill and knowledge level. Such conclusions can only serve as a barrier or disincentive to study.

".. I still feel like I'm being used because nobody makes any recognition of all the work I still do for that (computer) programme and I mean you don't do it for recognition but it would be nice for somebody to say once, thank you.... I think the organisation uses you."
(Interview 1 April 20, 1999)

".. the amount of time I've had with fixing other people's problems... that's time out of my work time." (Interview 1 – April 20, 1999)

"I think if you're known to have done some study in various areas or a specialist in a various area, you actually get rewarded with more work." (Interview 3 - May 7, 1999)

Several participants felt that the health care organisation in which they worked took advantage of the skills that the nurse may have developed in their own time and at their own cost, by expanding the expectations without any form of reward.

" it's not even rewarding – I'm not talking money, I'm talking rewarding. You are prepared to do things in your own time and there are no rewards. I'm not talking about money, I'm talking about a pat on the back or the opportunity to work in your area of interest. To move out of the box they have you in because you can do all things required to keep things running smoothly." (Interview 11 – November 4, 1999)

Many felt educational qualifications were no guarantee of promotion and clearly are not mandatory. Additionally, promotional opportunities were viewed as limited within nursing, so there was an element of "why bother?" expressed by the participants' of this study.

"But if you were never to do any more study whatsoever after you have been appointed they are not going to fire you. " (Interview 3 – May 7, 1999)

"But there are not the jobs out there for advancement anyway." (Interview 8 – June 4, 1999)

"... But it's a waste of time getting documents (qualifications) and everything else when the job margin out there is so tiny that it's just not worth it. So why waste all that study? " (Interview 7 – June 3, 1999)

4.3.7 Change

A number of the participants (particularly Level 2 and 3 registered nurses) felt that organisational change and corresponding alterations to their position description had been significant in influencing their education choices. These participants identified the knowledge and skills required by their new role description as strong factors in influencing them to seek educational opportunities. According to participants their new job descriptions required them to have knowledge of financial matters, people and quality management skills, as well as a more indepth understanding of organisational culture, health service delivery trends and health policy (to name a few).

“Nursing appears now to need accountants to do the work they are expected to do.” (Interview 1 – April 20, 1999)

“Because I feel as if I had to do something and there is more management in our job now.” (Interview 3 – May 7, 1999)

Additionally, participants reported that they often undertook education in order to prepare for a change in job or for advancement within their health care organisation,

“I think if you’re ambitious and you want to advance you do have to do it (education).” (Interview 4 – May 20, 1999)

One participant felt that the trend towards casualisation of the workforce was a change that was having an impact on staff’s loyalty to the organisation and consequently, their willingness to contribute that little bit more from an education perspective.

“They think they are saving money by casualising but in actual fact they are losing hours and hours of unpaid effort that was put in because of loyalty to the area...” (Interview 8 – June 4, 1999)

4.3.8 Relevance

Relevance was one of the most strongly reported influences on participants' education choices. The concept emerged early in discussions and usually received wholehearted support from other members of the focus group. However, as with many of the other concepts, two points of view emerged from the data. The first point of view was concerned with the participant's perception of the relevance of the education to their job and learning needs. In summary, if a participant viewed the study to be relevant to their individual need then they would be positively influenced to take it up and willing to pay, both in time and money.

"..... it cost me money, but its useful, I can use it in the field I am working in." (Interview 7 – June 3, 1999)

"... they are all related to the area I'm working in.... it's all related to the work." (Interview 8 – June 4, 1999)

"It is easier to learn something that you are interested in. That you know you are going to use." (Interview 8 – June 4, 1999)

It is important to note that participants were very critical of previous study programs that they perceived as irrelevant.

" with what I've studied (at university), I've studied operational management, HRM, project management and financial management..., none of that is practical hands on staff managementit doesn't tell you how to run a budget, it doesn't tell you how to look at a financial report and how to pull out where you've got problems. It doesn't tell you those things." (Interview 4 – May 20, 1999)

"... (the issue) for the.. person who wants to stay at the bedside is that a lot of courses simply don't interest them... It can be very frustrating and you can waste a lot of time doing subjects that you are not interested in." (Interview 7 – June 3, 1999)

“the degree was so irrelevant.., it was just a waste of time money and effort.” (Interview 9 – July 22, 1999)

Participants also felt that continuing education modules or short courses offered within a hospital setting had more appeal than university based courses, because these types of courses were more likely to have direct relevance to their work.

“you’re better off having gone to those courses that are run by CDT (hospital based) that are more focussed on the practical issues of it.” (Interview 4 – May 20, 1999)

“It was much more day to day practical in context.” (Interview 3 May 7, 1999)

Such conclusions are supported by the favourable results of numerous research studies into continuing education (Kersaitis, 1997; Waddell, 1993; Hogston, 1995; Barriball and While, 1996, Gibson, 1998) in which researchers investigated the value of continuing education and nurses attitude to this type of educational process.

4.3.9 Flexibility

The ability to move around easily from ward to ward, gaining experiential learning within different specialty settings, was identified by one participant as a way of meeting their own educational needs.

“..if you change where you work on the campus every couple of years it is good for your professional development.” (Interview 11 - November 4, 1999)

Nevertheless, the need to provide nursing care in a continuous fashion within the hospital environment was identified by participants as a factor that limits the flexibility of education within their organisations.

“we can’t deprive a group of patients a nurse for an hour... .. So there is no flexibility, the type of work we do prevents us from being able to set up a support system, there is no way we can provide the education.” (Interview 1- April 20, 1999)

4.3.10 Cost

Cost was consistently cited as a factor that influenced participant’s education choices. An organisation’s willingness to sponsor employees (financially) to complete a particular program of study emerged as a major determining factor in whether nurses in the sample group undertook study.

“..the other thing that influenced me in signing up for the graduate certificate is because it is so much cheaper compared to if I was doing a graduate certificate without the Queensland Health sponsorship, because its only costing me a third of what it would cost.”
(Interview 2 – April 30, 1999)

“.. I think this opportunity was very good because it was so cheap and.... it was encouraged by the organisation.”
(Interview 3 – May 7, 1999)

“.. it was influencing me doing that grad cert last year, the fact that it was 2/3 subsidised. I mean if I had to pay it fully myself, there was no way I would have done it.” (Interview 3 – May 7, 1999)

Many participants identified a lack of dedicated funds for education as a problem within their organisation.

“there is no money budgeted specifically for education purposes.... There is no backfill for it, no funding to fill that gap”
(Interview 1 – April 20, 1999)

Participants also identified the cost cutting practices undertaken by the management of health care organisations and the subsequent reduction in the number

and availability of staff development units within hospitals as another factor which reduced their access education.

".. now in the wards we are trying to cover that (global staff development issues) as well." (Interview 1 – April 20, 1999)

"And the managers stand there and say you're over budget ... we say we sent someone to Adelaide, we sent someone to Brisbane, and we've got really highly skilled staff, it doesn't wash you know, not if you're over budget." (Interview 1 – April 20, 1999)

4.3.11 Summary

Organisational factors such as pressure, time and stress were identified by this research as major influences on the education choices of acute medical and surgical registered nurses with 20 or more years nursing experience. The results of this study show that the organisation's perception of nursing has the ability to influence this group's education choices. The study also showed that this group of nurses felt that there was little or no acknowledgement for studies undertaken, by their health care organisation and, as such, employer sponsored studies were a more attractive option. Furthermore, the outcome of the research indicated that the relevance of the study to the participant's work was another major influence on whether study avenues were pursued.

It is important to identify that the results of this research did indicate that participants felt a growth in their self confidence following the completion of workshops and courses that gave them the skills to interact with other members of the health care team.

4.4 Education

The third major category to emerge from the research data as having a significant influence on the education choices of medical and surgical registered nurses with 20 or more year nursing experience was education, which included sub-themes of language and culture of academia, technology, self-confidence, perception

of nursing, acknowledgement, change, relevance flexibility, cost, enjoyment and personal gain.

4.4.1 Language/culture of Academia

Participants in this study identified the culture of academia as a factor that influenced their educational choices. Furthermore they viewed the language of academia as a potential barrier to tertiary education studies.

“...The language really got me as to how they wanted things worded. It was a totally different language to what I was used to and I could say things in two sentences and they want 3000 words. That was very difficult learning...” (Interview 5 – May 31, 1999)

Positives and negatives of the culture of academia are represented in the following comments. Participants identified that becoming part of the culture of academia broadens their mind.

“What I found useful from the study...I found I looked more broader.” (Interview 9 – July 22, 1999).

Participants also chose to pursue tertiary study outside nursing faculties to experience a different culture.

“....Oh you know what the nursing faculties are like you can do it three ways but this is the only way you can really do it....everyone I spoke to at the two universities I went to there is always this feminism stuff and it is all rammed down your throat and I think it is a very narrow point of view....but in the MBA...it is just so broader I found it incredibly eye opening experience...I think that ..when you’ve got an auditorium of 40-50 people who have come from ship builders to architects...all taking about the same principles and how they apply...its a huge experience....”(Interview 3- May 7, 1999)

“..that is why I have steered clear of nursing, that’s why I did Bachelor of Education and Masters of Education because I did find that they are too big justifying their existence.”

(Interview 1 - April 20, 1999).

This participant questions the intent of nursing’s academic system and says that they are attracted to other disciplines that they perceive to be less self absorbed. This is a common thread that emerged from the participants’ comments about their experiences with the culture of academia. In summary, the participant perceives that education in the form of tertiary studies involves pressure that is unwarranted and creates tension, detracting from the enjoyment aspect of studying.

“ It’s just in academic courses people have sat down and written a curriculum they’ve taken all of their learning because they’ve defined the quickest way to understand a particular subject.”

(Interview 8, June 4, 1999)

“ For a long time I resisted and I did my degree...I still resist education now because I really don’t think it is fair the pressure is put on you. Fair enough doing interest courses..that is okay if you are working in an area and you are interested in it... ”

(Interview 8 - June 4, 1999)

4.4.2 Technology

The participants did not frequently refer to technology. However, the statements made regarding technology did demonstrate both positive and negative aspects of this educational tool. For one participant technology enhanced the distance education experience and facilitated the overall enjoyment of this mode of learning.

“ I’ve tried both and I much prefer distance and I am very fortunate because I can email my lecturer if I have a problem and she just emails me back so it makes a lot of help for me.”

(Interview 9 – July 7, 1999)

Although a modern teaching tool, computer learning and associated technology were viewed by many participants as a factor that could limit their participation in educational programs.

“...I am not computer literate...” (Interview 5 – May 19, 1999)

This quote illustrates the feeling of inadequacy that may be experienced by some participants and identifies how technology can create a stumbling block to study for this group of nurses.

4.4.3 Self Confidence

Participants identified positive and negative consequences to their self confidence when talking about their educational choices. Some felt threatened by the educational process or those who possessed educational qualifications. These sentiments are illustrated by the following quotes.

“..... I think that certainly at my age I feel under threat from younger people who have tertiary qualifications even though I was a charge nurse..” (Interview 2 – April 30, 1999)

“... I always feel threatened by the younger ones to a certain degree with their knowledge.” (Interview 4 – May 5, 1999)

*“ I think probably for people who have not studied for a long time its frightening and just coping with going back.”
(Interview 7 – June 6 1999)*

“Fear of exams and assignments.” (Interview 8 – June 4, 1999)

“Fear of failure.” (Interview 8 – June 4, 1999)

*“If I did get in I don't know how I would do on assignments.”
(Interview 8 – June 4, 1999)*

Additionally, some participants felt pressure to study to prove that they were able to perform in their job. The source of this type of pressure appears to come from the individual, themselves, as they try to prove their worth.

"But I had to go to university to prove that I am capable doing the job I do." (Interview 2 – April 30, 1999)

Many participants felt the completion of tertiary study was a process which legitimised the work nurses were doing.

" I look at other people and they haven't gone out and got three degrees or doing courses all the time they've usually got a lot of self esteem about doing a job and doing it well, but somehow we have made ourselves feel insecure about being expert at the job without the pieces of paper to ensure people know we can do the job."
(Interview 2 – April 30, 1999)

Previous educational experiences were identified by this study as having an impact upon participants' self confidence and appear to influence future educational decisions. The following quote is from a participant who had just completed a Bachelor of Health Science Nursing degree and she was asked whether she enjoyed the course.

" It was painful and... stressful and because of this profound fear of failure and measuring up. If I ever study again it will be something that won't be stressful.... I wouldn't put myself in a position to be doing formal exams...it was a very stressful time in my life."
(Interview 2, April 30, 1999)

Other participants had different experiences and identified educational activities as being a positive influence in their life.

" .. I am doing it for me to prove something to myself."
(Interview 9 – July 27, 1999)

....my marriage broke up about eighteen months ago and I think I quite happily studied to fill a void in my life."
(Interview 9 – July 27, 1999)

"More self esteem and you feel more confident in what you are doing." (Interview 3 – May 7, 1999)

These experiences and concepts were also identified by Pelletier's, et al (1998) (c) study, which explored the reasons why nurses undertake higher education degrees. Pelletier, et al (1998) (c) surveyed 666 nurses undertaking post graduate studies and discovered that the primary reasons for nurses undertake higher education programs was for both personal and job satisfaction. In summary, the ability of the educational experience to influence one's self perception has a major influence on whether further educational activities are sought.

4.4.5 Perception of Nursing

The perception of nursing amongst the participants was varied and often challenged the public and professional view of nursing. Education was identified in both a positive and negative light with respect to its impact on nursing's profile. Some participants questioned the value of formal education and its influence on their perception of nursing.

"The lecturers.... talked a lot about nursing where it has evolved from But I mean it is just a job and its nothing superb.... no better than the guy who cleans the street....but historically maybe nurses do see themselves as a little superior to other people....it was a means to an end..." (Interview 2 April 30, 1999)

" You are a professional whether you have got a degree or not and really it comes down to how you do your job."
(Interview 7 - June 3, 1999)

"... I have seen people who have done a lot of education and I think they are crappy nurses...just because she has got the bits of paper does not make her a better nurse. I don't think I should need to get extra qualifications to make me a better nurse." (Interview 7 – June 3, 1999)

The results of this study showed that participants believed that their work performance was a stronger indicator of their ability to provide quality nursing care to their patients than their educational qualifications.

" I think having a degree wouldn't make my patient care any better and that's why I am here... I don't speak the language that they speak these days and I just don't think I would benefit from it." (Interview 5 – May 19, 1999)

" What I feel is that your work is almost like your 20 years of experience is like your education in a way. So you are learning on the job." (Interview 5 – May 19, 1999)

" I think nursing is going full circle. I think nursing will eventually come back in to the practical side obviously will be taught earlier on in their training I think it will go into technical colleges, it will come out of university, what will go into university is post grad and stay there." (Interview 2 – April 30, 1999)

The practical nature of nursing appears to be in conflict with the existing system of training. Several participants identified the disparity between the current education system and the nature of nursing work.

"...but I can just see the whole thing moving around because the trouble is these girls are going to start complaining that are coming out....when you get there it's absolute hell, because you know nothing." (Interview 2 – April 30, 1999)

The following comment summarises the general feeling amongst the participants, who believe that to actively contribute to nursing is not dependent upon the attainment of tertiary qualifications.

“ I feel quite happy that I do contribute to the nursing profession even though I don't have a degree...” (Interview 5 – May 19, 1999)

4.4.6 Acknowledgment

Respect for nurses was viewed by participants of this study, to be facilitated by skill development rather than academic qualifications.

“I think it is skills more than qualifications...most people wouldn't know what most people had done academically I mean it's the recognition of these skills” (Interview 1 – April 20, 1999)

Participants of this study thought nursing had gained little in either acknowledgement or respect by transferring nursing education to tertiary centres.

“ I don't think as a profession that even having a degree for nurses is gaining nurses more respect...and I think that's because of the nursing bachelor degree isn't seen as a true degree by the other faculties at the university..” (Interview 3 – May 7, 1999)

Interestingly, participants of this study felt that within nursing, recognition is only given if one is ambitious and wants to climb the career ladder.

“I think the problem is too that there is no recognition given unless you are a rapid ladder climber and you want to go up you achieve qualifications because you see yourself as going up, doing courses that you see assist your clinical care in your area, there is no recognition or anything...” (Interview 1 – April 20, 1999)

4.4.7 Change

Although educational change was not a major theme, participant's did believe that change was now a feature of the working environment and that education would assist them in keeping abreast of that change.

"...I think you have to keep up to date because from when I trained I know that a lot of things then that were quite relevant are no longer relevant. Things have changed." (Interview 7 – June 3, 1999)

4.4.8 Relevance

Relevance, meaningfulness, interest and application of information learnt, strongly influenced participant's decision to undertake educational activities and had an influence on the type and level of education sought.

"I guess the other thing for the...person who wants to stay at the bedside is that a lot of courses simply don't interest them....you want to learn more about what you are doing and a lot of courses are so general....you can waste a lot of time doing subjects that you are not interested in....If we could have a course that was tailored to your needs it would be better."
(Interview 11 – November 4, 1999)

"I don't know very many people...that I have worked with...that choose to do anything that isn't really relevant to their work area...we tend to bring it back to our work all the time because that is where our interest is. It is much easier to learn something that you are interested in." (Interview 8 – June 4, 1999)

The outcome of this discussion showed that the participants valued the relevance of the courses to their work environment and that interest and enjoyment were factors influencing their completion of courses.

A common theme to emerge from this study was participants' questioning of the relevance of the post-registration nursing degree to their clinical practice.

"...so I think writing skills it improves, but as far as anything else goes I'm dubious as to how much use it has been."
(Interview 3 – May 7, 1999)

“ I can’t imagine myself being a nurse but not looking after patients, not being a clinical nurse. So to me what would be the point of doing a degree?” (Interview 5 – May 19, 1999).

However, other participants identified positive aspects of undertaking tertiary studies including:

“ ...I’m learning to give better care in my field because I’m studying at Uni death and dying and loss and grief I only deal with palliative patients and I’ve learnt a lot in one semester but I’m not going to get any extra money for that.” (Interview 9 – July, 22, 1999)

“ I have just done..the perioperative certificate... but I chose to do that because I thought if I go somewhere I have got something to say that I can actually do that. That I’ve actually got those skills.”
(Interview 8 – June 4, 1999)

Other participants wanted to continue studying, but not in the area of health.

“ I can’t see myself studying anymore related to health. To be quite honest, but I’ll continue studying because I enjoy learning...”
(Interview 3 – May 7, 1999)

4.4.9 Flexibility

Flexibility of educational offerings was viewed favourably by participants. The merits of distance education versus “face to face” education was debated amongst participants of one group. According to this group distance education allowed participants to continue working whilst studying in the home environment.

“ The only way to do it and work.” (Interview 9 – July 7, 1999)

“for convenience, you can do it from home.” (Interview 9 - July 7, 1999)

“With a family you just don’t have the time to go to uni, so you could do it whenever it fitted in with your life.”
(Interview 9 – July 7, 1999)

“ ...I am here for twelve hours Monday to Friday...but then on weekends...I'd really slog at it....Whereas if I had to actually attend lectures..during the week there is no way I would be able to fit that in.” (Interview 3 – May 7, 1999)

“...but I'm not sure I could sit in a classroom for three hours..I'd much rather go to the library myself and fish it out by myself and take it all home...that suits me better.” (Interview 3 – May 7, 1999)

Several participants who felt they learnt better by face to face contact with the lecturer expressed an alternative view.

“ I went from learning distance to going back to Uni. I in fact got half my degree distance and half of it back at Uni...because I know for me I get a lot more out of actually discussing things and being in classes, I find it a huge bonus.” (Interview 3 – May 7, 1999)

In summing up this discussion one participant stated that the mode of education selected by nurses was

“ just a personal or individual choice.” (Interview 3 – May 7, 1999)

Participants in this study indicated that they favoured courses where there was a minimal number of compulsory core subjects and flexibility to choose study options relevant to their learning needs.

“ ..they had things like natural therapies and of those you could do as part of your standard degree so I mean they had a very wide range of stuff to chose from and that was a big influence.”
(Interview 3 – May 7, 1999)

4.4.10 Cost

The cost of education was frequently identified as being a factor that influenced participants' education choices, with several in the group

expressing the view that the current full fee paying structure of post-graduate nursing courses was prohibitive.

"...some of the graduate studies are so dam expensive that they are pretty much... out of the average nurses price range."

(Interview 3 – May 5, 1999)

"... ..you can't afford to go in your own time all the time and the hospital can't keep on sending you all the time, so you end up not going. " (Interview 2 – April 30, 1999)

When discussing the cost of education, the participants identified costs to themselves as well as the financial expenses incurred when undertaking an educational course. Such factors mentioned included: time out of the workforce due to study commitments; purchasing of essential study aids and resources; and limited financial gain after studies were completed.

The following comments highlight these factors:

"I'm finding that too, I'm taking 12 months to do a PhD and I'm looking at a lot of expense, so far thousand of dollars I need research skills, buy books, " (Interview 1 – April 20, 1999)

"I've paid off my HECS but every thing else I lost in four years of not working, well I had been a charge nurse before I left. I don't know if it has been worth it financially, it is a good experience to go to university, I think everyone should be encouraged to sort of broaden their mind." (Interview 2 April 30, 1999)

"I looked at doing a masters, but it is too expensive, I can't afford it and I don't feel I'll get a financial gain at the end of it."

(Interview 9- July 22, 1999)

4.4.11 Enjoyment

Enjoyment and interest in a program of study were identified as factors that influenced participants' education choices.

"Interest..was my first choice, why I wanted further education."

(Interview 6 – May 31, 1999)

Activities that were thought to be important to participants' personal development rated highly as influencing their education choices.

"I like reading a lot of history...I want to read all that stuff now, so I guess as you get older your priorities change. "

(Interview 1 – April 30, 1999)

" But now for me it's a bit of a hobby, I think, if you can call study a hobby." (Interview 7 – June 3, 1999)

Enjoying the study experience was essential to many participants, some of whom believed they could still contribute to nursing by participating in less formal courses and still enjoy the experience of learning.

" I felt and still do that I can contribute... to nursing with doing ..two or week seminars...I get more out of that and probably enjoy that more."

(Interview 5 – May 19, 1999)

4.4.12 Personal Gain

Personal gain was a significant factor in influencing participants' educational choices. Diverse reasons were given by participants for undertaking education including: a belief that positive personal gain could be achieved by participating in education; and the acquisition of knowledge would lead to recognition.

"I am paying to gain knowledge and be credentialled in something."

(Interview 6 – May 31, 1999).

Participants felt the negative aspects of pursuing study centred on a lack of gain in the form of financial reward, lack of career promotion and no perceivable difference to patient care practices.

"I've had to learn very basic computer skills and that sort of thing, but other than that I can't see any value in me doing you know recognised courses and degrees and thing like that." (Interview 1 – April 20, 1999)

"The point is where, does it lead to and it doesn't change my job in the long run, it doesn't improve the quality of care ... it doesn't improve anything." (Interview 2 – April 30, 1999)

"..we are being told to go and get a degree but what have I got a degree for? I didn't get any more money. I didn't get a promotion you know....I've been paying this money for this degree and buying all these books, what are you doing that for, what's it going to get you?" (Interview 8 – June 4, 1999)

In contrast several participants viewed education as a means to an end.

"I wanted to become more employable.. with the experiences I had and I wanted to get a better position and go from a level 2 and probably look at a level 3 so doing tertiary study then was just a form of life doing a bachelor of health science." (Interview 6 – May 31, 1999)

4.4.13 Summary

The results of this study showed that many of the research participants felt that the culture and language of academia was a barrier to their participation in tertiary education. However, several participants did express the view that their tertiary education experiences had been both challenging and rewarding. Although not a dominant theme, many of the participants viewed technology such as email and the internet as valuable tools that enhanced their distance education experience.

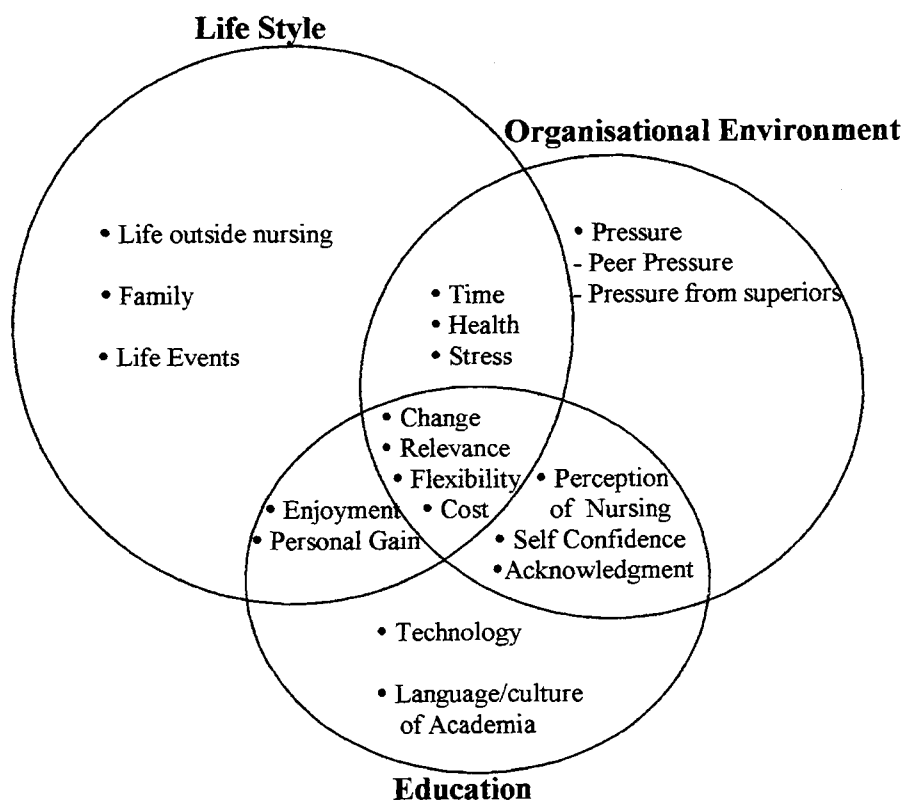
Several participants identified positive and negative consequences for their self confidence when talking about educational choices, while others felt their perception of nursing as either a job or a career was a major factor that influenced

their education choices. The issues surrounding the need for acknowledgement were again raised with many participants expressing the view that there was little recognition by employers of the time and effort required for study and that there was little monetary incentive for them to undertake further studies.

The cost of and expenses associated with education were clearly identified in the research as factors that influenced this group of nurses' education choices. The results of the study showed that nurses are not willing to spend money on courses they feel are irrelevant and seek flexibility in study and study options when choosing programs of study. Enjoyment, interest and personal gain were strongly identified with as being influencing factors for pursuing educational activities.

4.5 Model of Results of the Study

Factors Influencing Education Choices of RNs with 20 Years or more Nursing Experience



The model presents a diagrammatic description of the results of this study. The differences in the sizing of the circles represents the strength of the influence each theme has on the education choices of medical and surgical registered nurses with 20 years of more nursing experience. The largest circle highlights life style factors as the major influence on this groups educational choices, followed closely by organisational factors and education experience. The overlap between the three key elements of life style, organisation factors and education, uncovered the sub themes of each group and highlights the inter-relationship of each of the key factors that influence the education choices of medical and surgical nurses with 20 years or more nursing experience.

4.6 Conclusion

In summary, the results of this study have shown that lifestyle, organisational environment, and education experiences all influence the education choices of medical and surgical registered nurses with 20 years or more nursing experience.

Chapter 5 – Discussion

5.1 Introduction

The results of this research have identified three main influences on the education choices of medical-surgical registered nurses with 20 years or more nursing experience - life style, organisational environment and education experience. The three main themes to emerge from the research highlight differences in opportunity and experience based on gender and society's expectation of gender roles. Such results are not surprising as gender divide has long been an issue in the health care workforce. In her notes on nursing in the mid 19th century Florence Nightingale expressed the view that medicine and nursing were different activities that could be divided between the sexes (Russell, 1990). Such a view was a feature of Victorian culture, where men were seen as the bread winners, and women the home makers (Roberts and Group, 1995).

As we enter the 21st century it is interesting to note that this patriarchal concept is still evident in the health care workforce (Evans, 1997). Nursing remains a predominately female occupation with over 90% of the current nursing workforce being women (Miers, 2000), while in turn, medicine remains male dominated, although in recent times both groups have had an increase in their ranks of members of the opposite sex (Evan, 1997). Further more, society's view that nursing has less value compared with that of medicine adds to the nurturing focus of the role and society's perception of nursing as a female role (Short, et al. 1993).

According to Short, et al. (1993) the female domination of nursing may be the result of nurses fulfilling the traditional female socially prescribed roles of caring and nurturing. It is interesting to note that today, like in the 19th century, socially prescribed roles are gender based and are often used to define position in society and influence career choices (Short, et al 1993). Further to this McGovern and Matter (1992) argue that society has confused the caring role and the associated abilities of nurturance, intelligence and management, which involves considerable mental as well as physical energy, with housework, which involves distinct tasks such as laundry or house cleaning. As a result, women, in their often invisible role of carer, may struggle to receive recognition for their valuable contribution to society (McGovern and Matter, 1992). It is within this social context that the predominantly female nursing workforce has struggled to develop professional standing and undertake educational

activities to facilitate the acquisition of knowledge required to ensure quality patient care.

5.2 Life Style

Life style factors such as life outside nursing, family life events and children's needs, have been identified by this research study as having an influence on the education choices of medical and surgical registered nurses with 20 years or more nursing experience. A lack of time, health status, and stress caused by trying to fulfill the socially prescribed gender roles of mother, wife, daughter, mother-in-law, friend, shopper, housekeeper and nurturer were also recognised as major influences on the education choices of this group of nurses.

Gender refers to the social interpretations and expectation of the male and female role and encompasses the concepts of masculinity and femininity (Short, et al. 1993). Evans (1997) argues that society views the feminine role as one of nurturing, caring, dependence and submission while the masculine role is viewed as one of power, aggression, superiority, dignity and objectivity.

According to Short, et al. (1993) women's early life experiences and socialisation processes strongly influence their behaviour and their perception of themselves as valuable members of society. This point of view is supported by Miers (2000) who believes that the constructs of respectability and responsibility for women are associated with the notion of "good women", "good mother", "good girl". Short, et al. (1993) argue that the socialisation process of women can lead to their undervaluing themselves both as women and as nurses resulting in decreased self esteem and a lower level of performance than their true potential allows. The theoretical basis of liberal feminism, which states that all people are equal and that opportunities should not be denied a person because of their gender (Lindsey, 1994), seeks to remove the limitations and restrictions that are perceived to prohibit or deny women equal rights and opportunities (Miers, 2000).

According to Roberts and Group (1995) by the early 1970's nurses had begun to realise that the gender stratification within the health care system and their socialisation as women was compromising them as nurses. Such realisation facilitated the development of feminist ideals within nursing and promoted the development of career paths. However, as the results of this study show, the actuality of the situation in the 21st century remains unchanged. Nursing continues to be a profession that is comprised mainly of women, and as such, their careers are often interrupted by family

commitments (Huntely, 1995). These family commitments, along with children's needs, available time, health, and stressful experiences in the workplace have been identified by this study as influencing the educational choices of medical-surgical nurses with 20 years or more experience. Further more, the study showed that this group of nurses often see little or no acknowledgement from the workplace or monetary reward for studies and as a result are reluctant to give up their family roles in order to pursue educational activities. These results are supported by the outcome of Pelletiers', et al. (1998)(a) Australian study into the impact of graduate education on the career paths of nurses. According to Pelletier, et al. (1998)(a) women find it difficult combining both part-time study, full time work and family commitments. These authors also contend that the availability of workplace support is an important issue for nurses when deciding whether to undertake educational activities. This view is supported by the outcome of this research study, which showed, that nurses with 20 years or more nursing experience value employer support for their study efforts.

It is important to note that the application of liberal feminism concepts to the development of educational offerings for nurses would see changes to and flexibility in both the delivery of and time for education programs. It would also see the introduction of programs of study that were relevant to the work of the nurses, enjoyable to do and lifestyle friendly. According to Pelletier, et al. (1998)(a) lifestyle friendly courses are a necessity if women are to complete programs of study and also have the opportunity to fulfill their other life roles.

5.3 Organisational Environment

The second theme identified from this research as influencing the educational choices of medical and surgical registered nurses with 20 years or more experience was organisational environment, including work pressure, time and stress and the organisation's perception of nursing.

Interestingly, nursing, as a predominantly female profession, encounters problems similar to those experienced by teaching staff in main stream schools, in that females make up a large percentage of the workforce but as a rule are under-represented in senior management positions (Collard 1997). According to Evans (1997) men make up less than 10% of the nursing workforce but hold a disproportional large number of senior positions. This view is supported by Short, et al. (1993) who argue that male nurses appear to have a more rapid rise to senior

positions in nursing than their female counterparts. London (1987) argues that this may be the result of sexism in nursing which seems to favour males, however, Short et al. (1993) believe that male nurses' ability to achieve senior positions is the result of breaks in career patterns for female nurses in order to have children and care for families. According to Short et al (1993) society still believes that for women, family should come first and they argue that those females who have reached higher levels within nursing have often had to sacrifice or forego the typical family route. The outcomes of this study confirms this belief as the results show that family commitments influence the educational choices of medical and surgical registered nurses with 20 years or more experience, with very few of the research participants being prepared to forgo family needs in order to progress their careers via education.

In light of these issues, the goal of health care management should be the fostering of an organisational climate that is able to encourage professional development activities to help overcome some of the apparent gender based differences in opportunity (Gibson, 1998). Gibson (1998) argues that such practices may facilitate educational opportunities for female nursing staff and lay the foundations for career advancement. Although Cowley (1995) supports this view she does point out that the growing trend for health care organisations to see learning as a managerial function rather than the responsibility of educators has the potential to hinder educational opportunities for staff, particularly female nurses. Cowley (1995) warns that if this trend continues organisations need to consider the extent to which such arrangements impact upon the opportunities available to women and their ability to access educational activities and services.

5.4 Education

The third major theme identified from this research study was education and the education experience. It is important to note that historically nurses have been educated through an apprenticeship system (Russell, 1990), often under the direction of male medical physicians (Evans, 1997). However, in 1985 tertiary education for nurses became a reality in Australia, when the then New South Wales government transferred all basic nurse education from hospitals to colleges of advanced education (Russell, 1990). The federal government responded to this initiative and advocated the transfer of nurse education to the tertiary sector in all states by 1994 (Pratt, 1998).

It was expected that the movement of nursing education to the tertiary sector would open the door to professional standing for nurses, however, rapid social change and the accompanying changes in the work relationship between the worker and job have resulted in an overworked, stressed and tired nursing workforce (Kramer, McGraw and Schuler, 1997). Although these pressures are being experienced by all workers, they are often more pronounced for women who have to meet the demands of both home and work. According to McGovern and Matter (1992) paid employment for women does not make homemaking disappear, but instead compresses it into the hours employed men generally consider as leisure time.

An outcome of these work place changes and the ever evolving health care system in Australia is a need for nurses to keep abreast of modern practices (Short, et al. 1993). However, the results of this study have shown that the pressure on the participants' time; their many other roles, including that of wife and mother; and the cost of higher education, often means this group of nurses may be unable to pursue education via formal means. Consequently, work based, staff development programs and continuing education courses that provide nurses with the skills to do their work are often the favoured educational choice of this group of nurses.

According to Alspach (1995) the process of nursing staff development is continuous, involves long-range planning and is based on the principles of adult teaching and learning. This view is support by Kenneth and Stiesmeyer (1991) who argue that staff development in health care needs to be designed to enhance the skills and knowledge base of the employee, thereby providing avenues for improving patient care.

Alspach (1995) argues that staff development programs for nurses regularly focus on the development of skills that will enable the employee to:

1. effectively socialise within the organisation;
2. learn new skills required for patient care in a changing health care environment;
- and
3. maximise the development of the health professionals' capabilities.

Alspach (1995) believes staff development programs offer employees the opportunity to develop a better understanding of issues and their responsibilities within the organisation, with many employees also gaining insight into the true potential of their role and that of the agency. However, she does point out that for staff development programs to be effective they must fulfil the learning objectives of

the employee (nurses), meet the goals of the employer and address the mission statement of the organisation.

It is important to note that although these education initiatives may be available in the workplace, female nurses, may still be disadvantaged as staff development programs offer little in the way of career advancement. Female nurses may find themselves in a position of partaking in staff training programs while their male nurse colleagues undertake expensive tertiary studies. Such situations often occur because men are more likely to fund their own educational activities due to socialisation processes and society's view of men as the primary bread winner and women as the home maker (Short, et al. 1993).

To overcome the divides in nursing, particularly those that affect medical and surgical registered nurses with 20 years or more nursing experience, it is essential that the principles of equality, outlined by liberal feminism, be implemented and there be an articulation pathway for staff development programs and continuing education activities. To achieve this Staff Development Educators and Nurse Academics need to work together to promote purposeful education programs that are relevant to nurses and facilitate the introduction of steps to link industry based learning, professional development and academic standards. Such processes will support the female role in nursing and provide the opportunity for nurses to undertake a smooth transition to tertiary studies if desired.

5.5 Conclusion

The results of this study have shown that educational choices of medical and surgical nurses with 20 years or more nursing experience, are often affected by their gender and the society's expectation of their gender role. Such processes have facilitated the gender divide evident in today's health care workforce.

Lifestyle factors such as life outside nursing and family commitments were identified as limiting female nurses' opportunity to access educational activities. Further more, organisational culture appears to favour male nurses in their educational endeavours, while female nurses find it difficult to find the right balance between work and family commitments and therefore, have limited time available to undertake educational activities.

In conclusion, this research has shown that inequalities related to gender still exist in the modern health care workforce. Attempts to implement concepts of

equality as outlined by the theory of liberal feminism have only been partially successful and there is still much more to achieve if over 90% of the nursing workforce is not to be disadvantaged by their gender and society's expectations of gender norms.

Chapter 6 – Recommendations and Conclusion.

6.1 Introduction

The aim of this Interpretive research study was to generate an understanding of the issues encountered by medical and surgical registered nurses with 20 years or more nursing experience and to uncover information that may be able to assist nurse academics, nurse educators and nurse managers better equip this group of nurses to work within the modern health care system. This Interpretive research study, conducted within a constructivist framework, was successful in fulfilling this aim and in answering the research question. Through a process of review and discussion the focus group transcripts were analysed and several key themes emerged. These key themes have been grouped under three main headings, that of lifestyle, organisational environment and education.

6.2 Summary of Results

Lifestyle factors such as life outside nursing and family commitments were identified by this study as limiting female nurses' opportunity to access educational activities. These factors coupled with society's expectation of gender roles (Short, et al, 1993) highlight the gender divide evident in today's health care workforce.

The health care organisational environment appears to favour male nurses in their educational endeavours, while female nurses struggle to balance work and family commitments and, as a consequence, have limited time available for education.

Previous educational experiences and perceived difficulties in undertaking further studies were also highlighted by this research as factors that influence the education choices of medical and surgical registered nurses with 20 or more years nursing experience. Attempts by nursing leaders to implement the philosophy of equality as defined by the theory of liberal feminism (Miers, 2000) have only been somewhat effective and there is still much more to achieve if many in the nursing workforce are to fulfill their true potential and not be disadvantaged by their gender and society's expectations of gender norms.

6.3 Recommendations

The results of this study showed that medical and surgical registered nurses with 20 years or more nursing experience have many life commitments that draw on

both their financial and emotional resources and, as a consequence, they may have little time or money left to pursue formal educational qualifications.

The results of this study revealed that this group of nurses value work based learning and as a consequence it is recommended that key stakeholders in nursing education, that is, staff development educators, academics and nurse managers:

- 1) Ensure learning programs are both experiential and relevant to the target group.
- 2) Work together to promote purposeful education programs that are relevant to nurses with 20 or more years nursing experience.
- 3) Work together to implement steps to facilitate a link between industry based learning, professional development and academic standards thereby enabling a transition to tertiary studies if desired.
- 4) Have information regarding all types of education programs available for staff.
- 5) Introduce strategies to facilitate the development of study skills amongst registered nurses with 20 or more years nursing experience.
- 6) Use creative and flexible rostering and implement strategies to facilitate equity amongst staff seeking study support.
- 7) Seek and provide incentives such as scholarships, interest free loans and flexible rostering to assist with this groups' goals.

6.4 Limitations

Although the research question was successfully addressed there were several limitations to this study including:

- 1) Data related to the demographics of the participants was not collected, therefore differences in perceptions, eg between those nurses with 20 years experience and those with 40 years nursing experience have not been highlighted.
- 2) Not all nominated centres participated.
- 3) There was an over representation of staff from The Prince Charles Hospital, Brisbane.
- 4) Validation of results was only achieved with nurses from The Prince Charles Hospital, Brisbane.
- 5) The results of this study do not address the needs of nurses in rural Australia.

- 6) Royal Brisbane Hospital and the Princess Alexandra Hospital (as large metropolitan hospitals) were under represented in numbers, despite numerous efforts to recruit large sample groups from these health care agencies.

6.5 Areas for Further Research

The results of this research also raise new questions that may serve as the basis for future research. Questions such as:

- 1) How do medical and surgical nurses with 20 years or more nursing experience fulfill the study commitments they elect to do?
- 2) Are the factors that influence the education choices of medical and surgical registered nurses with 20 years or more experiences the same for other clinical specialties?
- 3) Are the factors that influence medical and surgical registered nurses with 20 years or more experience age specific?
- 4) What influence does nursing culture have on the educational opportunities afforded to mature medical and surgical registered nurses?
- 5) How does the rate of organisational change affect the educational choices of medical and surgical registered nurses with 20 years or more experience?
- 6) What is the role of the staff development educator in facilitating the learning of medical and surgical registered nurses with 20 years or more experience?
- 7) What is the role of the nurse manager in assisting medical and surgical registered nurses with 20 or more years nursing experience to deliver quality patient care?
- 8) What are the effects of study on the health of nurses with 20 years or more nursing experience?
- 9) Does the type of preregistration training (hospital verses tertiary) influence nurses' subsequent education choices?
- 10) How can workplace learning be quantified to facilitate recognition of prior learning by tertiary providers?

6.6 Conclusion

In conclusion, the education choices of medical and surgical registered nurses with 20 years or more nursing experience is influenced by lifestyle, organisational environment and educational experience. The cost of the proposed course of study,

the time available to do the study, including the demands on time of both their life outside nursing and work commitments, and the relevance of the proposed study to their career aspirations and current job requirements also have a major impact upon the education choice of this group of nurses.

It is important to note that the information generated by this study is invaluable to nurse academics, nurse educators and nurse managers who are charged with the responsibility of equipping medical and surgical registered nurses with 20 years or more nursing experience with the skills and knowledge required to function within today's dynamic health care system. The results of this study highlight the socially prescribed roles within the health care workforce and identify a need for support and professional development of this group of nurses.

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Appendix A - Example of letter sent to Directors of Nursing seeking permission to invite nurses to participate in the study

March 1, 1999

School of Nursing and Health Studies
 Telephone 07 49306753
 Mobile 0409052631
 Fax 07 49309871
 Email: s.walker@cqu.edu.au

Dear _____,

I am the chief investigator on the research project entitled: *Education Choices of RN's with 20 or more years experience* and have been successful in achieving funding for the project from the Queensland Nursing Council.

This research aims to explore the culture of nursing and identify the education choices of registered nurses with 20 or more years nursing experience. The outcome of this project will be of great interest to nurse educators and nurse academics who are entrusted with the task of educating clinically based nurses and for nurse managers who are responsible for ensuring an appropriate staff skill mix.

It is important to the outcome of the research that a cross-section of views be sort from appropriate registered nurses. To achieve this, 88 nurses from across Queensland, with 20 or more years nursing experience and currently working in acute medical/surgical units in public hospitals will be invited to participate in focus group interviews. I would like to include nurses from _____ Hospital in this sample and invite 8 nurses who have 20 or more years nursing experience and who work in acute medical/surgical wards to participate in one focus group interview in April, 1999.

Participation in the research project is completely voluntary. Participants will be given an information letter and requested to sign a consent form prior to participating in the focus group interviews (Appendix A of proposal). Consent forms will be kept in a locked filing cabinet and will only be available to members of the research team. No identifying information about individual participants will be disclosed.

A summary outlining the results of the research project will be forwarded to each participant and nursing management of each organisation after completion of the final report.

Please find enclosed a copy of the research proposal and the ethical clearance received from Central Queensland University (Appendix B of proposal). If you require any further information please don't hesitate to contact me and I will do my best to help you.

I would be pleased if you would give this request favourable consideration and I look forward to talking to the nursing staff of your hospital.

Yours sincerely

Sandra Walker
 Lecturer in Nursing
 Chief Investigator

Appendix B - Example of the Information Flyer Distributed to Clinical Areas

Nursing Research Project.

Education Choices of Acute Medical/Surgical RN's with 20 or more years nursing experience.

Chief Investigator: Sandra Walker from Central Queensland University

Co- Investigators: Megan Lowe, Catherine Ruff and Naomi Tutticci - from The Prince Charles Hospital, Brisbane.

We are undertaking research to explore issues surrounding nursing education and are seeking nurses with 20 or more years nursing experience to talk to us about their education choices.

Members of the research team will be visiting the Toowoomba Base Hospital on July 7, 1999 between 3.00pm to 4.00pm and would like to invite medical and/or surgical registered nurses with 20 or more years nursing experience to participate in a focus group discussion and share their views with regards to their education choices. The focus group discussions will take place in Executive Board Room, Unara - Toowoomba Base Hospital.

If you are interested in participating in the project could you please read the attached information letter, complete the consent form and return it in the reply paid envelope. Your Toowoomba Base Hospital contact is Trisha Richter in Nursing Administration but if you have any questions about the project please call Sandra Walker on mobile 0409052631 and she will do her best to help you.

This project is sponsored by a Research Grant from the Queensland Nursing Council and is a collaborative research project between members of the School of Nursing and Health Studies at Central Queensland University and Nurse Educators of The Prince Charles Hospital, Brisbane.



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Appendix C

Participant Information Letter

April 15, 1999

School of Nursing and Health Studies.
 Telephone 07 49306753
 Mobile 0409052631
 Fax 07 49309871
 Email s.walker@cqu.edu.au

Dear Participant,

RE - Research Project : *"Education choices of acute medical/surgical RN's with 20 of more years nursing experience."*

Thank you for your interest in the above research project and your willingness to participate in a focus group interview to talk about your education choices.

I have arranged to visit the Princeess Alexandra Hospital on _____ 3.00pm to 4.00pm and _____ from 3.00pm to 4.00pm. The focus group interviews will be conducted in _____.

The interviews will be recorded on audiotape and transcribed at a later date. The recording of the discussions will ensure that all points identified receive full attention. This will allow clear understanding of the issues raised. Following the focus group discussion a copy of the transcript will be sent to participants for review and comment. The privacy of participants will be protected as no identifying details will be disclosed and all audiotapes will be kept in a locked filing cabinet. No names or contact details will be available in the transcript of the discussions or in the final report. Participation in the research project is completely voluntary and participants are free to withdraw at anytime. A summary of the results of the project will be made available to all nurses who participate in the focus group discussions and to the nursing management of the hospital.

Please find enclosed an information letter, consent form, form to indicate which day you are available and a reply paid envelope. If you have any questions regarding the research project, please contact me on my mobile number: 0409052631 and I will do my best to help you.

Thank you for your time and interest in the project and I look forward to meeting you.

Yours sincerely

Sandra Walker.
 Lecturer in Nursing
 Chief Investigator - Research Project.

Post: Bruce Highway North Rockhampton Qld 4702 Australia Switch: 61 (0) 7 4930 9777 Web: <http://www.cqu.edu.au>

Appendix D – Information letter and Consent Form**INFORMATION FOR NURSES**

Chief Investigator: Sandra Walker
Co Investigators: Megan Lowe
 Catherine Ruff
 Naomi Tutticci

**Address of
 Chief Investigator:** School of Nursing and Health Studies
 Central Queensland University
 Rockhampton. 4702

Telephone: 07 40306753
Mobile: 014052631

Project Title: Influences on the education choices of medical/surgical RNs with 20 years or more nursing experience.

Dear Colleague,

We are undertaking a research study to investigate the influences on the education choices of registered nurses with 20 years or more nursing experience. As you are such a nurse, we would like to invite you to participate in a group discussion to talk about this issue. The group discussions will be recorded on audiotapes and transcribed at a later date. The recording of the discussions will ensure that all points identified in the discussion receive full attention. This will allow clear understanding of the issues raised. Following the focus group discussion a copy of the transcript will be sent to you for review and comment.

Your privacy will be protected as the identification of participants will not be disclosed and all audiotapes will be kept in a locked filing cabinet. No names or contact details will be available in the transcript of the discussions or in the final report. A summary of the results of the project will be made available to all nurses who participate in the discussion groups.

Participation in the research project is completely voluntary and you will be free to withdraw from the study at anytime. If you are willing to participate in the project will you please sign the consent form below and return it to the above address. If you have any questions regarding the research process, don't hesitate to contact me on 07 49306753 or mobile 0409052631 and I will do my best to help you. Thank you for your time and interest in the project.

Yours sincerely

Sandra Walker.
 Chief Investigator

CONSENT FORM

I, hereby agree to participate in the research study explained to me by a member of the research team. I understand that I am to be part of a discussion group that will explore further education choices of acute medical/surgical RNs with 20 years or more experience.
 I acknowledge that my privacy will be protected and that I am free to withdraw from the study at anytime.

Date:

.....
 Signature of participant.

Appendix E - Thank you letter

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September 6, 1999

School of Nursing and Health Studies
 Faculty of Arts, Health and Sciences
 Central Queensland University
 Rockhampton. 4702..
 Telephone 07 49306753
 Mobile 0409042631
 Email s.walker@cqu.edu.au

Dear _____,

**RE: Education Choices of Acute Medical and/or Surgical RNs
 with 20 or more years nursing experience.**

Thank you for your time and input into the above research project. I have had the audiotape transcribed and as promised, enclose a copy for the discussions for your records. At times there were background noises on the tape that made it difficult to hear the voices, so I hope I haven't misquoted you, but if you feel I have accredited something to you that you are unhappy about or I have missed something important please let me know as soon as possible and I will make the corrections.

Once again, thank you very much for your time and interest in the project. It was greatly appreciated.

Yours sincerely

Sandra Walker.
 Lecturer in Nursing
 Chief Investigator
 Education Research Project.

Appendix F
Letter to Participants Seeking Further
Focus Groups for Validation of Results



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October 4, 1999

School of Nursing and Health Studies
 Faculty of Arts, Health and Sciences
 Central Queensland University
 Rockhampton. 4702..
 Telephone 07 49306753
 Mobile 0409042631
 Email s.walker@cqu.edu.au

Dear

**RE: Research Project – Education choices of Medical/Surgical RN's
 with 20 or more years nursing experience.**

The research team have undertaken analysis of the data collected as part of the above research project and are now at a stage of validating conclusions. As you participated in the research project earlier in the year you are invited to attend a second focus group interview to review the results of the study and to help the team explore any issues relevant to you.

The second focus group interview will be held **Monday October 25, 1999 in the A1 Conference Room at the Princess Alexandra Hospital from 3.00 to 4.00pm.** Attendance is once again voluntary and the consent form that you signed for the previous discussion group is still valid.

As afternoon tea will be provided I would be pleased if you could telephone me by Friday October 22 on my mobile 0409052631 and let me know your availability to attend so I may facilitate catering needs.

I look forward to talking with you again and hearing your views on this important topic.

Yours sincerely,

Sandra Walker
 Lecturer in Nursing
 Chief Investigator
 Education Research Project.

Appendix G – Participant Feedback Letter

Central Queensland
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May 5, 2000

School of Nursing and Health Studies
Faculty of Arts, Health and Sciences
Telephone 07 49306753
Mobile 0409042631
Email s.walker@cqu.edu.au

Dear _____,

**RE: Education Choices of Medical - Surgical RNs
with 20 or more years nursing experience.**

Thank you for your time and input into the above research project. As promised I am enclosing a copy of the summary of the final report. The complete report is currently being edited and prepared for printing. If you would like a copy of the complete research report please let me know and I will forward one on to you.

Once again, thank you very much for your time and interest in the project. It was greatly appreciated.

Yours sincerely

Sandra Walker.
Lecturer in Nursing
Chief Investigator
Education Research Project.