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California State University
San Bernardino

A SURVEY OF THE ATTITUDES OF NURSES IN SOUTHERN
CALIFORNIA REGARDING THE PROS AND CONS OF MANDATORY
CONTINUING EDUCATION REQUIREMENTS FOR NURSING
RELICENSURE

A Project Submitted to
The Faculty of the School of Education
In Partial Fulfillment of the Requirements of the Degree of
Master of Arts
in
Education: Vocational Education
By
Mary C.A. Frederiksen, M.A.
San Bernardino, California
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APPROVED BY:

Advisor

Committee Member

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INTRODUCTION

Within the applied fields of medicine, dentistry, and nursing, the idea of continuing education has gained momentum during the past fifteen years as a means of preventing obsolescence of professional practice. These fields are subject to rapid advancements in knowledge, especially in the areas of science and technology. It is estimated that much of this knowledge becomes obsolete within five to ten years.¹ Not only is the rate of discovery of new knowledge increasing, but a number of changes within the health care delivery system have pressured health care professionals to increase their participation in continuing education in their service area. For example, new roles such as physician assistant, nurse-midwife, and nurse practitioner have emerged. The system for delivery of health care has seen the growth of health maintenance organizations, the emergence of critical care units and computerized health screening. Along with these changes, growing pressure for the public sector prompted the National Advisory Commission on Health Manpower in 1967 to recommend that professional associations and governmental regulatory agencies take steps to assist practitioners in maintaining competence.² In

¹Carnegie Commission on Higher Education. Higher Education and the Nation's Health, (New York: McGraw-Hill Book Company, 1970)

²Report of the National Advisory Commission on Health Manpower. (Washington, DC, U.S. Government Printing Office, 1967)

response, state legislation has mandated that continuing education within the health professions is required for membership in some professional organizations. Professional societies have recognized the need for this mandate. All of these factors have made continuing education for professionals an issue of critical importance.^{3,4}

Within the field of nursing the American Nurses' Association has officially stated that continuing education is necessary for maintaining competence in nursing practice. The association bases its rationale on the belief that each nurse assumes responsibility for the quality of his/her practice. Therefore, nurses are to be held accountable for keeping abreast of new developments in knowledge and skill in their areas of practice.⁵ Through continuing their professional studies nurses will insure the public receives professional competence and is protected from incompetent practice.^{6,7} Those who fail to attain the requirements for

³World Health Organization: Continuing Education for Physicians. (Geneva, Switzerland, 1973, p. 5)

⁴Trends Affecting the U.S. Health Care System. Washington, D.C., U.S. Govt. Printing Office, 1975, p. 394)

⁵Continuing Education Guidelines for State Nurses' Association, (Kansas City, ANA, 1974, pp. 1-2)

⁶T.G. Whittaker, The Issue of Mandatory Continuing Education, Nursing Clinics of North America, 9:475-483, 1974.

⁷K. Rockhill, In Opposition to Mandatory Continuing Education in Issues of Adult Education, (San Francisco, Jossey-Bass, in press.

relicensure may be sanctioned by loss of the right to practice. Inherent in the mandatory continuing education laws are the assumptions that knowledge gained will be applied in the professional's practice and that the amount of educational time required for relicensure is sufficient to prevent outdated or incompetent practice.⁸

The problem of continuing education to insure continued competence is a complex one. In 1975, California required by law that nurses take courses in continuing education, not to exceed thirty hours every two years.

The idea sounded good in theory: nurses could take continuing education in order to keep up with rapid changes in medicine. At the same time they would be upgraded in the knowledge and skills that could promote career mobility. But today both nurses and state officials agree there is no proof the program has produced better health care or greater nursing competence.⁹

The law, in fact, has spawned a large continuing education industry that goes largely unmonitored because the nursing board lacks funds and staff to police the industry.¹⁰ The Board of Registered Nursing suggests that

⁸C. Rizzuto, "Mandatory Continuing Education", Journal of Continuing Education in Nursing, 1982, May-June 13(3) 37-43

⁹N. Peterson, How Licensure Affects Nurses, (California, The BRN Report, 1983, Spring 1(1) 1. 3-6)

¹⁰Ibid.

voluntary rather than mandatory education may be more effective in motivating nurses to make thoughtful choices. The Board has recently decided to seek legislation to repeal mandatory continuing education requirements for all healing arts practitioners.

In response to this suggested legislation, a survey of the nurses this bill may affect relative to their opinions of the value of continuing education as a mandate for licensure, would certainly seem to be in order.

STATEMENT OF PROBLEM

As stated earlier, California, in 1975, adopted a law requiring California nurses to take courses in continuing education, not to exceed thirty units every two years. The original idea of mandatory continuing education requirements sounded good in theory. But, in 1983 the Board of Registered Nursing has suggested that voluntary rather than mandatory education may be more effective in motivating nurses to make thoughtful choices. Recent legislation to repeal mandatory continuing education requirements for all healing arts practitioners is under consideration.

A survey of licensed nurses in California would add to the current knowledge of registered nurses' attitudes toward repealing mandatory education. The purpose of this project is to prepare and conduct such a study. To achieve this goal a survey was prepared and administered. The

objectives for conducting a survey of registered nurses in Southern California were as follows:

- 1) To record the percentage of nurses in favor of and opposed to mandatory continuing education requirements.
- 2) To discover if a significant number of nurses would be in favor of returning to voluntary continuing education.
- 3) To determine what nurses perceive the overall quality of the professional continuing education they have been involved with to be.
- 4) To compile the data regarding the above objectives and submit these results to the California Board of Registered Nursing.

REVIEW OF LITERATURE

The idea of lifelong learning is as old as the organized practice of nursing. Houle¹¹ states that there have always been nurses with "inquiring minds" who have learned, either on and off or continuously throughout their professional lives. Frequently it seems that this learning on the part of nurses is incidental, not planned. According to Schoen,¹² from the beginning of organized nursing, many nurses have participated in available continuing education

¹¹C.O. Houle, The Inquiring Mind, (Madison, Wisconsin, the University of Wisconsin Press, 1961.)

¹²Delores C. Schoen, The Views of Illinois Nurses Toward Requiring Continuing Education for Relicensure, (Journal of Continuing Education of Nursing, Vol. 13, No. 1, 1982) p. 28

activities because of an interest in the content and a desire for self-improvement, even though historically, faculty members of schools of nursing often failed to stress the necessity of lifelong learning for professional practice. It may be expected, therefore, that the use of continuing education will expand as the concept of lifelong learning for professional practice is incorporated into basic nursing curricula.¹³

The need for continuing learning is widely recognized in order to keep up to date in current nursing practice.¹⁴ However, a current concern in nursing is the issue of voluntary vs. mandatory continuing education.

The American Nurses Association¹⁵ broadly defines continuing education as a "planned learning process which builds on and modifies previously acquired knowledge, skills and attitudes." Voluntary continuing education then is the education beyond initial education in which the nurse participates on his/her own initiative, without outside pressures from an employer or licensing body. On the other hand, mandatory continuing education is defined as

¹³S.S. Cooper, Continuing Education: Yesterday and Today, (Nursing Education 3:25-29, Jan.-Feb. 1978)

¹⁴F. Bell and P. Rix, Attitudes of Nurses Toward Lifelong Learning, (Continuing Education in Nursing 10:15-20, Jan.-Feb. 1979)

¹⁵American Nurses Association, Philosophy of Continuing Education, Paper prepared by Council on Continuing Education, August, 1978

continuing education taken to meet a legal requirement.¹⁶

It means that a nurse seeking relicensure must show evidence of having successfully completed the amount of continuing education units specified by law.

Numerous leading nurses have supported the idea of mandatory continuing education. For example, Allison wrote, "I have come to believe that legislating continuing education as a requirement for renewal of a license is the most desirable course to take. Although I believe each person is responsible for his own continued learning, my years of experience in nursing service and with nurses, lead me to the realistic conclusion that such a belief does not, ipso facto, make it so."¹⁷

Not all nurses agree with the Allison viewpoint. Cooper took the opposite view in her writings. She stated, "Only the nurse practitioner can determine his own learning needs, for these are specific for the responsibilities he has in the position he holds his past experience, and his educational background...Many nurses learn what they need to know to be skilled practitioners through personal investigation, observation, discussion with peers and colleagues, and library study. Yet, in the establishment of mandatory requirements there appears to be no satisfactory way to

¹⁶Op cit Schoen, pp. 29-30

¹⁷E.W. Allison, Should Continuing Education be Mandatory? (Am.J. of Nsg. 73:443, March, 1973)

equate such informal, unstructured methods to learn with more traditional ones."¹⁸

Various studies have been done asking nurses about their views toward requiring continuing education for relicensure. Mathews and Schumacher,¹⁹ in their study of registered nurses in two different hospital settings in a southern metropolitan area, found that ninety-six percent of their 150 respondents believed that credit or continuing education units should be awarded for participation in continuing education units should be awarded for participation in continuing education activities. Only forty-eight percent of all respondents "strongly agreed" or "agreed" that continuing education credits should be required by state law for nursing licensure renewal. Twenty-four percent "disagreed" or "strongly disagreed" and twenty-eight percent were "uncertain" as to their opinion. Schoen²⁰ surveyed three classes of nurses taking a health assessment course offered by a midwest community college. In response to a question concerning approval or disapproval of legislation requiring continuing education as a condition

¹⁸S.S. Cooper, Should Continuing Education be Mandatory? (Am. J. of Nrsg., 73:442, March 1973)

¹⁹A.E. Mathews and S. Schumacher, A Survey of Registered Nurses: Conceptions of and Participation Factors in Professional Continuing Education, (Cont. Ed. in Nursing, 10:21-27, Jan.-Feb. 1979)

²⁰D.C. Schoen, Lifelong Learning: How some Participants See it, (J. Cont. Ed. Nsg. 10:3-16 Mar.-Apr. 1979)

for relicensure to practice nursing, forty of the fifty-eight respondents approved or strongly approved, ten disapproved or strongly disapproved and eight were uncertain.

The above research studies involved hospital and class surveys. It is somewhat difficult to draw conclusions from these groups because these groups are not usually representative of nurses as a whole. Some printed studies, though, have obtained more representative samples. Peay²¹ conducted a survey of 1,200 registered nurses licensed in the state of Utah. In this study, seventy-seven percent indicated they thought mandatory continuing education for relicensure would become a reality within the next five years. Fifty-six percent said they would be in favor of it. Mattson²² surveyed a random sample of 150 registered nurses in a district nurses association in Texas. Of the 114 nurses responding, sixty-eight percent favored voluntary continuing education, twenty-three percent favored mandatory continuing education and three percent favored both. Mattson also looked at the relationship between educational level and attitude toward mandatory continuing education, and found that nurses with a college degree were less favorable

²¹M. Peay, CE News, Nursing Study to Determine Impact of Continuing Education, (J. Cont. Educ. Nsg. 10:51, 1979.)

²²D. Mattson, Voluntary or Mandatory Continuing Education? (J. Cont. Educ. Nsg. 5:24-29, 1974)

toward voluntary continuing education than those with less education.

From the review of the literature it appears that no obvious solution is available to the question re: voluntary versus mandatory C.E. requirements. Difficulty still exists in determining whether C.E. requirements improve the quality of care delivered by professional nurses.

PROCEDURES

The population for this study was composed of registered nurses and licensed vocational nurses attending Continuing Education courses sponsored by Nursing Education Associates, Inc. Completed surveys were received from 415 licensed nurses. The sample was obtained during the months of April, May, June, and July, 1984.

The sample was selected from among the participants that attended various courses offered throughout Southern California. Those attending these courses were offered the opportunity to complete a questionnaire. Permission was obtained from Marilyn Van Slambrook, President of N.E.A. to attend the classes sponsored by N.E.A. and to distribute the questionnaire to those who volunteered to complete the questionnaire. Refer to Appendix 1 entitled "Survey Instrument".

The questionnaire survey instrument consisted of nine items.

- 1) name (optional)

- 2) date questionnaire completed
- 3) type of California nursing license held by participant
- 4) nursing work status
- 5) number of nursing C.E. courses taken in past two years
- 6) overall quality of those courses
- 7) opinion regarding the elimination of mandatory C. E. requirements for nursing relicensure
- 8) opinion regarding returning to voluntary continuing education
- 9) comments (optional)

The completed questionnaires were coded and the responses tabulated. Statistics were compiled to determine the percentages of responses obtained from RNs and LVNs to the survey instrument items requiring a yes or no answer.

Variances were determined for the survey instrument items requiring a quality rating. Chi-square calculations were also determined for the RN and LVN responses to the survey items.

A comment regarding the conclusions and recommendations was made.

A copy of the results was to be mailed to the nursing licensing boards in California.

RESULTS

To the question regarding the numbers of Registered Nurses and Licensed Vocational Nurses completing the survey, the results were as follows:

299 RNs

114 LVNs

The work status breakdown was:

230 full-time

106 part-time

63 retired

11 inactive

NUMBER OF COURSES	NUMBER OF RESPONSES
1	9
2	28
3	46
4	60
5	81
6	72
7	15
8	24
9	6
10	29
12	7
13	1
14	1
15	1
20	1
30	1

NUMBER OF C.E. CLASSES TAKEN IN PAST TWO YEARS BY
NURSES COMPLETING SURVEY INSTRUMENT.

TABLE 1

Table 1 reports the breakdown of the results received when the nurses reported the number of CEU courses they had taken during the past two years.

	L.V.N.	R.N.
GOOD	92	249
FAIR	22	46
POOR	0	6

C.E. COURSE QUALITY RATINGS GIVEN BY RNs AND LVNs

TABLE 2

Table 2 reports the RN and LVN response to the overall quality of the courses taken.

	L.V.N.	R.N.
YES	60	107
NO	53	185

RN AND LVN OPINION REGARDING DELETION OF MANDATORY

C.E. REQUIREMENTS

TABLE 3

Table 3 shows the answers of RNs and LVNs when asked if they would be in favor of eliminating the mandatory continuing education requirements for California nurses.

	L.V.N.	R.N.
YES	97	246
NO	17	45

RN AND LVN RESPONSE OF WILLINGNESS TO VOLUNTARILY PURSUE
C.E. COURSES

TABLE 4

Table 4 records the results of the question about nurses' willingness to voluntarily enroll in continuing education classes should the mandatory status be removed.

SURVEY ITEM	CHOICES	R.N.	L.V.N.	VARIANCE
6	GOOD	249	92	$\pm 2.5\%$
6	FAIR/POOR	52	22	
7	YES	107	60	$\pm 2.5\%$
7	NO	185	53	
8	YES	246	97	$\pm 2.5\%$
8	NO	45	17	

VARIANCE CALCULATIONS FOR SURVEY INSTRUMENT ITEMS 6, 7 & 8

TABLE 5

Calculations appear in Table 5 for variance of items six, seven and eight.

SURVEY ITEM NUMBER	CHOICES	R.N.	L.V.N.	CHI-SQUARE DISTRIBUTION
6	GOOD	249	92	.230839
6	FAIR/POOR	52	22	
7	YES	107	60	9.102066
7	NO	185	53	
8	YES	246	97	.019225
8	NO	45	17	

CHI-SQUARE CALCULATIONS FOR SURVEY INSTRUMENT ITEMS 6, 7 & 8

TABLE 6

Chi square calculations for items six, seven, and eight are reported in Table 6.

ANALYSIS OF RESULTS

As illustrated in TABLE 2, eighty-one percent of the LVNs rated the quality of the continuing education courses as GOOD; nineteen percent rated the quality as FAIR. Of the RNs answering the same question, eighty-three percent said their courses were GOOD; fifteen percent rated them as FAIR and two percent gave the courses a POOR rating. In both cases over eighty percent of the respondents rated their CE courses in the GOOD category.

As illustrated in TABLE 3 when the nurses were asked if they would be in favor of omitting mandatory continuing education requirements the results were less skewed. On the LVN side, fifty-three percent were in favor of the above proposal and forty-seven percent were opposed. However, only thirty-seven percent of the RNs were in favor of eliminating the mandatory continuing education requirements, while sixty-three percent were opposed to the proposal. The RN response could indicate a desire on the RN part not to "water-down" the requirements to maintain the status they had earned by successfully becoming RNs.

When asked if they would voluntarily take continuing education courses, LVNs responded as follows: eighty-five percent YES and fifteen percent NO. The responses of RNs were identical: eighty-five percent YES and fifteen percent NO. Both groups responded favorably eighty-five percent of the time, while fifteen percent of both groups stated they

would not voluntarily pursue CE courses if the mandatory requirements were eliminated.

From a review of TABLE 5, it can be shown that the variance in each case is less than ± 2.5 percent. The value for the variance calculated in TABLE 5 is an approximation to the true variance. It can be shown that the true variance is always less than the value calculated. Analyzing the data, the true variance is within five percent or two sigmas of the computed average ninety-five percent of the time. Therefore the data analyzed has a ninety-five percent chance of being accurate within \pm five percent.

TABLE 6 illustrates the chi-square calculation. The results for test item six are .230839. Item seven results are 9.102066 and item eight results for chi square is .019225. Items six and eight indicate a weak correlation indicating that it appears to make little difference if an RN or LVN answered the question. However, item seven appears to show a distinct difference between the responses of the RN and LVN, perhaps indicating that RNs have an increased desire to maintain the educational status they have attained by continuing to support the mandatory status of continuing educational requirements. Perhaps the need to update and remain current in modern practices is greater in their eyes.

CONCLUSIONS AND RECOMMENDATIONS

Generally the results of the questionnaire indicated that the majority of nurses would be in favor of the mandatory continuing education requirements for relicensure. The overall quality appraisal of the courses they had taken in the past two years indicated that most were satisfied with the courses. Many nurses volunteered comments regarding their dissatisfaction with the high cost of courses. Some reflected back to the days when courses were free and the quality was just as good as today.

From the responses calculated to questionnaire item number seven, perhaps an item ascertaining the educational level of each nurse would have been appropriate. Then a more valid conclusion could have been made regarding the percentages obtained in the YES and NO responses of each type of nurse.

As stated in the first part of this paper, the nurses that completed the questionnaire were attendees of continuing education courses offered by Nursing Education Associates. Some bias is present because the sample is one of convenience. The sample group is a captive audience of nurses who are in the process of meeting their mandatory CE requirements for relicensure.

To obtain less biased results, perhaps a survey of all licensed nurses in California should be attempted. This could be done through the licensing boards for RNS and LVNs.

- (1) NAME: (optional) _____
- (2) TODAY'S DATE: _____
- (3) I am currently licensed in California as a/an:
_____ R.N. _____ L.V.N./L.P.N.
- (4) My nursing work status is:
_____ full-time _____ part-time _____ retired
- (5) Number of Continuing Education courses related to nursing I have taken during the last two years:

- (6) Overall quality of the continuing education courses related to nursing I have taken within the last two years:
_____ GOOD _____ FAIR _____ POOR
- (7) Would you be in favor of eliminating the mandatory continuing education requirements for nurses in California?
_____ YES _____ NO
- (8) If mandatory continuing education requirements for nursing relicensure was eliminated in California, would you take continuing education courses on your own?
_____ YES _____ NO

COMMENTS:

THANK YOU!

Appendix 1. Survey Instrument.

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