

A SURVEY OF RESOURCES FOR CONTINUING EDUCATION IN
NURSING IN NORTHEASTERN ONTARIO

by

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ABSTRACT

This descriptive study focuses on resources for continuing education in nursing in Northeastern Ontario. Technological and scientific changes in health care delivery make it imperative for nurses to keep abreast of new knowledge in their area of work. The obligations of effective performance, which are both expected and increasingly demanded by regulatory agencies and the public, can only be met through systematic continuous learning in the art and science of the profession. A program of continuing education in an appropriate setting is essential for nurses to maintain satisfactory standards of performance.

The present study is concerned with the establishment of such a program for nurses in Northeastern Ontario within the framework of a regional plan. The purposes of the study are to identify available resources for continuing education in nursing in Northeastern Ontario, and analyze the identified resources in terms of their potential contribution to an overall regional plan of continuing education. Some simplifying assumptions with respect to the goals and needs of continuing education in nursing are made to facilitate subsequent analysis.

An extensive literature review supports the approach of establishing a program of continuing education

in nursing on a regional basis. On this basis, a suggested plan of organization of continuing education in nursing in Northeastern Ontario is appended to the study, its aim being to facilitate regional planning.

Available resources for a program of continuing education in nursing in Northeastern Ontario were identified using the descriptive survey research method. Mail questionnaires of the mixed type served as the basic instrument for data collection. The questionnaires were developed around three main categories of resources--human and physical resources, and educational materials.

For convenience, it was decided to carry out the survey based on the administrative districts of the Region. The subjects surveyed included institutions, agencies and professional associations which are considered potential resources for a program of continuing education in nursing in Northeastern Ontario. The sample elements for the survey were hospitals, public health units, voluntary agencies, radio and television stations, educational institutions, public libraries and professional associations. A descriptive analysis of the data collected centred around the categories of resources both at the regional and district level. A directory of the available resources in the Region is also appended to the study. The data were obtained from 54 completed questionnaires returned by respondents

out of the 75 contacted. Based on the 72 per cent response result, the major finding of the survey is that human and physical resources and educational materials for continuing education in nursing in Northeastern Ontario on a regional basis are inadequate in terms of number of institutions or agencies which possess such resources. An overall assessment of the adequacy of the resources indicated that disparity exists between districts in all currently available resources. Within districts availability of resources also varies. Some districts are without certain categories of resources. The survey also reveals that there is a high level of interest (91 per cent of respondents) in continuing education in nursing within the Region. An overall plan of continuing education in nursing must pay special attention to filling these inadequacies in order to ensure an effective program.

The writer acknowledges the limitations of the study and no attempt is made to generalize the results beyond the Region of Northeastern Ontario. Finally, the study concludes with recommendations.

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CHAPTER I

INTRODUCTION

Modern society is characterized by change. The nature, basis and impact of social change was aptly described by Robert Oppenheimer when he stated that:

. . . In an important sense this world of ours is a new world, in which the unity of knowledge, the nature of human communities, the order of society, the order of ideas, the very notions of society and culture have changed and will not return to what they have been in the past. . . . One thing that is new is the prevalence of newness, the changing scope of change itself, so the world alters as we walk in it, so that the years of man's life measure not some small growth or rearrangement or moderation of what he learned in childhood, but a great upheaval.

. . . To assail the changes that have unmoored us from the past is futile and in a deep sense, . . . is wicked. We need to recognize the change and learn what resources we have.¹

Change is a permanent phenomenon in our lives. We are living in a technologically-oriented society with rapid expansion of knowledge. This constant change leads to the swift obsolescence of knowledge. In the field of health care, the impact of scientific and technological changes has been significant. There has been a revolution in the require-

¹Robert Oppenheimer, "Prospects in Arts and Sciences," Perspectives, U.S.A. II (Spring, 1955), 10.

ments and standards of health care. In particular, the changing requirements involve the use of better equipment, facilities and trained personnel consistent with society's expectation of a high level of health care. Thus, there is a constant need in the health sciences to keep abreast of the scientific and technological changes which are taking place so as to ensure that the resources for health care are utilized in an efficient way.

To keep abreast of change and to prevent obsolescence one needs to learn continuously. Continuing education is one way--a very important way--of meeting this challenge. This role of continuing education has been succinctly described by Curtis.

. . . Basically the need for continuing education emerges from the phenomena of change: Change in what is known about man and how he functions in health and illness; change in the ways in which people meet the challenge to survive in a dynamic age; change in the objectives, organization and financing of health services. Professional roles are altered as society changes and as new knowledge and technologies emerge. The individual who wishes to avoid obsolescence cannot leave to chance his acquisition of new knowledge or his ability to adapt to changing demands. He must meet the challenge of change actively or the world will pass him by.²

²Frieda Curtis, et al., Continuing Education in Nursing (Boulder, Colorado: Western Interstate Commission for Higher Education, 1966), p. 1.

The constancy of change then emphasizes the need for continuing education. Educational opportunities to deal with these changes "must be made available and accessible to the nurse practitioners, wherever they are, educationally and geographically."³

The Problem

An important general need in the provision of health care in modern society is the improvement of the quality of health services. This requires the upgrading and application of knowledge. Nurses occupy a vital position in any health services program. To achieve high standards of performance in their profession and for self-development it is necessary that they do have access to continuing education. The successful establishment of a program in continuing education in nursing depends on the available resources and their adequacy. The available resources need to be identified and analyzed for their potential contribution to an overall plan for continuing education for nurses within a region.

This study is concerned with the problem of identification and analysis of available resources for continuing education in nursing in Northeastern Ontario.

³Signe Cooper, "Sub Regional Planning for Continuing Education in Nursing," in Proceedings: Conference on Continuing Nursing Education (Vancouver, Health Sciences Centre, School of Nursing, University of British Columbia, June 29, 1969), p. 27.

Assumptions

This study is based on the following assumptions:

1. That there is a need for continuing education in nursing in the region of Northeastern Ontario.
2. That the nurses are interested in availing themselves of the opportunity for continuing education in the region of Northeastern Ontario.
3. That regular nursing programs in the Region are not designed to meet the education needs of graduate nurses and these nurses do not have access to courses that will
 - (a) prepare them for the level and demands of the work they are asked to do, and
 - (b) keep them up-to-date on developments in nursing care, the nursing profession and the health care system.
4. That a university has the responsibility to see that opportunities are provided for the citizens of the community it serves to continue their education.⁴ In particular, the School of Nursing

⁴Elda Popiel, "Continuing Education: Provider and Consumer," American Journal of Nursing, LXXI (August, 1971), 1586.

at Laurentian University must provide opportunities for the nurses in that community to upgrade their knowledge and skills.⁵

5. That a comprehensive regional plan constitutes the most effective way of planning for continuing education for nurses.⁶

Statement of Purpose

It has been assumed that there is a need for continuing education in nursing in the region of Northeastern Ontario. It has also been assumed that this need can be met effectively through a regional plan for continuing education.

This study focuses on resources for continuing education in nursing in Northeastern Ontario. Its purpose is to identify the available resources for continuing education in nursing in the region.

Specifically, the study is designed to:

1. Identify available resources for continuing education in nursing in the region of Northeastern Ontario.

⁵Laurentian/Laurentienne 1974 : 1975. Calendar/
Annuaire and the Philosophy of the School of Nursing,
Laurentian University.

⁶Jerome Lysaught, An Abstract for Action (New
York: McGraw-Hill, 1970), p. 122.

2. Analyze the identified resources in terms of their potential contribution to the overall regional plan of continuing education.

The study uses the descriptive survey method. Mail questionnaires are the basic instrument for the collection of data.

Definition of Terms

For the purpose of this study, the following definitions will be used:

Continuing Education

Continuing education in nursing is defined as any planned educational activity--learning opportunities and/or experiences--directed toward meeting the learning needs of the nurse following basic nursing education, exclusive of full or part-time formal post-basic nursing education.⁷

Inservice Education

Inservice education is defined as those programs administered by an employing agency designed to upgrade the

⁷Patricia Wadsworth, Document on Staff Development (Ottawa: Canadian Nurses' Association, 1972), p. 2.

knowledge and skills of persons functioning within that agency.⁸

Resource

A resource is defined as a means supplying a want; stock that can be drawn on. Possibility of aid.⁹

In this study, resources are those aids--human, physical and material--which can be employed in a regional plan for continuing education in nursing. Examples of resources which would be required for a regional plan for continuing education are nurses and allied personnel provided by the university, community colleges, health agencies and others; physical space and audio visual aids, continuing education programs, the media, public libraries, professional associations and voluntary agencies.

Learning Needs

Learning needs are defined as a deficiency of knowledge, skill, or attitude that prevents an employee from giving satisfactory job performance, or that interferes with his potential for assuming greater responsibilities Existence of a need means that present performance

⁸Jerome Lysaught, From Abstract into Action (New York: McGraw-Hill, 1973), p. 174.

⁹H.F. Fowler and F.G. Fowler, The Concise Oxford Dictionary (Oxford: Clarendon Press, 1964).

should be changed in some way. . . . Change must come through new learning.¹⁰

Program

Program is defined as planned organized efforts directed toward accomplishing major educational objectives.¹¹ In this study program is not synonymous with course. Program is seen as much broader, comprising all the educational offerings provided by a continuing education department.

Need for the Study

All aspects of health care have been affected by the proliferation of scientific knowledge, social changes, professional advances and technological innovations. As a result of these changes the delivery of health care is becoming more complex and there is the danger that ". . . the profession will outdate itself unless continuing education becomes an integral aspect of its professional process."¹² No basic nursing education program can be expected to provide the nurse with all the knowledge she

¹⁰ Training and Continuing Education: A Handbook for Health Care Institutions (Chicago: Hospital Research and Educational Trust, 1970), p. 7.

¹¹ Signe Cooper and Helen Hestad Byrns, A Plan for Continuing Education in Nursing in Five North Central States (Madison: Department of Nursing, University of Wisconsin-Extension, 1973), p. 10.

¹² Malcolm S. Knowles, Letters, Journal of Nurse Administration, III (November-December, 1973), 6.

requires to give quality patient care on a continuing basis. Continuing education in nursing is only one way of seeing that nurses continue to update their knowledge and skills.

It has been frequently suggested that a planned program of continuing education in nursing can be expected to contribute to better patient care, to more effective utilization of health care personnel, and to more creative ways of delivering health services.¹³

To date, the identification of resources as one step in the process of planning for continuing education in nursing in the region of Northeastern Ontario has not been studied. Such a step could be a valuable contribution to the overall plan of continuing education on a regional basis. The present study is undertaken as part of that contribution.

Theoretical Basis for the Study

Regionalization of the organizational structure of continuing education in nursing, with the nucleus at a school of nursing within a university, is essential to ensure an effective program throughout a region.

Without planning and coordination, overlapping and duplication are common, and resources are not used effectively.

¹³Erline McGriff and Signe Cooper, Accountability to the Consumer Through Continuing Education in Nursing (New York: National League for Nursing, 1973), p. 2.

The use of available resources is an important aspect of a regional plan for continuing education. The university needs to look at the resources: faculty, time, money, opportunities, etc., in assessing the feasibility of a regional plan. The university also needs to examine its commitment to the society.

. . . Every college and university is committed to teaching, research and community service. Continuing education encompasses all three of these, but the primary commitment is teaching the adult learner. Thus it is one avenue through which a university can fulfill its mission to its graduates, to the citizens, and to all society. The college or university role in continuing education can be planned on campus, or elsewhere in the state [province] or region.¹⁴

Continuing education in the school of nursing, in the university or college, contributes to each of the three basic functions of these institutions.

Long-range planning for continuing education on a regional or provincial basis prevents the duplication of effort, and uses resources wisely. The existing university centre would make its resources available to the nearby community and at the same time help its nursing and allied personnel to acquire necessary experience in planning continuing education programs.^{14a} A regional plan would thus ensure that available resources for continuing education

¹⁴Popiel, "Continuing Education," p. 1586.

^{14a}See Appendix F for a Proposed Plan for Organization of a Program of Continuing Education in Nursing for the study area.

in nursing are utilized in the most efficient manner. The university centre would develop a philosophy of continuing education in nursing to guide its action.

Philosophy of Continuing Education in Nursing

A philosophy or belief includes all those views by which a man actually guides his actions.¹⁵ The purpose of any philosophy is to ". . . establish a common point of reference, and an integrated viewpoint toward certain beliefs and practices."¹⁶

Each educational institution has its own set of beliefs that guides its action. There are certain beliefs, however, which form the basis of continuing education or adult education.

1. "A philosophy of adult education [must] acknowledge the right and responsibility of nurses to continue learning in their clinical areas of interest."¹⁷

¹⁵ William E. Hockin, Types of Philosophy (New York: Charles Scribner's Sons, 1929), p. 1.

¹⁶ Paul Bergevin, A Philosophy for Adult Education (New York: The Seabury Press Inc., 1967), p. 3.

¹⁷ Registered Nurses' Association of Ontario, Guidelines for Establishing Clinical Programs for Registered Nurses (Toronto: Registered Nurses' Association of Ontario, 1972), p. 3.

2. Inherent in any basic educational programs should be the concept of life-long learning.
3. "Continuing education is primarily the responsibility of the individual nurse and is only one means by which nurses can maintain competence, exercise leadership in effecting changes in health care deliveries and achieve career satisfaction."¹⁸
4. The nurse as an adult learner should have the opportunity to take part in planning her learning programs.
5. "A wide variety of learning techniques, resources and approaches appropriate for the adult learner are necessary with the program which should allow for individual development of each learner based on his/her learning needs."¹⁹

Any program of continuing education must reflect the philosophy of the school or department of which it is a part. It must also reflect the philosophy of the parent institution.

¹⁸ Registered Nurses' Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia, Part III, Continuing Nursing Education (Vancouver: Registered Nurses' Association of British Columbia, 1973), p. 7.

¹⁹ Registered Nurses' Association of Ontario, Guidelines for Establishing Clinical Programs, p. 4.

Scope of the Study

This study is limited to identifying and analyzing resources for continuing education in nursing in the region of Northeastern Ontario. While the writer realizes that identifying the perceived learning needs of the nurse is the traditional first step to planning a formal program of continuing education in nursing this has not been attempted in the study. Although the method of identifying resources employed in this study may be useful to others no attempt is made to generalize beyond the Region of Northeastern Ontario.

Summary

In the contemporary world, nurses have to function in a dynamic and constantly changing environment brought about by the influence of scientific, technological and social changes. Health care is a major field in which the impact of these changes has been and will continue to be felt. If nurses, as important members of any health care scheme for a society, are to continue to maintain satisfactory standards of performance and not lag behind the changing times continuous learning in an appropriate setting through a program of continuing education is essential.

The present study is concerned with the establishment of such a program for nurses in Northeastern Ontario

with special reference to identification and analysis of available resources. In doing this the writer has made some simplifying assumptions to facilitate subsequent analysis, and has also deviated somewhat from the usual procedure in investigation and study of Continuing Education in Nursing. While these and other limitations are recognized, implementation of a program of continuing education in nursing in Northeastern Ontario within the framework of a regional plan is stressed. Some ideals or philosophy which could guide such a program are cited.

CHAPTER II

REVIEW OF THE LITERATURE

Continuing Education in General

Continuing education is synonymous with adult education. It

. . . extends the instructional opportunities within a university [and/or college] to individuals not enrolled in a formal education program. It is an organized effort in which the element of chance in learning is reduced by means of systematic learning, and it generally involves the active participation of the learner instead of passive listening, viewing, or random reading.¹

Continuing education for anyone is basically what the term implies--a life-long learning process. For the professional, it is essential to maintaining competence in practice. Life-long learning also includes those activities which enhance personal development and which enable the individual to discharge his responsibilities as a citizen.

Adult education is an essential component of any nation's policy for coping with the challenges of change

¹Elda Popiel, "How One Continuing Education Program Developed," in Betty H. Gwaltney, ed., Proceedings Book of the National Conference on Continuing Education for Nurses (Williamsburg: School of Nursing, Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University, 1969), p. 114.

and improving the quality of life.

. . . The necessity of bringing it within recognized state structure of education and allowing it open access to the facilities of schools and universities have been recognized.²

. . . Nothing will suffice than that people everywhere should come to accept adult education as a norm, and that governments should treat it as a necessary part of educational provision of every country.³

The idea of the desirability of life-long learning is not new. In 1919, the report of the Ministry of Reconstruction, Adult Education Committee in Great Britain stated that learning was both "necessary and life-long."⁴ It is therefore a recognized fact that learning is a life-long process⁵ and that adult education, in any society, must be formally incorporated into any nation's educational policies and budgets.⁶

²UNESCO, A Retrospective International Survey of Adult Education, Montreal 1960 to Tokyo 1972, Third International Conference on Adult Education (Tokyo: UNESCO/CONFEDAD 4, 1973), p. 9.

³Ibid., citing UNESCO Second World Conference on Adult Education (Paris: UNESCO, 1960), p. 9.

⁴UNESCO, A Retrospective International Survey of Adult Education, p. 13.

⁵Ibid., p. 22.

⁶UNESCO, Learning To Be (London: Harrap, 1972), p. 201.

Evolution in education is closely linked to that of social and economic factors. Therefore, educational strategy can only play its part effectively if it is constantly related to the totality of national aspirations, needs and resources. Every individual must be in a position to keep learning through his life. The "idea of life-long education is the keystone of the learning society."⁷

The Adult Learner

It may be assumed that most adults are self-directing. Malcolm Knowles has distinguished between the concepts of pedagogy (the art and science of teaching children) and andragogy (the art and science of helping adults to learn). Andragogy is based on certain assumptions about the adult as a learner. These include:

1. That adults are self-directing. Of importance to this assumption is that the adult has freedom of choice, is treated as an adult capable of making decisions. In the learning situation the atmosphere should be one of informality and mutual respect.
2. That adults can self-diagnose. That is, given the chance for comparison with others, the adult

⁷Ibid., p. 205.

can diagnose his own strengths and weaknesses.

Therefore, he is capable of determining his own needs for learning.

3. That adults should be involved meaningfully and relevantly in the planning of their own learning.⁸

An important part of any learning process is the concept of evaluation. According to the principles of andragogy adult learners must engage in the "process of assessing the remaining gaps between the competencies they want to have and the competencies they do have. The adult, therefore, undergoes the same process as for self-diagnosis."⁹

The adult learner is a rich resource for learning. He comes to the learning situation with his life experiences from which he derives his self-identify. These experiences must be incorporated into the educational plan to make the learning process worthwhile for the adult learner. Teaching techniques that allow the learner to draw on his experiences should be used in meeting stated educational objectives. Some of the teaching techniques include

⁸Malcolm S. Knowles, "Continuing Education for the Professionals," in Betty H. Gwaltney, ed., Proceedings Book of the National Conference on Continuing Education for Nurses (Williamsburg: School of Nursing, Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University, 1969), p. 16.

⁹Ibid., p. 16.

simulation exercises, laboratory training, case studies, critical incident process, community action projects, and small group discussions.

An adult comes into the learning situation wanting to learn something new that will help him solve a problem with his job tomorrow. "His time perspective in regard to learning is one of immediate application, and his orientation to education is problem-centered."¹⁰ This implies that the organizing principles of the curriculum for the adult learner should be problem-oriented rather than subject-oriented. The relevance of the new learning tasks to the existing needs and interests of the learner must be established. The participants at a conference on continuing education for the professions agree that continuing education depends on undergraduate or preparatory training.¹¹ This training should foster the concept of continuing education or life-long learning, and the acquisition of learning skills rather than simply the acquisition of information.

Continuing Education in the Health Professions

Continuing education is being given increasing emphasis within the health field. Rapid changes in science

¹⁰ Knowles, "Continuing Education for the Professionals," p. 20.

¹¹ Ontario Institute for Studies in Education, Continuing Education in the Health Professions (Toronto, Ontario, 1970), p. 9.

and technology demand that the professional seeks means to keep-up-to-date.¹²

Houle states that

. . . even more disconcerting is the expression of a growing public hostility toward the several professions because of the alleged incompetence or self-satisfaction of their individual members, faults which better continuing professional education might have helped to prevent.¹³

The rapid changes and complexity of health care make it unsafe to assume that a basic professional education will provide sufficient knowledge and skills for the professional. Today, knowledge gained through a basic educational program becomes obsolete within a short time.¹⁴

A survey of medical societies, hospital associations, state departments of health, health insurance groups and planning representatives showed that "90% agreed to the proposition that social change and technological advances will increase the emphasis on continuing education. . . ."¹⁵

The American Pharmaceutical Association states that

¹²Donald R. McNeil, "Structuring for Continuing Education in Nursing within the University," Journal of Continuing Education in Nursing, 1 (July, 1970), 8.

¹³Cyril O. Houle, "To Learn the Future," Medical Clinics of North America, LIV (January, 1970), 5.

¹⁴"Continuing Education--Life-Long Learning," Journal of Continuing Education in Nursing, V (March-April, 1974), 5.

¹⁵Lysaught, From Abstract into Action, p. 174.

. . . for many years reliance has been placed on the process of registration and licensure as a means of assuring competence of health professionals to serve the public. In the process of these screening mechanisms, it has been assumed with rare exceptions that an individual initially registered or licensed would continue to possess competence to practice. This assumption is now being questioned not only by many members of the professions but also by the general public. The issue of continuing competence of professionals to practice is influenced by various factors, such as the rapid and numerous scientific and technological developments during the past several decades, the increasing numbers of persons seeking health care, the changing patterns in the management and delivery of health care, and the growing recognition of the need to protect the public from unqualified personnel, a recognition that is shared by an expanding proportion of the health professionals themselves. . . . 16

Two basic factors on which continuing competence depends are:

1. Possession by the individual of a body of current and up-to-date knowledge in the speciality in which the individual practices.
2. Adequate and appropriate performance in a manner consistent with established professional knowledge and procedures. Involvement on the part of the practitioner in continual learning to advance his knowledge and his ability to understand and use newly-developed concepts is one way of maintaining continuing competence.¹⁷

¹⁶American Pharmaceutical Association, Report of the Task Force on Continuing Competency in Pharmacy, The Continuing Competence of Pharmacists (Washington, D.C.: American Pharmaceutical Association, 1974), p. 1.

¹⁷Ibid., pp. 2-4.

Continuing Education in Nursing

"Evolving care delivery and changed nursing roles, have mandated some form of continuing education for all practitioners."¹⁸ As standards of health care and consumers' expectations rise, it becomes evident that quality health services cannot be rendered without the participation of well-qualified nurses who systematically build upon their basic nursing education through life-long learning in the art and science of their profession.

. . . The quality of health care depends to a large degree on the knowledge, skills, and attitudes of practicing nurses. With the emergence of new knowledge, technologies and continuing social change, a concerted effort is necessary to assist nurses in (1) maintaining and improving their practice; (2) promoting and exercising leadership in effecting change in health care delivery systems; and (3) fulfilling individual aspirations.¹⁹

Programs of inservice education probably account for the largest number of nurse learners and are the most prevalent form of continuing education.²⁰ It is only one way of assuring that the nurse acquires new knowledge to function competently in her area of work. The responsibility

¹⁸Lysaught, From Abstract into Action, p. 175.

¹⁹Landmark Statement, American Nurses' Association, "Standards for Continuing Education in Nursing," Journal of Continuing Education in Nursing, V (May-June, 1974), 33.

²⁰Dorothy J. Hutchinson, "Inservice Education: Is it Really 'In?'" Journal of Continuing Education in Nursing, 1 (May, 1970), 33.

for this aspect of continuing education for its employees rests with the employing agency.²¹

No program of basic nursing education, whatever its type or quality, could possibly encompass all that the practitioner will need to know for skilled practice throughout a life time career.

. . . For continuing practice, the emphasis is placed upon the necessity for each practitioner . . . teacher, engineer, doctor or nurse . . . to keep skills and competencies current with the growth of knowledge in each field.²²

Nursing is not exceptional among the professionals today in granting a one-time license that, "although renewed periodically, authorizes the individual to practice over a life time without any requirement of demonstrated continuing maintenance of competence. . . ."²³ In its Brief to the Royal Commission on Health Services the Canadian Nurses' Association (CNA) urged that ". . . governments and other employing agencies recognize that basic education in nursing prepares nurses for beginning positions only and that further

²¹Registered Nurses' Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia, Part III, p. 5.

²²Journal of Continuing Education in Nursing, IV (July-August, 1973), 31, citing "Avenues for Continued Learning," American Nurses' Association, 1967.

²³Ruth McHenry, ed., Ends and Means: The National Conference on Continuing Education in Nursing (Syracuse University: Publication in Continuing Education, May, 1971), p. 15.

education is necessary to prepare expert nursing practitioners, head nurses, supervisors, teachers. . . ."²⁴

Flaherty interviewed a variety of individuals on the issues related to continuing education in nursing. The results showed that "there was unanimity among those interviewed regarding the need for continuing education for nursing practitioners at all levels, and this was seen as a major issue in nursing today."²⁵ She concluded that "an overwhelming majority of nurses saw the need for and were interested in continuing education; and over one-half of them recognized this need at the time of graduation from the basic nursing course and others became interested later."²⁶ A 1968 survey of the graduates of the University of Toronto basic degree program showed that "approximately 10% of those who had graduated before 1961 stated the lack of competence they felt in their present position was not due to inadequacies in their basic preparation but to the need for new knowledge; 28% of all active nurses were interested in

²⁴Canadian Nurses' Association, Brief to the Royal Commission on Health Services, Recommendation K (Ottawa: The Association, 1962).

²⁵M. Josephine Flaherty, Enquiry into the Need for Continuing Education for Registered Nurses in Ontario (University of Toronto: Unpublished Master's Thesis, 1965), p. 50.

²⁶Ibid., p. 74.

continuing education opportunities to keep abreast of advances in nursing."²⁷

The professional nurses' associations and other organizations have also shown interest in continuing education as indicated by official statements, by the publication of the Journal for Continuing Education in Nursing, by the number of national conferences held, and by the number of requests from nurses for workshops, institutes, and other types of educational programs.

Although there is widespread interest in continuing education for nurses, there is no unanimous agreement on the meaning of continuing education for nurses. Uprichard sees continuing education as "including advanced courses at a university or such place for which the staff member is given leave-of-absence."²⁸ Others see continuing education as a life-long process which improves the individual's knowledge and skills and prepares him for work in an ever-changing society, and also a responsibility of the members

²⁷ Continuing Education for Nurses: A Study for the Need for Continuing Education for Registered Nurses in Ontario (Toronto: School of Nursing and Division of Extension, University of Toronto, 1969), p. 27, citing Nora J. Parker, Survey of the Graduates of the University of Toronto Baccalaureate Courses in Nursing (Toronto: School of Nursing, University of Toronto, 1968), p. 34.

²⁸ Muriel Uprichard, "Inservice Education," Canadian Journal of Public Health, LII (February, 1963), 47.

of a profession.^{29,30,31}

Goal of Continuing Education in Nursing

The primary goal of continuing education in nursing is improved patient care "by providing the opportunities for nurses to acquire knowledge, skills and attitudes essential to this end."³²

Olson sees the goal as "... a change in behaviour in the practitioner which contributes to the maintenance and upgrading of quality health care."³³ According to Wadsworth, "... the goal of continuing education programs for nurses is the improvement of patient care, as evidenced by standards of patient care and competence of nursing personnel as members of the health care team."³⁴

²⁹ Caroline S. Dauk, "Inservice Education: Its Application in a General Hospital," Canadian Nurse, LVIII (May, 1962), 419.

³⁰ Kathleen Ruane, "Under Review: Extension Course in Unit Administration," Canadian Nurse, LXI (May, 1965), 390.

³¹ See Also definition of Continuing Education on page 6.

³² Registered Nurses' Association of British Columbia, A Proposed Plan for the Orderly Development of Nursing Education in British Columbia, Part III, p. 7.

³³ Edith V. Olson, "Philosophies of Education. Implications for Continuing Education in Nursing," in Signe Cooper, ed., Critical Issues in Continuing Education in Nursing. Report of a National Conference on Continuing Education in Nursing (Wisconsin: Department of Nursing, October 18-21, 1971), p. 23.

³⁴ Wadsworth, Document on Staff Development, p. 7.

Women and Continuing Education

To date nursing is largely a women's profession. Well over one-half of its members are married. "Re-entry into the profession should be possible for them following the rearing of their families. Continuing education is one answer."³⁵

In Flaherty's study in Ontario, the majority of nurses surveyed professed interest in continuing education. "Only 12% had been so involved at any time since graduation from the basic nursing program."³⁶ Various reasons were given. Home responsibilities was named by one of the groups, financial reasons ranked second, followed by lack of opportunity.

Hottel cites four of the most serious problems for women continuing their education as:

1. Geographic accessibility of appropriate higher educational institutions.
2. Schedule of classes.
3. Financial involvement.

³⁵Helen Mussallem, "Manpower Problems in the Nursing Profession," in Medical Care Insurance and Health Manpower; Proceedings (Quebec: The Canadian Medical Association, 1967), p. 52.

³⁶Flaherty, Enquiry into the Need for Continuing Education, p. 86.

4. Development of adequate home arrangements.³⁷

Cockburn has further listed the obstacles to continuing education for women as:

1. Lack of facilities for pre-school child care.
2. Fear of being unable to cope with study after a long absence from school.
3. Inability to meet course requirements if away from formal study for a long period of time.
4. Rigidity of university admission standards and class schedules.
5. Lack of information regarding job opportunity and the specific skills required.
6. Lack of family funds for tuition and expense incurred, such as baby sitters and housekeepers.³⁸

Some studies^{39,40} reveal that a large number of nurses are interested in re-entering the work force provided, of course, they are helped to do so through refresher courses.

Participants in Continuing Education

In a study done at the University of Wisconsin the researchers attempted to identify the typical nurse attending

³⁷Althea K. Hottel, "Role of the College and University in Providing Continuing Education: From the Viewpoint of the Woman Educator," in Nursing Education, Creative, Continuing, Experimental (New York: National League for Nursing, 1966), p. 31.

³⁸Patricia Cockburn, Women University Graduates in Continuing Education and Employment (Toronto: University of Toronto, 1967), p. 83.

³⁹Idaho Nurses' Association, Nursing in Idaho: A Study of Nursing Needs and Resources (Idaho: Western Interstate Commission for Higher Education and the Mountain States Regional Medical Program, 1969), p. 53.

⁴⁰Samuel S. Dubin and H. LeRoy Marlow, The Determination and Measurement of Supervisory Training Needs of Hospital Personnel: A Survey of Pennsylvania Hospitals (Pennsylvania: The Pennsylvania State University, 1965), p. 41.

their courses. The typical nurse was identified as married, having children and over forty years of age. She is employed full-time as a Head Nurse in a general hospital of 40 to 100 beds. Although she may have been in the present position for less than one year, she has been employed in nursing for more than ten years. Fifty-four per cent of the enrollees travelled fifty miles or more to participate in the program. "Since this means at least 100 miles of total travel and since many of these nurses have family responsibilities, one can assume a fairly high degree of motivation for learning."⁴¹

Other studies show that the main factor which discouraged or prevented nurses from attending continuing education programs away from home was home responsibilities.^{42,43,44} Financial reasons, lack of opportunity for educational pursuits, distance away from home, shortage of staff at the employing agency were other reasons given.

A study in Ontario⁴⁵ showed that three-fourths of all nurses in the province work in public hospitals. Public

⁴¹Signe Cooper and May Hornback, "Profile of the Continuing Learner in Nursing," Nursing Outlook, XIV (December, 1966), 24.

⁴²Dubin and Marlow, The Determination and Measurement of Supervisory Training Needs, p. 45.

⁴³Cooper and Hornback, "Profile of the Continuing Learner," p. 24.

⁴⁴Flaherty, Enquiry into the Need for Continuing Education, p. 86.

⁴⁵Ministry of Health, The Study of and Demand for Registered Nurses and Registered Nursing Assistants in Ontario (Toronto: Queen's Printer, 1972), p. 8.

health agencies employ the second largest group. From this, it can be assumed that the largest percentage of nurses taking part in continuing education would be from the hospital group. Nakamoto and Verner in their review of the literature verify this assumption. They found that "the majority of nurses participating in continuing education programs were full-time employees of hospitals. Supervisory personnel made up the largest single group of participants, with some 40-50 per cent of the participants in this group. Staff nurses were next in frequency, accounting for approximately 40 per cent. A miscellaneous category accounted for 15 per cent."⁴⁶ Most nurses were interested in education programs concerned with current trends in nursing and subjects related directly to the position and fields of nursing in which they were employed. Hospital clinical courses in special fields were the most popular.

In terms of the location of continuing education programs some surveys^{47,48,49} show that the participants wanted the programs to be given in their local communities. Nakamoto

⁴⁶June Nakamoto and Coolie Verner, Continuing Education in Nursing: A Review of the North American Literature, 1960-1970 (Vancouver: Division of Continuing Education in the Health Sciences, University of British Columbia, 1972), p. 23.

⁴⁷Cooper and Byrns, A Plan for Continuing Education, p. 47.

⁴⁸Idaho Nurses' Association, Nursing in Idaho, p. 65.

⁴⁹Dubin and Marlow, The Determination and Measurement of Supervisory Training Needs, p. 41.

also disclosed that a Wisconsin survey of nurses showed that "approximately 73% of the respondents of the study desired refresher courses scheduled as part-time classes with roughly one half preferring a day time schedule; the other half an evening schedule; about 68% of the inactive nurses expressed a willingness to travel but one half would not commute over 10 miles in order to attend refresher courses."⁵⁰

Planning for Continuing Education in Nursing

The American Nurses' Association (ANA) landmark statement on standards for continuing education in nursing states that "the content and structure of continuing education must be flexible in order to meet the nursing practice needs and career goals of nurses. Continuing education programs should be considered equal with other components of the educational system and/or other programs within the sponsoring organization."⁵¹ Planning for continuing education is a cooperative venture involving many different groups and innovative approaches. These efforts cannot be focused in any one agency; rather,

⁵⁰ Nakamoto and Verner, Continuing Education in Nursing, p. 27.

⁵¹ American Nurses' Association, "Landmark Statement, Standards for Continuing Education in Nursing," Journal of Continuing Education in Nursing, V (May-June, 1974), 32.

provincial and/or regional planning are essential. The centre of such a plan would be the university serving that region. The objectives of such a centre would be:

1. Examining region-wide nurses' perceived learning needs.
2. Identifying and analyzing available resources for continuing education for nurses in that region.
3. Developing these resources to meet identified needs of the nurses.
4. Coordinating the utilization of area resources for continuing education.
5. Providing systems for monitoring and evaluating these programs⁵²

A review of the literature shows that a multi-disciplinary approach to continuing education is the most effective way of planning. One of the recommendations of the Carnegie Commission on Higher Education for the Study of Nursing and Nursing Education states that:

. . . in the face of changing health roles and functions, and the interdependence of the health professions, vigorous efforts be taken to have continuing education programs jointly planned and conducted by interdisciplinary teams.⁵³

⁵²Ibid., p. 34.

⁵³Lysaught, An Abstract for Action, p. 122.

One of the recommendations made by the McNally study is that:

. . . efforts should be made to allocate resources for new approaches to continuing education, interdisciplinary programs, implementation of innovation, and the expansion of programs concerned with new knowledge, specific needs of select practitioners, and social and health programs within particular geographic locations.⁵⁴

Responsibility for Continuing Education in Nursing

The assessment of needs, planning and implementation of a program of continuing education in nursing involves participation by a number of key organizations and institutions.^{55,56} These fall into three broad groups, namely:

1. Educational institutions,
2. Employing agencies, and
3. Professional nurses' associations.

These bodies may be called upon to make a contribution to the program at different stages of its evolution or on a continuing basis. The ultimate responsibility for the

⁵⁴ Jeanne M. McNally, Continuing Education for Nurses: A Survey of Current Programs (Missouri: ANA, 1972), p. 44.

⁵⁵ American Nurses' Association, "Landmark Statement, Standards for Continuing Nursing Education," 34.

⁵⁶ McGriff and Cooper, Accountability to the Consumer, p. 3.

program planning, implementation and evaluation, however, rests with the initiating institution.

Educational Institutions

Included in this group are the community colleges and universities with schools of nursing. Each of these institutions is directly involved in developing nursing personnel needs for the health service. Because of their intimate knowledge of the changing environment of nursing practice, they occupy a strategic position in the successful implementation of a program of continuing education in nursing. Such a program may also benefit from the accumulated experience and resources which these institutions may have acquired in developing, implementing and evaluating their regular nursing education programs.^{57,58}

Employing Agencies

Employers of nurses can contribute to the success of a program of continuing education in nursing through cooperation in securing their release from normal duties. Some of the ways in which employers can facilitate participation of nurses in continuing education programs are: reimbursement of or payment of tuition fees, financial

⁵⁷ American Nurses' Association, "Landmark Statement, Standards for Continuing Education," 34.

⁵⁸ McGriff and Cooper, Accountability to the Consumer, p. 3.

assistance to attend programs of continuing education; and provision in agency employment policies for educational leave-of-absence with pay.⁵⁹

Professional Nurses' Associations

The professional nurses' associations have been established not only to define and maintain the ideals of nursing practice and education but also to further the professional and self development of, or participation in continuing education, "based on the standards for nursing and the needs of the nurse."⁶⁰

In addition to the organizations mentioned above, the individual nurse practitioner carries a major responsibility for continuing education. This responsibility is based on a commitment to life-long learning ". . . as a means of personal-professional growth."⁶¹ Ultimately, it is the responsibility of the individual nurse to keep abreast of current knowledge and practice in her profession, and this "must be seen as a personal commitment."⁶² Such

⁵⁹Ibid., p. 4.

⁶⁰Wadsworth, Document on Staff Development, p. 3.

⁶¹Ibid., p. 4.

⁶²Jean Hayter, "Individual Responsibility for Continuing Education," Journal of Continuing Education in Nursing, III (November-December, 1972), 31.

a commitment represents the way in which nurses convey their accountability to society for quality health care services.⁶³

Regional Plan for Continuing Education in Nursing

Regional planning is cooperative planning and action. It is comprehensive, innovative, multi-disciplinary and prevents duplication of efforts and waste of scarce resources. The establishment of a regional planning group and an advisory committee should provide for orderly development of a balanced curriculum based on the needs and resources in the area served. The concept of regional planning or regionalization is not new. It has been used before in hospital planning and nursing education.

As LaMarsh stated,

. . . The concept of regionalization and area planning has much to commend it. It is charged with the responsibility that the needs of the community and district are met in the most reasonable and economic way. . . . Demands for continuing education must be related to the true need and should be carefully analyzed to determine the most effective way of meeting it. The multiplication of facilities does not always represent the most useful use of dollars and personnel.⁶⁴

⁶³ McGriff and Cooper, Accountability to the Consumer, p. 4.

⁶⁴ Judy LaMarsh, "'Community-Conscious,' Politicians Warn Hospital Boards at OHA Annual Convention," Canadian Hospital, XLI (December, 1964), 29.

Community representatives on regional planning groups bring an intimate knowledge of actual local needs that studies made elsewhere may not reveal. The report of the National Commission to Study Nursing and Nursing Education established that:

. . . While the responsibility for continued learning must reside with the individual, we strongly urge that more effective aids be supplied to all health personnel in the future to help meet the accelerating changes in health practice. We recommend that: . . . The state master planning committee for nursing education identify one or more institutions to be responsible for regional coverage of continued education programs for nurses within that area, and further that: . . . federal and state funds be utilized to plan and implement continuing education programs for nursing on either statewide or broader basis. . . .⁶⁵

Regional Medical Programs (RMP) have been developed over the years in the U.S.A. to give continuing education programs based on the needs of their community. Some of these regional programs are: Colorado-Wyoming, Mountain States, Western Pennsylvania and Oregon. There is also the Midwest Continuing Professional Education for Nurses (MCPEN),⁶⁶ Area Health Education Program (AHEC) and others.⁶⁷

⁶⁵Lysaught, An Abstract for Action, p. 122.

⁶⁶MCPEN, MCPEN Regional Survey. A Model for Program Organization for Planning Regional Continuing Education in Nursing (Missouri: MCPEN, School of Nursing, St. Louis University, 1971).

⁶⁷Virginia Conley, and Carol Larson, "Among Regional Medical Programs--An Enquiring Commitment," Journal of Continuing Education in Nursing, 1 (November-December, 1970), 28.

Resources for Continuing Education

In continuing education in nursing, nurses should be able to learn new content, skills and attitudes, to renew and add to knowledge already gained, to investigate new approaches to aid patterns of nursing care and to strengthen their abilities to change their own behaviour, as well as influence the behaviour of others.⁶⁸

Quality patient care requires application of new knowledge, but practitioners must have access to that knowledge. This in turn demands expansion and more effective use of available educational resources. University schools of nursing have the obligation to provide opportunities for the practitioners of nursing to improve their knowledge and skills to cope with the challenge of change.

. . . Changes in definition of nursing practice and nursing education, changes in the environment in which both operate, changes in the need of people for care, each presents a challenge and an obligation This obligation is to make available to practitioners the most current information, methods, attitudes, and trends in clinical and functional nursing specialities.⁶⁹

These factors make it imperative for the universities to discharge their obligation of providing educational opportunities for nurses to enable them to keep abreast of these changes.

⁶⁸Popiel, "Continuing Education," p. 1586.

⁶⁹Alice E. Ingmire, Continuing Education Program, Mimeographed Report (San Francisco: University of California, 1968), p. 1.

Although in the past the major commitment of the university schools of nursing was to the undergraduate and graduate programs, they are now becoming more involved with continuing education and helping to make these educational resources available.⁷⁰ Consequently, continuing education has only recently been made an issue in nursing education. There is now an increase in the number of continuing education courses,⁷¹ "and the more sequential, long-range programs are the products of a relatively few universities."⁷²

In preparation for a regional plan of continuing education in five north central states, Cooper and others delineated certain objectives. One of these objectives is to "identify available materials and resources useful in developing a continuing education program."⁷³ Resources fall under the broad categories of human, physical and educational materials. During the survey of these resources Cooper found that "considerable time was spent by the project staff in searching for these resources within the region."⁷⁴ She concludes that:

⁷⁰ May Hornback, "Issue Paper: Continuing Education, Whose Responsibility?" Journal of Continuing Education in Nursing, II (July-August, 1971), 9.

⁷¹ Guest Editor, "Continuing Education," Journal of Continuing Education in Nursing, II (July-August, 1971), 17.

⁷² Nakamoto and Verner, Continuing Education in Nursing, pp. 17-18.

⁷³ Signe Cooper, "Planning for Continuing Education in the North Central States," Journal of Continuing Education in Nursing, IV (September-October, 1973), 8.

⁷⁴ Ibid., p. 10.

To some extent, locating suitable resources was difficult and frustrating. . . . As a result of our constant review of the literature, awareness of like investigations . . . and discussions with providers of continuing education, we are convinced that much nursing time is spent in similar searches.⁷⁵

The investigation also reveal that many resources suitable for continuing education are available. However, there was reluctance to share these resources because of financial constraints. It seems imperative that as the demands for continuing education increase, emphasis should be placed on using these resources efficiently.⁷⁶ Cooper and Byrns state:

The absence of planning for continuing education in nursing has resulted in scattered, fragmented, inadequately planned and poorly conducted education offerings. There is duplication of efforts in some areas of nursing practice, but no offerings in others. Little attention is paid to geographic distribution of course offerings. Educational resources are not used as effectively as they could be.⁷⁷

It seems also that these resources are frequently poorly used. This may occur because their existence or availability is unknown. If nurses are to benefit from continuing education, resources must be made available to them.⁷⁸ Cooper and Byrns made the following recommendation:

⁷⁵Ibid., p. 11.

⁷⁶Ibid., p. 12.

⁷⁷Cooper and Byrns, A Plan for Continuing Education, p. 7.

⁷⁸Ibid., pp. 16-21.

. . . that existing education resources be made available to nurses, in the community in which the institution is located.⁷⁹

There are a number of educational resources in schools of nursing for their undergraduate programs. These could be made available to practicing and non-practicing nurses in the community. "The gap between available resources and the use of these resources appears to be a wide one. This in part is due to the difficulty that nurses have in locating these resources."⁸⁰

Human Resources

The faculty in the continuing education department should be experts in the field of adult education. This criterion has been identified as one of the main problems in the selection of teachers.^{81,82} If the continuing education department does not have its own faculty this creates an extra burden for the rest of the faculty in the school of nursing. Some university schools of nursing are attempting to solve the problem of shortage of adult educators through

⁷⁹ Ibid., p. 42.

⁸⁰ Ibid., p. 43.

⁸¹ Nakamoto and Verner, Continuing Education in Nursing, p. 43.

⁸² Cooper and Byrns, A Plan for Continuing Education, p. 23.

periods of intensive training courses for nurse faculty.^{83*} Community colleges faculty and other qualified people in the community are ideal resources. The health professions also have an abundance of resource people for continuing education in nursing.⁸⁴

Physical Resources

These include funding and physical space suitable for continuing education programs. Location of programs should be easily accessible to the participants. Rooms in a public library, high school, community colleges, hospitals, and other health agencies are ideal for programs. It is up to the faculty and participants to decide on the most suitable choice of location for a particular program. ". . . Within the constraints of the educational institution in which he is employed, the educator must be selective in determining appropriate facilities for offerings."⁸⁵ These

⁸³"Educational Opportunities for the Nurse-Learner," Journal of Continuing Education in Nursing, V (January-February, 1974), 54.

* Regular section appearing in the Journal of Continuing Education in Nursing.

⁸⁴Barbara Ann Racine, Structure: An Approach to Continuing Nursing Education (University of Alberta: Unpublished Master's Thesis, 1971), p. 47.

⁸⁵Signe Cooper and May Hornback, Continuing Nursing Education (New York: McGraw-Hill, 1973), p. 216.

facilities must be suitable in terms of available space for the number of registrants and also for the quality of teaching or audio-visual aids they offer.

In terms of funding, fiscal support may be either from university budgets and/or participants fees--more ideally both--or from private or government grants. The more firmly based continuing education departments are those which have received considerable financial support from the university.^{86,87} Another important source of funding could be contributions from participants' employers. Such contributions, which should be voluntary, may or may not be in addition to participants' fees. They however, represent one way of expressing employers' interest in improving health care, increasing productivity of employees and promoting their welfare.⁸⁸

Educational Resources

The literature^{89,90,91} reveals that books, periodicals and other written materials remain the most easily

⁸⁶Cooper and Hornback, Continuing Nursing Education, p. 216.

⁸⁷Signe Cooper, "University Extension Courses for Nurses," Nursing Outlook, II (January, 1963), 36.

⁸⁸McGriff and Cooper, Accountability to the Consumer, p. 4.

⁸⁹Cooper and Byrns, A Plan for Continuing Education, p. 44.

⁹⁰Nakamoto and Verner, Continuing Education in Nursing, p. 25.

⁹¹Cooper and Hornback, Continuing Nursing Education, p. 221.

accessible sources of information and continuing education tools for the largest number of nurses. These reading materials to be useful must, however, be kept up-to-date by acquiring the latest publications on subjects and expanding the range of disciplines covered. The continuing educator must be aware of these resources and their locations. Although nurses frequently believe they have access to few educational resources, "many are unaware of the great resource to which most nurses have relatively easy access: the public community library." These libraries provide a system of interlibrary loans. Hospital libraries are also a valuable resource.⁹² Public libraries may be encouraged to establish a collection of nursing textbooks and journals. The nurses themselves or the continuing educator may initiate action for the library collection. Some areas use a mobile learning centre stocked with books and other audio-visual aids.⁹³

The local television and/or radio stations may be encouraged to broadcast programs in continuing education for nurses. These programs, based on the educational needs of the nurses and the health needs of the community,

⁹²Cooper and Byrns, A Plan for Continuing Education, p. 43.

⁹³Ibid., p. 48.

should be the responsibility of the department of continuing education in nursing, of a university. Other areas are using television successfully to carry continuing education programs for their nurses.⁹⁴ A survey of the PANMED television program in Kentucky⁹⁵ showed that the majority of nurses viewing the program were diploma graduates employed in a general duty position in a general hospital. Most nurses felt the PANMED program could be used to continue their education. The program was however, generally criticized for inadequate coverage and poor publicity.

One experiment on open circuit television in which it was sought to determine whether nurses gained more from a broadcast viewed individually at home than from one viewed with a group of colleagues in a hospital conference room concluded that:

. . . The findings . . . indicate . . . that through home viewing, broadcast television has the potential to serve all health science professionals, including those in which members spend their working day separated from each other.⁹⁶

⁹⁴Ibid., p. 48.

⁹⁵Irma Bolte, and Juanita Flemming, "A Study of Registered Nurses who viewed the PANMED T.V. Program Series in Nursing," Journal of Continuing Education in Nursing, II (September-October, 1971), 13.

⁹⁶June Abbey, et al. "Television in Health Sciences Education: Home and Hospital Viewing of Continuing Education Broadcasts under Three Presentation-Response Conditions," Journal of Medical Education, XXXIX (July, 1964), 693.

The University of California School of Nursing in Los Angeles also offers continuing education programs via the scrambled network. The programs are patient centred, are frequently simulated and sometimes real.⁹⁷ The state university hospitals in Ohio also broadcast programs via a two-way radio television system to other state hospitals. This enables a scattered audience to participate in continuing education programs in nursing. It is a well received program.⁹⁸

The University of Wisconsin also has a statewide telelecture for nurses. The lectures are telephoned from the University of Wisconsin to professional nurses in the state. Slides are used in the centres as visual adjuncts to the lectures. Management of the classes at each centre is the responsibility of nurse-coordinators.⁹⁹

On June 23, 1970, under Bill 43, the Ontario Legislature established the Ontario Educational Communications Authority. Through this Bill, Channel 19 Toronto, was established as Canada's first full-time educational television. Its estimated potential audience is 900,000, and it covers 95 per cent of the population of Ontario. The plans for this station call for a wide range of programs,

⁹⁷ Nakamoto and Verner, Continuing Education in Nursing, p. 62.

⁹⁸ Ibid., p. 63.

⁹⁹ May Hornback and Helen Brunclik, "Party-line for Nurses," Nursing Outlook, XVI (May, 1968), 30.

from pre-school to college and university credit courses, programs for teachers, and broadcasts of general interest.¹⁰⁰

Nursing Dial Access¹⁰¹ is another form of learning resource which has been employed in Wisconsin. It is a taped library available by telephone to professional nurses in Wisconsin. It consists of a number of pre-recorded six to eight minute tapes on a variety of subjects related to nursing. The nurse dials a special telephone number and asks for the desired tape. The tape is played over the telephone. An evaluation of this service shows that about 55 per cent of the calls received are from the Wisconsin area. Nurses may also be taught how to develop their own self-instructional packages on various nursing procedures.¹⁰² Where possible the nurses may work with their audio-visual aids departments to develop these package programs.

The Carnegie Commission on Higher Education predicted in a recent report, "The Fourth Revolution: Instructional Technology in Higher Education," that within the next three decades 10 to 20 per cent of on-campus instruction and 80 per cent of off-campus education will be carried out by

¹⁰⁰ Report of the Minister of Education, 1970,
(Toronto: Legislative Assembly of Ontario, 1970), p. 1.

¹⁰¹ Anne Niles, "Nursing Dial Access: A Tool for Inservice Education," Journal of Continuing Education in Nursing, III (May-June, 1972), 39.

¹⁰² Cooper and Byrns, A Plan for Continuing Education, p. 48.

means of computers, televisions, cassettes, and various other electronic devices. This new technology will make it possible for students to learn skills on their own, at their own pace, and will expand off-campus study.¹⁰³ Independent study guides may also be developed by the university and colleges. These would be based on a variety of topics suggested by nurses. "Although developed initially for undergraduate learning, individual learning laboratories also have great value for the self-directed learning needs of practicing nurses."¹⁰⁴

Finally, nurses may also continue learning through correspondence courses. An example of this type of program is the one offered by the Canadian Nurses' Association and the Canadian Hospital Association Extension Course on Unit Administration.¹⁰⁵ Government, through the Health and Education Departments, can contribute to an overall plan of continuing education in nursing by making money available.¹⁰⁶

Organization and Administration of Continuing Education in Nursing

To get a proper perspective of the organization and administration of continuing education it is necessary

¹⁰³"Educational Body Predicts Revolution in Teaching," Nursing Outlook, XX (July, 1972), 424.

¹⁰⁴Cooper and Byrns, A Plan for Continuing Education, p. 16.

¹⁰⁵Nakamoto and Verner, Continuing Education in Nursing, p. 37.

¹⁰⁶Racine, Structure, p. 121.

to look at its place within the organizational structure of the university. Continuing education programs are established within a university or community college in conformity with the philosophy of these institutions.

Each university's continuing education program is unique and this uniqueness, in part, is influenced by the form of faculty commitment to the university. The continuing education department in a university may be centralized or decentralized. In the decentralized department the faculty initiates, plans, implements, and evaluates its own program of continuing education. In the centralized form a separate department or extension division is responsible for the continuing education program of the university.¹⁰⁷ Burch¹⁰⁸ outlines arguments for both centralized and decentralized approaches. For decentralization, characterized by programming within each academic department, it was pointed out that faculty involved in consultation and surveys with the public interested in their subject field were most knowledgeable about the needs for continuing education. Proponents of centralization, with provision of programs from a separate department or extension division, argue that decentralization fragments the university, increases costs

¹⁰⁷Frieda Curtis, et al., Continuing Education in Nursing (Boulder, Colorado: Western Interstate Commission for Higher Education, 1969), p. 12.

¹⁰⁸Glen Burch, Challenge to the University: Inquiry into the University's Responsibility for Adult Education, Notes and Essays on Education for Adults # 35 (Boston: Boston University, 1961), p. 33.

by duplication of administration, and does not provide programs designed to meet the needs and interests of adults.

The financial support for continuing education programs also influences the organization of the continuing education department within a university. In some institutions continuing education is self-supporting; in others, the university budget covers the cost of the administrative staff. The types of program offered are influenced to some degree by the university financial support. Self-supporting programs may be limited to offering the types of programs that are fairly certain to draw a large audience.¹⁰⁹

Faculty assignment also varies with the organization of the continuing education program. In some institutions faculty may be assigned to the continuing education department as a part of the regular teaching load. In others, the faculty may teach on an over-load basis. Faculty may also be employed specifically for continuing education, or non-university faculty may be hired on a contractual basis to teach specific courses.¹¹⁰

For the continuing education department in a university to function adequately it must be seen as an integral part of that institution's educational functions and not as

¹⁰⁹ Curtis, et al., Continuing Education in Nursing, p. 12.

¹¹⁰ Ibid., 12-13.

a fringe benefit. This means that it should be fully budgeted for and supported by university policies.¹¹¹

The university department of continuing education in nursing should have the services of a full-time director or chairman. The responsibilities of the director should include identifying the learning needs of the nurse population; developing and implementing a program to meet these needs, and evaluating the results of the program. In order to accomplish these most effectively, certain support staff services are necessary. These should include an advisory committee, secretarial and administrative, and other supportive services.¹¹²

The advisory committee should include members of the community. Representation should be from the clinical and functional areas of nursing, provincial nurses' association, health care agencies, and medical and allied health professions. Each of the members of the advisory committee will be in contact with a different section of the population and will also have personal vested interest.¹¹³ "The information gathered by this group may indicate need for educational programs quite different in nature and broader in scope than those requested by individual nurse practitioners. The committee also serves as a liaison

¹¹¹ Racine, Structure, p. 123.

¹¹² Curtis, et al., Continuing Education in Nursing, p. 13.

¹¹³ Ibid., pp. 12-14.

between the community and the university and fulfills the functions of communication and public relations."¹¹⁴ The life of the committee is dependent on its structure and functions and, of course, its effectiveness. It may be a permanent committee or it may be a rotating one. A permanent committee may, in time, out-serve its usefulness; on the other hand a rotating committee may suffer from lack of continuity. In addition, special committees should be formed to plan individual program offerings. The members of this committee are chosen on the basis of their expertise and interest in the particular program being planned.¹¹⁵

Summary

The literature review in this chapter was intended to bring together some of the accepted concepts, bases and orientation of continuing education in general. Some of the important ideas specific to continuing education in the health sciences and in nursing in particular, were also briefly reviewed.

Continuing education as a form of adult education stresses the desirability and necessity for life-long learning in the modern world. Continuing education has as

¹¹⁴ Ibid., p. 14.

¹¹⁵ Ibid., p. 14.

its focus the adult learner. The concept of andragogy deals with the peculiarities and requirements of adult-learning. The main principles for continuing education in the professions were outlined at a conference sponsored by the Ontario Institute for the Studies in Education in 1970. These principles underline the overall objective of continuing education to enable individuals to maintain an appropriate level of competence in their respective fields of professional practice. Available evidence suggests that a consensus on the term "continuing education" is still developing.

Recent surveys have indicated widespread interest in continuing education among practicing nurses. Nurses, who are predominantly women, have to face many problems which prevent them from participating in such programs. The main factor which discourages nurse participation in continuing education programs is home responsibilities. Financial, logistic and location factors also play a part. Solutions to these problems must be found if continuing education programs for nurses are to be successfully implemented.

A number of organizations were identified as having some responsibility for continuing education in nursing. Of these the university, through its department of continuing education occupies a pivotal position. Ultimately, however, the success of the program depends primarily on the enthusiasm and sense of commitment on the part of the participating nurses.

Centralization and decentralization as alternative forms in the organization and administration of a program of continuing education in nursing have been discussed by various authors. Neither of these is faultless but reasons which seem to favour a centralized approach include avoidance of duplication and waste of resources. It is suggested that organizing the program under a Director of Continuing Education and as an integral part of the university should considerably reduce many initial obstacles to progress especially with regard to financing, access to facilities and mobilizing resources.

The regional approach to planning for continuing education in nursing was discussed. A number of studies on this subject stress the usefulness of such an approach as a way of involving the local community who are best placed to identify the learning needs in their area. Such planning must consider not only the stated goals or objectives but also relate to the totality of the various resources within an operational framework of organization. The fulfillment of the goals of continuing education for nurses requires human, physical and material resources as well as adequate educational facilities. The quantity and quality of available educational resources is most important. In particular, good library facilities need to be provided, faculty upgraded, while the possibility of using audio-visual teaching aids, radio and television and self-education by correspondence should be explored.

CHAPTER III

METHODOLOGY

Design for the Study and Study Methods

The purpose of the survey is to learn what the region of Northeastern Ontario offers in terms of resources for continuing education in nursing in that area.

This study uses the descriptive survey research method. It is designed to identify and describe the existing resources that may be used for continuing education in nursing. The study focuses on the availability and adequacy of existing resources in Northeastern Ontario to provide quality continuing education activities for the nurses at a regional level.

Description of the Study Area

Characteristics of the Region¹

The Northeastern Ontario Region, "The Treasure Chest of Canada," comprises six districts of Algoma, Cochrane,

¹The information in this section is obtained from, Department of Economics and Development, Economic Survey of Northeastern Ontario (Toronto, Ontario: Queen's Printer, 1966), pp. 1-3.

Manitoulin, Nipissing, Sudbury and Timiskaming. It has a land area of nearly 105,000 square miles or about 30 per cent of the land area of Ontario. It was estimated that the 1971 population would be about 658,000, 8.5 per cent of the provincial total with a projection of 875,300 persons by 1981, 8.8 per cent of the provincial total. The population density of the region is estimated to be six persons per square mile.

The economy of the Region is based on its natural resources. Mining and forestry, manufacturing and the production of electricity, tourism and its related services, all are dependent on the rocks and trees, the lakes and rivers that abound in Northeastern Ontario. The chief mining resources are nickel, copper, uranium, iron and gold. The magnificent scenery to be found in many parts of the Region, its areas of untouched wilderness, and its excellent hunting and fishing are still the main attractions for tourists.

There are relatively few variations in monthly average temperatures; the temperature tends to become lower the further north one goes. Most of the area receives an average minimal precipitation (rain plus snow) of between 30 and 35 inches. Average annual minimal snowfall varies considerably, from 74 inches in some areas (Sudbury) to 150 inches in others (North of Lake Superior). Average daily temperatures varies from -0.7 degrees Fahrenheit in January to 78.4 degrees Fahrenheit in July.

By ethnic groups, 39 per cent of the Region's people are of British ancestry and 36 per cent are French. The next largest groups are Italian (5 per cent), German (3.5 per cent), Finnish (3 per cent) and Ukranian (2.4 per cent). Two per cent, 10,552 are native Indians. The mother tongue of 55 per cent of the people of Northeastern Ontario is English, 30 per cent French. Four per cent speaks Italian, 2 per cent Finnish, 2 per cent German and 1.5 per cent an Indian language.

With a land area of 19,320 square miles, Algoma is the second largest District in Northeastern Ontario. "As in much of the North, it is a land of rocks and forests, rushing streams and lakes on the one hand, and Canada's second largest steel complex and a city of 65,000 persons, on the other."² The wealth of the District is based on its natural resources, its minerals, its forests, its location on the river which joins Lakes Superior and Huron and separates Ontario from the State of Michigan.

Iron, copper and uranium are its chief minerals. The District has a population of over 11,408. Sault St. Marie the District city has a population of 81,000. Nearly 47 per cent of the population are of British descent, while 19 per cent are French, 10 per cent Italian and 4.5 per cent German.

²Ibid., p. 125.

The District of Cochrane accounts for one-half of the area of the Region and approximately 15 per cent of that of the Province. The economy of the Cochrane District is based on its natural resources--its minerals and forests, its lakes and rivers. There are mineralized deposits of gold, silver, nickel, copper, lead, zinc, cobalt and asbestos. Total population of the District is over 100,000. Nearly one-half of the population is of French descent and approximately one-third is British. The remaining 20 per cent are Italian, Finnish, Ukranian, Polish, German, Scandinavian and native Indians. The largest community in the District is Timmins with a population of 29,270.

The Districts of Manitoulin and Sudbury together make up the sub-region known as the Nickel Range. Some 180,000 people, more than one-third of the Region's population, live in this area which contains one-fifth of all the land.

Manitoulin with a land area of 1,585 square miles, is the smallest District in Northeastern Ontario. It consists of one large island (Manitoulin Island), a number of small islands lying in close proximity to it and a portion of the mainland lying between Georgian Bay and the District of Sudbury. Manitoulin Island (1,073 square miles in area), "is said to be the largest fresh water island in the world."³ It is nearly 100 miles long and

³Ibid., p. 127.

from 3 to 40 miles wide. Main access to the island is by highway. About two-thirds of the people in the District are of British origin. The next largest group is native Indians. Agriculture and tourism are the main economic activities of the island. The population of the District is 11,176. The town of Little Current is the largest settlement in the District with a population of 1,527.

Some 7,560 square miles of land, about 7 per cent of the total land area of the Region, lie within the boundaries of the District of Nipissing. Forest-based industries, mining equipment production, tourism and transportation and communication services are the major elements in the economy of the District. The population of Nipissing District is 70,568. Forty-four per cent of the population is of French origin and 41 per cent British. The city of North Bay "Gateway of the North" is the administrative centre of the District. It has a population of 23,781.

Much of the 18,058 square miles of land within the borders of the Sudbury District is covered with rocks, forests, lakes and streams but with little land suitable for agriculture. More than three-quarters of the District is productive forest land. The tourist industry is an important part of its economy. Mining, however, along with its dependent industries, remains the major economic activity in the District. The Sudbury Basin continues to

be the world's greatest nickel and platinum producing area. Approximately 30 per cent of the District's labour force is engaged in mining. With a population of over 165,862, Sudbury is the largest and most populous District in the Region. Thirty-nine per cent of the population is of French origin, and 33 per cent is British. The next largest group is Italian which accounts for 5 per cent of the total. The largest city in the District is Sudbury with a population of over 90,535. Laurentian University is situated in the city of Sudbury.

The District of Timiskaming is approximately 5,896 square miles large. Economy of the District is based on mining and forestry. Gold is the chief mineral mined. The population is approximately 50,971. Forty-seven per cent of the population is British origin and 31 per cent French. Kirkland Lake is the largest town with a population of 15,366.

The Region is well served by air and sea planes, highways, roads, and railways.⁴ Laurentian University of Sudbury, a non-denominational, bilingual institution, is Northeastern Ontario's only University. It was established in 1960 and has affiliations with three colleges in the Region. These are College De Hearst, at Hearst, Nipissing University College at North Bay, and Algoma University College at Sault St. Marie.

⁴See Appendix A.

Characteristics of the Nurses in the Region

Available data⁵ on the characteristics of the nurse population refer to the registration year ending December 31, 1973. These are the latest tabulated data. Table I gives the age distribution of registered nurses in the Northeastern Ontario Region in 1973. The total number of registered nurses is 2901. Of these, 1463 or 50.4 per cent are aged between 17 and 34 years. Nurses aged between 25 years and 29 years represent the largest single age group with approximately 24 per cent of the total. Only 92 or under 3 per cent of all the registered nurses are aged 60 years and over. The ages of 271 nurses or 8 per cent of the total are recorded as unknown. Four districts, Sudbury, Nipissing, Cochrane and Algoma account for 79.4 per cent of the total number of registered nurses. The age distribution of nurses in the districts tends to follow the pattern for the Region as a whole, the important exceptions being Muskoka and Manitoulin where nurses aged 17 to 34 years make up 42.1 per cent and 39.5 per cent respectively of the district total.

⁵This information was received by direct mail from the College of Nurses, Ontario.

TABLE I

AGE DISTRIBUTION OF REGISTERED NURSES IN NORTHEASTERN ONTARIO, 1973 BY DISTRICTS

Age Range	Muskoka	Nipissing	Parry Sound	Manitoulin	Sudbury	Timiskaming	Cochrane	Algoma	Total
17-19	-	-	-	-	-	-	-	-	-
20-24	19	36	9	2	92	40	67	64	329
25-29	34	93	23	9	207	41	103	178	688
30-34	22	71	17	6	135	35	78	82	446
35-39	17	56	21	1	89	21	41	63	309
40-44	16	37	21	4	72	24	41	52	267
45-49	15	33	11	5	55	21	33	36	209
50-54	15	29	12	4	47	14	20	29	170
55-59	16	18	5	2	32	9	15	23	120
60-64	3	10	2	3	10	10	9	15	62
65-99	7	3	2	2	6	5	2	3	30
Age Unknown	14	44	12	5	84	19	40	53	271
Total	178	430	135	43	829	239	449	598	2901

Source: College of Nurses, Ontario, 1975.

Table 2 gives the level of education of registered nurses in the Region by districts. The most significant feature of this table is the very high proportion (81%) of nurses with no university education. More than 50 per cent of these nurses are employed in Sudbury and Algoma. Nurses with university education leading to a degree in nursing or other discipline number 168, of which only 6 have graduate degrees. Of the 168 nurses with university degrees 87 or approximately 52 per cent are employed in Sudbury and Algoma districts.

Table 3 shows the field of employment of registered nurses in Northeastern Ontario in 1973. Eighty per cent of all nurses in the Region work in public hospitals. Public health units and nursing homes employ the second and third largest groups. Sudbury and Algoma districts again account for more than 50 per cent of the total and of the hospital employed nurses.

The employment status of nurses in Northeastern Ontario by districts in 1973 is shown in Table 4. 2,868 or 96 per cent of the total are employed in the field of nursing. A negligible number is unemployed. Less than 2 per cent are employed in fields other than nursing. Among those employed in nursing, approximately 70 per cent are in full-time employment, 24 per cent part-time and 6 per cent employed at unknown times. Sudbury and Algoma districts account for 50 per cent of all nurses employed in the field of nursing and 48 per cent of those employed full-time.

TABLE 2

DISTRIBUTION OF REGISTERED NURSES IN NORTHEASTERN ONTARIO, 1973,
ACCORDING TO LEVEL OF EDUCATION AND BY DISTRICTS

University Qualification	Muskoka	Nipissing	Parry Sound	Manitoulin	Sudbury	Timiskaming	Cochrane	Algoma	Total
No University	146	350	104	29	668	190	343	489	2319
University Diploma	7	26	9	2	39	17	32	30	162
Credits Toward Bachelor	16	33	7	4	64	13	33	49	219
Bachelor in Nursing	4	8	1	2	25	4	11	12	67
Post-basic Bachelor in Nursing	4	11	1	-	25	13	16	12	82
Other Bachelor	1	2	1	-	4	1	-	4	13
Master in Nursing	-	-	-	-	2	1	-	2	5
Master Other	-	-	-	-	-	-	-	-	-
Doctorate in Nursing	-	-	-	-	-	-	-	-	-
Doctorate in Other	-	-	-	-	1	-	-	-	1
Total	178	430	123	37	828	239	435	598	2868

Source: College of Nurses, Ontario, 1975.

TABLE 3

DISTRIBUTION OF REGISTERED NURSES IN NORTHEASTERN ONTARIO, 1973
 ACCORDING TO FIELD OF EMPLOYMENT

Field of Employment	Muskoka	Nipissing	Parry Sound	Manitoulin	Sudbury	Timiskaming	Cochrane	Algoma	Total
Hospital	130	349	98	25	665	185	338	469	2259
Nursing Home	20	12	11	3	19	4	17	21	107
School of Nursing	1	17	2	-	28	8	16	18	90
Private Nursing	2	-	-	-	7	4	2	2	17
Public Health	13	22	2	6	63	25	42	45	218
School Health	1	6	4	1	13	-	3	9	37
Occupational Health	3	6	1	1	10	-	4	8	33
Doctor's Office	7	16	4	1	16	10	8	18	80
Other	-	-	-	-	-	-	1	-	1
Unknown	-	-	-	-	1	-	-	-	1
Total	177	428	122	37	822	236	431	590	2843

Source: College of Nurses, Ontario, 1975.

TABLE 4

DISTRIBUTION OF REGISTERED NURSES IN NORTHEASTERN ONTARIO, 1973

ACCORDING TO EMPLOYMENT STATUS AND BY DISTRICT

Employment Status	Muskoka	Nipissing	Parry Sound	Manitoulin	Sudbury	Timiskaming	Cochrane	Algoma	Total
<u>Employed in Nursing</u>									
Full-time	125	305	90	27	579	179	319	397	2021
Part-time	46	105	29	8	204	52	94	167	705
Unknown time	7	20	4	2	45	8	22	34	142
<u>Total in Nursing</u>	178	430	123	37	828	239	435	598	2868
<u>Employed but not in Nursing</u>	5	9	2	1	21	2	9	10	59
<u>Not Employed</u>	2	2	1	1	3	2	2	3	14
<u>Employment Status Not Known</u>	4	5	1	-	11	1	4	6	32
<u>Total</u>	189	446	127	39	863	244	450	617	2973

Source: College of Nurses, Ontario, 1975.

The characteristics of nurses in Northeastern Ontario described above can be summarized as follows: They fall largely in the age group 17-34 years; the majority have no university education; they are mainly employed in hospitals and work full-time. The number of unemployed nurses is insignificant. Finally, there is a high concentration of nurses in the Sudbury and Algoma districts. These districts account for over one-half of all nurses employed in nursing and on a full-time basis. Over 50 per cent of the nurses with a university degree are also to be found in Algoma and Sudbury. Marital status and work experience are other nurse characteristics that need to be considered. Unfortunately, information on this aspect is not available to the writer. The information discussed is, however, of considerable value in determining the possibilities and potential needs for a program of continuing education for nurses in the region.

Development of the Instrument

Various approaches may be employed to collect the necessary data or information on resources for a program in continuing education in nursing. Important among these are direct observation and measurement (assessment) of relevant resources, direct interviews of resource subjects and the use of questionnaires. For the present study, mail questionnaires were used as the instrument for the resources.

survey. The limitations of the mailed questionnaire technique are known and have been well documented in the literature.⁶ The choice of method has been constrained by the considerations of expense, time and distance which made the questionnaire the most practical and feasible alternative.

It was not possible to test for reliability of the instrument used in the study. However, the pre-test responses produced accurate, stable data. In terms of validity, the instrument produced the data considered relevant to the study. Although such limitations are acknowledged, the writer believes the instrument could be used for similar studies.

Questionnaires were developed to elicit responses from various subjects in the study area.⁷ Separate questionnaires were directed to the following subject groups:

1. Educational Institutions and Health Agencies including Voluntary Agencies.
2. Public Libraries.
3. Radio and Television Stations.
4. Professional Associations -- Registered Nurses' Association of Ontario (RNAO), Ontario Medical Association (OMA), and the Ontario Hospital Association (OHA).

Each questionnaire was of the mixed type containing both open and closed-ended questions. They were developed

⁶Charles H. Backstrom and Gerald D. Hursh, Survey Research, Minneapolis: Northwestern University Press, 1963.

⁷See Appendix B.

around the categories of resources, namely: human and physical resources and educational materials. Respondents were asked questions about the location, amount and types of resources in their local areas; their willingness to be part of a regional plan for continuing education in nursing and their knowledge of potentially available resources in other areas. A pool of items for the questionnaires was prepared following a search of the literature. The items were then edited and arranged in logical order.⁸ In developing the questionnaires the characteristics of clarity and ease of completing were accounted for.

All questionnaires were mailed with an explanatory covering letter to the Director, School of Nursing, Laurentian University, Sudbury, who then forwarded them with two covering letters to the respective respondents.^{8a} The questionnaires were returned directly to the writer.

Pre-Testing

The questionnaires were pre-tested in the Thunder Bay area of Ontario before being mailed to the study area. The Thunder Bay area is similar to the Region being studied. The pre-test was necessary to assess the adequacy of the questionnaires as well as clarity of the questions asked.

⁸See Appendix D.

^{8a}See Appendix C.

Survey Procedure

The Sample

For convenience, it was decided to carry out the survey based on administrative districts of the Region. This approach was considered appropriate because the administration and organization of the program of continuing education in nursing may be based on such districts. For this purpose, Northeastern Ontario consists of six districts--Algoma, Cochrane, Manitoulin, Nipissing, Sudbury and Area,⁹ and Timiskaming.^{9a} Within each district, the survey of resources for continuing education in nursing was concentrated in the major town(s) or administrative centre.¹⁰ Although such an approach does not lead to coverage of all potentially available resources, it is consistent with the view already expressed that it is the effective resources or those within feasible or optimal areas for locating the programs, that should receive primary attention.¹¹

The survey sample comprised those institutions, professional associations and agencies which were considered

⁹ Sudbury and Area includes Muskoka and Parry Sound.

^{9a} See Map in Appendix A.

¹⁰ The survey of the hospitals covered the administrative centre and outlying areas of each district.

¹¹ See page 42.

potential resources for a continuing education program in nursing in Northeastern Ontario. The sample elements for the survey were:

1. Hospitals, public health units and voluntary agencies.
2. Radio and television stations.
3. Educational institutions (colleges of applied arts and technology affiliate colleges, university and a centre for continuing education).
4. Public Libraries.
5. Professional associations -- Registered Nurses' Association of Ontario (RNAO), Ontario Medical Association (OMA), and the Ontario Hospital Association (OHA).¹² Certain sources^{13,14,15} were used to compile the list of respondents making up the sample.

¹²See Appendix B for list of subjects contacted in each district.

¹³Susan Walters, ed., Canadian Almanac and Directory, 1974 (Toronto: Copp Clark Pub., 1974).

¹⁴Kaye French, ed., Canadian Hospital Directory 1974-1975 (Toronto: Canadian Hospital Association, 1974).

¹⁵Department of Economic Development, Economic Survey of Northeastern Ontario.

1. Hospitals and Public Health Agencies

The hospitals and public health units constitute valuable resource centres for continuing education in nursing. Usually, these institutions have experienced personnel in critical areas of nurses' learning needs. They may also be in a position to provide such requirements as classroom space, equipment and auxillary staff. Finally, some hospitals or their satellite voluntary agencies as well as public health units occasionally maintain useful library collections or facilitate access to other sources.

For the purposes of this study all hospitals and their voluntary agencies as well as public health units in each administrative district of the region of North-eastern Ontario were included in the sample. A total of thirty-six hospitals, one voluntary agency (the Addiction Research Foundation), and five public health units were involved. The distribution of these agencies according to districts is shown in Table 5. Cochrane and Sudbury and Area accounted for twenty-one, or 50 per cent, of the total number of health agencies in the sample. Only one public general hospital is located in Manitoulin district. The hospitals in the above sample include those outside the administrative centre of each district. This has been done in order to get some picture of the potential represented by those agencies outside the major town in each district, and also to take account of the fact that the

majority of the nurses working in the region are located in hospitals outside the major towns.

TABLE 5
DISTRIBUTION OF HOSPITALS, VOLUNTARY AGENCIES, AND
PUBLIC HEALTH AGENCIES BY DISTRICTS

Districts	Hospitals	Voluntary Agencies	Public Health Units	Total
Algoma	5	-	1	6
Cochrane	10	-	1	11
Manitoulin	1	-	-	1
Nipissing	5	-	1	6
Sudbury and Area	11	1	1	13
Timiskaming	4	-	1	5
Total	36	1	5	42

2. Radio and Television Stations

There are several radio and television stations in the region but the same management sometimes controls two or three of such stations simultaneously. Fifteen leading stations covering the whole Region were included in the sample. Their distribution is shown in Table 6. All

the radio and television stations included in the sample are located in the major administrative town of each district. Those stations located in outlying areas and not included here are usually affiliated with the leading stations in terms of either ownership or the programs they present. Nearly half (7) of the stations are located in Sudbury and Area. Nipissing has three of the stations, while Algoma and Cochrane each has two stations. Timiskaming has one station. No radio or television station is located in Manitoulin, but the area is covered by the other stations.

TABLE 6

DISTRIBUTION OF RADIO AND TELEVISION STATIONS BY DISTRICTS

Districts	Number of Stations
Algoma	2
Cochrane	2
Manitoulin	-
Nipissing	3
Sudbury and Area	7
Timiskaming	1
Total	15

3. Educational Institutions

The educational institutions included in the sample are the colleges of applied arts and technology, (CAAT) affiliate colleges, (AC) and Laurentian University as well as the Centre for Continuing Education (CCE) at Elliot Lake. The number and type of educational institutions in the sample and their distribution by districts are shown in Table 7.

TABLE 7

DISTRIBUTION OF EDUCATIONAL INSTITUTIONS BY DISTRICTS

Districts	CAAT	AC	CCE	University	Total
Algoma	1	1	1	-	3
Cochrane	1	1	-	-	2
Manitoulin	-	-	-	-	-
Nipissing	1	1	-	-	-
Sudbury and Area	1	-	-	1	2
Timiskaming	1	-	-	-	1
Total	5	3	1	1	10

There are a total of ten institutions made up of five colleges of applied arts and technology, three affiliate colleges, one centre for continuing education and one university. Algoma and Timiskaming districts have three and one institutions respectively while Sudbury and Area, Nipissing and Cochrane districts each have two institutions. None of the institutions in the sample is located in Manitoulin district. One of the two institutions in Sudbury and Area is Laurentian University (the only university in Northeastern Ontario) which is the proposed coordinating centre for a program of continuing education in nursing in Northeastern Ontario.

4. Libraries

Public libraries are located in Municipalities with a population of 10,000 and over. All existing public libraries in the major administrative town of each district were included in the sample. It may be noted that some hospitals and public health units maintain small libraries which could be used by nurses. These libraries are assessed separately from the public libraries and as part of the resources of the hospitals, health units or institutions in which they are located.

The sample of libraries total six. These are distributed as shown in Table 8. Algoma, Cochrane, Nipissing and Timiskaming districts each has one public library. Sudbury and Area has two public libraries.

TABLE 8

DISTRIBUTION OF PUBLIC LIBRARIES BY DISTRICTS

Districts	Number of Public Libraries
Algoma	1
Cochrane	1
Manitoulin	-
Nipissing	1
Sudbury and Area	2
Timiskaming	1
Total	6

5. Professional Associations

A number of professional associations have also been included in this survey. Specifically, the Registered Nurses' Association of Ontario (RNAO), Ontario Medical Association (OMA) and the Ontario Hospital Association (OHA) make up the relevant bodies of interest to this study.

The activities of these organizations cover the whole Region and are considered a particularly useful source of reliable information about available potential resources for continuing education in nursing in the area. In addition, some of these associations do run their own continuing education programs in nursing.

Collection of Data

The mail questionnaire constituted the basic instrument for the collection of the data for the study. After pre-testing the questionnaires, due amendments were made, that is, certain questions were made more specific. They were then mailed to the respondents through the Director, School of Nursing, Laurentian University, Sudbury. Each questionnaire was accompanied by two explanatory covering letters from the writer and the Director, School of Nursing, Laurentian University.¹⁶ A postage paid, "Special Delivery," self-addressed envelope was also included with each questionnaire. Reminder cards were sent to all respondents one and two weeks respectively after mailing the final set of questionnaires. A time limit of three weeks was set for return of all questionnaires. Response results for the questionnaires are indicated in Table 9. The overall degree of response is 72 per cent. It has not been possible to obtain a higher proportion of returns due to the limitations of time but considering that the survey covered all the districts and types of resources of interest to this study, the indicated percentage returns can be considered acceptable.

The data are analyzed descriptively according to the categories of resources both at the regional and district level. A directory is provided to give full details of the resources of the Region.¹⁷

¹⁶ See Appendix C.

¹⁷ See Appendix E.

TABLE 9
NUMBER OF RETURNED QUESTIONNAIRES

District and Subject	Number Sent	Number Returned	Response Per cent
<u>ALGOMA:</u>			
Public Library	1	0	0
Radio & Television Station	2	0	0
Educational Institution	3	3	100
Public Health Unit	1	1	100
Hospital	5	4	80
<u>COCHRANE:</u>			
Public Library	1	1	100
Radio & Television Station	2	1	50
Educational Institution	2	1	50
Public Health Unit	1	1	100
Hospital	10	8	80
<u>MANITOULIN:</u>			
Public Library	-	-	-
Radio & Television Station	-	-	-
Educational Institution	-	-	-
Public Health Unit	-	-	-
Hospital	1	1	100
<u>NIPISSING:</u>			
Public Library	1	1	100
Radio & Television Station	3	1	33.3
Educational Institution	2	2	100
Public Health Unit	1	1	100
Hospital	5	5	100
<u>SUDBURY and AREA:</u>			
Public Library	2	2	100
Radio & Television Station	7	1	14
Educational Institution	2	2	100
Public Health Unit	1	1	100
Hospital	11	9	82
Voluntary Agency	1	0	0

Table 9 (continued)

District and Subject	Number Sent	Number Returned	Response Per cent
<u>TIMISKAMING:</u>			
Public Library	1	1	100
Radio & Television Station	1	0	0
Educational Institution	1	1	100
Public Health Unit	1	1	100
Hospital	4	2	50
<u>PROFESSIONAL ASSOCIATIONS:</u>	3	3	100
TOTAL	75	54	
AVERAGE			72

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The data analyzed in this chapter relate to the human, physical and educational resources and are based on the return of 54 questionnaires (72 per cent) of the study population. The objective of the analysis is to identify the types of resources for continuing education in nursing that exist in Northeastern Ontario as revealed by the survey, their distribution and their adequacy.

The data are analyzed as they relate to the items on the questionnaires sent to the subject groups.¹ The returned questionnaires for each subject group are analyzed separately. Fifty-one questionnaires were sent to the health and educational institutions. Of these, forty-three were returned. The replies to the questionnaires are analyzed according to the categories of human, physical and educational resources both at the regional and district level. First, the region-wide situation is presented and analyzed. This is followed by more detailed description of district-level resources. The returned questionnaires

¹See page 68.

from the other subject groups--namely, public libraries, radio and television stations and professional associations, are dealt with similarly. The aim of this section is to compare and contrast the available resources according to districts in order to reveal their relative strengths and weaknesses and to indicate what the special needs of different districts might be. The percentages of returned questionnaires by districts are shown in Table 10. The degree of response varied between districts but was generally high. However, an attempt to compare the resources of each district is made not in absolute terms but with regard to the proportion of returns for each district indicating availability of a specific resource.

Six questionnaires were sent to the public libraries. Of these, 5 or 83.3 per cent were returned. The response results for the radio and television stations are 20 per cent or 3 out of 15 questionnaires and for the professional associations 100 per cent. Detailed particulars of the available resources are contained in a Directory of Resources for Continuing Education in Nursing in Northeastern Ontario.² The chapter concludes with an interpretation and discussion of the findings.

²See Appendix E.

TABLE 10
PERCENTAGE OF RETURNED QUESTIONNAIRES ON
RESOURCES BY DISTRICTS

District	Number Sent	Number Returned	Response Per cent
Algoma	9	8	89
Cochrane	13	10	77
Nipissing	8	8	100
Manitoulin	1	1	100
Sudbury and Area	14	12	86
Timiskaming	6	4	67
Total	51	43	86.5

Subject Group 1 - Health and Educational Institutions

1. Are you interested in participating in a program of continuing education in nursing in your area?

Thirty-nine out of the 43 (or 91 per cent) of the respondents indicated an interest in an on-going program of continuing education in nursing in Northeastern Ontario. The respondents expressed the belief that continuing education is a life-long process and that nurses needed to have on-going education to function competently in their area of work.

At the district level, the response varied. The findings show Nipissing, Timiskaming and Manitoulin with 100 per cent interest in continuing education in nursing. Manitoulin had only one mailed questionnaire. Response results for this district are based on the reply to this one questionnaire. The proportion of respondents indicating interest in continuing education in nursing for Cochrane are 90 per cent, Algoma, 88 per cent and Sudbury and Area, 83 per cent.

Summary

A high level of interest (91%) is shown in continuing education in nursing in Northeastern Ontario as indicated by the findings at the regional level. At the district level the indicated degree of interest ranges from 100 per cent in Nipissing, Timiskaming and Manitoulin to 83 per cent in Sudbury and Area. This variation, however, still indicates a high level of interest in continuing education in each district. However, this level of interest represents those replying to the questionnaires and may not be representative of the nurse population of the area.

2. Has a program of continuing education in nursing been offered in your area in the last 5 years?

Thirteen or 30.2 per cent of those answering the question said programs for continuing education in nursing have been offered in their area in the past five years. Some of the programs listed are: leadership course, management and development program for head nurses and supervisors,

chronic and rehabilitative care symposium, death with meaning and dignity, etc. Twenty-five or 58.2 per cent of the respondents said no programs of continuing education have been offered in their area over the past five years. Five or 11.6 per cent did not answer the question.

The findings at the district level vary. Some districts, for example, Timiskaming and Manitoulin have had no program of continuing education for the past five years, while in the other districts continuing education programs have been offered. For the district of Nipissing, 50 per cent of those replying indicated that a program of continuing education had been offered in the area in the past five years. The corresponding percentages for the other districts are--Sudbury and Area, 42 per cent; Algoma, 38 per cent; and Cochrane, 10 per cent.

Summary

The overall findings indicated that very few continuing education programs in nursing were offered in Northeastern Ontario over the past five years. At the district level the findings vary. Some districts--Timiskaming and Manitoulin--had no programs, while there were few programs in the other districts. The response results, however, indicated that the majority of respondents claim that no program of continuing education has been offered in their area over the past five years. It would appear

also that there was little variation in the course offerings as indicated by the courses listed. Most course offerings were geared to the management level while there were very few offerings in clinical nursing.

3. What resources are available at your institution for operating a program of continuing education in nursing? Please describe and elaborate under the following headings.

(a) Human Resources

This category of resources consists of faculty (nurses), allied health professionals, allied business professionals and secretarial assistance. Availability of these resources as indicated by the respondents is shown in Table 11. Forty-three of the fifty-one or 84.3 per cent of the questionnaires sent to respondents for continuing education were returned. Of these, 24 or 56 per cent indicated availability of human resources. The most commonly mentioned human resources are allied health professionals (58%), and faculty (56%). The proportion of respondents indicating availability of allied business professionals is approximately 26 per cent and that for secretarial assistance is 20 per cent. These estimates represent the availability of human resources at the regional level. The findings at the district level will now be presented and analyzed.

TABLE 11

RESPONSE RESULTS OF 43 RETURNED QUESTIONNAIRES SHOWING AVAILABILITY OF HUMAN, PHYSICAL AND
EDUCATIONAL RESOURCES IN NORTHEASTERN ONTARIO BY DISTRICTS
(51 Questionnaires sent)

Resources	District						Total	
	Algoma *(8)	Cochrane *(10)	Manitoulin *(1)	Nipissing *(8)	Sudbury & Area*(12)	Timiskaming *(4)		
	No. %	No. %	No. %	No. %	No. %	No. %	No. %	
<u>Human</u>								
Faculty (Nurses)	5 62.5	5 50	1 100	5 62.5	6 50	2 50	24	56
Allied Health Professionals	4 50	4 40	1 100	5 62.5	8 66.6	3 75	25	58
Allied Business Professionals	1 12.5	1 10	0 0	3 37.5	5 41.6	1 25	11	26
Secretarial Assistance	5 62.5	0 0	0 0	2 25	2 16.6	0 0	9	20
<u>Physical</u>								
Laboratories	2 25	1 10	0 0	1 12.5	2 16.6	1 25	7	16
Classrooms and Lecture Halls	6 75	5 50	1 100	6 75	7 58.3	2 50	27	62.7
Conference rooms	5 62.5	2 20	0 0	6 75	9 75	1 25	23	53.4
<u>Educational</u>								
Library Facilities (books, journals, periodicals)	4 50	4 40	1 100	4 50	6 50	3 75	22	51.6
Audio-visual Equipment	7 88	6 60	1 100	5 62.5	8 66.6	3 75	30	70
Pre-packaged Programs	2 25	4 40	1 100	4 50	4 33.3	2 50	17	40
Radio & Television Programs	0 0	1 10	0 0	0 0	0 0	0 0	1	2
Other (specify)	0 0	2 20	1 100	1 25	1 8.3	0 0	5	12

*Numbers in bracket represent returned questionnaires for each district.

The findings on available human resources at the district level are shown in Table 11. The table reveals that 5 out of 8 or 62.5 per cent of those responding for the district of Algoma indicated the availability of faculty for operating a program of continuing education in nursing. The corresponding percentage for available secretarial assistance, allied health professionals and allied business professionals are 62.5 per cent, 50 per cent and 12 per cent respectively. The findings for the available resources for the remaining districts are: Cochrane -- 50 percent faculty, 40 per cent allied health professionals, 10 per cent allied business professionals and secretarial assistance 0 per cent; Nipissing -- 62.5 per cent faculty and allied health professionals respectively, 37.5 per cent allied business professionals and secretarial assistance 25 per cent; Sudbury and Area -- 66.6 per cent allied health professionals, 50 per cent faculty, 41.6 per cent allied business professionals and 16.6 per cent secretarial assistance; Timiskaming -- 75 per cent allied health professionals, 50 per cent faculty, 25 per cent allied business professionals, 0 per cent secretarial assistance. The district of Manitoulin has a small sample population as mentioned previously, the one questionnaire sent was returned indicating that faculty and allied health professionals are available. Allied business professionals and secretarial assistance are not available. Table 11

also reveals that with the exception of Algoma and Nipissing, all other districts show low availability of secretarial assistance. Allied business professionals are also not generally available in almost all the districts. For example, none exists in the district of Manitoulin. Algoma and Cochrane have the lowest proportion of allied health professionals, while Timiskaming, Sudbury and Area and Cochrane have the lowest proportion of faculty.

In interpreting these findings, it is necessary to bear in mind the fact that an unequal number of questionnaires were received from the different districts. The calculated proportions of returns which indicate availability of a resource cannot therefore, be used directly to compare resource availability between districts. However, since the sample distribution was related to size of district the returns measure to some extent, relative availability of the resources.

Most of the human resources are provided by the University, Colleges of Applied Arts and Technology, some of the larger hospitals and area health units. Nurses in education, administration and a variety of clinical areas are available in some areas of the Region for a program of continuing education in nursing. Medical practitioners, both in generalized and specialized practice, are also available. The findings also show that business faculties in the University, Colleges of Applied Arts and Technology,

hospital administrators, local lawyers and high school teachers are available for a program of continuing education in nursing in Northeastern Ontario.

Summary

It has not been possible from the returns to assign any quantitative significance to the human resources which are available. But it would seem correct to say that on a region-wide level, availability of human resources for continuing education is generally inadequate in terms of number of institutions and/or agencies which possess them. This interpretation follows from the low proportion of returns indicating availability of faculty and allied health professionals--the key human resource inputs for a program of continuing education in nursing. The number of available allied business professionals and secretarial assistance also appears to be inadequate.

The broad view of available human resources for a program of continuing education in nursing in Northeastern Ontario presented at the regional level to some extent obscures the disparities between districts. A breakdown of the human resources is greatly uneven. Some areas at present have few necessary human resources.

In summary, there is considerable variation in available human resources for continuing education in nursing among the districts of Northeastern Ontario.

There is need to upgrade these resources in all the districts but the greatest inadequacies exist in the area of allied business professionals and secretarial assistance.

(b) Physical Resources

Included in this category are laboratories, classrooms and lecture halls, and conference rooms. The main aim of the survey was to obtain reliable information from respondents on the amount, location and degree of availability of these resources. The results of the enquiry are shown in Table 11.

Twenty-seven out of forty-three or 62.7 per cent of the returned questionnaires indicated the availability of physical resources at the regional level. Seven or 16 per cent of the respondents indicated they have laboratories. The findings for classrooms and lecture halls, and conference rooms are 62.7 per cent and 53.4 per cent respectively.

Table 11 also shows the availability of physical resources at the district level. The table reveals that 6 out of 8 (75%) of those responding for the district of Algoma indicated that classrooms and lecture halls are available for a program of continuing education in nursing. The percentage for the available conference rooms and laboratories are 62.5 per cent and 25 per cent respectively. The findings for available resources for the remaining districts are: Cochrane, classrooms and lecture halls

50 per cent, conference rooms 20 per cent and laboratories 10 per cent; Nipissing, 75 per cent each classrooms and lecture halls and conference rooms and 12 per cent laboratories; Sudbury & Area, conference rooms 75 per cent, classrooms and lecture halls 58.3 per cent and laboratories 16.6 per cent; Timiskaming, classrooms and lecture halls 50 per cent, and conference rooms and laboratories 25 per cent each. The findings for Manitoulin show that only classrooms are available. The general order of availability of physical resources is classrooms and lecture halls, conference rooms and laboratories. In all districts, there is a shortage of laboratories and none exist in some. Cochrane and Timiskaming have limited conference room facilities, though other districts appear to be well placed in this respect.

Summary

In terms of overall response (63%) physical resources for continuing education in nursing in Northeastern Ontario do not seem critically short in supply. However, the survey shows there is an acute shortage of laboratories. In addition, Timiskaming and Manitoulin appear as the poorest districts in terms of currently available physical resources.

The availability of physical resources may be considered easier to assess than human resources since the

former are generally fixed. However, their use over time may be less flexible, especially where existing classrooms or lecture halls are committed to some other long-term purposes which might prevent their use in a program of continuing education in nursing. The current apparent distribution of physical resources for continuing education in nursing indicates limited availability in some districts. Even in those districts reporting availability of a resource, there are important differences in the size and quality of such resources. For example, seating capacity of classrooms ranges from 10 to 300. Most of the classrooms and large conference rooms as well as laboratories are located in the University, Affiliate Colleges, Colleges of Applied Arts and Technology and large hospitals. In some areas where available physical resources are poor, respondents have suggested the possible use of local high school facilities.

(c) Educational Materials

The educational materials consist of audio-visual equipment, pre-packaged programs, library facilities (books, journals and periodicals) and "others." Seventy per cent of the respondents (30 out of 43) indicated that educational materials for a program of continuing education in nursing are available. Table 11 reveals that 51 per cent of the respondents indicated they have library facilities. The

corresponding percentages for audio-visual equipment, pre-packaged programs, radio and television programs and "others" are 70 per cent, 40 per cent, 2 per cent and 12 per cent respectively.

The distribution of educational materials by district is shown in Table 11. The overall picture which emerges is one of poor availability of educational materials in almost all the districts. Even in the district of Sudbury and Area, only 67 per cent of the respondents indicated they have educational materials for continuing education in nursing. The findings vary widely between categories of educational materials ranging from 2 per cent for radio and television programs to 61 per cent for audio-visual equipment. Most striking is the non-availability of radio and television programs. Only in one district, Cochrane, are such programs indicated to be available but even then, by only 10 per cent of the respondents. The only resources to be found in each district are library facilities and audio-visual equipment. However, not only are these at an unsatisfactory level quantitatively but also, they show great variability from district to district.

Table 11 also reveals that 4 out of 8 or 50 per cent of those responding for the district of Algoma indicated the availability of library facilities. The corresponding percentage for available audio-visual equipment and pre-packaged programs are 88 per cent and 25 per cent. There

are no radio and television programs. The findings for available resources for the other districts are shown in the same order as for Algoma. Cochrane -- 40 per cent library facilities, 60 per cent audio-visual equipment, 40 per cent pre-packaged programs, 10 per cent radio and television programs, 20 per cent "other"; Nipissing -- 50 per cent library facilities, 62.5 per cent audio-visual equipment, 50 per cent pre-packaged programs, 0 per cent radio and television programs, 12.5 per cent "other"; Sudbury and Area -- 50 per cent library facilities, 67 per cent audio-visual equipment, 33.3 per cent pre-packaged programs, 0 per cent radio and television programs, 8.3 per cent "other"; Timiskaming -- 75 per cent for library facilities and audio-visual equipment respectively, 50 per cent pre-packaged programs, 0 per cent each for radio and television programs, and "other" category. The educational materials available at Manitoulin include library facilities, audio-visual equipment, pre-packaged programs and "other" at the general hospital in the district.

As expected, the largest proportion of available educational materials is in the University, Affiliate Colleges, Colleges of Applied Arts and Technology and large hospitals. There is, however, some variation in the type of materials available among the institutions. For example, the Affiliate Colleges, the Colleges of Applied Arts and Technology and large hospitals are generally well

equipped with audio-visual equipment, pre-packaged programs, videotaping, etc. In contrast, the School of Nursing, Laurentian University has a very poor supply of educational materials both in terms of hard and soft ware. There are no pre-packaged programs, videotaping, radio and television programs at this School. Most Colleges of Applied Arts and Technology have television equipment available for preparation of education programs. A number of institutions indicate they have library facilities (books, journals and periodicals) which could be used by nurses for continuing education. Some respondents indicated that their library holdings need upgrading and/or augmenting. Some areas within the districts of the Region have no educational materials or facilities including library facilities.

Summary

Educational materials represent a more varied group of resources for continuing education. This makes their evaluation particularly difficult. However, the different categories of materials tend to be complementary, so that with proper planning, their integrated utilization could be useful in continuing education in nursing.

4. Please give your assessment of the adequacy of the available resources at your institution.

5. In what respects do resources available at your institution need upgrading and/or augmenting?

For an overall assessment of the adequacy of the resources for continuing education in nursing in the Region of Northeastern Ontario, 9 per cent of the respondents judged them to be very good, 28 per cent rated them good, 35 per cent fair and 16.2 per cent rated them poor, while 11.8 per cent were neutral. Thus only 37 per cent of the respondents considered resources for continuing education in nursing to be adequate.

Findings for the districts vary. However, generally, it would appear that audio-visual aids and equipment need upgrading and/or augmenting in some areas. Some districts, for example Timiskaming, need augmenting of some resources. In others, improved communication between institutions would facilitate effective use of available resources. Also, in many cases, more use could be made of available human resources.

Summary

The above overall assessment of the adequacy of resources by respondents, to be sure, is essentially based on personal impressions, often as a result of local experiences. Hence, the classifications above cannot be ascribed general validity. A different sample might lead to different impressions. However, when the overall assessment is related to responses on specific questions, it

becomes clear that inadequacies exist in all the currently available resources in the Region. The physical, human and educational resources need upgrading and/or augmenting. These inadequacies are more serious in some districts than in others and an important first step in improving the resources situation could be to redress the inter-district imbalances before attacking the problem of inadequate total Regional resources availability within the framework of an integrated plan for continuing education in nursing in the Region.

The available data indicate that augmenting and/or upgrading of resources for continuing education in nursing varies from district to district. Some districts need augmenting, while others would benefit from upgrading of their existing resources.

6. Are you aware of other resources in your area which may be available to a program of continuing education in nursing?

Twenty-four out of forty-three or 56 per cent listed resources in their areas that may be available to a program of continuing education in nursing. The local Colleges of Applied Arts and Technology, Affiliate Colleges, Laurentian University and the RNAO are most often listed as having resources and the responsibility for planning a program of continuing education in nursing in Northeastern Ontario. General hospitals, specialized units in hospitals, local public health units, facilities for the retarded, addiction research foundation, local high schools and public libraries are also available in certain areas of the Region. Some of these

institutions, such as the RNAO, have considerable experience of organizing and running programs of continuing education in nursing. It is assumed that they will render assistance to the local communities in Northeastern Ontario in implementing their programs of continuing education.

7. Do you have any suggestions as to how available resources for continuing education in nursing in your area might be improved?

Replies to this question were received from 22 respondents out of a total of 43 contacted (55.4%). They indicated that they would be interested in a regular on-going program of continuing education and that courses be offered in local communities. They suggested that joint programming with several agencies could be encouraged to prevent duplication of resources and that the local Colleges of Applied Arts and Technology, Affiliate Colleges, Laurentian University and the RNAO could make longer-term programs available to nurses of Northeastern Ontario. They also suggested that better use could be made of the local institutions if personnel were available and assigned to organizing a program of continuing education. Some respondents proposed that a post-basic nursing degree program be offered by Laurentian University through extension and on a part-time basis. Others want credit to be given for continuing education courses taken. Other ideas for improving resources for continuing education in nursing are the offering of short courses (no time limit given), five day workshops and night classes on continuing education topics twice

weekly at the local College of Applied Arts and Technology. The findings also reveal that there is a high degree of staff turn-over in some areas within the Region and this is attributed to the lack of continuing education in nursing in the Region. The difficulty in recruiting staff for this Region is also cited as due to the lack of opportunities for continuing education.

Subject Group 2 - Public Libraries

Six municipal libraries were surveyed. Five (83%) replied.

1. Do you possess any collection or holdings of nursing textbooks and/or journals in your library?

Three or sixty per cent indicated that some nursing textbooks and a nursing journal are available in their libraries. The distribution of these libraries with nursing textbooks and journals are Sudbury and Area, Cochrane and Timiskaming. The public library in Nipissing has no nursing textbooks or journals. The questionnaire from Algoma was returned unanswered.

2. Are you in a position to receive textbooks and journals or periodicals for nurses for general use?

Two or forty per cent of those responding indicated they could receive textbooks and journals for nursing. These libraries are located in Timiskaming and Sudbury and Area.

3. Are there any current books and journals on nursing which you are unable to acquire but would like to?

One or twenty per cent of those responding indicated no interest in acquiring nursing textbooks and/or journals. Eighty per cent are interested in upgrading and/or augmenting these holdings providing there is sufficient demand by nurses for these facilities.

4. To what extent do nurses now frequent your library?

Three or sixty per cent of those responding indicated that nurses use their libraries frequently. One or twenty per cent indicated infrequently and one or twenty per cent were neutral. There was an increase in the demand for nursing textbooks and journals by nurses.

Summary

There seems to be an increase in the use of public libraries by local nurses. Some of these libraries carry nursing textbooks and a nursing journal. The librarians are willing to upgrade and/or augment holdings of nursing textbooks providing there is sufficient demand for these by nurses. The findings also indicate that some libraries would appreciate receiving a yearly up-dated list of nursing textbooks and journals. Perhaps the University or the local College of Applied Arts and Technology or the local chapter of the professional nurses' association could fulfill this role. These libraries also have audio-visual equipment and are able to borrow films from other sources.

Subject Group 3 - Radio and Television Stations

Fifteen radio and television stations were included in the survey. Three (20%) responded (See Table 9 for breakdown of questionnaire return). These represent the districts of Nipissing, Sudbury and Area and Cochrane.

1. Are you aware of any existing programs of continuing education in nursing in Northeastern Ontario?

Two out of three or 67 per cent were not aware of any programs of continuing education. One station in Cochrane indicated an awareness and had participated in such a program through occasional publicity.

2. If you do not already participate in any program, would you be prepared to participate in one if established in the Region?

All three respondents indicated an interest in participating in a program of continuing education in nursing in the Region.

3. If answer to (2) is "YES", which of the following forms of participation would you prefer?

Studio group discussion, direct presentation of prepared programs, simulated programs, coverage of some aspects of such programs at Laurentian University, and general publicity of programs were listed as possible forms of participation. Approximate timing, cost per program and potential sponsors for such programs were also given.

Summary

Fifteen radio and television stations were included in the survey. Three (20%) responded. All three indicated an interest in continuing education in nursing in the Region of Northeastern Ontario. Interest in participation includes general program publicity and broadcasts of different types of prepared programs. Generally, the response from these respondents seems favourable in terms of the interest they indicate in being involved in continuing education in nursing in the Region.

Subject Group 4 - The Professional Associations

Three professional associations were included in the survey for the study. They are the Registered Nurses' Association of Ontario (RNAO), the Ontario Medical Association (OMA) and the Ontario Hospital Association (OHA). All three replied.

1. Do you currently have an on-going program in continuing education in nursing in Northeastern Ontario?

All three associations indicated that there are no on-going programs in continuing education in nursing in Northeastern Ontario.

2. Do you plan to initiate such a program in this Region in the near future?

The response from all three associations was negative.

3. Have you mounted any new programs in continuing education in nursing in the last year?

The findings show that the OMA and the OHA have not mounted any programs in this Region for the past year. The RNAO has no regular programs in the Region except for the occasional short programs based on needs, trends, etc.

4. What resources under your control are available for operating a continuing education program in nursing in Northeastern Ontario?

The RNAO indicated that human resources are obtained from nursing and other fields, at local, provincial and national levels. For physical resources, local schools, hotels and other facilities, depending on needs, are used. Educational materials are obtained from local libraries, Provincial Special Library and audio-visual resources. The OMA and OHA have no resources for continuing education specifically available for Northeastern Ontario.

5. What are your views regarding available resources for a continuing education program in nursing in Northeastern Ontario?

The RNAO will encourage support of programs under the aegis of recognized institutions to provide for a variety of needs, for example, cognitive and affective skills. The OMA conducts continuing medical education throughout Ontario to which nurses are welcome without charge. The OHA feels that resources are never adequate, but would however, suggest greater utilization of local colleges and universities. The OHA also frequently

sponsors, with the RNAO, short institutes and conference-type education programs for nurses as and when needs arise. The Association also has a film library.

Discussion of Findings

This survey has revealed some of the important features of the availability and distribution of resources for continuing education in nursing in Northeastern Ontario. Human, physical and educational resources on a region-wide basis are inadequate, in terms of number of institutions or agencies which possess such resources. Based on the findings for each resource category, availability of the resources in declining order, are physical resources, human resources and educational materials. There is considerable variation in the distribution of available resources between districts in the Region. No uniform pattern emerges in respect of all resources mentioned but on the whole, Timiskaming and Manitoulin are currently the poorest districts. Nipissing, Cochrane, Algoma and Sudbury and Area in declining order, appear to be the best placed. Within districts, availability of categories of resource groups also varies considerably. However, if the Region as a whole is considered, then the greatest inadequacies in resources are with respect to allied business professionals and secretarial assistance, under human resources; laboratories, under

physical resources and radio and television programs and pre-packaged programs, under educational materials. An overall plan of continuing education in nursing in the Region must pay special attention to filling these inadequacies in order to ensure an effective program.

Some television stations are interested in programs for continuing education on a regular basis. This should be explored further in terms of organizing broadcasts, determining geographical and educational areas to be covered, sponsors, etc.

The local libraries also have resources. This area needs to be explored further regarding library holdings for nurses. How best may they be upgraded and/or augmented and whose responsibility is it? In small areas where all educational materials for continuing education in nursing are not available, bookmobiles could be used to supply these areas with such materials.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

The Study in Review

In the contemporary world, nurses have to function in a dynamic and constantly changing environment brought about by the influence of scientific, technological and social changes. Health care is a major field in which the impact of these changes has been and will continue to be felt. If nurses, as important members of any health care scheme for a society, are to continue to function competently in their area of work, continuing education is essential. The successful establishment of a program of continuing education in nursing depends on the available resources and their adequacy. The available resources need to be identified and analyzed for their potential contribution to an overall plan for continuing education in nursing within a region. The results of such an analysis should point to areas where existing resources are inadequate as well as indicate possible measures for their improvements. This study was concerned with the establishment of such a program for nurses in North-eastern Ontario.

The purposes of the present study were to identify available resources for continuing education in nursing in the Region, and analyze the resources in terms of their potential contribution to an overall regional plan of continuing education. The analysis was based on assumptions with respect to the goals and needs for continuing education in nursing in Northeastern Ontario. A plan of organization based on the concept of regionalization was proposed as an aid to future planning of a program of continuing education in nursing in the Region and is appended to the study.¹

The literature review revealed that identification of available resources is an important step in planning for continuing education on a regional basis. To this writer's knowledge, no study to identify available resources for continuing education in nursing in Northeastern Ontario has been done. The present study was intended to fill this gap. The study used the descriptive survey research method. Mail questionnaires of the mixed type, using both open-ended and closed-ended questions were used for data collection. The limitations of the mail questionnaire approach are well documented and acknowledged by the writer. The limitations of the questionnaires used in this study are also acknowledged by the writer. For this study, however, it was found best, given the time and financial constraints that had to be met. The questionnaires were developed around the categories

¹See Appendix F.

of human and physical resources and educational materials. The survey sample consisted of those institutions, professional associations and agencies which are considered to be potential resources for a program of continuing education in nursing in Northeastern Ontario. The sample elements for the survey are hospitals, public health units, voluntary agencies, radio and television stations, educational institutions, public libraries and professional associations.

The data collected are analyzed according to categories of resources both at the regional and district level. A directory is provided to give full details of the available resources in the Region.² A total of 75 respondents were contacted by mail questionnaires, out of whom, 54 (72%) replied. The proportion of non-respondents (28%) was considered small enough to be tolerated for the purposes of the study. The reasons for not responding by these subjects are not known. Approximately 57 per cent of the not-respondents represent the radio and television subject group. The remaining 43 per cent represent the public libraries and health and educational institutions (See Table 9 for returned questionnaires).

The findings of the study are based on the 54 completed questionnaires which were returned within the specified time limit of 3 weeks. The survey reveals that on a region-wide basis, human and physical resources and educational materials for continuing education in nursing in Northeastern Ontario are inadequate in terms of number

²See Appendix E.

of institutions which possess them. Availability of these resources between districts varies. Within districts, availability of categories of resources also varies. Some districts are completely lacking certain categories of resources. The survey also reveals that there is a high level of interest (91%) in a program of continuing education in nursing in the Region.

The overall assessment of the adequacy of resources shows there are inadequacies in all the currently available resources in the Region. Both the human and physical resources and the educational materials need upgrading and/or augmenting. These inadequacies are more serious in some districts than in others and inter-district imbalances need to be redressed.

The writer recognizes that, while identification of the perceived learning needs of the nurse is the traditional first step in planning a formal program of continuing education in nursing, no attempt was made to do so in this study. However, the writer believes that a study to identify available resources, is a major step in planning for a program of continuing education in nursing on a regional basis of continuing education in nursing and can meaningfully be undertaken independently of identification of the perceived learning needs of nurses. Studies of this latter aspect, if undertaken by others, can vitally complement the present one. The response result of 72 per cent is considered reasonable for the study because all districts in the Region were included as well as all subject groups deemed relevant for the purposes of the

study. Although the method of identifying and analyzing available resources for continuing education in nursing employed in the study may be useful to others, no attempt was made to generalize beyond the Region of Northeastern Ontario. Finally, the results of the analysis and their interpretation relate to the situation in Northeastern Ontario at the time of the survey. No attempt has been made to show possible future changes in the available resources or to generalize the results of the study beyond the Region.

Conclusions and Implications

The available resources for continuing education in nursing in Northeastern Ontario have been identified and analyzed. The findings of the survey show serious inadequacies in terms of the number of institutions and agencies which possess such resources both at the regional and district level. An overall plan of continuing education in nursing in the Region must come to terms with these deficiencies in order to ensure effective planning.

The survey revealed a high level of interest (91%) in continuing education in nursing in Northeastern Ontario. This level of interest should facilitate implementation of a program of continuing education in nursing.

The findings also indicate that there is a high turn-over rate of nursing staff and difficulties in recruit-

ing new staff which are attributed to the lack of continuing education opportunities for nurses in the Region. The high turn-over rate of nursing staff and the current difficulties in recruiting nursing staff for the Region make it imperative that a program of continuing education in nursing be offered in Northeastern Ontario, in order to ensure a stable and efficient nursing service.

Recommendations

Based on the assumptions, literature review and the findings of this study, the following recommendations are made:

That --

1. Laurentian University immediately initiate plans to establish a program of continuing education in nursing on a regional basis along the lines of the proposed plan of organization of a program as appended to the study.
2. Laurentian University establish a Department of Continuing Education in Nursing to serve as the Regional Centre for continuing education in nursing in Northeastern Ontario, with overall responsibility for planning and coordination.

3. The Department continue to identify the continuing education needs of the nurses in the Region.
4. The Department in conjunction with local communities, where feasible, establish satellite centres for continuing education in nursing throughout the Region.
5. The Department promote and sponsor continuing education programs for nurses through the established satellite centres.
6. The Department and the satellite centres use the Region's available resources, in a manner preventing duplication of effort, to offer a program of continuing education in nursing across the Region.
7. The Department establish and offer continuing education courses in the interim, while seeking ways and means to establish satellite centres.
8. Future plans for continuing education in nursing in Northeastern Ontario consider the possibility of using local television stations for a wide variety of programs related to nursing interests and areas.

9. Radio and television programs based on established needs of the nurse population be broadcast to areas not served by satellite centres.
10. The Department explore ways and means of establishing continuing education programs for nurses in remote or inaccessible areas of the Region.
11. The Region seek ways and means of upgrading and/or augmenting the categories of resources.
12. The Government of Ontario support financially and in other ways the efforts of the Region in upgrading and/or augmenting these resources.

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Calendar

Laurentian/Laurentienne 1974:1975 Calendar/Annuaire, and Philosophy of the School of Nursing.

Correspondence

Joan MacDonald, Director, College of Nurses, Ontario, Toronto, 1975.

APPENDIX A

ADMINISTRATIVE MAP OF STUDY AREA



APPENDIX B

LIST OF SUBJECTS CONTACTED BY DISTRICT

NORTHEASTERN ONTARIO - SURVEY OF RESOURCESDISTRICTS1. ALGOMA

Town-Sault St. Marie

Library

Director
Public Library
50 East Street
Sault St. Marie, Ontario

Radio and Television Stations

CJIC-TV
Hyland Radio & TV Ltd.
Hyland Building
119 East Street
Sault St. Marie, Ontario

CKCY
Algonquin Radio & TV Co., Ltd.
254 Queen St. E.
Sault St. Marie, Ontario

Affiliate College

Principal
Algoma University College
Shingwauk Hall,
Queen St. E.
Sault St. Marie, Ontario

College of Applied Arts & Technology

Chairman, Health Sciences Division
Sault College of Applied Arts & Technology
Box 60, 443 Northern Avenue, P6A 5L3
Sault St. Marie, Ontario

Centre for Continuing Education

Elliot Lake De Elliot Lake Centre for Continuing Education
Director,
180 Mississauga Avenue
Elliot Lake, Ontario

Public Health Unit

Director of Nursing
Algoma Health Unit
235 Wellington West
Sault St. Marie, Ontario, P6A 1H6

Public General Hospitals

Director of Nursing:

St. Joseph's General
Lakeside Avenue
Box 970, Blind River, POR 1C0
Ontario

St. Joseph's General
Spine Road
Elliot Lake, P5A 1X2
Ontario

General Hospital
941 Queen St. E.
Sault St. Marie, P6A 2B8
Ontario

Plummer Memorial
969 Queen St. E.
Sault St. Marie, P6A 2C4
Ontario

The Lady Dunn General
Station Road, Box 179
Wawa, P0S 1K0
Ontario

2. COCHRANE

Town - Timmins

Library

Secretary
Public Library
236 Algonquin Blvd. E.
Timmins
Ontario

Radio & Television Stations

CBFOT

Timmins, Ontario

CFCL-TV

Timmins, Box 620

Ontario

Affiliate College

Directeur,

College De Hearst

Hearst, Ontario

College of Applied Arts & Technology

Chairman of the Nursing Program,

Northern Regional College of Applied Arts & Technology

155 Pine Street. S., Box 2002

South Porcupine, Ontario

Public Health Unit

Porcupine Public Health Unit

70 Balsam St. S. and 234 Algonquin Blvd.

Timmins, Ontario

Director of Nursing

Public General Hospitals

Director of Nursing:

The Lady Minto Hospital at Cochrane

156-8th St., Box 1660

Cochrane, P0L 1C0

Ontario

Notre-Dame

1405 Edward St.

Box 850

Hearst, P0L 1N0

Ontario

Anson General

Eight St.

Box 370

Iroquois Falls, P0K 1E0

Ontario

Sensenbrenner
10 Drury St.
Kapuskasings, P5N 1K9
Ontario

Bingham Memorial
P.O. Box 70
Matheson, P0K 1N0
Ontario

James Bay General - Moosonee Wing
P.O. Box 370
Moosonee, P0L 1Y0
Ontario

Smooth Rock Falls
105 Second Ave.
Box 219
Smooth Rock Falls, P0L 2B0
Ontario

Porcupine General
Bruce Ave.
Box 850
South Porcupine, P0N 1H0
Ontario

Northeastern Regional Mental Health Centre
P.O. Box 1720
Porcupine, P0N 1H0
Ontario

St. Mary's General
41 Pine St. N.
Timmins, P4N 6K7
Ontario

3. MANITOULIN

Town - Little Current

Public General Hospital

Director of Nursing:

St. Joseph's General
Meredith St.
Box 250
Little Current, P0P 1K0
Ontario

4. NIPISSING

Town - North Bay

Library

Director
Public Library
217 Worthington St. E.
North Bay
Ontario

Radio & Television Stations

CHNB-TV
Director
North Bay
Ontario

Director,
CFCH
Northern Broadcasting Ltd.
North Bay
Ontario

Director
CKNY
Box 1050, North Bay
Ontario

Affiliate College

President,
Nipissing University College
Box 5002, North Bay
Ontario

College of Applied Arts & Technology

Director of the Nursing Program
Canadore College of Applied Arts & Technology
Gormanville Road, Box 5001
North Bay P1B 8K9
Ontario

Public Health Unit

Director of Nursing
North Bay & District Public Health Unit
204 McIntyre St. E.,
North Bay
Ontario

Public General Hospitals

Director of Nursing:

Mattawa General
215 - 3rd St.
Box 70
Mattawa, P0H 1V0
Ontario

North Bay Civic
750 Scollard St.
North Bay, P1B 5A4
Ontario

North Bay Psychiatric
Hwy. 11 N., Box 3010
North Bay, P1B 8L1
Ontario

St. Joseph's General
720 McLaren St.
North Bay, P1B 3L9
Ontario

St. Jean de Brebeuf
145 Main St.
Sturgeons Fall, P0H 2G0
Ontario

5. SUDBURY AND AREA

Town - Sudbury

Library

Director
Public Library
74 McKenzie St.
Sudbury
Ontario

Radio & Television Stations

Director
CKSO-TV & Radio
336 Ash Street
Sudbury
Ontario

Director
CFRB
166 Elm St.
Sudbury
Ontario

Director CHNO
166 Elm St.
Sudbury
Ontario

Director CBFST-1
Sudbury
Ontario

Director
CKNC-TV
Sudbury
Ontario

University

Director, The School of Nursing
Laurentian University
Ramsey Lake Road
Sudbury
Ontario

College of Applied Arts & Technology

Director of Nursing Program
Cambrian College of Applied Arts & Technology
1400 Barrydowne Road
Sudbury
Ontario

Public Health Unit

Director of Nursing
Sudbury & District Public Health Unit
1300 Paris Crescent
Sudbury
Ontario

Public General Hospitals

Director of Nursing:

The Lady Minto Hospital at Chapleau
77 Queen St. S., Box 757
Chapleau, P0M 1K0
Ontario

Copper Cliff Hospital
38 Granite St
Copper Cliff
Ontario

Espanola General
79 Tudhope St., Box 1280
Espanola, P0P 1C0
Ontario

*St. Joseph's General
MacKenzie St.
Sudbury, P3C 4X9
Ontario

Sudbury General Hospital of the Immaculate
Heart of Mary
700 Paris St
Sudbury
Ontario

Memorial Hospital
Regent St. S.
Sudbury, P3E 3Y9
Ontario

*Laurentian Hospital
1222 Paris Crescent
Sudbury, P3E 3A6
Ontario

Sudbury & Algoma Sanitorium
680 Kirkwood Drive
Sudbury, P3E 1X3
Ontario

Sudbury Detoxication Unit
1237 Kingsway
Sudbury
Ontario

* Moving to Laurentian Hospital as of May 1975.

PARRY SOUND

Library

Director
Parry Sound Public Library
29 Mary St.
Parry Sound
Ontario

Radio & Television Stations

Director CKVR-TV-1
Parry Sound
Ontario

Director
CKAR-1
28 William St.
Parry Sound
Ontario

Public General Hospitals

Director of Nursing:

South Muskoka Memorial
75 Ann St., Box 1570
Bracebridge, P0B 1C0
Ontario

Huntsville District Memorial
14 Mill St., Box 5500
Huntsville, P0A 1K0
Ontario

Parry Sound District General
10 James St.
Parry Sound, P2A 1Z3
Ontario

6. TIMISKAMING

Town - Kirkland Lake

Library

Director
Teck Centennial Library
10 Kirkland St. E.
Box 670
Kirkland Lake, P2N 3K2
Ontario

Radio & Television Stations

Director
CJKL
Government Road W., Woolworth Building
Kirkland Lake
Ontario

College of Applied Arts & Technology

Director of the Nursing Program
Northern College of Applied Arts & Technology - Kirkland
Lake Campus
140 Government Road, E.
Kirkland Lake
Ontario

Public Health Unit

Director of Nursing
Timiskaming Public Health Unit
Box 1240
New Liskeard, Ontario

Public General Hospitals

Director of Nursing:

Englehart & District
61 - 5th St., Box 69
Englehart, P0J 1H0
Ontario

Temiskaming Hospital - Haileybury Unit
Georgina Ave.
Haileybury,
Ontario

Kirkland Lake & District
30 Second St. E.
Kirkland Lake, P2N 1R2
Ontario

Temiskaming Hospital - New Liskeard Unit
Hessle Ave., P.O. Box 340
New Liskeard
Ontario

PROFESSIONAL ASSOCIATIONS1. ONTARIO HOSPITAL ASSOCIATION (OHA)

Assistant Executive Director Education Services
Ontario Hospital Association
150 Ferrand Drive
Flemingdon Park
Don Mills, M3C 1H6
Ontario

2. ONTARIO MEDICAL ASSOCIATION (OMA)

Secretary
Committee on Education
Ontario Medical Association
240 St. George St.
Toronto, M5R 2P4
Ontario

3. REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)

Director, Professional Development Department
Registered Nurses' Association of Ontario
33 Price St.
Toronto, M4W 1Z2
Ontario

APPENDIX C

COVERING LETTERS



SUDBURY, ONTARIO, CANADA

Laurentian University School of Nursing is pleased to cooperate with Una Reid in her study to determine continuing education resources for nurses in Northeastern Ontario. The findings will be of great value to us as we begin to assume responsibility for this, hopefully, in the near future.

I encourage you to complete the enclosed questionnaire and return it to Miss Reid by April 5, 1975. Your cooperation will be appreciated by both Miss Reid and the School of Nursing

Thank you.

*Dorothy Pringle
Director
School of Nursing*

2455 West 2nd Avenue
Apt. 106
Vancouver, B.C.
V6K 1J5

Dear

I am a graduate student at the University of British Columbia enrolled in the Master's program in the School of Nursing. At the end of my studies I shall be returning to the School of Nursing, Laurentian University, Sudbury.

I have selected for my thesis, "A Survey of Available Resources for Continuing Education in Nursing in Northeastern Ontario." For the purposes of the study "Continuing Education" is defined as any planned educational activity -- learning opportunities and/or experiences -- directed toward meeting the learning needs of the nurse following basic nursing education, exclusive of full or part-time formal post-basic nursing education.

Information on this topic is not readily available and I am therefore contacting health agencies, affiliate colleges, colleges of applied arts and technology, public libraries and other relevant organizations for assistance in this regard.

As one of the leading organizations of interest in this study, I am forwarding a questionnaire through the Director, School of Nursing, Laurentian University, Sudbury for your kind completion.

Kindly return completed questionnaire directly to me. A self-addressed envelope, "Special Delivery", is enclosed for your convenience.

I wish to assure you that all information supplied will be treated in the strictest confidence. Thank you for your cooperation.

I remain,
Yours sincerely,

Una V. Reid, R.N., B.Sc.N.

UVR/mle

APPENDIX D

QUESTIONNAIRES:

1. HEALTH AND EDUCATIONAL INSTITUTIONS
2. PUBLIC LIBRARIES
3. RADIO AND TELEVISION STATIONS
4. PROFESSIONAL ASSOCIATIONS
(RNAO, OMA, OHA)

HEALTH AND EDUCATIONAL INSTITUTIONS

SURVEY OF AVAILABLE RESOURCES FOR CONTINUING EDUCATION
IN NURSING IN NORTHEASTERN ONTARIO

QUESTIONNAIRE

1. Name of Institution.
2. Location.
city or town
3. Address.
4. Person(s) Responding.
Chairman, Principal, Director,
President, etc.
5. (a) Are you interested in participating in a program of
continuing education in nursing in your area?
YES NO*. . . .
- (b) Briefly give reasons for your answer.
.
.
.
6. Has a program of continuing education in nursing been
offered in your area in the last 5 years? YES . . .
NO . . .
7. If answer to (6) is "YES", please describe.
.
.
.

*Please circle correct answer.

8. What resources are available at your institution for operating a program of continuing education in nursing? Please describe and elaborate under the following headings:

(a) Human Resources:

(i) Faculty (State area of expertise and qualifications).

(ii) Allied Health Professionals (State area of expertise and qualifications).

(iii) Allied Business Professionals (State area of expertise and qualifications).

(iv) Secretarial assistance.

(b) Physical Resources, for example, teaching space:

(i) Laboratories:

(a) Number of laboratories

(b) Seating capacity

(ii) Classrooms and lecture halls:

(a) Number of classrooms and lecture halls

(b) Seating capacity

(iii) Conference rooms

(a) Number of conference rooms

(b) Seating capacity

(c) Educational Materials:

(i) Total number of Books, Journals, Periodicals
held by library

(ii) Audio-visual aids (equipment)

(a) Type

(b) Date acquired

(iii) Pre-packaged programs

(iv) Radio and Television programs

(v) Other (Specify)

9. Please give your assessment of the adequacy of the available resources at your institution.

VERY GOOD . . . GOOD . . . FAIR . . . POOR . . .

10. In what respects do resources available at your institution need upgrading and/or augmenting? Describe briefly.

.
.
.
.

11. Are you aware of other resources in your area which may be available to a program of continuing education in nursing? Describe briefly.

[illegible]

12. Do you have any suggestions as to how available resources for continuing education in nursing in your area might be improved? Please be brief.

This image shows a full page of dot grid paper. The dots are arranged in a precise, repeating grid pattern across the entire surface. Each dot is a small, solid black circle, and they are spaced at regular intervals both horizontally and vertically. The background is a clean, bright white, providing a high contrast for the dark dots. There are no margins, text, or other markings present on the page.

PUBLIC LIBRARIES

SURVEY OF AVAILABLE RESOURCES FOR CONTINUING EDUCATION
IN NURSING IN NORTHEASTERN ONTARIO

QUESTIONNAIRE

1. Name of Institution.
2. Location.
city or town
3. Address.
4. Do you possess any collection or holdings of Nursing
Textbooks and/or Journals in your Library? YES . . . NO* . . .
5. If "YES", how many items are currently held?
.
.
.
6. Please list (on separate page) Nursing Textbooks and
Journals held in your library.
7. Are you in a position to receive textbooks and journals
or periodicals for nurses for general use? YES . . . NO . . .
8. Do you have adequate facilities for the development of
reading materials for nurses in your library? YES . . .
NO . . . Is any of the following a problem?

*Please circle correct answer.

- (i) Shelving space. YES . . . NO . . .
- (ii) Reading space. YES . . . NO . . .
- (iii) Reading tables and/or chairs. YES . . . NO . . .
- (iv) Assisting personnel. YES . . . NO . . .

9. Are there any current books and journals on Nursing which you are unable to acquire but would like to?
- YES . . . NO . . . Please state reason and list of books:

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10. To what extent do nurses now frequent and use your library? Very Frequently . . . Frequently . . .
- Infrequently . . .

11. Has your library access to or lending privileges for Nursing Textbooks with any other libraries? YES . . .
- NO . . .

12. If your answer to (11) is "YES", please list libraries and their location.

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13. What are your special problems in building up a reading collection for nurses at your library? Please be brief.

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14. What types of audio-visual aids (equipment) exist in your library? Please describe under the following headings:

(a) Type

(b) Date acquired

15. Do you have any suggestions regarding facilities that are available for continuing education in nursing in your area? Please be brief.

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List of Nursing Textbooks & Journals

RADIO & TELEVISION STATIONS

SURVEY OF AVAILABLE RESOURCES FOR CONTINUING EDUCATION
IN NURSING IN NORTHEASTERN ONTARIO

QUESTIONNAIRE

1. Name of Institution.
2. Location.
city or town
3. Address.
4. Person(s) Responding
President, Director, Program
Director, etc.
5. Are you aware of any existing programs of continuing
education in nursing in Northeastern Ontario? YES. . .
NO* . . .
6. If answer to (5) is "YES", are you a participant in the
program? YES . . . NO . . . If "YES", in what form?
Describe briefly.
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.
7. If you do not already participate in any program, would
you be prepared to participate in one if established in
the Region? YES . . . NO . . .

*Please circle correct answer.

8. If answer to (7) is "NO", please state why.

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9. If answer to (8) is "YES", which of the following forms of participation would you prefer (Please rank).

- A. Studio group discussion
- B. Direct presentation of prepared programs
- C. Simulated programs (selected topics)
- D. Coverage of some aspects of such programs at
 Laurentian University
- E. General publicity of such programs

10. If A, B or C, give approximate frequency and cost of programming.

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11. Please list below potential sponsors of such programs.

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12. Please use space below to give any other further information or suggestions you may have on continuing education in nursing in Northeastern Ontario.

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PROFESSIONAL ASSOCIATIONS (RNAO, OMA, OHA)

SURVEY OF AVAILABLE RESOURCES FOR CONTINUING EDUCATION
IN NURSING IN NORTHEASTERN ONTARIO

QUESTIONNAIRE

1. Name of Association.
2. Location.
city or town
3. Address.
4. Person(s) Responding.
President, Executive Director,
Director, etc.
5. Do you currently have an on-going program in continuing
education in nursing in Northeastern Ontario? YES . . .
NO* . . .
6. If answer to (5) is "NO", do you plan to initiate such a
program in this region in the near future? YES . . .
NO . . . Describe briefly.
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7. If answer to (5) is "YES", please give below detailed
particulars of this program.
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*Please circle correct answer.

8. Have you mounted any new programs in continuing education in nursing in the last year? YES . . . NO . . .

9. If answer to (8) is "YES", please give list of such programs with location and any cooperating institutions.*

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10. What resources under your control are available for operating a continuing education program in nursing in Northeastern Ontario?* Describe briefly under:

(i) Human Resources

(ii) Physical Resources

(iii) Educational materials

11. What are your view regarding available resources for a continuing education program in nursing in Northeastern Ontario? Please be brief.

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*You may use separate sheets provided for questions 9 & 10.

12. Do you have other continuing education programs in
which nurses could participate? YES . . . NO / . . .

N/A . . . Describe briefly.

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13. Other Comments.

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Programs Offered

Resources

APPENDIX E

DIRECTORY OF RESOURCES FOR CONTINUING EDUCATION
IN NURSING IN NORTHEASTERN ONTARIO

1975

DIRECTORY OF RESOURCES FOR CONTINUING EDUCATION IN NURSING
IN NORTHEASTERN ONTARIO, 1975

DISTRICT: ALGOMA

HUMAN RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Personnel (ii) Secretarial Assistance	Chairman, Health Sciences Division	Sault College of Applied Arts & Technology	443 Northern Ave Box 60 Sault St. Marie, Ontario P6A 5L3
2	(i) Nursing Personnel (ii) Secretarial Assistance	Director of Nursing	Plummer Memorial Hospital	969 Queen St. Sault St. Marie Ontario P6A 2
3	(i) Nursing Personnel (ii) Allied Health Professionals (medical practitioners, physiotherapist, laboratory technician)	Director of Nursing	St Joseph's General Hospital	Spine Road Elliot Lake, Ontario P5A 1X2

DISTRICT: ALGOMA (Human Resources)

No.	Available Resources	Contact	Institution	Address
4	(i) Allied Business Professionals	Director of Public Relations	Algoma Steel	Sault St. Marie Ontario
5	(i) Nursing Personnel (ii) Allied Health Professionals (medical practitioners) (iii) Secretarial Assistance	Director of Nursing	St. Joseph's General Hospital	Lakeside Avenue Box 970, Blind River, Ontario P0R 1C0
6	(i) Nursing Personnel (ii) Allied Health Professionals (M.O.H.) (iii) Secretarial Assistance	Director of Nursing	Algoma Health Unit	235 Wellington St. Sault St. Marie Ontario P6A 1H6
7	(i) Secretarial Assistance	Acting Principal	Algoma University College	Shingwauk Hall Queen St. E. Sault St. Marie Ontario
8	(i) Secretarial Assistance	Associate Director of Programs	Elliot Lake Centre d'Elliot Lake	180 Mississauga Ave., Elliot Lake, Ontario

DISTRICT: ALGOMA

PHYSICAL RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Auto-tutorial Laboratory with 14 carrels (ii) 3 Classrooms* (40-80 each) (iii) 1 Conference room (20)	Chairman, Health Sciences Division	Sault College of Applied Arts and Technology	443 Northern Ave Sault St. Marie Ontario P6A 5L3
2	(i) 10 Classrooms (30-90 each) (ii) 3 Conference rooms (10-25 each)	Acting Principal	Algoma University College	Shingwauk Hall Queen St. E. Sault St. Marie Ontario
3	(i) 10 Classrooms (24-200) (ii) 6 Conference rooms (30 each)	Associate Director of Programs	Elliot Lake Centre d'Elliot Lake	180 Missisauga Ave. Elliot Lake Ontario
4	(i) 1 Classroom (125) (ii) 2 Conference rooms (6-10)	Director of Nursing	Plummer Memorial Hospital	969 Queen St. E. Sault St. Marie Ontario
5	(i) 2 Classrooms (18-30) (ii) 1 Conference room (25)	Director of Nursing	St. Joseph's General Hospital	Spine Road Elliot Lake Ontario P5A 1X2

*Numbers in brackets represent seating capacity.

DISTRICT: ALGOMA (Physical Resources)

No.	Available Resources	Contact	Institution	Address
6	(i) 1 Classroom (40-50)	Director of Nursing	Algoma Health Unit	235 Wellington St. W., Sault St. Marie, Ontario P6A 1H6

DISTRICT: ALGOMAEDUCATIONAL MATERIALS

No.	Available Resources	Contact	Institution	Address
1	(i) Library Facilities *(books, journals, periodicals) (ii) Pre-packaged Programs - Canadian health law tapes -audio-digest tapes on general practice (iii) Audio-visual Equip- ment - Bell & Howell projector **(1973) -Kodak slide projec- tor (1974) -film strip projector (1972)	Director of Nursing	St. Joseph's General Hospital	Spine Road Elliot Lake, Ontario P5A 1X2
2	(i) Library Facilities (books, journals, periodicals) (ii) Pre-packaged Programs -diabetic teaching tapes, etc. (1973) (iii) Audio-visual Equip- ment - Sony video camera (1973)	Director of Nursing	Plummer Memorial Hospital	969 Queen St. E. Sault St. Marie Ontario P6A 2C4

* Nursing textbooks, journals and periodicals.

**Numbers in brackets represent year acquired.

DISTRICT: ALGOMA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
2 (con.)	<ul style="list-style-type: none"> -Sony video tape machine with colored television (1973) -Auto Advance II (film strips & tapes) (1972) -Tiffin tape recorder (1972) -Kodak extragraphic slide projector model B2 with film strip attachment (1972) -2 film projectors <ul style="list-style-type: none"> -automatic (1970) -manual (?) -single slide viewer (1973) -overhead projector (?) -record player (?) -2 viewing screens (?) -models- (Heart, Babe, Resuci-Anne, etc.) -Konica C35 automatic camera (1973) 			
3	(i) Library Facilities (books, journals, periodicals)	Chairman, Health Sciences Division	Sault College of Applied Arts & Technology	443 Northern Ave. Sault St. Marie Ontario P6A 5L3

DISTRICT: ALGOMA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
³ (Con.)	(ii) Audio-visual equipment - extensive holdings including auto-tutorial productions. All recently acquired			
4	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual equipment - extensive, including video-taping. Recently acquired	Acting Principal	Algoma University College	Shingwauk Hall Queen St. E. Sault St. Marie Ontario
5	(i) Audio-visual equipment - slide projector - film projector - film strip projector -tapes. All acquired in the past 2 years	Director of Nursing	St. Joseph's General Hospital	Lakeside Ave. Box 970 Blind River P0R 1C0 Ontario

DISTRICT: ALGOMA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
6	(i) Audio-visual Equipment - videotapes, overheads, 16 mm slides, sound. Recently acquired	Associate Director of Programs	Elliot Lake d'Centre Elliot Lake	180 Mississauga Ave. Elliot Lake Ontario
7	(i) Audio-visual equipment - movie projector (1967) - film projector (1971) -2 Carousel (1971-1973) - overhead projector (1972) -radio record player (1971) -tape recorder (1972)	Director of Nursing	Algoma Health Unit	235 Wellington St.W. Sault St. Marie Ontario P6A 1H6

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Personnel (ii) Allied Health Professionals	Director of Nursing	Sensenbrenner Hospital	10 Drury St. Kapuskasing Ontario P5N 1K9
2	(i) Nursing Personnel	Director of Nursing	Porcupine General Hospital	Bruce Ave., Box 850 South Porcupine Ontario P0N 1H0
3	(i) Nursing Personnel (ii) Allied Health Professionals, (medical practitioners, Ph.D. in psychology, MSW)	Clinical Co-ordinator	Northeastern Regional Mental Health Centre	Box 1720 Porcupine Ontario P0N 1H0
4	(i) Nursing Personnel	Supervisor of Nurses	Porcupine Health Unit	70 Balsam St. and 234 Algonquin Blvd. Timmings Ontario
5	(i) Nursing Personnel (ii) Allied Health Professionals (medical practitioners, specialists in gynaecology, surgery, ENT, urology, psychiatry)	Chairman, Diploma Nursing Program	Northern College of Applied Arts & Technology	155 Pine St. S. Box 2002 South Porcupine Ontario

DISTRICT: COCHRANE (Human Resources)

No.	Available Resources	Contact	Institution	Address
5 (con.)	(iii) Allied Business Professionals (lawyers, business men) (iv) Secretarial Assistance			
6	(i) Allied Health Professionals	Director of Nursing	Notre Dame Hospital	1405 Edward St. Box 850 Hearst Ontario P0L 1N0
7	(i) Allied Health Professionals (medical practitioners) (ii) Allied Business Professionals (lawyers, business men)	Director of Nursing	St. Mary's General Hospital	41 Pine St. N. Timmins Ontario P4N 6K7

DISTRICT: COCHRANEPHYSICAL RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Laboratories -2 laboratories (16-36)* (ii) Classrooms & Lecture Halls - 28 classrooms (12-38)* - 1 lecture hall (100)*	Director of Diploma Nursing Program	Northern College of Applied Arts or Technology	Box 2002 155 Pine St. S. South Porcupine Ontario
2	(i) Classrooms & Lecture Halls - 1 lecture hall (60)* (ii) Conference Rooms -3 conference rooms (6-8)*	Director of Nursing	Notre Dame Hospital	1405 Edward St. Hearst Ontario P0L 1N0
3	(i) Classrooms -1 classroom (25)* (ii) Conference Room -1 conference room (60)*	Clinical Coordin- ator	Northeastern Regional Mental Health Centre	Box 1720 Porcupine Ontario P0N 1H0
4	(i) Classrooms -1 auditorium (100- 125)* - 1 classroom (50)* - 1 boardroom (20)* (ii) Conference Rooms -2 conference rooms(12)*	Director of Nursing	St. Mary's General Hospital	41 Pine St. N. Timmins Ontario P4N 6K7

*Figures in brackets refer to seating capacity.

DISTRICT: COCHRANE (Physical Resources)

No.	Available Resources	Contact	Institution	Address
5	(i) Classrooms -1 classroom (30) (ii) Conference Rooms -1 conference room (20)	Director of Nursing	Sensenbrenner Hospital	10 Drury St. Kapusksing Ontario P5N 1K9
6	(i) Conference Rooms -1 boardroom (16)	Director of Nursing	Anson General Hospital	Eight St. Box 370 Iroquois Falls Ontario P0K 1E0

DISTRICT: COCHRANEEDUCATIONAL MATERIALS

No.	Available Resources	Contact	Institution	Address
1	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment -16 mm film projector (1970) - 35 mm slide projector (1974) -Dukane film strip projector (1974) -film catridge pro- jector (1974) (iii) Pre-packaged programs -audio tapes -gyane- cology and obstetrics (?) - ROCOM - I.C.U.; C.C.U.	Director of Nursing	Sensenbrenner Hospital	10 Drury St. Kapusksing Ontario P5N 1K9
2	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - tape recorders -portable blackboards -2 16 mm movie pro- jectors - 35 mm slide projector - opaque & overhead projector -anatomical models -Resuci-Anne.	Director of Nursing	St. Mary's General Hospital	41 Pine St. N. Timmins Ontario P4N 6K7

DISTRICT: COCHRANE (Educational Materials)

No.	Available Resources	Contact	Institution	Address
2 (cont.)	<p>All acquired over the past several years - videotape - (near future)</p> <p>(iii) Pre-packaged Programs -ROCOM - ICU, CCU</p>			
3	<p>(i) Library Facilities (books, journals, periodicals)</p> <p>(ii) Audio-visual Equipment - videotape, tape recorder -cassette recorders -overhead projector -movie projector -slide projector All acquired 1969 through 1974</p>		Northeastern Regional Mental Health Centre	Box 1720 Porcupine Ontario P0N 1H0
4	<p>(i) Library Facilities</p> <p>(ii) Audio-visual Equipment - Bell & Howell film projector (1966) - film strips & slide projector (1966) - overhead projector (1973)</p>	Director of Nursing	Notre Dame Hospital	1405 Edward St. Hearst Ontario P0L 1N0

DISTRICT: COCHRANE (Educational Materials)

No.	Available Resources	Contact	Institution	Address
4 (con.)	(iii) Pre-packaged Programs - 30 trainex programs - or 30 day pre-view list for trainex program			
5	<p>(i) Library Facilities (books, journals, periodicals)</p> <p>(ii) Radio & Television Programs - equipment available for programs</p> <p>(iii) Audio-visual Equipment - audio cassettes audio recorders, video recorders-players -35 mm slide projectors - 16 mm - 8 mm movie projectors -film loops (relating to nursing procedures) Acquired within the past 5 years.</p>	Director, Diploma Nursing Program	Northern College of Applied Arts & Technology	155 Pine St. S. Box 2002 South Porcupine Ontario
6	<p>(i) Audio-visual Equipment</p> <p>- film projector (?)</p> <p>- slide projector (?)</p>	Director of Nursing	Anson General Hospital	Eight St. Box 370 Iroquois Falls Ontario P0K 1E0

DISTRICT COCHRANE (Educational Materials)

No.	Available Resources	Contact	Institution	Address
6 (con.)	(ii) Pre-packaged Program -Arrhythmia recognition - slides (?) -emergency care tapes (?)			
7	(i) Area Television Network Program Broadcasts	Program Director	CFCL-TV	Box 620 Timmins Ontario
8	(i) Library Facilities -willing to add nursing textbooks and journals -interlibrary loan (ii) Audio Equipment -16 mm Bell & Howell projector (1973)	Secretary	Timmins Public Library	236 Algonquin Blvd.E. Timmins Ontario

DISTRICT: MANITOULINHUMAN RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Personnel (ii) Allied Health Professionals (medical practitioners)	Director of Nursing	St. Joseph's General Hospital	Meredith St. Box 250 Little Current Ontario P0P 1K0

DISTRICT: MANITOULINPHYSICAL RESOURCES

1	(i) Classrooms -1 classroom (50)	Director of Nursing	St. Joseph's General Hospital	Meredith St. Box 250 Little Current Ontario P0P 1K0
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DISTRICT: MANITOULINEDUCATIONAL MATERIALS

1	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equipment - projector & screen (1970) - tape recorder (1973-74)	Director of Nursing	St. Joseph's General Hospital	Meredith St. Box 250 Little Current Ontario P0P 1K0
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DISTRICT: MANITOULIN (Educational Materials)

No.	Available Resources	Contact	Institution	Address
1 (con.)	(iii) Pre-package Programs - tape cassettes of all lectures given at hospital -tapes on fire & disaster			

DISTRICT: NIPISSINGHUMAN RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Faculty (ii) Allied Health Professionals (Ph.D. in psychology, MSW)	Director of Nursing	North Bay Psychiatric Hospital	Box 3010, Hwy. 11 N. North Bay Ontario P1B 8L1
2	(i) Nursing Faculty (ii) Allied Health Professionals (medical Practitioners, specialists in psychiatry, paediatrics, obsetrics and gynaecology, social worker)	Director of Nursing	St. Joseph's General Hospital	720 McLaren St. North Bay Ontario P1B 3L9
3	(i) Nursing Faculty (ii) Allied Health Professionals (medical practitioners, specialists in psychiatry, paediatrics, obstetrics and gynaecology, social worker)	Director of Nursing	North Bay Civic Hospital	750 Scollard St. North Bay Ontario P1B 5A4

DISTRICT: NIPISSING (Human Resources)

No.	Available Resources	Contact	Institution	Address
4	(i) Nursing Faculty (ii) Allied Health Professionals (medical practitioners - specialists in psychiatry, paediatrics, obstetrics and gynaecology, social worker)	Director of Nursing	Mattawa General Hospital	215-3rd St. Box 70 North Bay Ontario P0H 1V0
5	(i) Nursing Faculty (ii) Allied Health Professionals (medical practitioners- specialists in psychiatry, paediatrics, obstetrics and gynaecology, social worker) (iii) Allied Business Professionals (Business Administration Faculty) (iv) Secretarial Assistance	Chairman, Diploma Nursing Program	Canadore College of Applied Arts & Technology	Gormanville Rd. Box 5001 North Bay Ontario P1B 8K9

DISTRICT: NIPISSINGPHYSICAL RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Laboratories -1 laboratory (50) (ii) Classrooms & lecture Halls - 2 large lecture theatres (300 or 105) -several large classrooms (30-45) -several seminar rooms (20)	Chairman, Diploma Nursing Program	Canadore College of Applied Arts & Technology	Gormanville Rd. Box 5001 North Bay Ontario P1B 8K9
2	(i) Classrooms -1 combined class- room & laboratory (5) (ii) Conference Rooms -3 conference rooms (10-15 & 20)	Director of Nursing	Mattawa General Hospital	215-3rd St. Box 70 Mattawa Ontario P0H 1V0
3	(i) Classrooms (ii) Conference Rooms -2 conference rooms (8)	Director of Nursing	St. Joseph's General Hospital	720 McLaren St. North Bay Ontario P1B 3L9
4	(i) Classrooms (ii) Conference Rooms -several conference rooms (?)	President	Nipissing University College	Box 5002 North Bay Ontario

DISTRICT: NIPISSING (Physical Resources)

No.	Available Resources	Contact	Institution	Address
5	(i) Classrooms -1 classroom (50)* (ii) Conference Rooms -16 conference rooms (10)*	Director of Nursing	North Bay Psychiatric Hospital	Hwy. 11 N, Box 3010 North Bay Ontario P1B 8L1
6	(i) Classrooms -3 classrooms (100 or 30-34)* (ii) Conference Rooms -4 conference rooms (10)*	Director of Nursing	North Bay Civic Hospital	750 Scollard St. North Bay Ontario P1B 5A4

* Figures in brackets refer to seating capacity.

DISTRICT: NIPISSINGEDUCATIONAL MATERIALS

No.	Available Resources	Contact	Institution	Address
1	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - 16 mm sound projector (1965)	Director of Nursing	Mattawa General Hospital	215-3rd St. Box 70 Mattawa Ontario P0H 1V0
2	(i) Library Facilities (ii) Audio-visual Equip- ment - any type of hardware including video-cassett. Acquired within the past 5 years (iii) Pre-packaged Programs -large collection of video-cassette programs or various topics (iv) Radio & Television Programs	President	Nipissing University College	Box 5002 North Bay Ontario
3	(i) Library Facilities (books, journals, periodicals)	Chairman, Diploma Nursing Program	Canadore College of Applied Arts & Technology	Gormanville Rd. Box 5001 North Bay Ontario P1B 8K9

DISTRICT: NIPISSING (Educational Materials)

No.	Available Resources	Contact	Institution	Address
3 (con.)	<p>(ii) Audio-visual Equipment - any type of hardware including video cassette. Acquired within the past 5 years</p> <p>(iii) Pre-packaged Programs -large collection of video-cassette programs on various topics</p> <p>(iv) Radio & Television Programs</p>			
4	<p>(i) Library Facilities (books, journals, periodicals)</p> <p>(ii) Audio-visual Equipment - Caramate (1972) - 16 mm projector (1968) - slide projector or film strip (1968)</p>	Director of Nursing	St. Joseph's General Hospital	720 McLaren St. North Bay Ontario P1B 3L9
5	<p>(i) Library Facilities (books, journals, periodicals)</p> <p>(ii) Audio-visual Equipment - Sony Model A.V, tape recorder (1974)</p>	Director of Nursing	North Bay Civic Hospital	750 Scollard St. North Bay Ontario P1B 8L1

DISTRICT: NIPISSING (Educational Materials)

No.	Available Resources	Contact	Institution	Address
5 (con.)	(iii) Pre-packaged Programs -programs on emergency care and hospital law			
6	(i) Library Facilities -interlibrary loan and nursing textbooks (ii) Audio-visual Equipment - Bell & Howell projector (1974) -micro film reader (1969)	Director	Public Library	217 Worthington St.E. North Bay Ontario
7	(i) Audio-visual Equipment - 16 mm projectors - overhead projector - film strip - video tape recorder. Acquired through 1969 to present (ii) Pre-packaged Programs -life skills programs	Director of Nursing	North Bay Psychiatric Hospital	Hwy. 11 N. Box 3010 North Bay Ontario P1B 8L1
8	(i) Television Program Broadcasts	Manager	CKNY-TV	P.O. Box 1050 North Bay Ontario

DISTRICT: SUDBURY & AREAHUMAN RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Personnel (ii) Allied Health Professionals (MOH, Dental Health Officer, nutrition-ists, sanitarian) (iii) Secretarial Assistance	Director of Nursing	Sudbury & District Health Unit	1300 Paris St. Sudbury Ontario
2	(i) Nursing Personnel (ii) Allied Health Professionals (physicians, dietitians, medical records librarians, physiotherapists, pharmacists, medical laboratory technician)	Inservice Co-ordinator	Memorial Hospital	Regent St. S. Sudbury Ontario P3E 3Y9
3	(i) Nursing Personnel (ii) Allied Health Professionals (medical staff, dietitians, physiotherapists)	Inservice Education Co-ordinator	*St. Joseph's Hospital	74 McKenzie St. Sudbury Ontario

*Moving to new location May 1975 - Laurentian Hospital, 1222 Paris Crescent, Sudbury, Ontario.

DISTRICT: SUDBURY & AREA (Human Resources)

No.	Available Resources	Contact	Institution	Address
3 (con.)	(iii) Allied Business Professionals -(administrative staff)			
4	(i) Nursing Personnel (ii) Allied Health Professionals (social work faculty, health & Physical education faculty -Ph.D.'s, MPE, BPE's with particular interest in rehabil- itative program in cardiovascular problems) (ii) Allied Business Professionals (commerce faculty -Ph.D., M.A., B. Comms. with some interest in health administration)	Director, School of Nursing	Laurentian University	Ramsay Lake Rd. Sudbury Ontario
5	(i) Nursing Personnel	Co-ordinator of Nursing	Cambrian College of Applied Arts and Technology	1400 Barrydowne Rd. Sudbury Ontario

DISTRICT: SUDBURY & AREA (Human Resources)

No.	Available Resources	Contact	Institution	Address
5 (con.)	<p>(ii) Allied Health Professionals (pathologist, radiologist, medical staff, dietitians, internists, medical laboratory technologists)</p> <p>(iii) Allied Business Professionals (full Faculty in business administration)</p> <p>(iv) Secretarial Assistance</p>			
6	<p>(i) Nursing Personnel</p> <p>(ii) Allied Health Professionals (radiologists, pathologist, medical staff, dietitian, internist, medical laboratory technologists)</p>	Director of Nursing	South Muskoko Memorial Hospital	75 Ann St. Box 1570 Bracebridge Ontario P0B 1C0

DISTRICT: SUDBURY & AREA (Human Resources)

No.	Available Resources	Contact	Institution	Address
7	(i) Allied Health Professionals (ii) Allied Business Professionals (lawyers, secondary school teachers)	Director of Nursing	Parry Sound District General Hospital	10 James St. Parry Sound Ontario P2A 173
8	(i) Allied Health Professionals (psychologists, social workers, occupational and physiotherapists, play therapist - master of science in children's mental health, child care worker) (ii) Allied Business Professionals (administrative staff)	Director of Nursing	Sudbury & Algoma Sanitarium	680 Kirkwood Drive Sudbury Ontario P3E 1X3

DISTRICT: SUDBURY & AREAPHYSICAL RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Laboratories -several laboratories (300) (ii) Classrooms & Lecture Halls -3 classrooms & 1 large demonstration room (140)	Director, School of Nursing	Laurentian University	Ramsay Lake Rd. Sudbury Ontario
2	(i) Classrooms & Lecture Halls -2 classrooms (15 & 50) (ii) Conference Rooms -2 conference rooms (6)	Director of Nursing	Sudbury & District Health Unit	1300 Paris Cresc. Sudbury Ontario
3	(i) Classrooms -2 classrooms (20 & 100) (ii) Conference Rooms -7 conference rooms (8-12)	Inservice Co- ordinator	Memorial Hospital	Regent St. S. Sudbury Ontario P3E 379
4	(i) Classrooms (ii) Conference Rooms -2 conference rooms (10 & 25)	Director of Nursing	Huntsville District Hospital	14 Mill St. Box 5500 Huntsville Ontario P0A 1K0

DISTRICT: SUDBURY & AREA (Physical Resources)

No.	Available Resources	Contact	Institution	Address
5	(i) Classrooms -2 classrooms (10 & 12) (ii) Conference Rooms -1 conference room (45)	Inservice Education Co-ordinator	St. Joseph's Hospital	74 McKenzie St. Sudbury Ontario
6	(i) Classrooms -1 classroom (24) (ii) Conference Rooms -1 conference room (15)	Director of Nursing	Parry Sound District General Hospital	10 James St. Parry Sound Ontario P2A 1Y3
7	(i) Classrooms -3 lecture halls (?) -large number of classrooms (?) (ii) Conference Rooms - conference rooms (?)	Co-ordinator of Nursing	Cambrian College of Applied Arts & Technology	1400 Barrydowne Rd. Sudbury Ontario
8	(i). Conference Rooms -6 conference rooms (8-75)	Director of Nursing	Sudbury & Algoma Sanitarium	680 Kirkwood Drive Sudbury Ontario P3E 1X3
9	(i) Conference Rooms -1 conference room (60)	Director of Nursing	South Muskoko Memorial Hospital	75 Ann St., Box 1570 Bracebridge Ontario P0B 1C0

DISTRICT: SUDBURY & AREAEDUCATIONAL MATERIALS

No.	Available Resources	Contact	Institution	Address
1	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - 35 mm color slide projector (1975) - movie projector (1968)	Director of Nursing	South Muskoko Memorial Hospital	75 Ann St Box 1570 Bracebridge Ontario P0B 1C0
2	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - toni trainer, intravenous infusion arm trainer, - film projectors - film- strips projectors -cassette recorders -tape machines -over head projector -carousel slide pro- jector - cameras -anatomical torso, skeleton - anatomical charts (iii) Pre-packaged Programs -RoCom - ICU, CCU (?) -diabetic patient, stroke patient, hyper- tensive	Inservice Co-ordinator	St. Joseph's Hospital	74 McKenzie St. Sudbury Ontario P3E 3Y9

DISTRICT: SUDBURY & AREA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
2 (con.)	patient, cardiac patient, mastectomy kit, venereal disease, Canadian Health Law, nursing resource Centre material (cassettes & books) Health Care Educa- tional System			
3	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - 1 overhead projector (1970)	Director of Nursing	Sudbury & Algoma Sanitarium	680 Kirkwood Drive Sudbury Ontario P3E 1X3
4	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - RoCom (1969) -filmloop projector (1975) - movie pro- jector (1974) - tape recorder (1974) - slide projector (1973)	Inservice Co-ordinator	Memorial Hospital	Regent St. S. Sudbury Ontario P3E 3Y9

DISTRICT: SUDBURY & AREA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
4 (con.)	(iii) Pre-packaged Programs -RoCom series (42 film strips)(?) -cassette tapes (20) nursing & medical topics (?)			
5	(i) Library Facilities -interlibrary loans and nursing textbooks (ii) Audio-visual Equip- ment -3 microfilm printers (?) - 2 microfilm readers (?) - 2 micro- film readers (?)	Director	Public Library	74 McKenzie St. Sudbury Ontario
6	(i) Library Facilities (books, journals, periodicals) (ii) Pre-packaged Programs - trainex - RoCom - CCU	Director of Nursing	Parry Sound District General Hospital	10 James St. Parry Sound Ontario P2A 1Z3
7	(i) Library Facilities (books, journals, periodicals)	Director, School of Nursing	Laurentian University	Ramsay Lake Rd. Sudbury Ontario

DISTRICT: SUDBURY & AREA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
7 (con.)	(ii) Audio-visual Equip- ment - 16 mm film projector (1967) - overhead projector (1967) - record player - stereo reel to reel - (1967) - 5 tape recorders (1967)			
8	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equip- ment - 16 mm pro- jectors - overhead projectors - slide projectors - film strip projectors -video-monitors. All recently acquired (iii) Radio & Television Programs - studio for prepara- tion of materials	Co-ordinator of Nursing	Cambrian College of Applied Arts & Technology	1400 Barrydowne Rd. Sudbury Ontario
9	(i) Audio-visual Equip- ment - projectors (?)	Director of Nursing	Sudbury & District Health Unit	1300 Paris Cresc. Sudbury Ontario

DIRECT: SUDBURY & AREA (Educational Materials)

No.	Available Resources	Contact	Institution	Address
10	(i) Audio-visual Equipment - projector (?) - tape recorder (?)	Director of Nursing	Huntsville District Memorial Hospital	14 Mill St. Box 5500 Huntsville Ontario P0A 1K0
11	(i) Television Broadcasts - television broad- casts of prepared and simulated programs, also publicity of programs	Operation Manager	CKNC-TV	Sudbury Ontario

DISTRICT: TIMISKAMINGHUMAN RESOURCES

No.	Available Resources	Contact	Institution	Address
1	(i) Nursing Personnel (ii) Allied Health Professionals - medical practitioners, pharmacists, physiotherapist	Director of Nursing	Temiskaming Hospital - Haileybury Unit	Georgina Ave. Haileybury Ontario
2	(i) Nursing Personnel	Director of Nursing	Timiskaming Health Unit	Box 1240 New Liskeard Ontario
3	(i) Allied Business Professionals - faculty in business management	Chairman, Diploma Nursing Program	Northern College of Applied Arts & Technology	140 Government Rd.E. Kirkland Lake Ontario

DISTRICT: TIMISKAMINGPHYSICAL RESOURCES

1	(i) Laboratories - 1 laboratory (25) (ii) Classrooms - 1 classroom (35-100) (iii) Conference Rooms - 2 conference rooms (20)	Chairman, Diploma Nursing Program	Northern College of Applied Arts & Technology	140 Government Rd.E. Kirkland Lake Ontario
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DISTRICT: TIMISKAMING (Physical Resources)

No.	Available Resources	Contact	Institution	Address
2	(i) Classrooms - 1 classroom (50) - 1 auditorium (200)	Director of Nursing	Temiskaming Hospital - Haileybury Unit	Georgina Ave. Haileybury Ontario

DISTRICT: TIMISKAMING

EDUCATIONAL MATERIALS

1	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equipment - 1 film projector (1973)	Director of Nursing	Englehart & District Hospital	61-5th St., Box 69 Englehart Ontario P0J 1H0
2	(i) Library Facilities (books, journals, periodicals) (ii) Audio-visual Equipment - film strips - films, slides (iii) Pre-Packaged Programs -audio-digest series (ordered and updated yearly since 1965)	Director of Nursing	Temiskaming Hospital - Haileybury Unit	Georgina Ave. Haileybury Ontario

DISTRICT: TIMISKAMING (Educational Materials)

No.	Available Resources	Contact	Institution	Address
3	<p>(i) Library Facilities (books, journals, periodicals)</p> <p>(ii) Audio-visual Equipment - film projector, film strip projector, overhead projector (acquired prior to 1973)</p> <p>(iii) Pre-packaged Programs - 65 trainex film strips</p>	Chairman, Diploma Nursing Program	Northern College of Applied Arts & Technology	140 Government Rd.E. Kirkland Rd. Ontario
4	<p>(i) Library Facilities - interlibrary loans and nursing text books</p> <p>(ii) Audio-visual Equipment - films (by special request) - video tape records courtesy of North-eastern Library System</p>		Teck Centennial Library	10 Kirkland St.E. Box 670 Kirkland Lake Ontario P2N 3K2

PROFESSIONAL ASSOCIATIONSHUMAN RESOURCES

No.	Available Resources	Contact	Association	Address
1	(i) Nursing Faculty (ii) Medical Practitioners (iii) Allied Business Professionals (iv) Programs	Director of Professional Development	Registered Nurses' Association of Ontario (RNAO)	33 Price St. Toronto Ontario M4W 1Z2
2	(i) Medical Practitioners (ii) Programs	Secretary Committee on Education	Ontario Medical Association (OMA)	240 St. George St. Toronto Ontario M5R 2P4
3	(i) Allied Business Professionals (ii) Programs	Assistant Executive Director, Education Services	Ontario Hospital Association (OHA)	150 Ferrand Drive Flemingdon Park Don Mills Ontario M3C 1H6

APPENDIX F

A PROPOSED PLAN FOR ORGANIZATION OF A PROGRAM IN CONTINUING EDUCATION IN NURSING IN NORTHEASTERN ONTARIO

APPENDIX F

A PROPOSED PLAN FOR ORGANIZATION OF A PROGRAM OF CONTINUING EDUCATION IN NURSING IN NORTHEASTERN ONTARIO

Regional planning for continuing education is a cooperative venture involving many different groups and different approaches.¹ It is comprehensive, multidisciplinary and prevents duplication of resources.² Planning for continuing education in nursing is essential if the learning needs of nurses are to be met and if available resources are to be used effectively. Effective planning requires participation by the representatives of local communities.³ Their intimate knowledge of local needs and conditions can prove invaluable for the assessment of these needs and the design of programs to meet them.

In Chapter II some approaches to planning for continuing education in nursing were reviewed. With minor differences of detail, the regional approach to planning for continuing education in nursing seems to have the widest support as it ensures effective use of available resources. Based on this review, the writer is proposing a plan of organization for continuing education in nursing in North-

¹ See page 31.

² See page 36.

³ See page 37.

eastern Ontario. The plan serves as a guide in providing for program needs in continuing education on a regional level. The aim of the plan is to indicate the functional relationships between the units involved in the planning and implementation of programs and to suggest a mechanism for identifying learning needs of nurses and effective use of available resources.

The proposed plan (See Figure 1) is intended to provide a basis for continued assessment of needs and course offerings in continuing education. The major organizational units identified in the proposed plan are:

- (a) A Department of Continuing Education in Nursing, Laurentian University,
- (b) A Regional Advisory Committee,
- (c) Local Planning Committees, and
- (d) Course Planning Committees.

The main activities involved in providing for a program of continuing education in nursing are:

- (i) Identification of the learning needs of nurses,
- (ii) Assessment of available resources,
- (iii) Planning and implementation of programs, and
- (iv) Evaluation and review of programs.

At Laurentian University, a Department of Continuing Education in Nursing would have the major responsibility for

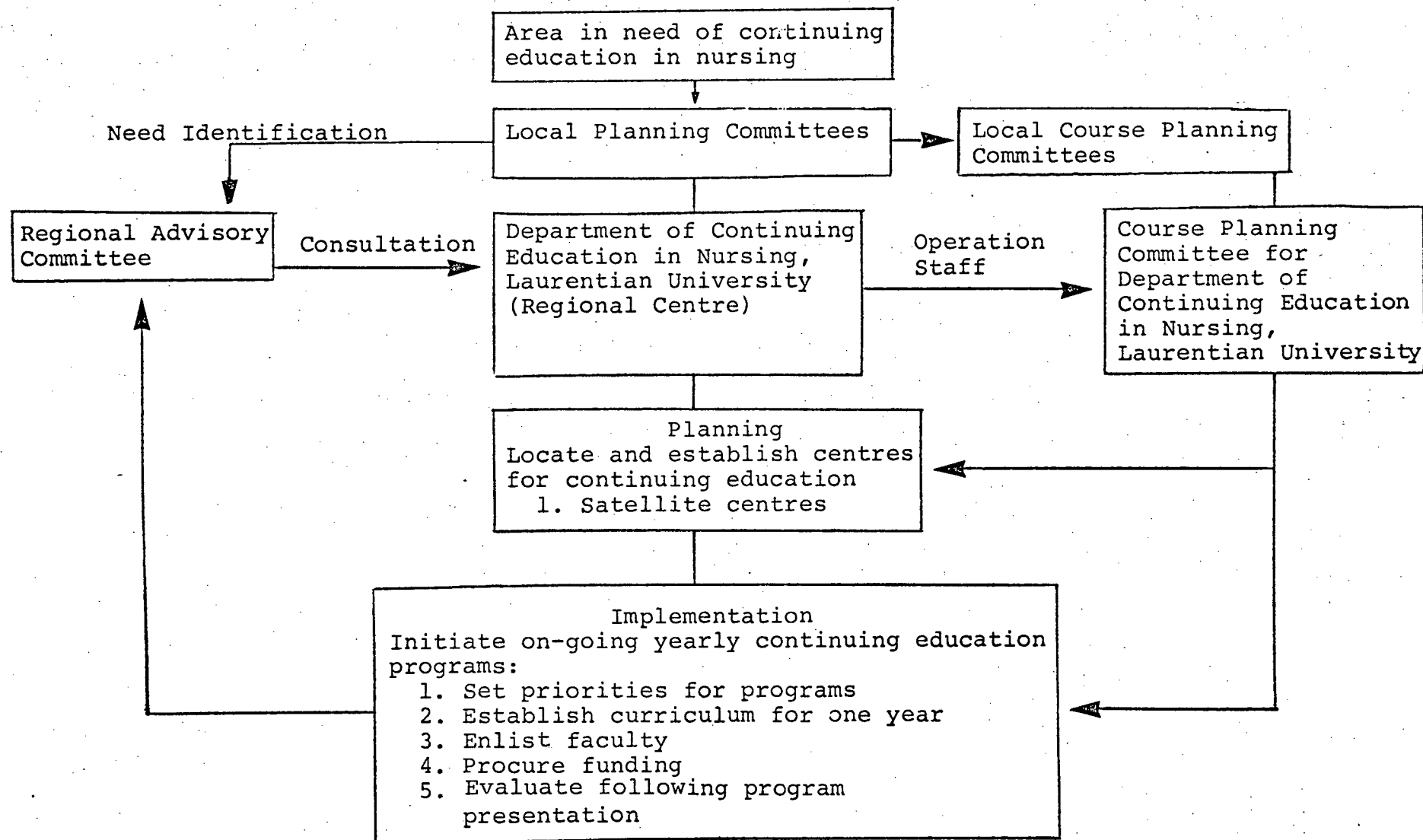


Figure 1 A Proposed Plan for Program Organization of Continuing Education in Nursing in Northeastern Ontario

planning, implementation and evaluation of programs. This Department is seen as a central pivot, coordinating the resources for continuing education in nursing and acting as a clearinghouse for information on continuing education within the Region. The functions of the Department would broadly include:

1. Establishing Local Planning Committees that would be responsible for identifying and planning for continuing education needs in their local communities.
2. Making continuing education programs available to nurses in Northeastern Ontario.
3. Acting as a clearinghouse for the identification of needs and dissemination of new developments in knowledge and practice of nursing.
4. Coordinating continuing education efforts in the Region of Northeastern Ontario.

The Regional Advisory Committee would include representatives from the clinical and functional areas of nursing, provincial nurses' association, health care agencies, medical and allied health professions and representatives of the consumer interest.⁴ Members of the Committee should

⁴See page 51.

be selected so that they are representative of the different districts of the Region. The Committee would serve as a liaison between the community and the proposed Department of Continuing Education in Nursing, Laurentian University and fulfill the functions of communication and public relations.⁵ Its role would be an advisory one but it would also serve to provide inter-regional and inter-professional links in the health services and assist generally in maintaining efficacy of on-going programs.

Through regular consultation between the Department of Continuing Education in Nursing at Laurentian University and the Regional Advisory Committee, information on learning needs would be augmented. The views of different interest groups would be collated and programs better evaluated for more effective use of available resources. The functions of the Regional Advisory Committee would broadly include:

1. Assisting the Department of Continuing Education in Nursing, Laurentian University in producing comprehensive written policies on continuing education in nursing for Northeastern Ontario.

⁵See page 52.

2. Assisting in the collection of data relating to learning needs of nurses and the health needs of the community.
3. Assisting in planning, implementing and evaluating continuing education programs.
4. Assisting in communicating to the public the aims and policies of the Department of Continuing Education in Nursing, Laurentian University.

A central idea of the organizational plan proposed in this study is the involvement of local individuals in any program of continuing education in a given area. Membership of Local Planning Committees may vary between areas but should include representatives from the hospitals, district health units, voluntary health agencies, colleges of applied arts and technology, local chapters of the professional nurses' association, and others. Such individuals should be selected on the basis of their knowledge and competence in assessing continuing education needs in nursing in the specific given area. In addition, they would be in a position to receive information about and/or identify learning needs of the nurses. The involvement of Local Planning Committees would result in more effective program planning and better use of available resources. The functions of the Local Planning Committees would broadly include:

1. Assessing the health needs of local communities.
2. Assessing the learning needs of the nurses and establishing priorities for course offerings.
3. Deciding on a program of continuing education based on learning needs of the nurses and health needs of the communities.
4. Consulting with the Department of Continuing Education in Nursing at Laurentian University in terms of feasibility and priorities of continuing education offerings.
5. Consulting with Local Course Planning Committees in terms of course offerings.
6. Planning and evaluating continuing education programs in their local communities in conjunction with the Department of Continuing Education in Nursing at Laurentian University and the Regional Advisory Committee on an on-going basis.

Members of the Course Planning Committees would represent the clinical and functional areas of nursing practice. Members of these Committees would be chosen on the basis of their expertise and interest in the particular course offering. The Committees would be organized on a

long-term basis (one year) for the specific purpose of helping to plan, offer and evaluate course offerings. They would be responsible for securing enrollment and resources for these courses. These Committees would also work closely with the Local Planning Committees in planning and offering continuing education courses based on the health needs of the communities and the learning needs of the nurses. They would be responsible for helping the Local Planning Committees to meet the aims of the Department of Continuing Education in Nursing at Laurentian University. The Course Planning Committees have been identified at two levels. There are Course Planning Committees at the local level working closely with the Local Planning Committees and there are Course Planning Committees working closely with Laurentian University. The functions of both are the same and would broadly include:

1. Planning course offerings based on identified learning needs of nurses and the health needs of the communities.
2. Submitting the planned course offerings to the Department of Continuing Education in Nursing at Laurentian University for approval.
3. Implementing (when approval is granted) and evaluating course offerings.
4. Helping to plan programs, for example, developing pre-packaged programs, correspondence courses and programs for television broadcasts.

The Functional Relationships Underlying the Plan

To bring order into the related activities of the units identified in the plan it is essential to define the underlying functional relationships. A horizontal relationship is postulated between the Regional Advisory Committee and the proposed Department of Continuing Education at Laurentian University. These two bodies would cooperate in assisting local nurses to develop capability to run their own continuing education programs. They would also jointly appraise the impact of the programs on the quality of health care. Local Planning Committees would be formed by the Department to identify continuing education needs of their local communities. Local Course Planning Committees would also be formed to plan, implement and evaluate course offerings on an on-going yearly basis. It would be the responsibility of these Committees to implement the aims of the Department for developing continuing education programs. Specifically, they would receive, evaluate and recommend proposed programs for action. They would undertake the necessary local planning functions for the establishment and implementation of specific courses. Finally, they would review and assess on-going programs on an annual basis, in accordance with guidelines established by a Department of Continuing Education in Nursing at Laurentian University.

The Planning and Implementation Framework

The planning and implementation framework for the program of continuing education for nurses can be discussed in terms of recognized steps. It must be stressed that in a planning framework, programs cannot be considered in isolation. It is necessary to evaluate all proposed programs simultaneously so that they can be ranked according to clearly stated criteria in order to avoid waste of limited resources.

Step 1 - Identification of Area in Need of Continuing Education

The area in need of a program of continuing education in nursing must be clearly identified. Local nursing personnel, institutions, the Regional Advisory Committee and/or the Local Planning Committees may be the information source for identifying the need. Usually, the information would be supplied to the Local Planning Committees for action but may be directed to the Department of Continuing Education in Nursing at Laurentian University where necessary.

Step 2 - Collection of Basic Information on Area

Where an area in need of a program of continuing education has been identified, information on the area will be needed to determine the amount, type and cost of resources required. Information collected should include the following items:

- (a) Geographical area,
- (b) Existing health and medical services,
- (c) Previous experience with programs in continuing education in nursing,
- (d) Available resources--human, physical and educational,
- (e) Possible use of mass communication media,
- (f) Accessibility, and
- (g) General health care needs of the community.

Step 3 - Consultation with a Department of Continuing Education, Laurentian University and the Regional Advisory Committee

The Local Planning Committees would consult with the Department and the Advisory Committee to consider the merits of program requests and alternative approaches to their implementation. It should be stated that no program requests would be turned down without adequate investigation of their feasibility.

Step 4 - Preliminary Decision on Program

This would depend on the assessment of information initially supplied.

Step 5 - Selection of the Location for Program

Once a proposed program for an area has been approved, a specific centre for implementing the program should be selected. Such a centre could be a college of

applied arts and technology, a hospital or some other location. Its selection should be guided by such factors as centrality of position in relation to travel and means of transportation, quantity and quality of available resources, etc.

Step 6 - Implementation of Program

Implementation of a program of continuing education would involve the use of available resources. The Local Planning Committees and the Course Planning Committees should be able to implement a program of continuing education in collaboration with the Department of Continuing Education in Nursing at Laurentian University. The Committees would work with areas in need of continuing education in terms of identification of need for continuing education, planning, implementation and evaluation of programs, with feedback to the Department and the Advisory Committee. Priorities for programs would be set at this step and a program for one year would be established. Final program evaluation and review would be done by the Department and the Advisory Committee.

A specific approach to the location and establishment of a program in continuing education may be illustrated as follows. Assume the Northeastern region of Ontario is divided into areas for purposes of regional planning of

continuing education in nursing. An on-going yearly organization plan for continuing education might be implemented in any of the areas. For example, the area of Laurentian University and its out-lying districts may be designated District I. A program of continuing education could be given in this district for the following reasons: (1) a request has been made for continuing education to Laurentian University from a group of nurses in Town "A" within District I. (2) The general population and the nurse population is of a reasonable size. (3) Town or City "B" would make a desirable centre as it is almost central to District I. It is also easily accessible by cars or public transportation. Also located in Town "B" are the following facilities:

General hospital

College of applied arts and technology

Public library

The health needs of the district and adjacent areas have been identified by Laurentian University. The area, District I, has been identified and information has been collected. This district would be ready to initiate on-going yearly programs, if interest is high and Laurentian University is available as a support once the program has been started. Assuming these conditions are fulfilled, the continuing education program could then be located in

Town "B" to facilitate implementation. It is understood that nurses in Town "A" as well as other outlying areas will benefit from such a program once it becomes operational.

What is being argued in the above illustration is the need to carefully assess the available resources in relation to initial demand and to base program location on feasibility, ease of implementation and maximum effectiveness.

Summary

This appendix has outlined and discussed a proposed plan for continuing education in nursing to serve as a guide in providing for program needs in continuing education at a regional level in Northeastern Ontario. The main features of the plan are the assignment of a central place and overall responsibility for the program to Laurentian University, functioning through a Department of Continuing Education in Nursing and employing the services of a Regional Advisory Committee, Local Planning Committees and Course Planning Committees. Essentially, a decentralized structure is envisaged, embracing the key functions of planning, implementation and program evaluation.

The strategies of implementation include five related procedural steps, viz; collection of relevant data, location and establishment of centres, initiation of on-

going programs and preparation of an advance plan for the next period using updated information. A possible approach to the location and establishment of centres is outlined. The desirability of preparing long-term plans to guide overall program implementation is indicated.