

A DESCRIPTIVE STUDY OF  
NURSING REFRESHER COURSE CANDIDATES

by

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## ABSTRACT

The study had two purposes. The first purpose was to describe the characteristics of graduate nurses who had expressed interest in a refresher course for graduate nurses. The second purpose was to determine the extent to which these nurses were a potential source of nurse manpower supply. Survey methodology, utilizing a mail-back questionnaire developed by the investigator, was selected as the research approach.

The questionnaire was completed by 199 nurses who had placed their names on the mailing list for a refresher course for graduate nurses at one post-secondary educational institution located in a large metropolitan area. Analysis indicated that graduate nurses who express interest in a refresher course are not similar, as a group, to the entire population of inactive nurses. Rather, they constitute a population of both inactive and employed nurses. Nurses in the study sample were older, had older children and had graduated earlier than had been found in previous studies of inactive nurses.

It was concluded that the extent to which nurses who express interest in a refresher course represent a potential source of nurse manpower supply is less than might be expected on the basis of numbers alone. Forty-six nurses (23.1 percent) were employed as registered nurses when they completed the questionnaire. Of the 153 respondents who were inactive in nursing, a majority (66 percent) indicated they planned to resume active status as nurses upon completion of a refresher course. Most, (57.4 percent) would prefer part-time employment and

schedules that provide for a minimum of conflict with family activities and responsibilities.

The study was limited by a low response rate and by an absence of follow-up of non-respondents but, given these limitations, the results have implications for nursing education and for nursing administration.

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## CHAPTER I

### INTRODUCTION

#### Context of the Problem

British Columbia is one of many provinces in Canada affected by a shortage of nurses (Canadian Nurse July-August 1980, pp. 6-10). Evidence of this comes from a number of sources. The Registered Nurses' Association of British Columbia compiles monthly statistics on available nursing positions in British Columbia. In June 1980, 489 unfilled positions were reported.\* The Health Manpower Research Unit reports, monthly, on positions in the British Columbia health care industry that have been vacant for thirty days without a suitable replacement being recruited. (Division of Health Services Research and Development 1980). Figures for June 1980 revealed there were 193 positions for nurses with general preparation listed as "difficult-to-fill" and 99 for nurses with special (post-basic) preparation.

A series of articles in the Vancouver Sun and The Province newspapers publicized the shortage of nurses in Vancouver and throughout the province (Bateson 1980; Fralic 1980). Several hospitals were reported to have 20 or more unfilled registered nurse positions; some patient units were also reported to have been closed, at least in part because of a shortage of nurses. Hospital administrators were quoted as saying that even extensive recruiting efforts across Canada had not sufficed to meet their present

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\* Marion Greenwood, Career Counsellor, Registered Nurses' Association of British Columbia, 1980: personal communication.

requirements for nurses.

The shortage of nurses in British Columbia is representative of a national shortage which has existed in Canada since the beginning of World War II. Initially it was believed that the shortage of nurses was temporary, but this has not been the case. The professional nurse shortage has persisted and intensified in the succeeding 40 years.

The Canadian Nurses' Association in its submission to the Royal Commission on Health Services (1962, p. 62) stated:

Despite a favourable ratio of nurses to population in comparison with other countries, there is a shortage of nursing services in Canada both in quantity and quality. The present supply of nurses is not meeting the demand in certain areas of the country, nor in some fields of nursing.

The Royal Commission on Health Services (1962), concerned with the provision of high quality health care for all Canadians, stated in its final report that the quality of health services depended primarily on the supply, availability, knowledge, skill and dedication of professionally qualified personnel, and identified an inadequacy of health personnel, particularly nurses, as one of the major problems confronting the Canadian health care system.

In a study of nursing education in Canada, Mussallem (1965, p.1) observed that, "So serious is the need for more nurses (in 1965) that many believe it can jeopardize the entire structure of medical care."

In the early 1970's it was thought that the problem of nurse shortages in Canada had been overcome and, in fact, a surplus of nurses was predicted on the basis of figures that indicated a growing ratio of nurses to population (DuGas 1971). By 1973, however, these projections proved to be inaccurate, at least for British Columbia where severe shortages were reported. It was concluded at that time that in spite of a favourable nurse

to population ratio, the overall supply of nurses in British Columbia was not sufficient to meet current requirements (Registered Nurses' Association of British Columbia 1973). In a study for the Ministry of Science, Education and Technology, Kermacks (1979) concluded that cycles of very short supply and then adequate supply seem to characterize the nursing work force, and that British Columbia was moving into a short supply period, despite a continuing rise in the proportion of nurses to population.

Several factors have contributed to the persistent shortage of registered nurses in Canada. The introduction of medicare in the 1960's resulted in increased utilization of health care facilities. This increased utilization required more nurses to provide the care needed by patients. In addition, advances in medical technology used in the treatment of illness have increased the need for highly skilled nursing care and require more registered nurses to provide that care. Another factor that has contributed to the shortage has been voluntary withdrawal of registered nurses from the work force. According to Statistics Canada (1978, p. 19), only 76.5 percent of nurses registered in Canada in 1976 were employed in nursing. The Registered Nurses' Association of British Columbia lists 21,625 nurses registered in 1980; of this total, 5167, or 23.9 percent were not employed in nursing (Division of Health Services Research and Development 1980, p.5-5). This figure may be conservative as an indicator of unused manpower potential as it does not include nurses who are not employed in nursing and who have not maintained nurse registration in British Columbia.

A major concern of the investigator has been the supply of registered nurses in British Columbia. There are several potential sources for increased supply, including increased output from schools of nursing,

increased immigration of nurses from other provinces and other countries and recruitment of inactive nurses back into the work force.

The output of nurses from schools of nursing has increased steadily since World War II, but has not been adequate to meet the increased requirements for nursing services (Registered Nurses' Association of British Columbia 1973). Ten years ago, 46 percent of new nurse registrants in British Columbia were educated in British Columbia; in 1980, graduates from nursing education programs in British Columbia comprised only 32 percent of new registrants.\* Increasing the numbers of students enrolled in basic nursing education programs would appear to be an effective method of expanding the supply of nurses in British Columbia, but there is some question of the acceptability of proposals that would require increased government expenditure at a time when the costs of education are soaring and government is committed to policies of restraint. In addition, the availability of appropriate clinical facilities and prepared teachers is by no means assured.

Historically, the main source of nurse manpower in British Columbia has been through immigration of registerable nurses from other provinces and other countries (Registered Nurses' Association of British Columbia 1973). With nursing shortages now being reported world wide, (Bergman 1975), insufficient numbers of nurses are available from these sources to meet present requirements in British Columbia.

Another possibility for increasing the supply of registered nurses is to recruit inactive nurses back into the nursing work force. Nurses who are voluntarily inactive constitute a source of supply that has been largely ignored, although it is known that nurses move in and out of the

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\*Marilyn Carmack, Executive Director, Registered Nurses Association of British Columbia, 1980: personal communication.

work force depending upon family responsibilities (Registered Nurses' Association of British Columbia 1973). It has been observed that, "Only in times of real crisis has there been genuine interest in activating the inactive nurse." (Cooper 1967, p.62). There has never been any rational planning for the orderly re-entry of inactive nurses into the nursing work force, yet these nurses represent a significant portion of existing educationally prepared nurses.

A nurse who has been inactive for some time may not want to resume active practice without preparation. Changes in medicine and in nursing have made many of these nurses professionally obsolete. It is generally accepted that preparation for professional re-entry is best accomplished through an effective refresher course plus an adequate orientation to the specific position a nurse accepts. Very little is known about inactive nurses in British Columbia who seek updating - their characteristics, their employment plans, and the extent to which they represent a viable source of nursing manpower.

In early 1980, approximately 450 graduate nurses had placed their names on the mailing list for the Refresher Course for Graduate Nurses at the British Columbia Institute of Technology, a course which presently accommodates 60 students a year. An examination of the characteristics of these nurses, together with information about their future employment plans may provide information that will help to answer the question: do inactive nurses represent a potential source of nursing manpower for the province?

## Statement of the Purpose

This study has two purposes; first, to describe selected characteristics of nurses who have expressed interest in a nursing refresher course and, second, to determine the extent to which these nurses are a potential source of nurse manpower supply.

### Objectives of the Study

Through administration of a mailed questionnaire to all graduate nurses on the mailing list for a refresher course for graduate nurses, to:

1. Compile a profile of these nurses that describes selected personal and work-related characteristics, including demographic, educational and work experience information.
2. Describe their reasons for taking a refresher course.
3. Describe their future plans for employment as registered nurses, including restrictions on employability and preferences of position as well as location.
4. Describe the differences, if any, between those nurses who plan to return to work in nursing and those who plan to remain inactive.

### Definition of Terms

Inactive Nurse. A graduate nurse who is not employed in nursing.

Graduate Nurse. An individual who has satisfactorily completed an educational program in nursing.

Registered Nurse. A graduate nurse who is registered by the Registered Nurses' Association of British Columbia.



Refresher Course for Graduate Nurses. A course designed to prepare an inactive nurse for active practice (Registered Nurses' Association of British Columbia 1980).

Characteristics. Distinguishing features, such as marital status, age, age of youngest child, nursing and other education, and work experience.

Employment Plans. A description of intent to seek or not to seek employment as a registered nurse, including projected date of employment, position preferred and location, and limitations on employability.

### Limitations

The study was subject to the following limitations:

Limitations associated with the methodology. As with any questionnaire with no follow-up procedure, the researcher could not verify whether or not responses corresponded to the way in which respondents actually behave. The survey approach used did not provide for eliciting information from the non-respondents. Furthermore, it cannot be assumed that respondents were representative of the non-respondents.

Limitations associated with the sample. Generalizations of any of the conclusions can only be made to a population of nurses similar to the one used in the study. Therefore, factors found to be predictors of an intent to return to work in nursing can be generalized only to nurses who indicate interest in a refresher course and who have similar demographic characteristics.

## Organization of the Study Report

This study report is organized into five chapters. Chapter I has outlined the purpose of the proposed study and presented an overview of the larger problem of nurse shortages. Chapter II presents a review of literature which considers the characteristics of inactive nurses, employment patterns of women, factors thought to influence a nurse's decision to be employed in nursing and, finally, refresher courses for graduate nurses. Chapter III describes the research methodology used in the study and includes development of the questionnaire, sample selection and procedures for data collection and data analysis. The description of the sample, the results of data analysis and discussion of the findings appear in Chapter IV. Summary and conclusions are presented in Chapter V, together with implications of the findings for nursing education and for nursing administration.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Introduction

The total nurse manpower supply for any given constituency can be viewed as being composed of three groups: active supply - those registered nurses who are employed as such either full or part time; prospective supply - those individuals undergoing education which will prepare them for employment as registered nurses; and potential supply - graduate nurses who are not employed in nursing. The persistent shortage of nurses in British Columbia has drawn attention to the potential contribution of the third group, graduate nurses who are not employed as registered nurses, that is, inactive nurses. Some of these nurses may want to resume active status but require a refresher course before doing so. This study focused on inactive nurses who had expressed an interest in a refresher course and sought to describe their characteristics, their future employment plans in nursing and to determine whether or not inactive nurses who seek updating represent a potential source of nursing manpower for British Columbia.

Studies have not, until recently, been concerned with the potential contribution to the work force of the inactive nurse. Two study reports completed since 1970 acknowledge, however, that inactive nurses represent a potential source of supply and make recommendations for further study of this group (Murray 1970; Registered Nurses' Association of British Columbia

1973). Murray (p. 94), for example, observes that despite evidence that there were more than 13,000 registered nurses in Ontario who were not working in nursing, there had not been any studies designed to find out what it would take to attract them back to work or how many of them would be able to function adequately if they did return. This investigator is not aware of any such published reports in Canada.

More attention has been focused on voluntarily inactive nurses in the literature emanating from the United States. There is evidence of considerable concern over the fact that while the attrition rate from the nursing work force has been estimated by Bayer (1967) to have been as high as 55 percent in the early 1960's, few efforts have been directed towards reducing attrition and/or attracting inactive nurses back into the work force. The reasons nurses withdraw from the work force are widely held to be both economic and social. Low salaries and family responsibilities are most often cited by nurses as reasons for inactivity (Anderson and Viko 1967; Marshall and Bruhn 1967; Platou and Pederson 1967; Reese et al. 1962). The results of studies by Corwin (1961), Krueger (1971) and McCloskey (1974) suggest that dissatisfaction with the nurse's work itself is a third variable that contributes to voluntary inactivity.

The focus of the literature review which follows is on studies that have investigated voluntary inactivity of graduate nurses. A search of nursing and related literature was conducted considering the characteristics of inactive nurses and those inactive nurses who have sought updating, the employment of women, and finally, the factors which influence a nurse's decision to be employed in nursing. Studies related to refresher courses for graduate nurses were also reviewed.

## Characteristics of Inactive Nurses

The characteristics of inactive nurses have been described by Anderson and Viko (1967), Barker and Staton (1965), Buchan (1966), Marshall and Bruhn (1967), Platou and Pederson (1967) and Reese, Siegal and Testoff (1964).

Reese, Siegal and Testoff (1964) compiled studies conducted in 12 states to determine the characteristics of inactive nurses and what plans they had for returning to active practice. The data were obtained through questionnaires mailed to all inactive nurses currently registered and resident in each state. A profile of an inactive nurse emerged. She was married, 39 years of age or younger and had one to three children, the youngest of whom was under five years of age. Forty-four percent of the 10,141 nurses who responded stated they planned to return to active practice within the next 10 years. Sixty-five percent of those planning to return to work indicated they would like a refresher course before they did so.

Family responsibilities were given as the major reason for voluntary inactivity by the 49 percent who planned to return to active practice and by the 31 percent of those who did not. Those nurses who indicated an intent to return to work stated that their plans to do so were predicted to a major extent on the availability of suitable child care arrangements. Nurses who planned to remain inactive cited husband's preference as the most important reason for not seeking employment.

The Kentucky Mental Health Manpower Commission Study sought new methods of easing the shortage of nurses in mental institutions in Kentucky (Barker and Staton 1965). As in the previously cited work, similar population and research methods were used. Similar findings were reported.

Buchan (1966) replicated the Kentucky study in Canada with a sample of 440 inactive nurses in Alberta. Her unpublished findings, based on an 85 percent response rate, were comparable to those of the two previous studies. An inactive nurse in Alberta was most likely married and under 40 years of age with one to three children at home, the youngest of whom was of pre-school age.

Anderson and Viko (1967) reported on a two phase study project designed to augment the supply of working nurses in one upstate New York community. The first involved surveying inactive nurses in the community to find out whether they wanted to return to work in nursing and the second brought nurses who wanted to return to work into contact with their prospective employers. Data were collected by means of a questionnaire mailed to 5200 inactive nurses. Of the 3100 who replied, 398 (12.8 percent) expressed an interest in returning to work in nursing. Of that number, 78 percent indicated they would prefer part-time employment. Two hundred and six (52 percent) of the nurses interested in returning to work indicated a need for a refresher course.

Platou and Pederson (1967) conducted a survey of registered but unemployed nurses in one Minnesota county to determine what actions might attract these nurses to the hospital setting. Of the 1026 questionnaires mailed, 708 (69 percent) were completed and returned. The characteristics of the respondents (age, marital status and number of children) were similar to those of respondents in the previous studies. Little difference was discovered in the characteristics of nurses who wanted to work and those who did not. Three hundred and eighteen of the respondents said they would definitely be interested in employment if certain conditions were met. The majority stated they would prefer part-time employment.

Flexible hours and scheduling and competent child care constituted the major conditions to be met by returning registered nurses in the study. There was evidence that respondents who stated they did not want to return to work were influenced by a negative attitude towards employment on the part of their husbands.

Personal fulfillment was reported as the prime motivating factor for the greatest number of respondents. It was concluded that the recruiting potential for inactive nurses in this study was limited to part-time positions.

Marshall and Bruhn (1967) examined the characteristics that distinguish inactive nurses who enrolled in a refresher course and returned to active nursing practice from other inactive nurses. Questionnaires were mailed to a study group of 92 registered nurses who had completed a refresher course and were known to have returned to active practice; they were also mailed to a comparison group of 265 systematically random sampled nurses who were registered but not employed in nursing. The response rate for the study group and the comparison group were 72 and 49 percent respectively.

The results of this study showed no difference between groups with respect to type of basic nursing education program, marital status or number of children. Age, number of years since graduation from nursing school and number of years inactive distinguish the two groups. Nurses in the study group had a median age of 47 years, compared with 39 years in the comparison group. Nurses in the study group had completed their basic nursing education an average of 26 years prior to the study as compared to 12 for the comparison group. Similarly, nurses in the study group had been inactive for seven years in contrast to one year for those

in the comparison group.

The major reasons given by the nurses in Marshall and Bruhn's (1967) study group for being currently employed in nursing were financial need, a desire to keep informed and interest in nursing. For those who were inactive, the main reasons given for their inactivity were family responsibilities, disillusionment with the profession, inadequate salaries and unsuitable hours. Findings suggested that a number of inactive nurses returned to active practice when there was financial need and/or family responsibilities had lessened.

The findings of this study are at variance with those reported earlier by Reese, Siegal and Testoff (1964). In the latter study, it was concluded that as the age of the inactive nurse increased, the proportion who intended to return to active practice decreased; the longer a nurse was inactive, the less likely she was to return to active status. Seventy percent of those who had been inactive for less than a year indicated an intention to return whereas less than 25 percent who had been inactive for 10 years planned to return to active practice. On the other hand, Marshall and Bruhn (1967) found that the nurses who were actually returning to work in nursing after a period of inactivity were older and had been inactive longer than those who chose not to return to work.

A longitudinal study initiated in 1962 (Knopf 1975; Knopf 1979) is the only known attempt to follow a cohort of nurses from the time they entered a nursing education program through their working lives. Preliminary results confirmed that work status is closely associated with marital status and children and imply that a source of nursing manpower may be the older married woman whose children are of school age or beyond.



### Employment Patterns of Women

Interest in activating the inactive nurse appears to be not only a function of the presence or absence of a balance between active nursing supply and nurse requirements, but also of changing societal attitudes towards women and work. During the period since World War II, the number of nurses remaining voluntarily inactive in the United States has dropped from 49 percent in 1951 to 30 percent in 1972 (Levine 1978). Although research in this area is lacking, it has been suggested that more nurses are returning to active practice today, in part because of persistent shortages, but also because societal trends have made it much more acceptable for women to combine marriage and a career. Since nursing is predominantly a female occupation - over 98 percent of nurses in Canada are women (Statistics Canada 1978, p. 37) - changes in the patterns of women's lives over the past 30 years have had a direct effect upon nurses and nursing.

The labour force participation rate for married women in Canada has increased markedly over the past 20 years. In 1977, 44.1 percent of all married women in the population were in the labour force, compared with 26.8 percent in 1966 and 19.2 percent in 1960 (Women's Bureau 1978; Women's Bureau 1975). There is evidence of an emerging pattern wherein a woman leaves the labour force upon the birth of her first child and re-enters later when family responsibilities are lessened. The highest labour force participation for married women occurs in the 20 to 24 year age group; the rate drops off in the two subsequent age intervals, then rises again after age 35 (Women's Bureau 1978).

Employment patterns of nurses do not appear to differ greatly from employment patterns of women in the general population, at least up to

the age of 35. When Altman compared the labour force participation rates of nurses with those of female high school graduates, female college graduates and total women by age groups, comparisons revealed the same bimodal pattern for all groups which was high participation following graduation from school, a falling off in the rate during the child bearing ages and a second rise after age 35. The findings of this study also revealed that although the employment patterns for nurses were similar to those of other groups studied, there was an important difference with respect to the actual numbers of nurses moving in and out of the work force.

Nursing neither lost as many active participants during their late twenties and early thirties nor attracted as great a proportion back into the labour market after age 35 (Altman 1971, p.103).

The reasons for this difference were not readily apparent, but Altman points out that a lower marriage rate for nurses in the United States could account for fewer nurses leaving the work force, and that occupational obsolescence could impede the return of those who do leave.

Bayer (1967) estimated the reserve work force for five predominantly female occupations and found that compared to other groups of professional women, nurses are generally less active in their profession. Estimates varied from a high of 55 percent for nurses to 48 percent for social workers, 37 percent for librarians and 38 percent for elementary teachers. While he suggests the conflict between work and family to be particularly acute for nurses, actually there are a number of factors that apparently influence a nurse's decision to be employed in nursing.

## Factors Affecting Employment of Nurses

Studies of labour force participation rates of married female nurses have shown that the primary determinants of employment are wage rates, husband's income and the presence of small children. Benham (1971), for example, estimated this relationship and confirmed that the nurse's salary had a positive effect on the participation rate, while the effects of husband's income and the presence of pre-school children were both negative. Bognano, Hixon and Jeffers (1974) estimated the response of married nurses to a change in wage rates and husband's earnings and concluded that the wife works to supplement family income. In other words, as the husband's income rises, the married nurses' propensity to work falls. Link and Settle (1980) investigated the effect of higher wages and other employment inducements on the supply of nursing services and found that higher wages would have the paradoxical effect of reducing the number of hours worked by married nurses.

Cleland, et al. (1970) investigated factors influencing 479 married nurses to reactivate their careers and found that financial need and the absence of young children were the best predictors of which women would choose to be actively employed. In addition, 41 percent of the respondents viewed time conflicts between employment and home as the primary negative consequences of working.

Inducements offered by nursing were not sufficient (measured in terms of the inactive nurse's values and the terms of alternatives open to her) to motivate her to make the contributions demanded if she is to reactivate her career (Cleland et al. 1970, p. 451).

Cleland suggests that the employment of married nurses can be characterized by the principle of immediate gratification, namely: rapid turnover and change of work status when family needs and family problems arise;

acceptance of dead-end jobs which are compatible with family needs and demands; and work goals which focus upon maintenance of existing skills rather than advancement or growth.

Cleland, et al. (1976) also investigated the nature of differences between married nurses who work only during periods of financial exigencies versus those who actively seek long-term professional careers. When the age of youngest child and financial need were held constant, the factors of career desirability, professional behaviour and economic value of work had the greatest correlation with employment activity.

Studies by Altman (1971) and Hover (1976) suggest that the attrition rate from nursing is higher for nurses who have a baccalaureate degree in nursing. Hover (1976) found that nurses with baccalaureate degrees were more likely to seek promotions outside the hospital system, most often in education or research. Altman (1971) determined that the attrition rate from nursing was highest for nurses with baccalaureate degrees and posits that career expectations are not met in nursing and consequently nurses with baccalaureate degrees and thus more flexibility with regard to employment will be more likely to seek employment outside nursing.

Knopf (1975; 1979) has reported the initial findings of a longitudinal study of nurse career patterns. When the work status of nurses with a basic diploma was compared with that of nurses with a baccalaureate degree five years after graduation, 30 percent of diploma nurses and 34 percent of baccalaureate nurses were not working in nursing. The number of nurses with a baccalaureate degree who were employed in non-nursing positions increased from one percent five years after graduation to six percent 10 years after graduation.

Previous research has made it clear that labour force participation

of nurses cannot be understood except in the context of marital status and age of children. Cleland (1970, p.450) suggests that:

For the married female nurse, whose marriage is viable, decisions pertaining to employment are based upon her perception of what is best for the family.

Positive financial consequences of work and opportunity to achieve career goals must be perceived as greater than the negative consequences if the married woman is to become and remain employed in nursing.

Nearly every study dealing with inactive nurses points out the importance of family responsibilities as a deterrent to returning to work in nursing. The most common requests of nurses surveyed are for more flexibility of hours and for child care services. Also of great importance to inactive nurses is the availability of refresher courses.

#### Refresher Courses for Graduate Nurses

Several authors have investigated the effectiveness of refresher programs in facilitating a return to active status. Reese, et al. (1962) commented on the employment status of 353 nurses who completed a refresher course. About 77 percent of the nurses were employed since taking the course. If it is assumed that those nurses attending a refresher course have some predisposition for a return to active status, then this result is not surprising. Mayberry (1967) found that 65 percent of 680 nurses who completed a refresher program returned to work in nursing. Some of the reasons given by nurses for continued or resumed inactivity included being unable to negotiate suitable hours of work or to make acceptable child care arrangements.

Anderson (1968) reports the results of a study of 108 inactive nurses who had taken a refresher course and confirms that the number and

age distribution of children in the family had the most influence on the number of hours and the time of day that the nurse was willing to work.

### Summary

A review of literature concerned with the problem of voluntary inactivity among graduate nurses suggests that attempting to increase the unbroken tenure of nurses is probably futile since variables such as marriage and children affect tenure so strongly. It seems clear that many nurses will have an interrupted career in nursing. What is not clear is whether this interruption is planned or simply happens as an adjunct to the nurses' lives as wives and mothers. Cooper (1967) suggests it is the latter. The nurse who left practice 15 or 20 years ago did not plan to return to nursing. She is now returning, often from economic necessity, but also as a result of lessening family responsibilities and/or a wider acceptance of the working woman/mother, from a desire for personal fulfillment and from an awareness of the need for her services. Since she did not plan to return to practice, she made no effort to keep professionally current. As a consequence many returning nurses require refresher courses before they can resume active status.

The decision of a nurse to work or not to work in nursing is thought to be influenced by two sets of variables; those related to the individual (personal variables) and those related to the work setting (work-related variables). Work-related variables include hours of work, available child care facilities, salary and job satisfaction.

An inactive nurse is likely to be married and under 40 years of age with pre-school aged children. Flexible hours and suitable child care

arrangements are the major conditions that have to be met before a nurse resumes active status. Family responsibilities, low salaries and professional disillusionment are the main reasons why inactive nurses remain inactive. Financial need and a desire for personal fulfillment provide the motivation for inactive nurses to resume employment in nursing.

None of the studies reviewed were concerned specifically with describing the characteristics of inactive nurses who were ready to resume active status but required a refresher course before doing so. The extent to which refresher course candidates are similar to or different from other inactive nurses has not been documented.

The studies reviewed provide support for the proposition that some inactive nurses plan to return to employment in nursing in the future and require a refresher course before doing so. The numbers and the characteristics of inactive nurses who actually follow through with their plans to return to work in nursing cannot be stated with confidence.

In a rapidly changing society, it is of interest that most of the studies pertaining to inactive nurses were carried out more than 10 years ago. As a consequence many of the findings may be outdated and not directly applicable to the present situation. Earlier studies, however, did provide important background information and gave direction for the present study.

## CHAPTER III

### METHODOLOGY

#### Introduction

This study was exploratory in nature. Survey methodology, utilizing a mailed questionnaire, was selected as the research approach. The aim was to describe selected characteristics of inactive nurses who had expressed interest in a refresher course and to determine whether an expressed interest in a refresher course was a predictor of intent to return to work in nursing. Survey methodology, defined by Polit and Hungler (1978, p.206) as, "...that branch of research that examines the characteristics, behaviours, attitudes and intentions of a group of people by asking individuals belonging to that group (typically only a subset) to answer a series of questions," was considered most appropriate to achieve the stated research purpose.

The literature reviewed indicated that an inactive nurse's decision to work or not work in nursing was likely a function of two sets of factors: those related to the individual, such as marriage and children, and those associated with the work setting, such as hours of work and child-care facilities. A structured questionnaire was developed by the investigator to collect data on selected personal and work-related variables and was mailed to a convenience sample of inactive nurses who had expressed interest in a refresher course.



### Selection of the Sample

Convenience sampling was used in this study. It is known that in today's technological society, re-entry into a profession such as nursing requires updating of knowledge and skill, typically through a refresher course. For this reason it was assumed that nurses who were interested in a nursing refresher course were not currently working as registered nurses and thus constituted a sub-sample of inactive nurses. Permission was obtained (see Appendix A) from a post-secondary educational institution that offered refresher courses on a regular basis to contact nurses on their refresher course mailing list for this thesis project. All nurses whose names appeared on the mailing list on February 1, 1980 and who had not yet been accepted for an upcoming course became the study sample.

### Development of the Instrument

The instrument used for this study was a structured questionnaire developed by the investigator. Questions about personal and work-related variables which were thought to be related to a nurse's decision to be employed in nursing were drawn from the literature and incorporated into a 12 page questionnaire (see Appendix B).

Questions were designed to collect four types of data: demographic, education, work experience and employment.

Demographic data. These data, to be used to group respondents for purposes of data analysis, included age, marital status, age of youngest child and annual family income. These factors were selected because it has been suggested they influence a nurse's decision to be employed in nursing.

Education data. Since nursing education has two distinct paths,

diploma and baccalaureate, it was considered appropriate to request information about type of basic nursing education in order to group respondents on this variable when examining future employment plans. Other data in this section - post-basic nursing education and education in other than nursing - were solicited to allow additional groupings of respondents.

Work experience data. Information about previous work experience was requested to permit groupings of respondents according to the number of years they had worked as registered nurses prior to becoming inactive and the number of years they had been inactive. Of interest as well was the work experience of respondents in health-related and non-health-related fields.

Employment data. The focus of this study was the determination of the future employment plans of refresher course candidates. Accordingly, questions were formulated to collect data on selected work-related variables: plans for future employment as a registered nurse, position desired, date available for employment, full-time or part-time and other restrictions on employment. Questions were also designed that elicited respondents' reasons for taking a refresher course and the advantages and disadvantages they perceived in working as a registered nurse. A summary of personal and work-related variables used in this study is presented in Figure 1.

### Pretesting

The initial draft of the questionnaire was critically discussed by a panel of nurse colleagues who were both knowledgeable about the construction of questionnaires and familiar with the substantive content. The panel included six nurses who were enrolled in the Master of Science in Nursing

## PERSONAL

## WORK RELATED

## Marital Status

Single  
Married  
Other

## Registration

Practicing  
Non-practicing  
Resigned  
Never Registered

## Age

Under 25      45 - 59  
25 - 29      50 - 54  
30 - 34      55 - 59  
35 - 39      60 - 64  
40 - 44

## Employment Status

Presently Employed as an R.N.  
Unemployed and not seeking  
employment as an R.N.  
Unemployed and seeking employment  
as an R.N.  
Unemployed and seeking employment  
as an R.N. but restricted  
Employed other than as an R.N.,  
not seeking employment as an R.N.  
Employed other than as an R.N.,  
prefer employment as an R.N.  
Employed other than as an R.N.,  
prefer employment as an R.N.,  
but restricted.

## Age of Youngest Child

Under 5      15 - 17  
5 - 9      18 or over  
10 - 14

## Annual Family Income

Less than \$10,000  
\$10,000 - \$19,000  
\$20,000 - \$29,000  
\$30,000 or over

## Work experience

Registered Nurse  
Health Related  
Other  
Volunteer

## Education

Basic Nursing Education  
Diploma  
Degree

## Date last employed

Full-time  
Part-time

## Post-basic Nursing Education

## Other post-secondary education

Advantages and Disadvantages to  
working as a Registered Nurse

Number of years employed as a regis-  
tered nurse  
Full-time  
Part-time  
Clinical area(s)

Future employment plans as a registered  
nurse  
Part-time  
Full-time  
Geographic location  
Clinical area

## Other Plans

## Restrictions on Employability

FIGURE 1

## LIST OF VARIABLES

program at the University of British Columbia and four members of the School of Nursing faculty. Comments were sought concerning the appropriateness and adequacy of the content. In addition, the questionnaire was reviewed by a coder and a programmer/analyst to detect and advise on technical difficulties.

A revised version of the questionnaire was tested by 30 nurses who had been accepted for a refresher course and therefore would not be part of the main study. The purpose of the test was to help assess the clarity, adequacy and freedom from bias of the questionnaire items. While a pretest cannot guarantee a perfect instrument, it can "... provide an opportunity for detecting at least gross inadequacies or unforeseen problems before going to the expense of a full scale study." (Polit and Hugler 1978, p.347).

Results from the pretest were used to make several editorial-type changes in the questionnaire and one major revision. In the pretest, respondents were asked in an open-ended question to list three reasons for taking a refresher course. To facilitate statistical analysis and to increase the reliability of the instrument, a fixed-alternative question was developed from the responses given on the pretest. A list of 11 alternate responses was developed using a modified content analysis technique (Kerlinger 1973). The unit of analysis was "reason for taking a refresher course." Eighty-six responses from the pretest were sorted into 24 categories and then the number of units in each category was counted. Only categories containing at least three units were retained. The resulting eleven categories were then validated by two nursing colleagues and incorporated into the revised questionnaire.

## Final Questionnaire

The final questionnaire, modified on the basis of pretesting, consisted of 25 questions related to the study project and of the fixed response type. Response alternatives were varied, including dichotomous items, multiple choice items, funnel and rank order questions. A set of 14 questions (Items 19 through 32) requesting information about respondents' interest in a part-time refresher course was included in the questionnaire at the request of the sponsoring agency but was not considered part of the study project and will not be reported on here.

### Reliability and Validity of the Instrument

Actions carried out to enhance the clarity of the research instrument included a critical review by a panel of experts and a pretest. In addition, since all of the items were of the fixed response type, the potential for uniformity of stimulus and thus greater reliability was achieved (Kerlinger 1973).

A panel of nurse experts was used to help establish content validity.

### Administration of the Questionnaire

On February 13, 1980, questionnaires were mailed to 413 graduate nurses whose names were on the Refresher Course mailing list as of February 1, 1980. Accompanying the questionnaire was a covering letter stating the nature of the study, giving general directions, outlining participant rights and requesting the cooperation of the respondents (see Appendix C). A stamped, self-addressed envelope and postcard were included in the questionnaire packet. Respondents were asked to indicate on the postcard whether or not they wished their name to continue on the refresher

course mailing list and to sign and return it separately from the questionnaire. The main purpose of the postcard was to permit the course administration to update their mailing list but it was also used to facilitate a second mailing to only those respondents who had not returned the postcard.

#### Response Rate

A four week period was allowed for return of the questionnaires. During this period, 140 completed questionnaires were returned and three questionnaires were returned as non-deliverable. The response rate was 34.1 percent. As respondents remained anonymous, a decision was made to attempt to improve the response rate by sending follow-up letters (see Appendix D) to nurses who had not returned the postcard, assuming that those who had not returned the postcard had also not returned the questionnaire.

A total of 199 valid questionnaires out of a possible 410 was received by the deadline set for initiation of data analysis (Table 1). The final response rate was 49 percent. A questionnaire was deemed valid if it contained at least the information on present employment status in nursing and future plans for employment. No attempt was made to assess the nature of the non-respondents nor the reasons for their non-response.

TABLE 1

NUMBER AND PERCENTAGE DISTRIBUTION OF RESPONDENTS  
AND NON-RESPONDENTS IN THE STUDY POPULATION (N=410)

Study Population	Number	Percent
Respondents	199	48.6
Non-Respondents	211	51.4
Total	410	100.0

Of the 280 respondents who returned the postcard, 68 (24 percent) indicated they would like to have their name removed from the course mailing list. As the questionnaires were returned anonymously, it was not possible to assume that those who requested that their names be removed from the mailing list did not complete the questionnaire.

### Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (Nie, et al. 1975). To determine if there was a difference between inactive nurses who planned to return to work in nursing and those who did not, inactive respondents were assigned to one of two sub-groups: nurses planning to return to work as registered nurses and nurses planning to remain inactive. Frequencies were calculated for each group and a chi-square statistic applied to selected variables: marital status, age, age of youngest child, annual family income, number of years since completion of basic nursing education and number of years inactive in nursing. All statistical analyses were tested against an alpha criterion of  $p < .05$  and are reported in Chapter IV.

## CHAPTER IV

### FINDINGS AND DISCUSSION

#### Introduction

Data from 199 questionnaires were tabulated under three categories: respondents who were employed as registered nurses (N=46), respondents who were inactive in nursing but who planned to resume active status as registered nurses upon completion of a refresher course (N=101) and respondents who were inactive in nursing and planned to remain inactive after completing a refresher course (N=52). Table 2 shows the distribution of respondents according to employment status in nursing.

TABLE 2

NUMBER AND PERCENTAGE DISTRIBUTION OF RESPONDENTS ACCORDING TO  
EMPLOYMENT STATUS IN NURSING (N=199)

EMPLOYMENT STATUS	Number	Percent
Employed as Registered Nurse	46	23.1
Not Employed as Registered Nurse	153	76.9
Plan to resume employment as R.N.	101	66.0
Do not plan to resume employment as R.N.	52	34.0
Total	199	100.0



The results of data analysis are presented in five sections. Section A presents the demographic, education and work experience characteristic of the respondents. Section B describes the reasons given by respondents for taking a nursing refresher course. Section C describes the employment potential of the sample of inactive nurses and includes perceived advantages and disadvantages to working as a registered nurse, future employment plans in nursing and restrictions on employability. In Section D nurses who plan to return to work in nursing are compared with those who plan to remain inactive. The fifth section (E) contains a brief description of the respondents in the study who were already employed as registered nurses.

Space was provided at the end of the questionnaire for respondents to write additional comments if they desired. Sixty-one nurses took this opportunity to express a wide range of concerns and opinions about nursing, about their own inclination and ability to resume employment as a registered nurse and about the refresher course itself. These are summarized and presented, with examples, in Appendix E.

#### A. Demographic, Education and Work Experience Characteristics of Respondents

The characteristics of the sample of 153 inactive nurses according to demographic, education and work experience variables is presented in Tables 3 to 7. Marital status, age, age of youngest child and annual family income of respondents are presented in Table 3. The sample was composed entirely of women. A majority were married (83.7 percent) and over 40 years of age (54.2 percent). With respect to age of youngest child, 14.5 percent of the 138 respondents who

TABLE 3

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSES ACCORDING TO  
MARITAL STATUS, AGE, AGE OF YOUNGEST CHILD AND INCOME (N=153)

CHARACTERISTICS	Number	Percent
<u>Marital Status</u>		
Single	9	5.9
Married	128	83.7
Other	16	10.4
Total	153	100.0
<u>Age</u>		
25-29 years	4	2.6
30-34 years	22	14.4
35-39 years	44	28.8
40-44 years	38	24.8
45-49 years	25	16.3
50-54 years	12	7.8
55 years and over	8	5.3
Total	153	100.0
<u>Age of Youngest Child</u>		
Under 5 years	20	14.5
5-9 years	43	31.1
10-14 years	42	30.4
15-17 years	15	10.9
18 years and over	18	13.1
Total	138	100.0
<u>Annual Family Income</u>		
Less than \$10,000	10	6.8
\$10,000 - \$19,000	28	18.9
\$20,000 - \$29,000	49	33.1
\$30,000 and over	61	41.2
Total	148	100.0

completed this section reported their youngest child to be of pre-school age (under five years). The majority (72.4 percent) of the respondents had children of school-age. The findings for the two variables, age and age of youngest child, are inconsistent with those reported in earlier studies of inactive nurses (Barker and Staton 1965; Buchan 1967; Reese, Siegal and Testoff 1964) where a majority of the inactive nurses who participated in the studies were under the age of 40 and had pre-school age children but are consistent with the findings of Marshall and Bruhn (1967) who suggested that the inactive nurse who returns to active practice after completing a refresher course is older than the population of inactive nurses and has reduced family responsibilities.

An annual family income of \$20,000 or more was reported by 74.3 percent of the respondents and for 41.2 percent it was more than \$30,000. Ten (6.8 percent) of the respondents reported an annual family income of under \$10,000. The number of relatively high incomes reported may be reflective of families where there are two wage earners.

Registration status of respondents is shown in Table 4. One hundred and six (69.3 percent) of the respondents reported they were not registered as a nurse in British Columbia. Of this number, however, 51 (48.1 percent) reported they had resigned in good standing which means that they can become registered again by paying the current registration fee. The total number of respondents, then, who were either registered or registrable in British Columbia was 98 (64.1 percent).

The composition of the sample of inactive nurses according to highest education in nursing and according to the date basic nursing education was completed is reported in Table 5. A diploma in nursing was the highest educational qualification for 124 (81.0 percent) of the

TABLE 4

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
 ACCORDING TO REGISTRATION STATUS (N=153)

REGISTRATION STATUS	Number	Percent
Registered in British Columbia	47	30.7
Not Registered in British Columbia	106	69.3
Resigned in good standing in B.C.	51	48.1
Never registered in B.C.	55	51.9
Total	153	100.0

TABLE 5

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
 ACCORDING TO HIGHEST EDUCATION IN NURSING AND DATE COMPLETED (N=153)

EDUCATION IN NURSING	Number	Percent
<u>Highest Education in Nursing</u>		
Basic Diploma	124	81.0
Post-Basic Diploma/Certificate	24	15.7
Baccalaureate Degree	5	3.3
Total	153	100.0
<u>Date Basic Nursing Education Completed</u>		
1940 - 1944	1	0.6
1945 - 1949	9	5.9
1950 - 1954	19	12.4
1955 - 1959	32	20.9
1960 - 1964	39	25.5
1965 - 1969	37	24.2
1970 - 1974	6	3.9
1975 - 1979	3	2.0
No response	7	4.6
Total	153	100.0
Mean number of years since basic nursing education completed: 19.5		
Range: 36 years		

inactive nurses in this study. One hundred and thirty-seven (89.5 percent) reported that they had completed their basic nursing education prior to 1970; 61 (39.8 percent) had completed it prior to 1960. The mean number of years since completion of basic nursing education was 19.5, with a range of 36 years. Compared with the findings of earlier studies, respondents in this study had completed their basic nursing education earlier than other inactive nurses.

Table 6 shows the number of years of full-time employment as a registered nurse as reported by the sample of inactive nurses. A majority had been employed in a full-time capacity for three years or less (54.9 percent), and of this number, five respondents indicated they had never been employed full-time as a registered nurse. The mean number of years since last full-time employment as a registered nurse (for nurses who reported previous full-time employment as a registered nurse) was 12.16.

Table 7 provides evidence that some nurses who are not employed as registered nurses have sought alternate employment. Fifty-one (33.3 percent) of the inactive nurses in this study were employed other than as a registered nurse at the time they completed the questionnaire. Thirty-two (17.6 percent) were employed in health-related occupations and 19 (12.5 percent) in other occupations. The reasons why nurses in the study sample were employed in other than nursing were not readily apparent, but for some it may have been because they were unable to be employed in nursing without first updating their knowledge and skills. Twenty-eight (54.9 percent) of the respondents who were employed other than as a registered nurse indicated they would have preferred employment as a registered nurse but were restricted because of a lack of opportunity to update themselves in nursing.

TABLE 6

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
ACCORDING TO EMPLOYMENT EXPERIENCE AS REGISTERED NURSE (N=153)

EMPLOYMENT AS R.N.	Number	Percent
<u>Number of Years Employed Full-Time as Registered Nurse</u>		
None	5	3.3
Less than 1 year	16	10.6
1 - 3 years	63	41.1
4 - 7 years	43	28.1
8 - 11 years	17	11.1
12 - 15 years	3	1.9
More than 15 years	4	2.6
No Response	2	1.3
Total	153	100.0
<u>Date Last Employed Full-time as Registered Nurse</u>		
1945 - 1949	2	1.3
1950 - 1954	5	3.4
1955 - 1959	18	12.2
1960 - 1964	32	21.7
1965 - 1969	40	27.0
1970 - 1974	27	18.2
1975 - 1979	14	9.5
No Response	10	6.7
Total	148	100.0
Mean number of years since last employed full-time as R.N.: 12.16		
Range: 33 years		

TABLE 7

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
ACCORDING TO EMPLOYMENT STATUS (OTHER THAN AS R.N.). (N=153).

EMPLOYMENT STATUS	Number	Percent
Not Employed	102	69.9
Employed in Health Related Occupation	32	17.6
Employed in Non-Health Related Occupation	19	12.5
Total	153	100.0



## B. Reasons for Taking a Refresher Course

The assumption that inactive nurses take a refresher course primarily to become employed in nursing is not supported by the data obtained in this study. Respondents were asked to rank the first, second and third most important reasons for taking a refresher course. The reasons why respondents would take a refresher course are shown in Figure 2. Fifty-one (34.2 percent) of the respondents indicated that "a desire to update nursing knowledge and skills" would be the most important reason for taking a refresher course, 21 (14.1 percent) indicated it would be to "obtain British Columbia registration" and 18 (12.1 percent) would take a refresher course primarily to "become employable in nursing." Only 12 (8.1 percent) of the respondents indicated that the most important reason for taking a refresher course would be to "become employed in nursing."

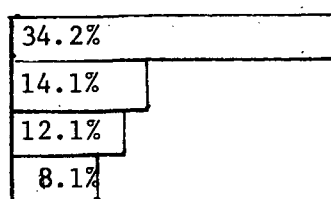
The second most important reason the inactive nurses (17.7 percent) would take a refresher course would also be "to update nursing knowledge and skills" and the third "to become employable in nursing" (23 percent).

The reasons why respondents apparently viewed the process of updating as being more important than the outcome, employment in nursing, are not clear. The possibility that respondents felt some obligation to rank the reason that most closely resembled the refresher course purpose above their actual reason for taking a refresher course is acknowledged. If the reason given as being most important was biased in favour of the stated refresher course purpose, then the second most important reason given may in fact be a more valid representation of the nurse's real reason for taking a refresher course. To test this, the responses of 51 respondents who selected "update" as their first reason for taking a

refresher course were analyzed to determine their stated second and third most important reasons. When the first reason was set aside, employment in nursing still received a low priority. The second most important reason for taking a refresher course for this group of respondents would be "to gain confidence as a nurse" (29.1 percent), and the third, "to become employable in nursing" (26.5 percent). The reasons tend to confirm the assumption that some inactive nurses view themselves as having outdated knowledge and skills as a consequence of prolonged inactivity in nursing.

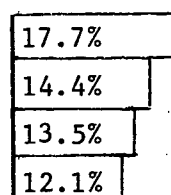
Most Important Reason (N=149)

Update nursing knowledge and skills  
Obtain British Columbia Registration  
Become employable in nursing  
Become employed in nursing



Second Most Important Reason (N=141)

Update nursing knowledge and skills  
Gain confidence as a nurse  
Personal satisfaction  
Become employable in nursing



Third Most Important Reason (N=139)

Become employable in nursing  
Update nursing knowledge and skills  
Personal satisfaction  
Provide for stable and secure future

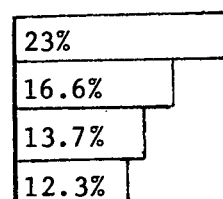


FIGURE 2

REASONS GIVEN BY INACTIVE NURSE RESPONDENTS FOR TAKING  
A REFRESHER COURSE (N=153)

### C. Future Employment in Nursing

In light of the acute nursing shortages extant in British Columbia at the time this study was initiated, the future employment plans of inactive nurses in the study sample were of particular interest. The numbers of budgeted but unfilled positions on the one hand and the large numbers of nurses interested in refresher courses on the other, had resulted in considerable pressure being exerted on educators to increase the numbers of seats in existing courses and to create new refresher courses in different regions of the province (Registered Nurses' Association of British Columbia May, 1980). If significant numbers of inactive nurses in the study sample could be shown to be planning to resume active status in nursing upon completion of a refresher course, there would be some justification for acting to facilitate an inactive nurse's early admission to a refresher course and her subsequent return to practice.

The post-refresher course employment plans of 153 inactive nurses are shown in Table 8. A majority (66 percent) of the respondents indicated they planned to resume active status in nursing. Most (57.4 percent) would prefer part-time employment. Additional data were sought in order to provide more specific information about the manpower potential of the inactive nurses sampled, including: the perceived advantages and disadvantages to working as a registered nurse; projected date of employment in nursing; location; clinical preference; and restrictions on employability. Results are reported in Tables 9 to 13.

TABLE 8

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
ACCORDING TO FUTURE EMPLOYMENT PLANS IN NURSING (N=153)

FUTURE EMPLOYMENT IN NURSING	Number	Percent
Plan to be Employed as Registered Nurse	101	66.0
Full-time	42	41.6
Part-time	58	57.4
No Response	1	1.0
Do Not Plan to be Employed as Registered Nurse	52	34.0
Total	153	100.0

Advantages and Disadvantages of Working as a Registered Nurse

Respondents were asked to rank the advantages and disadvantages that would accrue if they returned to work as a registered nurse. Tables 9 and 10 show the categories and the percentages of respondents who made responses in each category. The most frequently used categories will be discussed.

Time conflicts with family activities were perceived as the major disadvantage of employment as a registered nurse by 42.5 percent of the respondents. Professional maintenance would be the most important advantage of working for 36.6 percent of the respondents while professional advancement was assigned a relatively low priority. Only six (3.9 percent) of the respondents indicated that professional advancement would be the prime advantage to working as a registered nurse. The findings of this study are consistent with Cleland's hypothesis that married nurses

TABLE 9

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS SHOWING  
PERCEIVED ADVANTAGES OF WORKING AS A REGISTERED NURSE (N=153)

PERCEIVED ADVANTAGES OF WORKING AS R.N.	Number	Percent
<u>Nursing Factors</u>	106	69.3
Professional maintenance	56	36.6
Personal fulfillment	31	20.3
Contribution to others	13	8.5
Interaction with health personnel	0	0.0
Professional advancement	6	3.9
<u>Financial Security</u>	28	18.4
<u>Mental Stimulation</u>	11	7.2
<u>Social Contacts</u>	1	0.6
<u>Other</u>	1	0.6
No Response	6	3.9
Total	153	100.0

TABLE 10

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS SHOWING  
PERCEIVED DISADVANTAGES OF WORKING AS A REGISTERED NURSE (N=153)

PERCEIVED DISADVANTAGES OF WORKING AS R.N.	Number	Percent
<u>Time Competition</u> - less time for:	65	42.5
Immediate family	56	36.6
Household activities	3	2.0
Social, community and personal activities	6	3.9
<u>Frustrations Associated with Nursing</u>	32	20.9
Too much responsibility/not enough time and authority	12	7.9
Inadequate nursing knowledge	11	7.2
Tasks unrelated to nursing care	1	0.6
Unsatisfactory standards of patient care	8	5.2
<u>Dissatisfaction with Employment Conditions</u>	45	29.5
Poor pay - cost differential	3	2.0
Hours of work	11	7.2
Rotating shifts	31	20.3
Poor personnel policies	0	0.0
<u>Health Problems</u>	1	0.6
<u>Other</u>	2	1.3
No Response	8	5.2
Total	153	100.0

will most often pursue work goals which focus upon maintenance of existing skills rather than advancement or growth (Cleland, et al. 1970, p.451).

Respondents expressed considerable dissatisfaction with employment conditions, particularly hours of work and rotating shifts. Forty-two (27.4 percent) of the respondents indicated that these two factors would constitute a major disadvantage to working as a registered nurse. Frustrations associated with nursing work itself were presented as a negative force on employment by 20.9 percent of the respondents.

The powerful negative consequences of working as a registered nurse as perceived by the respondents in this study must be offset by positive rewards if a married nurse is to resume active status, but evidence of this is lacking in the data provided. On balance it would appear that the disadvantages outweigh the advantages. Apart from the advantages pertaining directly to nursing (nursing factors), the remaining positive rewards of employment could conceivably be achieved in other work settings. In the absence of evidence of a strong professional commitment, it is suggested that for nurses in this study, the goal of employment in nursing may be secondary to the goal of employment in any job that provides an opportunity for personal fulfillment and a competitive salary.

#### Date of Employment

Respondents were very uncertain of the date they might re-enter the nursing work force; 71.3 percent did not respond at all. Part of the reason for such a low response rate may be associated with the admission procedures of the specific refresher course in which the respondents were interested. Prospective candidates are given written notice of a new course and applications are then accepted on a first-come, first-served

basis. Courses tend to fill very quickly and many respondents expressed frustration with a system that relies entirely on a telephone call. Obviously the date refresher course candidates return to work in nursing is highly dependent upon the date they are accepted in a refresher course and neither can be predicted with any degree of certainty.

### Location

The distribution of the 101 respondents who indicated that they planned to return to work as registered nurses according to the geographic area in which they wished to be employed is presented in Table 11. As might be expected, a majority (74.3 percent) would seek employment as registered nurses within the area served by the educational institution from which the sample was obtained. This is also the area where more than 70 percent of the vacant positions for nurses with general preparation were known to exist (Division of Health Services Research and Development 1980). Further analysis of the data, however, shows that the actual manpower potential for the area is limited to nurses who would prefer part-time employment. Of the 75 respondents who indicated they would seek employment in the metropolitan area served by the educational institution from which the sample was drawn, 72 percent indicated that they would prefer part-time employment.

Twelve (11.9 percent) of the respondents indicated they would be seeking employment in areas where there were no reported difficult-to-fill positions (Division of Health Services Research and Development 1980). While it is acknowledged that the situation with regard to vacant positions in nursing is not static, but changes from month to month, the findings of this study do point to the need for co-ordination between



TABLE 11

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS (PLANNING TO RESUME EMPLOYMENT AS R.N.) (N=101) SHOWING EMPLOYMENT PREFERENCE, REGIONAL HOSPITAL DISTRICT AND PERCENTAGE DISTRIBUTION OF DIFFICULT-TO-FILL POSITIONS.

REGIONAL HOSPITAL DISTRICT	Percentage Distribution of Difficult-to-fill positions*	Number of Respondents	Percent
Greater Vancouver	74.1	75	74.3
Capital		8	7.9
Fraser Valley	1.2	5	4.9
Okanagan		4	4.0
South-East	3.5	0	0.0
Island - Coast	2.4	0	0.0
Central	1.2	1	1.0
North-Central	16.5	2	2.0
North	1.2	0	0.0
No Response		6	5.9
Total	100.0	101	100.0

\* Difficult-to-fill positions for nurses with general preparation as reported by the Health Manpower Research Unit in June, 1980.

nursing education and nursing administration with respect to nurse manpower planning.

### Clinical Preference

Table 12 shows the distribution of the respondents in the study who plan to be employed as registered nurses, according to type of health care agency in which they would prefer to be employed and according to clinical preference for those respondents who indicated they would prefer to be employed in a general hospital. A majority (81.2 percent) indicated they would prefer employment in a general hospital. Of this number, 45.1 percent would prefer medicine or surgery, while 14.6 percent would prefer extended care nursing. Many of the respondents (40.3 percent) indicated they would prefer to be employed in specialty areas such as pediatrics and obstetrics, areas for which the refresher course does not adequately prepare them.

These findings may reflect a lack of sufficient information about refresher courses, but also provide evidence of a very real problem for returning nurses. It seems reasonable to assume that a nurse who has worked in a specialty area prior to becoming inactive would want to return to a work situation that is familiar and, in many cases, for which the nurse has special preparation, yet the only option open to these nurses is a course that prepares them to function in adult medical, surgical and extended care settings. The situation could well arise where a nurse may enroll in a refresher course but be dissatisfied with the employment options available and then decide either to remain inactive or to seek alternate employment.

TABLE 12

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
 (PLANNING TO RESUME EMPLOYMENT AS R.N.) ACCORDING TO  
 CLINICAL PREFERENCE (N=101)\*

CLINICAL PREFERENCE	Number	Percent of Total Respond- ents
General Hospital	82	81.2
Medicine	15	
Surgery	22	
Extended Care	12	
Obstetrics (including Newborn Nursery)	16	
Pediatrics	8	
Other	9	
Home Care	5	4.9
Community Health	5	4.9
Physician's Office	9	8.9
Other	15	14.8

\* Note: Numbers do not sum to 101 as several respondents indicated more than one preference.

### Restriction on Employability

Respondents who stated they planned to resume employment in nursing also indicated that they would require a number of conditions to be met if they did so. The results are summarized in Table 13. Aside from a preference for part-time employment discussed earlier, the restriction that occurred most frequently was with respect to length of shift. Thirty-seven (36.6 percent) of the respondents stated they would expect to work eight hour shifts only. Perhaps because 12 hour shifts are a fairly recent innovation, this finding was not reported in the earlier studies. Married nurses with children may feel 12 hours is too long to be away from their families. For those who would require child care, they may also have found that few, if any, child care centers accommodate children for an extended day.

Other restrictions mentioned are consistent with those that would be expected from women with another primary role. Employment as a registered nurse would be subject to suitable child care arrangements for 29.7 percent of the respondents. The findings that some respondents (21.8 percent) would be available only during the school year and would limit their employment to day shift only (20.8 percent), further reduces the manpower potential of this group of nurses.

### Alternate Plans

The 53 respondents who stated that they did not plan to work in nursing upon completion of a refresher course continue to view employment in nursing as an option for the future. The future plans for this group of respondents are shown in Table 14. Sixteen (28.3 percent) of the respondents indicated they would become employed in nursing only if it became a "financial necessity," while 15 (28.3 percent) would become

TABLE 13

NUMBER AND PERCENTAGE OF INACTIVE NURSE RESPONDENTS (PLANNING TO  
RESUME EMPLOYMENT AS R.N.) ACCORDING TO RESTRICTIONS ON EMPLOYMENT  
(N=101)\*

RESTRICTION	Number	Percentage of Total Respond- ents
Eight hour shift only	37	36.6
Subject to arranging suitable child care	30	29.7
During school year only	22	21.8
Day shift only	21	20.8
Days/evenings only	21	20.8
Week-days only	14	13.9
Subject to availability of transportation	9	8.9
Days/nights only	6	5.9
No statutory holidays	5	5.0
Week-ends only	5	5.0
Twelve hour shifts only	3	3.0
Nights only	3	3.0
Evenings only	2	2.0
Evenings/nights only	1	1.0
No restrictions	14	13.9
Other	5	5.0

\*Note: Numbers do not sum to 101 as some respondents indicated more  
than one restriction

TABLE 14

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS (NOT PLANNING TO RESUME EMPLOYMENT AS R.N.) ACCORDING TO FUTURE PLANS IN NURSING (N=52)

FUTURE PLANS IN NURSING	Number	Percent
Employment at some future date	15	28.8
Employment if financial necessity	15	28.8
Continue education	13	25.0
Other	9	17.4
Total	52	100.0

employed as a registered nurse at some unspecified time "in the future". Thirteen (24.5 percent) stated they would "continue their education" upon completion of the refresher course. Continuing education in this instance was thought to mean either in a post-basic specialty if available, or in a baccalaureate program. Both usually require recent clinical nursing experience as a prerequisite for admission, a requirement that could conceivably be met through a refresher course.

#### D. Comparison of Subsamples

One objective of this study was to describe the differences, if any, between those nurses in the sample who planned to return to work in nursing and those who planned to remain inactive. Two subsamples of respondents were identified for this step of the data analysis: nurses who planned to resume active status (study group, N=101); and nurses who planned to remain inactive (comparison group N=52).

Previous studies of inactive nurses have suggested that a married nurse's decision to be employed in nursing is influenced by a number of personal and work-related variables.

To test for a difference between groups, contingency tables were constructed for the variables marital status, age, age of youngest child and annual family income and the chi-square statistic applied (see Appendix F). Results were tested against an alpha criterion of  $p < .05$ .

The results of data analyses failed to identify any factors which distinguished respondents in the study who plan to resume active status in nursing upon completion of a refresher course from those who planned to remain inactive.

#### E. Employed Nurses

The assumption that nurses who express an interest in a refresher course are by definition not active in nursing is refuted by the results obtained in this study. While it was not a purpose of this project to report on the characteristics and employment plans of respondents who were employed as registered nurses at the time they completed the

questionnaire, the fact that 46 (23.1 percent) of the respondents were employed as registered nurses warrants a brief comment.

From data collected in this study, there is no way to determine the reasons why employed nurses would take a refresher course. One possibility is that as nursing roles become increasingly specialized, mobility within the profession becomes increasingly restricted. Nurses who want to change jobs may find they lack the knowledge and skills necessary to function in another area of nursing and look to a refresher course as a means of enhancing their mobility within the profession. Further investigation is needed to determine the educational needs of this group of employed nurses and to assess whether or not a refresher course is the appropriate means for meeting these needs.



## CHAPTER V

### SUMMARY AND CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

#### Summary

At the time this study was initiated evidence indicated that an inadequate supply of registered nurses existed in British Columbia. At the same time, a significant number of graduate nurses were known to be voluntarily inactive in nursing. It was suggested that some of these nurses might return to active practice in nursing, but because of changes in medicine and in nursing, they would require a refresher course before they could do so.

The study had two purposes. The first purpose was to describe the characteristics of graduate nurses who had expressed interest in a refresher course for graduate nurses. The second purpose was to determine the extent to which these nurses were a potential source of nurse manpower supply.

A descriptive study was carried out using a mail-back questionnaire as the data-collection tool. The questionnaire used was developed by the investigator.

The study sample consisted of 410 graduate nurses who had placed their names on the mailing list for a refresher course for graduate nurses at one educational institution located in a large metropolitan area. One hundred and ninety-nine respondents (for a response rate of 49 percent) participated in the study.

The data were tabulated under three categories: respondents who were employed as registered nurses (N=46); respondents who were inactive in nursing but who planned to resume active status upon completion of a refresher course (N=101); and respondents who were inactive in nursing and planned to remain inactive upon completion of a refresher course (N=52). The main focus of the analyses was the data from 153 questionnaires returned by inactive nurses.

Characteristics of inactive nurses. A graduate nurse who most closely resembles the majority of graduate nurses who participated in the study would be married and over 40 years of age. Her youngest child would be of school age and annual family income would be over \$20,000.

She would be registered or eligible for registration as a nurse in British Columbia. A basic diploma in nursing would be her highest educational qualification. She would have graduated from a basic nursing education program more than 10 years ago and have been employed full-time in nursing for three or less years.

Reasons for taking a refresher course. The primary reason for taking a refresher course would be to update nursing knowledge and skills. To a lesser extent, respondents in the study indicated they would take a refresher course in order to obtain British Columbia registration and to become "employable" in nursing.

Future employment. Professional maintenance would be the most important advantage to working as a registered nurse for the majority of respondents in this study. Time scheduling conflicts with immediate family activities would be the greatest deterrent to returning to work as a registered nurse. The respondents perceived the disadvantages that were directly associated with the unique demands of the profession to

outweigh the advantages of working as a registered nurse.

A majority of the inactive nurses in the study (66 percent) plan to resume employment as registered nurses upon completion of the course. For those who do plan to resume active status, a preference was expressed for part-time employment in a general hospital within the metropolitan area served by the educational institution from which the study sample was obtained. Employment would also be conditional upon the availability of eight hour (as opposed to 12 hour) shifts and suitable child-care facilities. To a lesser extent, employment as a registered nurse would be restricted to day shifts and week-days during the school year.

Predictors of employment. Analysis of the data supplied by the respondents in this study who were inactive in nursing failed to identify any factors which distinguished nurses who planned to resume active status in nursing from those who planned to remain inactive. Application of the chi-square statistic to contingency table data for the variables marital status, age, age of youngest child and annual family income did not reveal a significant difference in distribution between groups.

Employed nurses. Forty-six of the respondents (23.1 percent) were employed as registered nurses at the time they completed the questionnaire. Data did not permit the determination of the reasons why employed nurses would take a refresher course.

### Conclusions

The findings of this study suggest the following conclusions:

1. Graduate nurses who express interest in a refresher course for graduate nurses are not representative of the population of inactive nurses. Rather, they constitute a population of both inactive and

active nurses. A comparison of the findings of this study with those of earlier studies with respect to the characteristics of inactive nurses suggests that inactive nurses who express interest in a refresher course are older, have older children and completed their basic nursing education earlier than the population of inactive nurses.

2. The extent to which inactive nurses in the study sample represent a potential source of nurse manpower is limited by a preference for part-time employment and conditional upon suitable hours and the availability of child-care.

### Implications

Although the findings of this study are limited by a low response rate and by an absence of follow-up of non-respondents, they strongly suggest that occupational obsolescence as a consequence of being inactive in the profession is a concern of inactive nurses. In addition, the results indicate that a significant number of inactive nurses would resume employment as registered nurses if certain conditions could be met. These findings have implications for nursing education and for nursing administration.

#### Implications for Nursing Education

The factor of occupational obsolescence as a consequence of inactivity in nursing was a major concern of respondents in this study, a concern which was independent of future employment plans in nursing. In other words, nurses who express interest in a refresher course do so primarily out of a desire to update their nursing knowledge and skills rather than out of a desire to be employed as registered nurses.

Refresher courses for graduate nurses in British Columbia have, for the most part, been designed to alleviate critical shortages of registered nurses, when and where the shortages occur. Few systematic efforts have been made to orient the inactive nurse to modern nursing practice. Cooper's observation (in 1971) that, "For the most part, organized nursing has not been cognizant of the great interest of many inactive nurses in their profession" (Cooper 1971, p.27), appears to be as valid to-day as it was a decade ago. To meet the ever increasing need for well-prepared nursing personnel, a more systematic pattern of continuing education is desirable whereby nurses can continue to relate to their profession during periods of inactivity.

As long as nursing is a predominantly female profession, many of its members will have interrupted careers. For the nurse who left nursing more than 10 years ago, certainly a refresher course is desirable. The inactive nurse in the first few years of inactivity, however, does not need "refreshing" but she does need continuing education if she is to remain professionally current. Present programs in continuing education for nurses tend to be designed for currently employed nurses. Nursing education has been slow to recognize the need to provide opportunities for nurses to continue their education during periods of inactivity. There are a variety of ways in which such continuing education programs could be implemented, including the use of programmed learning materials and/or the use of interactive television.

While provision of up-to-date information will help to minimize the development of a knowledge gap, clinical practice is also of great importance in maintaining competence. Short-term preceptorships with a designated resource person could be made available in a variety of health care

agencies, thus providing an opportunity for the inactive nurse to integrate knowledge with practice in a clinical area of choice.

The importance of the attitudes of nurses towards their profession cannot be denied. Since many of these attitudes are formed during the basic education program, nurse educators should be vitally concerned that students are introduced to the concept of lifelong learning for professional practice. Career planning is an important aspect of professional commitment and includes planning for inactivity as well as for professional advancement.

#### Implications for Nursing Administration

The results of this study also have implications for nursing administration. For the employer who would consider employing part-time married nurses, there would appear to be a ready supply available from the pool of inactive nurses who have expressed interest in a refresher course. Traditionally nursing has depended upon single or married women without children to meet staffing requirements. Women with children have tended to withdraw from the nursing work force, in part to fulfill their roles as wives and mothers, but also because they have been unable to arrange schedules that do not conflict with family activities. Many of these nurses are now expressing a desire to resume practice as registered nurses but find full-time practice and rotating shifts incompatible with family life.

Findings of this study suggest that inactive nurses with family responsibilities are motivated to contribute to nursing, but their contribution is subject to certain conditions, at least for the period they have committed to raising a family. For nursing administration to deny

these individuals access to the nursing work force because of a set of rigid expectations regarding availability, or because of the costs of benefits that must be paid to part-time employees, is to deny the high cost of preparing professional nurses for voluntary inactivity and to limit access to a large pool of educated, experienced nurses.

Another important consideration is that while the majority of nurses in this study indicated they would prefer part-time employment at the moment, the possibility that as family responsibilities lessen, employment may be extended to full-time in the future further strengthens the case for employing part-time nurses. Administrative actions that facilitate part-time employment can help nurses to remain professionally current during periods when they have another primary role, and in the long term, help to ensure a supply of experienced, full-time nurses for the future.

#### Recommendations for Further Study

On the basis of the findings and implications of this study, it is recommended that:

1. A study be carried out to determine the extent to which inactive nurses return to practice following the completion of a refresher course and the length of time they remain in the nursing work force.

2. A longitudinal study be initiated in British Columbia that is designed to follow a cohort of nurses from the time they enter a nursing education program through their working lifetime to determine the career patterns and concomitant continuing education needs of registered nurses.

3. A follow-up study be carried out of employed nurses who express interest in a refresher course to determine their continuing education needs and the most appropriate means by which these needs could be met.

4. Efforts be directed to planning educational programs that are specifically designed to meet the continuing education needs of nurses during periods of voluntary inactivity.

5. Nursing administrators develop employment policies that acknowledge the potential contribution of part-time nurses to quality patient care.



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APPENDIX A  
LETTER OF AGREEMENT

APPENDIX B

QUESTIONNAIRE

## REFRESHER COURSE QUESTIONNAIRE

## DIRECTIONS

1. Please read each question and its instructions carefully.
2. If you feel that a question is difficult for you to answer, please check the response which is closest to that which you feel is correct, or use the response "other" where it is provided and specify your reason for doing so.
3. Please do not sign the questionnaire. Anonymity is assured, and your responses will not influence your future application for a refresher course.

## SECTION I.

1. Marital Status: ☐ Single ☐ Married ☐ Other

2. What is your age?

☐ Under 25

☐ 45 - 49

☐ 25 - 29

☐ 50 - 54

☐ 30 - 34

☐ 55 - 59

☐ 35 - 39

☐ 60 - 64

☐ 40 - 44

3. Age of youngest child (if applicable)

☐ Under 5 years

☐ 15 - 17 years

☐ 5 - 9 years

☐ 18 years and over

☐ 10 - 14 years

4. Estimate of annual family income:

☐ Less than \$10,000 per year

☐ \$10,000 to \$19,000 per year

☐ \$20,000 to \$29,000 per year

☐ \$30,000 per year and over



## SECTION II

5. List basic and post-basic nursing education, where taken (college, technical school, hospital, university), and when completed. List basic nursing education first.

	Diploma Certificate or Degree	Specialty (if applicable)	Type of Institution	Date Completed
Example: Basic 1	Diploma - R.N.	n/a	Hospital	1959
Post Basic 1	Diploma	O.R. Nursing	Technical School	1968
2	Degree - B.S.N.	n/a	University	1970
Basic 1				
Post-Basic 1				
2				
3				

6. List academic preparation beyond high school in fields other than nursing (if applicable), where taken, (type of institution), and when completed. List only courses or programs of six months duration or longer.

	Diploma Certificate or Degree	Subject or Specialty	Type of Institution	Date Completed
1				
2				
3				
4				

## SECTION III

7. What is your present Registration status?

Registered in British Columbia? ☐ No ☐ Yes

If yes, ☐ Practising ☐ Non-practising

If no, ☐ Resigned in good standing in B.C.?

☐ Never registered in B.C.

Are you Registered in another Province or Country?

☐ No ☐ Yes

☐ Other (specify) \_\_\_\_\_

8. Are you currently eligible for Registration as a nurse in British Columbia?

☐ No ☐ Yes

## SECTION III Continued

9. Are you required to complete a Refresher Course for Registration as a nurse in British Columbia?

☐ No

☐ Yes

10. Are you presently employed as a Registered Nurse?

☐ Full-time  
(35 hrs/week  
or more)

☐ Part-time  
(less than  
35 hrs./week)

☐ Casual

☐ Not employed  
as an R.N.

If employed as a Registered Nurse, state job title: \_\_\_\_\_

If not employed as a Registered Nurse, check one of the following:

☐ I am currently unemployed and not seeking employment as an R.N.

☐ I am currently unemployed and seeking employment as an R.N.

☐ I am currently unemployed and seeking employment as an R.N., but restricted because of lack of opportunity to update myself.

☐ I am currently employed other than as an R.N., and not seeking employment as an R.N.

☐ I am currently employed other than as an R.N., but would prefer employment as an R.N.

☐ I am currently employed other than as an R.N., would prefer employment as an R.N. but am restricted because of a lack of opportunity to update myself.

11. Have you been employed in a nursing or health related position in a capacity other than as a Registered Nurse since completing your basic nursing education? For example, as a graduate, (non-registered) nurse, or practical nurse.

☐ No

☐ Yes

If yes, please describe below, listing most recent employment first.

	Job Title	No. of yrs in position	Full- time	Part- time	Casual	Date of leaving	Reason for leaving
1.							
2.							
3.							
4.							

## SECTION III Continued

12. Have you been employed in a non-nursing or non-health related position since completing your basic nursing education?

	Job Title	No of yrs in job	Full-time	Part-time	Casual	Date of leaving	Reason for leaving
1.							
2.							
3.							
4.							

13. Have you worked as a volunteer since completing your basic nursing education?

☐ No

☐ Yes

If yes, in what capacity and for how long?

	Name of Agency or Title	No. of years	Date of Leaving	Reason for leaving
1.				
2.				
3.				
4.				

14. Indicate total number of years you have been employed full-time, (35 hrs. per week or more), as an R.N. since completing your basic nursing education.

☐ None

☐ 8 - 11 years

☐ Less than 1 year

☐ 12 - 15 years

☐ 1 - 3 years

☐ more than 15 years

☐ 4 - 7 years

Date last employed full-time as an R.N. \_\_\_\_\_

15. Indicate total number of years you have been employed part-time, (less than 35 hours per week) as an R.N. since completing your basic nursing education.

☐ None

☐ 8 - 11 years

☐ Less than 1 year

☐ 12 - 15 years

☐ 1 - 3 years

☐ more than 15 years

☐ 4 - 7 years

Date last employed part-time as an R.N. \_\_\_\_\_

16. Check all facilities in which you have been employed as an R.N.

- |  |   |
|--|---|
| <input type="checkbox"/> Children's Hospital                 | <input type="checkbox"/> Mental Health/Community Care Team    |
| <input type="checkbox"/> Convalescent/Rehab Hospital         | <input type="checkbox"/> Nursing Home/Community Care Facility |
| <input type="checkbox"/> Educational Facility                | <input type="checkbox"/> Physician's Office                   |
| <input type="checkbox"/> Extended Care Hospital              | <input type="checkbox"/> Psychiatric/Mental Hospital          |
| <input type="checkbox"/> General Hospital                    | <input type="checkbox"/> Private Duty                         |
| <input type="checkbox"/> Health Unit - Home Care only        | <input type="checkbox"/> Research                             |
| <input type="checkbox"/> Health Unit - Public Health Program | <input type="checkbox"/> Industry                             |
| <input type="checkbox"/> V.O.N.                              | <input type="checkbox"/> Other (specify) _____                |

17. If you answered General Hospital in Question 16, please specify clinical area(s).

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Unit                    | <input type="checkbox"/> Newborn Nursery             |
| <input type="checkbox"/> Surgical Unit                   | <input type="checkbox"/> Operating Room              |
| <input type="checkbox"/> Pediatrics                      | <input type="checkbox"/> Recovery Room               |
| <input type="checkbox"/> Obstetrics                      | <input type="checkbox"/> Out-Patient/Ambulatory Care |
| <input type="checkbox"/> Psychiatry                      | <input type="checkbox"/> Rehabilitation              |
| <input type="checkbox"/> Central Supply                  | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Emergency                       | <input type="checkbox"/> Other (specify) _____       |
| <input type="checkbox"/> I.V. Therapy                    |  |
| <input type="checkbox"/> Medical/Surgical Intensive Care |  |

## SECTION IV

18. Which THREE of the following reasons for taking the Refresher Course are most important to you? Please rank the reasons in order of importance to you, placing a "1" beside the most important reason, a "2" beside the second most important reason, and a "3" beside the third most important reason. If fewer than three, please rank those that are important to you.

- \_\_\_\_\_ want to be employed in nursing
- \_\_\_\_\_ to become employable in nursing
- \_\_\_\_\_ a change from present activities
- \_\_\_\_\_ continue my education in nursing
- \_\_\_\_\_ to gain confidence as a nurse
- \_\_\_\_\_ desire for new learning experiences
- \_\_\_\_\_ to obtain British Columbia Registration
- \_\_\_\_\_ for personal satisfaction
- \_\_\_\_\_ to provide for a stable and secure future
- \_\_\_\_\_ to earn a living
- \_\_\_\_\_ to update nursing knowledge and skills
- \_\_\_\_\_ other (specify) \_\_\_\_\_

*A part-time Refresher Course for Graduate Nurses is in the planning stage. The goal is to make this course, as well as the full-time Refresher Course, available to students in the Fall of 1980. We wish to design the course to meet specific student needs and to accommodate individual lifestyles, therefore, we are asking your assistance in providing us with the following information.*

19. Which type of refresher course would BEST meet your specific needs at this time?

- ☐ The Full-time ten week course, daytime hours on weekdays as given at present .
- ☐ Part-time course given over a longer period of time with evening and weekend classes.

If full-time, proceed to question number 26.

If part-time, answer questions 20 to 25; BEFORE proceeding to question 26.

20. Which of the following factors influenced you to choose a part-time course?

- ☐ children in school
- ☐ wish to be home during the day
- ☐ baby-sitting easier to arrange in the evening and on the weekend
- ☐ hold a day-time job
- ☐ more economical to attend evening/weekend classes
- ☐ need a longer period of time to study than allowed in the full-time course
- ☐ other (specify) \_\_\_\_\_

21. Would you be able to participate in a concentrated clinical experience e.g., a two week block, in the final weeks of the course?

☐ No

☐ Yes

If no, list reasons \_\_\_\_\_

\_\_\_\_\_

22. How long would you expect the part-time course to be?

☐ sixteen weeks

☐ eighteen weeks

☐ twenty weeks

☐ longer, please specify \_\_\_\_\_

23. How could you BEST meet the requirements for theory?

☐ attending classes at a regional college

☐ using correspondence material at home

☐ attending instructional and interactive television classes at a regional college

☐ via cable television at home

☐ other (specify) \_\_\_\_\_

24. If you reside in a geographic area outside the Lower Mainland how could you BEST complete the clinical and laboratory sessions?

☐ not applicable - I live in the Lower Mainland

☐ travel to the Lower Mainland twice during the course for clinical experience

☐ use hospital facilities and resource people in my geographic area

☐ use instructional and interactive television for demonstration and practice of skills at my regional college

☐ other (specify) \_\_\_\_\_

\_\_\_\_\_

25. Which of the following times would BEST suit your lifestyle?

For Classes:

- ☐ weekdays 9:00 a.m. to 4:00 p.m.
- ☐ weekdays 4:00 p.m. to 7:00 p.m.
- ☐ weekdays 7:00 p.m. to 10:00 p.m.
- ☐ Saturdays 9:00 a.m. to 4:00 p.m.
- ☐ Other (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

For Labs:

- ☐ weekdays 9:00 a.m. to 4:00 p.m.
- ☐ weekdays 4:00 p.m. to 7:00 p.m.
- ☐ weekdays 7:00 p.m. to 10:00 p.m.
- ☐ Saturdays 9:00 a.m. to 4:00 p.m.
- ☐ Other (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

For Clinical Practice:

- ☐ weekdays 5:00 p.m. to 10:00 p.m.
- ☐ Saturdays 7:30 a.m. to 3:30 p.m.
- ☐ Saturdays 3:30 p.m. to 11:30 p.m.
- ☐ Other (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Full-time and Part-time please answer the following:*

26. Do you think there are some theory areas that you would like to challenge by writing an examination, in order to determine which classes you are required to attend?

☐ No ☐ Yes

27. Would you be willing to have your basic nursing skills assessed in a lab setting BEFORE beginning the course? (A practise session would be available).

☐ No ☐ Yes

If not, list reasons \_\_\_\_\_

28. Are you able to study independently i.e., with minimal supervision and direction?

☐ No ☐ Yes

If not, list reasons \_\_\_\_\_

29. Are you able to evaluate your progress in a learning situation?

☐ No ☐ Yes

If not, list reasons \_\_\_\_\_

30. How confident are you in your performance of basic nursing skills? (Check only one)

- ☐ Can perform basic nursing skills, but not without constant supervision and some assistance.
- ☐ Can perform basic nursing skills but require periodic supervision and/or assistance.
- ☐ Can perform basic nursing skills without supervision and/or assistance.
- ☐ Don't know

31. When did you put your name on the B.C.I.T. Refresher Course mailing list?

Month \_\_\_\_\_ Year \_\_\_\_\_

32. What has been your experience in applying for the B.C.I.T. Refresher Course?

- ☐ Have never applied for a specific course
- ☐ Telephone lines busy and could not get through
- ☐ Put on the waiting list but not interviewed
- ☐ Interviewed for a course and placed on the alternate list
- ☐ Interviewed and accepted for a course, but withdrew before course started
- ☐ Interviewed but not accepted for a course
- ☐ Other (specify) \_\_\_\_\_



## SECTION V

33. Do you plan to be employed as a Registered Nurse as soon as you complete the Refresher Course?

☐ No ☐ Yes

If no, proceed to question 37.

If yes, where in B.C. do you plan to be employed and in what capacity?

Specify: City \_\_\_\_\_  
Position \_\_\_\_\_

☐ Full-time ☐ Part-time

Date of availability for employment \_\_\_\_\_

34. If you expect to seek employment in a General Hospital for what clinical area will you be most likely to apply? (check one only)

<input type="checkbox"/> Medical Unit	<input type="checkbox"/> Operating Room
<input type="checkbox"/> Surgical Unit	<input type="checkbox"/> Recovery Room
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Out Patient/Ambulatory Care
<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Emergency	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> I.V. Therapy	
<input type="checkbox"/> Newborn Nursery	
<input type="checkbox"/> Medical/Surgical Intensive Care	

35. If you do not expect to seek employment in a General Hospital, to what facility will you be most likely to apply (check one only)

<input type="checkbox"/> Children's Hospital	<input type="checkbox"/> Mental Health/Community Care Team
<input type="checkbox"/> Convalescent/Rehab. Hospital	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Extended Care Hospital	<input type="checkbox"/> Psychiatric Hospital
<input type="checkbox"/> Health Unit - Home Care	<input type="checkbox"/> Private Duty
<input type="checkbox"/> Health Unit - Preventative Program	<input type="checkbox"/> Research
<input type="checkbox"/> Industry	<input type="checkbox"/> Other (specify)

36. What restrictions will you be likely to place on your employment as a Registered Nurse? Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Weekdays only
<input type="checkbox"/> Day Shift only	<input type="checkbox"/> During "school year" only
<input type="checkbox"/> Days & Evenings only	<input type="checkbox"/> No statutory holidays
<input type="checkbox"/> Evening Shift only	<input type="checkbox"/> 8 hour shifts only
<input type="checkbox"/> Night Shift only	<input type="checkbox"/> 12 hour shifts only
<input type="checkbox"/> Days and nights only	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Evenings & nights only	_____
<input type="checkbox"/> Subject to arranging suitable child care	
<input type="checkbox"/> Subject to availability of transportation	
<input type="checkbox"/> Week-ends only	

37. If you have answered questions 34, 35, 36, please omit question 37 and continue with question 38.

When you complete the Refresher Course, do you plan to:

<input type="checkbox"/>	become employed in nursing at some future date?
<input type="checkbox"/>	seek employment in nursing if it becomes a financial necessity?
<input type="checkbox"/>	continue your education?
<input type="checkbox"/>	Other (specify) _____

38. If you were to return to work as a Registered Nurse, what THREE advantages would you anticipate? Please rank their importance to you by placing a "1" beside the most important to you, a "2" beside the second most important, and a "3" beside the third most important. If fewer than 3, please rank those that are important to you.

_____	Maintain nursing knowledge and skills
_____	Personal fulfillment
_____	Contribution to others
_____	Interaction with health personnel
_____	Professional advancement
_____	Financial security
_____	Mental stimulation
_____	Social contacts
_____	Other (specify)

39. If you were to return to work as a Registered Nurse, what THREE disadvantages would you anticipate? Please rank their importance to you by placing a "1" beside the most important to you, a "2" beside the second most important, and a "3" beside the third most important to you. If fewer than three, please rank those that are important to you.

☐ Less time for immediate family  
☐ Less time for household activities  
☐ Less time for social, community, and personal activities  
☐ Poor pay - cost differential  
☐ Hours of work  
☐ Rotating shifts  
☐ Poor personnel policies  
☐ Unsatisfactory standard of patient care  
☐ Too much responsibility without enough time and authority  
☐ Inadequate nursing knowledge  
☐ Tasks unrelated to nursing care  
☐ Health problems  
☐ Other (specify) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

APPENDIX C  
COVERING LETTER

APPENDIX D  
FOLLOW-UP LETTER

## APPENDIX E

### COMMENTS

## COMMENTS

The comments made by 61 respondents are summarized and presented, with examples, in the following pages.

Several comments focussed on perceived changes in nursing practice and tended to reflect a degree of ambivalence with respect to the respondent's employment as a registered nurse. For example, one respondent stated she found the present standard of patient care "distressing," and another that, "the standard of nursing care certainly has decreased" and a third that "most medical-surgical (nursing) situations are over-worked and understaffed."

Respondents also expressed concern for their own capabilities as registered nurses. Fear of failure and of their own ability to cope with changes within the profession characterized this group of comments. "I have this terrible thought that I would fail because of being out of nursing for so long", was an opinion shared by several respondents. Some expressed concern that they could not complete the academic requirements of the refresher course, while others felt they could never adjust to the technological changes that have occurred in health care and in nursing. Partial updating, "... whereby older nurses could be retrained enough to staff the extended care units," was suggested as an alternative to the present requirements.

Specialization within nursing and the difficulties of resuming active practice as a registered nurse in a specialty area after a period of inactivity was also commented upon. "I am most interested in newborn

care and would receive no refresher courses concerned with that type of nursing care." "I worked in a specialty (psychiatry) and if I go back to nursing I would like to return to this area." "Nursing seems to be becoming more and more specialized and the refresher course is very general." Several respondents proposed modification of the present refresher course format to overcome the difficulties of re-entering a specialty area. Typical of the suggestions was, "... to practice a week in area of your choice at the end of the refresher course".

The difficulties of arranging family schedules to accommodate employment as a registered nurse were described by respondents who had children at home. Many felt they could not cope with full-time study or full-time employment without, "sacrificing proper care of our families." A number of suggestions were made with respect to ways in which nurses who saw their first responsibility to their families could make a contribution to nursing. Examples were: employment during school hours, or failing that, more permanent part-time jobs. "Too many hospitals have too few full-time staff and rely on on-call relief nursing staff to fill in, ... permanent part-time (nurses) on the same shift always take far greater pride in their work and do a better job."

The last set of comments related to the specific refresher course in which they were interested, specifically the admission policy, the costs associated with the course and with its location. Examples of comments on admission policy were: "The recruitment method ... baffles me;" "I suggest the present (admission) policy ... is chancy, risky and puts a tremendous strain on (applicants);" and "I sure would like to get as far as having an interview at least."

The costs of a refresher course, both direct and indirect, were



also commented upon. "The tuition is prohibitive and discourages me and others." "The average wife and mother who wishes to take the refresher course and return to work must debate the initial cost of the course, uniforms, shoes, R.N.A.B.C. (fees) before one can be a wage earner." "I do not object to the principle of updating knowledge, ... but what other group charges so much for what is given?" "Would like more financial help to be available for single parents who want to go to school to be able to support family better in the future."

Respondents also expressed a desire for a refresher course in other areas of the province. "I would be very happy to see a refresher course in Victoria." "I feel recognized courses should be available readily in more areas of the province." "For most women outside the Lower Mainland, (the present refresher course) is financially unrealistic, considering transportation, room and board, tuition, plus babysitting for 10 weeks."

## APPENDIX F

### CHI-SQUARE ANALYSES OF SELECTED VARIABLES - INACTIVE NURSES

TABLE 15

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS  
BY FUTURE EMPLOYMENT PLAN IN NURSING AND MARITAL STATUS (N=153)

MARITAL STATUS	EMPLOYMENT PLAN IN NURSING					
	Employment as R.N.		No employment as R.N.		Total	
	Number	Percent	Number	Percent	Number	Percent
Single	5	5.0	4	7.7	9	5.9
Married	86	85.1	42	80.8	128	83.6
Other	10	9.9	6	11.5	16	10.5
Totals	101	100.0	52	100.0	153	100.0

$$\chi^2 = .605$$

$$p < .05 \quad df = 2$$

TABLE 16

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS BY  
FUTURE EMPLOYMENT PLAN IN NURSING AND AGE (N=153)

AGE INTERVAL <sup>1</sup>	EMPLOYMENT PLAN IN NURSING					
	Employment as R.N.		No employment as R.N.		Total	
	Number	Percent	Number	Percent	Number	Percent
Under 35 years	19 <sup>2</sup>	18.8	7 <sup>3</sup>	13.5	26	17.0
35-39 years	27	26.7	17	32.7	44	28.8
40-44 years	24	23.8	14	26.9	38	24.8
45 years and over	31 <sup>4</sup>	30.7	14 <sup>5</sup>	26.9	45	29.4
Totals	101	100.0	52	100.0	153	100.0

1. Intervals were collapsed to ensure adequate numbers in each cell.

2. Includes three respondents in 25-29 year interval.

3. Includes one respondent in 25-29 year interval.

4. Includes 13 respondents in 45-49 year interval, nine in 50-54 year interval and four over 55 years.

5. Includes seven respondents in 45-49 year interval, three in 50-54 year interval and four over 55 years.

$$\chi^2 = 1.306$$

$$p < .05 \quad df = 3$$

TABLE 17

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS (N=138)  
BY FUTURE EMPLOYMENT PLAN IN NURSING AND AGE OF YOUNGEST CHILD

AGE OF YOUNGEST CHILD	EMPLOYMENT PLAN IN NURSING					
	Employment as R.N.		No employment as R.N.		Total	
	Number	Percent	Number	Percent	Number	Percent
Under 5 years	12	13.0	8	17.4	20	14.5
5 - 9 years	33	35.9	10	21.7	43	31.1
10-14 years	26	28.3	16	34.8	42	30.4
15-17 years	10	10.9	5	10.9	15	10.9
18 years and over	11	11.9	7	15.2	18	13.1
Totals	92	100.0	46	100.0	138	100.0

$$\chi^2 = 3.042$$

$$p < .05 \text{ df} = 4$$

TABLE 18

NUMBER AND PERCENTAGE DISTRIBUTION OF INACTIVE NURSE RESPONDENTS BY  
FUTURE EMPLOYMENT PLAN IN NURSING AND ANNUAL FAMILY INCOME (N=148)

ANNUAL FAMILY INCOME	EMPLOYMENT PLAN IN NURSING					
	Employment as R.N.		No employment as R.N.		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than \$10,000	6	6.1	4	8.0	10	6.7
\$10,000 - \$19,000	17	17.4	11	22.0	28	18.4
\$20,000 - \$29,000	37	37.7	12	24.0	49	33.2
\$30,000 and over	38	38.8	23	46.0	61	41.2
Totals	98	100.0	50	100.0	148	100.0

$$\chi^2 = 2.813$$

$$p < .05 \text{ df} = 3$$