

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Theoretical framework

There is a number of adult learning theories in academic field. Knowles' adult learning theory is used to be a theoretical framework in this study because of its suitable applicability.

Malcolm S. Knowles focuses on adult learning and has developed a system called andragogy which he regards as a new approach to learning, in contrast to the traditional mode of pedagogy. According to Knowles, andragogy is the art and science of helping adults learn (Knowles, 1970).

Knowles states that, " At its best, an adult-learning experience should be a process of self-directed inquiry, which the resources of the teacher, fellow students, and materials being available to the learners, but not imposed on them" (Knowles, 1980, p.51). Knowles believes that the primary and immediate mission of every adult educator is to help adults satisfy their needs for learning and thus achieve their goals. In Knowles' view, the most effective role for the educator is that of a catalyst for learning. The teacher becomes a facilitator and a resource, assisting learners as they proceed through a process of self-directed inquiry.

According to Knowles, andragogy can be explained as a set of assumptions about learning and a series of recommendations for planning, implementing, and evaluating learning (Knowles, 1987). Nurses' needs for continuing education can be discussed along with his set of assumptions about adult learning as follows:

Assumption 1 Adults have a need to know why they should learn something.

Professional nurses have deep-seated beliefs about what educational offerings are needed to enhance clinical practice. These nurses and other leaders in the nursing department may spend time deciding the value of participating in a learning experience before they commit their time and attend it.

Assumption 2 Adults have a deep need to be self-directed.

Adults make decisions, face consequences, and assume responsibility for their own lives. Knowles points out that adult educators need to help learners discover that they can and should take responsibility for their own learning and, in the case of nurses, should be accountable for their own professional development.

Assumption 3 Adults have a greater volume and different quality of experience than youth.

Nurses as adults, derive their self-identity in a large measure from their experiences. They have different types and amounts of experience than children do. Thus, when teaching adults, educators must acknowledge their experiences and provide experiential learning exercises that capture the knowledge and skills of the learners.

Assumption 4 Adults become ready to learn when they experience in their life situations a need to know or be able to do something to perform more effectively and satisfyingly.

Adults need to be involved in assessing their own educational needs and in planning how to meet those needs. Adults are more committed to an activity if they have been involved in the planning and implementation of the project. Nursing staff development educators should conduct needs assessments and inquiries about the educational needs of the nursing service department periodically. When adult learners are "sent" to a class by their managers or assigned because the class is mandatory for all employees, they may exhibit negative attitudes and lack of attention. One way to counteract this is to acknowledge openly the dissonance and involve all learners in some forms of self-diagnosis of learning needs. The use of a competency rating scale or a

pretest may demonstrate the value of the class in terms of needed knowledge or skill. Survey results and self-diagnosis of learning needs may also be valuable tools for retention of nurses. The needs surveys often provide clues as to long-range career plans. Staff development educators may use these clues to foster professional development and retention of valuable employees by helping the nurse and the organization to identify mutuality of goals and ways of meeting those goals that will benefit both employees and employer.

Assumption 5 Adults enter into a learning experience with a task-centered, problem-centered, or life-centered orientation to learning.

A development task is one that takes place at a certain period in an individual's life; its achievement leads to satisfaction and success with later tasks, and its failure leads to failure with future goals and endeavors (Knowles, 1980). Each developmental task produces a "readiness to learn", and a learning situation has its best chance of success if approached developmentally.

Another factor that stimulates adults' readiness to learn is the immediate applicability of the educational information to their various life situations. Nurses enter the continuing education setting seeking solutions to problems encountered on the job or in career planning. They must be

able to see the usefulness and applicability of the educational content to their clinical performance and professional growth. This problem-solving orientation of adult learners means that the staff development specialist must understand every learning experience from the viewpoint of the learners and must take into account the concerns of the learners as they function in the professional environment.

Assumption 6 - Adults are motivated to learn by both extrinsic and intrinsic motivator.

Adults also respond to external motivator for learning such as a pay raise or promotion, permanent day-shift assignment, or no obligation to work on weekends when they advance to a high level of competence. However, the professional person is much more likely to seek learning because of intrinsic motivation such as self-fulfillment, responsibility, achievement, or a desire to provide better patient health care.

Guided by Knowles' adult learning theory, the first step in planning a CE program for the hospital nurses is to assess their learning needs. The assessment is considered a road map, providing direction for successful implementation of the overall staff development effort. Without a learning needs assessment to set directions for the CE program, the nursing educators will basically be without right direction.

Literature Review

The literature on CE needs assessment was reviewed. The areas reviewed include definition and types of need, definition of CE, approaches for need assessment, researches related to CE needs assessment in Western countries, and researches related to CE needs assessment in China. The reviewed contents will be presented in sequence as follows:

1. Definition and types of need
2. Definition of continuing education
3. Approaches for need assessment
4. Research related to CE needs assessment in western countries
5. Research related to CE needs assessment in China.

Definition and types of need

It is important to clarify and define the concept "need" when conducting a need assessment. Kristjanson and Scanlan (1989) identified part of the confusion and disagreement surrounding CE needs assessment as a result of the lack of a generally accepted, useful, and substantive definition of the term "need". There appears to be no consensus on how to define learning needs or how to identify them. A number of writers describe the concept of need as a gap between a current set of circumstances and some changed or desirable set of circumstances (Beach, 1982; Walton, 1969).

The circumstances can be described in terms of proficiency (eg. knowledge, skills, attitudes), performance, or situations. Need can deal with desires, interests, or deficiencies, and they can be specified for an individual or can be aggregated for groups, organizations, or society. Learning needs are defined as "discrepancies between what an individual knows/can do and what they need to know and do in order to achieve a higher level of performance" (Cooper, 1983, p.33).

Several authors have attempted to clarify the term by classifying needs into various types on the premise that this categorization facilitates the information to be elicited in needs assessment.

Atwood and Ellis (1971, pp.211-212) suggest that need is a deficiency that detracts from a person's well-being. They describe four types of needs:

1. real needs which are objective deficiencies that actually exist and may or may not be recognized by the one who has the need;

2. educational needs which result from educational deficiencies and which can be satisfied by a learning experience;

3. real educational needs which refer to specific understandings, skills, or attitudes that are lacking, and can be satisfied by a learning experience to obtain a more

desirable condition; and

4. felt needs which are regarded as necessary by the person(s) concerned.

Monette (1977) also uses the term felt need when discussing continuing education needs. According to this author, a felt need suggests a means of gratification and implies an ultimate goal. The expression of need may be quite specific and can help the educator decide which programs to offer. Monette believes that felt needs are limited by individual's self-awareness. They may be an inflated needs which are those with the need may be expressed as a service wanted without really needing it, or may be a need but may not be expressed as a demand for service. In addition, a real educational need may or may not be recognized as such by the person involved. This has implications for the educator to plan continuing education programs, as the adult learner acquires a concern for satisfying real educational needs only then that individual becomes aware of the needs.

Another category of need is described by Monette (1977) as normative when it constitutes a gap between the desirable standard and the standard that actually exists. This category of need best reflects the orientation of the professional association and educators toward the overall needs of the nursing profession. This conceptualization of need is not an empirical fact but a value judgment based upon

desired standards, judgments about the current level of performance of nurses, and beliefs about how these individuals should change.

It may be important to determine whether needs and wants are the same and which are being assessed. Most mail questionnaires and surveys assess learning "wants". Learning "needs" are determined by other assessment methods (Farley & Fay, 1988). Various levels and categories of needs are defined in the literature, and it is generally agreed that no one definition of need is adequate or complete for general use. Opinions vary concerning the value of needs assessment and the most effective methods of collecting data to determine needs (Farley & Fay, 1988).

In this study, the need was considered as desires or interests for learning more knowledge and skills in nursing field.

Definition of continuing education

The need for continuing education has been recognized organizationally since 1969, when a group of nurses involved in continuing education, primarily university based, met at the National Conference on Continuing Education for Nursing (Helen, 1979, p.4).

The term continuing education has been defined in many different ways. The Dictionary of Education gives two

definitions of CE. The first definition is defined as any extension of opportunities for reading, study and training to young persons and adults following their completion of or withdrawal from full-time school and college programs. The second definition is defined as education for adults provided by special schools, centers, colleges, or institutes that emphasize flexible rather than traditional or academic programs (Good, 1959, cited by Popiel, 1977). These definitions appear to preclude formal academic educational programs. The Continuing Education Council of the American Nurses' Association uses the following definition: Continuing education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public (Popiel, 1977, p.1).

In this study, continuing education was viewed as planned learning experiences provided by both the Continuing Education Division in Nursing Schools and the Staff Development Division of hospitals in terms of formal training programs following basic nursing education. The purpose of CE in nursing is to built upon varied educational and experiential bases for the enhancement of practice, education, administration, research, and theory development for the goal of maintaining and improving the health of the public.

Approaches for CE need assessment

According to Pennington (1980), most need assessment involve some systematic methods of data collection from persons who can affect or are affected by the problem being examined. However, these data collection methods vary considerably in scope and cost, depending upon the goals of the assessment, the target population being studied, and the resources available.

There are many approaches or strategies for assessing the CE needs. The authors who conducted the studies have reported their results as follows:

Abruzzese (1992) presented following strategies for defining needs: 1) advisory group; 2) anecdotal notes; 3) brainstorming; 4) checklists and reiterated checklists; 5) critical incident technique; 6) delphi technique; 7) focus groups; 8) interviews; 9) literature analysis; 10) nominal group process; 11) observations; 12) position analysis; 13) process recordings; 14) professional standards; 15) questionnaire and opinionnaires; 16) rating scales; 17) records and reports; 18) services and institutional changes; 19) slip technique; 20) testing; 21) telephone surveys; and 22) prospective versus retrospective assessments.

Tobin and colleagues (1979) stated four kinds of approaches to identifying needs: 1) observation of personnel performance; 2) verbal and written communication with and from

personnel; 3) analysis of records and reports; and 4) changes within and outside the agency.

Kristjanson and Scanlan (1989) used the strategy of literature analysis to review studies related to continuing nursing education that had been published during the past 10 years. Findings from this study revealed that 1) providers of CE programs should perform a careful needs assessment in order to be responsive to learners' needs; 2) variables significantly affecting participation in CE programs included interest and commitment of institutional decision makers and the interests of the nurses themselves; 3) the relevance of the topic to nurses' roles and geographic accessibility of CE offerings were important to learners' participation. The reasons for nonparticipation were cost, lack of time, inconvenient scheduling, lack of information about educational opportunities, job responsibilities, home responsibilities, lack of interest and lack of confidence. The researchers also found that the methods most commonly used to determine learner needs were questionnaires, delphi techniques, and telephone surveys (Kristjanson & Scanlan, 1989).

Some studies used a telephone survey to assess the learning needs. For example, Cannon and Waters (1993) conducted a survey aimed to determine the educational needs of licensed nurses in a mid-Atlantic state. Data collection was accomplished by telephone survey. A total of 844 calls were

made with 535 questionnaires answered, the nonrandomized sample consisted of 535 registered nurses with a median age of 44. The majority of respondents selected attendance at a conference as the preferred method. The most frequently selected area was clinical practice, followed by nursing administration and research. Most respondents preferred a mid-week date and wanted CE offering to be geographically convenient or available at their workplace. Almost 70% of the respondents preferred CE offerings to earn them academic credit.

The majority of studies determined nurses' CE needs by using questionnaires even though there are many approaches to identify CE needs among nurses.

In this study, the researcher used the questionnaire to assess nurses' CE needs.

Research related to CE need assessment in western countries

Many studies were conducted to identify the CE needs of nurses. Some studies explored the CE needs of nurses in community settings and others identified the CE needs of nurses in hospital settings.

Community settings

Pittman and his associates (1988) surveyed public health nurses in North Carolina to determine their CE needs.

An excellent response rate of 81.4% was obtained. Findings indicated the top five learning needs of the public health nurses in North Carolina were legal aspects/risk management, obtaining continued compliance, counselling skills, sexual abuse of children, and leadership skills respectively. With an exception of physical assessment of adults, actual "hands-on" nursing skills were not indicated as "needs" in the first 16 content areas indicated. Distance of programs, cost of programs, and schedules were listed as the top three factors limiting participation in CE programs.

Bye (1988) identified priorities for continued learning for nurses in nursing homes in North Carolina. These priorities and degrees of agreement in the rank ordering were examined in relation to the demographic factors of age, education, experience, position, work shift, and size of the nursing home. The sample consisted of 271 registered nurses (RNs) and licensed practical nurses (LPNs) with equal distribution, representing about 10% of the population of nurses practice in nursing homes. The 10 top-ranked learning needs reported by these subjects were drug therapy, staff motivation, techniques to handle behavioral problems of residents, handling staff performance problems, management of crisis situation, methods to handle a complain from resident, family, or staff, management of the elderly with mental/emotional problems, assessment of mental status of the

elderly, communication skills, and management of the elderly with multiple chronic illnesses. In relation to years of experience, there were no statistically significant differences in the way learning needs were ranged in Bye's study. Factors facilitated the nurses' participation in CE were readily available programs, supervisory encouragement, peer's opinions and attitudes, related work time with pay, tuition reimbursement, and travel expenses reimbursement.

Kelly (1990) conducted a study about management and leadership learning needs in a community setting. A method of needs identification of would-be learners was designed to be consistent with adult learning principles. The descriptive analysis of data identified several patterns of perceived learning needs and preferences in program implementation among community-based nurses. The most frequently, 43 percent, reported learning needs were related to daily case management activities, with 91% of these respondents indicating programs on case and program management would meet their perceived learning needs. The priorities for a program topic are case management knowledge, principles of organizational management and theory, leadership development, and legal issues in case management. Kelly also emphasized that "the data serve as input from would-be learners that can be used by a group of their representatives to plan a CE program" (Kelly, 1990, p.92).

A descriptive study of the CE needs of nurses serving adolescents in the community was conducted by Blair (1993). Three topics emerged as high need and high importance for nurses and social workers. They were suicide and violence, depression and suicide, and conversion reactions respectively. Nurses also identified the effects of media and sports health as high need/high important topic. Social workers identified substance abuse as high need/high important content area.

Hospital settings

A survey of needs in continuing education of registered nurses in Wisconsin was done by Zorn and Keefe (1989). The specific CE needs were grouped into four content areas: 1) general areas of nursing (23 items); 2) nursing clinical practice (41 items); 3) nursing administration (12 items); 4) nursing education (7 items). The three most frequently requested CE needs were: 1) legal issues in health and nursing (72% of respondents); 2) physical assessment (69% of respondents), and 3) computers in nursing and health care (68% of respondents).

Farley and Fay (1988) developed a system for assessing the learning needs of registered nurses in New Hampshire. The study included several important variables to consider when planning a CE needs assessment. Using a group of nurse administrators and staff nurses from all geographic areas of

the state, the researchers found that a needs assessment should be comprehensive and "should serve as the primary source for program planning" (p.13). After carefully defining the purpose of the assessment, an operational definition of "learning need" was selected. A questionnaire was developed and sent to 2,949 RNs. From a response rate of 24%, the following topics determined to be of high interests were legalities of documentation, new drugs, counseling, motivating behavioral change, stress management, accountability in nursing practice, physical assessment, aging process, legal aspects of nursing management, and the impact of computer technology on nursing practice.

Banfield and colleagues (1990) outlined an assessment strategy implemented to determine staff nurses' perceptions of their learning needs. A needs assessment form was developed to elicit four priority learning needs from the staff registered nurses' perspective. The form provided space for comments and included a list of possible topics from which the nurses could select. In addition, head nurses and clinical directors were surveyed regarding their perceptions of the staff nurses' learning needs. The chosen strategy used limited resources to contact a large member of nurses within a short time frame. The three priority learning needs identified by staff nurses were physical assessment, stress/conflict management, and patient and family teaching. Head nurses identified

documentation, stress management, and physical assessment as the priority learning needs for staff nurses. The clinical directors identified documentation, computer training, and physical assessment. Results indicated that the three groups surveyed perceived similar learning needs for staff nurses. Based on this information, programs were developed on physical assessment, stress management, and communication. Nurses were given assistance with some aspects of patient teaching. Documentation and computer training were addressed through other channels.

Traditional need assessment for continuing education reflected personal interests and perceptions of learning needs rather than actual knowledge deficits. In the study of Maloney and Kane (1995), a needs assessment tool was developed by the unit-based education committee to identify gaps in knowledge among nursing staffs in neonatal intensive care unit. The questionnaire consisted of 79 direct questions covering various aspects of clinical and professional issues in neonatal care. The sub-topics in the questionnaire were in the clinical areas of cardiovascular pathology, pharmacology, thermoregulation, fluid and electrolytes, nutrition, leadership/management, respiratory pathology, infectious disease, hematology, neurological, genetics, and miscellaneous. The respondents were asked to indicate their ability to answer the questions "completely" with assigned

score of 3, "partially" with assigned score of 2, and "not at all" with assigned score of 1 respectively. The return rate of the needs assessment was 70% (n=38). The questionnaire were analyzed by calculating the percentage of each response for each question. By using this tool, the committee identified knowledge deficits in areas common to everyday practice of staff nurses (Maloney & Kane, 1995).

Johnson (1994) conducted a study aiming to determine RNs' perceived levels of communication effectiveness and need for communication training across 10 communication skills. The 10 skills were presentation, public speaking, technical writing, leadership, small-group discussion, listening, persuasion, employment interview, performance review, and nonverbal communication. A paper-and-pencil survey method was employed. Results of the survey indicated that RNs view themselves as fairly effective in using most job-related communication skills except for performance appraisal interviewing, public speaking, and persuasion. The majority of RNs had received training in most of communication skills, persuasion and employment interviewing were the exceptions. The two most prominent sources for this training were college and on-the-job training. The results also indicated that RNs believe a variety of communication skills, including presentation speaking, listening, persuasive speaking, group problem solving, leadership, and technical report writing are

important to their job performance. The majority of RNs thought they needed additional training in those skills and were willing to receive such training. Their preferences for receiving the instruction were in-house or industry-based training seminars and profession-sponsored continuing education programs.

Research related to CE need assessment in China

Hong Shun and her associates (1994) sent questionnaires to a thousand nurses in Jilin province of China to survey their current state of continuing education and the kinds of obstacles they met in receiving continuing education. They also identified some pathways of renewal knowledge that nurses preferred. The result of this study indicated that 58.7% nurses did not receive any formal continuing education. Financial difficulty, time limitation, manager's indifference, and overload housework were four main obstacles for nurses in receiving continuing education. Short-term training, long-distance learning, adult full-time education, self-education, advanced on-the-job training, adult evening school, and learning from journal articles were perceived as appropriate pathways of renewal knowledge by nurses.

Junlan liu and Ling Wang (1994) conducted a survey about knowledge needs of continuing education among 900 nurses working in nine hospitals in Beijing. They found that

professional knowledge is a main part in CE; operation of new skills is an important course in CE; and frontier science is a field of broadening knowledge. They also found that there were some differences between present contents of CE and the CE needs of nurses. Finally, they put forward three suggestions about CE for nurses according to the outcome of survey:

1. The continuing education for nurses should be legalized and standardized.

2. Appropriate textbooks and reading materials should be selected for conducting CE programs.

3. The credit earned from CE program should be considered as a indicator of promotion, salary raises, and other benefits.

In summary, there are various kinds of definition of "need" and "CE need" in the field of assessing nurses' CE needs, and no consensus on them till now. The research about CE need assessment had been widely conducted in Western countries, mostly in the United States. However, it is a new domain in China. There are many approaches for assessing the CE needs. However, the majority of studies determined nurses' CE needs by using questionnaire.

The top-ranked CE needs perceived by nurses in community settings were leadership skills, leadership development, case management, principles of organizational

management, legal issues in case management, obtaining continued compliance, counseling skill, drug therapy, techniques to handle behavioral problems of residents, method to handle a complain from resident, risk management, handling staff performance problems, assessment of mental status of the elderly, management of the elderly with mental/emotional problems and multiple chronic illnesses, motivation of staff, sexual abuse of children, depression, suicide and violence, and conversion reactions.

The top-ranked CE needs perceived by nurses in hospital settings were legal issues in health and nursing, physical assessment, legalities of documentation, new drug, patient and family teaching, motivating behavioral change, stress/conflict management, accountability in nursing practice, aging process, and the impact of computer technology on nursing practice.