

MARKETING CONTINUING EDUCATION PROGRAMS:
STUDY OF PREFERENCES
OF WASHINGTON METROPOLITAN AREA NURSES

by

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(ABSTRACT)

This study was undertaken to identify continuing education program design and promotion preferences of nurses in the Washington metropolitan area and to determine relationships between these preferences and selected demographic characteristics of study participants. Data were collected using a 73-item survey instrument. The instrument developed by the investigator, collected information from 279 respondents in fourteen categories. Analysis of collected data indicated nurses preferred continuing education programs that are four to six hours in length, held in the middle of the week, held anywhere space is adequate and available but within one hour's driving distance. Program titles featuring lengthy descriptions and new information were preferred as were programs listing several speakers on one topic. Academic degrees of faculty do not seem to influence nurses decisions to participate, but experience related to topic does. Subjects generally wanted detailed information about programs to make decisions and tended to

learn about programs through brochures mailed to their home. Program approval by recognized bodies would positively influence nurses choices but the awarding of contact hours for participation would not influence decisions. Cost and distance were cited as attendance deterrents and the majority of respondents would not personally pay more than \$25 for a CE program. Employed nurses are receiving registration fee support and paid leave time for CE. The data also indicated that nurses are making their own CE program decisions. Study findings suggest that, for these nurses, some modifications in program design and use of promotional materials may be warranted by continuing education providers.

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who

reviewed the survey, gave me excellent and timely feedback. Finally, who helped with the computer program, gave invaluable assistance in facilitating the analysis of the data.

In closing, I would like to share a favorite quote from Robert Louis Stevenson.

"To be what we are, and to become
what we are capable of becoming,
is the only end of life."

To the above mentioned individuals and others who have helped me 'become', I am grateful and indebted.

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Chapter 1

INTRODUCTION

Statement of Need

Due to the rapidly changing and increasingly complex nature of health care technologies, nurses must become lifelong learners to maintain competence. Knowledge gained through a basic nursing education program becomes obsolete within a short time in today's professional practice of nursing. Knowledge and skills are updated through continuing nursing education programs. These programs are available on a variety of topics, by many continuing education providers, and employ a wide range of formats. Topics offered vary from patient care and clinical subjects to professional issues such as legal risks, image of nursing in the media, and nursing legislation. Continuing education is offered by universities, hospitals, professional associations, private companies, and individuals. Nursing journals and other private companies also offer continuing education through self-learning activities or programmed instruction and award continuing education units or contact hours for successful completion. Formats also vary widely and include, but are not limited to, short courses of several days learning on one topic, longer courses lasting several weeks and leading to

certification; one-day seminars covering state of the art information are also offered as well as conferences and conventions with many concurrent sessions offered to participants. The most common format is the short, one to three day seminar or workshop which provides a forum for many experts to present new information on a variety of aspects of one subject.

Nurses learn about continuing education programs through promotional material available at work, through materials mailed to their homes, or through other publicity strategies. To this writer's knowledge, however, no investigation has been conducted to discover what information the nurse wants or needs to know about a program to help make a decision to participate in a particular continuing education activity. Do nurses have preferences for time of day, day of week and site of offering? Are certain subject phrasings more attractive to nurses than others? Do faculty credentials influence a nurses' choice of a continuing education activity? Do nurses want to know the purpose, objectives, and agenda? Does approval to award contact hours make a difference? How does a nurse want to find out about offerings--brochures mailed to home, catalogues at work, or some other means? Do nurses always choose their own continuing education? These are but a few of the questions that stimulated this inquiry. In addition, providers of continuing education

also need to know what kind of information to include in promotional materials. In this day of reduced financial resources, it is particularly important to use funds efficiently and effectively to maximize the return on monies invested in promotion and to yield returns that not only justify the expense, but contribute to participation levels of nurses in continuing education programs.

Purpose

The primary purpose of this study was to identify the information which nurses desire or require when making continuing education program choices. The secondary thrust of this investigation was to examine the influence which selected respondent characteristics have on selected participation and program variables. Finally, this study was also designed to determine if nurses are making their own choices about continuing education participation or if the employer is selecting programs. This information can then be used to provide nurses and employers, if necessary, with adequate and appropriate information to assist with the selection process. In addition, the providers of continuing education can utilize this information to assist with the development of more efficient promotional strategies.

Questions Guiding Inquiry

The following questions guided this inquiry. They were:

(a) What are nurses preferences of site, length of course, day of week and time of day of continuing education programs? (b) Do nurses have preferences regarding program title phraseology, and information about the program and faculty? (c) Does approval of continuing education programs by recognized bodies influence a nurses' decision to attend a program? (d) What specific information related to the above preferences does the nurse want in selecting continuing education programs? (e) How does the nurse usually find out about current offerings? (f) What are some reasons nurses do not attend a program they may want to attend? (g) Do nurses who do not attend continuing education have preferences other than those who do? (h) Do nurses buy their own continuing education or does the employer pay? (i) What influence do cost and agency support in the form of educational leave and registration fee reimbursement have on attendance patterns? (j) Do nurses choose their own continuing education or does the employer select programs for the nurse? (k) Finally, do preferences of nurses related to the above factors vary significantly from behaviors?

Essentially, opinions and behaviors of nurses related to continuing education were gathered in the following fourteen categories: (a) site of program, (b) length of offering, (c) day of week, (d) time of day, (e) program titles, (f) content information, (g) faculty information,

(h) program approval, (i) promotional information sources, (j) non-attendance reasons, (k) registration costs, (l) who pays, (m) agency support, (n) who makes choice. Demographics for comparative purposes were also collected. These categories were determined through a review of the literature and the investigator's experience. The items selected for the categories all relate to practices and information that are potentially modifiable. These categories are referenced to each survey item; the interested reader is referred to Table 1, page 22.

Definitions

For the purpose of this study, the key terms used in the materials which follow are defined as:

1. Continuing education in nursing. A planned learning experience, organized by someone else, beyond the basic education program. Only experiences distinct from education toward an academic degree will be included; specifically, only those programs designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice are considered in this study.

2. Registered nurse. An individual licensed to practice professional nursing in Maryland, Virginia or the District of Columbia by virtue of having graduated from a program of nursing education and satisfactorily passed the

State Board Test Pool examination for registered nurses and who additionally reside in the District of Columbia, Maryland and Virginia.

Limitations

This study was limited to consumers and potential consumers of nursing continuing education residing in the Metropolitan Washington area. Further, this investigation was limited to discovering preferences or attitudes of nurses related to specific aspects of continuing education and corresponding behaviors. Nurses beliefs about the value of continuing education were not explored nor was information collected on individual learning needs. In addition, the sample was drawn from a primary source which may not include recent arrivals and new graduate nurses in the Washington metropolitan area. Only information useful for promoting continuing education was gathered and analyzed. Finally, while efforts were made not to violate the general assumptions which underpin survey research regarding responses, no specific actions were taken by the investigator to assure these assumptions during the conduct of this study.

Chapter 2

REVIEW OF THE LITERATURE

The registered nurse working in today's health care delivery system is required to remain a competent care giver by patients, peers, and the profession. Health care is changing rapidly with advances in technology and science. These technologic advances affect nursing practice in previously unimaginable ways. Nurses, the largest group of practitioners in the health field, are required to perform skills unknown at the time of their basic preparation. Nurses today are expected to care for patients on life support systems not invented at the time of their basic schooling. Nurses today are expected to monitor patient signs unheard of years ago. In addition, nursing continues to define its profession and assume greater responsibilities in the provision of health care.

No one questions that nurses must have continuing education to maintain competency to practice (Viebrock 1979). Much controversy over instituting mandatory versus voluntary continuing education for nurses exists (Brown, 1970; Stevens, 1975; Welch, 1980; Whitaker, 1974). These controversies have resulted in twelve states requiring proof of continuing education participation for licensure. In response to these actions, continuing education in

nursing has become a field of practice within nursing. Continuing education began to expand in the 1960's with the sponsorship of short-term courses under the auspices of the Division of Nursing of the U. S. Public Health Service. The major providers of continuing education today are universities and colleges, hospitals, professional associations, and private businesses.

The American Nurses' Association Council on Continuing Education was founded in 1972 to provide a forum for the discussion of issues of concern. Work was initiated by this Council to identify standards of continuing education and an accreditation process for programs. This Council has also developed criteria for process and program evaluation. Relevant publications are growing rapidly. The Journal of Continuing Education in Nursing (JCEN), begun in 1970, serves as the major journal for nurse continuing education practitioners (Cooper, 1982). Many of these practitioners hold advanced degrees and publish research in this field.

Continuing education in nursing literature is replete with studies and suggestions related to needs assessment, characteristics of learners and program planning, implementation and evaluation strategies. Many studies describe characteristics of participants in continuing education (Barlow, 1977; Curran, 1977; O'Connor, 1980). These profiles generally parallel over-all nursing

demographics. O'Connor (1979) investigated the reasons why nurses participate in continuing education using Boshier's Education Participation Scale, a 56-item checklist consisting of reasons for participation. Motivational orientations were identified, and it was discovered that nurses were motivated primarily by professional rather than societal mandates, thus dispelling the belief that mandatory continuing education will cause nurses to participate. Puetz (1980) also studied nurses in relation to continuing education participation. This study compared attender and non-attender characteristics and found that nurses with higher degrees and higher positions in the hierarchy tended to participate in more continuing education programs. Kubat (1976) correlated professional obsolescence to non-attendance at continuing education activities.

In addition to learner characteristics, continuing education providers also argue for various teaching strategies. Moran (1977) presented powerful information in support of self-directed inquiry. Utilizing a modified version of the interview schedule created by Allen Tough, the investigator found that nurses engage in an average of 469 hours of purposeful efforts to independently learn professional content. Others (Berg, 1973; McGriff, 1974) argue for participation only in formal offerings. As these discussions continue, many options are available to today's

nurse for continued learning. These include formal programs organized by others, informal learning experiences organized at work sites, individual readings and other learning projects. Programs are also available through the media via television, satellites, and interactive computers. Many of these activities are approved by professional organizations and universities to award continuing education units or contact hours in recognition of participation in these activities.

The literature abounds with reported needs assessment strategies usually related to topics of interest and perceived needs, (Beach, 1982; Robinson, 1974; Stopera, 1974). However, no information is available about why a nurse chooses one offering rather than another with similar content. The nurse-learner must make decisions about participating in continuing education based on promotional information distributed by providers. It would seem reasonable that the manner in which this promotional information is presented would affect nurses' choices. Curran (1978) warns nurses to evaluate program information carefully related to the provider of the program, the faculty presenting the program, the objectives and contents of the program teaching methods, and whether the program carries approval by the Board of Nursing. Specifically cited was a warning regarding impressive brochures and advertisements supported with superficial programs. Wise

(1980) suggests intergrating an overall strategy for marketing continuing education programs as part of program development.

Some institutions have highly developed processes for advertising and communicating with prospective program participants. One facility suggests including program content, objectives and methodologies to facilitate appropriate selection of offerings by staff (Stetler, 1982). This same institution utilizes monthly calendars and miscellaneous reinforcers to inform and educate staff regarding available programs. In addition, this organization uses a semi-annual program catalogue and weekly meetings to remind staff of programs. Personal contacts, special flyers and bulletin boards are also used to assure staff awareness of programs. Individuals who make choices about these programs, however, are usually employed in this organization and thereby have ready access to personnel who can provide additional information about programs. Thus, these nurses may be influenced by other than promotion materials to attend continuing education programs, such as peers opinions, department head expectations, and past experience with institutional programs.

Program promotion is also discussed in detail in the most recently published continuing nursing education book (Cooper, 1983). Suggestions for news releases include a who, what, where, when, why, and how description of

programs for news releases for local newspapers and nursing publications. Use of radio and television is also suggested for program promotion. Detailed information is provided regarding careful use of titles, clear statements of purpose and objectives, content description, date and times of day and sponsors. The author also suggests including information about location and parking, instructional staff, target audience, fees, and contact hours. Further information about accommodations, emergencies, tax deductions, approvals, and tape recorders should be included according to Cooper (1983). Finally an application blank and additional information requests should also be included in brochures and flyers. While it may be reasonable to include this information in promotional materials, we do not know if nurses want these data, other data, additional data or less data to select a particular program. It is hoped that this study will expand the literature related to this subject.

Other suggestions have been made by Tobin (1979) about marketing an entire program to consumers. The author suggests using the four "P's" of a typical marketing mix: product, place, price and promotion. She further suggests the use of well designed brochures and flyers and the use of the agency's logo on all promotional material. While this also seems reasonable and intuitively correct, again no information is included about what information nurses

may want to know about a program to help make decisions. As with a previous citation (Stetler, 1982) this suggestion also seems geared to the in-house staff of an institutional continuing education program.

Knowles (1980) includes the most comprehensive information about promotion in his landmark book. The author states that "the well-tested methods at our command involve four basic steps: (a) defining the clientele, (b) planning the campaign, (c) preparing and distributing materials, and (4) evaluating results" (p. 176). Knowles then expands each step. As the interest is what information to include in promotional materials, only that section as discussed by Knowles will be included here. Presented in great detail, with many practical suggestions, the author describes the use of newspaper advertising and newspaper publicity for promotion. He also discusses the use of radio and television to promote programs.

Regarding direct mail and printed materials (the main interest of this inquiry), Knowles (1980) states: "Program directors report that most of their participants are obtained through direct mail" (p. 183). The experience of this investigator corroborates that statement. For example, supporting data from program reactionnaires, demonstrates that most (90-95%) of the participants indicated that they found out about the program through a brochure mailed to their home or a brochure on a

bulletin board at work. In this same tract, Knowles continues on to describe brochure design. Suggestions about cover design layout, the use of color ink and paper stock are included, along with judicious use of drawings and photographs. The interested reader is referred to this very useful section in Knowles' classic text. Since the specific interest for this paper is what the brochure or flyer should say, Knowles' (1980) suggestion related to this topic only will be included. He suggests that the brochure "should give all the information a reader needs to understand the program and enroll in it" (p. 184). A useful checklist is provided and inclusion of the following is suggested: (a) purpose, (b) specific benefits an individual can expect, (c) sponsor, (d) activities, (e) kinds of people, (f) faculty, (g) cost, (h) when and where, and (i) how to register. As Knowles and previous authors suggestions indicate, this information seems intuitively correct; and the experiences of practitioners in the field of continuing education for nurses validate these suggestions. However, the professional nurse may want other information about programs as well.

Knowles (1980) further cites the importance of selecting good titles and illustrates examples of activities failing under one title and the same activity succeeding once retitled. He makes four points about titles. Titles should: (a) give an accurate idea of the

substance of an activity, (b) have a suggestion of action in them, (c) be stated in terms of a problem or function, and (d) be personalized.

Knowles (1980) also stresses the importance of describing an activity in an informative and accurate manner. Use of the word "you," specific activities the reader can expect, and why the reader should take part in the activity are suggestions made about the program description.

A final point made by Knowles that is germane to this subject is the suggestion that faculty should be described in promotional literature in detail. He suggests including the following information about the faculty in addition to their names: (a) who they are, their background, occupation and present employer, (b) what qualifies them to teach or lead the activity, and (c) what kind of people they are. Knowles suggests including an anecdote or human interest story to humanize the faculty.

Knowles, in his usual inimitable way, shares a great wealth of pragmatic and timely information about program promotion. Despite this fact, this investigator still feels a need to validate with nurses (the consumers of these programs) the information they want or need to help make program decisions.

Puetz (1981) also discusses promotion in her work on nursing continuing education. An entire chapter in the

text is devoted to marketing and essentially expands the four "P's" of marketing described by other writers. In addition, many nursing applications are included. Puetz also validates Knowles' comments regarding the high success of direct mail techniques as a marketing strategy.

Catalogues are suggested for broad general listings of forthcoming programs and, as Puetz suggests, they may be retained by the reader for further reference. Single piece mailings (brochures) are good for new offerings, specific topics, or for an easily identified target audience, according to Puetz. More specific and relative information can also be included in brochures.

Puetz further suggests the use of a formula A I D A to develop persuasive communication skills necessary for brochure design. This formula is: attention, interest, desire and action. The attention part of the formula deals with the use of color, printing, type or design to capture attention and the use of titles that may attract attention, such as "how to, announcing, learn to, and advice." It has been this investigator's experience that the titles suggested by Puetz are not as successful as the concepts suggested by Knowles. Puetz supports Knowles' other advice regarding development of program purpose and additional program information in the interest part of the formula. Specifically, Puetz also suggests highlighting workshop objectives and pointing out to the learner the

benefit of attending the course. Regarding desire, the third word in the formula, the author suggests persuading the recipient that what is promised will occur, and to accomplish this by including the program outline to demonstrate how content and methods will help in achievement of objectives. Action, the final word in the formula, is translated into what the recipient should do, that is, register for the program. Puetz suggests a tear-off registration form.

Regarding brochure design, Puetz suggests a standard three-fold design that can be mailed without an envelope. The brochure should contain information about what, who, where, when, why, and how of the workshop or course. Puetz cautions about the importance of careful design, particularly because of the constant stimulation today by new styles and designs. She suggests using expert typesetting for a professional look rather than typed or handwritten information. The author also suggests rotating colors if the same brochure design is used. Additional suggestions about type face, colored ink, and use of logos are also made by the author. Finally, Puetz provides a guideline for simple, easy to complete registration forms. As previously mentioned, these suggestions are reasonable and sound, but no information is provided about validation with nurses about their desire for program information--hence, the focus of this study.

Marketing in general and attracting nurses to programs specifically focusing upon continuing education has received increased attention over the past several years. National marketing conferences, for health education professionals, are held annually to provide a forum for practitioners to learn about marketing. At the fourth national marketing conference it was noted that virtually all of continuing nursing education is sold by direct mail marketing. In addition, Vaughn (1983) of the office of Continuing Education Services of the University of Texas Health Science Center, leads an organization of continuing health educators which provides a monthly newsletter to members that discusses only marketing information, ideas and research. In one of these newsletters, Duff (1981) related experiential success with including a logo on all promotional materials, standardizing format of size and type of paper, layout, registration form, and including objectives, faculty lists and the actual program in the promotional piece. He also indicated that nurses want information, not art, in promotional materials. He states, "it is our experience that promotion of nursing programs violates most marketing advice." (p. 2) He expands this statement with the observation that nurses seem to appreciate a maximum amount of information about a program, even at the expense of an attractively designed brochure. Duff also found that nurses find out about programs in the

north central United States through institutions where they are employed. This investigator has observed these same trends.

In summary, while many writers give promotional advice and provide generic guidelines for brochure content, none has attempted validation of this advice through an organized investigation. Experiences of this investigator parallel many of those cited in this text; however, it seems a violation of basic marketing principles not to ask potential consumers what they want. It is recognized that many nurses have received information for many years with guidelines described herein. It is further recognized that attitudes about information needed to make choices may be influenced by brochures and catalogues already received. However, the intention of this investigator was to determine what preferences nurses have related to promotional materials in order to use appropriate information in the development of future materials for continuing education.

Chapter 3

METHODOLOGY

Instrumentation

References regarding nurses preferences for continuing education promotional information are anecdotal in nature. Therefore, it was deemed desirable to obtain information about the nature of this situation as it currently exists. While the investigator had access to several nursing populations, most of these nurses were familiar with the investigator and frequently attended programs conducted or coordinated by her. A less biased population was needed. Thus, a mail survey of the general nursing population residing in this area was selected for the following reasons: (a) the sample would probably not be biased by personal feelings about the investigator, (b) the sample would include nurses who do not participate in continuing education, and (c) the investigator would learn more about the mail survey research method during the investigation. The survey was designed by this investigator to gather information about the attitudes, behaviors as well as demographic data of the nursing population as they relate to continuing education program design and promotion. Using the fifteen categories described in the introduction and the questions guiding this inquiry,

items were developed to gather information on nurses' preferences and behaviors. Questions about demographic information were included in order to compare respondent demographics to the overall nursing population. Table 1 references each survey question to the data collection category.

Questionnaire items were constructed as suggested by Dillman (1978) and Backstrom (1981) and care was taken to avoid problems of wording related to vagueness, precision, bias, objectionable statements and assumptions. Questions were structured in three ways depending on the type of information being gathered. The first question structure (closed-ended with ordered choices) was used when answer choices were graded on a continuum. A second question structure (closed-ended with unordered response choices) was used when nominal data were collected. A third question structure (partially closed-ended) was employed for those questions in which potential answers were known but the investigator wanted to give the respondent the option of creating their own responses. Partially closed ended question structure was used for 26 questions (36%); closed ended with unordered response choice structure was used for 11 questions (15%); and 36 questions (49%) were written using the closed ended with ordered choices sentence structure.

Questions were ordered using principles described by

Table 1

Data Collection Categories Referenced
to Survey Questions

<u>Data Collection Categories</u>	<u>Survey Questions</u>
(a) Site of program	Q32, Q33, Q34, Q35, Q36, Q50
(b) Length of offering	Q5, Q6
(c) Day of week	Q3, Q4
(d) Time of day	Q1, Q2
(e) Program titles	Q13, Q14, Q15, Q16, Q17
(f) Content information	Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31
(g) Faculty information	Q8, Q9, Q10, Q11, Q12
(h) Program approval	Q37, Q38, Q39, Q40, Q41 Q42, Q43, Q44, Q45, Q46 Q47
(i) Promotional information sources	Q7
(j) Non-attendance reasons	Q61
(k) Registration costs	Q48, Q54, Q55, Q56
(l) Who pays fees	Q57, Q58
(m) Agency support	Q59, Q60
(n) Who makes CE program choices	Q51, Q52, Q53
(o) Demographics	Q49, Q62, Q63, Q64, Q65, Q66, Q67, Q68, Q69, Q70, Q71, Q72, Q73

Dillman (1978) regarding social usefulness, similar content, flow and continuity, and positioning of potentially objectionable questions after less objectionable ones. Demographic questions were placed at the end of the survey, as suggested by Dillman. Care was also taken during design of the survey to establish a vertical flow, provide easy and consistent answer patterns, and provide directions for how to answer.

The survey was pilot tested with a group of 18 nurses employed at Greater Southeast Community Hospital. Care was taken to test the survey with nurses employed in several different positions, to be reflective of the nursing population in general. Directions were given to these nurses to: (a) complete the survey as a respondent, (b) make a notation by any questions that were unclear, ambiguous or misleading, and (c) record the amount of time needed to complete the survey. Fourteen surveys were returned and reviewed for completeness and comments. Changes were made in the survey tool where suggested. An average of sixteen minutes was needed to complete the survey by the respondents and this information was included in the cover letter of directions to potential respondents.

Due to the specialized nature of this investigation and its concentration on a limited population, a panel of recognized leaders and practitioners in nursing continuing education was convened and contacted by telephone to

validate the usefulness of this information to current continuing nursing education practice. Three are members of the Executive Committee of the American Nurses' Association (ANA) Council of Continuing Education and one is past Chairman of this Council. Members of the Executive Committee are elected by the membership of the Continuing Education Council of the ANA. In addition to supporting the need for this study, they also agreed to review the survey. Many excellent suggestions were made and the survey was revised accordingly. Names and addresses of these nurse reviewers is appended to this document (Appendix C). Finally, the members of the thesis committee also made many helpful suggestions to improve the survey. The final survey instrument is exhibited in appendix A, along with the cover letter drafted using guidelines advised by Dillman (1979).

Sample

Approximately 20,000 registered nurses reside in the Washington Metropolitan area (Lewis, Note 1; McIntyre, Note 2). A mailing list of registered nurses residing in this area was purchased from a broker. It was determined that an estimated sample size of 374 would be ideal for the descriptive purposes of this study. In anticipation of a 50% response rate, 800 names were drawn from the mailing list using a systematic sampling technique. Drawing the

first number from a table of random numbers, the fifth name on the mailing list was selected. Every fifteenth subsequent name on the list was identified and added to the sample.

Each potential respondent received a mail packet consisting of (a) a cover letter, (b) the survey, (c) a stamped, addressed envelope for returns, and (d) a coupon. The coupon, which may be used to reduce the registration fee by \$10.00 for a local continuing education program, was included as an incentive to increase returns. Noted on the coupon was the statement "In appreciation for completing survey."

Data Collection

Surveys were coded numerically and assigned to each subject in the mail sample. Packets were assembled that included the survey instrument, the cover letter, the coupon and a stamped, addressed return envelope. A master survey worksheet was developed which listed each subject by code number. Space was allocated on the worksheets for date of return, respondent number, results requested and comments.

As suggested by Dillman, the surveys were mailed on Tuesday to avoid the weekend backlog. One week later a simple post card reminder was mailed to all subjects. Three weeks later a stronger letter requesting cooperation was mailed to subjects who had not yet returned the survey.

The postcard and follow-up letter may be found in Appendix A. To replace the one-hundred packets returned as undeliverable, replacement surveys were mailed to subjects selected from the same list using a systematic sampling technique, one week after the initial mailing. Figure 2 illustrates a flow diagram of the management of the mail survey.

Returned surveys were reviewed for completeness and given a numerical response code. This response code, the date, and the results requested sections were recorded on the survey management worksheet. All packets returned as undeliverable were also recorded on the management worksheet. An additional tally sheet was also maintained listing daily returns of useable and non-useable responses, undeliverable packets, number of respondents wanting results, and number of telephone inquiries and calls received. Data were entered into the computer program daily.

Data Analysis

Descriptive statistics were used to: (a) describe demographic characteristics of the response sample, and (b) describe preferences indicated by respondents. Analysis of preferences included the use of the fifteen categories described previously, and observing all survey questions related to the specific category. Relationships of

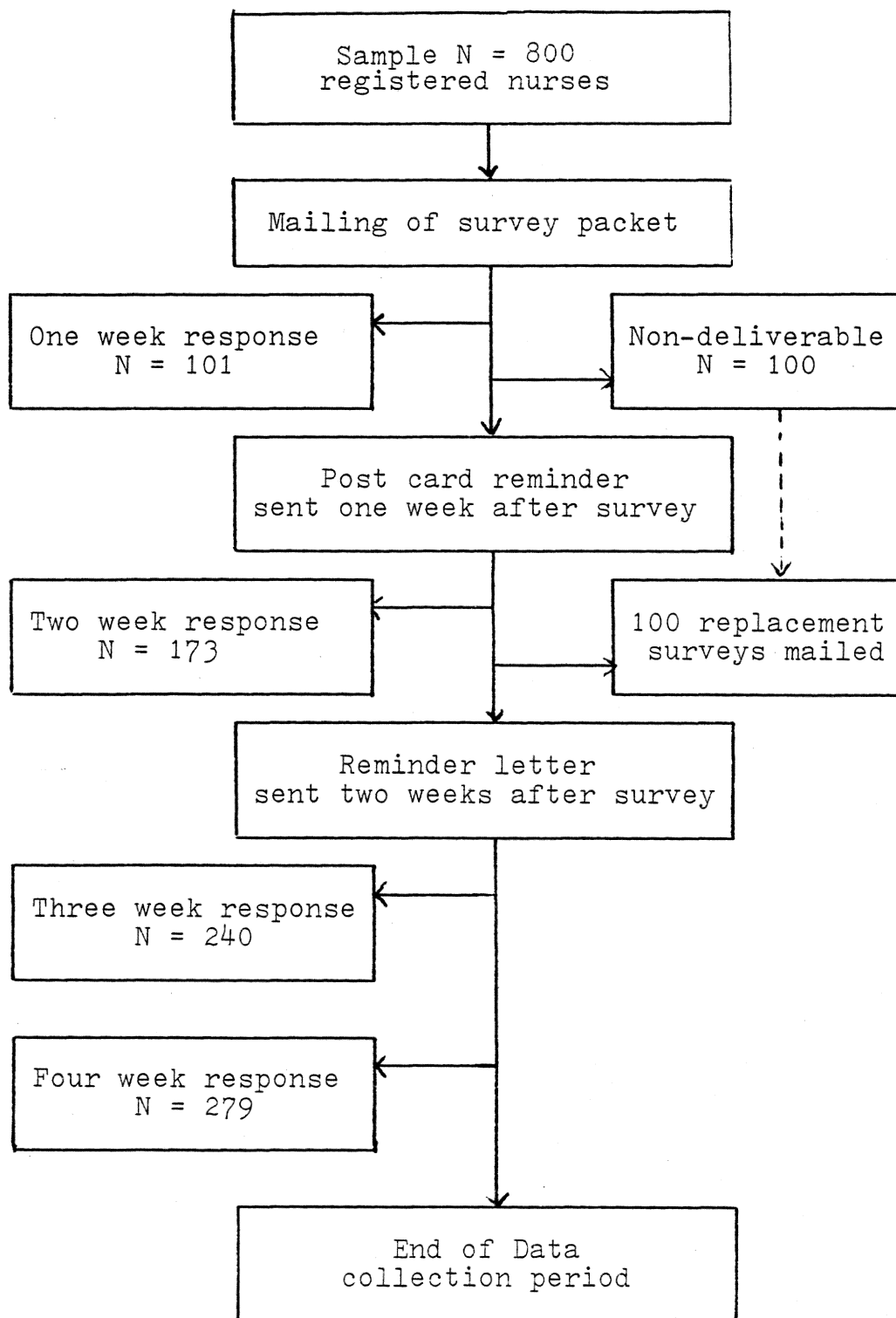


Figure 1. Flow diagram of management of mail survey indicating actions taken by investigator and response tallies at one-week intervals after mailing.

selected respondent characteristics to survey findings are reported only when interesting and appropriate to this investigation. Using the SPSS computer program, frequencies were determined on all survey items to study respondent characteristics and preferences. Respondent characteristics were compared to national nurse population statistics and preferences were reported. Crosstabulations were calculated on selected respondent characteristics and preferences to determine possible relationships. The reader is reminded, however, that these findings are intended for descriptive purposes only and primarily intended for use by practitioners for marketing purposes.

Chapter 4

RESULTS

Response Pattern

A response rate of 42% was achieved with 279 surveys returned that were useable for analysis. This figure was calculated using the formula illustrated in Figure 2, page 30. The formula (Dillman, 1978) was modified by the investigator to indicate in the returns figure, the specific number of useable returns and non-useable responses. The investigator also received telephone calls from potential respondents. Many indicated they no longer participated in continuing education. These individuals were advised not to return the survey and were coded on the survey management checklist as non-useable responses. The reasons for non-participation included (a) retirement, (b) no longer working in nursing, and (c) moved out of local area.

The non-useable responses fell into two categories: (a) non-useable returns by mail and (b) non-useable responses by telephone. There were 22 (6.8%) surveys or letters returned with explanatory notes from subjects. Of the 22, 11 (50%) wrote notes indicating they were retired and no longer participated in continuing education, 4 (1.8%) said they no longer resided in the metropolitan Washington area, 4 (1.8%) returned blank surveys and 3 (1.4%) indicated

$$\text{Response rate} = \frac{\text{number of useable returns} + \text{number of non-useable responses}}{\text{number in sample} - \text{non-reachable}} \times 100$$

$$= \frac{279 + 44}{900 - 139} \times 100$$

$$= 42$$

Figure 2. Formula used to calculate response rate. (From "Mail and Telephone surveys," by Don A. Dillman, Wiley and Sons, 1978, pg. 50 and modified by investigator to specify useable returns and non-useable responses.)

they were not interested in participating in a survey. The second category, non-useable responses by telephone yielded the following data: a total of 22 individuals called to specify why they would not be returning surveys. Of that sum, 11 (50%) were retired, 10 (45%) were not interested in participating and 1 (.5%) call was received from the husband of a deceased subject.

The response pattern is illustrated in Figure 3. This graph illustrates a relatively typical response pattern showing an initial high response during the first week and somewhat smaller peaks at two and three weeks with points of follow-up strategies indicated.

Another response pattern may also be of interest. All subjects were offered the results of the survey once tabulated. Of the 279 respondents 173 (62%) indicated a desire to receive results and an additional 3 respondents from the non-useable category also wished to receive results.

Statistical Portrait of Respondents

The statistical picture of the 279 respondents is similar to the nursing population in general in several respects. The licensure pattern of respondents, as shown in Figure 4, page 33, indicates that almost half (45.9%) of the respondents are licensed in Virginia with 17.6% and 16.8% of the respondents licensed in the District of

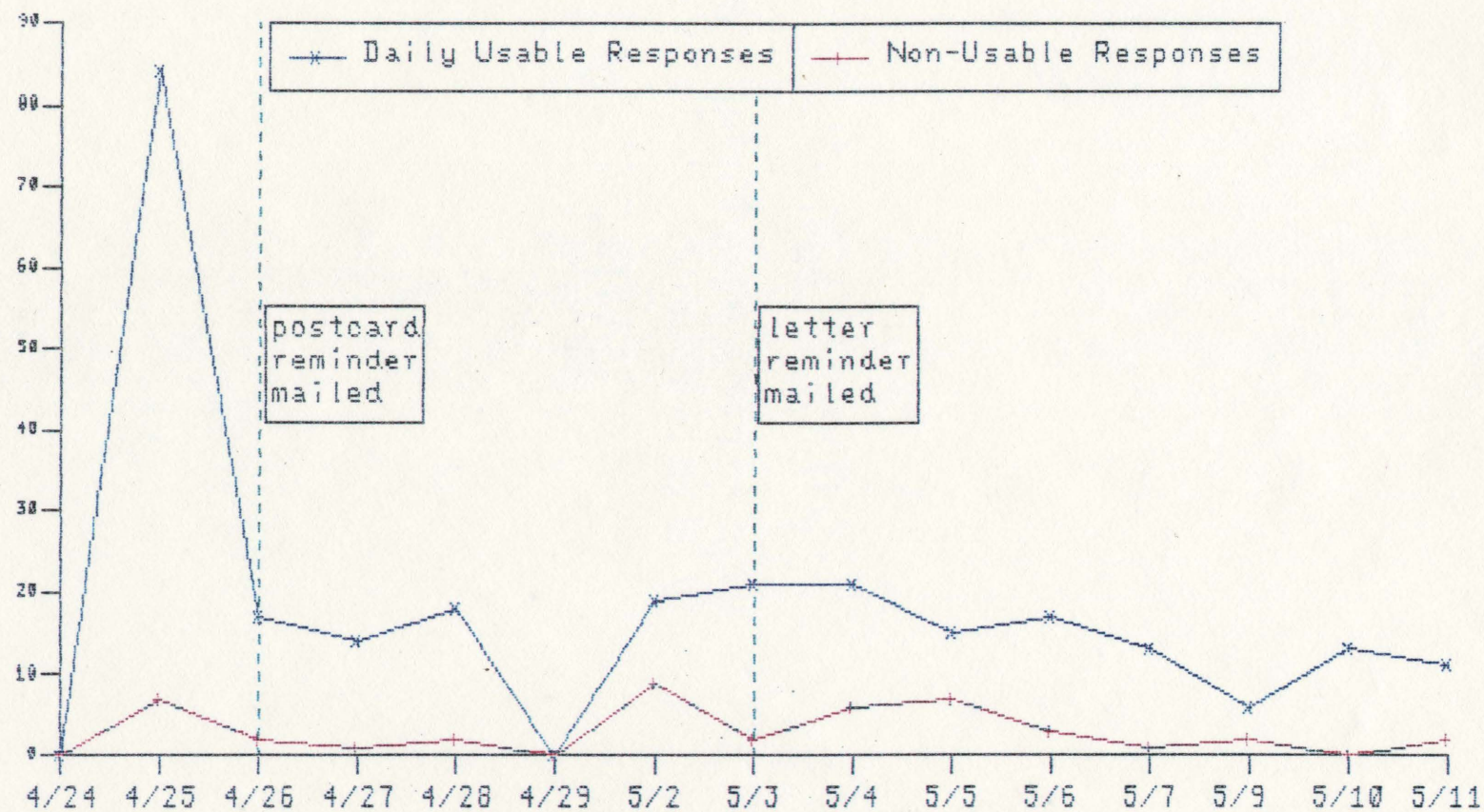


FIGURE 3: Continuing Education Survey Response Graph

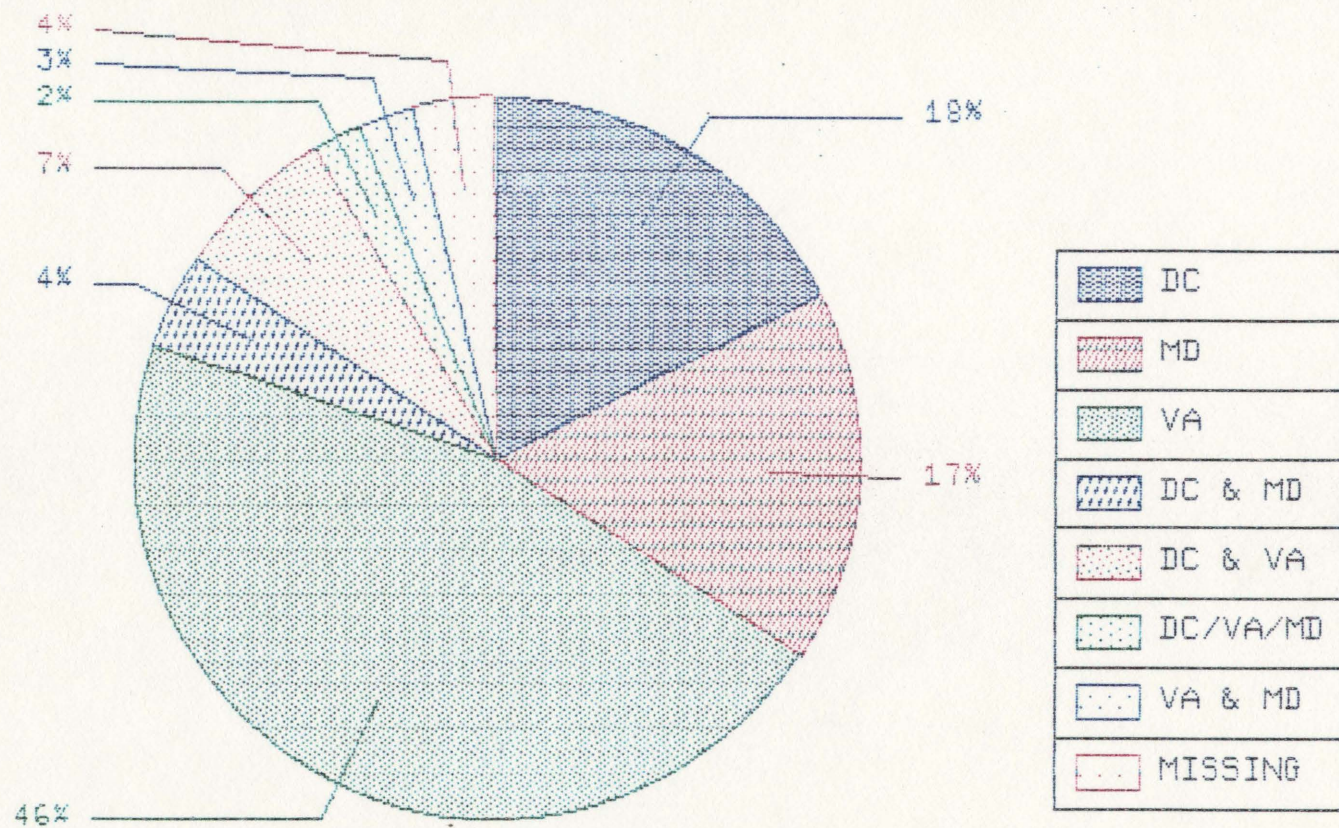


FIGURE 4: Distribution of Respondents by current Licensure

Columbia and Maryland, respectively with the remainder of the respondents holding multiple licenses.

Most (75.3%) of the respondents were married, 7.9% were never married, and 16.8% fell into the "other" category which would include divorced, separated or widowed. Figure 5 illustrates this pattern. More respondents (60.9%) than not (38.7%) indicated that they had dependents living at home with them. Of the 170 subjects who had dependents living in the home, 25% stated they had responsibility for these dependents for more than twelve hours per day, 22% indicated two to four hour responsibility for dependents. These figures parallel the latest statistics on the nation's nurse population (Moses, Note 3). In the report, Moses (Note 3) noted that 70.8% of the nurse population were married, 15% had never married and about 14% were widowed, divorced or separated. In comparing the national statistic to this sample, slightly less (50%) indicated they had children living in the home with them. This survey, however, asked about dependents living in the home and did not differentiate between children and other dependents (for example, elderly parents or disabled family), which may explain the slightly higher (60.9%) response to the survey item. The interested reader is referred to Appendix B, page 169, for further response patterns regarding dependent responsibility.

The basic educational preparation of respondents

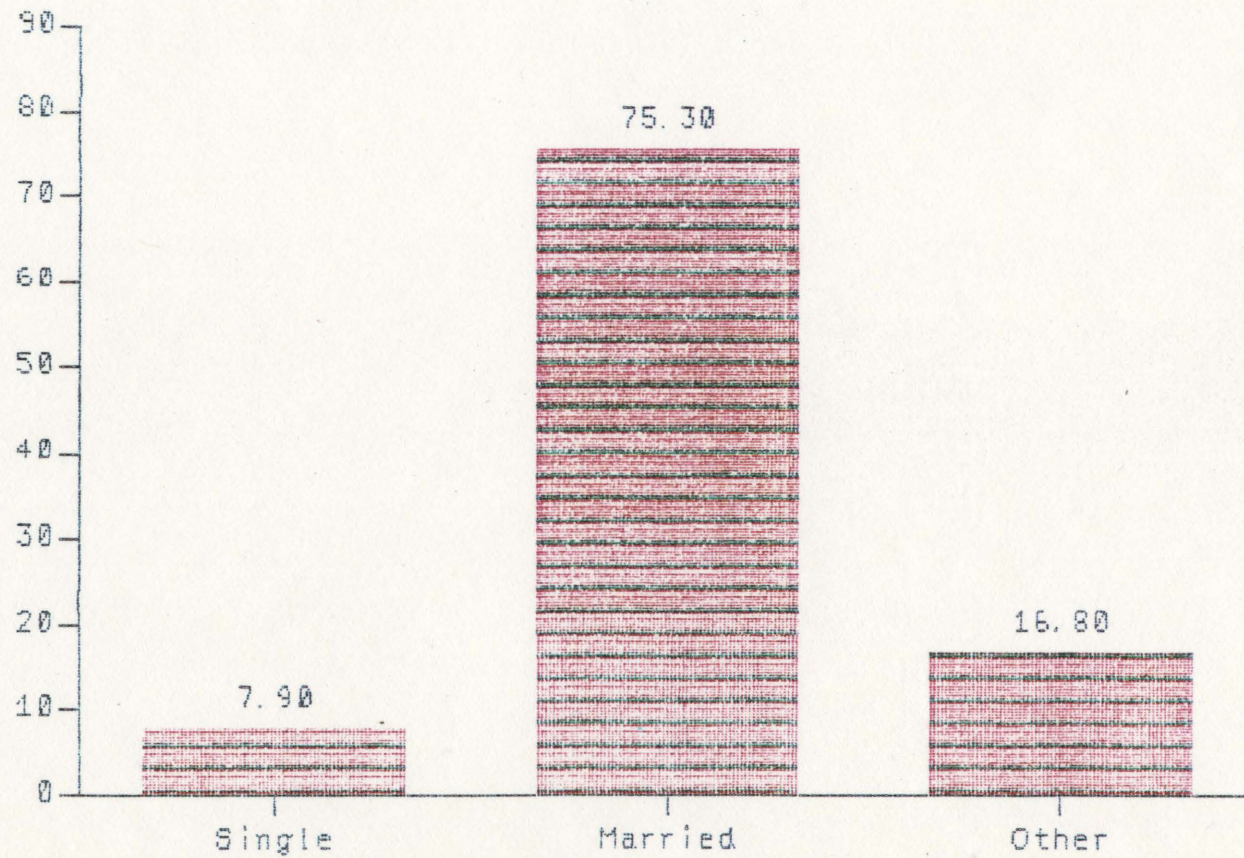


FIGURE 5: Current Marital Status of Respondents

showed the following trends: 170 (60.9%) subjects attended a three-year diploma program, 32 (11.5%) received an associate degree in nursing, and 75 (26.9%) subjects received a baccalaureate in nursing. Figure 6, page 37, illustrates these responses. Comparison with national figures (Moses, Note 3,) indicate a slightly higher number of nurses, 26.9% compared to 17%, holding a bachelors degree in this sample and slightly fewer, 60.9% compared to 66% nationally, holding a diploma, and fewer, 11.5% compared to 10%, hold an associate degree.

One-third (39%) of all the nurses currently held higher degrees than their basic education. Fifty-four more nurses held a bachelors degree or higher with 35 nurses in the sample holding advanced degrees. As depicted in Figure 7, page 38, some nurses in the sample hold masters degrees and above but the highest proportion of the respondents (44.1%) continue to hold a diploma in nursing. Comparison with the national sample (Moses, Note 3) show this sample to have fewer, 9% compared to 18% nationally, associate degree nurses, fewer diploma graduates, 44% compared to 55% nationally and more, 31% compared to 22% nationally, responded holding bachelors degrees.

Most (44.8%) of the subjects were working full-time in nursing and (29.7%) were employed part time in nursing. Some (15.8%) were not working outside the home and the remainder (3.9%) were either retired or not employed in

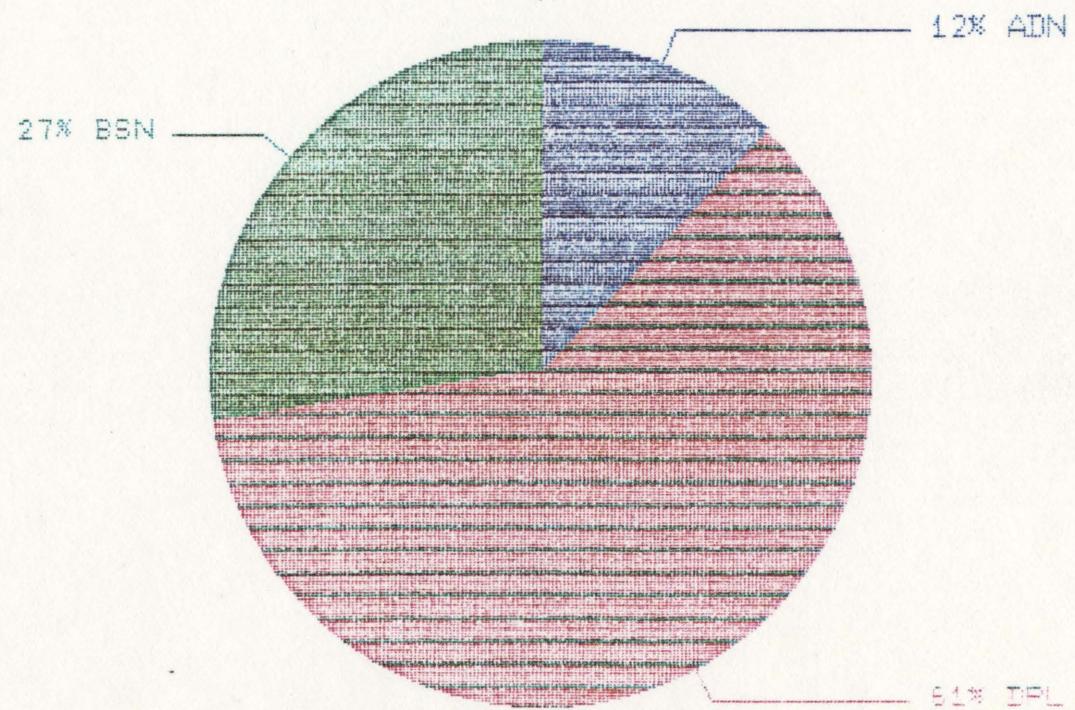


FIGURE 6: Basic Educational Preparation of Respondents

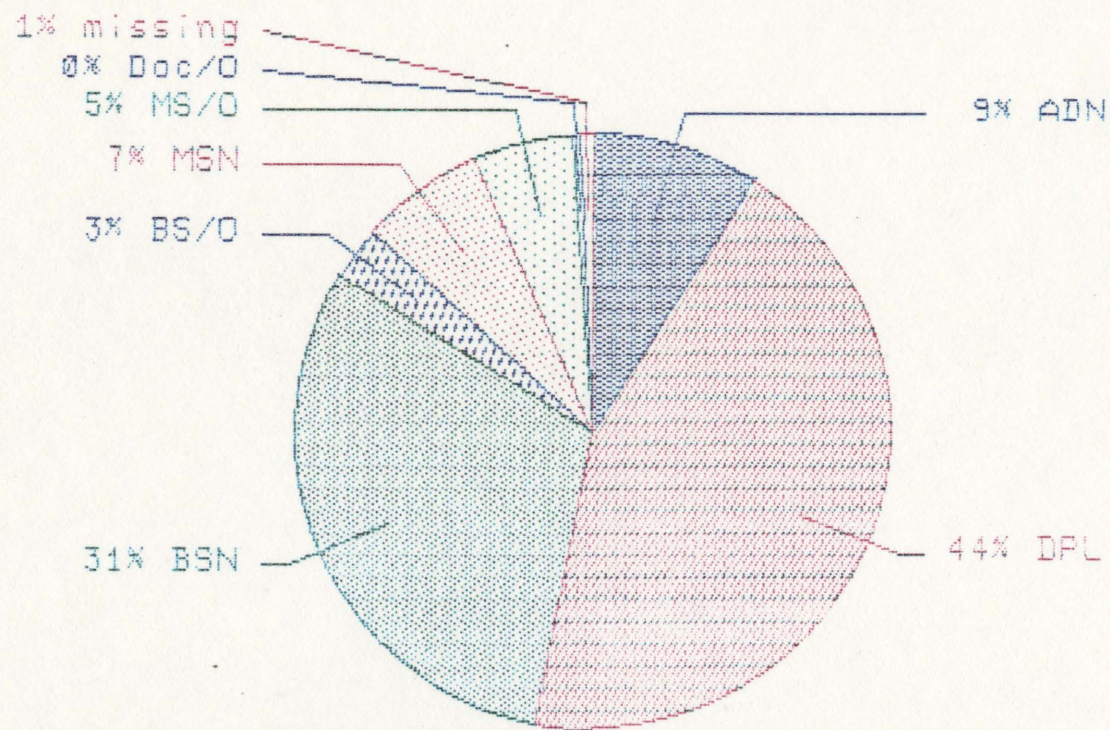


FIGURE 7: Highest Degree Achieved by Respondents

nursing (4.7%). Of those nurses who were employed in the nursing field, half (49.1%) work in a hospital, 7.9% of the subjects worked in community health and the remainder worked in nursing homes (2.5%), offices (4.3%), private duty (1.1%), schools of nursing (11.5%). Figure 8, page 40, illustrates this distribution. The respondents indicated the major practice area as medical surgical (25.1%) with 12.5% of the subjects indicating maternal child nursing as their area of practice.

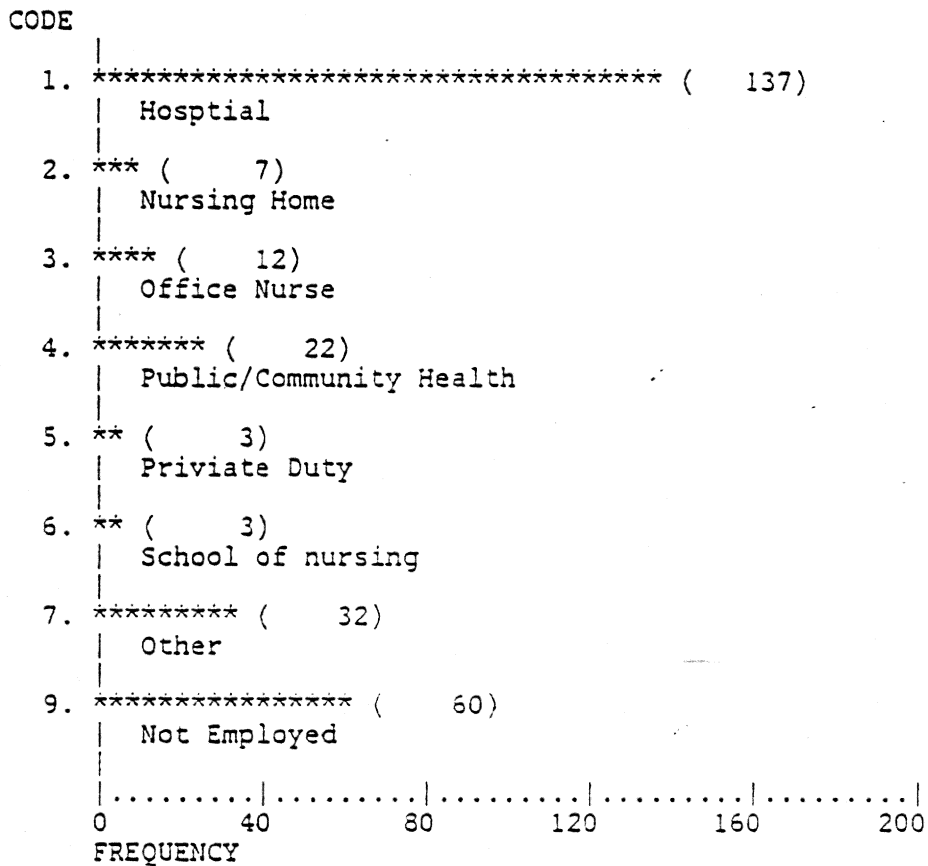
Regarding employment, these figures are almost identical to national statistics (Moses, Note 3) with the exception that less (49.1% compared to 65.6% nationally) were working in hospitals and more (11.5% compared to 3.6% nationally) were working in schools of nursing. The high concentration of colleges and universities in this area may explain this observation. The interested reader is referred to Appendix B, page 178, for more specific data on the characteristics of respondents when categorized by practice area.

Regarding their current position, a high percentage (40.1%) of the respondents were staff nurses. As demonstrated in Figure 9, page 41, a second pattern was also noted as 34.8% of the respondents indicated a specific title for their current position. These titles included quality assurance coordinators, occupational health nurses and other such titles that were difficult to classify in

NURSES CONTINUING EDUCATION SURVEY

Q69

PLACE OF EMPLOYMENT



VALID CASES 276 MISSING CASES 3

FIGURE 3: Place of Employment

NURSES CONTINUING EDUCATION SURVEY

Q71 CURRENT POSITION

CODE

1. ***** (112)
| Staff Nurse
2. ***** (22)
| Assistant Head Nurse/Charge Nurse/Supervisor
3. ***** (15)
| Head Nurse
4. **** (11)
| Clinical Specialist
5. *** (9)
| Staff Development Instructor/Coordinator/Specialist
6. ** (3)
| Instructor in a School of Nursing
7. *** (6)
| Assistant/Associate Director of Nursing
8. ** (3)
| Director/Dean of Nursing
9. ***** (97)
| Other

0|.....|.....|.....|.....|
 40 80 120 160 200
 FREQUENCY

VALID CASES 278 MISSING CASES 1

FIGURE 9: Current Position

given categories. In comparing these figures with the national data (Moses, Note 3), fewer, 40.1% compared to 64.7% nationally. A possible explanation for this could be the high number of respondents (34.8%) who specified the other category and listed titles that are, in fact, staff positions.

Figure 10, page 43, exhibits total family income of the subjects in this study. One-third (33.7%) of the respondents indicated that their total income was in excess of \$43,000 in 1982. A fairly even distribution was observed among the three categories between \$20,000 and 38,000 per year with 12.2%, 10.4% and 11.5% respectively. Interestingly, 14% of the respondents circled the response "prefer not to answer."

Findings

Survey responses were analyzed using the fifteen categories described previously. The most relevant data germane to the purpose of this study were information nurses required or desired when making continuing education choices, will be reported first, followed by data collected pertinent to the remaining categories.

Content Information

Fourteen categories of content information were included in the instrument and respondents indicated the

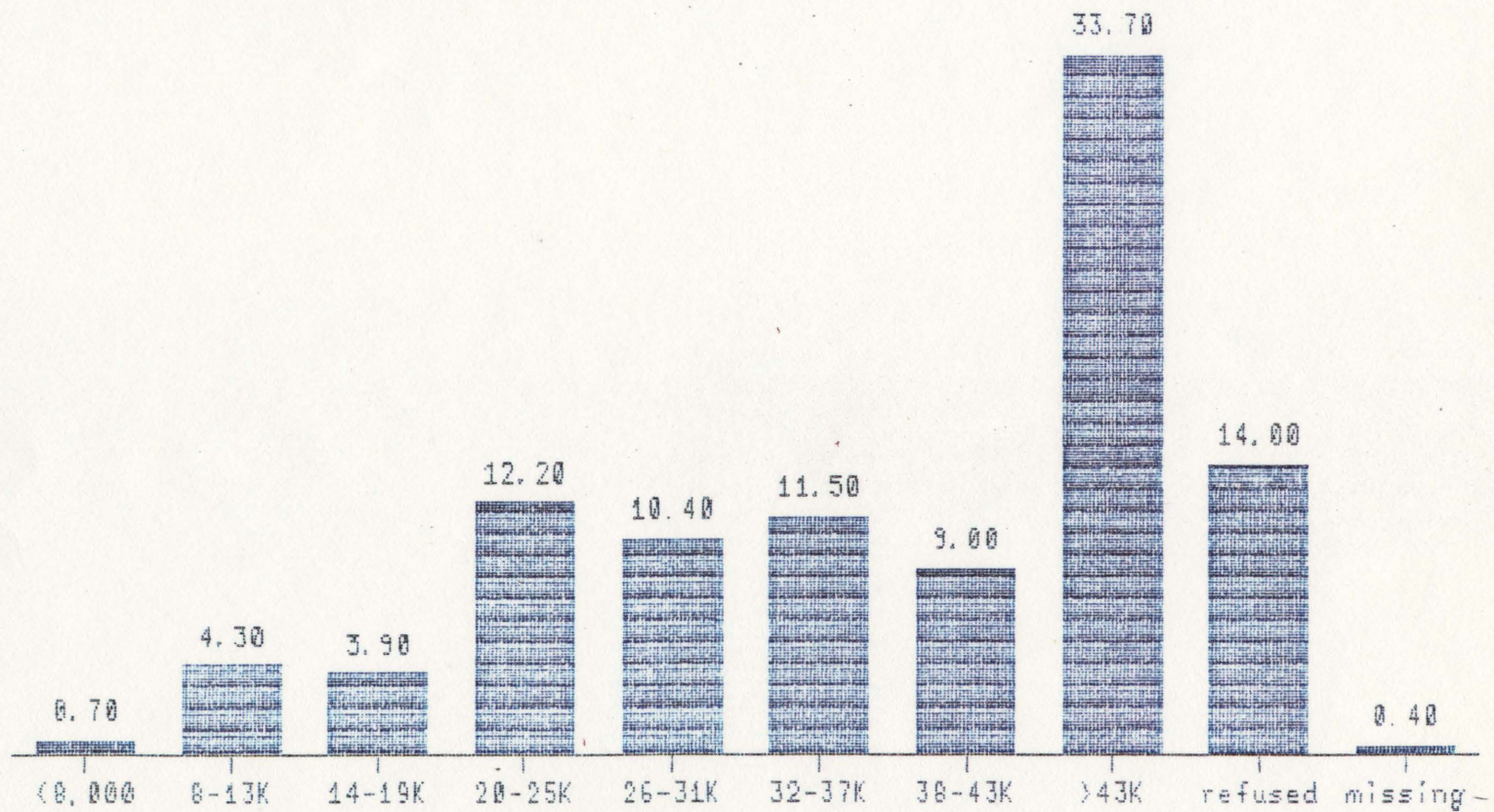


FIGURE 10: Total family income

importance of each. As illustrated in Figure 11, page 45, the majority (more than 50%) felt the program purpose, objectives and outline were essential, and the faculty credentials were important. As further illustrated in Figure 11, page 45, many respondents (34% - 62%) felt all categories of information were important.

Cumulatively, information that was considered important or essential by the respondents included: (a) program purpose was desired or required by 92.1% of the respondents, (b) almost all (93.9%) wanted program objectives, (c) almost all (95.3%) desired a content outline, (d) most (91.8%) wanted a program schedule, (e) only 60.6% of the nurses needed to know the target audience, (f) most respondents (88.9%) wanted to know fees, (g) many nurses (78.5%) wanted the name of the faculty and titles included in promotional information, (h) the majority (78.9%) wanted to know about faculty credentials, (i) many respondents (63.8%) were interested in a bibliographic sketch of the faculty, (j) most (81.4%) wanted to know if contact hours would be awarded, (k) about 72% were interested to know if breaks and lunch were included in the price, (m) most (78.8%) wanted directions included, and (n) the majority of the respondents wanted to know about the availability of parking.

Generally, more than 80% of the respondents felt all of the categories of information listed, were important, with the exception of four. They are: (a) approximately

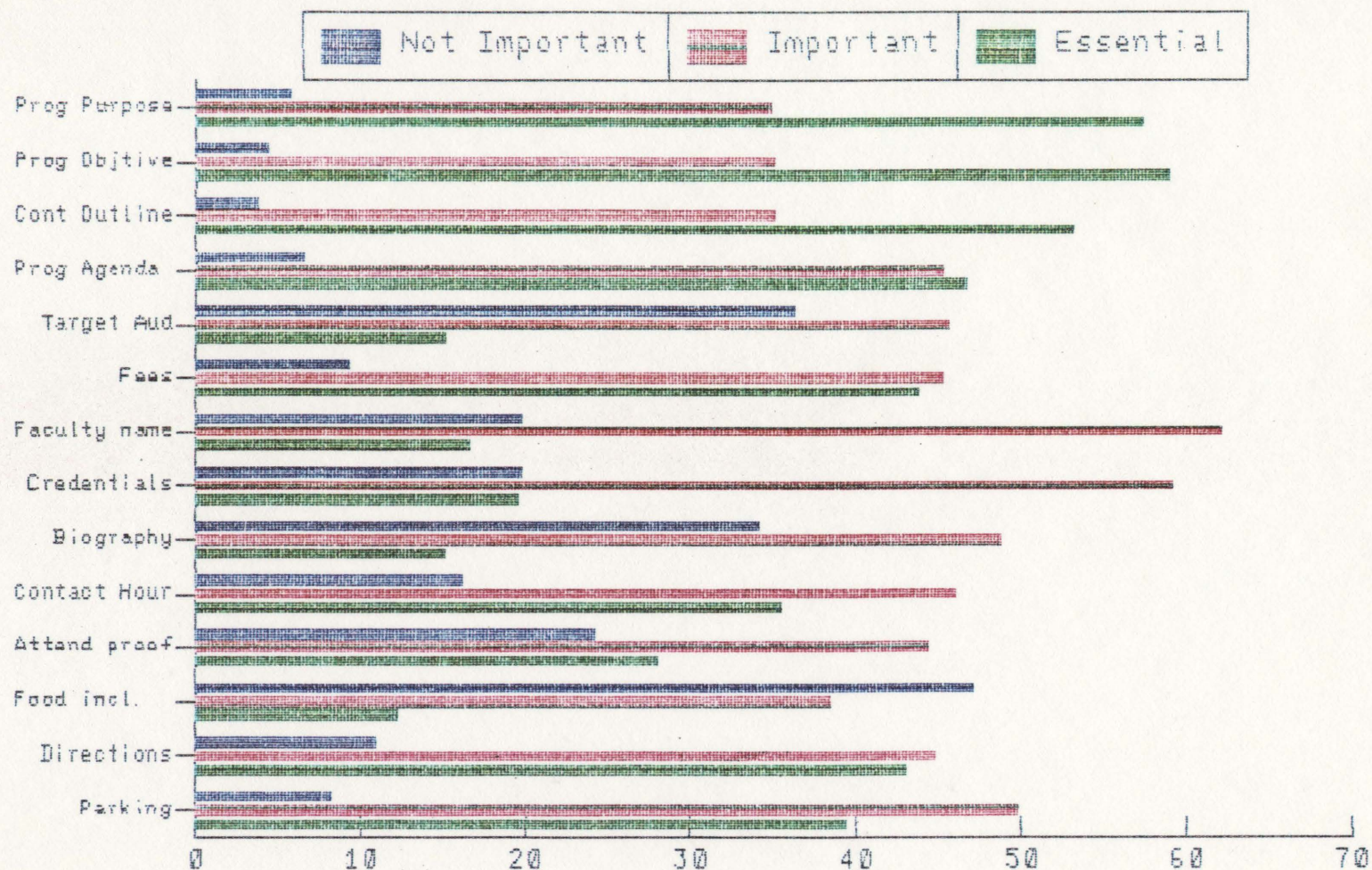


FIGURE 11: Information nurses want to know about a program

47% felt information about lunch and breaks included in fee was not important, (b) about 36% felt it was not important to identify target audience, (c) about 34% indicated a bibliographic sketch of the faculty is not important, and (d) approximately 24% felt the information about proof of attendance was not important.

Other Information

Site. The majority (63.8%) of the respondents indicated any place space is adequate and available as a preferred site and some (15.8%) selected hotels as a preference. The least preferred site was hospitals for 24.7% of the subjects, hotels for 21.9% of the subjects, universities for 17.6% of the respondents. Approximately 18% selected the open-ended response and specified parking availability, access, and distance as site deterrents.

When queried about where subjects have attended continuing education programs in the past, 27.6% had not attended a program in the past three years, 21.1% of the nurses indicated a hotel, and 17.9% and 17.2% respectively indicated a local college and hospital where they work. A few (6.5%) attend most of their continuing education at hospitals other than where they are employed.

Most (83.8%) of the respondents were willing to drive up to an hour and some (15.2%) were willing to drive up to three hours. When queried about traveling to out of town

programs at someone else's expense, 53% were willing to travel up to four hours and 24% would travel more than eight hours. When asked the same question about traveling but at their own expense, 64% would travel up to three hours and 10.1% were willing to travel up to eight hours. A few respondents (2.5%) indicated they would travel more than eight hours at their own expense to attend a continuing education activity. Some nurses (21.1%) indicated they did not attend out of town programs, even when paid for by someone else; however, more respondents (25.4%) indicated they did not attend out of town programs at their own expense. The interested reader is referred to Appendix B, pages 128 to 134, for additional data specifying site preferences.

Length of offering. The majority (57.3%) of the nurses preferred offerings four to six hours in length. Some (25.1%) preferred offerings that were less than three hours. For longer continuing education courses, 34.1% of the nurses preferred to attend a forty hour course, one day a week for five weeks and 22.9% preferred to attend the course all in one week.

Day of week. Many of the nurses (27.2%) selected Wednesday as the best day of the week to attend continuing education programs. The remainder of the respondents were relatively evenly dispersed in a normal curve configuration over the remaining five days of the week (including

Saturdays). The exception was Sunday, with .4% of the respondents indicating Sunday as the preferred day. As expected, the curve was reversed by the respondents when asked the worst day of the week.

Time of day. Many (43.7%) nurses indicated all day sessions as the best time of day, although some (22.6%) preferred mornings only and some (16.1%) preferred evenings only. A few (10%) preferred afternoon only as the best time of day, however 52.3% also indicated evenings as the worst time of day.

Program titles. When given choices of program titles that differed in length and information, the majority of nurses generally chose the longer title and preferred a general topic followed by a brief three to five word second statement describing what the content would cover. Most of the nurses also selected titles that used the word "new" or "recent changes" within the title.

Faculty. The respondents indicated a preference (47.7%) for several speakers on one topic and some (30.5%) indicating an interest in several speakers on several topics. When queried about academic preparation of faculty, the majority (64.2%) indicated that degrees did not influence their decision to participate but some (23.3%) felt the speaker should have at least a masters degree. An overwhelming majority (84.9%) indicated that the individual's experience related to the topic as the most important item

about the speaker. Experience in nursing was selected by most (39.8%) as the second most important item and academic preparation by many (31.5%). When queried about the influence of the speakers place of employment on continuing education program choices, 62.7% of the respondents indicated that place of employment does not matter and 26.9% of the subjects selected the nurse who is employed by a university affiliated hospital. The reader is referred to Appendix B, pages 104 to 108, for additional preference figures related to faculty.

Program approval. Program approval by the American Nurses Association (ANA) would influence 65.6% of the respondents in the selection of continuing education offerings and State Nurses Association (SNA) approvals would influence 60.6% of the subjects. However, 20.8% of the respondents indicated that SNA approval did not matter in their program choices. Only 44.4% indicated an influence if the program was approved by a local college or university and 33% indicated that approval did not matter. Approval by a hospital would influence 26.5% but did not matter to 42.3% and was reported as having no influence for 21.9% of the respondents. Approval to award contact hours by a private company had no reported influence for 47.7% of the respondents and did not matter to 36.6%. When queried about the influence of the approval of other professional organizations to award contact hours 28%

indicated no influence on decision, 35.5% indicated it did not matter and 29.7% indicated it would influence. Many of the individuals in the final category also noted that they were members of selected professional organizations and had past experience with programs offered by those organizations.

When queried about the importance of receiving contact hours for attendance, 57% of the respondents indicated that they have attended programs that did not offer contact hours. However, 19.4% would not attend a program that did not offer contact hours and 22.6% did not know. Comments from individuals indicated the content would influence the decision.

The influence of certifications on contact hour accrual was also collected and 26.2% of the respondents had to accumulate contact hours for these certifications.

Few employers (19.4%) of these respondents required contact hour accumulation for continued employment. Some (12.5%) of the sample were not employed, but 67% indicated they were not required to accumulate contact hours.

Regarding the amount of contact hours accrued over the past three years, 27.6% indicated they had accrued less than three hours. Some indicated they had accrued up to six hours (12.2%) and some up to ten hours (11.1%) but many had indicated a contact hour accrued of over 19 hours (31.2%).

Program information sources. When asked to indicate

the promotional source usually used to choose continuing education programs, many (30.1%) nurses indicated they used brochures for specific programs mailed to their homes. Some (22.2%) indicated they used a catalogue of many programs mailed to their homes and some (21.5%) used brochures on bulletin boards at work. Figure 12, page 52, shows a further illustration of the respondents use of promotional materials to make program choices.

Non-attendance reasons. Several previous questions yielded data which indicated 30% of this sample do not participate actively in continuing education. When all respondents were asked to select specific reasons for not attending a program, many (29%) indicated it cost too much, 22% felt the program was too far away, and 11.8% felt the program agenda did not look interesting. Some (8.6%) indicated that they could not tell from the brochure what they would learn and (8.6%) indicated their employer would not pay. The remainder were fairly evenly distributed (3.6-4.7%) over reasons such as no contact hours awarded, unqualified speaker and unapproved program. Some (1.2%) respondents wrote in comments, the predominant statement indicated they were retired.

Registration cost. The majority of the nurses (86.1%) indicated they would personally pay up to \$59 for a one-day, six-hour seminar. A further breakdown shows many (36.6%) indicating the choice of \$25 or less, 20.8% of the

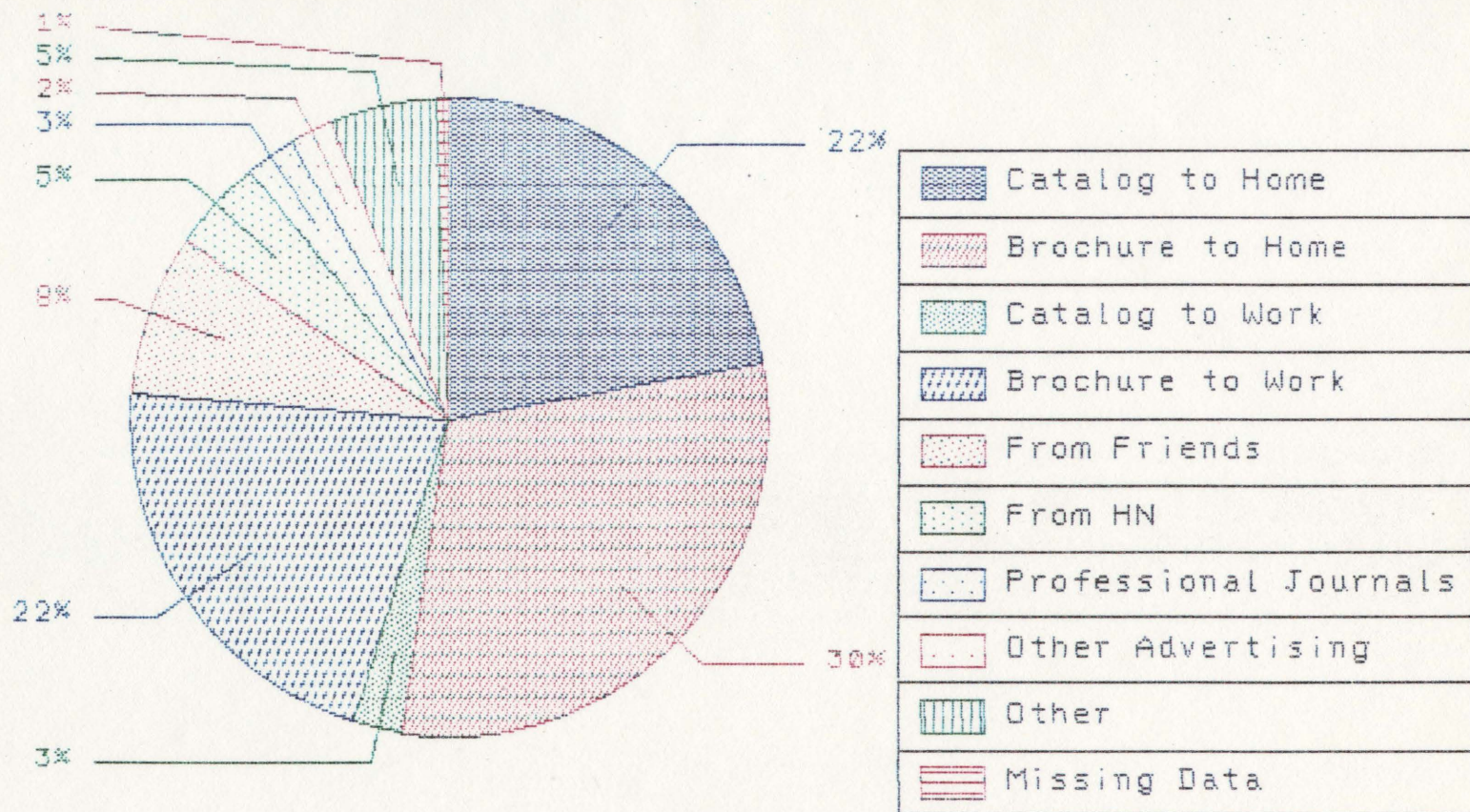


FIGURE 12:
Promotional materials used by nurses to choose
Continuing Education Programs

respondents agreeing to pay up to \$39, 14.7% willing to pay up to \$59. Only a few 4.7% were willing to personally pay up to \$69 and \$89 respectively. Many (42.4%) of the respondents who have attended programs in the last three years also indicated that they paid \$25 or less for a recent program and 14% indicated they had paid \$26-\$40 for a recent program.

Who pays fee. When queried about who paid the registration fee for the last program attended, those respondents who had attended a program in the last three years indicated the following: (a) 51.5% said employer paid, (b) 37.5% reported they paid the fee themselves, (c) 5% stated they shared payment of the registration fee with their employer, and (d) the remainder (8%) indicated the last program attended carried no registration fee.

When asked about the employer's usual behavior regarding continuing education costs, the respondents who had attended programs and were employed indicated the following: (a) 38% paid sometimes, (b) 34.5% usually paid, (c) 12% always paid, and (d) 13.7% never paid.

Agency support. A majority (70.6%) of the respondents were paid educational leave time for the last program attended. When asked about the last program the respondents wanted to attend but did not, the nurses indicated the following reasons: (a) some respondents (27%) indicated they could not get time off from work, (b)

approximately (21%) indicated they could not make personal arrangements, (c) some nurses (20%) said they could not personally afford it, and (d) a few (9.6%) said their employer would not pay the registration fee.

Program choices. Questions regarding who makes program choices, employer or nurse, were also asked. Respondents who have recently attended programs indicated that they usually decide which programs they will attend themselves (73.6%). However many (62.5%) indicated that a department head had also sent them to a program in the past three years. This behavior did not occur frequently, however as most (73.6%) who were sent indicated this occurred less than three times in the past twelve months.

Relationships of Preferences to Selected Characteristics

Several characteristics were selected from demographic data to determine potential relationships, and while crosstabulation was calculated on relationships listed, most did not result in statistically significant findings due to the number of possible responses. Some tables were collapsed to generate useable data; however, this strategy also causes the loss of some data due to combining of several answer categories. The reader is reminded that these findings are intended for descriptive purposes only for use by program administrators for marketing of continuing education programs.

The respondent characteristics and preferences selected for analysis were based on the investigator's observation of participants of continuing education activities and their comments about items that influence their attendance. The items selected for relationships were:

Marital status and length of program. Although most of the married nurses also preferred all day continuing education sessions, many preferred morning only programs, particularly if they had dependents.

Educational preparation and most important item about speaker. Diploma nurses and baccalaureate nurses felt predominantly that experience related to topic is the most important item to know about a speaker. The nurses holding a baccalaureate degree were equally divided between two choices related to the second most important item about the speaker, academic preparation and experience in nursing. However, 48% of the nurses holding a diploma felt experience in nursing was the second most important item, 21% of these same nurses felt experience in nursing was the second most important item and 13% felt publications on the topic were important to know about a speaker. Some diploma nurses (10.6%) felt other workshop experience was also important information to know about a speaker.

Position and academic preparation of faculty. The majority (70.5%) of the staff nurses indicated that degrees do not influence their decision; however, while half (45.5%)

of the assistant head nurses and supervisors agreed with this statement, half (45.5%) felt the speaker should have at least a masters degree.

Position and registration costs. With regard to how much nurses were willing to pay for registration fees, few staff nurses (9.8%) were willing to pay more than \$49 but most (70%) were willing to pay up to \$39. However, head nurses were equally divided with one-fourth willing to pay \$25 or less, one-fourth willing to pay up to \$59, and 46% willing to pay between \$26 and \$49 for registration costs.

Family income and registration costs. One-third of the respondents indicated a family income greater than \$43,000 for 1982, one-third of those respondents were still not willing to pay more than \$25 for registration fees.

Academic preparation and registration costs. Nurses with different academic preparations were willing to spend more on continuing education programs. Some of the baccalaureate nurses (37.2%) who responded did indicate a willingness to personally pay up to \$59 while fewer diploma nurses (13.8%) and no associate degree nurses were willing to pay more than \$49.

Non-attender preferences. Nurses who have not attended programs in the past three years did not differ in their site preference from nurses who have attended and indicated any place with adequate and available space as the preferred place. These same non-attending respondents

also indicated the same preference for length of program as nurses who have attended recently, that is, four to six hours in one day.

Nurses who have not attended programs in the past three years generally were willing to drive less time to a program. Many (35.7%) indicated they were only willing to drive up to thirty minutes as compared to 16% of the nurses who do attend. Nurses (40%) who have attended programs within the past three years were willing to drive up to one hour, while only 32.1% of the non-attending nurses were willing to drive one-hour to a program.

Nurses who have not attended continuing education programs in past three years indicated cost and distance as reasons why they have not attended programs.

Chapter 5

DISCUSSION

Information Desired About Programs

Information about programs desired or required by the respondents to make program choices indicated that most items listed were important or essential. Generally, 80% or more of the nurses surveyed reported that the following information was necessary: (a) program purpose, (b) program objectives, (c) content outline, (d) program schedule or agenda, (e) fees, (f) faculty name, title and credentials, (g) contact hours awarded, (h) proof of attendance given (i) directions to program, and (j) parking availability.

The item listed as bibliographic sketch of faculty was listed as not important by 34% of the respondents, which is not consistent with part of Knowles' (1980) suggestion regarding faculty anecdotes and a human-interest description. Given the additional preference of respondents for faculty with experience related to subject matter and experience in nursing, it appears evident that respondents desire very specific information about faculty. This finding substantiates Duff's (1981) suggestions about including as much information as possible about the program

in promotional materials.

Other Preferences Reported

Analysis of respondent preferences indicate that the nurses prefer continuing education programs that are four to six hours in length and offered in the middle of the week. Also preferred are sites within one-hour driving distances. No preference for site was indicated, though many respondents voluntarily indicated easy access from main roads and parking availability on their returned surveys. This information substantiates much of the anecdotal advice found in the literature and suggestions by Puetz (1981) of using motels, hotels, libraries, churches, banks and shopping centers.

Titles preferred were lengthy and informative and nurses surveyed indicated certain words in titles would stimulate them to read promotional material. These data supports Knowles' (1980) suggestion about careful wording of titles and gives specific examples of topics that may attract nurses to read promotional material.

A stronger preference was indicated by most nurses for programs featuring several speakers on one topic. Further, respondents showed a strong negative response to academic degrees and preferred instead experience as it relates to the topic and to nursing as important items to know about speakers. This finding supports Knowles' (1980) suggestions

about faculty information and does not substantiate Cooper (1983) who suggests including a brief statement about the speaker and possibly limiting speaker qualifications to a listing of the individual's current position. The negative response regarding academic degrees should be viewed by recognizing that 44% of the respondents did not hold degrees and much attention has recently been focused within the profession to require the baccalaureate degree as the entry level of education for nursing practice.

Program approval by the professional organization influences respondents decisions about participation. This observation supports suggestions by Puetz (1979) that approved programs indicated a stamp of quality to the consumer.

The importance of awarding contact hours is not supported as 57% of the respondents said they had and would continue to attend programs that did not offer contact hours. This refutes the investigator's experience of the need to award contact hours as an incentive. Notes made voluntarily by respondents on surveys indicated a willingness to attend if their personal interest in the program was high.

Contact hour accrual requirement by employer or professional organization was noted as very low (19%-26%) and could explain why awarding of contact hours is not important to these respondents. This finding supports work

by O'Connor (1979) in which she found nurses are motivated to attend programs by professional rather than societal mandates though it must also be viewed recognizing that these respondents were not required by local states to provide proof of continuing education participation for relicensure. In further support of O'Connor's research, a majority (63%) of these nurses had accrued some continuing education over the past three years despite limited professional or employer requirements.

Cost and distance were cited as attendance deterrents, a finding which is further supported in the other cost data collected for this study. The majority of the respondents indicated a willingness to personally pay substantially less than the current market price, which incidentally is also significantly less than non-health related professions. While the literature generally gives few suggestions about determining registration fees, most authors support the use of formulas to determine total offering cost and dividing that cost by number of anticipated registrants to determine a fee. These respondents, however, are unwilling to personally pay the fees common to this area, and many voluntarily indicated they cannot afford to pay and are not in a position in which the employer will pay the fee.

Employers and nurses are paying registration fees and nurses are generally receiving paid leave for attendance at

educational program. These findings support anecdotal data (Stein, 1982) about nurses attendance and potentially provides new information about nurses' strong opinions relative to cost of continuing education fees. As does the data collected on who makes decisions about attendance at programs--the respondents indicated they make their own decisions. This concept is well-supported in the literature (Knowles, 1980) regarding adult learners' orientation to learning.

Results of this investigation can be generalized to nurses in the metropolitan Washington area who have some interest in continuing education. Efforts were not made to determine if respondents were giving socially and professionally desirable responses rather than true preferences. Yet, while confidentiality was assured, respondents were told that collective rather than individual preferences were being collected, thus, possibly reducing a respondents tendency to give socially desirable answers.

Implications for Practice

The results of this investigation indicate that nurses have specific preferences for continuing education design and promotional materials. The increasing need and availability of continuing education requires agencies to provide relevant and timely programs for nurses. Program

administrators, responsible for promoting and marketing continuing education offerings, should base program design and promotional materials on these preferences to appeal to participants, particularly when appealing to subgroups identified in this paper. In addition, when marketing continuing education programs, administrators should provide potential participants with as much information as possible about programs. When decisions about deleting information must be made due to space and cost, administrators should consider deleting information cited as unimportant by respondents.

Finally, since 75% of the respondents make their own program choices based on promotional information received at work or home, program administrators should target distribution of materials accordingly.

Implications for Additional Research

As a prototypical study in the area of promotional materials, a need for additional investigation related to when and where to send promotional materials, what type of promotional materials work best, what design and layout features nurses buy and how should program information gathered in this study be further developed to give consumers enough information to make decisions. The broader issue of marketing entire continuing education programs also requires investigation.

Secondly, investigations to judge worth and quality of programs, based on approvals by recognized accreditation bodies, should be conducted to determine if the approval process improves the quality of the continuing education program.

Thirdly, because participation in continuing education is a characteristically professional activity that enhances the individuals competence and ability to serve society, factors related to nurses' personal, educational, and employment background that tend to promote or inhibit overall participation should be identified.

Finally, within today's buyers market, continuing education providers should continue to identify preferences of nurses relative to site, length and time of offerings, approvals and costs, and promotional materials in order to continue to appeal to nurses who are purchasing their own continuing education.

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Appendix A

Cover letter
Survey instrument
Postcard reminder
Two-week follow-up letter
Major questions guiding inquiry
 referenced to survey items

Cover Letter

April 15, 1983

Dear Colleague:

Continuing education programs for nurses are widely available on a variety of topics and in a variety of formats. While most agree that many of these programs look interesting and may be valuable, no one really knows what information nurses like yourself need to make a decision to participate or not in a particular continuing education program.

You are one of a small group of nurses in the Washington metropolitan area who is being asked to give their opinion in this matter. Your name was drawn in a random sample of all registered nurses in this area. In order that the results will truly represent the thinking of the people of the metropolitan Washington area, it is important that each questionnaire be completed and returned. It will take about fifteen to twenty minutes to complete the survey.

You may be assured of complete confidentiality. The question has an identification number for mailing purposes only. This is so we may check your name off the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire nor will you personally be identified in any way with your responses.

The results of this research will be made available to nurses who provide continuing education programs. You may receive a summary of results by checking "please send results" on the enclosed return envelope. Please do not put this information on the questionnaire itself.

I would be most happy to answer any questions you might have. Please write or call. The telephone number is

It is important that you return this survey as soon as possible so results can be tabulated and used for future programs.

Thank you for your assistance.

Sincerely,

Karen J. Kelly, RN
Research Associate

CODE _____

CONTINUING EDUCATION SURVEY

INTRODUCTION

This survey is being conducted to better understand what information nurses in the Washington metropolitan area need or want to make decisions about participating in continuing education. Please answer all of the questions. If you wish to comment on any questions or qualify your answers, please feel free to use the space in the margins. Your comments will be read and taken into account.

Although there are many acceptable definitions of continuing education in nursing, we have defined it somewhat narrowly for this study. Continuing education in nursing is a planned learning experience beyond the basic nursing education program, organized by someone else. Think of only those experiences apart from education toward an academic degree; specifically, those programs that are designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice and patient care. Please circle the number (only one) which indicates your preference on all answers. Thank you for your help.

First, we would like to ask about your program preferences related to time, length, topic, and faculty.

Q1. What is the best time of day for you to attend programs?
(circle one)

1. MORNINGS ONLY
 2. AFTERNOONS ONLY
 3. ALL DAY
 4. EVENINGS ONLY
 5. OTHER (please specify) _____
-

Q2. What is the worst time of day for you to attend programs?
(circle one)

1. MORNINGS ONLY
 2. AFTERNOONS ONLY
 3. ALL DAY
 4. EVENINGS ONLY
 5. OTHER (please specify) _____
-

Q3. Of the following choices, which is the best day of the week for you to attend programs? (circle one)

1. MONDAY
2. TUESDAY
3. WEDNESDAY
4. THURSDAY
5. FRIDAY
6. SATURDAY
7. SUNDAY

Q4. Which is the worst day of the week for you to attend programs? (circle one)

1. MONDAY
2. TUESDAY
3. WEDNESDAY
4. THURSDAY
5. FRIDAY
6. SATURDAY
7. SUNDAY

Q5. For a short nursing continuing education program, what is the ideal length for you? (circle one)

1. LESS THAN THREE HOURS
2. FOUR TO SIX HOURS
3. ONE AND A HALF DAYS
4. TWO DAYS
5. THREE DAYS
6. OTHER (please specify) _____

Q6. For a longer continuing education course, for example - 40 hours, which is the best way to offer the course for you? (circle one)

1. 8 HOURS PER SESSION, 5 DAYS IN ONE WEEK
2. 8 HOURS PER SESSION, 1 DAY PER WEEK FOR 5 WEEKS
3. 6 HOURS PER SESSION OVER 1 1/2 WEEKS
4. 6 HOURS PER SESSION OVER 7 WEEKS
5. 4 HOURS PER SESSION OVER TWO WEEKS
6. 4 HOURS PER SESSION, 1 DAY PER WEEK FOR 10 WEEKS
7. 3 HOURS PER SESSION OVER THREE WEEKS
8. 3 HOURS PER SESSION OVER FOURTEEN WEEKS
9. OTHER (please specify) _____

Q7. How do you usually choose your nursing continuing education programs? (circle one)

1. FROM CATALOGUE OF MANY PROGRAMS MAILED TO HOME
 2. FROM BROCHURE FOR A SPECIFIC PROGRAM MAILED TO HOME
 3. FROM CATALOGUE ON BULLETIN-BOARD AT WORK
 4. FROM BROCHURE ON BULLETIN-BOARD AT WORK
 5. FRIENDS/CO-WORKERS TELL ME ABOUT PROGRAM
 6. HEAD NURSE/SUPERVISOR TELLS ME ABOUT PROGRAM
 7. FROM ADVERTISING IN PROFESSIONAL JOURNALS
 8. FROM OTHER ADVERTISING
 9. OTHER (please specify) _____
-

Q8. Do you prefer to attend a program featuring (circle one)

1. ONE SPEAKER ON ONE TOPIC
 2. SEVERAL SPEAKERS ON ONE TOPIC
 3. ONE SPEAKER ON SEVERAL TOPICS
 4. SEVERAL SPEAKERS ON SEVERAL TOPICS
 5. OTHER (please specify) _____
-

Q9. If the faculty for a program is unknown to you, do you think the speaker should have (circle one)

1. AT LEAST A DOCTORATE
2. AT LEAST A MASTERS DEGREE
3. AT LEAST A BACHELORS DEGREE
4. DEGREES DO NOT INFLUENCE MY DECISIONS

Q10. The most important thing I want to know about a speaker or workshop leader is (circle one)

1. ACADEMIC PREPARATION
 2. EXPERIENCE RELATED TO TOPIC
 3. PUBLICATIONS ON TOPIC
 4. EXPERIENCE IN NURSING
 5. OTHER WORKSHOP EXPERIENCE
 6. OTHER (please specify) _____
-

Q11. The second most important thing I want to know about a speaker or workshop leader is (circle one)

1. ACADEMIC PREPARATION
 2. EXPERIENCE RELATED TO TOPIC
 3. PUBLICATIONS ON TOPIC
 4. EXPERIENCE IN NURSING
 5. OTHER WORKSHOP EXPERIENCE
 6. OTHER (please specify) _____
-

Q12. All the nurses listed below are equally qualified by academic preparation and experience to speak on a particular topic. Would you choose (circle one)

1. THE NURSE WHO WORKS IN A UNIVERSITY AFFILIATED HOSPITAL
 2. THE NURSE WHO WORKS IN A COMMUNITY HOSPITAL
 3. PLACE OF EMPLOYMENT DOES NOT MATTER TO ME
 4. OTHER (please specify) _____
-

Q13. Of the following types of topics, which is the most important to you? (circle one)

1. CLINICAL NURSING TOPICS
 2. MANAGEMENT TOPICS
 3. PROFESSIONAL ISSUES TOPICS
 4. PATIENT EDUCATION TOPICS
 5. NURSING EDUCATION TOPICS
 6. OTHER (please specify) _____
-

Q14. Which of the following types of topics is least important to you? (circle one)

1. CLINICAL NURSING TOPICS
 2. MANAGEMENT TOPICS
 3. PROFESSIONAL ISSUES TOPICS
 4. PATIENT EDUCATION TOPICS
 5. NURSING EDUCATION TOPICS
 6. OTHER (please specify) _____
-

Q15. Assuming you were interested in diabetes, which of the following program titles would most stimulate your interest in the program? (circle one)

1. DIABETES MANAGEMENT
 2. MANAGING YOUR DIABETIC PATIENT
 3. WHAT YOU SHOULD KNOW ABOUT DIABETES MANAGEMENT
 4. DIABETES: NEW APPROACHES TO NURSING MANAGEMENT
 5. DIABETES MANAGEMENT: STATE OF THE ART
 6. OTHER (please specify) _____
-

Q16. Assuming you were interested in management programs, which of the following program titles would most stimulate your interest in the program? (circle one)

1. NURSING MANAGEMENT
 2. EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT NURSING MANAGEMENT
 3. NURSING MANAGEMENT: PITFALLS AND PINNACLES
 4. NURSING MANAGEMENT: NEW STRATEGIES FOR NEW HEAD NURSES
 5. OTHER (please specify) _____
-

Q17. Assuming you were interested in cardiogenic shock, which of the following program titles would most stimulate your interest in the program? (circle one)

1. CARDIOGENIC SHOCK
 2. NURSING MANAGEMENT OF THE PATIENT WITH CARDIOGENIC SHOCK
 3. CARDIOGENIC SHOCK NURSING MANAGEMENT: RECENT ADVANCES
 4. CARDIOGENIC SHOCK: A COMPLEX PHENOMENA
 5. OTHER (please specify) _____
-

Now, let's take a look at program information.

For each of the following information sources usually provided about continuing education programs for nurses, please indicate how important each of the following is to you to help make a decision to attend or not attend. (circle one for each information source)

	<u>NOT IMPORTANT</u>	<u>IMPORTANT</u>	<u>ESSENTIAL</u>
Q18. PROGRAM PURPOSE	1	2	3
Q19. PROGRAM OBJECTIVES	1	2	3
Q20. CONTENT OUTLINE	1	2	3
Q21. PROGRAM SCHEDULE/AGENDA	1	2	3
Q22. TARGET AUDIENCE	1	2	3
Q23. FEES	1	2	3
Q24. FACULTY NAME AND TITLE	1	2	3
Q25. FACULTY CREDENTIALS	1	2	3
Q26. BIBLIOGRAPHIC SKETCH OF FACULTY	1	2	3
Q27. CONTACT HOURS AWARDED	1	2	3
Q28. PROOF OF ATTENDANCE GIVEN	1	2	3
Q29. LUNCH AND BREAKS INCLUDED IN PRICE	1	2	3
Q30. DIRECTIONS TO LOCATION	1	2	3
Q31. PARKING AVAILABILITY	1	2	3

Next, let's look at where programs should be held.

Q32. Where do you most prefer to attend your continuing education programs? (circle one)

1. UNIVERSITIES
 2. HOSPITALS
 3. HOTELS
 4. ANY PLACE SPACE IS ADEQUATE AND AVAILBABLE
 5. OTHER (please specify) _____
-

Q33. Where do you least prefer to attend your continuing education programs? (circle one)

1. UNIVERSITIES
 2. HOSPITALS
 3. HOTELS
 4. ANY PLACE SPACE IS ADEQUATE AND AVAILABLE
 5. OTHER (please specify) _____
-

Q34. How much time are you willing to spend driving one way to attend a one-day program? (circle one)

1. NO MORE THAN 15 MINUTES
2. NO MORE THAN 30 MINUTES
3. NO MORE THAN 45 MINUTES
4. NO MORE THAN 1 HOUR
5. NO MORE THAN 1 1/2 HOURS
6. NO MORE THAN 2 HOURS
7. NO MORE THAN 3 HOURS
8. MORE THAN 3 HOURS

Q35. For "out of town" programs, how much time are you willing to spend traveling if someone else pays? (circle one)

1. I DO NOT ATTEND "OUT OF TOWN" PROGRAMS
2. ONE HOUR
3. TWO HOURS
4. THREE HOURS
5. FOUR HOURS
6. FIVE HOURS
7. SIX HOURS
8. SEVEN HOURS
9. MORE THAN EIGHT HOURS

Q36. For "out of town" programs, how much time are you willing to spend traveling at your own expense? (circle one)

1. I DO NOT ATTEND "OUT OF TOWN" PROGRAMS
2. ONE HOUR
3. TWO HOURS
4. THREE HOURS
5. FOUR HOURS
6. FIVE HOURS
7. SIX HOURS
8. SEVEN HOURS
9. MORE THAN EIGHT HOURS

Let's look at contact hours or CEU's awarded for continuing education participation.

Programs can be approved to award contact hours by many agencies. If you were thinking about attending a program and you noticed it was approved for contact hours, which agency's approval would influence your decision to attend? (circle one for each information source)

NO INFLUENCE DOES NOT MATTER WOULD INFLUENCE

Q37.	AMERICAN NURSES ASSN.	1	2	3
Q38.	STATE NURSES ASSN.	1	2	3
Q39.	LOCAL UNIVERSITY OR			
	COLLEGE	1	2	3
Q40.	HOSPITAL	1	2	3
Q41.	PRIVATE COMPANY	1	2	3
Q42.	OTHER PROFESSIONAL			
	ORGANIZATION	1	2	3

Q43. Have you attended any nursing continuing education program that did not offer contact hours? (circle one)

1. NO
2. YES

Q44. Would you attend a program that does not offer contact hours? (circle one)

1. NO
2. YES
3. DO NOT KNOW

Q45. Do you have to accumulate a specific amount of continuing education hours for any certifications you have? (circle one)

1. NO
2. YES
3. NO CERTIFICATIONS HELD

Q46. Does your employer require you to accumulate a specific number of continuing education contact hours each year? (circle one)

1. NO
2. YES
3. NOT EMPLOYED

Q47. How many contact hours have you accrued over the past three years? (circle one)

1. LESS THAN 3 HOURS
2. 3 - 6 HOURS
3. 7 - 10 HOURS
4. 11 - 14 HOURS
5. 15 - 18 HOURS
6. MORE THAN 19 HOURS

Now, let's look at some other factors like costs and program length of continuing education programs for nurses.

Q48. How much would you personally pay for a one-day, six-hour seminars? (circle one)

1. \$25 OR LESS
 2. \$30 - \$39
 3. \$40 - \$49
 4. \$50 - \$59
 5. \$60 - \$69
 6. \$75 - \$89
 7. \$90 - \$111
 8. \$115
 9. OTHER (please specify) _____
-

Q49. Have you attended a continuing nursing education program lasting more than 3 hours in the past three years? (circle one)

1. NO →

IF NO, SKIP TO
QUESTION #61
ON PAGE 13

2. YES ↓

Q50. Where do you attend most of your continuing education programs? (circle one)

1. LOCAL COLLEGE OR UNIVERSITY
2. HOSPITAL WHERE I WORK
3. OTHER HOSPITAL
4. HOTEL
5. OTHER (please specify) _____

Q51. Who usually decides which programs you will attend? (circle one)

1. SELF
2. EMPLOYER
3. WE COLLABORATE OR NEGOTIATE ABOUT EACH PROGRAM

Q52. Has a department head or supervisor sent you to a program longer than three hours in the past three years? (circle one)

1. NO →

IF NO, SKIP TO
QUESTION # 53

2. YES ↓

Q53. If yes, how often has this happened in the past twelve months? (circle one)

1. NOT AT ALL
2. LESS THAN 3 TIMES
3. 4 - 7 TIMES
4. 8 - 11 TIMES
5. 12 TIMES OR MORE

Now, think about the costs of the last three programs you attended.

Q54. Program 1 was _____ days or _____ hours (fill in number of days or hours) and the redistratation fee was (circle one)

1. LESS THAN \$25

2. \$26 - \$40

3. \$41 - \$55

4. \$56 - \$70

5. \$71 - \$85

6. \$86 - \$100

7. \$101 - \$115

8. MORE THAN \$115 (please specify) _____

Q55. Program 2 was _____ days or _____ hours (fill in number of days or hours) and the registration fee was circle one)

1. LESS THAN \$25

2. \$26 - \$40

3. \$41 - \$55

4. \$56 - \$70

5. \$71 - \$85

6. \$86 - \$100

7. \$101 - \$115

8. MORE THAN \$115 (please specify) _____

9. ONLY ATTENDED ONE

Q56. Program 3 was _____ days or _____ hours (fill in number of days or hours) and the registration fee was (circle one)

1. LESS THAN \$25

2. \$26 - \$40

3. \$41 - \$55

4. \$56 - \$70

5. \$71 - \$85

6. \$86 - \$100

7. \$101 - \$115

8. MORE THAN \$115 (please specify) _____

9. ONLY ATTENDED TWO

Q57. Who paid for the registration fee for the last program you attended? (circle one)

1. SELF
 2. EMPLOYER
 3. YOU AND EMPLOYER EACH PAID PART
 4. OTHER (please specify) _____
-

Q58. Would you say that your employer always, usually, sometimes or never pays for the continuing education registration costs (circle one)

1. ALWAYS
 2. USUALLY
 3. SOMETIMES
 4. NEVER
 5. NOT EMPLOYED
 6. SELF-EMPLOYED
 7. OTHER (please specify) _____
-

Q59. Did you receive paid leave time for the last continuing education program you attended? (circle one)

1. NO
 2. YES
 3. OTHER (please specify) _____
-

Q60. Think of the last continuing education program you wanted to attend, but did not, which of the following best describes why you did not attend (circle one)

1. EMPLOYER WOULD NOT PAY REGISTRATION FEE
 2. COULD NOT GET TIME OFF WORK TO GO
 3. COULD NOT MAKE PERSONAL/HOME ARRANGEMENTS
 4. COULD NOT AFFORD IT OUT OF MY OWN POCKET
 5. TOO FAR AWAY
 6. OTHER (please specify) _____
-

Q61. Of the following choices, which would most likely cause you not to attend a continuing education program which interests you (circle one)

1. COSTS TOO MUCH
 2. TOO FAR AWAY
 3. SPEAKERS DO NOT SEEM QUALIFIED
 4. CANNOT TELL FROM BROCHURE WHAT I WILL LEARN
 5. PROGRAM AGENDA DOES NOT LOOK INTERESTING
 6. EMPLOYER WOULD NOT PAY FOR ME TO ATTEND
 7. NO CONTACT HOURS AWARDED
 8. PROGRAM IS NOT APPROVED BY ANA/SNA
 9. OTHER (please specify) _____
-

Q62. Where are you currently licensed to practice professional nursing? (circle one)

1. DISTRICT OF COLUMBIA
2. MARYLAND
3. VIRGINIA
4. DC AND MARYLAND
5. DC AND VIRGINIA
6. DC, VIRGINIA AND MARYLAND
7. VIRGINIA AND MARYLAND

Q63. What is your current marital status? (circle one)

1. SINGLE (NEVER MARRIED)
2. MARRIED
3. OTHER

Q64. Do you have any dependents living at home with you?
(circle one)

1. NO

IF NO, SKIP TO
QUESTION #66

2. YES

Q65. About how many hours per day does responsibility for these dependents occupy your time? (circle one)

1. NO HOURS
2. ONE HOUR
3. TWO TO FOUR HOURS
4. FOUR TO SIX HOURS
5. SIX TO EIGHT HOURS
6. EIGHT TO TEN HOURS
7. TEN TO TWELVE HOURS
8. MORE THAN TWELVE HOURS PER DAY

Q66. What was your basic educational preparation in nursing?
(circle one)

1. ASSOCIATE DEGREE IN NURSING
2. DIPLOMA IN NURSING
3. BACCALAUREATE DEGREE IN NURSING

Q67. What is the highest academic degree you hold? (circle one)

1. ASSOCIATE DEGREE IN NURSING
2. DEPLOMA IN NURSING
3. BACCALAUREATE DEGREE IN NURSING
4. BACCALAUREATE DEGREE IN ANOTHER FIELD
5. MASTERS DEGREE IN NURSING
6. MASTERS DEGREE IN ANOTHER FIELD
7. DOCTORATE IN NURSING
8. DOCTORATE IN ANOTHER FIELD

Q68. Are you currently working outside the home? (circle one)

1. NO _____ →

IF NO, OR NOT IN NURSING OR OTHER, SKIP TO QUESTION #72
--

2. YES, BUT NOT IN NURSING _____

3. YES, PART TIME IN NURSING _____

4. YES, FULL TIME IN NURSING _____

5. OTHER, (please specify) _____



Q69. If yes, where do you work? (circle one)

1. HOSPITAL

2. NURSING HOME

3. OFFICE NURSE

4. PUBLIC/COMMUNITY HEALTH

5. PRIVATE DUTY

6. SCHOOL OF NURSING

7. OTHER (please specify) _____

Q70. What is your major clinical practice or teaching area? (circle one)

1. MEDICAL/SURGICAL

2. CRITICAL CARE

3. MATERNAL CHILD NURSING

4. PSYCHIATRIC/MENTAL HEALTH

5. STAFF DEVELOPMENT/INSERVICE/CONTINUING EDUCATION

6. GERIATRICS

7. COMMUNITY HEALTH

8. OTHER (please specify) _____

Q71. Which of the following categories best describes your current position? (circle one)

1. STAFF NURSE
 2. ASSISTANT HEAD NURSE/CHARGE NURSE/SUPERVISOR
 3. HEAD NURSE
 4. CLINICAL SPECIALIST
 5. STAFF DEVELOPMENT INSTRUCTOR/COORDINATOR/SPECIALIST
 6. INSTRUCTOR IN SCHOOL OF NURSING
 7. ASSISTANT/ASSOCIATE DIRECTOR OF NURSING
 8. DIRECTOR/DEAN OF NURSING
 9. OTHER (please specify) _____
-

Q72. Which of the following categories best describes your total family income for 1982? (circle one)

1. LESS THAN \$8,000
2. \$8,000 TO \$13,999
3. \$14,000 TO \$19,999
4. \$20,000 TO \$25,999
5. \$26,000 TO \$31,999
6. \$32,000 TO \$37,999
7. \$38,000 TO \$43,999
8. MORE THAN \$43,000
9. PREFER NOT TO ANSWER

Q73. Which category below best describes your current age? (circle one)

1. 20 - 26 YEARS OLD
2. 27 - 33 YEARS OLD
3. 34 - 40 YEARS OLD
4. 41 - 47 YEARS OLD
5. 48 - 54 YEARS OLD
6. 55 - 61 YEARS OLD
7. MORE THAN 61 YEARS OLD
8. PREFER NOT TO ANSWER

Is there anything else you would like to tell us about how continuing education programs should be offered to help give you the information you need to make decisions? If so, please use this space for that purpose.

Also, any comments you wish to make that may help us in future efforts to understand what registered nurses want from continuing education providers will be appreciated, either here or in a separate letter.

Your contribution to this effort is greatly appreciated. If you would like a summary of the results, please check the box on the back of the return envelope (NOT on this questionnaire to preserve confidentiality). We will see that you receive it.

One Week Postcard Reminder

Last week a questionnaire seeking your opinion about continuing nursing education was mailed to you. Your name was drawn from a random sample of registered nurses in the Washington metropolitan area.

If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. Because it has been sent to only a small, but representative, sample of nurses, it is extremely important that yours also be included in the study if the results are to accurately represent the opinions of Washington nurses.

If by some chance you did not receive the questionnaire, or it got misplaced, please call me today and I will get another one in the mail to you today.

Sincerely,

Karen J. Kelly RN
Research Associate
Nursing Management Systems

Two Week Follow-up Letter

2 May 83

Dear Colleague,

About two weeks ago I wrote to you seeking your opinion about nursing continuing education programs. As of today we have not yet received your completed questionnaire.

Our research unit has undertaken this study because of the belief that nurses' opinions should be taken into account in the planning of continuing education programs.

I am writing to you again because of the significance each questionnaire has to the usefulness of this study. Your name was drawn through a scientific sampling process in which only about one out of every fifty nurses are being asked to complete this questionnaire. In order for the results of this study to be truly representative of the opinions of all metropolitan Washington nurses, it is essential that each person in the sample return their questionnaire.

In the event that your questionnaire has been misplaced, please call me today and I will gladly send a replacement.

Your cooperation is greatly appreciated.

Cordially,

Karen J. Kelly
Research Associate

P. S. A number of people have asked when the results will be available. We hope to have them out sometime next month.

Table 2

Inquiry Questions Referenced to Survey Items

Major Questions Guiding Inquiry

[illegible]

Appendix B

Computer generated frequency
figures for all survey items
(including histograms)

Note

While each survey item is labeled, the nature of the responses did not allow labeling of each response. The interested reader should refer to the survey instrument to determine the response labels.

NURSES CONTINUING EDUCATION SURVEY

Q1 BEST TOD

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	63	22.6	22.7	22.7
TWO	2.	28	10.0	10.1	32.9
THREE	3.	122	43.7	44.0	76.9
FOUR	4.	45	16.1	16.2	93.1
FIVE	5.	19	6.8	6.9	100.0
MISSING	0.	2	0.7	MISSING	100.0
	TOTAL	279	100.0	100.0	

Q1 BEST TOD

CODE

```

I
1. ***** ( 63)
I ONE
I
2. ***** ( 28)
I TWO
I
3. ***** ( 122)
I THREE
I
4. ***** ( 45)
I FOUR
I
5. ***** ( 19)
I FIVE
I
I
I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES 277 MISSING CASES 2

NURSES CONTINUING EDUCATION SURVEY

Q2 WORST TOD

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	51	18.3	18.6	18.6
TWO	2.	29	10.4	10.6	29.2
THREE	3.	38	13.6	13.9	43.1
FOUR	4.	146	52.3	53.3	96.4
FIVE	5.	10	3.6	3.6	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

Q2 WORST TOD

CODE

```

I
1. ***** ( 51)
I ONE
I
2. ***** ( 29)
I TWO
I
3. ***** ( 38)
I THREE
I
4. ***** ( 146)
I FOUR
I
5. ***** ( 10)
I FIVE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

NURSES CONTINUING EDUCATION SURVEY

Q3

BEST DAY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	36	12.9	13.2	13.2
TWO	2.	47	16.8	17.3	30.5
THREE	3.	76	27.2	27.9	58.5
FOUR	4.	43	15.4	15.8	74.3
FIVE	5.	38	13.6	14.0	88.2
SIX	6.	31	11.1	11.4	99.6
SEVEN	7.	1	0.4	0.4	100.0
MISSING	0.	7	2.5	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** (    36)
   I ONE
   I
2. ***** (    47)
   I TWO
   I
3. ***** (    76)
   I THREE
   I
4. ***** (    43)
   I FOUR
   I
5. ***** (    38)
   I FIVE
   I
6. ***** (    31)
   I SIX
   I
7. ** (    1)
   I SEVEN
   I
0 ..... 20 ..... 40 ..... 60 ..... 80 ..... 100
FREQUENCY

```

VALID CASES

272

RESULTS

7

NURSES CONTINUING EDUCATION SURVEY

Q4

WORST DAY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	67	24.0	24.5	24.5
TWO	2.	9	3.2	3.3	27.8
THREE	3.	19	6.8	7.0	34.8
FOUR	4.	6	2.2	2.2	37.0
FIVE	5.	41	14.7	15.0	52.0
SIX	6.	41	14.7	15.0	67.0
SEVEN	7.	90	32.3	33.0	100.0
MISSING	0.	6	2.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 67)
I ONE
I
2. ***** ( 9)
I TWO
I
3. ***** ( 19)
I THREE
I
4. ***** ( 6)
I FOUR
I
5. ***** ( 41)
I FIVE
I
6. ***** ( 41)
I SIX
I
7. ***** ( 90)
I SEVEN
I
I.....I.....I.....I.....I.....I
0      20      40      60      80      100
FREQUENCY

```

VALID CASES

273

MISSING CASES

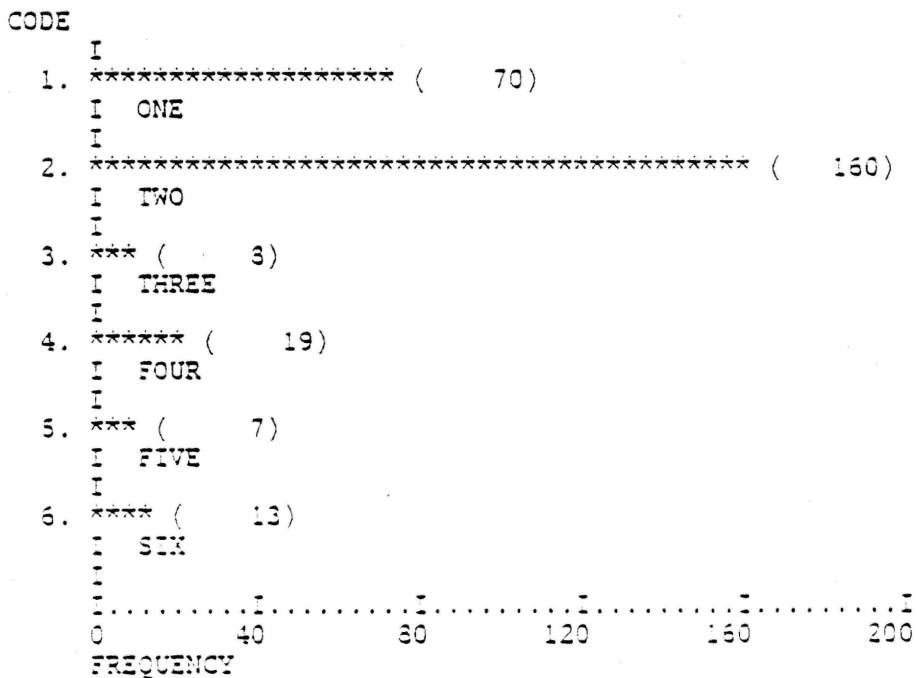
6

NURSES CONTINUING EDUCATION SURVEY

Q5

IDEAL LENGTH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	70	25.1	25.3	25.3
TWO	2.	160	57.3	57.8	83.0
THREE	3.	8	2.9	2.9	85.9
FOUR	4.	19	6.8	6.9	92.8
FIVE	5.	7	2.5	2.5	95.3
SIX	6.	13	4.7	4.7	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	



VALID CASES	277	MISSING CASES	2
-------------	-----	---------------	---

NURSES CONTINUING EDUCATION SURVEY

Q6

BEST WAY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	64	22.9	23.1	23.1
TWO	2.	95	34.1	34.3	57.4
THREE	3.	11	3.9	4.0	61.4
FOUR	4.	11	3.9	4.0	65.3
FIVE	5.	25	9.0	9.0	74.4
SIX	6.	29	10.4	10.5	84.8
SEVEN	7.	15	5.4	5.4	90.3
EIGHT	8.	20	7.2	7.2	97.5
NINE	9.	7	2.5	2.5	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

Q6

BEST WAY

CODE

```

I
1. ***** ( 64)
I ONE
I
2. ***** ( 95)
I TWO
I
3. ***** ( 11)
I THREE
I
4. ***** ( 11)
I FOUR
I
5. ***** ( 25)
I FIVE
I
6. ***** ( 29)
I SIX
I
7. ***** ( 15)
I SEVEN
I
8. ***** ( 20)
I EIGHT
I
9. ***** ( 7)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0      20      40      60      80      100
FREQUENCY

```

VALID CASES

277

MISSING CASES

2

NURSES CONTINUING EDUCATION SURVEY

Q7 USUALLY CHOOSE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	62	22.2	22.4	22.4
TWO	2.	84	30.1	30.3	52.7
THREE	3.	7	2.5	2.5	55.2
FOUR	4.	60	21.5	21.7	76.9
FIVE	5.	23	8.2	8.3	85.2
SIX	6.	13	4.7	4.7	89.9
SEVEN	7.	7	2.5	2.5	92.4
EIGHT	8.	6	2.2	2.2	94.6
NINE	9.	15	5.4	5.4	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

Q7

USUALLY CHOOSE

CODE

```

I
1. ***** ( 62)
I ONE
I
2. ***** ( 84)
I TWO
I
3. ***** ( 7)
I THREE
I
4. ***** ( 60)
I FOUR
I
5. ***** ( 23)
I FIVE
I
6. ***** ( 13)
I SIX
I
7. ***** ( 7)
I SEVEN
I
8. ***** ( 6)
I EIGHT
I
9. ***** ( 15)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

```

VALID CASES

277

MISSING CASES

2

NURSES CONTINUING EDUCATION SURVEY

Q8 SPEAKER PREFERENCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	50	17.9	18.0	18.0
TWO	2.	133	47.7	47.8	65.8
THREE	3.	5	1.8	1.8	67.6
FOUR	4.	85	30.5	30.6	98.2
FIVE	5.	5	1.8	1.8	100.0
MISSING	0.	1	0.4	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 50)
I ONE
I
2. ***** ( 133)
I TWO
I
3. ** ( 5)
I THREE
I
4. ***** ( 85)
I FOUR
I
5. ** ( 5)
I FIVE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 278 MISSING CASES 1

NURSES CONTINUING EDUCATION SURVEY

Q9

ACADEMIC PREPARATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	2	0.7	0.7	0.7
TWO	2.	65	23.3	23.5	24.2
THREE	3.	31	11.1	11.2	35.4
FOUR	4.	179	64.2	64.6	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ** ( 2)
I ONE
I
2. ***** ( 65)
I TWO
I
3. ***** ( 31)
I THREE
I
4. ***** ( 179)
I FOUR
I
I.....I.....I.....I.....I.....I
0         40        80       120       160       200
FREQUENCY

```

VALID CASES

277

MISSING CASES

2

NURSES CONTINUING EDUCATION SURVEY

Q10 MOST IMPORT ABOUT SPEAKER

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	12	4.3	4.3	4.3
TWO	2.	237	84.9	85.3	89.6
THREE	3.	1	0.4	0.4	89.9
FOUR	4.	18	6.5	6.5	96.4
FIVE	5.	5	1.8	1.3	98.2
SIX	6.	5	1.8	1.8	100.0
MISSING	0.	1	0.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ** ( 12)
I ONE
I
2. ***** ( 237)
I TWO
I
3. * ( 1)
I THREE
I
4. *** ( 18)
I FOUR
I
5. ** ( 5)
I FIVE
I
6. ** ( 5)
I SIX
I
I.....I.....I.....I.....I.....I
0          100        200        300        400        500
FREQUENCY

```

VALID CASES 278 MISSING CASES 1

NURSES CONTINUING EDUCATION SURVEY

Q11 2ND MOST IMPORT ABOUT SPEAKER

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	88	31.5	32.0	32.0
TWO	2.	30	10.8	10.9	42.9
THREE	3.	13	4.7	4.7	47.6
FOUR ,	4.	111	39.8	40.4	88.0
FIVE	5.	26	9.3	9.5	97.5
SIX	6.	7	2.5	2.5	100.0
MISSING	0.	4	1.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

1. ***** ( 88)
   I ONE
   I
2. ***** ( 30)
   I TWO
   I
3. **** ( 13)
   I THREE
   I
4. ***** ( 111)
   I FOUR
   I
5. ***** ( 26)
   I FIVE
   I
6. *** ( 7)
   I SIX
   I
   I
.....I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES 275 MISSING CASES 4

NURSES CONTINUING EDUCATION SURVEY

Q12 WORK-SITE INFLUENCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	75	26.9	27.4	27.4
TWO	2.	6	2.2	2.2	29.6
THREE	3.	175	62.7	63.9	93.4
FOUR	4.	18	6.5	6.6	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

1. I
   I ***** ( 75)
   I ONE
   I
2. I *** ( 6)
   I TWO
   I
3. I ***** ( 175)
   I THREE
   I
4. I ***** ( 18)
   I FOUR
   I
   I.....I.....I.....I.....I.....I
   0      40      80      120      160      200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

NURSES CONTINUING EDUCATION SURVEY

Q13 MOST IMPORTANT TOPICS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	121	43.4	44.3	44.3
TWO	2.	38	13.6	13.9	58.2
THREE	3.	30	10.8	11.0	69.2
FOUR	4.	24	8.6	8.8	78.0
FIVE	5.	49	17.6	17.9	96.0
SIX	6.	11	3.9	4.0	100.0
MISSING	0.	6	2.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 121)
I ONE
I
2. ***** ( 38)
I TWO
I
3. ***** ( 30)
I THREE
I
4. ***** ( 24)
I FOUR
I
5. ***** ( 49)
I FIVE
I
6. ***** ( 11)
I SIX
I
I.....I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES 273 MISSING CASES 6

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	13	4.7	4.7	4.7
TWO	2.	32	11.5	11.6	16.4
THREE	3.	25	9.0	9.1	25.5
FOUR	4.	158	56.6	57.5	82.9
FIVE	5.	40	14.3	14.5	97.5
SIX	6.	6	2.2	2.2	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	4	1.4	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

VALID CASES	275	MISSING CASES	4
-------------	-----	---------------	---

NURSES CONTINUING EDUCATION SURVEY

Q16

PREFERRED MANAGEMENT PROGRAM TITLES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	22	7.9	8.0	8.0
TWO	2.	32	11.5	11.7	19.7
THREE	3.	136	48.7	49.6	69.3
FOUR	4.	69	24.7	25.2	94.5
FIVE	5.	14	5.0	5.1	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 22)
I ONE
I
2. ***** ( 32)
I TWO
I
3. ***** ( 136)
I THREE
I
4. ***** ( 69)
I FOUR
I
5. ***** ( 14)
I FIVE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

274

MISSING CASES

5

NURSES CONTINUING EDUCATION SURVEY

Q17

PREFERRED CARDIOGENIC SHOCK PROGRAM TITLES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	9	3.2	3.3	3.3
TWO	2.	66	23.7	24.0	27.3
THREE	3.	112	40.1	40.7	68.0
FOUR	4.	86	30.8	31.3	99.3
FIVE	5.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	4	1.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. *** ( 9)
I ONE
I
2. ***** ( 66)
I TWO
I
3. ***** ( 112)
I THREE
I
4. ***** ( 86)
I FOUR
I
5. * ( 1)
I FIVE
I
9. * ( 1)
I NINE
I
I
I .....I .....I .....I .....I
I 0 40 80 120 160 200
I
FREQUENCY

```

VALID CASES

275

MISSING CASES

4

NURSES CONTINUING EDUCATION SURVEY

Q18 PROGRAM PURPOSE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	16	5.7	5.8	5.8
TWO	2.	97	34.8	35.4	41.2
THREE	3.	160	57.3	58.4	99.6
FOUR	4.	1	0.4	0.4	100.0
MISSING	0.	5	1.8	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 16)
I ONE
I
2. ***** ( 97)
I TWO
I
3. ***** ( 160)
I THREE
I
4. * ( 1)
I FOUR
I
I.....I.....I.....I.....I.....I.....I
0          40          80          120          160          200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

NURSES CONTINUING EDUCATION SURVEY

Q19

PROGRAM OBJECTIVES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	12	4.3	4.4	4.4
TWO	2.	98	35.1	35.8	40.1
THREE	3.	164	58.8	59.9	100.0
MISSING	0.	5	1.8	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

      I
1. **** (    12)
      I ONE
      I
2. ***** (    98)
      I TWO
      I
3. ***** (   164)
      I THREE
      I
      I.....I.....I.....I.....I.....I
      0          40          80          120          160          200
      FREQUENCY

```

VALID CASES

274

MISSING CASES

5

NURSES CONTINUING EDUCATION SURVEY

Q20 CONTENT OUTLINE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	10	3.6	3.6	3.6
TWO	2.	118	42.3	42.8	46.4
THREE	3.	148	53.0	53.6	100.0
MISSING	0.	3	1.1	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. **** ( 10)
I ONE
I
2. ***** ( 118)
I TWO
I
3. ***** ( 148)
I THREE
I
I.....I.....I.....I.....I.....I.....I
0          40          80          120          160          200
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

NURSES CONTINUING EDUCATION SURVEY

Q21

PROGRAM SCHEDULE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	18	6.5	6.6	6.6
TWO	2.	126	45.2	46.0	52.6
THREE	3.	130	46.6	47.4	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

I
1. ***** (18)
I ONE

I
2. ***** (126)
I TWO

I
3. ***** (130)
I THREE

I
I.....I.....I.....I.....I.....I.....I
0 40 80 120 160 200
FREQUENCY

VALID CASES

274

MISSING CASES

5

Q22 TARGET AUDIENCE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	101	36.2	37.3	37.3
TWO	2.	127	45.5	46.9	84.1
THREE	3.	42	15.1	15.5	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	8	2.9	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 101)
I ONE
I
2. ***** ( 127)
I TWO
I
3. ***** ( 42)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 271 MISSING CASES 3

Q23 FEES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	26	9.3	9.5	9.5
TWO	2.	126	45.2	46.0	55.5
THREE	3.	122	43.7	44.5	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 26)
I ONE
I
2. ***** ( 126)
I TWO
I
3. ***** ( 122)
I THREE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

Q24 FACULTY NAME & TITLES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	55	19.7	20.1	20.1
TWO	2.	173	62.0	63.1	83.2
THREE	3.	46	16.5	16.8	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 55)
I ONE
I
2. ***** ( 173)
I TWO
I
3. ***** ( 46)
I THREE
I
I.....I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

Q25

FACULTY CREDENTIALS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	55	19.7	20.0	20.0
TWO	2.	165	59.1	60.0	80.0
THREE	3.	55	19.7	20.0	100.0
MISSING	0.	4	1.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

1. ***** ( 55)
   I ONE
   I
2. ***** ( 165)
   I TWO
   I
3. ***** ( 55)
   I THREE
   I
   I.....I.....I.....I.....I.....I
   0         40         80        120        160        200
   FREQUENCY

```

VALID CASES 275 MISSING CASES 4

Q26

BIBLIOGRAPHIC SKETCH

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	95	34.1	34.8	34.8
TWO	2.	136	48.7	49.8	84.6
THREE	3.	42	15.1	15.4	100.0
MISSING	0.	6	2.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

1. I
   I ***** ( 95)
   I ONE
   I
2. I ***** ( 136)
   I TWO
   I
3. I ***** ( 42)
   I THREE
   I
   I.....I.....I.....I.....I.....I
   0         40         80        120        160        200
   FREQUENCY

```

VALID CASES 273 MISSING CASES 6

Q27

CONTACT HOURS AWARDED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	45	16.1	16.5	16.5
TWO	2.	123	45.9	46.9	63.4
THREE	3.	99	35.5	36.3	99.6
FOUR	4.	1	0.4	0.4	100.0
MISSING	0.	6	2.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 45)
I ONE
I
2. ***** ( 123)
I TWO
I
3. ***** ( 99)
I THREE
I
4. * ( 1)
I FOUR
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

273

MISSING CASES

6

Q28

PROOF OF ATTENDANCE GIVEN

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	68	24.4	25.1	25.1
TWO	2.	124	44.4	45.8	70.8
THREE	3.	78	28.0	28.8	99.6
FOUR	4.	1	0.4	0.4	100.0
MISSING	0.	8	2.9	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 68)
I ONE
I
2. ***** ( 124)
I TWO
I
3. ***** ( 78)
I THREE
I
4. * ( 1)
I FOUR
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

271

MISSING CASES

8

Q29

FOOD INCLUDED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	131	47.0	48.2	48.2
TWO	2.	107	38.4	39.3	87.5
THREE	3.	34	12.2	12.5	100.0
MISSING	0.	7	2.5	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 131)
I ONE
I
2. ***** ( 107)
I TWO
I
3. ***** ( 34)
I THREE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 272 MISSING CASES 7

Q30 DIRECTION TO LOCATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	30	10.8	10.9	10.9
TWO	2.	125	44.8	45.5	56.4
THREE	3.	120	43.0	43.6	100.0
MISSING	0.	4	1.4	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 30)
I ONE
I
2. ***** ( 125)
I TWO
I
3. ***** ( 120)
I THREE
I
I.....I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES 275 MISSING CASES 4

Q31 AVAILABLE PARKING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	23	8.2	8.4	8.4
TWO	2.	139	49.8	50.7	59.1
THREE	3.	110	39.4	40.1	99.3
FOUR	4.	2	0.7	0.7	100.0
MISSING	0.	5	1.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 23)
I ONE
I
2. ***** ( 139)
I TWO
I
3. ***** ( 110)
I THREE
I
4. ** ( 2)
I FOUR
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

MOST PREFERRED PLACE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	17	6.1	6.1	6.1
TWO	2.	22	7.9	7.9	14.1
THREE	3.	44	15.8	15.9	30.0
FOUR	4.	178	63.8	64.3	94.2
FIVE	5.	15	5.4	5.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

```

I
1. ***** (      17)
   I  ONE
   I
2. ***** (      22)
   I  TWO
   I
3. ***** (      44)
   I  THREE
   I
4. ***** (     178)
   I  FOUR
   I
5. ***** (      15)
   I  FIVE
   I
9. * (          1)
   I  NINE
   I
.....
0          40          80          120          160          200
FREQUENCY

```

2

Q33

LEAST PREFERED PLACE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	49	17.6	18.6	18.6
TWO	2.	69	24.7	26.1	44.7
THREE	3.	61	21.9	23.1	67.8
FOUR	4.	32	11.5	12.1	79.9
FIVE	5.	52	18.6	19.7	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	15	5.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 49)
I ONE
I
2. ***** ( 69)
I TWO
I
3. ***** ( 61)
I THREE
I
4. ***** ( 32)
I FOUR
I
5. ***** ( 52)
I FIVE
I
9. ** ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

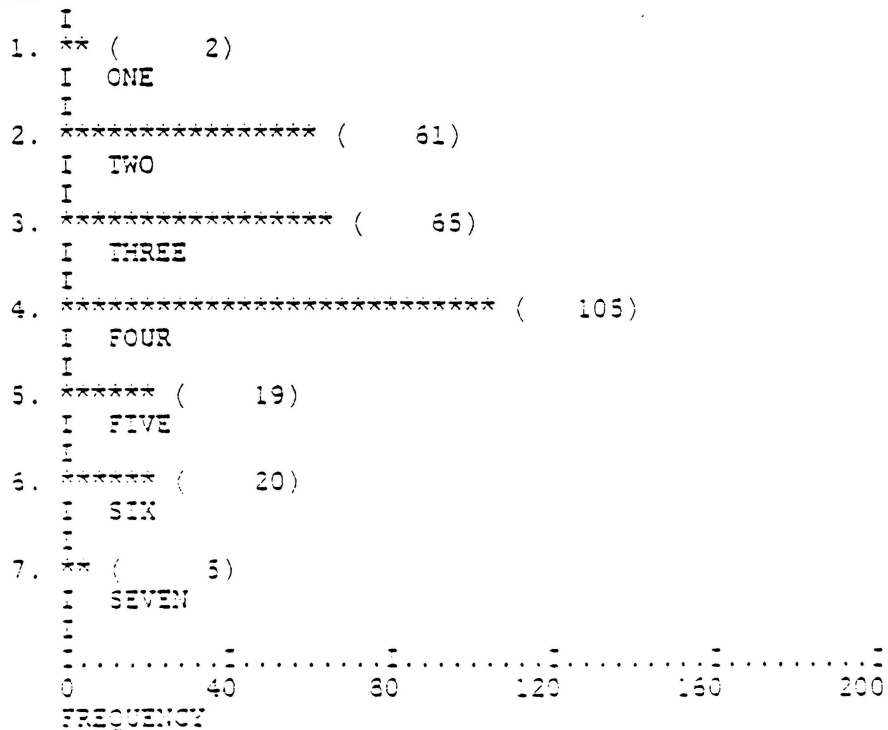
```

VALID CASES 264 MISSING CASES 15

Q34 DRIVING TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	2	0.7	0.7	0.7
TWO	2.	61	21.9	22.0	22.7
THREE	3.	65	23.3	23.5	46.2
FOUR	4.	105	37.6	37.9	84.1
FIVE	5.	19	6.8	6.9	91.0
SIX	6.	20	7.2	7.2	98.2
SEVEN	7.	5	1.8	1.8	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE



VALID CASES	277	MISSING CASES	2
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Q35

TRAVEL TIME PAID FOR

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	59	21.1	21.5	21.5
TWO	2.	25	9.0	9.1	30.7
THREE	3.	37	13.3	13.5	44.2
FOUR	4.	55	19.7	20.1	64.2
FIVE	5.	31	11.1	11.3	75.5
SIX	6.	14	5.0	5.1	80.7
SEVEN	7.	14	5.0	5.1	85.8
EIGHT	8.	3	1.1	1.1	86.9
NINE	9.	36	12.9	13.1	100.0
MISSING	0.	5	1.8	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q35 TRAVEL TIME PAID FOR

CODE

```

I
1. ***** ( 59)
I ONE
I
2. ***** ( 25)
I TWO
I
3. ***** ( 37)
I THREE
I
4. ***** ( 35)
I FOUR
I
5. ***** ( 31)
I FIVE
I
6. ***** ( 14)
I SIX
I
7. ***** ( 14)
I SEVEN
I
8. *** ( 3)
I EIGHT
I
9. ***** ( 36)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80      100
FREQUENCY

```

VALID CASES 274 MISSING CASES 5

Q36

TRAVEL TIME SELF PAY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	71	25.4	25.8	25.8
TWO	2.	72	25.8	26.2	52.0
THREE	3.	61	21.9	22.2	74.2
FOUR	4.	37	13.3	13.5	87.6
FIVE	5.	21	7.5	7.6	95.3
SIX	6.	3	1.1	1.1	96.4
SEVEN	7.	1	0.4	0.4	96.7
EIGHT	8.	2	0.7	0.7	97.5
NINE	9.	7	2.5	2.5	100.0
MISSING	0.	4	1.4	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q36 TRAVEL TIME SELF PAY

CODE

```

I
1. ***** ( 71)
I ONE
I
2. ***** ( 72)
I TWO
I
3. ***** ( 61)
I THREE
I
4. ***** ( 37)
I FOUR
I
5. ***** ( 21)
I FIVE
I
6. *** ( 3)
I SIX
I
7. ** ( 1)
I SEVEN
I
8. ** ( 2)
I EIGHT
I
9. ***** ( 7)
I NINE
I
I.....I.....I.....I.....I.....I
0        20        40        60        80       100
FREQUENCY

```

VALID CASES 275 MISSING CASES 4

NURSES CONTINUING EDUCATION SURVEY

Q37

AMERICAN NURSES ASSOCIATION APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	37	13.3	13.8	13.8
TWO	2.	46	16.5	17.2	31.0
THREE	3.	183	65.6	68.3	99.3
FOUR	4.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	11	3.9	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 37)
I ONE
I
2. ***** ( 46)
I TWO
I
3. ***** ( 183)
I THREE
I
4. * ( 1)
I FOUR
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

268

MISSING CASES

11

NURSES CONTINUING EDUCATION SURVEY

Q38 STATE NURSES ASSOCIATION APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	34	12.2	13.0	13.0
TWO	2.	58	20.8	22.1	35.1
THREE	3.	169	60.6	64.5	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	17	6.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 34)
I ONE
I
2. ***** ( 58)
I TWO
I
3. ***** ( 169)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 262 MISSING CASES 17

NURSES CONTINUING EDUCATION SURVEY

Q39

LOCAL UNIVERSITY OR COLLEGE APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	42	15.1	16.2	16.2
TWO	2.	92	33.0	35.4	51.5
THREE	3.	124	44.4	47.7	99.2
FOUR	4.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	19	6.8	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 42)
I ONE
I
2. ***** ( 92)
I TWO
I
3. ***** ( 124)
I THREE
I
4. * ( 1)
I FOUR
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

260

MISSING CASES

19

NURSES CONTINUING EDUCATION SURVEY

Q40 HOSPITAL APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	61	21.9	24.0	24.0
TWO	2.	118	42.3	46.5	70.5
THREE	3.	74	26.5	29.1	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	25	9.0	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 61)
I ONE
I
2. ***** ( 118)
I TWO
I
3. ***** ( 74)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 254 MISSING CASES 25

NURSES CONTINUING EDUCATION SURVEY

Q41 PRIVATE COMPANY APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	133	47.7	52.0	52.0
TWO	2.	102	36.6	39.8	91.8
THREE	3.	19	6.8	7.4	99.2
FOUR	4.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	23	8.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

1. ***** (133)

I ONE

2. ***** (102)

I TWO

3. ***** (19)

I THREE

4. * (1)

I FOUR

9. * (1)

I NINE

I

I.....I.....I.....I.....I.....I

0 40 80 120 160 200

FREQUENCY

VALID CASES 256 MISSING CASES 23

NURSES CONTINUING EDUCATION SURVEY

Q42

OTHER PROFESSIONAL ORGANIZATION APPROVAL

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	78	28.0	29.8	29.8
TWO	2.	99	35.5	37.8	67.6
THREE	3.	63	29.7	31.7	99.2
FOUR	4.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	17	6.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 78)
I ONE
I
2. ***** ( 99)
I TWO
I
3. ***** ( 63)
I THREE
I
4. ** ( 1)
I FOUR
I
9. ** ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80      100
FREQUENCY
  
```

VALID CASES

262

MISSING CASES

17

NURSES CONTINUING EDUCATION SURVEY

Q43 CONTACT HOUR ATTENDANCE BEHAVIOR

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	115	41.2	41.5	41.5
TWO	2.	159	57.0	57.4	98.9
THREE	3.	2	0.7	0.7	99.6
NINE	9.	.1	0.4	0.4	100.0
MISSING	0.	2	0.7	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 115)
I ONE
I
2. ***** ( 159)
I TWO
I
3. ** ( 2)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 277 MISSING CASES 2

NURSES CONTINUING EDUCATION SURVEY

Q44

CONTACT HOUR BELIEF

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	54	19.4	19.4	19.4
TWO	2.	161	57.7	57.7	77.1
THREE	3.	63	22.6	22.6	99.6
NINE	9.	1	0.4	0.4	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 54)
I ONE
I
2. ***** ( 161)
I TWO
I
3. ***** ( 63)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0      40      80     120     160     200
FREQUENCY

```

VALID CASES

279

MISSING CASES

0

NURSES CONTINUING EDUCATION SURVEY

Q45 CONTINUING EDUCATION HOURS REQUIRED BY PROFESSION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	135	48.4	48.6	48.6
TWO	2.	73	26.2	26.3	74.8
THREE	3.	69	24.7	24.8	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	1	0.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 135)
I ONE
I
2. ***** ( 73)
I TWO
I
3. ***** ( 69)
I THREE
I
9. * ( 1)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 278 MISSING CASES 1

NURSES CONTINUING EDUCATION SURVEY

Q46

EMPLOYER REQUIRED CONTINUING EDUCATION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	187	67.0	67.8	67.8
TWO	2.	54	19.4	19.6	87.3
THREE	3.	35	12.5	12.7	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 137)
I ONE
I
2. ***** ( 54)
I TWO
I
3. ***** ( 35)
I THREE
I
I.....I.....I.....I.....I.....I.....I
0      40      80     120     160     200
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

NURSES CONTINUING EDUCATION SURVEY

Q47 CONTACT HOURS ACCURED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	77	27.6	28.5	28.5
TWO	2.	34	12.2	12.6	41.1
THREE	3.	31	11.1	11.5	52.6
FOUR	4.	26	9.3	9.6	62.2
FIVE	5.	13	4.7	4.8	67.0
SIX	6.	67	31.2	32.2	99.3
SEVEN	7.	1	0.4	0.4	99.6
NINE	9.	1	0.4	0.4	100.0
MISSING	0.	9	3.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q47 CONTACT HOURS ACCURED

CODE

```

I
1. ***** ( 77)
I ONE
I
2. ***** ( 34)
I TWO
I
3. ***** ( 31)
I THREE
I
4. ***** ( 26)
I FOUR
I
5. ***** ( 13)
I FIVE
I
6. ***** ( 67)
I SIX
I
7. ** ( 1)
I SEVEN
I
9. ** ( 1)
I NINE
I
I.....I.....I.....I.....I.....I
0        20        40        60        80       100
FREQUENCY
    
```

VALID CASES 270 MISSING CASES 9

NURSES CONTINUING EDUCATION SURVEY

Q48

PERSONALLY PAY

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	102	36.6	36.8	36.8
TWO	2.	58	20.8	20.9	57.8
THREE	3.	41	14.7	14.8	72.6
FOUR	4.	39	14.0	14.1	86.6
FIVE	5.	13	4.7	4.7	91.3
SIX	6.	13	4.7	4.7	96.0
SEVEN	7.	2	0.7	0.7	96.8
EIGHT	8.	1	0.4	0.4	97.1
NINE	9.	8	2.9	2.9	100.0
MISSING	0.	2	0.7	MISSING	100.0
TOTAL		279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q48

PERSONALLY PAY

CODE

1.	I	***** (102)
	I	ONE
2.	I	***** (58)
	I	TWO
3.	I	***** (41)
	I	THREE
4.	I	***** (39)
	I	FOUR
5.	I	**** (13)
	I	FIVE
6.	I	**** (13)
	I	SIX
7.	I	** (2)
	I	SEVEN
8.	I	* (1)
	I	EIGHT
9.	I	*** (3)
	I	NINE
	I	I.....I.....I.....I.....I.....I.....I
	I	0 40 80 120 160 200
	I	FREQUENCY

VALID CASES

277

MISSING CASES

2

NURSES CONTINUING EDUCATION SURVEY

Q49

ATTENDANCE PAST 3 YRS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	84	30.1	30.1	30.1
TWO	2.	194	69.5	69.5	99.6
THREE	3.	1	0.4	0.4	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

      I
1. ***** (      84)
      I ONE
      I
2. ***** (    194)
      I TWO
      I
3. * (          1)
      I THREE
      I
      I.....I.....I.....I.....I.....I
      0          40          80          120          160          200
      FREQUENCY

```

VALID CASES 279 MISSING CASES 0

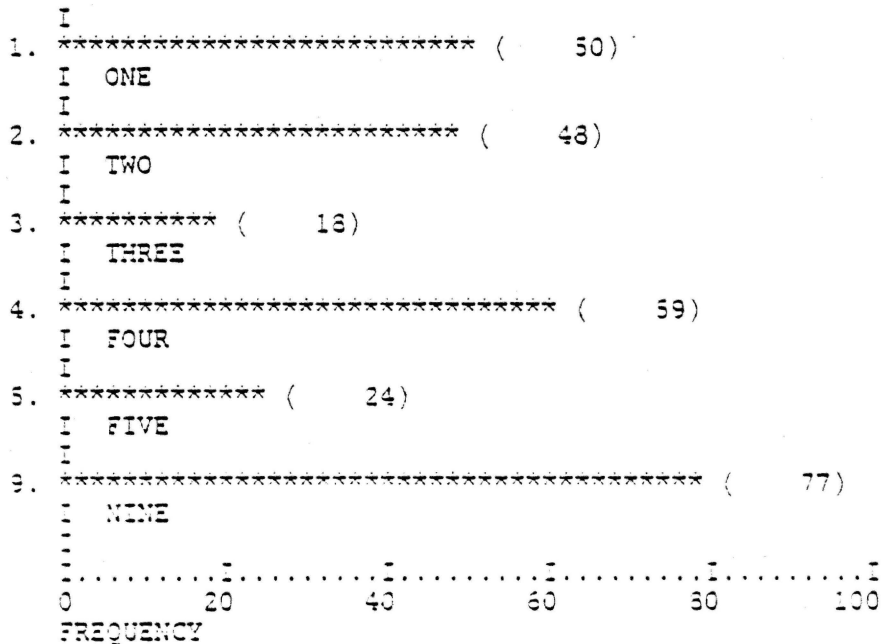
NURSES CONTINUING EDUCATION SURVEY

Q50

PLACE BEHAVIOR

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	50	17.9	18.1	18.1
TWO	2.	48	17.2	17.4	35.5
THREE	3.	18	6.5	6.5	42.0
FOUR	4.	59	21.1	21.4	63.4
FIVE	5.	24	8.6	8.7	72.1
NINE	9.	77	27.6	27.9	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE



VALID CASES

276

MISSING CASES

3

NURSES CONTINUING EDUCATION SURVEY

Q51

WHO DECIDES

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	145	52.0	52.7	52.7
TWO	2.	12	4.3	4.4	57.1
THREE	3.	39	14.0	14.2	71.3
FOUR	4.	1	0.4	0.4	71.6
NINE	9.	78	28.0	28.4	100.0
MISSING	0.	4	1.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 145)
I ONE
I
2. **** ( 12)
I TWO
I
3. ***** ( 39)
I THREE
I
4. * ( 1)
I FOUR
I
9. ***** ( 78)
I NINE
I
I.....I.....I.....I.....I.....I
0      40      80      120      160      200
FREQUENCY

```

VALID CASES

275

MISSING CASES

4

NURSES CONTINUING EDUCATION SURVEY

Q52 SENT TO PROGRAM

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	73	26.2	26.4	26.4
TWO	2.	123	44.1	44.6	71.0
NINE	9.	80	28.7	29.0	100.0
MISSING	0.	3	1.1	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 73)
I ONE
I
2. ***** ( 123)
I TWO
I
9. ***** ( 80)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

NURSES CONTINUING EDUCATION SURVEY

Q53

HOW OFTEN SENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	18	6.5	6.5	6.5
TWO	2.	92	33.0	33.5	40.0
THREE	3.	13	4.7	4.7	44.7
FOUR	4.	1	0.4	0.4	45.1
FIVE	5.	1	0.4	0.4	45.5
SIX	6.	1	0.4	0.4	45.8
NINE	9.	149	53.4	54.2	100.0
MISSING	0.	4	1.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 18)
I ONE
I
2. ***** ( 92)
I TWO
I
3. **** ( 13)
I THREE
I
4. * ( 1)
I FOUR
I
5. * ( 1)
I FIVE
I
6. * ( 1)
I SIX
I
9. ***** ( 149)
I NINE
I
I .....I
I 0 40 80 120 160 200
I
I FREQUENCY

```

VALID CASES

275

MISSING CASES

4

NURSES CONTINUING EDUCATION SURVEY

Q54

COST PROGRAM 1

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	78	28.0	29.0	29.0
TWO	2.	28	10.0	10.4	39.4
THREE	3.	17	6.1	6.3	45.7
FOUR	4.	15	5.4	5.6	51.3
FIVE	5.	10	3.6	3.7	55.0
SIX	6.	11	3.9	4.1	59.1
SEVEN	7.	7	2.5	2.6	61.7
EIGHT	8.	24	8.6	8.9	70.6
NINE	9.	79	28.3	29.4	100.0
MISSING	0.	10	3.6	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q54

COST PROGRAM 1

CODE

```

I
1. ***** ( 78)
I ONE
I
2. ***** ( 28)
I TWO
I
3. ***** ( 17)
I THREE
I
4. ***** ( 15)
I FOUR
I
5. ***** ( 10)
I FIVE
I
6. ***** ( 11)
I SIX
I
7. ***** ( 7)
I SEVEN
I
8. ***** ( 24)
I EIGHT
I
9. ***** ( 79)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

```

VALID CASES

269

MISSING CASES

10

NURSES CONTINUING EDUCATION SURVEY

Q55

COST PROGRAM 2

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	86	30.8	31.9	31.9
TWO	2.	29	10.4	10.7	42.6
THREE	3.	12	4.3	4.4	47.0
FOUR	4.	10	3.6	3.7	50.7
FIVE	5.	13	4.7	4.8	55.6
SIX	6.	6	2.2	2.2	57.8
SEVEN	7.	3	1.1	1.1	58.9
EIGHT	8.	8	2.9	3.0	61.9
NINE	9.	103	36.9	38.1	100.0
MISSING	0.	9	3.2	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q55

COST PROGRAM 2

CODE

1. I ***** (36)
I ONE
I
2. I ***** (29)
I TWO
I
3. I ***** (12)
I THREE
I
4. I ***** (10)
I FOUR
I
5. I ***** (13)
I FIVE
I
6. I *** (6)
I SIX
I
7. I ** (3)
I SEVEN
I
8. I *** (3)
I EIGHT
I
9. I ***** (103)
I NINE
I

I.....I.....I.....I.....I.....I.....I
0 40 80 120 160 200
FREQUENCY

VALID CASES

270

MISSING CASES

9

NURSES CONTINUING EDUCATION SURVEY

Q56

COST PROGRAM 3

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	72	25.8	27.1	27.1
TWO	2.	19	6.8	7.1	34.2
THREE	3.	10	3.6	3.8	38.0
FOUR	4.	5	1.8	1.9	39.8
FIVE	5.	5	1.8	1.9	41.7
SIX	6.	7	2.5	2.6	44.4
SEVEN	7.	3	1.1	1.1	45.5
EIGHT	8.	8	2.9	3.0	48.5
NINE	9.	137	49.1	51.5	100.0
MISSING	0.	13	4.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q56

COST PROGRAM 3

CODE

```

I
1. ***** ( 72)
I ONE
I
2. ***** ( 19)
I TWO
I
3. ***** ( 10)
I THREE
I
4. ** ( 5)
I FOUR
I
5. ** ( 5)
I FIVE
I
6. *** ( 7)
I SIX
I
7. ** ( 3)
I SEVEN
I
8. *** ( 8)
I EIGHT
I
9. ***** ( 137)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40        80       120       160       200
FREQUENCY

```

VALID CASES

266

MISSING CASES

13

NURSES CONTINUING EDUCATION SURVEY

Q57 WHO PAID LAST FEE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	75	26.9	27.2	27.2
TWO	2.	103	36.9	37.3	64.5
THREE	3.	10	3.6	3.6	68.1
FOUR	4.	9	3.2	3.3	71.4
NINE	9.	79	28.3	28.6	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 75)
I ONE
I
2. ***** ( 103)
I TWO
I
3. ***** ( 10)
I THREE
I
4. ***** ( 9)
I FOUR
I
9. ***** ( 79)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

NURSES CONTINUING EDUCATION SURVEY

Q58

EMPLOYER PAY PATTERN

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	22	7.9	7.9	7.9
TWO	2.	63	22.6	22.7	30.7
THREE	3.	70	25.1	25.3	56.0
FOUR	4.	25	9.0	9.0	65.0
FIVE	5.	9	3.2	3.2	68.2
SIX	6.	2	0.7	0.7	69.0
SEVEN	7.	7	2.5	2.5	71.5
NINE	9.	79	28.3	28.5	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q58

EMPLOYER PAY PATTERN

CODE

```

I
1. ***** (    22)
I ONE
I
2. ***** (    63)
I TWO
I
3. ***** (    70)
I THREE
I
4. ***** (    25)
I FOUR
I
5. ***** (     9)
I FIVE
I
6. ** (     2)
I SIX
I
7. ***** (     7)
I SEVEN
I
9. ***** (    79)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

```

VALID CASES 277 MISSING CASES 2

NURSES CONTINUING EDUCATION SURVEY

Q59

PAID LEAVE TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	61	21.9	22.1	22.1
TWO	2.	125	44.8	45.3	67.4
THREE	3.	9	3.2	3.3	70.7
FOUR	4.	1	0.4	0.4	71.0
NINE	9.	30	28.7	29.0	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE

```

1. I ***** ( 61)
   I ONE
   I
2. I ***** ( 125)
   I TWO
   I
3. I *** ( 9)
   I THREE
   I
4. I * ( 1)
   I FOUR
   I
9. I ***** ( 30)
   I NINE
   I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

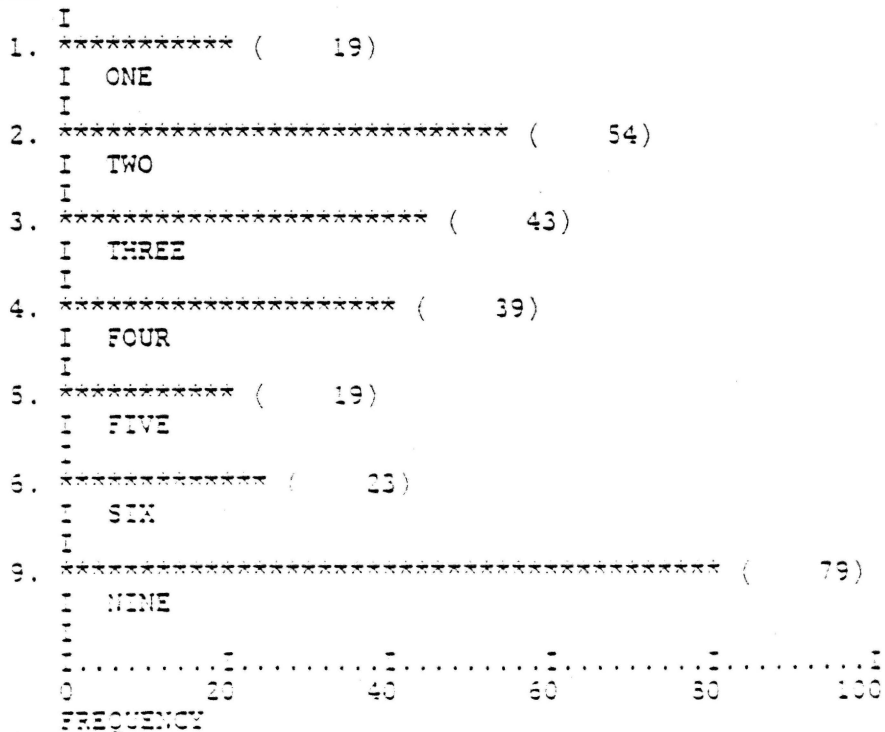
NURSES CONTINUING EDUCATION SURVEY

Q60

DID NOT ATTEND REASON

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	19	6.8	6.9	6.9
TWO	2.	54	19.4	19.6	26.4
THREE	3.	43	15.4	15.6	42.0
FOUR	4.	39	14.0	14.1	56.2
FIVE	5.	19	6.8	6.9	63.0
SIX	6.	23	8.2	8.3	71.4
NINE	9.	79	28.3	28.6	100.0
MISSING	0.	3	1.1	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE



VALID CASES

276

MISSING CASES

3

NURSES CONTINUING EDUCATION SURVEY

Q61 MOST LIKELY CAUSE NOT ATTEND

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	81	29.0	29.2	29.2
TWO	2.	62	22.2	22.4	51.6
THREE	3.	10	3.6	3.6	55.2
FOUR	4.	24	8.6	8.7	63.9
FIVE	5.	33	11.8	11.9	75.8
SIX	6.	24	8.6	8.7	84.5
SEVEN	7.	13	4.7	4.7	89.2
EIGHT	8.	10	3.6	3.6	92.8
NINE	9.	20	7.2	7.2	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q61 MOST LIKELY CAUSE NOT ATTEND

CODE

```

I
1. ***** ( 81)
I ONE
I
2. ***** ( 62)
I TWO
I
3. ***** ( 10)
I THREE
I
4. ***** ( 24)
I FOUR
I
5. ***** ( 33)
I FIVE
I
6. ***** ( 24)
I SIX
I
7. ***** ( 13)
I SEVEN
I
8. ***** ( 10)
I EIGHT
I
9. ***** ( 20)
I NINE
I
I.....I.....I.....I.....I.....I
0          20          40          60          80          100
FREQUENCY

```

VALID CASES 277 MISSING CASES 2

NURSES CONTINUING EDUCATION SURVEY

Q62

CURRENTLY LICENSED

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	49	17.6	17.9	17.9
TWO	2.	47	16.8	17.2	35.2
THREE	3.	128	45.9	46.9	82.1
FOUR	4.	12	4.3	4.4	86.4
FIVE	5.	20	7.2	7.3	93.8
SIX	6.	6	2.2	2.2	96.0
SEVEN	7.	7	2.5	2.6	98.5
EIGHT	8.	2	0.7	0.7	99.3
NINE	9.	2	0.7	0.7	100.0
MISSING	0.	6	2.2	MISSING	100.0
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q62

CURRENTLY LICENSED

CODE

```

I
1. ***** ( 49)
I ONE
I
2. ***** ( 47)
I TWO
I
3. ***** ( 128)
I THREE
I
4. **** ( 12)
I FOUR
I
5. ***** ( 20)
I FIVE
I
6. *** ( 6)
I SIX
I
7. *** ( 7)
I SEVEN
I
8. ** ( 2)
I EIGHT
I
9. ** ( 2)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

273

MISSING CASES

6

NURSES CONTINUING EDUCATION SURVEY

Q63 CURRENT MARITAL STATUS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	22	7.9	7.9	7.9
TWO	2.	210	75.3	75.3	83.2
THREE	3.	47	16.8	16.8	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

I
1. *** (22)

I ONE

I
2. ***** (210)

I TWO

I
3. ***** (47)

I THREE

I

I.....I.....I.....I.....I.....I.....I

0 100 200 300 400 500

FREQUENCY

VALID CASES 279 MISSING CASES 0

NURSES CONTINUING EDUCATION SURVEY

Q64

DEPENDENTS

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	108	38.7	38.7	38.7
TWO	2.	170	60.9	60.9	99.6
NINE	9.	1	0.4	0.4	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

CODE

```

1. ***** ( 108)
   I ONE
   I
2. ***** ( 170)
   I TWO
   I
9. * ( 1)
   I NINE
   I
   I.....I.....I.....I.....I.....I
   0         40        80       120       160       200
   FREQUENCY

```

VALID CASES

279

MISSING CASES

0

NURSES CONTINUING EDUCATION SURVEY

Q65

RESPONSIBILITY TIME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	9	3.2	3.2	3.2
TWO	2.	5	1.8	1.8	5.1
THREE	3.	38	13.6	13.7	18.8
FOUR	4.	26	9.3	9.4	28.2
FIVE	5.	26	9.3	9.4	37.5
SIX	6.	12	4.3	4.3	41.9
SEVEN	7.	12	4.3	4.3	46.2
EIGHT	8.	41	14.7	14.8	61.0
NINE	9.	108	38.7	39.0	100.0
MISSING	0.	2	0.7	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q65

RESPONSIBILITY TIME

CODE

```

I
1. *** (    9)
I ONE
I
2. ** (    5)
I TWO
I
3. ***** (   38)
I THREE
I
4. ***** (   26)
I FOUR
I
5. ***** (   26)
I FIVE
I
6. **** (   12)
I SIX
I
7. **** (   12)
I SEVEN
I
8. ***** (   41)
I EIGHT
I
9. ***** (  108)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

277

MISSING CASES

2

NURSES CONTINUING EDUCATION SURVEY

Q66

BASIC ED. PREP.

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	32	11.5	11.5	11.5
TWO	2.	170	60.9	60.9	72.4
THREE	3.	75	26.9	26.9	99.3
FIVE	5.	1	0.4	0.4	99.6
EIGHT	8.	1	0.4	0.4	100.0
	TOTAL	279	100.0	100.0	

CODE

```

I
1. ***** ( 32)
I ONE
I
2. ***** ( 170)
I TWO
I
3. ***** ( 75)
I THREE
I
5. * ( 1)
I FIVE
I
8. * ( 1)
I EIGHT
I
I.....I.....I.....I.....I.....I
0         40        80       120      160       200
FREQUENCY

```

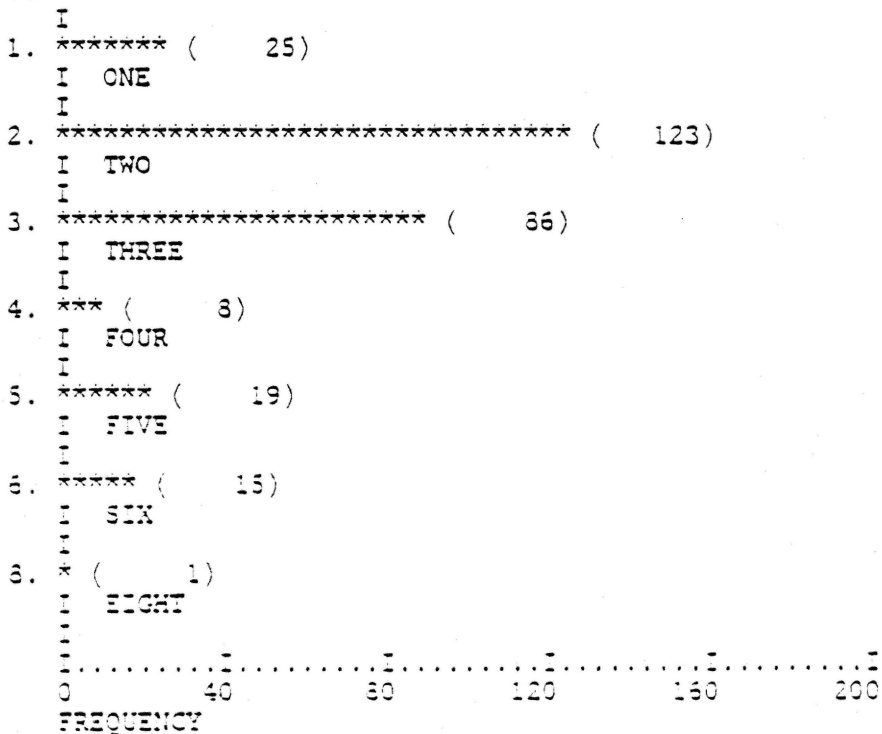
VALID CASES 279 MISSING CASES 0

NURSES CONTINUING EDUCATION SURVEY

Q67 HIGHEST ACADEMIC PREP.

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	25	9.0	9.0	9.0
TWO	2.	123	44.1	44.4	53.4
THREE	3.	86	30.8	31.0	84.5
FOUR	4.	8	2.9	2.9	87.4
FIVE	5.	19	6.8	6.9	94.2
SIX	6.	15	5.4	5.4	99.6
EIGHT	8.	1	0.4	0.4	100.0
MISSING	0.	2	0.7	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE



VALID CASES

277

MISSING CASES

2

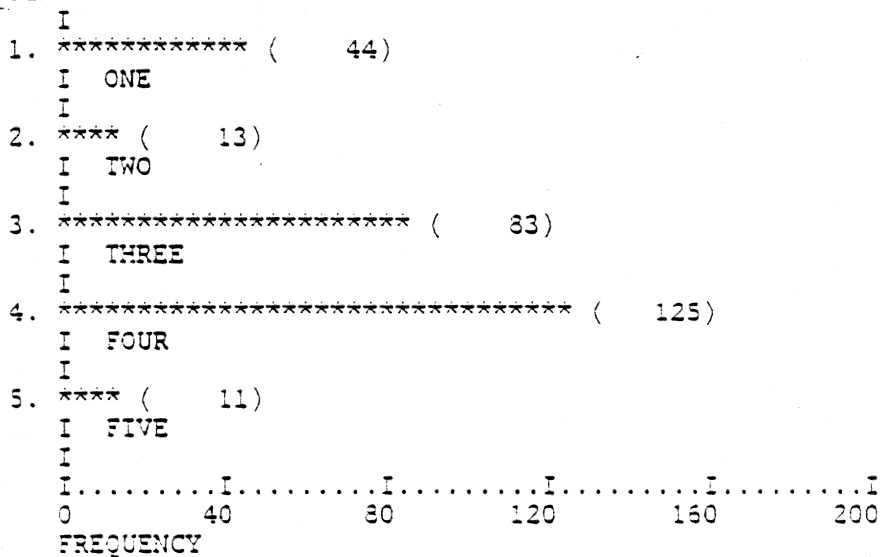
NURSES CONTINUING EDUCATION SURVEY

Q68

WORKING

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	44	15.8	15.9	15.9
TWO	2.	13	4.7	4.7	20.7
THREE	3.	83	29.7	30.1	50.7
FOUR	4.	125	44.8	45.3	96.0
FIVE	5.	11	3.9	4.0	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

CODE



VALID CASES	276	MISSING CASES	3
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NURSES CONTINUING EDUCATION SURVEY

Q69

PLACE OF EMPLOYMENT

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	137	49.1	49.6	49.6
TWO	2.	7	2.5	2.5	52.2
THREE	3.	12	4.3	4.3	56.5
FOUR	4.	22	7.9	8.0	64.5
FIVE	5.	3	1.1	1.1	65.6
SIX	6.	3	1.1	1.1	66.7
SEVEN	7.	32	11.5	11.6	78.3
NINE	9.	60	21.5	21.7	100.0
MISSING	0.	3	1.1	MISSING	100.0
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q69

PLACE OF EMPLOYMENT

CODE

```

I
1. ***** ( 137)
I ONE
I
2. *** ( 7)
I TWO
I
3. **** ( 12)
I THREE
I
4. ***** ( 22)
I FOUR
I
5. ** ( 3)
I FIVE
I
6. ** ( 3)
I SIX
I
7. ***** ( 32)
I SEVEN
I
9. ***** ( 60)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0      40      80     120     160     200
FREQUENCY

```

VALID CASES

276

MISSING CASES

3

NURSES CONTINUING EDUCATION SURVEY

Q70

MAJOR PRACTICE AREA

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	70	25.1	25.4	25.4
TWO	2.	22	7.9	8.0	33.3
THREE	3.	35	12.5	12.7	46.0
FOUR	4.	10	3.6	3.6	49.6
FIVE	5.	8	2.9	2.9	52.5
SIX	6.	8	2.9	2.9	55.4
SEVEN	7.	24	8.6	8.7	64.1
EIGHT	8.	47	16.8	17.0	81.2
NINE	9.	52	18.6	18.3	100.0
MISSING	0.	3	1.1	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q70

MAJOR PRACTICE AREA

CODE

```

I
1. ***** ( 70)
I ONE
I
2. ***** ( 22)
I TWO
I
3. ***** ( 35)
I THREE
I
4. ***** ( 10)
I FOUR
I
5. ***** ( 8)
I FIVE
I
6. ***** ( 8)
I SIX
I
7. ***** ( 24)
I SEVEN
I
8. ***** ( 47)
I EIGHT
I
9. ***** ( 52)
I NINE
I
I.....I.....I.....I.....I.....I.....I
0      20      40      60      80      100
FREQUENCY

```

VALID CASES 276 MISSING CASES 3

NURSES CONTINUING EDUCATION SURVEY

Q71

CURRENT POSITION

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	112	40.1	40.3	40.3
TWO	2.	22	7.9	7.9	48.2
THREE	3.	15	5.4	5.4	53.6
FOUR	4.	11	3.9	4.0	57.6
FIVE	5.	9	3.2	3.2	60.8
SIX	6.	3	1.1	1.1	61.9
SEVEN	7.	6	2.2	2.2	64.0
EIGHT	8.	3	1.1	1.1	65.1
NINE	9.	97	34.8	34.9	100.0
MISSING	0.	1	0.4	MISSING	100.0
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q71

CURRENT POSITION

CODE

```

I
1. ***** ( 112)
I ONE
I
2. ***** ( 22)
I TWO
I
3. ***** ( 15)
I THREE
I
4. ***** ( 11)
I FOUR
I
5. *** ( 9)
I FIVE
I
6. ** ( 3)
I SIX
I
7. *** ( 6)
I SEVEN
I
8. ** ( 3)
I EIGHT
I
9. ***** ( 97)
I NINE
I
I.....I.....I.....I.....I.....I
0         40         80        120        160        200
FREQUENCY

```

VALID CASES

278

MISSING CASES

1

NURSES CONTINUING EDUCATION SURVEY

Q72 TOTAL FAMILY INCOME

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	2	0.7	0.7	0.7
TWO	2.	12	4.3	4.3	5.0
THREE	3.	11	3.9	4.0	9.0
FOUR	4.	34	12.2	12.2	21.2
FIVE	5.	29	10.4	10.4	31.7
SIX	6.	32	11.5	11.5	43.2
SEVEN	7.	25	9.0	9.0	52.2
EIGHT	8.	94	33.7	33.8	66.0
NINE	9.	39	14.0	14.0	100.0
MISSING	0.	1	0.4	MISSING	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q72 TOTAL FAMILY INCOME

CODE

```

I
1. ** (      2)
I ONE
I
2. ***** (    12)
I TWO
I
3. ***** (    11)
I THREE
I
4. ***** (    34)
I FOUR
I
5. ***** (    29)
I FIVE
I
6. ***** (    32)
I SIX
I
7. ***** (    25)
I SEVEN
I
8. ***** (    94)
I EIGHT
I
9. ***** (    39)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

```

VALID CASES 278 MISSING CASES 1

NURSES CONTINUING EDUCATION SURVEY

Q73

AGE

CATEGORY LABEL	CODE	ABSOLUTE FREQ	RELATIVE FREQ (PCT)	ADJUSTED FREQ (PCT)	CUM FREQ (PCT)
ONE	1.	8	2.9	2.9	2.9
TWO	2.	49	17.6	17.6	20.4
THREE	3.	59	21.1	21.1	41.6
FOUR	4.	73	26.2	26.2	67.7
FIVE	5.	38	13.6	13.6	81.4
SIX	6.	25	9.0	9.0	90.3
SEVEN	7.	17	6.1	6.1	96.4
EIGHT	8.	9	3.2	3.2	99.6
NINE	9.	1	0.4	0.4	100.0
		-----	-----	-----	
	TOTAL	279	100.0	100.0	

NURSES CONTINUING EDUCATION SURVEY

Q73

AGE

CODE

```

I
1. ***** (      8)
I ONE
I
2. ***** (      49)
I TWO
I
3. ***** (      59)
I THREE
I
4. ***** (      73)
I FOUR
I
5. ***** (      38)
I FIVE
I
6. ***** (      25)
I SIX
I
7. ***** (      17)
I SEVEN
I
8. ***** (       9)
I EIGHT
I
9. ** (       1)
I NINE
I
I.....I.....I.....I.....I.....I
0      20      40      60      80     100
FREQUENCY

```

VALID CASES 279 MISSING CASES 0

Appendix C

Nurse reviewers of
survey instrument

Nurse Reviewers of Survey Instrument

Associate Professor and
Director of Continuing Education
School of Nursing
Adelphi University
Garden City, New York

Associate Professor and
Director of Continuing Education
College of Nursing
University of Pennsylvania
Philadelphia, Pennsylvania

Director of Education and Research
Sigma Theta Tau
Indianapolis, Indiana

Associate Dean and Associate Professor
School of Nursing
Texas Tech University Health Sciences Center
Lubbock, Texas

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