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Registered Nurses as Adult Learners

by

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Introduction to Paper Folio

Trow (1973) pointed out that greater student diversity is accompanied by a trend towards an evolving social and political consciousness. Through this diversity, distinctive needs and experiences increase in number and then gain a collective identity that enables students to articulate their concerns and call for appropriate responses. One such group is the population of adult learners that has become a significant voice in our post-secondary educational system. One reason for the growth of this student population is the fact that we now have more adults in our population that ever before. The population of baby boomers has now become adults and form a group that are more educated than their parents (Foot, 1996).

As society heads towards the twenty-first century we are more aware than ever that we are heading into an information age. There is a knowledge explosion and we are coming to accept the fact that knowledge we have acquired in the past is very quickly becoming obsolete. As a result, education becomes a lifelong experience. The greater diversity in the age of adult learners can be attributed to many factors, particularly the growing numbers of women returning to the workforce (often after some years devoted to child rearing). Another factor is the increased educational needs of workers, whether for entry-level jobs, job retraining, or advancement and job change. The latter part of the last century saw the evolution of technology at such a rapid pace that we must be constantly learning in order to keep up with the most recent changes (Merriam & Caffarella, 1999).

As the population of adult learners increases we need to recognize the diversity of the students that are part of this population. Whereas the early part of the century needed

few background characteristics to describe the typical student, the 1990's recognized many distinctions. They include: older and traditional age; Asian American, Hispanic, African American, and Native American; men and women; gay, lesbian, and bisexual; full-time and part-time; commuter and residential (El-Khawas, 1996). Many of these students may meet the criteria described by Cross (1981) which describe them as adult learners, including both personal and situational characteristics. However, each cohort has distinctive needs that have to be met if they are to experience a positive educational experience. If the educator is aware of such needs, he or she will be better able to incorporate them into the learning experience.

The field of adult education is relatively new so we are still striving to build a broad theoretical base from which to base our practice. As more and more adult educators are prepared at the graduate level we can expect to see more research based on theory. Until then, we must be content to draw on theories developed by such writers in the field as Patricia Cross (1981), Malcolm Knowles (1980), and Allen Tough (1979). An understanding of the theoretical background of a profession is essential if we are to comprehend the reason adults learn and how programs have to be developed in order to address specific needs of different groups. My first paper looks at theory development in the field to date and how adult educators have used this theory in order to develop programs that will meet the needs of their diverse student population. It looks at the evolution of theory from that of a behaviorist orientation to a more humanistic orientation that involves the student participating in the learning experience.

Some of the salient characteristics of the student population have been listed in

order that the diversity of the population can be recognized. Each has its own distinctive characteristics that should be recognized and brought into the learning environment. I decided to take one of the cohorts as the focus on in my second paper. This paper analyzes women in education and the factors that have contributed to their numerical growth in our post secondary systems. They are compared with other adult learners and feminist pedagogy and its influence on the development of programs for this group is analyzed. Finally, I introduce a specific group of female adult learners, registered nurses. Historically, many professions have been predominately male or female. Although this is changing as more and more students decide on more non-traditional roles, we have a long way to go before we see an equal distribution of males and females in these jobs. One profession that has remained predominately female orientated is the profession of nursing. In fact 96% of the 227,830 nurses employed in Canada in 1996 were female (CNA, 1997). I will look at feminist pedagogy in nursing education and its implications for practice.

The third paper focuses on primary research that was conducted by me in 1994. Twenty-six registered nurses responded to a survey conducted in a small hospital in St. John's. The purpose of the survey was to identify motivating factors and impediments that would affect a registered nurse's decision to participate in continuing education programs after she had graduated from a diploma program in nursing. My interest in the profession is personal as I have trained in nursing and worked in the profession for a number of years. In reviewing statistics obtained from the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), I was shocked to learn that, in 1996-

97, only 17% of nurses practicing in Newfoundland, were prepared at baccalaureate level. Even more startling was the fact that the average across Canada was only 18.1% (Statistics Canada, 1994). I questioned why this was the case and undertook the research to investigate the issue. My findings are compared with similar studies that have been conducted throughout North America and findings are discussed as they relate to adult learning principles. Many of the issues identified were common to women in education and adult learners in general. Finally, I looked at registered nurses as female adult learners and tried to show how programs geared to the specific needs of this group could motivate nurses to pursue continuing education

In conclusion, I made some recommendations for implementation based on adult learning principles that would encourage nurses to pursue education in greater numbers that what we are seeing now.

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Paper # 1

Theory Building in Adult Education

Introduction

A factor common to all adult education agencies and programs is the fact that they all deal with adults in learning situations. Merriam (1987) says that this accounts for the reason why there has been more theory building in adult learning than in other areas of education. Aside from the fact that all deal with adults in learning situations, the factor that differentiates adult education from other areas of education is the adult learner. Do they learn differently than children? Should the educational program be presented differently to this cohort of learners? What factors influence their decision to participate in learning activities? Finally, how can we as educators use our knowledge of adult learners to guide the process and provide the best possible educational experience for this group of learners?

Merriam and Caffarella (1991) explain that learning as a process (rather that an end product) focuses on what happens when learning takes place. "Explanation of what happens are called learning theories" (p.125). It is essential that we, as a profession, have a theoretical base from which we can draw when we attempt to develop programs geared to a specific group of students – in this case, adult learners. Although we have a long way to go towards complete theory development in adult education, there has been slow and steady progress in this area. We have evolved from a behaviorist orientation to that of a more holistic view which sees the learner in the context of the learning situation. The following is an analysis of the evolution of adult education theory since the 1950's with a description of some of the more prominent theories and how they are used to develop educational programs to fit the needs of adult learners.

The Importance of Adult Learning Theory

How does one define "theory"? Many definitions have been put forth which led

Knowles to deduce that "a theory is what a given author says it is" (Knowles &

Associates, 1984, p.5). However, consistent with many definitions are the sentiments

that there is a set of interrelated ideas, principles, or concepts that explain some

phenomena. Merriam (1987) elaborates on the thoughts of some writers as to what they

feel should be included in a theory of adult learning. Hartree (1984) describes a three-

dimensional theory that includes how adults learn, what they learn, when it is distinctive,

and why they learn. Jensen (1957), in an earlier but still relevant work, says that theory

should be applicable to the problems of practice, be able to be internalized by the

practitioner, be based on empirical findings, and be revised from time to time. Other

issues such as practicality, understanding and universality are essential elements to be

looked at in theory building.

All of the theories reviewed here tend to focus on adult learning and will use the

broad definition of a theory of adult learning as a set of interrelated principles that enable

us to explain how adults learn. Merriam and Caffarella (1991) carry it a step further and

postulate that "if we understand how adults learn we should be able to predict when and

how learning will take place, and as practitioners, arrange for its occurrence" (p.189).

These definitions take into account the learner, the learning process, and the context of

the situation. All should be considered when developing a complete theory of adult

learning. It is important to note that it would be very difficult to come up with a single

perspective that provides us with a comprehensive picture of adult learning.

Many have questioned the need for adult learning theory in the field. Courtney

(1986) argues that because "adult education is principally a species of moral and social

intervention rather than a science, it cannot be expected to generate theory" (p.162).

Others have argued to the contrary. Cross (1981) states that "the systematic accumulation

of knowledge is essential for progress in any profession" (p.110). Kidd (1973) observes

that a theory of adult learning would "(1) provide a guide for developing curricula and

selecting methods and teaching styles; (2) offer hypotheses for research; and (3) establish

criteria for evaluation" (p.188). In any case, it is difficult for any one person to hold

simultaneously in his or her understanding all the aspects of what he or she is interested

in – for example all the stages of adult development or all the motivating factors that

affect adult learning. This is why people turn to theory--both formal and informal--to

make the many complex facets of experience manageable, understandable, meaningful,

and consistent rather than random. Once we are equipped with knowledge about our

practice, we can attempt to transform it in a way that best accommodates the needs of the

learner.

Just as we cannot pinpoint any single theory that explains human learning in

general, there is no single theory of adult learning. Kidd (1973) predicted that "no such

magical or scientific theory is likely to arise or be formulated" (p.188). Brookfield

(1986) compares the search to the quest for the Holy Grail, and Cross (1981) contends

that there will be not one but "many theories useful in improving our understanding of

adults as learners" (p.112). One reason for the lack of theory development may be

related to the field's non-scientific nature. Other reasons include the enormous diversity

of the learning situations, its multidisciplinary nature, the marketplace orientation, the lack of researchers compared to practitioners, and "the lack of desire or perceived need for theory" (Cross, 1981, p.221). If a strong theoretical base from which we can draw is not developed, we are left to pursue our own interests and lines of inquiry. Studies that will build on each other will fail to develop and we will be left floundering. In reviewing specific theories, we must be cognizant of the fact that theory, whether empirical or rational, is developed through the lenses, or perspectives, of those who create or describe it. Thus theory is not objective, as is frequently claimed, but evolves from the subjectivity of the theorists or researchers. Theory is a constantly evolving, dynamic process that can change with shifts in paradigms.

Historical Perspective of Adult Education Theories

Taylor (1982) has described adult education as a "rather unusual-even unique field". The theories, philosophies and practices that underlie youth education are viewed in a different perspective when applied to the field of adult education. During the early years, adult educators attempted to measure changes that occur during adulthood as it related to memory, intelligence, and cognition. Many models of intelligence were developed including Cattell's (1963,1987) theory of fluid and crystallized intelligence and Gardner's (1983) theory of multiple intelligences. Recent writers such as Knowles (1980), Cross (1981), and McClusky (1973) expanded the focus to include the context in which learning took place and the life experience of the learner. As adult educators attempted to separate their field from other forms of education they moved away from drawing on psychological research to trying to establish a theoretical base from which

research in their field could evolve. This research and theory building has taken many directions, such as reasons for participation (Houle, 1961), how learning ability changes with age (Schaie & Willis, 1986), and the self-directed nature of adult education (Knowles, 1975; Tough, 1979). Others have tried to differentiate between learning of adults from that of children (Knowles, 1980).

In order to build a theoretical base about a field of practice one must accumulate information about that field and try and use this information to explain some aspect of practice. The 1950's and 1960's focused on behaviorism when trying to understand how people learn. The primary theorists included John B Watson, Edward Thorndike, Ivan Pavlov, and B. F Skinner. Through the work of these theorists we can trace the evolution of the behaviorist orientation. Watson, in the early part of the twentieth century, is credited with the founding of this orientation. The basic underlying assumptions include a focus on observable behavior rather than on thought processes and the feeling that the environment shapes one's behavior. The principles of contiguity (how closely two events must occur before a bond is formed) and reinforcement (something which increases the likelihood that the desired response be repeated) are also key issues (Merriam & Caffarella, 1991).

Edward Thorndike is best remembered for his work on what has been named connectionism, or the S-R theory of learning (Merriam & Caffarella, 1991). He recognized certain connections between stimuli (S) and subsequent behavior or responses (R), which would be strengthened or weakened by consequences of behavior. He formulated three laws of learning to illustrate his findings. The first, the Law of Effect,

declares that a learner will attain and remember responses that will lead to desired effects. The Law of Exercise declares that substantial learning will result from a meaningful connection. Finally, the Law of Readiness states that if a learner is ready for the connection, learning is enhanced; if not, learning is inhibited. Ivan Pavlov, one of his contemporaries, added the concepts of reinforcement, conditioned stimulus, and extinction to the stimulus-response notion.

Skinner's major contribution was in the concept of operant conditioning. This concept is understood as "reinforce what you want the individual to do again; ignore what you want the individual to stop doing" (Grippen & Peters, 1984, p.65). The premise is that if a behavior is rewarded or reinforced, the chances that it will reoccur are good. If behavior is not reinforced it will likely disappear. His research focused on positive and negative reinforcement schedules, the timing of reinforcements, and avoidance behavior.

In the behaviorist orientation very little emphasis is placed on the internal, mental, emotional or motivational activity of the learner. Instead the theorists assume that the "teacher" manages learning from outside the learner. The teacher is aware of which stimuli elicit the desired response and which reinforcers are most appropriate to encourage the further use of the response. The value of this approach is seen when it is used to teach someone a physical or cognitive skill. The model encourages educators to think in greater detail how their teaching affects the student and how appropriate reinforcement will affect learner behavior. The drawback to using this approach in isolation is that we may end up using a transmission form of teaching where we do not elicit feedback from the student other than the desired response. Educational practices

that have followed this orientation include the use of exams to measure the success of the teaching/learning process, computer-assisted instruction, and competency-based instruction.

Cognitive theorists such as Wolfgang Kohler, Kurt Lewin, and Jean Piaget challenged the behaviorists when they focused on the internal mental processes that are in the control of the learner. This was a shift from the behaviorist view that saw the locus of control over the learning situation within the environment. These theorists saw the control within the individual learner. According to cognitivists, "The human mind is not simply a passive exchange-terminal system where the stimuli arrive and the appropriate response leaves. Rather, the thinking person interprets sensations and gives meaning to the events that impinge upon his consciousness" (Grippen & Peters, 1984, p. 76). They propose that the locus of control rests with the learner rather than the teacher. Learning involves reorganizing experiences so that the person can make sense of stimuli in the environment. A problem is viewed from a number of different perspectives. Once insight is gained, older experiences are rearranged to make sense of the new situation. Internal mental processes that are associated with learning are the focus. The educator directs the learners' attention to the pertinent information and trains the learner through instruction and practice. This approach helps the educator to appreciate the complexity of mental processes and to become attuned to how the learner is processing information. This approach has been used in education dealing with research on memory, computer simulations, artificial intelligence, and learning through discovery.

The humanistic orientation tends to focus on the whole person. The most notable

of these theorists include Abraham Maslow (Hierarchy of Needs) and Carl Rogers.

Maslow (1970) is considered to be the founder of humanistic psychology. Adult

educators in the development of programs have used his theory of human motivation,

based on a hierarchy of needs, for adult learners. The lower level of the hierarchy lists

the basic needs such as food, water, and safety. These needs must be met if the learner is

to progress to the higher level needs. The highest level is self-actualization in which the

learner has reached the highest level that he is capable of reaching.

Carl Rogers (1983) is notable in that he is concerned with significant learning that

leads to personal growth and development. His client-centered therapy is often equated

with student-centered learning. The characteristics of learning, in his view, include

personal involvement, self-initiated learning, pervasive learning, evaluation by the

learner, and incorporating the essence of learning into the total experience. In contrast to

the behaviorists that measure learning through observable behaviors shaped by

environmental forces, and the cognitivists who dwell on the mental processing of

information, humanist theorists consider learning from the perspective of the human

potential for growth. Their belief is that motivation to learn is intrinsic and learning is

considered from the perspective of human potential for growth. Learning, to them,

involves the interactions of body, mind, and spirit, as well as cognitive, motor and

affective components. The individual needs of the learner and the uniqueness of each

individual are the focus. Learners are involved in the learning by contributing to the

planning, designing and implementation of the learning experience. This orientation is a

shift from the prior two with their emphasis on achievement levels and extrinsic rewards.

Now the feelings and needs of the learner are at the forefront. This orientation would not work well in large group settings or when trying to teach a cognitive skill. It has been utilized in self-directed learning approaches and in student-centered learning.

Theorists such as Malcolm Knowles (1973) and Patricia Cross (1981) took a different perspective about the nature of learning. According to Feuer and Geber (1988) "by 1970 many trainers and post-secondary educators had had their fill of B. F. Skinner and the whole behaviorist mindset"(p.32). Although the benefits of this orientation were recognized in corporate training, they were ready for a more humanistic, learner-centered approach to the teaching of adults. Their work contributed to the shift in educational thought away from behaviorism towards an awareness that learning in adulthood involves consideration of experience, personal history, and social and cultural contexts. It is from this viewpoint that many of our programs for adult learners are designed today.

Theories of Motivation That Affect Adult Learners

Another important consideration in adult education is human motivation. Many theories underlie human motivation such as Lewin's (1947) force field analysis , Skinner's (1957) stimulus response theory, and Maslow's (1970) Hierarchy of Needs. Taylor (1982) reviewed these theories as they relate to adult education and, according to him, "each of these contributes important factors which, when viewed with the contributed factors of other theories, provides a fairly accurate portrayal of human motivation – what makes us do the things we do" (p. 8).

Kurt Lewin (1947) developed the force field analysis theory. His views were in contrast to the behaviorist view that focused on overt behavior as the measure of learning.

His perception was that an individual is a heterogeneous being – that is, made up of intercommunicating and interdependent parts (Hall & Lindzey, 1970, p. 215). This human system consists of energy, tension and need. In a state of disequilibrium tension is produced, and energy is released to try and return it to a comfortable state. Any situation consists of both driving (positive) forces and restraining (negative) forces. Equilibrium is reached when the mathematical "sum of the driving forces equals the sum of the restraining forces" (Hersey & Blanchard,1993, p. 150). If an adult wishes to enroll in a university course but feels overwhelmed, he needs to balance out the positive and negative forces that are working in this given situation. A state of equilibrium is reached when these forces are balanced. Often if the positive forces outweigh the negative, they will be likely to participate in a learning experience (see Figure 1).

Figure 1: Predicting Participation

Driving Forces (+ forces)			**Restraining Forces (- forces)**
Pay Raise	→	←	Expensive Courses
Adult Education Classes	→	←	"Too old"
Distance Education Courses	→	←	Child Care Issues
Support from Employer	→		
Family Support	→		

In utilizing this theory the adult educator must be able to stimulate the driving force needed for adults to learn. If the learning experience is positive, fulfillment is reached and the needs are met. This fulfillment acts as a restraining force which will bring about the sought after sense of equilibrium. If an adult seeks recognition (driving

force) it may be satisfied in the form of a certificate, diploma, or degree. Awareness of

this theory should assist the adult educator in designing educational programs that foster a

sense of satisfaction in the adult learner.

Skinner's (1957) reinforcement theory assumes that human behavior is orderly

and predictable. His research showed that learning could be described in terms of

observable behavior. Once the behavior has been learned, a positive stimulus given after

a response will increase the probability of the response occurring again (see Figure 2).

Effective adult education programs use the principle that adults should receive

reinforcement in the form of positive feedback or verbal recognition. Other implications

arising from this theory include the reinforcement of every desired response in the early

stages of learning, the elimination of undesired responses by withholding reinforcement,

and the avoidance of the use of adverse stimuli.

Figure 2: Skinner's Reinforcement Theory

Stimulus ⟶ Correct Response ⟶ Reinforcement ⟶↑chance of behavior reoccurring

Maslow's (1970) Hierarchy of Needs presume that the basic needs such as hunger,

thirst, and safety need to be satisfied before we can aspire to self-actualization which is

the apex of the hierarchy. If the basic needs are not satisfied, they will overpower the

other needs and the adult will not progress. Self-actualization is the realization of a

person's maximum potential and it is here that adult educators can aspire to lead an adult

learner. Implications of this theory for the adult educator start at the lower end of the

hierarchy and include the provision of safety needs such as an Occupational Health and

Safety workshop. As the learner moves up the hierarchy, the needs change to those with a

more psychological focus such as developing confidence and feeling that they belong.

The ultimate goal would be to lead the learner towards the highest potential to which he

is capable (see figure 3).

Figure 3: Maslow's Hierarchy of Needs

<div align="center">

Self-
Actualization

⇑

Ego Needs

⇑

Social Needs

⇑

Safety Needs

⇑

Physiological Needs

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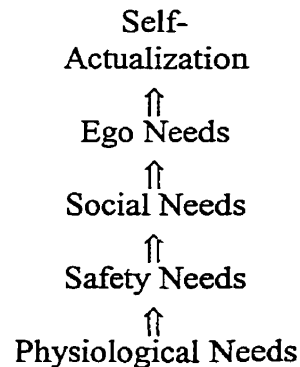
Recent Theory Building and Implications for Adult Education

Merriam and Caffarella (1991) divided adult education theories into three

categories. They include those based on adult characteristics, adult life situations, or

changes in consciousness. Through these theories, we can trace the evolution of adult

learning from a focus on the student, where the remnants of the behaviorist approach

linger, toward an approach that uses a more holistic view which involves the student, the

context in which he learns, and the whole learning experience.

In 1996 Dwight Hutchens, while a student in an on campus class at Memorial,

presented a framework which he labeled HALT (House of Adult Learning Theories). It

was presented as a method of illustrating the different categories of adult learning

theories and how they are related. The lower floors of the house represent theories based

on adult learner characteristics, the middle floors represent adult life situations, and the

upper floors represent changes in consciousness. The HALT very adequately represents

the different levels of theory development. The following diagram represents HALT.

Changes in Consciousness
Mezirow   Friere

Adult Life Situations
McClusky   Knox   Jarvis

Learner Characteristics
Knowles   Cross
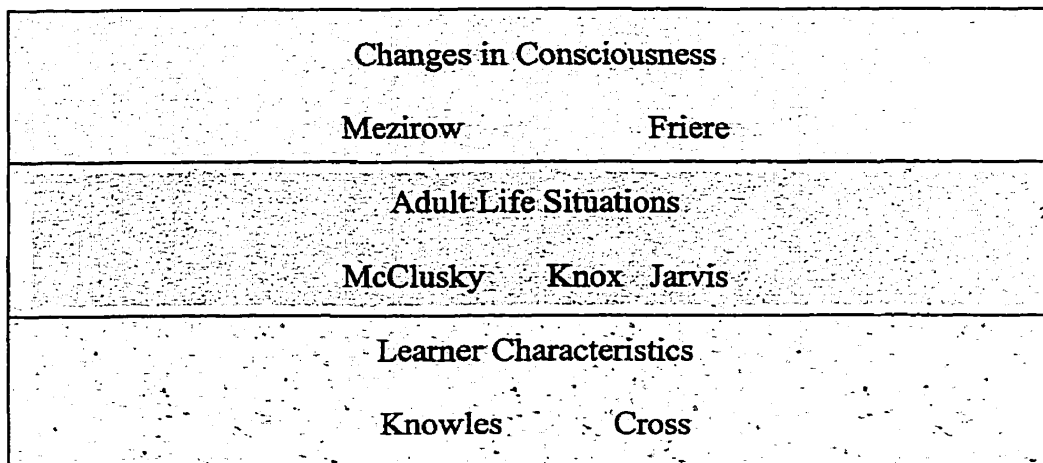
Source: Dwight Hutchens, 2000.

Considering the range encompassed in these theories from that of a micro-view of the

individual through to a change in consciousness, we can see how this framework can be

very useful. The leading theories under these headings have been criticized widely.

Many have withstood the criticism and are used widely in the development of programs

for adult learners.

Theories Based on Adult Characteristics

Knowles Theory of Andragogy

By far the best-known theory of adult learning is Malcolm Knowles' theory of

andragogy. Andragogy, "the art and science of helping adults learn" was contrasted with

pedagogy, the art and science of helping children learn (Knowles, 1980, p. 43). His

initial stance assumed that adults and children learned differently. This "model of

assumptions", as identified by Knowles, is based on five humanistic assumptions: (1) as a

person matures, his or her self-concept moves from that of a dependent personality

toward one of a self-directing human being; (2) an adult accumulates a growing reservoir of experience, which is a rich resource for learning; (3) the readiness of an adult to learn is closely related to the developmental task of his or her social role; (4) there is a change in time perspective as people mature-from future application of knowledge to immediacy of application, thus an adult is more problem-centered than subject-centered in learning; and (5) adults are motivated to learn by internal factors rather than external ones (Knowles, 1980 p. 44-45).

The critical analysis and criticism of this theory has been substantial. One of the major criticisms was Knowles' original inference that andragogy and pedagogy were separate entities. He later modified his position from that of separate entities to the belief that pedagogy-andragogy represents a continuum ranging from teacher to student directed learning and that the use of both techniques is appropriate at different times in different situations regardless of the learner's age (Knowles, 1980, 1984). Hartree (1984) questions whether Knowles has presented a theory of learning or a theory of teaching and concludes that:

> whilst many adult educators might accept that the principles of adult
> teaching and conditions of learning, which he evolves, have much to
> offer, and is in a sense descriptive of what is already recognized as
> good practice by those in the field, conceptually Knowles has not
> presented a good case for the validity of such a practice...Although he
> appears to approach his model of teaching from the point of view of a
> theory of adult learning, he does not establish a unified theory of learning in a
> systematic way (p206-207)

Brookfield (1986) looks for how "a set of well grounded principles of good practice" can be derived from andragogy (p. 98). He argues that three of the assumptions are questionable when applying them to a teaching situation. His argument

is that self-direction is more a desired outcome than an innate quality of the student. He also feels that being problem centered and desiring immediate gratification can lead to a narrow reductionist view of learning. Brookfield observes that only the experience assumption appears to be well grounded. (p. 98).

Davenport and Davenport (1985) note that andragogy has been classified as "a theory of adult education, a theory of adult learning, method of adult education, techniques of adult education, and a set of assumptions" (p. 157). Their feeling is that the debate will be resolved through the analysis of empirical studies and research in the areas. If these assumptions can be confirmed by research, then "andragogy may well possess the explanatory and predictive functions generally associated with a fully developed theory" (p. 158).

In spite of all the criticism, the basis of androgogy is often used in the teaching of adults. Putting this theory to work in the classroom involves an awareness of the basic principles that underlie these assumptions. The classroom should be a safe, comfortable environment where facilitation is used as a teaching style rather than lectures. The facilitator should promote understanding and retention along with the application of the material to the life experience of the students. The curriculum should be problem-centered while the learning design should promote information integration. Adults have many different learning styles and the curriculum design should account for these differences. As adults grow and change in the learning experience, changes should be recognized and feedback is essential.

Cross's Characteristics of Adult Learners

Patricia Cross (1981,1991) has been writing about adult learners for nearly thirty

years and, throughout that time, she has been an advocate for learner-centered education.

She is a champion of alternative methods of instruction and assessment which position

learner needs before those of politicians and administrators, and she equates semester-

based education to assembly line production (Cross, 1971). Long before demographics

was brought to the forefront in books such as "Boom, Bust and Echo"(Foot, 1996), she

was writing that the end of the "baby boom" would make it inevitable that there would be

a decline in the number of eighteen year olds attending institutes of higher education.

She predicted that spaces left by dwindling numbers of adolescents would be filled by

what she called a "new student", a term she preferred to the more common "non-

traditional student" (Cross, 1981).

Cross (1981), in an attempt to develop some theory using the characteristics of

adults as learners, presented her Characteristics of Adult Learners (CAL) Model (see

Appendix A). The model looks at the differences between children and adults and

consists of two classes of variables –personal and situational characteristics. Personal

characteristics include physical, psychological, and sociocultural measurements. These

are on a continuum and reflect growth and development from childhood into adult life.

The physiological dimension can be viewed as a smooth curve, rising in the early stages

of life, maintaining some stability through the middle years, and declining in old age.

Psychological development can be viewed as a series of stages, each higher than the

preceding, separated by transition points. There may be several stages across the

lifespan, or very few. Sociocultural development is shown as life phases, separated by marker events, but no phase is more superior to the preceding, nor is it a requirement that one proceed the other.

Situational characteristics describe the conditions under which learning takes place. Cross (1981) emphasizes that "adults are typically part-time learners, and they are usually volunteers" (p. 235). This is opposed to full time learners and compulsory learners. It should be noted that there has been a shift to an increase in part-time learners and often learning has become compulsory for adults because of societal influences. Cross's model does not suggest implications for practice but offers a "framework for thinking about what and how adults learn" (p. 248). This model incorporates "the major existing theories of adult learning (andragogy, developmental stage and phase theory) into a common framework, and it offers a mechanism for thinking about a growing, developing human being in the context of the special situations common to part-time volunteer learners" (Cross, 1981, p. 243).

Although the CAL model is intended to be a comprehensive explanation of adult learning, criticism of the model has harped on the fact that the variables are too broadly defined. The situations which arise in the life of an adult learner are too numerous and diverse to mention. The same can be said for characteristics of adult learners. As a result, specific situations and characteristics cannot be partnered to predict when learning will take place. The focus is mainly on the characteristics of adults, which does not tell us how adults actually learn or if they learn differently than children. Many of both the personal and situational characteristics can apply to children and adults. Finally, as of

1991, the CAL model had not been empirically tested (Merriam & Caffarella, 1991).

In 1981 Cross published "Adults as Learners" where she introduced the Chain of Response (COR) Model for Participation in Adult Education (see Appendix B). This Chain of Response Model, though incorporating some environmental factors, is primarily a psychological model with the focus on the individual progressing through the chain. The model draws upon a synthesis of common elements found in work done by Miller (Force Field Analysis), Boshier (Model to Explain Dropout from An Adult Education Institution), and Rubenson (Paradigm of Recruitment) (Merriam & Cafferella, 1991). It proposes a conceptual framework designed to identify variables that influence an individual's proneness to participate in a learning activity (Cross, 1981).

"It assumes that participation in a learning activity, whether in organized classes or self-directed, is not a single act but the result of a chain of responses, each based on an evaluation of the position of the individual in his or her environment" (Cross, 1981, p. 125). She maintains that she devised the model to provide a framework around which further research into the motives of adults learners could be constructed; however, the model stands well alone and has been lauded for its correlation of barriers and opportunities, and internal and external forces acting upon the learner (Merriam & Caffarella, 1991).

Cross (1981) contends that participation in a learning activity is the result of a chain of responses to both psychological and environmental factors. The chain of response begins with the individual. Self-evaluation (A) is an assessment of whether achievement in an educational situation is possible. If the learner has a positive attitude

based on prior learning experiences he or she is more apt to enroll in an educational program. This self-evaluation combines with the learner's attitudes about adult education (B). Cross's comments on the linking points are that "there is a relatively stable and characteristic stance toward learning that makes some people eager to seek out new experiences with a potential for growth while others avoid challenges to their accustomed ways of thinking or behaving" (p.126). Factor C is correlation, combining valence – the importance of the goal to the individual, and expectancy- the individual's subjective judgement that pursuit of the goal will be successful, and will lead to the desired reward (Cross, 1981). "If a goal that is important to a person is likely to be achieved through further education, then the motivation at point C is strong. If the goal is not especially important or the likelihood of success is in doubt, motivation decreases accordingly (p. 126).

Cross (1981) incorporates life events and transitions into her model. Life transitions (D) are the events encountered by adults as they progress through the life cycle. Events such as graduation and marriage precipitate transitions that motivate adults to participate in adult education. Obstacles can be overcome and opportunities taken advantage of if one has the information to proceed (F). "Without accurate information, point E in the model is weak because opportunities are not discovered and barriers loom large"(p. 127). Positive responses along the chain will lead to participation (G). Cross says that the model is not as linear as these steps suggest. It is also a reciprocal model in that participation in adult education (G) can affect how one feels about education (B) and oneself as a learner (A).

Theories Based on Adults' Life Situations

<u>McClusky's Theory of Margin</u>

Howard McClusky, a professor of educational psychology, viewed adult learning

through the eyes of a person trained in experimental psychology. As he aged, his focus

shifted from that of young adults in his younger years to that of adults in retirement in his

later years. He was responsible for the introduction of the McClusky's Theory of Margin

in 1963. McClusky believed that adulthood involved continuous growth, change, and

integration, in which constant effort must be made to wisely use the energy available for

meeting the normal responsibilities of living (Merriam, 1993). In our hectic lifestyle the

unexpected is a regular occurrence and we must be able to deal with it as it arises. He

envisioned margin as formula, which expresses a ratio or relationship between "load" (of

living), and "power" (to carry the load).

$$\text{Therefore the formula reads}: \quad \text{Margin} \quad = \quad \frac{\text{Load.}}{\text{Power}}$$

McClusky (1970) defines load as "the self and social demands required by a

person to maintain a minimal level of autonomy" and power as "the resources, i.e.

abilities, possessions, position, allies, etc., which a person can command in coping with

load" (p. 48). He further divides load into external and internal interacting elements.

Internal load consists of intrinsic motivations such as what the learner wants for himself,

and external load takes in outside demands such as family, work and social commitments.

Power includes a combination of internal and external resources that work to make the learners able to participate in learning activities. Reducing load or increasing power can increase margin. In order for the learner to meet the demands of life combined with learning needs the surplus of margin of power must exceed load. This margin enables the individual to take on more stimulating activities such as educational opportunities and integrate them into their lifestyle.

McClusky's theory is popular because it deals with events and transitions common to all adult learners. The model "does not address learning itself but rather when it is most likely to occur" (Merriam & Caffarella, 1991). McClusky (1970) feels that a reserve of energy or margin of power is "a necessary condition for learning" (p.84). One might argue this in informal learning situations where adults learn despite conditions of great stress (when load is greater than power).

The field of adult education, with an awareness of this theory, can more effectively create a learning environment suited to the needs to the learner. Increased load due to unrealistic work assignments, undue stress caused by uncertainty, and unresolved social issues can affect how well the learner can cope. At the same time, learning can provide surplus power, which can be a significant impetus in achieving various goals.

Knox's Proficiency Theory

Knox's (1980) proficiency theory also deals with an adult's life situation. He defines proficiency as "the capability to perform satisfactorily if given the opportunity"

(p. 378). This performance involves some combination of attitude, knowledge, and skill.

The concepts in the theory interprets the purpose of adult learning to "enhance proficiency to improve performance" (p. 399). Central to this theory is the belief that some sort of discrepancy exists between the current and desired level of proficiency. This discrepancy is the impetus that motivates the adult to seek a learning experience, which will increase proficiency. A model that represents the theory would include the following interactive components: "the general environment, past and current characteristics, performance, aspiration, self, discrepancies, specific environments, learning activity, and the teacher's role" (Merriam & Caffarella, 1991 p.255).

Some drawbacks associated with the theory include the fact that its emphasis on performance would restrict its application to learning demonstrated by enhanced performance. The model also mixes the concepts of teaching, learning, and motivation. Each of these concepts can be individually related to adult learning so it would be difficult to predict which contributed to the ability of the adult to take on a new learning situation. The large number of components in the model makes the task of explaining how adults learn very difficult, if not impossible.

Theories Based on Change in Consciousness

Mezirow's Concept of Perspective Transformation

The more recent theories of adult learning deal with a person's change in consciousness related to the learning experience. These theories have a strong cognitive focus because they look for inner meaning as it relates to experience. Reflection upon a person's environment and life experiences is an essential component in these theories.

These may reflect what will be known as a critical theory of adult learning.

The most developed "theory" in this group is Mezirow's concept of perspective transformation. Mezirow (1981) defines perspective transformation as the "emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a new inclusive and discriminating integration of experience and acting upon these new understandings"(p. 7). This critical reflection of our lives and an awareness of why we attach meanings to our roles and relationships is, according to Mezirow, the most significant distinguishing characteristic of adult learners. The process begins with a "disorientating dilemma" where the usual responses are not effective. This dilemma initiates a self-examination and a reflection on one's beliefs. The result is that the person revises "specific assumptions about oneself and others until the very structure of assumptions becomes transformed" (Mezirow, 1981 p. 8). The change that results is not limited to social change. It can be epistemic (related to knowledge) or psychic (related to psychological disturbances which would influence adult learning).

Mezirow (1981) notes that his research on women's re-entry programs in community colleges show that the dynamics of perspective transformation include the following elements: (1) a disorientating dilemma; (2) self-examination; (3) critical assessment of personally internalized role assumptions and a sense of alienation from traditional social expectations; (4) relating one's discontent to similar experiences of others or to public issues, recognizing that one's problem is shared and not exclusively a

private matter; (5) exploring options for new ways of acting; (6) building competence and self-confidence in new roles; (7) planning a course of action; (8) acquiring knowledge and skills for implementing one's plans; (9) provisional efforts to try new roles and to assess feedback; and (10) a reintegration into society on the basis of conditions dictated by the new perspective. This transformation can occur suddenly or it can be a gradual process that occurs over a period of time. A good example of this is a woman who experiences the "empty nest syndrome". After her children leave home she may critically reflect on her identify as a woman and come to the conclusion that her role has changed from that of a full time mother to that of a working professional.

Many have criticized Mezirow's theory. Ekpenyong (1990) feels that a more comprehensive understanding of adult learning is to be found under Thomas Kuhn's concept of paradigm-transition and feels Mezirow's theory has "limited application" (p. 165). Collard and Law (1989) berate Mezirow for his lack of attention to how social context and social change are an obvious outcome to perspective transformation.

Examples of perspective transformation can be drawn from our own personal experiences. It can be seen in community-based adult education programs such as the adult education programs seen in this province after the cod moratorium. Adult educators use the concept of perspective transformation when they encourage journalizing and the analysis of metaphors as a method of teaching.

Motivation to Participate

We must be cognizant that we cannot use theory alone to guide us in the development of programs befitted to adult learners. While we may have gathered much information about the context of adult learning, learners themselves, and the process of learning, we must be aware that other factors shape the learning process as much as does theory and research. Learning does not take place in seclusion, but is influenced by personal, societal, and political issues. Education is a social activity in that it involves people with different views interacting with different people. An example can be seen in a class of nurses enrolled in a degree program. Some may be registered nurses with years of experience while others may be young students working towards their first degree. Many of the registered nurses may be motivated by political forces which influenced the decision made by the Canadian Nurses Association to see the minimum educational requirement for nursing as a baccalaureate degree by the year 2000 (CNA 1982).

Knowles (1980) describes the adult learner as one who has moved towards self-directness which puts the learner in a position to influence what he needs. However, what role do stakeholders such as adult educators, legislators and employers have in determining the opportunities offered? We need to be aware of the factors that affect the adult learner's decision to participate in a learning activity in order to design programs to meet the needs of this population.

Houle (1961) identifies three categories of motivations or learning orientations in his now famous typology. He interviewed a select sample of twenty-two adults involved in a continuing learning experience and published his results in his book, *The Inquiring*

Mind. According to his view, adults take part in learning activities for any number of reasons that may be grouped in these following categories. The first are goal-orientated learners which take part in learning in order to achieve some goal. Activity-orientated learners take part as part of the community or for socialization. Finally, learning-orientated learners take part for the sake of learning itself.

Miller (1967) attempted to explain participation in adult education by linking the motivational needs hierarchy of Abraham Maslow, with Kurt Lewin's force-field analysis theory. Applying Maslow's hierarchy to adult education, Miller felt that adults from a low socioeconomic background would participate to meet basic needs such as salary and safety needs. On the other hand, higher social classes would have their basic needs met and would participate to satisfy achievement and self-realization needs. From Lewin he drew on the concept that an individual is acted on by both positive and negative forces. If negative forces are stronger than positive ones, as is sometimes the case with people from a low socioeconomic background, they will not be motivated to participate. There are always exceptions to the rule as is the case with an intrinsically motivated person who overcomes many negative forces to achieve his goal.

Another model that can be used to predict participation is Rubenson's (1977) Expectancy-Valence Model. According to that model the participation decision stems from the negative forces in the environment. Expectancy relates to the prospect that one will be successful in an educational program and the outcomes will have a positive effect on their life. Valence refers to the value the student places on being successful (Merriam & Caffarella, 1991). For instance, if a nurse's decision to return to school resulted in less

time to spend with her family, she may not put much value on the experience.

Cross (1981) identifies three barriers to learning. The first, situational barriers, arise from the life situation at a given time and can include lack of time, lack of money, difficulty with childcare or transportation, and opposition from family and friends. One can easily see why these reasons are socially acceptable because they are prevalent issues common in today's culture. They would be readily accepted as an excuse for lack of participation in educational activities when, in fact, the real reason could be unrelated. The second, dispositional barriers, arise from attitudes and self-perceptions about oneself as a learner. Some common dispositional barriers, as identified by learners, include the fear of being too old, lack of confidence in one's ability, and not enough energy and stamina. Not many will readily admit to any of these so they are not often cited as reasons for nonparticipation. Institutional barriers arise from the practices and procedures of learning agencies that exclude or discourage adults from participating. Inconvenient schedules, failure to recognize prior learning, limited course availability, and "red tape" involved in getting enrolled have been cited as barriers under this heading. It is in this area that much work has been done by institutions of higher education. As the population of adult learners has increased, institutions have made significant strides in accommodating students through distance education courses, telephone registration, challenge testing, and increased course offerings.

Darkenwald and Merriam (1982) include psychosocial and informational obstacles as barriers to participation. Psychosocial barriers include beliefs, values, and attitudes about oneself and about education, and societal views of women and education.

Informational barriers relate to lack of awareness of educational and support opportunities available.

Conclusion

This paper has reviewed the development of adult learning theory and its implications for practice. Cookson (1987), when comparing differences among the models, contends that " the models constituted virtually independent and unrelated efforts to provide explanations-rather than incrementally developed formulations moving toward a more comprehensive explanation of adult education participation"(p. 27). Though one specific theory that encompasses the adult learning process has not been identified, theorists have developed a meaningful knowledge base from which we can start to accumulate a body of research. We have evolved from the psychological orientation to a broader psychosocial view where learning is viewed in the context of society as a whole. This concept is not specific to adult learning. We are more cognizant of issues such as prior learning, life experience, and societal pressures that an adult brings to the learning experience, which will affect the way they learn. We have evolved from a behaviorist orientation where the measurement of outcomes was the way to measure learning to a more cognitive and humanist orientation that recognizes learning as a transformational process.

The diversity of the student population of the 1990's needs to be recognized. Though the process has been gradual, colleges and universities are beginning to respond to groups with distinctive needs. One implication of this dynamic is that educators should be open to changing definitions and groupings of students and to the theory that

forms the basis for the programs which we develop. Merriam (1993) observes that a complete theory of adult learning must consider the learner, the learning process, and the context. We cannot diminish the contribution of andragogy to our understanding of adult learners.

Feminist pedagogy and critical theory are bringing to light an awareness of the constraints that have been placed on oppressed groups in our society. The areas that show the most potential for the development of a comprehensive theory of adult learning appear to be in the area of transformational learning. This area, along with situated cognition, focuses on the process of learning that is similar to traditional learning theory. Each of these can accommodate the context of adult life and may be able to delineate unique features of adult life and adult learning.

Colleges and universities have accepted the fact that a large portion of their population is female. Since the end of World War II when women were vastly underrepresented in higher education, they have made great strides in creating a presence and a distinctive voice in these institutions. In 1950 in the United States, women represented 32 percent of the total enrollment in colleges. That increased to 40 percent in the 1960's and they achieved parity in 1978. By 1982, women earned at least half of all baccalaureate degrees. This holds true today when women earn at least half of all masters' degrees. Although they still lag behind in the most prestigious degrees they still earn about one-third of doctoral and professional degrees (El-Khawas, 1996). The 1991 and 1995 National Center for Education Statistics (NCES) reports no significant difference in the participation of men and women in adult education programs (Merriam & Caffarella, 1999). Today it is a common notion that adult females are motivated to become part of some learning process. What type of changes, if any, have occurred in our educational system as a result of the increased numerical presence of women? Are women treated the same as men or are they disadvantaged because of their gender? Do they learn differently than men? Should educational programs be adapted to meet their distinct needs? The answers to these questions will be addressed in the next paper.

Paper # 2

Women in Education
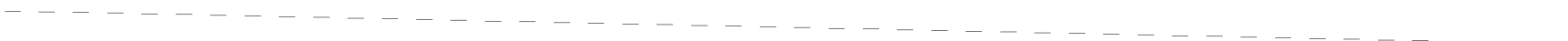
Introduction

The contribution of women to education, adult learning, and learning in general has been significant. Women work as scholars participating in research, and writing about teaching and learning. They work as educators developing and delivering adult education programs in many diverse contexts. They are also prominent as learners where they explore ways to escape poverty, learn new technologies, rise above oppression, and develop skills and knowledge to create safe and caring communities. In writing about the contribution of women we must recognize the diversity of women's experience and how "that experience also includes race, class, sexual orientation, ablebodiness, and age" (Butterwick, 1998, p. 104).

Changes in curriculum and campus programs can be attributed to a larger female presence. Some fields have expanded while others have contracted due to lack of interest. For instance, women entering the education field have dropped as more women make other choices, while other fields, especially business, law, and communications have expanded due, in part, to the interest of females in these professions (El-Khawas, 1996). As many of these females are older than average their special needs have spurred campus programs such as child care facilities, special counseling and career placement services.

As women's social and political consciousness has grown, legislation such as that prohibiting discrimination against women have prompted more changes. Society is being made aware of the subtle forms of bias and the cumulative effect of implicit, often inadvertent behaviors that can contribute to the oppression of women. Institutions of

higher education have been made aware of how these behaviors can create a negative,

discouraging atmosphere – a "chilly" climate (Sandler & Hall, 1982)- that can hinder the

full educational achievement of the female student.

> According to Cross (1981),

> the revolution of women's roles is the result of two complementary forces. On
> the one hand, social and technological changes push women out of the home; on
> the other hand, new opportunities in education and the labor market pull women
> into the new world of work and education. 'Displaced homemakers' and 'reentry
> women' are a social phenomenon of considerable importance of the learning
> society (p. 26).

For whatever the reason, we are seeing many more women enrolling in some sort of post

secondary training or university courses.   This province is no exception. Memorial

University's statistics for 1997 showed that 6,958 of the 12,056 students enrolled in the

Fall semester were female (Bessey,1997). As educators, we need to recognize the

uniqueness of this group of adult learners and consistently find ways in which to meet

their needs and enrich their learning experiences.

Women in Education

The role of women in education has changed drastically in the last century.   At

the beginning of the century, society believed that "a woman's place was in the home"

and it was considered practical to educate only the men as they were the breadwinners.

Societal attitudes towards the education of women have been a significant external force

in determining the autonomy of female-dominated professions such as nursing. Some

say that this has affected the profession's progress towards a university education

(Growe, 1991).

Women have fought long and hard to achieve recognition in the field of education and continue to struggle in many of the male dominated professions. As early as the beginning of the twentieth century, women formed groups where they supported each other in educational endeavors. Many are familiar with women's suffrage that occurred in the early years of the twentieth century and equate women's liberation with that movement. The next wave of liberation was noted in the 1960's when feminism moved to the forefront (Butterwick, 1998). It is important to note that women were active both before and after these movements in working to achieve democratic socialism. Much of the work was done through women's groups. In the early 1900's the YWCA, formed to assist immigrant women arriving in large urban centers, functioned as women's centers in Canada. They provided evening classes, lending libraries and reading rooms, residences, gymnasiums and working women's clubs to both young immigrant women newly arrived to the city and local clubwomen. The centers also acted as an employment agency, particularly for domestic workers. Between 1870 and 1930, thirty-nine branches of the YWCA were established in Canada (Butterwick, 1998).

Adelaide Hoodless, a board member of the Hamilton YWCA, is well known as the founding member of the Women's Institutes in Canada. She was an outspoken critic of the Farmers Institute and the lack of attention paid to the importance of women working in the home. Her aim in forming the Institute was to bring farming women together for socialization in home management. Many credit these groups with empowering women to speak in public, become familiar with parliamentary procedure, and begin to lobby government for change. All this was occurring at a time when women

were expected to stay home and venture out only to church meetings. The 1960's and 1970's saw the emergence of many women's organizations where women came together to discuss their experiences. They found that they shared many of the same concerns and recognized that they were not alone. This was an important step towards social reform that came to be referred to as the feminist movement. Women came to identify and relate to all the social injustices suffered by women because of their gender (Butterwick, 1998).

The last thirty years of this century have seen such an increase in the numbers of women enrolling in educational programs that the post secondary institutions have had to adapt in order to accommodate these learners. As technology continues to advance rapidly both male and female employees need to be constantly upgrading their skills in order to compete in the global economy. A commitment to lifelong learning is essential if we are to remain atop the ever-changing society. As more and more women enter the system their unique needs are being brought to the forefront. This is accomplished through cooperation and communication within the group and within the learning institutions.

Feminism Pedagogy and Adult Learners

"Feminist pedagogy focuses on the concerns of women in the teaching-learning transaction. Based on feminist theory, feminist pedagogy focuses on the experiences, and in particular, the oppression of women in the context of education" (Merriam & Caffarella, 1999, p. 369). Although many think that the feminist movement started in the 1960's, feminist ideas can be found in writing by women in the seventeenth century (Spender, 1982). The suffragette movement around the end of the nineteenth and

beginning of the twentieth century impacted society and resulted in major changes in the way women were treated; however, many of the remnants of an oppressed group remain. What is the role of the adult educator as it relates to the changing nature of unequal power distribution between privileges and oppressed groups? How prevalent is this oppression in the field of adult education? To address these concerns it is necessary to have an understanding of feminist pedagogy.

Many educational models have inspired feminist pedagogy. Tisdell (1993) identified several issues of concern which appear common to all models: (1) how to teach women more effectively so that they gain a sense of their ability to effect change in their own lives; (2) an emphasis on connection and relationship (rather than separation) with both the knowledge learned and the facilitator and other learners, and (3) women's emerging sense of personal power. Feminist pedagogy pertains to women's personal empowerment and is therefore emancipatory.

Maher (1987) has placed the various perspectives on feminism into two principal categories: liberation models and gender models. Liberation models have evolved from structuralist, postmodern, and poststructuralist theories. The nature of structured power relationships and the view of women's collective experience as a group is one aspect of this pedagogy. The feeling is that the education system reproduces the predominately white, middle-class male experience, which we have come to accept as privileged. This is done by the use of examples, knowledge base, and curriculum that is geared towards the group creating them which happens to be predominately white, middle-class males. Liberatory pedagogy looks at how society reproduces these systems in education.

Liberatory feminist educators attempt to make systems of privilege, power and oppression visible through women's voices.

The other aspect of feminist pedagogy deals with gender issues of women in a nurturing role. This role is very obvious in professions such as nursing by the very nature of the work that they do. This aspect deals with a more personal emancipation aside from the power structure in larger society. This line of thought draws from psychoanalytic and humanistic psychology. Educators try and use the educational environment and the educational experience to foster women's learning. Using the gender model, Belenky et al (1986) interviewed 135 women about how they learned. The results group women's perspectives, "based on the theoretical and empirical work of Perry, Kohlberg, and Gilligan" (p.14), into five major categories. They include:

> Silence – women do not feel that they have a voice but are ruled by external authority.

> Received knowledge – women feel they are quite capable of receiving and responding to knowledge from external authorities but do not feel competent enough to create it themselves.

> Subjective knowledge – women begin to gain a voice by subjectively dealing with truth and knowledge within themselves. They begin to value their intuition.

> Procedural knowledge – women evolve to a point where they invest in the learning experience and can use objective procedures to transmit knowledge.

> Constructed knowledge – women in this category see themselves as capable of creating knowledge and contributing to the context from which it is formed. The research showed women learned best in environments that emphasized connected

teaching and learning. In this environment women began to think critically and

independently which, in turn, gave them personal empowerment.

Tisdell (1995, 1998) has tried to integrate both models with the end result being

both personal emancipation and public action. Four recurring themes in feminist

pedagogy are cited: the construction of knowledge; the development of voice; student and

teacher authority; and dealing with differences. She feels that the way to include the four

themes is through a poststructural feminist pedagogy and explains it in this way:

> A synthesis of these models in the form of poststructural feminist pedagogies
> would take into account both the intellectual and emotional components of
> learning, the individual's capacity for agency, as well as the psychological and
> social and political factors that affect learning. It would emphasize the
> importance of relationship and connection to learning, but also account for the
> fact that the power relations based on a multitude of factors including gender,
> race, and class are always presenting the learning environment and affect both
> how knowledge is constructed on the individual level as well as the social and
> political factors that affect what counts as "official" knowledge and how it is
> disseminated (Tisdell,1996, p. 311).

Implications for Adult Education Practice

Merriam and Caffarella (1999) describe some implications this model would have

for teaching and learning. The first addresses the differences among learners and how

they may have different learning needs. Power and how it can affect the construction of

knowledge is recognized. This model acknowledges that both the instructor and the

student can affect the learning experience in areas such as gender, race, class, or sexual

orientation. Finally it identifies the power of the teacher and looks at what the results

could be should this power be redistributed.

An analysis of feminine pedagogy has given us some intuition as to how females

are different than men in how they learn. We must be aware that women learn differently than men; therefore adjustments may have to be made to an environment that has been fabricated by white males. Belenky et al (1986) found from their research that women prefer a connected learning environment where their life-experiences can be associated with theoretical concepts. This leads them to be critical, independent thinkers and would more likely lead them to social action. The teacher is seen as a midwife whose task it is to draw the students out, to "assist the students in giving birth to their own ideas, in making their own tacit knowledge explicit and elaborating on it" (p. 217).

The societal power structures are such that women are set up to be oppressed. If white middle class males have fabricated the education system as we know it, how can we expect the specific needs of the female student population to be addressed? If we compared the experiences of a male and female student, would they be similar? Has the program been set up to cater to the needs of a single female parent with small children or is the assumption that one can attend class during the day for five days a week? Chances are that the female will have to deal with childcare issues and family commitments, which are more of a priority to her than the learning experience. This is why it is so important for women to be involved in the decision making process when curricula is designed for post secondary students. Only then will they be able to address the societal oppression that may impede them from attaining their goal of higher education.

Educators also need to be aware of this in order to adjust the teaching in both the overt and hidden curriculum. This may be difficult as the feminist view of education, practice, and research in nursing requires a shift from the traditional thinking. As always,

we should be cautious in our quest for change. Baer (1991) wrote that "feminism will have succeeded not only when females have equal access to all fields but when traditionally female professions, such as nursing, gain the high value and the solid respect they deserve" (p. 121)

Finally, educators need to address the power issues in the learning environment that directly affect the learning process. The power relation between the teacher and student should be examined. Teachers should use their power, not to dominate, but to challenge women to deal with their unequal power relations and critically review the issue before arriving on some action to deal with it. Many adult educators are aware of this and we are beginning to see the impact of feminist pedagogy in the classroom.

The diversity of the student population of the 1990's needs to be recognized. Though the process has been gradual, colleges and universities are beginning to respond to groups with distinctive needs. One implication of this dynamic is that educators should be open to changing definitions and groupings of students and to the theory that forms the basis for the programs which we develop. Merriam (1993) observes that a complete theory of adult learning must consider the learner, the learning process, and the context. We cannot diminish the contribution of andragogy to our understanding of adult learners. Feminist pedagogy and critical theory are bringing to light an awareness of the constraints that have been placed on oppressed groups in our society. Each of these can accommodate the context of adult life and may be able to delineate unique features of adult life and adult learning.

Feminist Pedagogy in Nursing Education

A distinctive characteristic in the nursing profession is the fact that its members are predominantly female. In fact, of the 227,830 registered nurses employed in Canada in 1996, 96% were female (CNA, 1997). Nursing and the field of adult education have been linked in their commitment to continuing professional education and the fostering of lifelong learning. Schor (1981) identified some common goals and similarities, including the emergence of both into a university education, the development of distinct bodies of knowledge, and the development of different methodologies to facilitate learning – more self-direction, mutual planning, and the development of problem-solving skills. As the health care system enters the twenty first century, it is more important than ever for nurses to accept the concept of lifelong learning so they can keep abreast of the changes that are occurring daily. In order for this concept to be accepted into the profession it must be " emphasized in the curriculum that socializes the person to the professional role and reinforced throughout the career of the professional" (Wagner, 1989). If we are to consider lifelong learning a professional value in nursing we, as educators, must be able to identify factors that foster and nurture this behavior. As other values, attitudes, skills, and knowledge are developed, so too should lifelong learning be a program objective that is presented. Houle (1980) stated:

> "The necessity to keep on learning throughout life seems so obvious to the leaders of most professions that they believe that its self-evidence will cause it to be internalized within the value system and the patterns of action of every practitioner. But an examination of the practice of professional schools often shows that this idea is nowhere communicated systematically and thoroughly" (p. 85).

Twenty years ago the typical nursing baccalaureate student was a single female, a recent high school graduate, and a resident of a dormitory. Today more mature students who have already completed a diploma program in nursing and have developed significant nursing skills and life experience join these typical students (Price, 1992). The result is a large number of women with diverse backgrounds, each having unique needs which need to be met during the learning experience. The female registered nurse in the year 2000 is bound to face all of the obstacles previously described that affect other female adult learners. When we add to that the fact that nurses are trying to advance their female-dominated profession in what has been traditionally a male-dominated medical profession we can predict an uphill battle all the way.

In Canada, as well as in the rest of North America, we can trace the evolution of the nursing profession from that of a physician's assistant through a period of higher education to where it stands today as a dynamic profession equipped to deal with the constantly changing world. During the formative years, nursing training was attached to hospitals rather than educational institutions. This was related to the cultural beliefs held at the time where women were not expected to expand their education outside the formal public education system. The focus of the training emphasized "the development of personal qualities, such as altruism, womanly devotion, and dedication, rather than traditional educational objectives such as acquisition of knowledge or the ability to think and reason" (Baumgart & Larsen, 1992, p. 385). Such a focus contributed to the oppression of women and kept the training of nurses in the hospital setting rather than moving it into the universities.

Women's employment was usually a supplement to a husband's salary and nursing students were counted as staff members in the hospitals in which they trained. As a result, the training focused on closely supervised clinical training to perfect technical skills, such as suture removal, rather than independent thinking and cognitive abilities. It was felt that women were biologically unsuited to the rigors of serious study so, to educate her in the same way as a man would be wasteful and make her less of a woman. Instead she was given a brief, practical education in a carefully supervised environment where she learned by using "hands on experience"(Coburn, 1974).

Though off to a slow start, the nursing profession in Canada is making significant progress in their focus on education as an essential element in the process of preparing nurses to adjust to their evolving role in society. In this province the ARNNL have bought into the position of the CNA and have moved towards increasing the minimum educational standard for nursing. A Basic Education Advisory Committee (BEAC) was formed by the ARNNL in 1990 to work on a collaborative nursing education model. This included all stakeholders and the aim was to develop an entry to practice model for all nurses graduating in the future (ARNN, 1995). Five schools of nursing were involved and, in 1995, the Memorial University of Newfoundland Senate approved a new curriculum. This new curriculum saw the merging of the three diploma schools of nursing in this province and the development of one school which would, at the end of a four year period, see the students graduate with a baccalaureate degree in nursing. The first class in this program was enrolled in 1996 and graduated in the year 2000.

This decision to use the BN as entry level for the profession has the potential to

impact greatly the numbers of female adult learners we are likely to see returning to university in the next number of years. In Newfoundland, for instance, statistics obtained from the ARNNL (Association of Registered Nurses of Newfoundland and Labrador) show that in 1996-97, 5549 nurses applied for a practicing license in this province. Of that number, 4567 (82%) indicated that a diploma in nursing was their highest educational level. The question remains to be answered if these nurses will be motivated to return to school to complete their degree in order to compete with the BN prepared nurses in job competitions. Although Newfoundland ranks low in the number of BN prepared nurses, we are not far behind the rest of the country. According to Statistics Canada (1994) it was reported that, although Newfoundland was the province reporting the third lowest percentage of nurses with degrees (15.1%), the average across Canada was 18.1%. This is an increase from 12.5% in 1983.

Have the universities prepared for this onslaught of female adult learners? How has the curriculum changed to meet the needs of these women? How can these women, who have already established themselves in their career, be enticed to return to school in order to complete their degree? These questions need to be answered if we are going to be successful in educating our registered nurses at a higher level of education. When these nurses return to school they will face all the impediments common to all adult learners. Researchers have studied demographic variables and how they affect participation in adult education programs (Anderson & Darkenwald, 1979; Morstain & Smart ,1974). They used factor analysis to cluster reasons why adults participate in a variety of educational activities. Many of those same factors were the same as those

identified by registered nurses enrolling in Bachelor of Science in Nursing (BSN) and include increasing professional competence, better access to better job opportunities and higher pay (Fotos, 1987).

Understanding Feminist Pedagogy in Nursing Education

Kerr (1996) defines feminism as "an outgrowth of reactions against forms of social organization in which women are not valued as highly as men; the norms of such a system condone systematic bias toward women" (p. 67). She feels that sex stereotyped views of nursing emphasize subservience, lack of assertiveness, and domination of nurses, who are primarily female, by physicians, who are primarily male.

One has to wonder if this aspect of the profession, along with societal attitudes towards the education of women, has impacted on nursing's progress toward university education. In earlier years women are under-represented in graduate studies programs and in teaching positions in universities. They did not receive a proportional share of funds for teaching and research assistantships, and needed more travel support so that they are able to complete the "going-public" process which is considered essential in establishing an academic career profile (Gardner & Judge, 1989). It is encouraging to note that this notion is changing. The Royal Society of Canada represents research and scholarships in all disciplines. It has a goal of equitable representation by gender for its membership (Royal Society of Canada, 1989). Towards this end, the members have proposed a plan for advancement of women in scholarship. As more and more women take advantage of this opportunity and others like it, their voice will be heard.

Nursing and feminism have had an uneasy relationship (Baumgart, 1985).

Feminist writers have steered away from traditional female professions such as nursing so it has been later in realizing the benefits of the movement. That does not mean that that profession cannot benefit from the effects derived from the movement. Baumgart (1985) elaborates on the impact feminism has had on the nursing profession. Because women view the world through a different lens, the traditional male view has come into question. Women have come together in their professional associations to share their experiences and recognize that their input is valued and very important. Until the mid-1960's it was expected that the speakers for conferences and nursing graduations would be male, and often physicians (Allen, 1985). In sharing our thoughts and ideas we have come to recognize the value of the profession and acknowledge the power within which we can use to affect change in the way women are accepted.

Chinn and Wheeler (1985) elaborate on the value of feminism for nursing. According to them, the understanding of the basic tenant of female oppression is essential in order to gain insight into some of the most persistent problems in nursing. Undesirable traits in the profession such as divisiveness, low participation in professional organizations, and lack of effective leadership in nursing are also typical of oppressed groups. If women are seen to be unimportant, then it is probable that they will not align with one another. The feminist approach would encourage women to band together so their voice can be heard.

Many times the nursing profession is guilty of assuming that the values of the dominant system are the best. The profession imitates many of the doctors' approaches assuming that they are the best when a female approach may lead to a preferred

conclusion.   Oppressed groups are not aware of the value of their own culture. A feminist perspective would encourage nurses to embrace their rich heritage, study their predecessors, and learn from the history that has evolved. "In nursing, a feminist perspective requires an uncompromising questioning of the forces that divide us from one another, the ethics of our actions, and our co-optation into the unhealthy environment of the current health care system" (Chinn & Wheeler, 1985, p. 77)

Implications For Practice

Has our education system adapted to meet the needs of these females? Or do they still see men in leadership roles while women take on the support roles which includes the nurturing role of caring for home and family? How can the adult education system challenge the unequal power relations between the privileged and oppressed groups? How can feminist emancipatory education literature contribute to adult leaning?

Hall and Sandler (1985) wrote about "the chilly campus climate" created by male teachers' treatment of female students. The use of condescension, sexist comments, and insensitivity foster the conception that females are "second class" in the classroom. This affects a woman's self-concept thereby affecting her ability to deal effectively with challenges, both academic and professional. Parr (1989) suggests that this climate may include female faculty members. She recommends all program cutbacks be evaluated to see that both male and female faculty members are equally affected. She proposes exit interviews with unsuccessful female candidates to be assured that they have been treated the same as their male counterparts.

Tisdell (1993) discusses feminist pedagogy and its implications for practice.

Even though much of the adult education literature still represents the traditional white male outlook, many are moving to challenge the power relations that exist. Many educators are using teaching strategies that are aimed at challenging these structured power relations with the goal of emancipation of oppressed groups. Some of these strategies are overt such as the careful consideration of curriculum materials that include a feminist perspective. If the female perspective is not included in the recommended materials, the teacher may suggest other areas where it can be found. Proven strategies that lead women towards emancipation should be used if the goal is to change the traditional power relations. In their research Belenky et al (1986) found that teaching strategies that unite theory and practice, and course content that relate to the life experiences of women were effective in helping women to speak out. Courses designed specifically to deal with structured power relations would give both male and female students a chance to come to terms with the issue through discussion and reflection. Finally, educators themselves should analyze how their behavior and values reproduce the dominant culture.

Conclusion

The female presence in our universities is significant as we enter a new millenium. It appears that we can predict that their numerical presence will increase as more women commit to lifelong learning. A cohort of this group of females is registered nurses. Now that entry level to the profession is a baccalaureate degree, we can expect that more and more nurses will return to school to expand their education so they can compete in the job market. In today's health care system nurses are sharing the

responsibilities for patient care with a variety of other disciplines such as dentists, doctors, social workers, pharmacists, and dietitians.

Entry level to these professions is at least at baccalaureate level. At the same time, administrators and senior level managers are usually prepared at a high level of education. Nurses cannot remain fragmented in their entry-level preparation if they are to interact with these disciplines. As these women are assimilated into the learning communities, we as educators need to be cognizant of their specific needs so that we can use strategies that will enhance their learning experience. We need to be aware of how feminist pedagogy, as it has evolved from feminist theory, can be used to liberate what has been an oppressed group. Finally, we need to consistently utilize strategies that will motivate nurses to pursue lifelong learning. Knowledge of motivating factors and impediments that nurses face is essential if we are to deal effectively with this group of adult learners.

In the previous papers we have described the importance of adult learning theory and have traced its evolution from the 1950's to where we stand today. We have selected women as a cohort of adult learners and described how the feminist movement has impacted on the way the educational system has changed to meet the needs of these students. My third paper will examine registered nurses as a group of female adult learners. A group of registered nurses were surveyed in 1994 to ascertain what factors motivated them to participate in continuing educational programs after they had completed their diploma programs in nursing. Impediments were also identified and compared with previous research studies. Finally, recommendations were given, based on adult education principles that may encourage nurses to continue their education.

Paper # 3

Registered Nurses as Adult Learners

Motivations and Impediments to Continuing Education

Introduction

"To be effective, nurses who practice in the health care environments of the 1990's need both sound basic education and commitment to lifelong learning. These imperatives draw attention to basic, continuing, and graduate education programs as important resources to equip nurses to meet the daily challenges and to shape their changing roles" (Baumgart & Larsen, 1992, p383).

Basic training should provide the nurse with the theoretical background and necessary skills to begin to work in the profession. Continuing education is essential to build on these skills and to apply the theoretical knowledge to experience gained from working in the field. Graduate programs should be geared towards the accumulation of research material that can be used to shape the profession and expand the knowledge base. This training is required to provide leadership skills necessary to identify needs, establish objectives, prioritize activities, implement action plans, and evaluate programs in the profession.

Though off to a slow start, the nursing profession in Canada is making significant progress in its focus on education as an essential element in the process of preparing nurses to adjust to their evolving role in society. Towards this end, in 1982, the Canadian Nurses Association adopted the position that, by the year 2000, the minimum educational requirement for entry into the practice of nursing should be a Bachelor of Nursing (BN) degree (CNA, 1982). A Basic Education Advisory Committee (BEAC) was formed by the ARNNL in 1990 to work on a collaborative nursing education model. This group included all stakeholders and the aim was to develop an entry to practice model for all

nurses graduating in the future (ARNN, 1996). Five schools of nursing were involved

and in 1995 the Memorial University of Newfoundlland Senate approved the new

curriculum. This new curriculum saw the closure of the three diploma schools of nursing

in St. John's and the development of one school that would, at the end of a four year

period, see its students graduate with a baccalaureate degree in nursing. The first class

was enrolled in 1996 and graduated in May 2000.

If there is such a focus on education in nursing, one has to wonder at the statistics

obtained from the Association of Registered Nurses of Newfoundland and Labrador

(ARNN). They show that in 1996-97, 5549 nurses applied for a practicing license in this

province. Of that number, 4567 (82%) were diploma prepared nurses, while only 797

(17%) held a baccalaureate degree in nursing and 52 (0.9%) were educated at a masters

level. Only two nurses held a doctorate degree in nursing. Some non-nursing degrees

were held in other disciplines that do not show a significant increase in the number of

nurses educated above the diploma level. This situation is not unique to our province, as

it is an issue across Canada. According to Statistics Canada (1994) it was reported that,

although Newfoundland was the province reporting the third lowest percentage of nurses

with degrees (15.1%), the average across Canada was 18.1%.

This compared with 12.5% in 1983.

Why is it then that more nurses are not motivated to enroll in educational

programs after they graduate from their diploma programs? What are the factors that

influence their decision to participate and what impediments do they face in their quest

for continuing education? Finally, what can we as educators do to motivate these nurses

to participate and make them persist until they graduate? If we had the answers to these questions we would hold in our hands the ability to drastically change the statistics provided by the ARNNL. While doing a paper during my undergraduate degree, I decided to undertake some primary research in this area as it dealt with the motivation of nurses to access some form of continuing education program after they had graduated from their diploma program. What follows is a description of this research undertaken in 1995. The issues identified by participants, and the recommendations from that study, are consistent with other studies that will be reviewed. The statistics released by the ARNN for the 1993-94 year suggests that only 743 (16%) of the 4646 nurses registered at that time had baccalaureate degrees in nursing. If the minimum entry level to nursing in the year 2000 is a baccalaureate degree in nursing, why are more nurses not enrolling in education programs? Why have the numbers increased by only 1% in three years? What can educators, educational institutions, and government do to change these statistics?

Background to the Research Study

In Canada, as well as in the rest of North America, we can trace the evolution of the nursing profession from that of a physician's assistant through a period of higher education to where we stand today as a dynamic profession equipped to deal with the constantly changing world. Traditionally, nursing schools were attached to hospitals rather than educational institutions, the remnants of which remain to this day. During the formative years of the profession it was thought that women were not expected to expand their education outside the formal public education system. The focus of the training

emphasized "the development of personal qualities, such as altruism, womanly devotion, and dedication, rather than traditional educational objectives such as acquisition of knowledge or the ability to think and reason" (Baumgart & Larsen, 1992, p. 385). A woman was not considered the major breadwinner and her salary was considered a supplement to her husbands. Nursing students were counted as staff members in the hospitals in which they trained and, in many cases, carried a major share of the workload. As a result, the training focused on closely supervised clinical training to perfect technical skills, such as suture removal, rather than independent thinking and cognitive abilities. It was felt that women were biologically unsuited to the rigors of serious study, so to educate her in the same way as a man would be wasteful and make her less of a woman. Instead, she was given a brief, practical education in a carefully supervised environment where she learned by using "hands on experience" (Coburn, 1974).

The Weir Report, commissioned in 1932 by the Canadian Nurses Association, documented the many problems in nursing education up to the 1940's (Baumgart & Larsen, 1992). It heralded an era of reform in hospital based training for nurses in which responsibility for basic nursing education would be transferred from hospital-based schools to institutions of learning such as universities. These recommendations were difficult to implement because students were counted on to staff the hospitals in which they trained. The educational experiences were shaped, not by educational objectives, but by the service needs of the hospitals.

The Canadian National Association of Registered Nurses (CNARN) was formed in 1908 with the primary objective of encouraging mutual understanding among nurses in

Canada. Another goal of the association was to elevate the standards of education and promote a high standard of professional honor. The name was changed to the Canadian Nurses Association (CNA) in 1924, but the objectives remain the same (Mussallem, 1992). In 1948 Lucile Brown's report, "Nursing for the Future", also recommended nursing education be moved into universities and this heralded the start of baccalaureate degrees in nursing (Baumgart & Larsen,1992). In 1982, the Canadian Nurses Association adopted the position that, by the year 2000, the minimum educational requirement for entry into the practice of nursing will be a Bachelor of Nursing (BN) degree (CNA, 1982).

The argument for increasing educational requirements for nursing is based on the premise that nurses, in the twentieth century, have a more dynamic role than they had in the past. The premise is that education must reflect this more dynamic and complex role and that nurses have to be more involved in the decision making in health care if the health care system is to survive (Growe, 1991). Today nurses are accountable for a much broader range of actions and function at a higher level than that of a physician's assistant. Technology and research have added a greater depth to the level of care they provide. Consumers of the service are more knowledgeable and demand a high quality of service from the providers of health care. Finally, the profession has been disadvantaged in having the distinction of being the only major health occupation that has not standardized its entry qualifications to require a university degree for its basic preparation (Baumgart & Larsen, 1992). University credentialling is an asset that could enhance the power of the profession.

Literature Review

Lauder and Cuthbertson (1998) studied the financial and family problems that mature students experience as a direct result of undertaking a course in nursing education. The research was conducted under the theoretical framework of McGivney (1993) which suggested that the constant changes and transitions experienced by individuals from one period of their life to another bring about both opportunities and problems. Their findings concurred with research conducted in Newfoundland (Earle & Chard, 1993) that found that financial concern and concerns due to family commitments were found to be major issues with the students surveyed. Lauder and Cethbertson (1998) looked at gender differences between male and female students and suggested that the pattern of domestic and family problems was different between female and male students. Fewer male students experienced problems, although the gender difference was only significant in relation to household duties.

Dowswell, Hewison and Hinds (1998) studied motivational forces affecting participation and effect on home and work-life. They looked at twenty-nine health professionals enrolled in a part-time health science degree program. Their findings were consistent with the literature in that perceptions about occupational and personal benefits encouraged nurses to participate, while lack of time, money, and other practical constraints inhibit participation. This study found that professional factors dominated in terms of motivation, but the dominant practical effects of undertaking the course were within the private, personal domain of home. Many of the individuals studied felt

pressure from work to attend the courses. At the same time, the support from employeers they received tended to be very limited. As more and more nurses are BN prepared we can expect to see more of this line of thinking.

This issue of motivation for nurses to continue their education has been undertaken as a study by this province (Earle and Chard, 1993). In 1993 the Nursing Human Resource Subcommittee on Continuing Education published a paper entitled "A Descriptive Study of Newfoundland Nurses and Continuing Education" (Earle & Chard, 1993). When compared to my research the impediments were similar, but the motivating factors differed slightly. The two factors that were ranked as important in influencing the decision to participate were the enjoyment of learning and the feeling that it was essential for providing quality patient care. It should be noted that, in this survey, course accessibility and convenient time slots were not an issue, though they were readily identified in my survey. The impediments were similar with inconvenient times, family responsibilities, and difficulty of obtaining time off from work. These consistent results remind us that certain issues remain constant.

Rather (1994) surveyed fifteen registered nurses and several faculty members who returned to school to complete their BN to ascertain what they found meaningful in their experience. The main theme that emerged was "Schooling for Oppression" – how the contested ideology of professionalism and the traditional teaching strategies were used to prescribe the thoughts, values and behavior of the RN's. It was found that, though the faculty thought curricula addressed common RN concerns about flexible scheduling, content relevancy, and redundancy, the RN's held the opposite opinion. The feeling of

"powerlessness" and "them against us" were issues of concern for the RN's. They felt their fate was being directed and they did not have a choice. Education as the credential for professionalism was viewed with mistrust by practicing RN's who did not feel that they had to return to school to receive a credential to validate the professional status they already hold.

Oppressive teaching strategies were also raised as a concern. Instructors proclaimed theoretical concepts when the nurses practical knowledge had extended their understanding beyond theoretical principles. Their oppression stemmed from the fact that their RN knowledge was not recognized or valued to the same degree as was theory. It was felt that instructors devalued practical knowledge over their theoretical knowledge(Rather, 1994).

The work of Freire (1970) was used by this author to assist in the understanding of the oppression revealed in the study. His "theory" espouses the view that education is never neutral; "it either oppresses or liberates" (Merriam & Cafferalla, 1991, p262). His view of oppression is "the imposition of a person's (or groups) choices upon another, transforming an individual's consciousness and bringing it in line with the oppressor's" (Rather, 1994 p. 264). This was applied to the oppressive teaching strategies used with RN's.

Thompson (1992) presents a model of RN's participation and persistence in BN programs. She conducted in-depth interviews with eighteen nurses enrolled in a BN program. Seven themes emerged from the data analysis including finding the right time, maintaining balance, commitment, reslicing the pie, juggling, support, and non-support.

A participation model was developed and "finding the right time" and "maintaining a balance" provide the titles for the phases that were described. Cross's (1981) Chain of Response model and McClusky's (1973) concepts of load, power, and margin in adults' lives were used analyzing and interpreting the model.

McClusky's (1973) concepts of load, power, and margin in adults' lives were used in analyzing and interpreting the model. The multiple roles of the nurse (nurse, wife, mother, and student) made up their external load. Internal loads consisted of their expectations of how well they wished to perform academically and how they could continue to be successful wives and mothers. It was found that the nurses in this study were willing to proceed with little or no margin. Their goal in juggling was to achieve a balance, which suggests a load-to-power ratio near 1.00. The stress of trying to maintain this balance could explain why many nurses do not persist in their educational endeavors.

Advancement of career goals was cited as the main reason these nurses returned to school (Thompson,1992). No mention was made of external pressures from the institutions in which they worked. Was their motivation intrinsic or were external pressures behind their decision to return? A nurse who is intrinsically motivated to pursue educational opportunities would tend to have a more positive attitude than one who was forced to do so. This attitude may contribute to her persistence to achieve her goal of completion.

"Commitment" was a new variable in participation that was introduced by these nurses. It involved a willingness to overcome all obstacles identified in Cross's (1981)

categories of external conditions to adhere to their decision to return to school. It was interesting to note that when the nurse was committed to pursuing her BN, and was able to fit school into her life, it was "the right time" to return. Persistence was strong if their schoolwork could be juggled to fit in with their other roles in life. It was found, to use McClusky's (1973) concepts of load, power and margin, that nurses were willing to proceed with little or no margin. This could influence a nurse to use situational factors (such as a sick child) as an excuse to quit rather than continue.

Statistics show us that, for a number of reasons, large numbers of adults are deciding to pursue continuing education throughout their lifetime (El-Khawas,1996). The profile of a student attending post secondary institutions has changed from that of a young person who lives at home to that of young to middle-aged adult with family and career responsibilities. The paradigm of adult learning depicts the adult learner as an autonomous, mature individual who freely chooses to continue his or her education because of intrinsic motivation or because it is relevant to some aspect of life, such as a career change.

We must be aware that this is not always the case as many are forced to return to school because of increased technology, layoffs, or demands in the workplace. Leicester (1994) writes of "post-compulsory education" and identifies a continuum with a person freely choosing to enroll in an education program at one end and being coerced into doing so at the other end. He distinguishes among an "unconditional choice" where a person attends a course for its own sake, a "conditional choice" where he is there probably because of career commitments, and a "coerced choice" where he must attend in order to

keep his job. We can apply this quite readily to the nursing profession in Canada. If the standard after the year 2000 is a BN prepared nurse, diploma prepared nurses will be at a disadvantage during job competitions. So at the low end of the continuum the choice is "conditional" whereas at the high end it is "coerced". No matter what the choice, adult educators should strive to provide an adequate learning environment geared to meet the needs of the learner.

As colleges and universities work at increasing interest, opening up educational institutions and providing different kinds of learning experiences for those enrolled, the concept of prior learning has become accepted. Scoville and Barlow (1988) present a case analysis of a nursing program at the University of Kansas which acknowledged RN's prior leaning experience. Their RN program was streamlined to meet the needs of today's RN students. The option was that RN's who qualified could complete both a baccalaureate and master's degree in nursing in a two-year time frame. Self-motivation, family and peer support, and flexible work scheduling were the personal characteristics that were reported by the students that promoted success. Essential faculty characteristics included encouragement of student progress, support, and the ability to relate to RN students as peers. Program characteristics that promoted success were flexibility, excellent learning resources, and peer interaction.

Due to the fact that the vast majority of nurses are female, research on males in the nursing profession is limited and scarce. This should change as more and more males enter the profession. For the time being, however, we should accept the fact that much of our research is gender biased. Lauder and Cuthbertson (1998) looked at course-related

family and financial problems of mature nursing students and did a gender comparison. It was found that fewer male students experienced problems with domestic and family problems than did female students. McCutcheon (1996) studied 66 female and 56 male nurses to investigate the relationship between nursing experience and sex-role orientation and values. It was found that male nurses, when compared to the general male population, lack stereotypical feminine traits. No support was found that nursing feminizes male nurses; therefore many of the issues specific to females would not be the same in male nurses. It was noted that it was possible that the male and female nursing common experiences might lead to some convergence in both personality and values. This information will be beneficial because Okrainec (1994) predicts that in the near future more males than ever before may choose nursing as a professional option.

Purpose, Scope and Methodology of the Study

As we enter the twenty first century we are entering an era where entry level to the most professions an undergraduate degree. Wagner (1989) examined other groups of health professionals and found that entry level for most is as master's level (social workers, dieticians, physical therapists, and pharmacists). Professions such as medicine and dentistry require at least an undergraduate level of training to practice. As nurses collaborate with these professionals, they need to be educated at a higher level so they can work together at the same level. We need to look carefully at the numbers of nurses who were not trained at this level. If they are to compete in the job market of this new century, they will need the educational requirements that will enable them to compete with younger, more educated candidates.

The purpose of my study was to identify factors that both motivate and impede registered nurses to return to school to access some form of continuing education after graduating from a diploma program. Much of the focus was on a baccalaureate degree (BN) in nursing but other forms of continuing education were also included. This study stemmed from the fact that, in 1994, only 16% of the 4672 nurses registered in this province had attained, as their highest level of education, a baccalaureate degree in nursing (BN). The information was obtained from the ARNN's yearly registration statistics. The aim was to distinguish whether the lack of interest was inherent in the profession itself or whether it was due to factors outside the profession.

A questionnaire was used to survey registered nurses at a specific hospital in the St. John's area (see Appendix C). Advantages to this method were cost, convenience, and the potential for anonymity. A group of unionized registered nurses were randomly selected who had completed a diploma in nursing and had not completed a baccalaureate degree. This group was used to try and reduce the chance of extraneous variables influencing the results. The goal of the research was to identify motivating factors and impediments specific to RN's and their quest for continuing education. The questionnaire contained a mixture of structured and unstructured questions. Most were structured; however two of the questions were open-ended. The intent was clearly explained to the participants, including the method to be used. The sample was not disturbed, except by the process of measurement. The analysis of this study was intended to give the researcher insight into identifying motivating factors and impediments to registered nurses in their quest for continuing education.

The methodology used in the primary research was the distribution of a short questionnaire to registered nurses (RN's) between the ages of twenty-five and forty years. The questionnaires were distributed along with a return envelope to secure anonymity. This age group was chosen because they would be active members of the workforce after the implementation of the new standard in the year 2000. All respondents were white females. Thirty-five questionnaires were distributed and twenty-six were returned for a response rate of 74%. Questions gathered information on: (a) age of respondent; (b) classification of position in bargaining unit; (c) years of experience in nursing; (d) whether they had enrolled in any education programs since graduation; (e) number of university credits; (f) motivating factors in order of importance; and (g) impediments in order of importance. Secondary research was carried out through a library search of information related to RN's experiences when returning to school that dealt with adult education.

Research Findings

The results of the study have been translated into graphs and can be seen in Appendix D. The age distribution in the study was between twenty and forty years of age. Thirty six percent (36%) of the respondents were between thirty-six and forty years old. This may be as a result of the low turnover rate in the institution that was surveyed. Twenty-two (36%) were classed as NS 24's which is the entry level nursing (the (NLNU) collective agreement only recognizes four classifications of nurses in hospitals). Twenty-two of the twenty-six respondents were employed in full time positions and the years of experience varied from five to greater than twenty years with the majority (36%) having

more than sixteen years. Eighty per cent of the nurses had enrolled in some sort of continuing education since graduation, with forty per cent having completed greater than ten university credits. This was very encouraging; however, the numbers reflected in the statistics indicated that nurses do not persist in their educational endeavors. The motivating factors were scored from one to three with one being the most important. They included (1) financial support; (2) pay incentive/ job security; and (3) interesting courses. The impediments were scored the same way and included: (1) lack of time to pursue studies; (2) cost of university; and (3) course accessibility.

Conclusions/Discussion

Eighty per cent of the nurses surveyed in my study had enrolled in some sort of continuing education since graduation and forty per cent had greater than ten university credits. The respondents demonstrated an interest in education, but reported impediments were too great for them to persist. The results are consistent with finding from the library search. My recommendations were that the ARNN do a needs assessment of the RN's in this province as to their willingness to participate in post RN degree programs. During this time the impact on the "BN 2000" goal on the profession of nursing should be addressed in an advertising campaign. Once the assessment has been carried out the ARNNL, along with the NLNU and the St. John's Health Care Corporation, should do everything in its power to assist nurses who want to pursue their degree. Suggestions for assistance include grants to assist with cost, low interest loans, paid educational leave, more distance education, and flexible scheduling to accommodate students.

A classical debate in the study of motivation is whether behavior is more ruled by biological drives within us or pulled from without by incentives. Regardless of how we look at it, adults need to be motivated to pursue an identified goal. How can we identify incentives? What factors affect motivation? What interferes with motivation? Finally what can be undertaken that would encourage them to persist in their endeavors? These were some of the issues addressed in my research.

As seen in the previously described research findings, one of the primary reasons that adults participate in learning activities is related to vocational purposes such as obtaining a job, keeping a job, and promotion or advancement. As well, there are often life stage transitions or triggers that become the catalyst for a person to participate in a learning activity. If a nurse found herself in the position as a single parent who needed more money to support her family, she may have to return to school in order to get a promotion.

The decision to pursue a specific career is usually made during early adult years of the life cycle. The aim of many nurses is to finish training, obtain a job, and turn their attention to the next phase of life which sees a shift from education and learning towards family and career obligations. Lifelong learning may not be a priority at this stage of their lives. Thompson (1992) studied registered nurses participation and persistence in BN programs. Her research highlighted the technique of "reslicing the pie". This label comes from a technique used by adult learners where the circle (pie) is divided into pieces of varying sizes denoting a person's life. The size of each piece is determined by the priority given to that aspect of life and the amount of time allotted. Many factors

including those consistent with Cross's (1981) categories of external conditions such as transitions, barriers, and opportunities influence whether school fits into the pie at a given time. Commitment was identified as a major component necessary to make the pieces of the pie fit together and maintain a balance. Finding "the right time" is an individual decision and can be a naive assumption. When is it "right" to take on such a task as that of returning to school along with balancing family and career responsibilities? One can only imagine how difficult it must be to balance the internal and external factors that play a part in a person's decision to participate. Many times, when we cannot balance all the factors we use "situational factors" to save face and give us a reason not to persist.

A study carried out by Dowswell, Hewison, and Hinds (1998) looked at motivational forces affecting participation and effects on home and work life on a cohort of students in a part-time health science degree. The group included nurses, midwives, and allied professional staff. It was found that motivations to participate stemmed from either the professional or personal life of the student. Responses within these domains were either future orientated or related to perceptions about their past or present situation. The past and present perceptions tended to be negative as they related to the students' perceived lack of education or pressure from society to enroll in a program. The future responses tended to be more positive as they referred to better opportunities available through education.

If we apply Miller's Force Field Analysis Model to this situation, the negative forces may well outweigh the positive forces and decrease the students' willingness to participate. Although the aim of the "BN 2000" goal was to standardize entry-level

training for nurses, we may find that this can cause short-term problems in the workforce.
In the next few years we are likely to see nurses working at the same salary level who
have undergone quite different programs of preparation. The existence of differing
education levels doing the same job in itself will lead to pressures on all staff to up-grade
their qualifications.

Rendon (1988) suggests that, because RNs are so diverse, strategies reflective of
adult learners are necessary to build on existing knowledge, interest, and competencies,
and to meet learning needs and foster professional potential. The goal of a BN program
is said to provide nurses with more theoretical and factual knowledge that serves to make
them better practitioners. All practice situations, however, are far more complex than is
viewed in a discussion of models or theories. RN's have first hand knowledge of these
situations. In applying adult learning principles, educators should move beyond basic
nursing knowledge and challenge students to look at difficult clinical problems. Post-
basic nursing students have the background that contributes to an analysis of the
situations as they relate to theoretical background. This way of presenting material would
stimulate a higher level of thinking than if information was just passed to them.

Many RN students feel oppressed when they return to school. They feel they are
forced to return not because they want to, but because it is mandated by powerful others.
This is seen vividly in more recently posted job competitions where the minimal
educational requirement in a BN. This angers many nurses because many feel that they
do not need to return to school to be deemed a professional. They are perturbed because
they view themselves as professionals and now are coerced to return to school to receive

credentials to validate the status they already have.

There is usually a discrepancy in how RN's view themselves and how the educators view them. There is role fragmentation and conflict – clinical versus academic. The feeling is that the knowledge that the nurses have gained through practice is not recognized and valued to the same degree as the theoretical knowledge of the teachers. A personal experience has shown me that this is certainly the case. When asked to write a paper on my "opinion" as to how a nursing theory related to a professional experience, I was evaluated on what was expected from newly graduated RN students with very little experience. Educators aware of adult education principles would have taken into consideration the fact that my work experience would make me view an experience in an entirely different perspective than someone with little experience. Adult educators should not be intimidated by the experience of their students, but let them contribute to the learning experience through the elaboration of their experiences.

Rather (1994) writes about the lived experience of the returning RN student. She highlights the sense of powerlessness and oppression experienced by students who returned to school. They felt restricted in their selections and to what the educator wanted them to do. Their "choices" seemed like "nonchoices". Using the principles of adult learning, the students would be encouraged to participate in the learning experience. Dialogue could be the primary instructional approach, including discussion, debate, position papers, and other active strategies. Self-paced learning options could add flexibility to the curriculum. If a nurse shows competence in a clinical area, he or she could concentrate on theory.

American studies identify personal problems, financial difficulties, illness, new career choices, and academic failure as reasons why students drop out or leave a program (Rosenfield, 1988; Smith , 1990). Many of these issues were identified in my primary research. Following from this, we must provide better support services for students who wish to continue their education. Such services should include orientation programs geared specifically towards adult learners, and strategies to link students with each other and faculty. Financial aid in the form of scholarships from hospitals, professional associations, and unions would address one of the major deterrents for nurses.

The educational institutions of the future need to be aware of the challenges that will face the nursing profession and the ways in which education can prepare nurses to face the challenges. The role of nurses in the future health care system is changing from that of the traditional hospital-based nurse to a more independent, autonomous individual who will be required to be qualified to assess the immediate and emergent needs of the patients they will serve. Societal changes such as consumer expectations, government funding, demographics, organizational change, and technological changes will also affect the way nurses are expected to be prepared. Socioeconomic and demographic changes in Canada have an impact on health care. These include new family configurations, an increasing elderly population, increasing child poverty, increased technology, and less staff to do the work. Financial constraints have forced increased efficiency and effectiveness in all spheres of activity, including health care and education. Historically, lack of incentives, rewards, and support systems have been identified as impediments to nurses who wish to continue their career in nursing. This remains a problem at the

present time. The question is how professional associations, unions, and health care

corporations can assist to remove the barriers that impede nurses from continuing their

education. Mandatory participation does not appear to be the answer unless health care

institutions are willing to compensate nurses or provide the education during work hours.

Maybe we should adopt the philosophy that "nurses need carrots, not sticks, to

encourage them to engage in lifelong learning" (Baumgart & Larson p. 464).

Administrators should consider nursing as a revenue center rather than a cost

center and thus begin to value and recognize nursing's contribution to the organization

(Johnson, 1989). Educators and institutions of higher learning must be aware that

nursing, like other professions is serving a population of adult learners with needs that are

somewhat different than the traditional undergraduate student of the recent past. These

students expect and will demand educational experiences that fit both their intellectual

and situational needs. These needs can be addressed by using more individualized

approaches, flexible educational programming, and increased faculty time. An awareness

of the needs of these students can lead educators and institutions of higher learning

towards the development of positive learning experiences for registered nurses who

decide to continue their education.

Challenges Facing the Profession

The educational needs of any profession change as a result of social and economic

changes that are usually directed by government. We have done much to dispel the

cultural attitudes towards women which, according to Baumgart and Larsen (1992),

contained women in their proper place and emphasized womanly devotion and dedication

rather that their ability to think and reason. It was thought that women needed a brief, practical education in a supervised environment where she learned by doing. According to Baumgart and Larsen (1992) "the remnants of this heritage are still evident in much of today's nursing education in the emphasis on closely supervised clinical training to perfect technical skills" (p. 384).

Segal (1985) shares these views. According to her, the courts and public disagree as to the difference between 'training' and 'education' and often view disparity between the educational curriculum of nursing students. She suggests that "to dispel this image once and for all, nursing must consider standardizing the educational program for entrance into the field" (p. 43). The commitment to the BN 2000 entry level for nurses has spoken to this striking gap in nursing education.

According to Stewart (1981), as nursing has evolved, "tension has continued between two conflicting elements – those who see themselves as providing skilled, technical services as the assistant of the physician, and those who aspire to full professionalism" (p. 21). The latter are referred to as those holding leadership positions in education, administration and nursing organization. The former is referred to as clinical nurses that administer patient care. The aim of the BN 2000 entry-level degree was to see all entry-level nurses prepared with a single level of education. However, given the present startling statistics, the CNA has acknowledged that this aim would not be realized until the year 2045 (ARNNL, 1992).

To address the disparity that will exist between the registered nurses who remain in the workforce after the implementation of the BN standard and the new graduates,

major changes have been made to nursing education. Both provincially and nationally

post RN programs have been adapted to suit the needs of the nurse who is working and

needs to pursue her degree on a part time basis. Distance education, correspondence

courses and internet access have made it possible for nurses in remote areas to receive a

degree without entering a university campus. This encourages many nurses to access

educational programs and persist until completion. However, other issues need to be

addressed such as insignificant salary increases for higher levels of education, weekend

and evening work, and a serious shortage of nurses in Canada. One would hope that the

current nursing shortage would not deter nursing leaders from their pursuit of higher

educational standards for nurses.

Another serious challenge to the educational level of nursing comes from the lack

of a well-defined body of nursing knowledge that is built upon by research in a clinical

setting. This research is usually performed at a graduate level so it is essential that more

nurses are prepared at this level. According to Kerr and MacPhail (1996) the first

Master's program for nursing was introduced in Canada in 1959. Since then many other

universities in Canada have initiated programs. In January 1991, the Faculty of Nursing

at the University of Alberta initiated a doctoral program, and since then three other

universities in Canada have initiated programs (Kerr & MacPhail 1996).

Professional Associations and Nursing Unions

Within their professional associations and unions, both national and provincial,

nurses can affect local, provincial, national and international trends. Working through

their professional associations and unions, they should have representation on committees

in government that impact health care decisions. In Canada, all provinces except Quebec belong to a national professional body called the Canadian Nurses Association (CNA). When it was formed in 1908 as the Canadian National Association of Trained Nurses (CNATN). Identified as its main objectives were the elevation of standards of education and promotion of a high standard of professional honor. The provincial associations were formed primarily to establish educational and practice standards for nursing and thereby protect the public from unsafe practitioners (CNA, 1968). The Newfoundland Graduate Nurses' Assocation (NGNA) was formed in 1913 and changed the name to Association of Registered Nurses of Newfoundland in 1953. It was instrumental in planning the implementation of the baccalaureate entry level program and working with government on workforce issues.

Although educational responsibility is under provincial jurisdiction, the role of the national association in promoting education standards is significant. It maintains a liaison with national and provincial medical associations, and is involved in lobbying the federal government and other agencies to ensure nurses' best interests are considered when new policy is formed.

The Canadian Nurses Association biennially reviews its long-range plans and priorities to ensure that the organization is well situated to respond to changing developments. They survey key stakeholders, which include CNA Board of Directors, nursing schools, national health organizations and CNA staff to name just a few. Their responses are tabulated and released in a document entitled "Trends and Issues". In January 1999 the results of the Canadian Nurses Association's External Scanning Survey

was released for the year 1999-2000. Many trends were identified that would impact

nursing in the 21st century. It stated that "there is an obligation for nursing to be

accountable to the public, to be credible and to have the confidence of government"

(CNA, 2000 p. 3). Grave concern was expressed about the future nursing shortage as a

large cohort of nurses approach retirement. The fear is that well-educated experienced

graduates would not replace them unless something is done to improve the working

conditions, salary, and quality of life offered to nurses. The trend towards the hiring of

nurses in casual positions was identified as a deterrent for nurses to stay in the profession

when they could get more permanent, stable jobs elsewhere. The prediction was that

"shortages of experienced personnel, along with the erosion of funding and continued

cutbacks, will result in exhausted and burnt-out health care professionals" (CNA, 2000 p.

3).

In the analysis of trends it was noted that the impact of technology on the health

care worker was very significant. It was felt that, in order to compete, nurses and other

health care workers should have the same access and comfort using the Internet as the

informed consumer or client. This would impact significantly on continuing education

programs offered to nurses because it would mean that all nurses require computer skills

and education on accessing the internet and utilizing computer resources.

In order to address these issues of concern to all nurses the CNA, along with the

provincial associations, need to take a position that supports a good quality of worklife

for nurses. It is necessary to lobby government and health care corporations to support

their stand before shortages reach the extreme. Oulton (1995) defines lobby groups as

"creative, proactive, communication vehicles that provide a necessary and valid function in the policy setting process"(p. 8). She advises that nurses, to be effective in influencing politics, must attend to politics in nursing before they move on to the broader arena that is the larger political field. Prerequisites to an effective lobbyist include credibility, unanimity, and legitimacy. If nurses are to be effective in their lobbying efforts to increase the quality of worklife they have to make a united stand citing examples which impact the quality of healthcare in this country. The objectives should target avid recruitment efforts and financial incentives that will encourage people to enter the profession. Good educational preparation, along with consistent continuing education should be offered in order to maintain an appropriate level of expertise.

These efforts can start at the provincial level and progress towards a national level. Nurses can write their area candidates to seek their views on the issue. One-on-one meetings or "all candidates" meetings to discuss the issue as it relates to health care can be arranged. Media coverage of these meetings will publicize the ongoing debate about the issue. Quality of healthcare is foremost on the minds of Canadians as we head towards the new millenium. It is up to our associations and unions to bring forth the views of a profession that, by sheer numbers alone, affect the health care of our nation.

An example of a recent lobbying effort is the initiation, and ongoing participation in, the health action lobby, (HEAL). In the February 1991 budget, the federal Minister of Finance announced the intention of the federal government to freeze transfer payment of health and post-secondary education. The negative impact on our health care was realized by many organizations that voted to join a coalition to increase the strength of

their lobbying activities. Seven national groups – the Canadian Hospital Association, the Consumers' Association of Canada, the Canadian Medical Association, the Canadian Public Health Association, the Canadian Long Term Care Association, the Canadian Psychological Association, and the Canadian Nurses Association joined with their varying views to discuss how the situation should be approached. This group carried out many lobbying activities including a presentation to the Parliamentary Committee on the Constitution, commissioning and releasing discussion papers concerning fiscal transfers and administrative options for our health care system, and meeting with ministers of health and finance at federal and provincial levels.

Universities

We have identified how unions, professional associations, and health care corporations can function in encouraging nurses to continue their education past diploma level and join the growing number of lifelong learners. Once we have recruited nurses to enroll in further education, we must be aware of the principles of adult learning that will retain them as students. "Nurses have internalized the state of the healthcare market and are keenly aware of the need to fulfill the expectations of employers and the public, while fulfilling their own needs for education and pursuing their own professional and career trajectories" (Gould et al, 1999). It is up to the people who provide education in our institutions to discern the needs of these students and provide for them the type of educational experience they need. This would include an awareness of learning styles, assessment of prior learning skills, along with an awareness of external barriers to education faced by these students.

Training needs analyses have indicated that the programs that we are offering fall short of a match with what a student needs (Sheppard, 1995). Problems highlighted by this author include inadequate provision of funded study leave, staff shortages compounding difficulties of attendance, and the need to involve practitioners more closely in course planning. What is needed is a flexible, high quality education program supported by a partnership among institutions of higher learning, communities, and the health care industry. If we want better-educated nurses we must adhere to principles of adult education. In the case of registered nurses this would include strategies such as work time for clinical experience, the use of preceptors, credit for experience, access to the latest technology, and financial assistance for nurses who wish to enroll in an educational program. These programs need to be designed to meet the needs of the diverse student who will be seen in the classroom in the year 2000.

The previous research has shown that nurses' motives for participation were determined by both personal and professional factors. Unfortunately, participation is often prompted by negative feelings about themselves and their professional status. Sometimes it is associated with (largely negative) changes in the home and family life which create additional financial burdens (Dowswell, Hewison, & Hinds, 1998). Awareness of these barriers can equip institutions of higher learning to put processes in place that can ease the burden of these students. Much has been done in this area but we have a long way to go.

As obstacles faced by adult learners have been recognized, universities have had to become very innovative in their delivery techniques. Advances in technology have

made many of these innovations attainable. Adult learning principles should always be kept in mind when designing and delivering these programs and the methods of delivery must be constantly reassessed to meet the student needs. The explosion of Internet access and almost instantaneous high quality levels of interaction have made learning much easier. Although video and print media are still used, the computer is fast becoming the method of choice for delivery of innovative programs. They can be used for simple drill and practice programs to experimentation with simulations that would be too costly to duplicate in real life.

Accessibility to education is essential if we expect nurses to take advantage of educational opportunities offered to them. Newfoundland, along with much of the rest of Canada, is demographically situated such that access to education was difficult because communities were so far away from the larger centers where the programs were offered. As universities tried to accommodate the needs of the students, they at first altered course schedules so that courses were offered in the evenings and on weekends and/or sent faculty off campus to deliver the courses at other locations. As the demand to provide more inventive ways to deliver the courses increased and technology improved universities ability to develop courses in distance had improved dramatically. Distance education has emerged to create a cost-effective, high quality learning environment outside the parent institution that allows both individualized and mass instruction. The use of distance education and correspondence courses have been instrumental in assisting registered nurses to enroll in educational programs that before would not have been an option. Memorial University has succeeded in offering the post-RN program via

distance, enabling nurses from remote districts of Newfoundland and Labrador to access the program.

Flexible Models of Education

Traditionally, students who wished to pursue a university degree were expected to adapt to traditions, systems, calendar and location of the university. Houle (1981) noted that the education of professionals was being influenced by three major trends: (1) the increasing age of people entering the professions, (2) an increased willingness to change professions, and (3) the older age at which some people experience the initial desire to learn. Nurses, as a population of adult learners, have specific needs that are different than the traditional undergraduate student of the past. Some differences include work scheduling difficulties, family commitments, and institutional support. The new student body is becoming older and more diverse. Students in an undergraduate class may include new high-school graduates, first-time adult learners, educationally disadvantaged students, and ethnic or gender minorities (Lenhart, 1980). This population requires more individualized approaches, increased faculty time and support, and flexible educational programming. It will take a collaborative effort between industry and education to address some of the problems that have been identified. One of the areas of concern is the conservation and allocation of time, location, and resources. Issues related to time have been identified and include time off work, integration into personal and family schedules, and coordination of clinical placements. Issues of location include the travel distance to a center that provides the educational program, and access to necessary facilitates such as libraries. Resources include financial, personal, and peer support

necessary for persistence in a program.

Shift-work has long been recognized as a barrier for nurses who wish to attend university on a part-time basis. Work commitments often make it impossible to attend nighttime classes and keep up with the rest of the students. This barrier has been addressed using creative approaches such as on-line courses, night classes, and correspondence courses. Institutions should encourage managers to support staff members who are willing to juggle their schedules in order to attend classes.

Non traditional students require strong support mechanisms for advising and career development. It is important that they be aware of where they can access this support. Students Older Than Average (SOTA), at Memorial University, is one such group who may be an asset to older students who are intimidated with the university atmosphere. It gives them the opportunity to interact with students close to their own age and gain support from them. Orientation programs should be adapted to meet the needs of the non-traditional student so they are made aware of the support programs that are in place.

Sound educational principles should be the base from which flexible learning is developed. The necessary support services are essential along with focus on curriculum and delivery methods. A required clinical component of nursing often means that a student must spend time in the clinical setting. This often means a financial strain on the student as well as a commitment of time and effort on the part of the staff in the institution. One solution to this would be to give credit for clinical experience based on work experience. The use of the preceptor model has the potential to free faculty time and

provide supervision to the student in the clinical setting.

Credit for Prior Learning

A prominent theme that has emerged from a review of nurses' participation in educational programs involves the sentiment that nurses are not valued for their clinical experience and their prior learning when applying to enroll in post-diploma degree programs. The concept of accreditation of prior learning is a good one when we look at a population of adult learners, but it is a difficult one to apply in practice. The difficulty lies in accessing a student's formal and informal learning and giving educational credit for these experiences. It requires the student to reflect schematically on past experiences and identify relevant specific knowledge and skills (Nytanga & Fox, 1991). This process has the disadvantage of being extremely time consuming as the student has to demonstrate how prior learning and experience equate to the desired learning outcomes (Murray, 1994). This requires considerable reflection of past experience on the part of the student. In view of the time and effort involved in the process, feedback from nurses has been positive (Houston, Hoover, & Beer, 1997).

The 1987 statement by the National League for Nursing supports credit for prior learning within the policies of the educational institution. These include such things as transfer of credit, standardized tests, teacher-made tests, and simulated or actual clinical performance evaluations. As we become better at assigning credit for prior learning, we may have to look at nurses' experience in the workplace, workshops, and in-service programs. The Council for Adult and Experiential Learning has developed guidelines that can be used to implement this option. This has been reported as having been used in

nursing (Bunkers & Gryer,1988).

Many students who do not have prior learning experience my be intimidated by things they are unfamiliar with. To many students who are not familiar with the university, the library can be a very intimidating and scary place. It should be mandatory that all students be required to attend a session on how to use the library or be forwarded step by step instructions on how to use it. The same can be said for seminars such as writing research papers, stress management, or report writing. Many of these seminars are available for students who are on campus during the day, but nighttime and distance students are unaware they exist.

Rewards and Recognition

As we reach the year 2000 where the new standard for the entry to practice of nursing is put in place, we need to look at some incentives which will make a nurse want to return to school to continue their studies beyond her diploma program. The benefit is the increase in career alternatives open to nurses with a degree, as it is increasingly becoming a requirement for advancement in the profession. Financial aid has been identified throughout national and provincial research as essential for nurses to commit to continuing their education. In reality, nurses cannot afford to give up their salary to return to school. Family financial commitments make it impossible for most to pay the increasing cost of university fees. As most nurses' yearly income make them ineligible for financial aid, it is necessary to develop creative approaches that can ease the financial burden. Concentrated time away from work for professional development is an option. Self-funded sabbaticals, such as those offered in academia, would help ease the financial

burden, relieve stress from role conflict, and shorten educational programs. Financial aid can be given through loans or tuition reimbursement offered by health care corporations, unions, and professional associations. Scholarships are another option that can assist the student. Continuing education courses are usually only recognized locally and do not count for credit towards a degree. What then can be done to provide financial incentives that would assist a nurse to return to school? Certainly remuneration in the form of salary increase according to the level of education achieved would be an incentive. Recognition in the form of continuing educational credits is another option to be reviewed.

Provincial associations, unions, and health care corporations have made an effort to provide financial incentives for nurses wishing to continue their education. For a list of the scholarships provided (see Appendix E).

Conclusion

As we enter the new millenium and the "BN 2000" deadline we need to adapt our institutions of higher learning to meet the needs of the students. The profile of the registered nurse in 2000 is not the same as it was ten years ago. "Educational changes reflect societal changes-albeit reactively and belatedly-and the content, if not the model, of baccalaureate education appropriate for nurses in the next decade will certainly be different that the present one" (Baumgart & Larsen, 1992, p418). Future nursing education will require that we analyze the past and present patterns along with trying to predict the patterns of health care delivery in the future. We must deal with the issue of mandatory versus voluntary continuing education, and problems related to accessibility and cost of continuing education. Research has shown that nurses are motivated to

pursue the concept of lifelong learning; however, the impediments are so great that many are unable to pursue their goal.

The health care system is a constantly changing entity and we must be cognizant of these changes and ensure that our education programs are relavent to the immediate and long-term needs of the system. Traditionally, recruitment to the profession of nursing has been predominately from the female population. Institutions of higher learning must target the broader population to maintain enrollment levels. Universities should be prepared for the emergence of a new type of nursing student that could include older adults, part-time students, minority students, single parents, and male students. Most of these students fit the profile of an adult learner so it is essential that the deliverers of education be aware of the principles of adult learning and apply them to the learning experience.

Conclusion to Folio

These papers have viewed the adult learner, not as a separate entity, but in the

context and the process of the learning situation. I have traced the evolution of theory

development, discussed the importance of theory in adult learning, and tried to integrate

theory and the principles of adult learning into the practice of adult education. Women·

were identified as a group of adult learners who are becoming a distinctive voice in the

education system. The feminist movement has impacted greatly on women in education.

I have described how this movement brought to light the oppression of this group of

learners and have brought an awareness of women's issues to the forefront. Finally, I

studied a group of female adult learners, registered nurses, and viewed them in the

context of adult education principles. Our knowledge of adult learners has expanded in

recent years so that we can predict how to best offer programs to these groups so they can

get the most from their learning experience.

The question is whether our educational institutions are adapting to meet the

changing student population. Merriam and Caffarella (1991) explain that, as educators,

we are moving away from describing the learning towards theory building.

> We are considering the sociocultural context in which learning takes place, thus
> shifting from a primarily psychological orientation to a broader psychosocial
> view; we are more cognizant of the social issues and ethical dilemmas involved in
> the provision and practice of adult learning; and we are examining notions about
> how knowledge about adult learning is produced and legitimized (p.316).

If educators are shifting their view towards the adult learner in the context of the learning

environment, institutions of learning will follow suit.

In *Sustaining Excellence in the 21st Century*, Katz and West (1992) describe a

new administrative vision for higher education:

> The vision represents a significant departure from existing cultural norms,
> structures, behaviors, and systems. In particular, it suggests the need for more
> widespread delegation of authority, rewards for employee risk-taking and
> initiative, an enhanced emphasis on service and quality, and increased reliance on
> the campus technological infrastructure and architecture (p.8).

This approach would encourage input from both students and faculty in the running of the

educational institutions and make it much easier to apply principles of adult learning.

Pat Cross (1991) addressed the future of post secondary education when she stated

" the problems we face now call for a new lens, new way of looking at issues, a paradigm

shift" (p9). Her contention is that we need to move beyond unidimensional and

multidimensional perspectives, toward a transformational view of higher education. She

moves through three stages of development.

In Stage 1, or unidimensional thinking, theories, events, and practice are shaped

"by a single dominant culture or paradigm, and frequently the alternatives are not even

visible" (p10). This belief was prominent when only the sons of the privileged had access

to education. Colleges and universities perpetuated the power structure of reproducing

those in positions of power.

After the influx of students post World War II, "individuals began to view human

behavior and social system through multiple lenses as a result of the increased numbers of

women and minority students attending college" (Komives & Woodward, 1996 p. 542).

New perspectives were introduced and alternatives were brought to the forefront. This

was viewed as Stage 2 thinking. A weakness identified by Cross (1991) of this stage is that "while there is recognition that multiple perspectives are richer, more inclusive, and more productive than unidimensional models, the new dimensions are simply added to the old; they aren't integrated to form a new vision" (p. 10).

Stage 3 thinking, or transformational thinking, would mean that we need to stop using an identifiable number of distinct cultures and ethnic groups as a proxy for social progress: "We are after transformed attitudes that recognize group differences, to be sure, but that also value individual difference" (p. 11).

If we were to realize such change in our educational system, we could be assured that the issues and concerns of groups such as women and minorities would be addressed. Until then we, as educators, can begin by making small changes in the classroom. We can come to know our students while recognizing their individual and group differences and bring to the classroom our knowledge of adult education as it has evolved up to this point.

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Appendix A

Characteristics of Adults as Learners (CAL)

Personal Characteristic

..........> Physiological/Aging .... >
..........> Sociocultural/Life Phases .... >
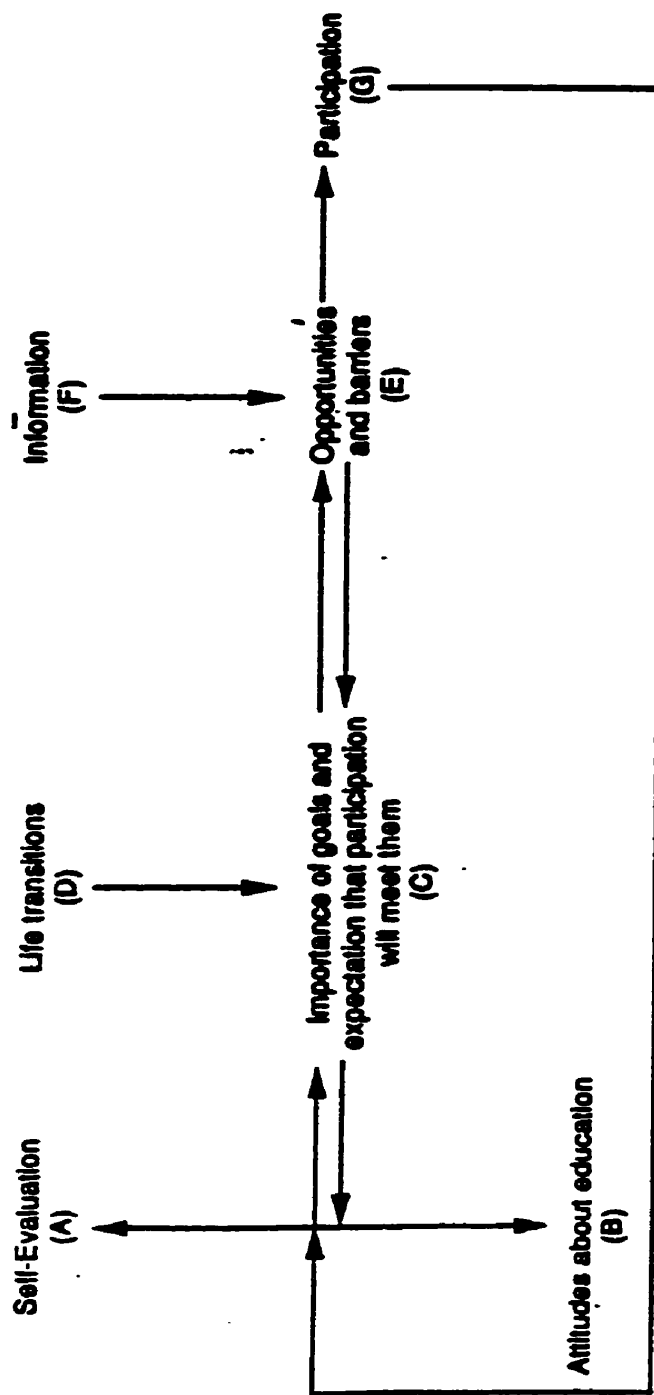..........> Psychological/Developmental Stages .... >

Situational Characteristics

Part-Time Learning versus Full-Time Learning
Voluntary Learning versus Compulsory Learning

Source: Cross, K. Patricia. *Adults As Learners.* San Francisco: Jossey-Bass, 1981, p. 235.

Appendix B

Cross's Chain-of Response Model for Participation in Adult Education

Self-Evaluation
(A)

Life transitions
(D)

Information
(F)

Importance of goals and
expectation that participation
will meet them
(C)

Opportunities
and barriers
(E)

Participation
(G)

Attitudes about education
(B)

Appendix C

Questionnaire For RN's to Assess Motivation to Pursue A Bachelor of Nursing Degree After Graduation From a Diploma Program.

Your present age is:

20-25 yrs._____ 26-30 yrs._____ 31-35 yrs._____ 36-40 yrs._____ >40 yrs.____

Your present classification is:

NS24____ NS25 ____ NS26 ____ NS27 ____ NS28 ____ OTHER___

Number of years experience in nursing:

0-5yrs.____ 6-10yrs.____ 11-15yrs.____ 16-20yrs.____ >20yrs.____

Status of employment:

Permanent Full-time_____   Casual_____
Permanent Part-Time _____   Other_____

Have you pursued any continuing education since graduation?

Yes_____   No_____

Specify # of credits in an accredited university

<10____ 11-20____ 21-30 ____ >30____

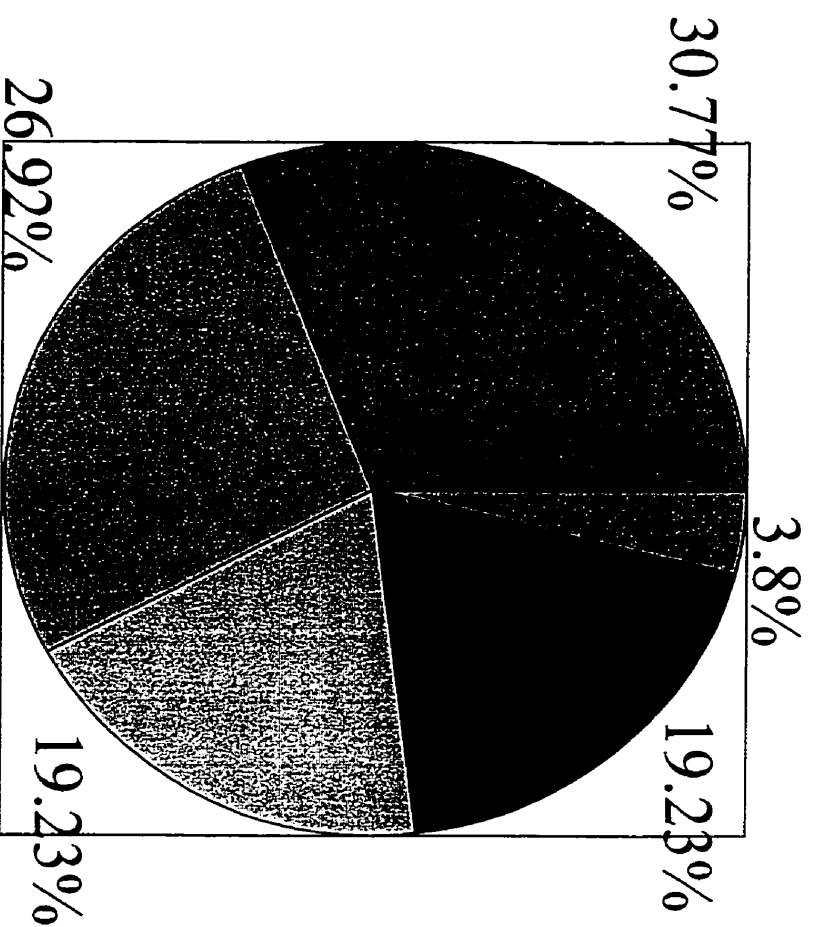List 3 impediments that you feel impede RN's from pursuing their BN
1. _____
2. _____
3. _____

List what you feel are 3 motivating factors that would encourage nurses to pursue their BN
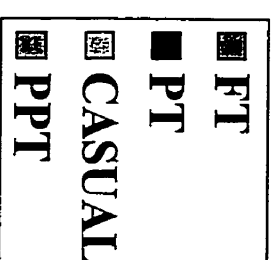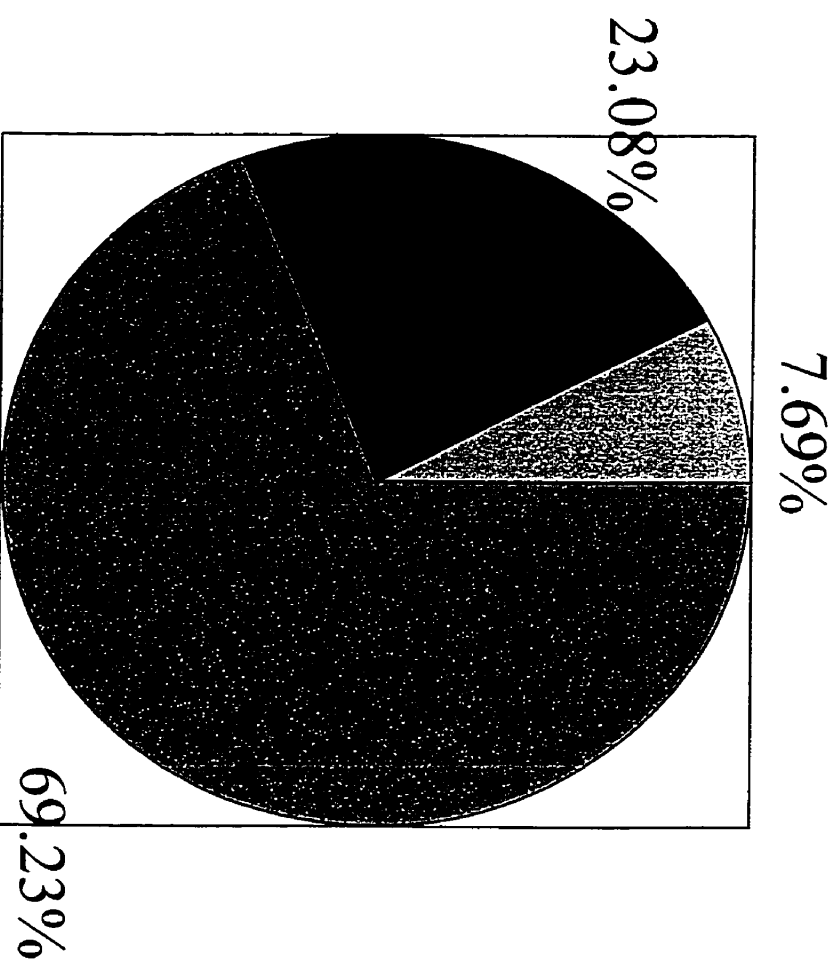1. _____
2. _____
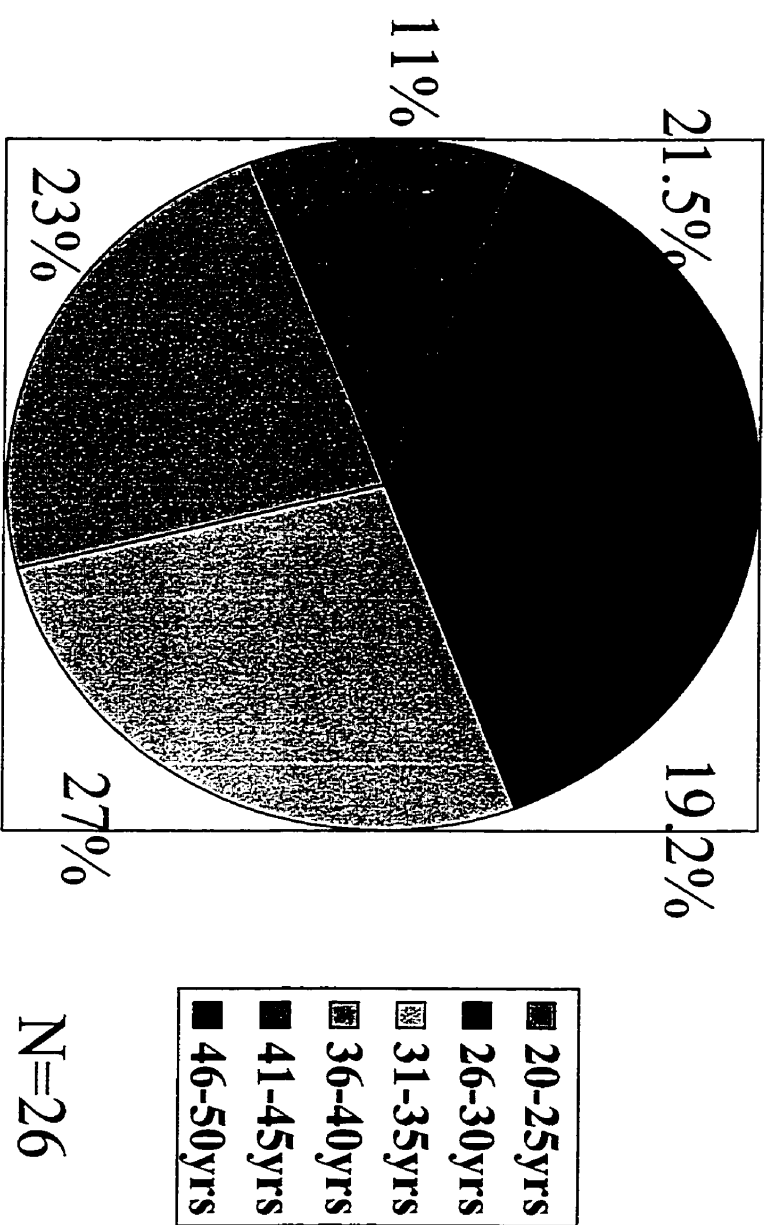3. _____

Appendix D

Years of Experience

30.77%

3.8%

19.23%

26.92%

19.23%

Legend:
- 0-5yrs
- 6-10yrs
- 11-15yrs
- 16-20yrs
- >20yrs

N=26

Employment Status

23.08%

7.69%

69.23%

N=26

FT
PT
CASUAL
PPT
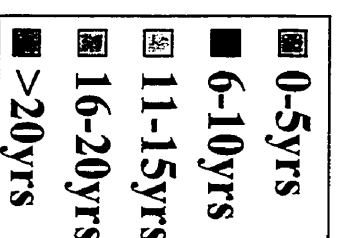
FT= Full time
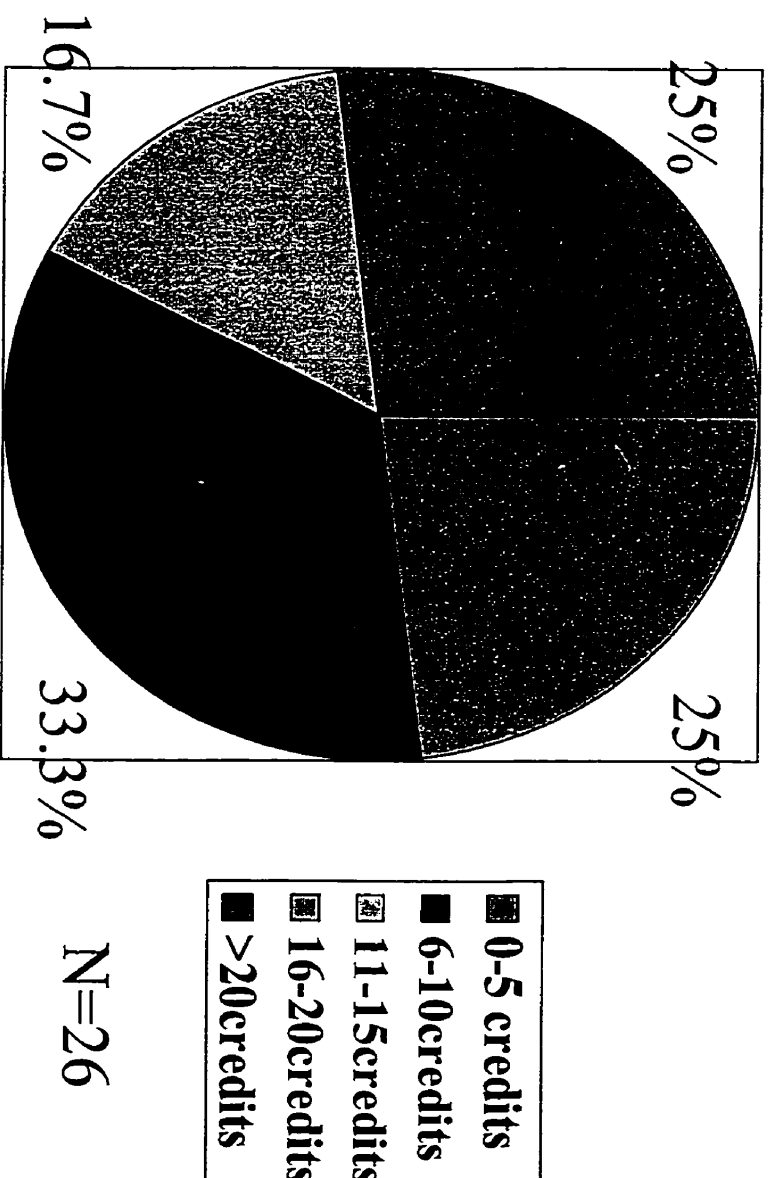PT= Part Time
PPT= Permanent Part Time

Age Distribution

21.5%

11%

23%

19.2%

27%

Legend:
- 20-25yrs
- 26-30yrs
- 31-35yrs
- 36-40yrs
- 41-45yrs
- 46-50yrs

N=26

Area of Study

8.33%

8.33%

4.17%

79.17%

N=26

Nursing
Business
Education
Other
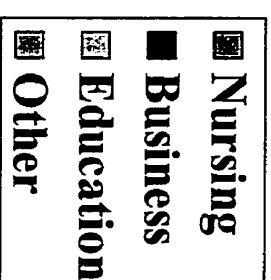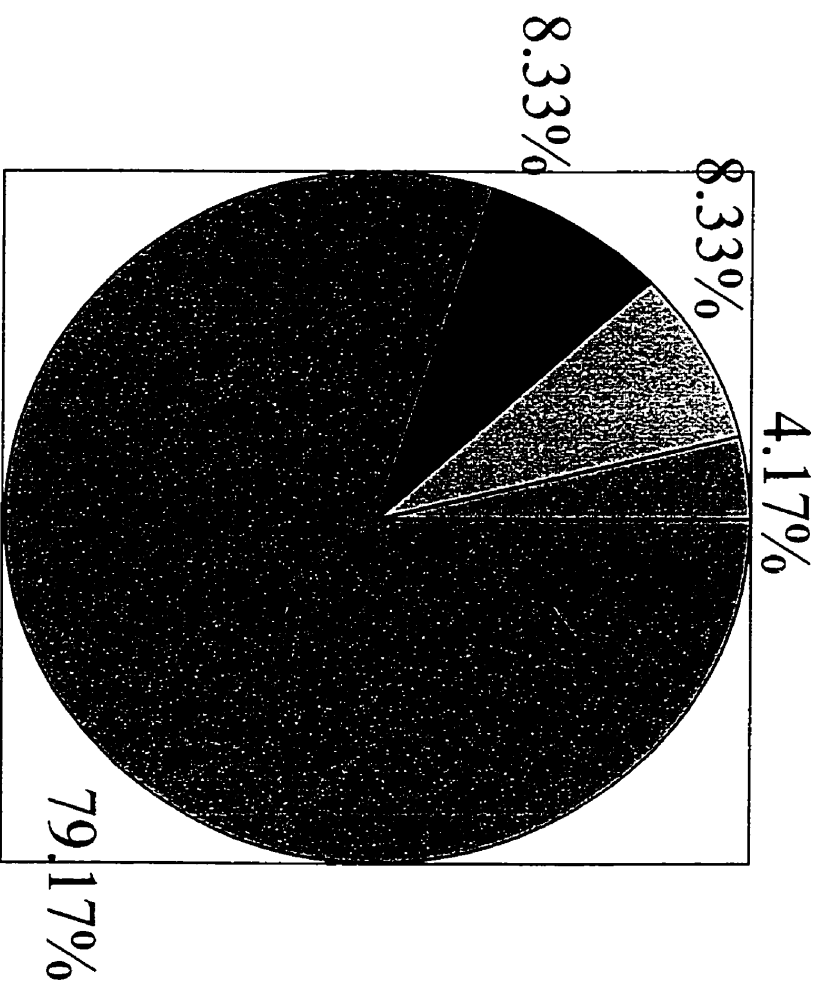
Accumulated University Credits

25%

25%

16.7%

33.3%

N=26

- 0-5 credits
- 6-10credits
- 11-15credits
- 16-20credits
- >20credits

Appendix E

ARNN Education Awards and Research Grants

Post-Basic BN for RN Scholarships

- $500.00 scholarships awarded annually to part-time students in post-basic BN programs.

Graduate Program Scholarships

- $1000.00 scholarships awarded annually to full-time students in MN or Ph.D. in Nursing Programs.

- $500.00 scholarships awarded annually to part-time students in MN programs.

- $500.00 scholarships annually to full-time or part-time students in other Master Degree (i.e., not nursing) programs.

Continuing Education Bursary

- $300.00 bursaries awarded annually for non-credit education programs, such as, workshops and post basic courses that enhance nursing practice.

Research Facilitation Grants

$1000.00 grants are awarded annually to assist RN's to carry out nursing research in practice, education, administration, or research methodology.

Newfoundland and Labrador Nurses Union Scholarships

- three $1000.00 scholarships to nurses enrolled full-time in the post-basic BN program

- four $500.00 scholarships to nurses who are entolled part-time in post-basic BN program

- one $1000.00 scholarship to nurses who are enrolled full-time in Masters of Nursing program

- two $500.00 scholarships to nurses who are enrolled part time in the Masters of Nursing program.

- One $1000.00 scholarship to a nurse enrolled in other degree programs

- Post-graduate scholarship of $1000.00 a year

- Four $250.00 scholarships to nurses enrolled in nursing certification programs

- One $1000.—Robert Bradbury Memorial Scholarship.

Health Care Corporation of St. John's Scholarships

- Eight Corporate scholarships	$1000.00 each
- Three General Hospital Auxiliary Scholarships	$1000.00 each
- One Janeway Hospital Auxiliary Scholarship	$1000.00
- One St. Clare's Hospital Auxiliary Scholarship	$1000.00
- Two General Hospital Foundation Scholarships	$2,150.00 each