WHAT MAKES LEARNING MEANINGFUL FOR MID-CAREER NURSES?

By

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CHAPTER ONE – STUDY BACKGROUND

Introduction

"Learning is a treasure that will follow its owner everywhere."
Chinese Proverb

Learning can take many different forms and can mean many different things to different individuals. According to Vaill (1996), learning "is a way of being in the world." He describes seven qualities of learning that integrate to form a way of being which includes all aspects of individual's life. These include: self-directed learning, creative learning, expressive learning, feeling learning, on-line learning, continual learning, and reflexive learning. Each of these modes of learning can be part of the institutional format, but more importantly, are part of our everyday experiences. These kinds of learning allow us to challenge the changes and turmoil of our times, and are unique to each of us based on values, beliefs, experiences and intelligence.

This study explores the meaning of learning for mid-career nurses. It began in the spring of 1997 when I, a mid-career registered nurse, began to investigate the opportunity of returning to academia to obtain a master's degree. As part of my deliberations, I discussed the question of learning and education with other nurses. Some were genuinely supportive of my interest in further education. Others thought the whole idea of continuing education and learning was for others and not themselves. I began to wonder what other nurses believed about learning. This stimulated the question for inquiry that is the focus for this study.

Some mid-careers nurses did not appear to be interested in learning, either in the form of advanced credentials for their career or as a means of self-improvement. In our brief discussions about education or learning, some nurses made statements such as "you won't need that [degree]," "you are too old," "passion is gone," "...exhausted". These comments made me to believe that there might be many factors which influence the nurse's concept of learning: for example, fear and uncertainty about learning, age of the nurse, disillusionment, and other responsibilities such as work and family life. Some nurses also expressed a more positive side with statements such as "that's great," "congratulations." My general perception was that for some nurses learning could be exciting; for others less so. This presented an opportunity for inquiry and engagement and for a deeper understanding about what makes learning meaningful for 'experienced nurses.'

Question for Inquiry

The central research question asks "What makes learning meaningful to mid-career nurses?" Other related questions explored in this study include: Are mid-career nurses committed to learning? What learning activities do these nurses undertake? What does the concept of learning mean to mid-career nurses? Does education mean the same thing as learning? Does the organization support the learning that nurses find meaningful?

Impact or Significance

"Learning gives tomorrow new meaning."
(Wissman)

Learning unfolds over a person's lifetime. Kouzes and Posner (1995, p. 335) write that learning – including knowing how to and realizing the importance of – is the *sine qua non* for both professional and organizational vitality. In the nursing profession, especially for the mid-career nurse, this may well be the factor that is most critical: critical for her sense of accomplishment, for her sense of overall well being and for maintenance of her professional status. (Female gender is used here to represent the majority of nurses and is not meant to ignore the male gender.) Prasad (1991, URL) notes that learning means:

> "...noticing your present status (conditioning), clarifying your intention, unlearning and letting go of old models and ideas, being open to what is present, manifesting and implementing what you gained as insight during openness, and coaching others so that you can gain more clarity on the learning process yourself."

The way in which an individual nurse perceives and acts on learning can potentially affect patients, peers, self, and the organization. Challenges for the nurse might be to determine her own beliefs about learning, to be reflective and to recognize that learning pervades all aspects of her life, personally and professionally. Her beliefs reflect personal values that may or may not be in contradiction to the workplace. Learning can be very personal, and during her work, the nurse may often find that ongoing learning is reflected in and is an important part of her worklife. In healthcare organizations, nurses generally make up the largest number of individual employees, and as Senge notes in The Fifth Discipline, (1990 p. 139) "organizations learn through individuals who learn." A nurse who values learning takes "personal mastery" seriously. By discovering how she learns best, the nurse will benefit herself, her profession, and her workplace.

Although beliefs about learning may be one significant factor in the apparent lack of interest in learning for some nurses, other factors may also be important. These might include the conditions in which the nurse works, the structural road to learning (i.e. monetary considerations, availability, etc.), or opportunities that may motivate the nurse to want to continue to learn. This study explores these factors and their relationship to the meaning that learning holds for nurses.

The Context for Inquiry

The organization

Langley Memorial Hospital (LMH) is a 412-bed hospital situated in the Fraser Valley. The hospital has 162 acute care beds and 250 extended care beds. Nursing staff includes full time, part time, and casual, as well as students from various colleges in the greater Vancouver area.

The greatest number of nursing staff work on the acute medical and surgical units. Many of the full time and part time staff have worked in the nursing profession for more than ten years, with the majority working more than twenty years. The average age is forty-one to fifty-five, and most of the nursing staff are women. Some of the staff have changed to other units over the years, but most have remained within the surgical or medical area in which they began their nursing career at LMH. The majority of full and part time staff have only their nursing diplomas.

Recent changes

The hospital is one of four hospitals that comprise the South Fraser Valley Region (SFVR). During the past two to three years, LMH has undergone a number of major organizational changes. The biggest change has been the restructuring of the region to include the four hospitals under its umbrella. Education and Development are now part of the regional mandate. This change has essentially removed control of education previously held at LMH to an external source. The shift of control has affected the culture of education within the hospital.

During the restructuring, the complement of nurses at LMH has been reduced, and several nursing units have been amalgamated under one manager to allow for more efficient use of funding dollars. Former nurses from one unit have been displaced, moved to a new unit or offered upgrading courses that enable them to work in an alternate unit. Responsibilities of nursing managers have increased, and internal reporting structures have been adjusted. The result has been that one manager now has two to three units to supervise. The Administrative Director, Acute Care has all nurse managers reporting to her as well as several other departments that had previously reported to other directors. Portfolios have become not only larger, but also more complex and more diverse.

The senior leadership team for Langley Memorial Hospital has had a number of changes during the last year and a half. Where the senior leaders had been responsible for only direct management of departments within acute care, they are now responsible for acute care and the community services. More importantly, the workload for nursing leadership has shifted to one person. The end result for the senior leadership team, which includes the director responsible for nursing, has been more regional responsibilities, less regular contact with the hospital managers, and even less contact with the unit nurses.

The current situation

Langley Memorial Hospital's organizational documents include a mission statement, a values statement and a structural flow chart outlining reporting mechanisms for each of the different departments within the hospital. The value and mission statement of Langley Memorial Hospital in 1993 (Appendix F) identified that continuous learning was valued and supported. At that time, and up until regional reorganization, an on-site Education Director maintained and planned educational events both on-site and off-site for all staff. The learning culture for LMH has

shifted from one of individual support from a local hospital department to an off-site venue where support may be less than ideal and more based on regional concerns.

With the current restructuring in the region, the LMH Director of Education position has been deleted. The Education Clinician and Assistant now report to the Administrative Director Acute Care. Staff at the regional level now manage most major education requests, with only limited local learning needs left to the discretion of the hospital's senior team. Co-ordination of on-site education is the responsibility of the Education Clinician and the Assistant at the hospital. The Education Clinician is responsible for LMH orientation and for providing other in-service programs such as intravenous therapy, computer skills, and basic cardiac monitoring skills to the nursing staff.

Prior to the regional changes, library maintenance was organized at the local level. The library was the responsibility of the hospital's Education Assistant, and as journals came into the hospital they were made available to the staff. Many nursing journals and nursing indexes were available. Not only was the library part of the education department, but all nursing education and development needs and requests were also accessed and processed through the Education Department. Access, funding, or time off as needed depended on the agreement between the hospital, the unit, and the individual nurse. The Education Department staff would review requests and provide any assistance that was manageable within the budget. More importantly, various workshops were offered on a regular basis for all staff.

The regional Leadership and Learning Team is new, and start-up has been quite slow. The initial strategic plan for this department indicated that for several months most of the funding dollars for education purposes that were previously assigned to the hospital would be used only for regional education purposes, and remaining funds used very sparingly at the hospital level. The library, including maintenance, is now part of the regional department, as is access to educational support and funding. Any education requests must go through the Leadership and Learning Team.

The current situation has changed and is undergoing continuous change. The nursing staff may feel that supported learning or education at the hospital level is limited and that learning in general is not recognized as an on-going need. Due to the many changes within the Education Department, nursing staff may find that accessibility to courses is confusing or limited, depending on availability.

The broader situation in health care

Health care within British Columbia is undergoing tremendous change. No longer are hospitals the primary units of care for the residents of BC. Nurses are often working under stressful situations. Staffing dollars are being reallocated to provide for more efficiency in a much wider health service area. Global funding is either being reduced at the hospital or shifted to community services. Staffing levels in previous years seemed to be adequate to manage patient care. Patients are now sicker and require more sophisticated interventions. Nurses are becoming burnt out trying to cope with the increased workload and complexities of patient care. Workload and complex care have been the main issues that fuelled the nurses' job action and threatened

strike during the fall of 1998. This issue is mentioned here because of the impact on the inquiry process for this study. This will be discussed further in the conduct section of the study.

CHAPTER TWO – LITERATURE REVIEW

Review of the Organization Documents

Formal documentation

The organization is in a state of flux, and the vision and mission documentation are undergoing continuous revision. Prior to 1997, the vision statement identified that the hospital was committed to providing an environment conducive to the development and empowerment of staff. In 1997, the values document noted again that the hospital was committed to continuous learning and improvement (Appendix F). The strategic goals and objectives clearly stated that one of the Human Resource goals was to promote LMH as a learning organization, which attracts and retains high calibre staff and encourages professional development. LMH is now part of the regional structure and the goals and objectives of the region now affect the hospital. The mission and values statements continue to note the supported learning component, but even these are under revision – particularly in the area of education. The Leadership and Learning Team at the regional level continues to hire staff and revise plans as they create what they believe will be a structure that will support all employees of the region, not just those in hospitals (Appendix G). Currently the 'ideal' state of the organization is not the 'lived' state of the organization. With the continual state of growth and change in the region, which affects the hospital, little certainty can be expected in the areas of education and learning for the employees.

Informal documentation

The state of health care throughout the province had been in an upheaval, and this had affected the LMH nursing staff as it had throughout the region. Threatened and actual job action by the unionized nurses had been regular occurrences for many months since the spring of 1998 when their contract expired. Local and regional newspapers, as well as updates and memos from the LMH Senior Team, have kept the staff informed on the status of the union demands (Annex A). The job situation has kept all the hospital staff on alert and for the most part a bit uneasy. Nursing stewards met with the management staff on a daily basis for several weeks during the work to rule campaigns in mid-fall. These meetings were focused on union directives and expectations of excluded staff during nursing job action. There was a lot of confusion on the part of the nursing staff during the early stages of the job action. Many of the nurses were unsure as to just what duties were expected of them; regularly delivered union memos and occasional study sessions were held to help to clarify many of their concerns. The memos and study sessions outlined what nurses were expected to do and what excluded staff were expected to do. Excluded staff performed nursing duties that were not directly related to patient care. This included patient transportation, as well as tray delivery, instrument cleaning and bed making. While most job action duties were performed without confrontation, nurses continued to make their demands known.

Review of Supporting Literature on Learning

There is an extensive amount of literature on the nature of learning for adults, on motivation to learn, on theories of learning, on learning in education, on leadership and learning, on continuing education and learning and reflection and learning, but very little on nurses and learning that is unrelated to continuing professional education (Ofosu, 1996; Hallet, 1996; Wlodkowski, 1991; Knowles, 1973; Senge, 1990; Argyris, 1993; Bunning, 1997; Bennis, 1989; Tough, 1979; and Mezirow, 1990).

Meaningful learning is often enhanced when there are connections made between past knowledge, present learning and future applications. Learning for mid-career nurses is no exception. Many of the attributes of adult learning, the way in which past training and learning occurred, and the factors that influence choice in learning and education today are reflected in much of the current literature.

For adults, choosing to learn or to continue to participate in learning activities is influenced by a number of factors. Darkenwald and Merriam (1982, pp. 131-2) cite reasons that range from knowledge seeking to personal fulfilment. The authors also note that if pushed to give a single answer, most adults stated that employment advancement opportunities ranked the highest. Ofosu (1996, p. 75) states that continuing education or learning is a necessary component of professional nursing practice. However, it has to be meaningful and focus on the needs of the learners; it has to provide employers' maximum benefit; and it has to be interesting so that RNs' potential for learning is increased.

In his book, *The Adult Learner: A Neglected Species*, Malcolm Knowles (1973, pp. 45-49) describes several assumptions about adult learners. He states that adults: have a psychological need to be self-directed; have a huge reservoir of experience and a need to be able to use this life experience; have a need to learn when ready and have a need to learn (e.g. a problem that needs sorting out); and want what they learn to be immediately applicable. Bunning (p. 64) notes that learning is a combination of knowing, doing, and being, and for professional development and growth, 'being' is the most critical type of learning. Knowles (cited in Ofosu, 1996) also recommends that the nurse/learner be allowed to participate in diagnosing her educational needs, planning her experiences, and developing a suitable learning climate. He also notes that adults need to prevent personal and professional obsolescence, which is related to their safety needs. The mid-career nurse may be at a point where, continuing learning is a necessity, not an option, and where experience and need compel her to maintain a learning momentum.

Lovell (1980) writes that all adult learners are unique. He notes that all adult learners are very much a product of their past life. Are nurses' concepts about learning a product of their past? Does past learning/training play an important part in present learning for the mid-career nurse? Much of what influences learning is more than just the past. It is a product of values, motivation, systems, locus of control and the environment where the learner interacts. Tough (1979) also notes that past experiences can be very influential in determining an individual's learning needs and wants. Mid-career nurses, for the most part, completed their training in nursing in the late 1960s to the mid-1970s. At this time, learning was very much a practical type of training. Nurses learned how to do things that were 'hands-on' and immediately applicable to their current situation.

Tough (1979, p. 45), in his research on adult learning projects, identifies that when adults learn, not only does the individual gain new abilities and competence, so does society. Continuing learning for a mid-career nurse enables her not only to maintain competence, but also to provide the general public an assurance that they may be well cared for. Confidence, self-understanding, and human growth are potential gains related to achieving higher order needs. Several reasons why adults choose to learn on their own might include being able to: set personal pace, use preferred style of learning, be flexible, and manage environmental factors such as time and money. Other areas of influence include psychological factors, other people, and community and societal factors. Kline and Saunders (1993), Senge (1990), Lovell (1980), and Kuczmarski and Kuczmarski (1995) agree with these findings. While the adult mid-career nurse may choose to learn on her own because of the above factors, taking on learning projects is also an integral part of the adult learner.

Brookfield (1995 URL) states that self-direction, critical reflection, experience and learning how to learn are important components of adult learning. He also expresses the notion that gender, emotional intelligence, socially-formed learning and qualities of learning (ie. what does the learner feel about the learning experience?), may impact the adult learner. Mid-career nurses are primarily female and in general have trained in social groups that are made up of women. Due to their type of learning/training, nurses may prefer learning in a group setting to that of individual learning. Nurses, while trained in social group situations, frequently use self-direction and critical reflection as a part of their current learning. Nursing experience, or on-the job practice, is often the primary method by which learning occurs for the mid-career nurse. Learning, therefore, occurs as a result of using reflection, self-direction, and practice. Reflection and self-direction for nurses may also be social processes, where nurses working together use all of their experiences to benefit each of them, and to increase individual and collective competence and learning.

Constructivist learning theory suggests that learning outcomes can be varied and unpredictable, but that when learners get together and work together, new meaning can be created from what they know and believe (Lambert et al, 1995, pp. 17-18). In the constructivist learning paradigm, the individual assigns meaning to his or her own experiences and understandings. New learning activities cause the learner to use personal beliefs and knowledge to re-create new meaning from the information. Constructivist learners are social, use reflection and metacognition in constructing knowledge, and they are key in assessing their own learning. Mid-careers nurses use their previous experiences to create new information that reflects not only what they have learned, but also what is useful in their contextual working environment. Nurses rarely work in isolation from one another, and as such will generate new meanings from their collective experiences. They use these experiences to provide the care that is important and necessary for their patients.

Recent literature suggests that learning involves reflection, especially for the professional. Palmer (1997, p. 2) describes three areas in which reflection and learning plays a part: the island of ability, the spirit of inquiry, and the window of opportunity. The spirit of inquiry includes concepts that are related to life-long learning, to reflective practice, and to self-assessment. Palmer also notes that inquiry means communication and seeking out support from others in discovering new learning opportunities. Hallett (1996, p. 106) describes learning through reflection as part of the 'doing' when nurses gain knowledge. Learning isn't just acquiring rote knowledge but occurs more by 'reflection in action.' She compared her work with community nurses to that of Schön's work on the reflective practitioner. The reflective practitioner is a

'learning on the go' practitioner – learning to adapt to the particular moment in time where the nurse must consider what learning she has had, how it relates to the moment and possibly what learning she can take with her to the next situation.

Lankard (1995, URL) summarizes three forms of "learning in context": action learning, situated learning, and incidental learning. He suggests that each of these forms of learning "engage learners in experiential learning." Each learner is an expert in his own right. In the work community, learning is collective, enhanced by teams, communication and collaboration, and is shared across the organization. "Learning in context provides the opportunity for workers to clarify their understanding of a situation within the social context and reduces the incidence of misinterpretation or faulty learning." He also notes that conditions that enhance learning are common to all three forms of "learning in context," namely: proactivity (self-directed), critical reflection (make explicit values and beliefs) and creativity (think beyond personal points of view). He also goes on to suggest that experiential learning has the potential for professional development and self-development of workers. This kind of learning is important for the nursing profession. Nurses working together craft collective, collaborative forms of learning. Individually, they experience the opportunity to reflect on their personal learning as well as creating new learning challenges that reflect professional, self-development.

In summary, the characteristics of adult learning, as noted by the various authors, are the same for the mid-career nurse. Professional growth and development and reflection are also noted among most of the authors, with learning playing an integral part. Mid-career nurses as adult learners exhibit the fundamental components that are important for adult learning, namely acknowledging experience, using opportunity, being flexible, tapping into the environment and being curious.

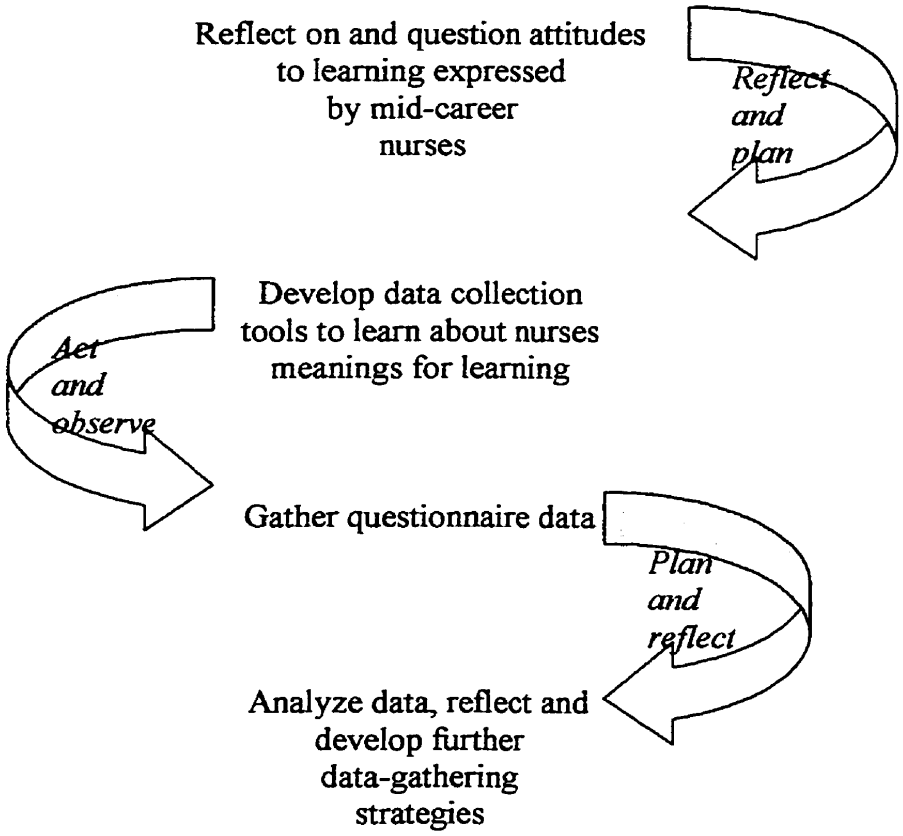
The literature presented as well as general interest in learning, especially for the mid-career nurse, required a methodology that was both flexible and adaptable to the current situation in healthcare. The next chapter describes the action research design that was chosen for this exploratory study.

CHAPTER THREE – CONDUCT OF RESEARCH

Research Design

Action research is research that is performed to explore the relationship between the researcher's theories and that which is actually occurring to people and with people as they live and work. The researcher is an active participant, as are the other participants in the research. This action research study involved three stages: planning, acting, and reflecting. The planning stage for this project included several components: reviewing the literature for relevant information on the meaning of learning, both in general and for the mid-career nurse; developing or accessing data-gathering instruments for use in the project; and maintaining an awareness of the climate that currently existed in the healthcare sector. The acting stage involved administering the data-gathering instruments while at the same time being aware of the working environment. The final stage involved reflecting on the process and summarizing the data for evaluation. The study generated understandings about the meaning of learning for nurses, leading to recommendations and actions for implementation at the hospital as well as a foundation for further study.

In an organization, which is in flux, a research design is needed which can be adaptable during the process of the study. The approach to my research project is reflected in the following diagram, modified from Kemmis and McTaggart (1988, p. 14):



Kemmis and McTaggart (1988 p. 7) describe action research as "an approach for groups....to live with complexity of real experience, while at the same time, striving for concrete improvement. It provides ...a framework for recognizing ideals in the reality of work ....and a procedure for translating evolving ideas into informed action." As McNiff, Lomax and Whitehead (1996, p. 106) note, some purposes of action research are to understand, to liberate and to improve social practices.

The purpose of this research was to begin to understand what nurses believe and can articulate about learning, to assist the organization in making better decisions about professional development of nurses. As Dick (1997, URL) states, "in some action research the research component mostly takes the form of understanding on the part of those involved. The action is primary. In distinction, there are some forms of action research where research is the main emphasis and the action is almost a fringe benefit." An action research approach was chosen for this study because the design emerged progressively and was influenced by the events that took place during the project, as well as by ongoing analyses of those events.

For the purposes of this project, I chose to base my research on the following premises, as stated by Jean McNiff (1996, p. 37):

- I am the central person in my research.
- I am asking a real question about a real issue.
- I am hoping to move towards a possible solution.
- I am starting from where I am.
- I am trying to bring about some improvement (remember - any improvement is still improvement, no matter how small).

Stringer (1996, p. 7) writes that:

> "Despite a profusion of theory, the application of scientific method to human events has failed to provide a means for predicting and controlling individual or social behaviour. Teachers, health workers, and human service practitioners often find that the theoretical knowledge of the academic world has limited relevance to the exacting demands of their everyday professional lives.... Explanations are derived from the ordinary understandings – folk theories – at work in any cultural context and the everyday behaviours and social processes that surround and shape people's lives...."

The methodology chosen for this project includes elements of both action research and focussed participatory inquiry. An action research approach is collaborative, qualitative, and reflective. Participatory inquiry involves searching out the perspectives and meanings given to specific constructs by individuals and by groups of people, and sharing those meanings among the researcher and participants.

Rationale for Research Design

Bond and Hart (1995, p. 43) state that a problem or source of inquiry can emerge from professional practice or experience and can be a source for reflection and action research. They

describe a 'professionalizing' role in action research in nursing, where the researcher's involvement may range from totally collaborative to a merged role of researcher/participant to that as an outside source. The nurse/researcher, in reflecting on the practice of nursing, uses the professionalizing role to plan a project that is embedded in the practice/learning of nurses.

Lomax (1990), quoted in McNiff, Lomax, and Whitehead (1996, p. 11), states that:

> "...action research is a way of defining and implementing relevant professional development. It is able to harness forms of collaboration and participation that are part of our professional rhetoric but are rarely effective in practice...[it]... starts small with a single committed person focussing on his/her practice. It gains momentum through the involvement of others as collaborators. It spreads as individuals reflect on the nature of their participation, and the principle of shared ownership of practice is established. It can result in the formation of a self-critical community: extended professionals in the best sense of the term."

Action research has it origins in the work of psychologist Kurt Lewin where he refined and applied his ideas in community experiments (Kemmis, S., McTaggart, R., 1988, p. 6). Since then, various definitions of action research have evolved, but most have elements which describe action and research. Lewin described action research as learning with the special intentions of achieving social action whilst concomitantly adding to public knowledge (cited in Zuber-Skerritt ed. p. 19). A more recent definition from Dick (1997, URL) states that action research has to have both action and research outcomes. It is a cyclic process, with critical reflection a component in each cycle. Action research tends to be:

- Cyclic – similar steps tend to recur, in similar sequence.
- Participative – the clients and informants are involved as partners, or at least participants, in the research process.
- Qualitative – it deals more often with language than numbers.
- Reflective – critical reflection upon the process and outcomes are important parts of each cycle.(Dick, 1997, URL).

Schön (cited in Newman 1997) states that surprise is at the heart of any reflective activity:

> "Surprise leads to reflection within an action-present. Reflection is at least in some measure conscious, although it need not occur in the medium of words. We consider both the unexpected event and the knowing-in-action that led up to it, asking ourselves, as it were, "What is this?" and, at the same time, "How have I been thinking about it?" Our thought turns back on the surprising phenomenon and, at the same time, back on itself."

Action research needs to be flexible and to be able to respond to the emerging needs of the situation. Bunning (1995) also notes that action research addresses whole systems issues, that the researcher seeks to influence the phenomena being studied during the process itself, and that the research design may emerge from and be influenced by the events that take place during the project and by the analyses that are made. The cyclic nature, qualitative data and information-gathering, and the reflective component aids in rigour (Dick, 1997 URL).

Whitehead (cited in Lomax , 1989) notes that action research is a form of inquiry and the researcher is a participant in the research and is central to the process. Action research allows for curiosity, for testing of assumptions and ideas, for thinking about the meanings of practice, and for creating a learning process that engenders enthusiasm toward the project and the working environment. Action research begins with a concept, which is relevant and meaningful to the current situation. The idea grows out of the perceived reality and a desire to effect some sort of understanding (Gurney, M., in Lomax, 1989). Although much action research is identified with "groupwork," Bond and Hart (1995 pp. 50-53) note that participant self-selection in action research has become acceptable. Bond and Hart (1995) also note here that, although planned change may be an expected outcome, team building, better communication and looking at issues differently are ways of looking at the problems that can be discussed and managed

Forward (cited in Lomax, 1989) states that action research contains several characteristics: it seeks improvements by intervention, is responsive, is a disciplined inquiry, is participatory, and requires validation. In this sense, intervention might be considering what is happening now and whether anything can be done about it. Responsiveness relates to not only recording but also reacting to feedback from the participants in the project. Disciplined inquiry is cyclical and involves the use of self-reflection and analysis. Personal records or diaries kept throughout the project help to ensure that the project elements are noted as accurately as possible, given the real-life circumstances. Personal reflections are a record of our learnings, both about the process of the project as it ensues and about the issue that is being studied. Participation is necessary, although as Dick (1997, URL) notes this can range from information provider to co-researcher. Validation confirms the authenticity of the findings and this can be done by triangulation: by using a variety of data collection methods to confirm and cross-check sources of information against one another. This helps to corroborate or illuminate the research findings.

Selection of Data-gathering Tools

Data can be gathered by many different means. Using different types of data collection assists the researcher in getting support for or clarification of other data generated in other tools. For this study, questionnaires, focus groups and individual interviews are examined. These tools were used to provide a methodology that was adaptable to the action research design. They were chosen to help clarify the meaning of learning that mid-career nurses put into words. The following section describes the methods used to collect data.

Questionnaires/surveys

Questionnaires/surveys are a type of "interactive methodology" (Palys, 1997 p. 144) which relies on self-reporting. In general there are three different types of questionnaires: self-administered, group-administered, and mail-out. For the purposes of this project, a mail-out (drop-off) questionnaire was used. Questionnaires have the advantage of versatility and opportunity to cover many different topics. Although this type of questionnaire was used, it can typically have the lowest return rate. The challenge for developing the questionnaire is ensuring that it contains appropriate and thoughtful questions to provoke an interest in returning the instrument. Other

than understanding instructions contained in the questionnaire, respondents need to be able to understand the language being used – making sure that the wording of the questions is clear and ambiguities are minimal. Volunteer bias is generally the most troublesome for return rates in drop-off questionnaires, if the researcher needs to obtain a representative sample. Once initial returns have come in, it can be helpful to send out reminders to everyone who has yet to complete the questionnaire. This ensures that as many respondents as available will return the survey.

Depending on the purpose of the research, questionnaires can include various types of data that are quantifiable such as demographics, yes/no responses, or Likert scales that ask the respondent to provide the extent to which she/he might agree or disagree with a specific item. Questionnaires can also include open-ended questions. Themes can be aggregated and quantified. Qualitative data analysis is constructed to extract surprises, contradictions or inconsistencies, as well as to determine relationships and patterns within the data.

Focus group interviews

Focus groups are special types of groups in terms of purpose, size, composition and procedures. Focus groups can typically vary in size from few in number to up to 10-12 participants. They generally have some common characteristic that relates to the subject of the research. Smaller groups are often easier to recruit, but will have "less total experiences" than larger groups (Krueger, 1994 p. 79). Facilitator(s) conduct the discussions in a non-judgemental, relaxed atmosphere that allows the participants to voice opinions and to hear other points of view without the pressure of consensus. The process can be repeated with other groups of similar characteristics to get as much information as possible about a particular topic. Information is "of a qualitative nature obtained from specific number of people in a natural atmosphere" (Kreuger, p. 35).

Merton et al. (cited in Lewis, 1995, URL) suggests that the focused interview with a group of people "...will yield a more diversified array of responses and afford a more extended basis both for designing systematic research on the situation in hand..."

Focus groups can be used at any point in a research program. Stewart and Shamdasani (cited in Lewis, 1995, URL) have summarised the more common uses of focus groups to include:

1. obtaining general background information about a topic of interest;
2. generating research hypotheses that can be submitted to further research and testing using more quantitative approaches;
3. stimulating new ideas and creative concepts;
4. diagnosing the potential for problems with a new program, service or product;
5. generating impressions of products, programs, services, institutions, or other objects of interest;
6. learning how respondents talk about the phenomenon of interest which may facilitate quantitative research tools;
7. interpreting previously obtained qualitative results .

There are several benefits in using focus groups. Firstly, a focus group meeting is essentially a socially oriented event where people are influenced by the comments of others. A dynamic is often created that is not possible in other forms of data collection. Secondly, the moderator can use probing questions, which allows flexibility. Thirdly, there is high face validity and results can be documented with quotes from the participants. Fourthly, the cost can be minimal. Finally, results can be summarized quite quickly.

One of the disadvantages of focus groups is the difficulty in assembling the group – whether because of time, interest, or commitment. The easiest group to use is one that is already in existence. If the group does not already exist, participants need to be invited to attend the group meeting. Several points need to considered here: the invitations need to be personal; the time for the meeting needs to be convenient; phone call reminders for participants need to be made two weeks, one week and the day before; and incentives need to be unique enough to encourage the participants to attend. Each of these points builds a case of importance for attendance by the participant.

Individual interviews

The face-to-face interview is simply just that – an interview that takes place between the researcher and the respondent. Merriam (1988, p. 73) states that we interview people "to find out from them those things we cannot observe directly... how they have organized the world and the meanings they attach to what goes on in the world. The purpose of interviewing, then, is to allow us to enter into the other person's perspective." Interviews can be highly structured, semi-structured, or unstructured. A semi-structured interview was selected for this study. In qualitative research, purposive sampling is used, that is, a sample based on established criteria, that will yield information based on their special experience.

In face-to-face interviews the researcher is the primary instrument of data collection and analysis, and as such must possess certain characteristics. She must be tolerant of ambiguity, be a good communicator, and be sensitive to the context in which the interview takes place (Merriam, 1988 p. 52). Several issues should be addressed prior to the interview: motives and intentions of the interviewer, protection of the respondent, and logistics.

An open-ended methodology using questionnaires, interviews, and focus groups formed the data gathering process. This is in keeping with the original intent of the study. The questionnaire is contained in the appendix (Appendix A). Three questions comprised the focus group framework. They were developed from analyzing the questionnaire responses. The interview questions were broadly based on information gathered during the literature review and from the analysis of the questionnaires.

Study Conduct

Process overview

This section describes how the study progressed and was modified in response to the conditions encountered during the action research process. The general format follows the events of the last several months, and includes explanations for those options not used and for some of the limitations encountered along the way. The journey actually begins in the late summer of 1998 at Royal Roads University.

The following chart illustrates the interaction between the research process and the organizational factors that influenced and in some cases limited the study.

Research activities	Personal/organizational context
• In late September brainstormed a 45 item questionnaire for review by 6 managers (Tough's survey was not suitable). Mulled over the use of Appreciative Inquiry for interviews. • Selected 11 questions from the original 45 questions.	• Four nurse managers and two others reviewed the questions. They had lots of queries and suggestions for inclusion of some questions and exclusion of others.
• Piloted questions with 4 nurses in early October.	• Reviewers returned questionnaire with good feedback. Provided broad support that the questionnaire would generate data for the study on learning.
• Modified questionnaire based on feedback. Some minor wordsmithing (October 21st).	• Nursing union threatened job action.
• Planned to deliver surveys to the nursing staff in the hospital by the end of October .	• October 24th, the nursing union issued a strike notice. Excluded staff (myself included) required to do non-nursing duties. • October 27th, my father suffered a heart attack and died on October 30th (extremely distressing).
• November 12th, delivered 279 surveys to nursing units.	• Hospitals remained on alert as job action continued on and off. Non-contract staff continued to do non-nursing duties as discussions took place at the bargaining table.
• Considered interview questions and selection process for interviewees.	• November 22nd, job action still a concern. Surveys came in very slowly during this time.
• 1st week in December, sent out general email invitation to join focus group or interview.	• Worked overtime at hospital with non-nursing duties, no response to email, all nurses worked to rule.

Research activities	Personal/organizational context
• Asked three nurses to be interviewed (reduced from five interviews originally planned). Decided to not use Appreciative Inquiry as required too much time on interviewees' part. Two initial questions based on questionnaire.	• Interviews took place in the participant's offices.
• Developed three focus group questions based on responses to questionnaire. Requested an invitation to the Nursing Council to use their group for focus group work, agreed to have in January.	• Christmas time neared, five nurses expressed interest in focus group. Job action put on hold as mediator worked out draft contract for nurses. Still a very uncertain time. Nurses felt 'being sold out' Lots of anxiety.
• Sent out 2 further email invitations in mid-December for invitation to focus group session	• January Nursing council meeting cancelled at the December meeting,
• Held focus group January 18th, with three nurses at home of one of them. Excellent discussion took place.	• Some interest expressed.
• Talked to chair of Nursing Council re: focus group in February meeting; agreed and arranged.	• Nursing union agreed to accept contract as worked out by mediator (January 26th)
• Analysis of data began.	• Focus group held in second week in February went very well.
	• All nurses were back at regular job duties by the end of January.

Preparation of the questionnaire

My data-gathering tools included a questionnaire. Allan Tough (1979) had done some extensive work on learning and adults. The literature bibliographies had noted that his questionnaire has been used by a number of researchers with several groups of nurses. I contacted him and he kindly agreed that I could use his survey in my project. He sent me a copy of the survey along with an extensive bibliography on others that had used his instrument (Appendix E). I reviewed the document and it did not meet my needs, as I wanted a survey that explored the meaning of learning for nurses, whereas Tough's instrument looked at what projects adults were pursuing and how often. Tough's instrument asked such questions as 'how many hours do you engage in learning?' whereas I wanted questions such as 'what value does learning hold for you?' The questionnaire was developed to ascertain the worth of learning by mid-careers nursed as opposed to the actual time a nurse might spend on a learning event.

Field testing of the questionnaire

As Tough's survey did not meet my needs, part of my planning was to develop a survey that would capture the meaning that learning held for mid-career nurses. In late September, I brainstormed a list of forty-five questions related to learning and nurses, and asked six of my colleagues and my project supervisor to review the questions and provide input. I received excellent feedback and from there produced an eleven-item questionnaire. The questionnaire was piloted with four nurses: two general duty nurses, one clinician and one manager. I asked them to rate the questions on a five point rating scale as to whether the items would help to answer the broad question 'what makes learning meaningful for mid-career nurses.' The rating scale ranged from 'not at all' to 'completely.' I also asked the nurses to complete the questionnaire, so that I could gain some understanding of anticipated responses. Did the questions make sense and was the language appropriate? The pilot included a question on the different meanings of learning and education as well as two questions related to the organization as it related support for nurses' learning.

There was general agreement that the questions would help to answer the broader question, but not complete support for the questionnaire design. The questions related to the region received only a moderate to minimal rating. As I felt that the meaning of learning for the mid-career nurses might be impacted by the organization, I elected to keep these questions in the final version (Appendix A).

The pilot questionnaire was edited and the question asking about the relationship between and the meaning of 'education' versus 'learning' was deleted. The question on the meaning of learning for nurses was retained. I decided to survey the rest of the nurses during the last two weeks of October without piloting the next draft. I opted to do this on the basis of the general support for the first pilot and on the basis of the state of the healthcare sector in general. Four general demographic questions completed the questionnaire. This was to provide a profile of the nurses based on age, years of employment, gender, and highest level of nursing education obtained.

Threat of job action

The healthcare industry was in a state of waiting. The nurses had been without a contract since the beginning of April and there had been talk of job action. What this action would look like was unclear – minimal action or a full-blown strike. Preparations were being made at the local level for essential services if in fact the nurses did go on strike. My supervisor and I worked on the major components of my project despite the unsettled work situation.

Communication with the participants

The planning stage also included developing the letter that would accompany the questionnaire. The letter assured anonymity, voluntary participation, and confidentiality. The letter also included the name of my hospital sponsor, and participants were encouraged to contact either him or myself should they have any concerns or questions. The intent was to survey all nurses in the hospital. Participants were not identified by the areas that they worked in, nor was their work status (full-time, part-time or casual) noted. Included in the letter was an invitation to participate in a focus group or one-on-one interview (Appendix B). Participation in the focus group and interviews was on a voluntary basis, although the interview participants would need to meet certain criteria. I chose to ask for volunteers for the focus groups rather than seek out a representative sample. Again I was not limiting the choice of those who were interested in participation, as any nurse in the hospital would be able to provide information on the questions.

Job action

The healthcare industry continued to be front-page news, and nurses were beginning to be more vocal in their concerns and demands related to workload and safety for the patient. On October 24th, the nursing union put the hospitals on 72-hour strike notice (Annex A). The first job action was a complete shut down of non-nursing duties, which the non-contract staff would have to perform. The nursing union prepared a list of non-nursing duties, which was sent to all of the nurses. This included meal tray delivery and cleanup, among other things. Many of the nurses were unclear what was considered non-nursing. As a non-contract management staff member, I worked extra shifts including overtime and night shift, to limit patient inconvenience and maintain safe patient care. I was also the on-call administrator for three of the weeks during this time (an unusual occurrence), which impacted steady progress of the project.

Questionnaire distribution

Questionnaire distribution was put on hold while the excluded staff performed extra duties. On October 27th my father suffered a heart attack and on October 30th he passed away. Job action and family concerns interrupted data collection for three weeks. Job action continued off and on for the next several weeks. In the second week in November, I dropped off the questionnaires to the various units in the hospital. The general hospital includes the paediatric unit, several medical/surgical units and three extended care facilities. Two hundred and seventy-nine surveys, which included the letters of explanation and self-addressed envelopes, were distributed. The participants were directed to return the completed questionnaires to my mailbox or to my office. I sent a hospital email to the RNs encouraging them to complete the surveys by November 20th.

Returns were slow in coming in and a further two emails were sent. At the end of two weeks, I had received a total of fifty-one returns. One of the nurse managers from the extended care commented to me that "I think you probably didn't get a very good response from ECC because

the nurses probably thought that your survey was a non-nursing duty." Job action appeared to be an important point in the poor returns despite the email assuring that the questionnaire was related to my project and not to the job action.

Focus group planning

The original plan included three focus groups of 4-6 participants and five individual interviews. The focus groups were to include one pre-formed group and two other groups that would be made up of those who responded to the email invitation. Focus group questions were developed using some preliminary analysis of the data gathered from the questionnaire. They were as follows:

1. Many of the nurses said that motivation to learn was influenced by their peers. In what ways can nurses collaborate with each other and share learning.
2. Many of the nurses said that on-going learning keeps their brain "fit" while others stated that learning was career-related. How do you see the relationship between learning and your career as a nurse?
3. A majority of the respondents said that opportunities within SFVHR were limited or poor. How can the region demonstrate their commitment to promoting and commitment to professional learning?

In early December, I sent out a general email invitation to all hospital nurses to participate in one of two focus groups. I also attended the Nursing Council with a request to use their group as one of my focus groups. The next meeting would be held in January and the group agreed that I could attend for an hour and a half of their time. The next day I was informed that the meeting would not be held in January but in February. I received only limited interest from the hospital nurses in the invitation to join a focus group. The poor response was related to the confusing times during the late fall.

Individual interview planning

The face-to-face interviews were to be with nurses whom I would solicit according to certain criteria. The criteria included: age forty or above, employed as general duty nurse or clinician (not manager), not currently enrolled in any course work, and have a diverse range of experiences. The interview questions were based on broad themes about the value of learning and the satisfaction of learning. They were:

1. What assumptions about learning help you create a learning environment for yourself?
2. What gives you satisfaction when you learn something?

Probing questions were to be developed as the interviews progressed, although the main themes would be contained in the two focussing questions.

My original plan included five individual interviews using the Appreciative Inquiry format (Hammond, 1996). I elected not to use this format, as the interviews would require extensive time on the part of the participants and would include a commitment from each of them to meet several times. I reduced the interviews to three and used a semi-structured approach in which I had two key questions and allowed the interview to proceed using probe questions as needed. One participant asked to be included as an interviewee and I approached the remaining two. The three nurses included the infection control nurse, a casual nurse suffering with a chronic illness and a nurse clinician. All three agreed to be interviewed with the assurances that their responses would be anonymous and confidential. The individual interviews were semi-structured and initiated with two broad questions described above. I taped the interviews; each took about half an hour and I later took notes and quotes from the tapings. The interviews took place at the hospital at the end of the workday. The tapes were not transcribed word for word.

Further focus group planning

In early January, I sent out another invitation for a focus group. I received some responses and on January 18th, the group got together at one of the nurse's homes. There were four in attendance. Responses were written on flip chart paper. I also had the participants write some personal reflections on individual notes, in case they had other things to say that didn't surface in the meeting. The discussion was quite dynamic and we spent two and one half-hours together. In late January, I again approached the chair of the Nursing Council and asked if I could use her group as a focus group for my project. The date was set for February 11th.

Settlement of job action

Job action was finally settled in late January, but I continued to puzzle over the limited interest in attending a focus group. After reviewing some of the literature on focus groups (Krueger, 1994; Lewis, 1995), I realized I had made some serious errors in the invitations. Although I had sent out reminders about the date, I had neglected to make the invitation more personal, interesting, and respectful of the knowledge and information the nurses could bring. The literature notes that a pre-formed group usually has the best participation. I held two focus groups, and one group was not pre-formed.

Data analysis

The following section describes the process that I used to analyze the data from the questionnaires, focus groups, and three individual interviews. Meta-analysis of the three data sources enabled me to identify some patterns regarding mid-career nurses and the meaning of learning.

The questionnaire responses were used to develop questions for both the focus groups and the individual interviews. The questionnaires were intended to capture the meaning of learning for nurses, the value held by nurses for learning, the motivation behind learning for nurses, and the perception of nurses for the organization in general regarding learning. The focus group questions were developed to gather more explicit information in three key areas and the interviews were intended to generate more detailed information from a personal perspective.

Questionnaire

The 51 responses from the questionnaire were grouped and collated according to the number of answers within each of the 11 questions. I looked for answers that were either similar or exactly the same. I tabulated the answers (Appendix C) in order to gain an understanding of the most common ideas that were represented. Most of the questions contained both frequent and infrequent responses. I then developed personal constructs related to common subject matter contained within each of the questions. For example, in question one I used 'method of learning' and placed video, observation, see and do, hands-on, etc... under this theme, whereas in the tabulated section, I would count the number of times a participant mentioned a specific idea, eg. 'hands-on' – 14 responses (Appendix C). I repeated this with all of the questions. Sorting the responses in this manner gave me a better understanding of the relationships within the responses and helped to provide a framework for the findings.

Focus groups and interviews

The focus groups responses were itemized and themes were identified to provide an overall sense of the nurse/participants' feelings (Appendix D). Each of the individual interviews was taped, and the main points of each interview were later transcribed and analysed. Both of these methods were cross-referenced to the larger questionnaire to provide a more complete understanding of the total picture for learning and nurses.

The overall analysis of the data and the specific analysis of the data collected and sorted within each of data-gathering methods allowed for triangulation: that is, identifying and corroborating similar patterns across the three data sources. The final conclusions were the result of reviewing and triangulating all of the data.

CHAPTER FOUR – RESEARCH STUDY FINDINGS

The central research question asks "What makes learning meaningful to mid-career nurses?" Other related questions explored in this study include: Are mid-career nurses committed to learning? What learning activities do these nurses undertake? What does the concept of learning mean to mid-career nurses? Does education mean the same thing as learning? Does the organization support the learning that nurses find meaningful? Essentially this exploratory, focussed inquiry seeks to understand, from the nurses' perspective, what value learning holds for nurses and how nurses view learning opportunities within the organization. For the purposes of this study, when the word nurse or nurses is used, it means only those nurses who were participants

Participant Profile

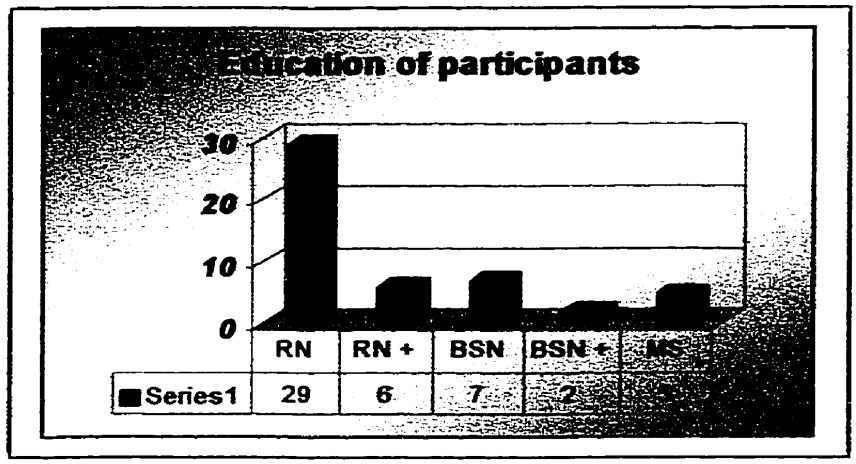
The following describes a sampling of Langley Memorial Hospital nurses based on four general demographic questions asked in the questionnaire. The demographics including age, gender, education and years of experience are used to provide an over-all picture of these nurses rather than present a specific dimension of analysis related to content of the questions. The profile of the nurses was extracted from the four demographic in the questionnaire.

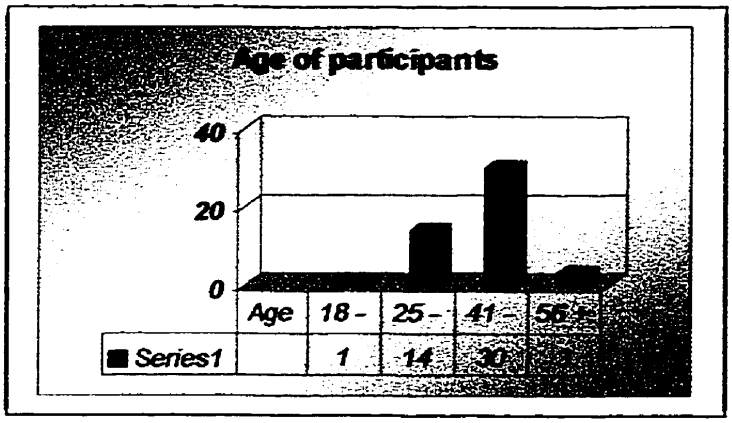
These data provide a profile of the nurses who participated in the study. A total of 279 surveys were delivered to the various nursing units and 51 were returned, which shows a return rate of about 19 %. Three men and 48 women participated in the survey. Of the returns, 57 % of the nurses have only their diplomas. An additional 12% have their diplomas plus a specialty for a total of 71%. Nearly 20 % of the nurses surveyed have between 11 and 20 years of experience, while 58 % of the nurses have more than 21 years of experience. The majority of the nurses are between 41 and 55 years of age. Those under 24 and those over 55 comprised less than 8 % of the total participants. One nurse (1.9%) stated she was under 25, and this result is similar to data described in the newspaper (Vancouver Sun, October 1998), which stated that 450 out of approximately 30,000 nurses (1.5%) currently registered in BC are under the age of 25.

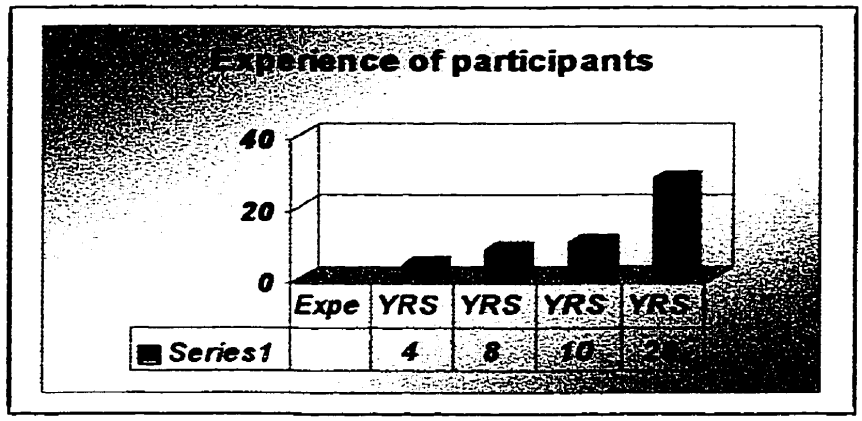
The return rate was less than 20 % and therefore the data cannot be generalized across all nurses who work in Langley Memorial Hospital, nor can it be representative of all nurses. One respondent stated she would not answer the open-ended questions, although she returned the questionnaire enclosed and sealed in the envelope. She thought it was poorly written and she would not provide any answers, as she did not know how the researcher was going to analyze the data. This was the only return that was completely unanswered. Of the 51 surveys that were returned, 91% were completed entirely. Five participants did not answer question number nine. Three participants did not answer question number eleven. Three participants did not answer question number four. All 51 participants completed the demographic questions. Incomplete surveys were only noted to provide a picture of the respondents rather than identifying a statistical method for comparison of respondents. The complexity of the questions and the state of the healthcare sector may have contributed to the incomplete responses.

The demographic data reveal that the majority of the respondents are older than 40 years of age, mostly female, have only a diploma (RN) in nursing, and have spent more than 20 years in the nursing profession. The questionnaires were anonymous and although the demographic data revealed some broad information, none of it can describe the typical nurse working in a specific field or nursing unit, or how long she has worked in that area. The data also does not describe her working area preference, which may be anywhere from paediatrics to gerontology.

The graphs are provided to show a visual representation of experience, age and education.







Qualitative Analysis

The themes generated from the data analysis of questionnaires, focus groups and one-to-one interviews are fairly similar across the different data sources. The findings from the different data-gathering methods are described in this section and conclusions are drawn from meta-analysis of all data.

Questionnaires

The themes related to learning and mid-career nurses are that emerged from the questionnaires:

- Learning needs to be personally useful and applicable
- The learning approach or environment is critical for ongoing participation
- Learning needs to be interesting and challenging
- Learning is necessary to build knowledge, confidence, and competence
- Learning is related to professional development and competency regardless of education and experience
- Learning has a role to play for nurses in their lives beyond healthcare
- Learning is the stimulus for work, for personal growth, for opportunity, for teaching
- The LMH Senior Team needs to appreciate the experience and the value of nurses
- The Learning and Leadership Team needs to visibly support learning through endorsement of specific, local interventions (time, monetary assistance, encouragement, opportunity, clinician mentoring)

Question # 1. Under what circumstances do you learn best?

The participants responded to this question in several ways. Some nurses interpreted 'circumstance' to mean their learning environment. They wanted stimulating instructors, lots of discussion opportunities, challenge and reasonable time frames (not more than two to three hours). For others, it meant peace and quiet and time set aside. Many of the nurses described the types of learning they prefer, such as lecture and demonstration, hands-on, visuals, reading material and how-to aids. A third of the nurses noted that learning for them had to be interesting, applicable to the job, and needed. One nurse went on to identify short-term learning (under pressure) versus long-term learning (meet a specific need). One nurse stated that she personally 'reflects on action," however, several of the nurses pointed out that learning and retention were aided by partnering with others, by being mentored, and by 'doing' either by themselves or with others in a group setting. These answers were frequently repeated in question five. Some of the nurses either said 'see question # 1' or asked if question # 1 was the same as question # 5. It appears that circumstances and strategies meant the same thing for many of the nurses. Although there were differences in the interpretation of 'circumstances,' the emphasis was on being actively involved in the learning – either having an interest or participating in the experience. Some of the nurses identified their style of learning through their responses, while others identified attitudinal concepts.

Question # 2. What value does learning hold for you? Please explain.

None of the nurses denied that learning was valuable to them. Many said that learning was important for their jobs, whether it was for direct patient care or for keeping up-to-date on new information related to healthcare in general. However, most of the nurses stated that learning provided them personal gain. Confidence, self-esteem, spiritual power, growth and development, pride in oneself, and satisfaction were most commonly noted. For one nurse, learning was "never totally accomplished, always different perspectives," and for others, life-long learning was a way of life. Learning keeps the brain "fit," can "never be taken away," allows one to participate in discussions, and helps one to "adapt to change." Although career practice was important, nurses responded to this question from a more personal level. The value of learning appeared "high" on the list for many of the nurses. Despite the fact that many of the respondents were over 40 years of age, learning still meant a great deal to them.

Question # 3. Who or what motivates you to learn?

Motivation for learning ranged from the personal "myself," to family, to peers. For some, motivation was inspired by interest, by gaps in knowledge, by career challenges, or by a "need to know." Two nurses described "life experiences" as the motivation to learn. For them, nothing else was necessary. In general, many of the motivations for learning related to knowledge gain. The nurses described situations, that were career related or were related to personal desire. Satisfaction appears to be an innate drive, that for some nurses is work-related. Their working surroundings, whether interest in being knowledgeable about the job, or whether their working peers are an inspiration, motivates the nurse-participants to continue on a learning pathway. For others, the motivation and satisfaction gained from learning appear to be personal growth.

Question # 4. What personal outcomes make you feel satisfied with your learning experiences? Please explain.

The most common reason for satisfaction with learning experiences was being able to apply what was learned in a meaningful way, either in direct application, in teaching something new, in being able to model the learning, or in using the new information to change or challenge perceptions. Some nurses described personal satisfaction, genuine feedback, and supported learning as important. Success and goal achievement highlighted learning for some of the nurses; while others clearly felt that satisfaction with outcomes was measured with improved patient care and quality of life. Personal satisfaction equated with inner drive and accomplishment and recognition.

Question # 5. What strategies (skills or techniques) do you use to help you learn at your best?

The participants used a wide variety of strategies to help with their learning, however, personal support and personal interest were identified as important factor. These nurses also described 'hands-on' strategies, which could be anywhere from reading a specific 'how-to' article to demonstration of a specific procedure followed by "doing" the demonstration. Regardless of which strategy was used, the most important component that was iterated was the need for

collaboration with others. This could be with the instructors of a particular course, in networking with peers, or in having clinicians/experts "quiz" them on the information or provide the mentor/expert role. The nurses needed useful, practical information given in short time frames followed by the opportunity to ask questions about the information, and then go on to use the information right away. It was essential to the nurses that they were not passive recipients of new knowledge but actively using it. This type of learning is collective: in other words, it is collaborative, across the peer organization and in the workplace.

Question # 6. Identify a positive learning experience. Why was this positive for you?

Positive learning experiences for the nurse-participants ranged again from having the personal satisfaction of mastery to being able to apply the learning to another situation. The nurses clearly were able to identify a positive learning when they could take their new knowledge and apply it in another situation. Some of the nurses noted that the 'teacher' was the one who made the learning experience positive and others stated that when they were able to 'teach' others about their learning, the positive experience repeated itself. These nurse-participants were able to reflect on learning experiences and were able to identify those aspects that brought about positive feelings, whether it was in personal mastery of a task not done before, or taking it one step further and passing on their knowledge, or integrating new knowledge into their working life.

Question # 7. What factors tend to interfere with your learning?

The barriers for learning ranged from environmental concerns to personal concerns. Within a structured learning environment, the nurses commented on the type of instructor and on the methods used for teaching. While many of the responses were related to formal, structured learning, the nurses also noted that stress, lack of time, other responsibilities, and personal matters prevented them from learning. Interestingly, for some nurses, stress was also noted as a positive motivator for learning in the workplace. Balance between work life and home life was the extenuating concern for many.

Question # 8. What role does learning play in this stage of your career?

The nurse-participants noted that without continuous learning in their careers they were unable to keep up with new practices and procedures, and went on further to suggest that if learning didn't continue, professionalism and competency were in question. However, half of the nurses also noted that learning was part of their lives in general, and that their careers had little to do with learning. The nurse-participants seemed to agree that learning for the job was necessary, but that learning was also part of who they were. Learning to keep up with the changes, being adaptive in the workplace and applying new knowledge to the daily workplace events were common themes identified by the nurse-participants. For some nurses daily learning "on the job" as opposed to course work provided the ongoing learning that they felt was crucial for their specialties. Three nurses said that learning for career was not important, and one nurse noted that "sadly there is not enough learning in my life." Clearly for most of the nurse-participants, learning and career were related.

Question # 9. How do the South Fraser Valley Health Region professional learning opportunities match with your learning needs? Please explain.

For the most part, the nurse-participants felt that the larger organization was not very helpful in encouraging and supporting learning. Despite some positive comments, the nurse-participants as a whole felt that the region did little for the nurses and their learning needs. In addition, not only did the nurse-participants feel that the region was unhelpful, many of them did not have any idea what opportunities were available if there were any. This was evidenced both by the comments from the participants (What opportunities!) and by the six nurses who left the question blank. The lack of response may be related to lack of information about the region or an indication that the region is not very helpful to nurses and learning. Frustration was clearly evident for the nurse-participants by their responses to this question. One nurse noted that "walking the talk" was not borne out, despite the claim to be a "learning organization." Twenty percent stated that they seek education elsewhere, pay for education elsewhere, and believe that the region should do more locally.

Question # 10. What role does learning play in your life in general now? Has it changed? Please provide some examples.

Some of the nurse-participants did not separate learning for career from learning in general. They noted that changes in technology were a major force in their career needs related to learning. Most of the nurse-participants, however, described learning for "the joy of it" as the main role that it had now in their lives. They identified learning as "less driven" than "when they were younger." While they noted that learning such things as technology and up-dates were important for their careers, for many, general interest learning was more important. Although the role for learning in many of the nurse-participants' lives was for general interest, some of them admitted that higher education was a life-long dream and they are "always at study." Although responses not analyzed according to age, a few of the nurse-participants described themselves as "older" and were not looking to pursue further career options. They felt that there was "more to life than work." One nurse went on to say she felt that her nurse-related learning was "not appreciated" and therefore had no interest in learning for career.

Question # 11. In your workplace, what would you like to do differently that would help you learn and why?

The participants were also clear on what was needed from the organization in order to assist them in their overall learning. Although money was mentioned directly a number of times, days off, paid education, replacement staff, mandatory inservices, clinician/mentor support, and time to discuss and reflect were also mentioned. The nurse-participants noted that there seemed to be "no time" to learn, whether it was from each other or from more formal learning opportunities. Each of these responses requires monetary support from the region. The bottom line is that the nurse-participants feel that they need to "earn while they learn." Not only were dollars required, genuine support for learning was needed, – from the local management, nurse manager or director to the regional Leadership and Learning Team. Nurse-participants equated lack of accessible information, (advertising) and lack of availability to lack of support and encouragement. Many of the nurse-participants were not even aware of the new Leadership and Learning Team that had been created in the region. Most of these nurses identified those

opportunities that the organization as a whole could assist with, and yet three nurses felt that they were content to create their own learning experiences. It would appear that when asked, what these three nurse-participants would do in her workplace differently, they was quite happy to seek education on their own, and yet when asking whether regional opportunities matched needs (Question # 9) many more stated that they had to seek opportunities outside the region.

These nurse-participants also felt quite strongly that learning creates an opportunity for growth and self-improvement that is necessary not only for their careers and but for personal satisfaction. Learning "opens the doors" and "opens the mind." Change and challenges are occurring daily and if one doesn't take advantage of learning opportunities one becomes "stagnant and boring." It is the learning itself that enables the nurse to adapt to the challenges and changes of her environment. Nurses' learning activities and perceptions ranged from "try it" to needing to be pushed from "my comfort level." Motivation for learning was often described as self-determined, which was frequently related to foundation of practice, accomplishment or integration of experience with new knowledge. Some of the nurses stated that other factors such as learning by doing, – that is, being on the job – helps them to learn from day-to-day.

While many of the nurses cited that learning was influenced by their careers, many of the nurses also described learning in general as extremely valuable from a personal perspective. They said that learning was inspiring, made them more well-rounded, made them more personally powerful in a spiritual sense, and provided self-esteem, confidence, and choice. For some, learning was "life-long," and for others learning was "as needed." For some nurses, learning provided balance and allowed them to be adaptive and be a good problem-solver both within their careers and in their lives outside of work.

Personal Interviews

In the one-on-one interviews, a personal emphasis was the focus for the following two questions: "What assumptions about learning help *you* create a learning environment for yourself" and "What gives *you* satisfaction when you learn something?"

The themes that occurred most frequently in the interviews were:

- Learning needs to be timely and personal (the best that I can be)
- Learning needs to be interactive
- Learning is more informal than formal but "never stops"
- Learning needs to be valued by others (peers, leaders, other learners)
- Learning needs to be sought out by the individual and particular to individual's learning style ("the value is in the outcome, not the package")However, each of the interviewees expressed their individualities:

However, each of the interviewees expressed their individualities:

- Concrete versus intuition
- Family needs versus individual needs
- Internally motivated versus externally motivated (self-directed versus organization-directed)
- Personal versus team-learning
- "Always take courses" versus "comfortable where I am now"

The three interviewees emphasized that: learning needs to be valuable and valued by others; it needs to fit with what is going on; and it needs to provide balance. Each of the nurses acknowledged that learning was integral to their working lives as well as their personal lives.

Focus groups

Three questions formed the basis for the focus groups as noted in the methodology section. The three questions included:

1. Many of the nurses said that motivation to learn was influenced by their peers. In what ways can nurses collaborate with each other and share learning?
2. Many of the nurses said that on-going learning keeps their brain "fit" while others stated that learning was career-related. How do you see the relationship between learning and your career as a nurse?
3. A majority of the respondents said that opportunities within SFVHR were limited or poor. How can the region demonstrate their commitment to promoting and commitment to professional learning?

The general findings correlate with the broader themes noted in the questionnaires and the interviews. However, the focus group findings shed some illumination on the feelings in general about the nurse-participants' relationships with other nurses and the organization.

The nurse-participants clearly noted that in order to support and share in each other's learning, they collectively and individually needed to put their "egos" away, reduce the "stigmatism around 'degree' nurses," and recognize the value of the experienced nurses. Members of the nursing community need to bridge their differences and integrate their knowledge and skills to create a new, shared perspective. They also noted that professionalism and learning were one and the same. Nurses could not be nurses without actively seeking out learning opportunities. These participants also noted that nurses needed to be recognized both verbally and on paper by both their peers and by the organization in general. Positive acknowledgement was also strongly recognized as a form of feedback in which the nurses felt supported for learning.

These nurses were also very clear in their sense of what the organization could do to help with the nurses' learning environment. Learning and the career of nursing for the most part are a necessity and the nurse-participants felt that one could not be a professional without making learning part of the job. These nurses felt that the region and the local organization were not truly supportive of nurses' learning. They noted that money in the broadest sense was needed but more importantly there was a need to make the organization a "learning organization." They described such things as "safety," "feeling ok to ask stupid questions," "expert support," and "being valued for experience." Additionally, they felt that the organization should provide regular, area-specific workshops, Pro-D days, and yearly mandatory on-site education sessions for all nursing staff.

They also noted that lack of apparent support from nurse managers was a concern. Some of the problem lay with the process for advertizing opportunities, where managers were not fully informed of the process for accessing learning opportunities. The lack of awareness of any opportunities was quite clear when the nurses were shown the new booklet from the region and only one of the group had ever seen it. Learning for this group of nurses needed to be valued and supported. It is clearly a need to have nurses support each other, as it is to have the organization support their needs.

Study Conclusions

The above findings are similar across all data-gathering methodologies. The questionnaires, the interviews and the focus groups outline the feelings of the nurse-participants and the direction that the region needs to pursue in order to support and honour mid-career nurses and their learning needs.

These mid-career nurses described themselves as ongoing learners regardless of whether their interest is personal or for career enhancement. Although many of the participants were over forty years of age, they had not given up on the need to continue to learn nor have they decided that learning had no meaning or value. Job competency was very important to the nurse-participants, as was the need to have balance in their home lives and work life. These nurses wanted to be respected for their knowledge and supported by the organization in order to pursue learning relevant both to their own learning needs and those of the organization. As Marsick

(cited in Mezirow 1990, p. 24) notes " learning ...reflects a concern for the transformation of personal frames reference. It is impossible to separate one's professional, work-related knowledge and skills from the rest of oneself."

In general the conclusions are:

- Mid-career nurses describe themselves as ongoing learners with personal and career needs that are both work-related and life-related
- The organization's leaders, both managers and directors need to encourage and support the development of relationships within nursing
- The organization's leaders need to reward learning about practice
- When nurses examine and reflect on personal practice and collaborate with others, they are able to identify existing theory and personal theory from current practice
- Providing a supportive, peer environment to encourage discussion and dialogue is valuable
- Fair, supportive structures and processes are needed to demonstrate the regional organization's commitment to promoting and upholding a culture of learning
- Knowledge and experience needs to be valued from within the nursing environment and by the organization as a whole (mentoring role, clinicians)
- Barriers to learning needed to be acknowledged and reduced in order to promote learning (self-directed or formal)
- Nurses learn more, and want to provide good and better care when supportive structures are set up to maintain practice (up-dates, technology, area specific workshops)
- Nurses expect to remain competent through professional education
- Nurses are motivated to continue exploring their practice when prompted to share their learning and awareness

Despite age and experience, nurses on the whole are keen learners and are willing to continue learning: about their work, about their profession, and about those things that make their lives interesting and enjoyable.

Study Recommendations

The following recommendations are based on participants' feedback:

1. Provide a venue where nurses who have participated in ongoing learning or education in their area of expertise can share their knowledge. The emphasis would be to make time for the nurses to prepare an education session and to reward them for their expertise and time. Support from the nurse managers and the director of acute care services is critical.

2. Broadcast and acknowledge those nurses who have completed or are in the process of completing any and all education courses. This emphasizes that nurses' ongoing learning is important and honoured. The current regional and hospital newspapers should contain regular items on "nurses and learning."

3. Reduce the regional barriers to nurses' learning and education by ensuring that the process for accessing information about educational opportunities is well documented. Ensure that advertising is provided to all nurses by way of a fully accessible format, either electronic or paper.

4. Provide regular, mandatory, specialty-specific paid Education Days that nurses are required to attend. This will ensure not only that learning is unit-specific but also that all nurses have an opportunity to keep skills up to date. Nurses who attend education sessions need to replaced so that learning energy is focussed on the education and not on the workplace.

5. Hire clinicians to provide mentoring roles for unit nurses. Mentors or expert nurses are seen as a valuable addition to the staff, both in the role of educator and in the personal acknowledgement of support for the nurses' learning needs. The nurse-participants felt the need for unit-specific clinicians as necessary for learning, for ongoing, up-dated information and for support.

6. While the Leadership and Learning Team is in a state of early beginnings, it is an opportune time to ensure that all booklets produced by this regional department contain information that is accessible to all the nurses in the hospital. Moreover, the information booklet should contain information specific to nurses.

7. Make the process for accessing information, funding, and time off for educational purposes as simple as possible and ensure that all managers are aware of the process. The current managers need to ensure that there is adequate replacement staff for those who request educational leave. The current process is unwieldy and several layers of administration need to approve any requests.

8. Have an onsite education manager or someone else available to assist each nurse in determining what kinds of learning the nurse may find useful for her and her workplace. The nurse-participants stated that they were not only unsure where learning opportunities were, but were unsure who to contact with concerns about what and where they might find what were appropriate to their needs as learners.

9. 'Walk the talk.' If support for continuous learning is espoused as a value statement, brag about it. Quality patient care depends on nurses who are learned and continuing to learn. The emphasis for the region is to advertise and clearly support learning that is visible and organization-wide.

10. Investigate the opportunity to liaise with universities and colleges to provide regular education sessions that would link current practice with current theory (for example, current information on heart disease, diabetes etc.). Mid-career nurses need to be able to maintain a broad level of knowledge that is relevant to their area of practice. The Leadership and Learning Team could provide the link, that nurse-participants are recommending, in order for the hospital to become a true "learning organization" and support the nurse to "be a student." Develop ongoing, regular programs for mid-career nurses that integrates what they know with what will be the future of nursing; this will allow them to progress to the next century. Competent, experienced nurses will be the mainstay of healthcare for the foreseeable future.

These recommendations will be presented to the Senior Leadership Team at Langley Memorial Hospital and then to the Leadership and Learning Team at the regional level. One of the most important communication components will be to the nurses who participated in this project. It is necessary that the nurses see their 'voices' on paper. They spoke about their learning needs. They described what they valued and needed and what they believed would help them in attaining those needs and values within the organization.

CHAPTER FIVE – RESEARCH IMPLICATIONS

Organizational Implementation

What does this mean for Langley Hospital and the region? One of the difficulties in planning for any implementation process in an organization that is currently undergoing as much change as the South Fraser Valley Health Region is the notion that only 'regionalization and integration' matter. While some computer education is occurring parallel to integration, little else is on the minds of the Leadership and Learning Team. Their major emphasis is organizing the human resource department to look at recruitment. Although one of their mandates is learning, little is currently being initiated.

Based on responses from participants in this project, Langley Memorial Hospital, and more importantly the region, have much to do in understanding and acting on the meaning that learning holds for nurses. One-fifth of the nurses (Appendix C) stated that due to lack of opportunity, they went out of the region to access educational opportunities. Although some of the nurses went out of the region for educational purposes, most of the participants felt that the region could do more to provide opportunities for learning at a more local level.

The nurses in this study value learning and want to be valued and acknowledged for their learning. If individuals are not valued for what they know, there is little incentive to bring their knowledge to the workplace.

The hospital and the region are not presently maximizing the potential of existing professional staff. To improve this situation, the Leadership and Learning Team in the region and the leaders within the hospital could;

- ask the nurses what things are valuable to each of them in terms of learning; truly listen to the core of experienced nurses who make up the bulk of the nursing community; acknowledge that experience is invaluable and learning is crucial to retaining experienced staff in times of transition and change.

- accept learning at all levels of leadership; create a learning organization that is 'walking the talk,' not just displaying the words on the wall or in a document. It means more than creating a vision or a mission statement. It means, step outside the traditional role of leadership of believing that the employees lack personal vision and ability to change (Senge 1990, p. 340). It also means, take the time to reflect on the best of what is and the best of what could be.

- communicate throughout the regional organization. It also means parallel work; deploy the new integration model throughout the region and fully integrate learning into that new model. It means work with the nursing staff that are such an important part of the whole structure. The regional Leadership and Learning Team, despite it's new beginning, is at a prime moment to establish a clear process for supporting the learning needs of the nursing staff and for advertizing who they are and what they are planning for future learning and leadership.

- create from within, an organization where learning is supported through visible, on-site assistance. It means, make time for learning, making time for reflection, and make those who are the experts, known. It also means, create an environment where ongoing learning is an ongoing process, not just a one-time affair, where learning can be safe, meaningful and lead to professional fulfilment and ultimately to professional quality care of those who are in our care. Money for education is always helpful, but the organization could do more by adjusting to the learning needs of the nurses.

The South Fraser Valley Health Region is at a new beginning in health care leadership and in provision of health care to its residents. One of the most important challenges for this organization will be to create an organization whose long time nurses are one of its most important assets, that continues to generate a positive and supportive environment where learning is valued and upheld.

Future Research

The participants in this study did not include all the nurses in the organization under study. Only those who participated provided their views and suggestions, and therefore it is not generalizable across Langley Memorial Hospital. It is also not representative of all the nurses in the remaining three hospitals that comprise the South Fraser Valley Health Region, nor is it generalizable to other hospitals in other regions or areas.

This study, however, did provide a window on some mid-career nurses' views on the meaning of learning in their lives, both professionally and personally. The nurse-participants were articulate and reflective and provided a wonderful vision for the future of learning despite their mid-career status. Further research and analysis needs to be done on the meaning of learning for other mid-career nurses relative to specific type of experience (community hospital, tertiary hospital, continuing care services), nursing unit preference (medical, surgical, emergency etc.), years working within the area, and learning styles. Each of these parameters could be analyzed in relation to age, gender and education.

To ensure that there will be nurses in the future, research into the current learning needs of those who may be interested in pursuing a nursing career needs to be implemented now. Although this project did not address the issue of retention and nursing career orientation, one of the most critical concerns facing the healthcare sector today is the lack of nurses. Learning about and appreciation of the knowledge that experienced nurses can bring to those who follow after will be necessary to ensure that there will be nurses in the future. Mentoring and buddying are wonderful ways to keep up the challenge of providing learning.

This study was affected by several factors and efforts were made to reduce their influence on the study.

➢ Validity and reliability for the questionnaire were not checked, although the questionnaire was piloted with four nurses prior to full-scale distribution. Further changes to the questionnaire could have affected the outcome, but the second draft was not repiloted due to workplace conditions at the time.

- Only one of the interviewees was self-selected. The other two were solicited based on interviewer criteria. This introduced researcher bias (personal beliefs, presence of the researcher at the time of the interview). The sample was too small and did not represent a cross sampling of the nurses in the hospital.

- Bias related to analysis may have been introduced. The questionnaires were themed according to the researcher's notion of what was described by the participants. These themes were not checked by other reviewers, although similar themes were highlighted from each data source.

- The healthcare industry was facing uncertainty at the time. This created a situation where respondents may have been unsure whether participation was against the rules regarding non-nursing duties. This project occurred during times of uncertainty and better representation and participation is likely to occur if nurses are not under job stress.

This project was exploratory in nature. Using action research enabled the researcher to gain an understanding of the meaning of learning for mid-career nurses. Further exploration could yield different results by using different research designs, different data gathering techniques and different questions within the data-gathering methods.

Implications for future research and learning will enable the healthcare organization to recognize that learning is related to retention of nurses, to professionalism and competency, to an adaptable workforce and ultimately to better, holistic care of the patient.

CHAPTER SIX – LESSONS LEARNED

Research Project Lessons Learned

The most important lesson for me in this entire project has been that unexpected events can create a profound learning experience. Workplace uncertainty and unexpected family problems interfered with the plans that I had set out and yet, in reflection on the past several months I learned that no matter what circumstances beyond my control occurred, I was able to move forward with the project. In the process of changing my plans as new challenges occurred, I was able to adjust a number of schedules and still gain meaningful information.

Another important lesson for me emerged during the life of the project. As a mid-career nurse and a life-long learner, I came to understand that most mid-career nurses are as interested in ongoing learning as I am. There may differences in degree but learning is important to most nurses. My personal challenge was to let go of assumptions and let the participants 'speak' for themselves –assumptions that could clearly have biased this project towards thinking that nurses were not interested in learning. This project also provided an opportunity to get to know what nurses feel and believe, not only about learning, but also about the organization and learning and where it fits in as a whole.

During the course of the data collection, I had hoped to obtain a representative sample from the nurses using various collection methods. Whether the job action interfered with the participant rate, I cannot be sure, but I did come to realize the importance of personal invitation and recognition of the value of nurses' input when I requested their participation in focus group work or interviews. There was little response to the emails that I had sent. It is very important to state why one is doing a project, but more importantly why their participation is valued.

In doing my project, I realized that it is extremely important to be selective in choosing data collection tools. Using only two of either focus groups, questionnaires or interviews – allows you to concentrate on getting the best of what you choose. I found that using all three limited the time that I had to spend on getting and analyzing the enormous amount of data that was collected, especially during the workplace uncertainty where I was required to work during the nurses' job action.

The data gathered were both qualitative and quantitative. The quantitative data were used merely for description as opposed to integration with the qualitative data. A good understanding of statistical analysis and computer functions (Microsoft Access™ or Excel ™) would have assisted in determining correlations between the emerging themes in the qualitative data and the demographic profiles. However, the questionnaire response rate would have made the comparative analysis limited in validity and inappropriate due to the low response rate and the complexity of the questions. Despite not integrating the two types of data, a considerable amount of time was spent on developing and analyzing the themes that emerged from the qualitative data.

During the job action, which played an important part during the research, I also had the opportunity to reflect on what the findings would have been if the organization was stable and less in transition. The findings were gathered and analyzed from a small group of participants; however I believe that if more nurses had participated, the findings would not be much different. The lesson here is to remain curious and to be cognizant of any fluctuations and changes within an organization that may affect current research. Research participants who are part of a stable organization may have more energy to devote to being part of the research, rather than be involved with workplace issues.

A final and maybe the most important lesson learned is that future research will be enjoyable. I have found that all research is valuable no matter what the context. Professional nursing staff, myself included, have a lot to say about healthcare and learning in general. From a personal perspective, I will continue to pursue learning and will continue to provide information about learning to the organization. My challenge will be to continue to pursue research in an organization where change and uncertainty may be the norm for the foreseeable future and I look forward to the challenge.

Program Lessons Learned

This section will be based on the five required competencies and five selected competencies.

Major competency	Outcomes
1.c. Provide leadership	• Provided leadership within the various components of the project. • Used personal experience during the focus group and one-on-one interviews. • Demonstrated leadership during the course of job action where leadership styles varied with the staff job functions. • Successfully completed the project. • Correctly interpreted frustrations and conflicts within the focus groups. • Maintained and respected others through trust and support during the job action.
1.e. Recognize ethical considerations and values and take account of them in making decisions	• Acknowledged ethical standards in the invitation to participate in survey, focus groups (Appendix B). • Stated prior to the focus group work that all opinions would be kept within the room and any themes would be collective notations. • Acknowledged other's personal values while maintaining my own.
2. b. Apply systems thinking to the solution of leadership and problems	• Identified the tremendous changes occurring in the healthcare system that impacted the action of the project. • Modified components of the project on the basis of internal and external changes. • Recommended changes to implement that would impact the Leadership and Learning Team. • Acknowledged the greater system in which the participants are employed while doing the project • Identified the hospital and regional values document which will support the project recommendations
5.a. Identify, locate and evaluate research findings	• Used university library sources and WWW to access and evaluate the information about my project. • Evaluated the literature for learning and leadership as it related to the broad scope of learning including adult learning theory, constructivist theory and leadership. • Located several different sources and authors on action research and integrated them into the project • Discussed the methodology with supervisor
5.b. Use research to solve problems	• Used an action research design to guide the project. • Created and used questionnaires, focus group work,

Major competency	Outcomes
	and individual interviews to gather data during the research project • Used qualitative analysis to organize the data for development of recommendations for implementation
7.b. Communicate with others through writing	• Successfully completed the project using appropriate style • Summarized appropriate literature sources to support the project. • Used memos, and newspapers to explain the healthcare climate within the action research project • Employed personal reflection to enrich the creation of the recommendations • Maintained correspondence with sponsor and supervisor • Revised and reviewed project proposal in discussions with the other students during the residency • Used summer, communication workshop information when working through focus group information • Used RRU style guide to document major project
7.a. Interpret oral communication	• Accurately interpreted responses in the interviews and the focus groups to provide a written analysis during the project • During focus groups documented and sought feedback from the group participants • Encouraged the participants to share their thoughts and encourage the group to discuss other's opinions in a safe forum
3.a. Manage people within organizations	• Modified action research project in relation to the workplace circumstances • Provided recommendations to support acknowledgement of mid-career nurses during start-up phase of the Leadership and Learning Team • Identified an appropriate sponsor in a hospital leadership role to ensure support and communication at the hospital leadership level. • Facilitated group of fifteen nurses during the focus group sessions
4.e Help others learn	• During the focus groups worked with the participants to understand group relationships and dynamics • Accurately reflected the participants learning needs in the analysis • Provided other RRU students with resources that were helpful in their projects

Major competency	Outcomes
	• Assisted others in learning computer programs • Consistently provided encouragement and support in other's learnings
4.c. Create learning opportunities in the workplace	• Identified through the project the learning needs of the participants • Recommended best practices to assist the Leadership and Learning Team to move towards a learning organization

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APPENDICES

A. Appendix A — Questionnaire for nurse-participants

B. Appendix B — Informed consent for questionnaire

C. Appendix C — Questionnaire – Key words and phrases

D. Appendix D — Focus group – Key words and phrases

E. Appendix E — Literature bibliography from Dr. A Tough

F. Appendix F — Mission, vision and values statements and Strategic Initiatives for Human Resources

G. Appendix G — Leadership and Learning Team Policies

Annex A – Newspaper collage and memo from Job Action

Appendix A

Questionnaire for nurse-participants

Dear Participant:

Please remember your responses are voluntary, anonymous, and confidential.

1. Under what circumstances do you learn best?

2. What value does learning hold for you? Please explain.

3. Who or what motivates you to learn?

4. What personal outcomes make you feel satisfied with your learning experiences? Please explain.

5. What strategies (skills or techniques) do you use, to help you learn at your best?

6. Describe a positive learning experience. Why was this positive for you?

7. What factors tend to interfere with your learning?

8. What role does learning play in this stage of your career?

9. How do the South Fraser Valley Health Region's professional learning opportunities fit with your learning needs? Please explain.

10. What role does learning play in your life now? Has it changed? Please provide some examples.

11. In your workplace what would you like to do differently that would help you to learn and why?

Please mark an X in the appropriate space.

Demographic questions:

Gender: F __ M___

Age:
a) 18-24 _____
b) 25-40 _____
c) 41-55 _____
d) 56 + _____

Years of nursing experience:

a) 0-4 years _____
b) 5-10 years _____
c) 11-20 year _____
d) 20 + years _____

Education attained:

a) RN _____
b) BSN _____
c) MSN + _____

Thank you very much for your participation. Your answers are important to me.

Linda Chase

Appendix B

Informed consent for questionnaire

Introduction and Informed Consent to Participate in Survey

November 5, 1998

Dear participant:

My name is Linda Chase and I am student in the Masters of Arts in Leadership and Training program at Royal Roads University in Victoria, British Columbia. I am employed in Langley Hospital as the Utilization Manager and am requesting your participation in helping me to complete my major project. The major focus of my project is 'learning' and experienced nurses. Your participation will involve completion of a questionnaire and an invitation to participate in small, facilitated focus groups or in one-on-one interviews.

There is no obligation to participate and you may cancel your participation at any time without prejudice, should you agree to participate.

I am interested in getting a perspective on learning from the nursing staff as a whole and therefore you are not asked to identify yourselves. I have asked four demographic questions that will assist me in identifying any trends. All responses will be anonymous and strictly confidential and only I will have access to the individual responses.

The questionnaire will take approximately thirty (30) minutes to complete and I am encouraging all participants to take some time to reflect and consider your answers.

Please seal your completed questionnaire in the envelope and return by November 20th to my mailbox in the hospital mail-room or to my office in the admitting department.

You may contact me if you have any questions at my hospital local 5720 or my email (lindac@lmh.hnet.bc.ca) or my sponsor, Lee Titterington (Quality Advisor) at local 5255 (leet@lmh.hnet.bc.ca)

Please indicate in the area provided in the survey if you would like to participate in either a focus group or an individual interview.

Your input and participation is important to me. Thank you for your time and I look forward to working with you and learning from you.

Linda Chase

Appendix C

Questionnaire – Key word and phrases

APPENDIX C– Questionnaire - key words and phrases

Quantitative analysis from the questionnaire as reflected by the number of times a word or similar word was noted. Collectively the responses do not total 51 as many of the nurses used one or more answers to the question.

Question # 1. Under what circumstances do you learn best?

- Hands-on – 14 responses
- Consult with others – 12 responses
- Need the information – 9 responses
- Various approaches (visual, reading) – 7 responses
- Interest – 12 responses
- Environment (comfort, time, quiet) – 16 responses
- Reflection, mentor, look-up, encouragement, repetition – 2 or less responses

Question # 2. What value does learning hold for you? Please explain.

- High – 12 responses
- Learn as much as we can – 15 responses
- Personal worth (pride, integrity, appreciation, brain 'fit') – 22 responses
- Foundation of practice – 21 responses
- Continual learner – 5 responses
- Open to learning – 3 responses
- Cope with change – 4 responses

Question # 3. Who or what motivates you to learn?

- Opinions/actions of others – 17 responses
- Myself – 18 responses
- Being knowledgeable – 13 responses
- Community or environmental impact –10 responses
- Family – 4 responses
- Patients – 5 responses
- Job advancement –8 responses
- Employer, fear, life, boredom – 1 each

Question # 4. What personal outcomes make you feel satisfied with your learning experiences? Please explain.

- Personal satisfaction –13 responses
- Put into practice – 16 responses
- Feeling of well-being –13 responses
- Teach/ resource –12 responses
- Feeling of understanding – 4 responses
- New directions/new creations – 6 responses
- Verbalize information – 5 responses

- Independence – 1 response

Question # 5. What strategies (skills or techniques) do you use to help you learn at your best?

- Reading – 13 responses
- Brainstorming/discussion with others – 23 responses
- Workshops – 5 responses
- Repetition and reflection – 16 responses
- Quiet/sleep – 15 responses
- Flash cards – 4 responses
- Short bouts, physically fit – 2 or less responses
- Use information right away –11 responses

Questions # 6. Identify a positive experience. Why was this positive for you?

- Relevant to practice – 15 responses
- Establish new practice/experience – 24 responses
- Praise for job well done – 13 responses
- Good instructor – 4 responses
- Increased communication skills – 4 responses
- Geared to adult learner – 2 responses
- Mastery – 3 responses

Question # 7. What factors tend to interfere with your learning?

- Stress – 7 responses
- Workload – 8 responses
- Family – 4 responses
- Dull, boring presentation – 10 responses
- No relevancy – 8 responses
- Interruptions – 11 responses
- Poor environment – 16 responses
- Personal things – 7 responses
- Physical – 6 responses
- Shift work – 5 responses
- Level of learning too high – 8 responses
- Lecture only – 4 responses

Question # 8. What role does learning play in this stage in your career?

- Keep current – 9 responses
- Move ahead or change – 17 responses
- Different perspectives – 8 responses
- Comes second – 4 responses
- Choose to learn, not career related – 23 responses

Question # 9. How do the South Fraser Valley Health Region's professional learning opportunities meet with your learning needs? Please explain.

- What opportunities?! – 25 responses
- Forced to be self-directed (seek out own learning) – 11 responses
- Unsure – 9 responses
- Not enough spaces, time, days paid – 15 responses
- Poor advertising (don't know) – 4 responses
- No rewards (dollars or praise) – 3 responses
- Good with some things (computer course) – 6 responses

Question # 10. What role does learning play in your life in general now? Has it changed? Please provide some examples.

- Career – 13 responses
- Personal (" for the joy of it") – 31 responses
- Less driven – 3 responses
- No interest – 4 responses

Question # 11. In your workplace what would you like to do differently that would help you learn and why?

- Workplace time – 12 responses
- Education leave – 4 responses
- Regular workshops specific to area of work – 19 responses
- Ok and self-directed – 6 responses
- Mentoring – 5 responses
- Team learning – 2 responses
- Journals, A-V equipment available, drop-in classes, fairer distribution, 'be a student,' 'become a teaching organization.' – 1 response
- More dollars for education – 7 responses
- More acknowledgement from management – 2 responses

Questionnaire -- Thematic key words and phrases

The individual responses were categorized under themes that emerged from the data. The responses were not tabulated.

Question # 1

Method of learning:

Video, observation, practical, see and do, demonstration/participation, problem solve, lookup, consult with, repetition, notes, groups, application, lecture, listening, conferences, reflect, discussion with others, variety, classroom, structure

Atmosphere:

Quiet, time, money, relaxed, morning, decreased noise, home, decreased stress, welcoming, calm, short time frame

Interest/utility:

Use in the future, challenges, pertinent, necessary, something I wish to learn, efficiency, relevant, need, motivated, not at the last moment, applicable, short-term, long-term, desire, keeping up, different areas

Question # 2

Competency:

Important for learning, hospital learning, able to do better job, accomplishment, must-do, hands-on practice, keeping abreast, capable, personal development, increased interest in profession, helpful to clients, increased communication, foundation of practice, better patient care, increased knowledge,

Interest:

Continue to learn through lifetime, not taken away, valued by peers, appreciate more, be open to learning new things, anything that interests me, inquiring mind, confidence, not over others more spiritual, expand my mind, formal and informal, believe, life-long, as much as possible,

Challenge:

Competence, stimulation to further study, brain fit, should do, more rounded, more knowledge, opens doors, confidence, choices/ freedom, growth as a person, think more clearly to evaluate more efficiently, prepared to do research, opens the mind, teach others, don't do well with

boredom or lack of learning, never stops, helps me cope with change, keeps on toes to motivate to learn, impetus for learning, if stop learning stop life, never totally accomplished, always different perspectives and ways to do things,

Importance:

Satisfaction, power, growth and development, choice of mine not for job, not become stagnant leads to negative impact, fitness for body, better myself, I own, exciting, way of life, if could afford would learn forever, pride, increased self-esteem, feel young, increased confidence, high value, opportunities, discuss in groups,

Question # 3

Knowledge:

Gaps create interest, co-workers need information from me now so need to learn, better able to help patients, desire for more knowledge, be better, my need to know safely and well, life is a ladder built up of experiences, learning = success and application, gain recognition, improve quality of life for patients, keep abreast, be informed, job rationale for learning, challenge to my knowledge, life experiences, know how something works leads to more questions, insecurities/fears, best practice, progress, need to be on leading edge, encouraged by visionary leadership, good performance, interested people, sense of accomplishment, pertinent to work,

Support:

Encouragement from supervisors, more knowledgeable nurses, co-workers share knowledge, interested persons, nurses in expanded role who have sound knowledge base, others working to same goals, peers, role models, mentor who is accomplished, openness of others, opinions of others, excited people, getting paid,

Process:

Dynamic speaker, offerings that interest me, new job opportunities, new techniques, curiousity

Person:

Myself, co-workers, personal desire, family, highly-motivated goal-achiever, driven, personal satisfaction, patients, past role models, inner drive, children, husband with degree, mentor, like to be in the role of the expert,

Question # 4

Personal reflection:
Confidence, increased self-esteem, not wasted time and money, practical, that someone can learn from me, expressed appreciation from others, accomplishment of goals, feedback from tutors, inner satisfaction from new concepts, improve my understanding of others perspectives, specific outcome to specific problem, completion, recognition, accepted responsibility, function at a

higher level, gain insights into my behaviour, make use of what learned, make a difference, positive influence on others, I can do it, success, decreased stress, something new, comfortable with new stuff, put into practice, marks, comments, engage in conversations with others, verbalize information, reduced reliance on others

Patients:

Satisfied, correct patient assessment, help, see patients improve with better quality of life, more informative approach to care, teach patients, patient understands

Job:

Increased job satisfaction, practical things, good job, staff have acted on advice, teach other staff, apply to real life, satisfied with new career, work with teams, understanding different units, new applications, keeping up with professional responsibility, others learn from me, meaningful action something so share, up-to-date information for job

Question # 5

Environment:

Frequent breaks, intensive time, quiet tidy area, my desk, specific time of day, take advantage of opportunity, decreased stress, classical music with candles,

Type:

Reading material, make notes, group, research, repetition, workshops, videos, observation then hands-on, question and answer, discussion, listening, lecture, computer, condensed notes, jot down – review later, technical, hands-on, word association, executive summaries, speed reading, flow charts, visuals,

Others:

Collaborate with others, sounding board, peer advisors, talk with others, networking, bounce ideas off others, others to quiz me,

Personal:

Push out of comfort zone, integrate new with old, mentally fit, good sleep, search for opportunities, under pressure, think/reflect, try it, not assuming, recognize gaps in learning, deadline to meet, out loud to remember details later, zone of proximal learning (Vygotzsky), attend everything, reflect on improvements

Question # 6

Personal:

Successful results, positive feedback, mastery of information, input was made to feel valuable, not put down even if different than others, learning something new after 15 years in CCU, positive in mastery after knowing nothing before, comfortable with devices, share with co-workers, did well in RNABC exams after refresher course, hear other points of view (eye-opener), given pointers in positive fashion, being allowed to help with support of others, tied together new with old, +++ interaction (adult learner), balance, sharing with others, opens yourself to other experiences, emphasized my own learning, management role with increased responsibilities, increased skills, problem solving to better way, learned from revisions of paper, resource to others, having choice in seminars, exercise autonomy, did it (don't want to be left behind), recognized 'heart' of others, understand limitations, took time to show me

Work:

Applicable to work, needed for work and life in general, relevant to practice, team-building, communication and teach others at work, help patient through procedure, new procedure that I'd never done (IV), patient can make decisions = consistency, nurse in new area, decreased patient anxiety, crisis lead to increased research lead to patient advocacy lead to confidence, understand others' jobs

Question # 7

Environment:

Language, decreased capacity to learn/understand, work schedules, time, money, boredom with topic, lack of personal attention, class too big, interruptions, hungry, superior attitude of instructor, not applicable to job, too much detail, too little newness, lack of discussion, decreased interest by instructor, poor facilitator, if hands-on not used with written instructions, too much group work, poor objectives, too technical, time between instruction and learning too long, too many questions not enough teaching

Personal:

Stress, problems of my own, tiredness, lack of encouragement, lack of interest, too many patient concerns, hostile, negativism, low on seniority list, lack of reason, lack of motivation, decreased patience, lack of auditory learning, input overload from no knowledge base,

Question # 8

Career related:

Teaching, critical for specialty, keep up with new technologies, advancement to specialty, keeps career more diversified, job = role, learning inservices necessary, increased skills with job, mandatory now, new job means learning new things, competency, learn as I teach, integration and computerization, closed re: learning = closed re: professionalism, still forming knowledge base, currency, help with transition, change in career, on the job learning, 'the little things' on the job, want to change area of work, more money = more education = more nurses, functional at computer, maintaining and updating =better patient care,

Personal:

Spend one quarter time learning, challenge, important, not stagnate, ongoing to keep up, feel like I am keeping up, mind stimulated, sadly not enough, don't need to learn to feel good about my job, continuous, a degree, standards of practice, comes second because of finances, spend lots of time learning, choose to learn as more time, the job has nothing to do with my learning, informal learning has more emphasis, opens mind, keep at it, see positive change, change is constant – must be up-to-date, adaptive, always learning, new beliefs, mentoring, enjoyment, not interested in new career, no help from employer,

Question # 9

Good support:

Moderate support, included in teams and task forces, many opportunities, courses good, library database, computer courses good, have been granted if interested, good but no money, courses fit with my area of work,

Poor opportunities (6 nurses did not answer this question):

Need to be more readily advertised, need more available, not well at this point, same old stuff, minimal, zero, can't get into any courses, unsupportive/unyielding, no education days, process frustrating, I don't know, not convenient, no money to pay for, not a learning environment, nothing outside LMH, need more opportunities, need to learn and earn at same time, not convenient, WHAT OPPORTUNITIES, not helpful, not walking the talk, no budget, not enough, no special education for specialities, some education useless, not regular, fight for courses, no opportunities, don't know, don't understand the region, not accessed if there are courses, no time off, need to replace on own, worksite = learning, need so that we can repatriate from city, very frustrating,

Consequences of perceived lack of support and opportunities:

Self-directed learner, search and do myself, doing on own, lots of informal learning, go outside region,

Question # 10

Career related:

Better patient care, learning about nursing not appreciated, keep up to date, different job = happier, better able to handle emergencies, many new things in region, course access

Life related:

Technology in general, more peripheral/less driven, pleasure, stimulation, always be a factor, very important → self-directed, daily occurrence, balance, expanded role/personal life, better problem solver, get excited and learning from others' experiences, new technologies in sports,

non-professional role, broader informal learning, degree = time = unsure, always but in shorter intervals, new things, harder to learn as ageing, activity learning, comes second, different aspects of people, different not as concentrated, learn better coping skills, non-career team-building, more courses for interest now (sewing, gardening), always, daily, important, reading always, as needed now, for the 'joy of it,' each experience equals learning, practical not book, hobby, need to learn lots of little things, who I am, learning is the goal/ degree is the icing, personal fulfilment, more to life, more selective about learning, I control the learning, leadership role, ongoing review, changing but learning,

Question # 11

Broad range of expressions directly applicable to the worksite:

More time, more money, more education days, time to think and reflect, time to discuss, videos and cassettes on floors for shift workers, team work, try to be innovative, more appreciation from management, more encouragement, emphasis on nurses' wellness as ageing, less emphasis on budget, no change, not at lunch, credits offered for courses, specific education days that must be taken, more opportunity to learn instead of fighting fires, more hands-on time, mentoring with experienced nurses for newer staff, clinicians, regular workshops in area of work, workshops by MDs, better access to regional funding, invited to grand rounds, reflection time, be 'a student' of an expert, group work for nurses -- nurses present – paid for, replacement to attend courses, drop-in classes, more journals, scheduled mandatory sessions to create learning organization, LMH become a teaching organization that way we all learn, more fairer distribution of regional courses,

Appendix D

Focus group – Key words and phrases

APPENDIX D—Focus group key words and phrases

Focus group quotations for the three questions.

Question # 1. What ways can nurses collaborate with each other and share learning

- meeting to show, photocopy readings, discuss exams, questions
- encourage/support each other
- those who are in school – talk about it
- not feel threatened by each other
- becoming resource people
- discussions on patient's diagnoses, delving into cause and treatment, and effect ➜ looking into books
- debriefing
- short education informal sessions like the old days
- learning to 'share' learning
- ask questions, lose ego
- challenge practice, encourage reflection
- talk with each other, share your knowledge from your experience
- promote any articles that you may have read that may be interesting to your peers
- share learning—permission to ask any question – even 'stupid'
- showing new technologies
- communication book
- informal
- reading info
- study groups, coffee and lunch
- expert nurses
- sharing of learning exposes more to new knowledge
- at coffee and lunch breaks – informal
- staff meetings
- peers own experiences
- first eliminating the defensiveness around nurses returning to school,
- continuing education
- help to reduce the stigma around 'degree' nurses
- recognize the value of experienced senior nurses
- get off the 'bitch' wagon and communicate
- need to remember why we went into nursing and who we are there for
- learning environment ➜ safe, share feelings about observations, mentoring
- willing to challenge the status quo
- learning culture is very specific to specific nurses who can help
- debriefing situations ➜ cuddling in the corner, feminine oriented
- take some responsibility along the way with 2-way street from nurses
- pamphlets for staff that everyone has access to
- nurses attending courses have to come back and share learning
- groups of people work on things together
- positive feedback 'no one-upmanship'
- work as role model
- continue to offer positive support

- frequent meetings with positive reinforcement
- 'expert nurses' = positive
- one-to-one discussion
- 'showing' new technology
- informal meetings, weekend dates

Question # 2. How do you see the relationship between learning and your career as a nurse?

- opens new opportunities
- improve relationship with patient
- increases credibility
- increases curiosity
- knowledge deficit will be an incentive
- learning in a nursing career is essential to maintain standards. Technology is always changing and nurses must remain current
- is a necessity
- needs to be ongoing, everyday, and needs to be the informal and formal in order to succeed and be satisfied in my career
- as medicine and nursing are constantly growing and changing, it is impossible not to continue learning as you work and continue to demonstrate skills. Each time one learns something it restimulates you to learn more
- in order to maintain our knowledge of current issues and practices in nursing. If you don't, how can you progress to be a competent professional.
- learning is an important factor in nursing as a career — the profession calls for a level of competency that only can be met by continuing education
- knowledge is power
- the need to learn is in us all, as learning and curiousity are the same
- nurses need to continually increase learning to teach society how to adjust in a community
- advancement through knowledge, recognize experience as knowledge
- accept and be open to learning
- use language that works
- make it personal → better nurse
- RNABC standards
- learning and nursing is like trying to separate theory and practice
- nursing and learning are inseparable
- job security

Question # 3. How can the region demonstrate their commitment to promoting professional learning?

- in general learning culture is not well-supported
- secure enough to promote positives of learning within negative environment
- offer incentives
- offer courses locally – encourage programs to be brought to the valley
- workshops, funding
- rescheduling work shifts to accommodate courses and workshops
- region could organize and promote and fund educational inservices. Funding could consist of time as well as registration. Should be on a shared basis to allow for more to attend.
- making courses more accessible in price or by providing more education funds for staff to participate in courses

- cover cost of workshops
- have more of the managers and directors aware and informed of the process. It is often the system that prohibits nurses from accessing workshops
- region/hospital/unit managers should **promote** learning – managers should demonstrate how they are learning and how they value learning
- publicizing any and all education program/situations offered both within and without the region. Nurse managers must be proactive in doing this — encouraged by the region. Monies, of course, must be available for courses – now frequently denied
- offer twice-a year workshops
- offer full-day workshops at least once a year specific to area of work
- offer incentives for attending workshops and conferences out of the region
- LMH and SFVHR opportunities are increasing some but the region should somehow find a way to let the health professionals know what is available
- 'Professional Development Days' (Pro-D) like the teachers
- funding for education
- more support staff clinicians
- written information within the hospital
- guest speakers in LMH
- financial coverage
- supporting nurses returning to school to continue education – grants, loans
- recognizing specialties
- sponsor nurses
- written memos to acknowledge learning
- closer to us
- fun with recognition
- 'practice in action'
- resource nurses
- create and support learning environment
- take the threat out of learning
- procedure manual too complicated – make things simpler – hands on better
- create trusting environment – better to ask a dumb question
- need comfort level
- I have never heard of the new booklet 'Leadership and Learning' guide
- use MOX mail more often, networking
- region needs to be fair to all areas of the regions, systems 'sucks'
- rotated regional educational programs – road show concept
- promote positive work environment
- recognition would go a long way to show support of learning
- 'value me'
- make it safe to learn and have the freedom to fail – learn
- become 'learning organization'

Appendix E

Literature bibliography from Dr. A. Tough

Allen Tough
16 Balaby Crescent, North York, ON, Canada M3C 2B7
E-mail: AllenTough@aol.com
Phone: 1-416-444-3135 Fax: 1-416-444-5538

Best wishes with it!

Allen

RECENT REPORTS

INTENTIONAL CHANGES AND SELF-PLANNED LEARNING PROJECTS

Compiled by Allen Tough
Department of Adult Education
Ontario Institute for Studies in Education
252 Bloor Street West
Toronto, Ontario, Canada, M5S 1V6

Three of my books (listed in the next three paragraphs) provide comprehensive bibliographies of reports on intentional changes and self-planned learning projects.

1. The most recent published bibliography is contained in my Intentional Changes: A Fresh Approach to Helping Adults Change. Chicago: Follett, 1982. Out of print but available in libraries. Or I will send you a clear unbound copy postpaid if you send me a cheque for $20.00 (U. S. or Canadian).

2. A comprehensive bibliography on highly intentional learning projects, particularly self-planned learning efforts, is contained in my The Adult's Learning Projects: A Fresh Approach to Theory and Practice in Adult Learning (2nd edition, 1979). Available as number 2029355 from Books on Demand, University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106, U. S. A. Alternatively, a clear unbound copy is available postpaid if you send me a cheque for $20.00 (U. S. or Canadian).

3. An earlier bibliography is provided by my 1967 Learning Without a Teacher. It was reissued in fall 1981 with a separate bibliography of reports from 1977 to 1981: this bibliography is reproduced below. The 1981 edition is available from Books on Demand (address in previous paragraph) as number 2030095-00067.

The interview schedule for studying basic characteristics of learning projects (1970: revised 1975) is available as ERIC document number ED 199 398. The interview schedule for studying intentional changes is available in my Intentional Changes book (1982) or from me.

Some recent reports on intentional changes and learning projects (especially self-planned) were not included in the books described above. They are listed below. This list includes dissertations, theses, and published papers and books. No doubt there are other relevant items that I have not heard about. They might be found through Dissertation Abstracts International and the various bibliographic tools for finding journal articles and books. Do let me know of anything you find or produce so that I can add it to my next bibliography. Thank you.

Aslanian, Carol B., and Brickell, Henry M. *Americans in Transition: Life Changes as Reasons for Adult Learning*. New York: College Entrance Examination Board, 1980.

Baghi, Heibatollah. "The Major Learning Efforts of Participants in Adult Basic Education Classes and Learning Centers." Doctoral dissertation, Iowa State University, 1979.

Bogenschneider, Karen. "Learning Patterns of Young Mothers in a Rural Wisconsin County." Master's thesis, University of Wisconsin-Madison, 1977.

Booth, Nan. "Information Resource Utilization and the Learning Efforts of Low Income Urban Adults." Doctoral dissertation, University of Maryland, 1979.

Brancato, Teresa Virginia. "Influences on Learning by the Aged Sick in Nursing Homes." Master's thesis, Cornell University, 1976.

Brookfield, Stephen. "Independent Adult Learning." Doctoral disseration, University of Leicester (U.K.), 1980.

Wickett, Reginald E. Y. "Adult Learning Projects Related to Spiritual Growth." Paper presented to the Adult Education Research Conference, San Antonio, April 1978. Also available as ERIC document ED 152 983.

Zangari, Dominic Jerome. "Learning Projects of Adult Educators in Nebraska Postsecondary Institutions." Doctoral dissertation, University of Nebraska, 1977. University Microfilms No. 7809170. See also *Dissertation Abstracts International*, 1978, 38, 7086A.

Brookfield, Stephen. "Independent Adult Learning." *Studies in Adult Education* (U.K.), 1981, 13(1), 15-27.

Cheren, Mark. "Facilitating the Transition from External Direction in Learning to Greater Self-Direction in Learning in Educational Institutions: A Case Study in Individualized Open System Postsecondary Education." Doctoral dissertation, University of Massachusetts, 1978. University Microfilms No. 7816246.

Cross, K. Patricia. *The Missing Link: Connecting Adult Learners to Learning Resources*. New York: College Entrance Examination Board, 1978.

Galosy, Julia Reid. "The Development and Evaluation of a Self-Use Workbook to Help Adults with the Initial Stages of Planning Their Learning." Doctoral dissertation, University of North Carolina at Chapel Hill, 1978. University Microfilms No. 7900457.

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Appendix F

Mission, Vision, Values Statements

And Strategic Initiatives for Human Resources

LANGLEY MEMORIAL HOSPITAL

VISION STATEMENT

Langley Memorial Hospital will be recognized by the community it serves for excellence in the delivery of primary and selected secondary care services.

We are committed to:

- ***Treating patients with compassion, dignity and respect.***
- ***Sharing the responsibility for health and wellness with our community through mutually beneficial partnerships with community health agencies.***
- ***Providing a dynamic work environment with an atmosphere conducive to the development and empowerment of staff.***
- ***Recognizing creativity and encouraging teamwork and the effective use of resources.***
- ***Regional planning in cooperation and collaboration with other Fraser Valley hospitals.***
- ***Being recognized as leaders in the provision of innovative health care services in our community.***
- ***Providing a safe and secure environment for both patients and staff.***

AC0100 - MISSION/VISION STATEMENTS

LANGLEY MEMORIAL HOSPITAL

MISSION STATEMENT

Langley Memorial Hospital meets the health care needs of the community it serves by providing primary care, specialized services, and extended care services within the resources available.

Langley Memorial Hospital promotes wellness through education and its involvement with local health agencies.

The hospital offers a wide range of services and programs including:

- ***General Medicine***
- ***General Surgery***
- ***Emergency***
- ***Critical Care***
- ***Pediatrics***
- ***Obstetrics***
- ***Psychiatry***
- ***Diagnostic Services***
- ***Geriatric Services***
- ***Rehabilitation Services***

Outpatient programs and services include:

- ***Nutrition Counselling***
- ***Diabetes Day Care/Diabetes Education***
- ***Weight Control Counselling***
- ***Cardiac Nutrition***
- ***Stress Testing***
- ***Physiotherapy***
- ***Occupational Therapy***
- ***Arthritis Counselling***
- ***Psychiatric Day Care***
- ***Surgical Day Care***
- ***Ambulatory Care***
- ***Respiratory Services***
- ***Fetal Monitoring***

The hospital has other programs and services including: Quick Response/ Discharge Planning Program, Social Work Services, Pastoral Care, Quality Management Program, and Lifeline.

LANGLEY MEMORIAL HOSPITAL

HOSPITAL VALUES

As leaders in health care services the management of Langley Memorial Hospital is committed to the following Value Statements:

- ***We believe that trust and respect are essential to building and maintaining a cohesive team.***
- ***We believe in shared responsibility for effective communication and decision making.***
- ***We believe in recognition and expression of our diversity.***
- ***We believe in encouraging and recognizing innovation and creativity.***
- ***We believe in encouraging and supporting continuous learning and development.***
- ***We believe in building an individual sense of pride and ownership in the organization.***
- ***We believe in a work environment that supports and promotes a healthy lifestyle.***

AR0300 - EDUCATION SPONSORSHIP

1.0 POLICY

Langley Memorial Hospital shall sponsor educational activities for employees based on the following criteria:

- Educational funding for individuals participating in educational activities is determined jointly by the Department Head and the Coordinator of Education and Development. The decision is made on a predetermined needs based approach. Educational activities include all of the following:

  - Seminars
  - Conferences
  - Workshops
  - Extended educational courses

- Funding may range from full sponsorship to shared or declined sponsorship. Salary and time off allocation is in keeping with the Collective Agreements.

- All educational funding requests are methodically reviewed. Priority is given to those educational activities that are essential in order to do the job, and/or necessary to address increased technologies. Additional approval criteria are addressed below.

- Full-time and regular part-time employees are given priority over casual staff.

- An employee is not eligible for educational subsidies during their probationary period except in extenuating circumstances.

- Educational dollar allocation is fairly shared throughout the organization to include all horizontal and vertical levels. This fluctuates with the changing demands on various departments and the organizational strategic plan and direction.

- The Hospital may require an employment commitment for sponsorship greater than $1,500. This is identified at the time of approval.

- Employees who have been funded partially or entirely for an educational activity are required to submit a written report to the Coordinator of Education and Development and to their direct supervisor. The employee may be requested to present a synopsis of the program at a meeting of co-workers and/or individuals within the organization that might benefit from the sharing of the knowledge obtained.

- The Education and Development Department shall maintain an up-to-date record of:
  - All sponsorship requests
  - All approvals, rejections and the rationale for the decisions
  - Costs by department in relation to budget
  - Total conference costs vs. Hospital sponsorship vs. individual and other sponsorship
  - Individual educational staff profiles will be maintained as an up-to-date record of all employee education and participation in professional development.
- Priority of funding allocation is based on the following criteria:
  - Priorities of the organization - Relationship to strategic plan, organizational goals, and objectives
  - Priorities of the department - Identified educational needs
    - Job skill development
  - Individual participation - Attendance at internal and external programs on own initiative.
    - Employee commitment as revealed by their contribution in the sharing of costs towards this particular initiative
  - Availability of a similar experience at a lesser cost
  - Number of other individuals who are requesting to attend the same activity
  - Location of the activity - local vs. out-of-province/country

- Career development/advancement within the Hospital
- Formal certified education program vs. non-recognized program
- Balanced educational opportunities among management/non-management (shared opportunities - vertically and horizontally throughout the organization)
- Availability of funding

- All funding requests of greater that $1,500 require the final approval and signature of the President and CEO.
- Employees who received sponsorship and were not successful in completing a program or did not attend the conference/workshop must reimburse all funding received.

2.0 MATERIALS REQUIRED

- Continuing Education Sponsorship Request

3.0 PROCEDURE

3.1 All Staff

- **In advance** of the educational activity, by a minimum of 10 working days or prior to the early discount date, submit a *Continuing Education Sponsorship Request* form with the Conference/Workshop brochure information attached, to your direct supervisor.

3.2 Supervisor

- Record relevant remarks, recommendations, and the decision to sponsor or deny the request on the Request form and forward the form to the Coordinator of Education and Development.

  Note: Nursing Supervisors forward the Education Request Form to the Staffing Coordinator to initiate the staffing replacement process.

3.3 Coordinator of Education And Development

- Process the Request form and indicate approval or rejection of the request.

- Advise the Supervisor and the employee in writing on a *Continuing Education Sponsorship Response Form* as to whether the education funding request has been approved or rejected. If approved, include details of any arrangements that have been made such as accommodation, travel, etc.

Area: LINKAGES/COMMUNITY RELATIONS

Strategic Goal		Strategic Initiatives	
3.0	Develop strong internal and external linkages to ensure a solid base of support for Langley Memorial Hospital over the next three years and into the future.	3.1	Through effective communication and collaboration build on the strong internal relationships at Langley Memorial Hospital to ensure effective relationships are maintained with all internal stakeholders. In particular, ensure continued effective communication between the hospital, Auxiliary and Foundation.
		3.2	During this time of transition to a regional model it will be essential that Langley Memorial Hospital continue to strengthen its image in the community to assure there is awareness of the hospital's role and accomplishments and that support for the hospital continues to grow. A communications plan should be developed outlining the specific strategies and roles for the key groups (administration, medical staff, hospital staff, Foundation and volunteers).

Area: RESOURCES: Human Resources

Strategic Goal		Strategic Initiatives	
4.0	To continue to develop and promote Langley Memorial Hospital as a learning organization which attracts and retains high caliber staff, encourages high quality performance and professional development.	4.1	Ensure that organization practices enable and recognize staff excellence, innovation and ongoing personal development and education.
		4.2	Review current hiring practices and refine relevant policies and procedures to be consistent with the organizational need for knowledgeable staff who will fit within the culture.
		4.3	Identify human resource priorities within the organization and develop action plans with timelines to address current and future requirements for staff skill mix and abilities.
		4.4	Participate in publications, conferences, forums and other venues so that the successes of Langley Memorial Hospital can be demonstrated in a tangible way to the community and other health care providers.
		4.5	Identify hospital diversity issues and develop action plans, with timelines, to address issues.
		4.6	Continue to enhance staff health and safety initiatives.

Strategic Goal		Strategic Initiatives	
5.0	To maintain and continue to develop a knowledgeable hospital and medical staff.	5.1	Review and revise the organization development plan to ensure that staff will be provided with the educational and developmental opportunities required to maintain and continually improve: • the existing high standards of professional practices and quality care and service; • responsiveness to changes in practice and care modalities; • staff initiative in addressing efficiency and effectiveness within their work.
		5.2	Educational initiatives are to be developed with input from physicians, staff, clinical and support teams and community partners.
		5.3	Encourage the ongoing educational development of staff, both within the organization and through self initiative to create a work force that is self motivated and committed.
		5.4	To provide access to literature and data bases that will assist with Benchmarking and application of current research to clinical practice.
		5.5	Explore, and when appropriate, partner with others in the Region to share planning and resources for the provision of organizational development and educational opportunities for the SFV Region staff.
		5.6	Develop a comprehensive method to evaluate educational and organizational development initiatives.

Area: RESOURCES: Physical Resources

Strategic Goal		Strategic Initiatives	
6.0	To develop and maintain physical resources necessary to provide high quality services to the customers of Langley Memorial Hospital.	6.1	Ensure there are adequate physical facilities and equipment to meet the acute and extended care needs of Langley. Lobby for the approval to proceed with committed projects, (e.g. Emergency Expansion) and continue to plan for future needs (e.g. fluoroscopy unit replacement, Phase III, replacement of the Extended Care Units).
		6.2	Ensure the physical environment is responsive to patient, resident, visitor and staff needs. In particular, review signage and access to the hospital.
		6.3	Be involved in planning and development of the site to best meet the needs of the hospital and community.

AC0300 - HOSPITAL VALUES

LANGLEY MEMORIAL HOSPITAL

HOSPITAL VALUES

Our patients and residents are the focus of everything we do

We are committed to...

High quality care
Teamwork
A supportive and safe work environment
Continuous learning and improvement

We will use the resources entrusted to us wisely, as we strive to achieve our goals

Appendix G

Leadership and Learning Team Policies

Section: 7.0 Leadership & Learning	Policy Title: 7.1 Education & Learning Opportunities
Date of Approval:	Number of Pages: 2

7.1.0 POLICY

Education and ongoing learning are essential to the maintenance of excellence in patient/resident care. All employees have an obligation to remain current in their knowledge and skills. The South Fraser Health Region has a large investment in the skill and talent of its employees and is committed to the promotion of learning opportunities and the provision of educational activities to enhance the quality, effectiveness and efficiency of the services provided.

The Region may provide opportunities for learning through:

- Employee orientation programs;
- Management and leadership training;
- Computer skills training;
- Clinical skills training;
- Mandatory education programs;
- Programs in support of Regional initiatives; and
- Other programs as determined to be required for operational purposes or for the implementation of new technology.

7.1.1 PROCEDURE

7.1.1.1 Internal & External Courses

The Region will meet learning needs by organizing internal courses, seminars and other learning opportunities as well as by providing support for attendance at external courses, conferences and workshops that are directly relevant to staff skill and knowledge requirements. Individual departments will be responsible for staffing costs associated with course attendance.

7.1.1.2 Clinical Programs

Leadership and Learning shall provide planning and Regional integration support to the Health Service Areas through the Regional Advisor, Clinical Programs. The primary responsibility for the planning and delivery of internal clinical programs (Intravenous initiation, cardiac management, pain

management, patient assessment, central lines, mock codes, neo-natal resuscitation, etc.) shall remain with the Health Service Area.

7.1.1.3 Non-clinical programs

Leadership and Learning shall provide support for the planning, design and delivery of non-clinical programs through the Regional Advisor, Leadership & Learning. There may be a single or shared responsibility for internal non-clinical programs (such as leadership skills, computer skills, diversity, integration, quality, etc.) depending upon the content area, the need for involvement of other groups and the availability of qualified instructors.

Section: 7.0 Leadership & Learning	Policy Title: 7.2 Sponsorship of External Education
Date of Approval:	Number of Pages: 2

7.2.0 POLICY

Recognizing that ongoing professional and skills development is a shared responsibility between the Region and the employee, the Region may provide financial sponsorship to attend external education activities and courses. Learning opportunities eligible for consideration include conferences, seminars, workshops and extended educational courses.

Requests for financial assistance will be considered on a case by case basis, subject to budgetary restraints. Financial assistance may include tuition or registration fees, travel, meals and accommodation. Education leave may be granted in accordance with the appropriate collective agreement or policy.

Sponsorship will be considered for both employer- requested and employee-requested training and education opportunities. Employee-requested applications must have the recommendation of the team leader/department manager prior to consideration by Leadership and Learning.

9.8.1 PROCEDURES

9.8.1.1 For employee-requested training the employee will submit a Request for Educational Sponsorship form to their manager at least four weeks prior to the session. In the case of employer-requested training the manager shall initiate the request. Requests submitted after the four-week deadline may be considered if time allows.

9.8.1.2 The manager will initiate or review the application based on the criteria mentioned below, and their own departmental priorities, and forward the request, along with relevant remarks and recommendations, to Leadership & Learning.

9.8.1.3 The Regional Director, Leadership & Learning will review applications for a decision on funding. The funding granted may range from shared to full sponsorship or sponsorship may be declined if the request does not meet current priorities and guidelines.

Priority will be given to learning needs that are essential in order to do the job, or necessary to address increased technologies. Requests for financial assistance for learning opportunities outside of the Lower Mainland will be considered only in very exceptional cases.

Other criteria used for funding allocation are as follows.

Course Content

- fit with Regional priorities, strategic plans, organizational goals and objectives;
- relationship to identified learning needs of the team/department and the individual's job skill development;
- contribution to the individual's career development or advancement within the Region;

Employee Eligibility

- full-time and regular part-time employees are given priority;
- an employee is not eligible for educational sponsorship during their probationary period except in extenuating circumstances;
- employee commitment as indicated by their contribution in sharing the costs of employee requested learning opportunities; and
- the Region may require an employment commitment for sponsorship greater than $1,500. This will be identified at the time of approval.

Budgetary Considerations

- number of other individuals who are requesting to attend the same activity;
- availability of a similar experience at a lesser cost; and
- availability of funding.

9.8.1.4 The manager will be advised of approval or rejection and will notify the employee accordingly.

9.8.1.5 If attendance and sponsorship are approved employees are responsible for making all arrangement for attending the session. Reimbursement of authorized expenses will be made after providing Leadership and Learning with receipts for the expenses.

9.8.1.6 After the session employees must submit a course evaluation form, along with a written report to Leadership and Learning and to their team leader/department manager. Employees may also be required to present a synopsis of the program at a meeting or in-service so that others can benefit from sharing of the knowledge obtained.

Section:	Policy Title:
7.0 Leadership & Learning	7.3 Approval of Attendance at Internal Education
Date of Approval:	**Number of Pages:** 1

7.3.0 POLICY

Approval of staff attendance at internal education programs will be the responsibility of individual department/program managers.

7.3.1 PROCEDURE

7.3.1.1 Leadership and Learning will distribute information on learning opportunities on a regular basis

7.3.1.2 Managers will contact Leadership and Learning to register staff in a course or program.

7.3.1.3 If a participant has been registered but is not able to attend managers are required to provide two days notice or to arrange attendance by a substitute.

Section:	Policy Title:
7.0 Leadership & Learning	7.4 Orientation
Date of Approval:	**Number of Pages:** 3

7.4.0 POLICY

The orientation of new employees to the South Fraser Health Region is an important and integral part of the recruitment and retention process. It is vital to acquaint new employees with the environment in which they will work and to provide the tools and information necessary to facilitate their familiarization with the Region. Orientation is designed to play a positive role in assisting employees to become fully productive as quickly as possible.

Orientation will be conducted on a regular basis. New staff, staff who are returning to the Region after a lengthy absence and staff who have been transferred to a new department or Health Service Area in the Region are required to attend the appropriate levels of orientation. Volunteers, students, instructors and medical staff are also welcome.

Employees will attend the orientation program on the date closest to the date of hire. Exceptions are made only in the case of illness or extenuating circumstances. In these cases, the employee shall be rescheduled for attendance at the next available orientation session.

7.4.1 Levels of Orientation

There are three levels of orientation provided for employees.

7.4.1.1 Regional Orientation

A mandatory Regional orientation program will be provided to welcome new employees and to equip them with general knowledge about:

- mission, vision, values and goals of the South Fraser Health Region
- Regional operating structure
- workplace health and safety
- diversity in the workplace
- Strategic Health Initiatives
- Regional Policies and Procedures

7.4.1.2 Health Service Area Orientation

In addition to the Regional orientation, most employees will attend a Health Service Area orientation. The purpose of this orientation is to:

- familiarize employees with the structural layout of the Health Service Area;
- provide information about the emergency response systems within the workplace and provide information regarding the internal and external disaster plan.

7.4.1.3 Departmental Orientation

In addition to Regional and health service area orientation, employees will attend a site/departmental/program orientation. The purpose of these orientations is to:

- assist employees to become familiar with equipment, techniques and work methods specific to the department;
- acquaint the employee with the goals, objectives and performance expectations of the department/program;
- provide access to site/department/program policy and procedures manuals;
- integrate the employee into the workplace and introduce them to colleagues;
- provide a tool to assess the immediate and long-term learning needs of employee.

7.4.3 PROCEDURE

Regional Orientation

7.4.3.1 Human Resources will inform new employees at the time of hire of the date, location and time of the next Regional orientation program.

7.4.3.2 Employees will be provided with a form to record their attendance at each level of orientation. When completed it will be returned to Human Resources for inclusion in the employee file.

7.4.3.3. Leadership and Learning will record attendance and inform appropriate managers of any employees who were scheduled but did not attend.

7.4.3.4 Departmental managers will follow up to determine why an employee did not attend and take appropriate action.

Health Service Area Orientation

7.4.3.5 Each Health Service Area will be responsible to develop and implement an appropriate orientation. Primary responsibility will reside with the Clinical Educator or designate.

7.4.3.6 The Human Resource Coordinator, Leadership and Learning will provide administrative support.

Site/Department/Program Orientation

7.4.3.7 Each manager/supervisor will be responsible for the development and implementation of the site/departmental/program orientation for their area.

7.4.3.8 Managers are responsible to ensure that their employees are oriented to the site/department/program.

7.4.3.9 The manager accepting the transferred employee will be responsible for registering and informing a transferred employee of the next scheduled site/department/program orientation.

Section: 7.0 Leadership & Learning	Policy Title: 7.5 Computer Skills Training
Date of Approval:	Number of Pages: 1

7.5.0 POLICY

In recognition of the expanding role of information technology in the South Fraser Health Region, Leadership and Learning will provide computer training courses that are open to all employees of the Region.

7.5.1 PROCEDURE

7.5.1.1 Needs identification for computer training will be part of the ongoing learning needs assessments undertaken by Leadership and Learning. A schedule of classes will be released on a regular basis and posted or communicated to each facility.

7.5.1.2 With their manager's approval, participants will register through Leadership and Learning for the scheduled computer courses.

Section:	Policy Title:
7.0 Leadership & Learning	7.6 Mandatory Education Programs
Date of Approval:	**Number of Pages:** 1

7.6.0 POLICY

The South Fraser Health Region will provide appropriate mandatory educational programs. There will be no charge to departments or participants for participation in internal mandatory programs.

7.6.1 PROCEDURE

7.6.1.1 Leadership and Learning will schedule mandatory training programs and track attendance.

7.6.1.2 Department managers/team leaders will be responsible for ensuring that employees attend the mandatory education programs required for their staff.

Section: 7.0 Leadership & Learning	Policy Title: 7.7 Regional Library Services
Date of Approval:	Number of Pages: 1

7.7.0 POLICY

Library services are a primary learning resource for the Region and a fundamental component of the long-term strategy to develop the services, resources and infrastructure to support the development of the Region as a learning organization.

A range of information services are provided to support the research, information and learning needs of staff, physicians, registered volunteers, Board members and, to a more limited extent, students throughout the South Fraser Health Region. Members of the public may also request permission to use library materials.

Leadership & Learning administer library resources on a Regional basis. These resources are available on a 24-hour basis for employees, medical staff, volunteers and Board members. Regular hours for library access are 0800 to 1700. Security can be contacted for after hours access.

Persons signing out Library materials are responsible for the safe return of the material and will be financially responsible for any replacement or repair costs. All materials are to be borrowed and used within existing copyright laws and regulations.

All employees will receive a copy of the Regional Library Services brochure at Regional orientation.

7.7.1 PROCEDURE

7.7.1.1 The Librarian will, by appointment, provide an in-person orientation to library resources and services to employees and medical staff as well as a written guide to services.

7.7.1.2 Materials that are available for loan can be taken out by completing a sign-out card. Reference materials may not be taken out of the library. Students, unaffiliated health professionals and members of the general public may use resources in the library but cannot sign out materials.

7.7.1.3 Inter-library loan requests will be submitted to Library Services. A source for materials will be determined and the request submitted depending on cost and availability.

Section: 7.0 Leadership & Learning	Policy Title: 7.8 Audio-visual Equipment Services
Date of Approval:	Number of Pages: 1

7.8.0 POLICY

Audio-visual equipment will be available to employees, medical staff and Board members for work purposes. Outside groups that are authorized to use Regional meeting facilities may request audio-visual equipment at the time of their room booking.

If equipment is to be moved, it is the user's responsibility to arrange safe transportation. Equipment should never be left unattended; when not in use it must be kept in a secured area.

The individual signing out the equipment is responsible for its safe return and may be liable for replacement or repair costs.

Leadership and Learning will make available a self-service process for audio/visual duplication for educational purposes within the context of existing copyright laws and regulations.

7.8.1 PROCEDURE

7.8.1.1 All audio-visual and duplication equipment must be pre-booked through the Human Resource Coordinator, Leadership and Learning or other designated person.

7.8.1.2 Users who require instruction in the use of equipment should arrange an orientation through the AV Technician or the Human Resource Coordinator, Leadership and Learning.

Section:	Policy Title:
7.0 Leadership & Learning	7.9 Career Counselling & Coaching
Date of Approval:	**Number of Pages:** 1

7.9.0 POLICY

The Region is committed to supporting staff members undergoing the impacts of transition and change. Career counseling, educational coaching and advisory services are available to all employees in the Region. In addition to individual counseling and coaching, the Region will present seminars, workshops and other learning opportunities and materials to support staff members in managing change in their workplaces.

7.9.1 PROCEDURE

7.9.1.1 For access to these services, employees will contact Leadership and Learning.

7.9.1.2 Workshops and seminars will be advertised through course calendars and notices; staff members may register for these through Leadership & Learning.

Annex A

Newspapers and memos from Job Action

Annex A

Newspaper collage and memo from Job Action

THE LANGLEY ADVANCE NEWS

November 3, 1998

...rses call off overtime ban

by Jordan Bateman
REPORTER

...wolf and nurses backed down ...ing over-

Union urges nurses to reject contract offering ...00 new jobs

Mediator's contract proposal does not address wage premiums for on-call, night and weekend work, BCNU president says.

PUBLIC NOTICE

Strike Notice Issued

On Tuesday, Novemb... Association issued s... Employers' Asso... the Nurses Bargaining ... to the Health

This barga... facility.

...ses in this

...es are

Wednesday, November 25, 1998

Nurses expand ban on overtime

HEALTH CARE

The B.C. Nurses Union has accused the Health Employers' Association of abusing nurses' goodwill.

marisa BABIC
NOW CONTRIBUTOR

Nurses have expanded their over-time ban to hospitals around the province.

BC Nurses Union president Cathy Ferguson said Tuesday the stepped-up job action was prompted by the bite actions taken by their employers, are represented by the ... Employers Association of B.C.

Ferguson accused ... "abusing the goodwill o... were grinding, permitting ... work overtime."

She said sor...

He accused the union of misleading the public by continually chastising the employers in the media for "over-reacting" when employers moved to cancel elective surgeries in the face of union job action.

"Now they have done a 180-degree flip and they are blaming employers for not moving earlier to essential service levels by cancelling surgeries and stopping admissions to hospitals," he said.

THE LANGLEY ADVANCE NEWS

Friday, October 30, 1998

Doctors and nurses

Labour unrest bites LMH

Two reduced activity days for doctors and a weekend without nurses working overtime has Langley Memorial Hospital administration scrambling to keep services flowing.

by Jordan Bateman
REPORTER

It never ends.

Langley Memorial Hospital is mired in another tough five days as both dissatisfied doctors and over-worked nurses flex their labour muscle provincially.

Doctors continued their string of reduced activity days yesterday (Thursday) - and today (Friday), meaning less doctors on the job around Langley.

"We're prepared for the increased volume," said Betty Ann Busse, LMH Chief Operating Officer. "We have extra staff and physicians for thursday and Friday."

Hot on the heels of the reduced activity days is the nurses' refusal to work overtime from 3 p.m. today (Friday) through 7 a.m. Monday.

The B.C. Nurses Union wants the provincial government to hire more registered nurses and cut the over-time expected of current employees.

The nurses have been on a work-to-rule campaign for more than a week anyways, meaning LMH administration has had to do several duties like picking up trays, paperwork and moving things around.

"The over-dependency on nurses working overtime is precisely what this bargaining is all about," said BCNU president Cathy Ferguson.

"B.C. needs more regular full-time nurses."

Busse said she hopes that the provincial government can settle with the doctors and nurses soon.

"It's always better when it's business as usual," she said. "There's lots happening."

> It's always better when it's business as usual

"Residents coming to the hospital with serious illnesses and injuries will be given the usual high priority care," added Busse.

"We have an essential services plan in place," said Lucy Balstrocchi, spokesman for the South Fraser Health Region.

Langley nurses union spokesman Lindsey Gri told the *Langley Advance News* Monday that workload is her greatest concern.

"We need to put more RNs into the system," Gri said. "Our overtime is off the scale."

From:
Sent: Tuesday, October 27, 1998 9:57 AM
To: HEABC Members
Subject: Nurses' Job Action - Update & Comment

As of 4:00 p.m. October 24, 1998, the Nurses' job action has been underway for three (3) hours. Their job action, which consists of a ban on non-nursing duties, is having a different impact at each employer. In an effort to assist you to manage the variety of issues you may be facing, HEABC will provide, via e-mail, brief hints and suggestions. This is the first of the e-mails. Please let us know if this material is of assistance to you.

We know that effective Monday, October 26, 1998, the Nurses' have indicated to several employers that study sessions will be undertaken. The Nurses' Bargaining Association has not indicated to HEABC that these sessions will be undertaken. We understand that these sessions will occur for about one (1) hour during the lunch/meal period. Our recommendation for handling these sessions is as follows:

1. The Association has the right to engage in study sessions. The Association has given notice of its intent to commence job action and it has acted upon that notice. The study sessions are a form of job action.
2. Only the members of the Association (i.e., nurses) are entitled to leave their work area to attend the study sessions. Members of other unions not involved in the job action should not leave their work stations.
3. If members of the Association leave their work station to attend the study session, they do so on an unpaid leave of absence.
4. The Association must ensure that essential services staffing levels are maintained. The study sessions can not result in an undercutting of essential services staffing levels.

In terms of dealing with the ban on non-nursing duties, we have the following comments:

1. Ensure you are utilizing the services of excluded managers/staff to the reasonable extent possible. Excluded managers/staff should be a presence in the organization during the job action.
2. Members of other unions not affected by the job action should be performing normal and full duties.
3. Employers should not pay (wages or in-charge premiums) for any time spent by members of the Association during study sessions, sit-ins, and periods where their refusal to perform non-nursing duties leaves them with no nursing duties to perform.
4. If there are problems/issues at the local level, employers should first attempt to discuss them with the Steward Co-ordinator at the organization before contacting HEABC.

Please let us know if you have any comments on this method of communicating with you and/or if you have any issues/concerns you would like addressed in a subsequent e-mail.

Health Employers Association of British Columbia