

PERCEPTIONS OF STAFF NURSES' PERINATAL CONTINUING EDUCATION NEEDS

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The objective of continuing nursing education is competence and, ultimately, safe, effective patient care. To meet this objective, program planners must be aware of the continuing education needs of the nurses for whom their programs are designed.

The importance of needs assessment that involves input from a number of sources is acknowledged. (American Nurses' Association, 1974; Knowles, 1980). There is, as a result, a potential for discrepancies among the needs that are identified by different groups (Bell, 1978; Griffith, 1978). The consequences of this possibility increase in importance when one considers that, in continuing nursing education, programs are often based on the needs that are identified by supervisors and advisory committees, and not by the staff nurses for whom they are intended. Not only are learners more conscientious and enthusiastic if they perceive that their needs are being met, but "readiness and willingness to participate in a learning situation is directly related to what they (learners) perceive as an interest or need" (Puetz & Peters, 1981, p. 5).

A review of the nursing literature revealed little information on needs assessment in general, and still less that deals with possible differences in the perception of needs. The small amount of nursing literature that is available is divided as to whether or not such differences actually exist. Few writers have dealt with the degree or direction this discrepancy might take. Although accounts of perinatal continuing education programs are found in the literature, there is little description of the needs assessment processes used.

The purpose of this study was, therefore, to compare staff nurses' perinatal continuing education needs as they are perceived by directors of nursing and by the staff nurses themselves, and to determine the degree and direction of any differences identified.

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Literature Review

Those writing in continuing education generally agree that a need may be defined as a gap between an existing situation or outcome and a desired or required situation or outcome (Kaufman, 1976; Knowles, 1980; Witkin, 1976). The term need is further refined by the adjectives that are attached to it. A felt need is "something regarded as necessary by the person or persons concerned" (Atwood & Ellis, 1971, p. 212), but felt needs are not necessarily real needs. Real needs are deficiencies that can be demonstrated to exist, as opposed to those that are merely thought or felt to exist (Atwood & Ellis, 1971; Monette, 1977). Although it would be inadvisable to base an entire continuing education program on felt needs, without ascertaining whether or not they were real needs, it is wise to begin program planning at this point (Knowles, 1980). Continuing education programs, of course, deal only with deficiencies that can be relieved by an educational process (Lawson, 1979).

Needs are determined by needs assessment. Definitions of this process abound, with many describing it as a "systematic" process or procedure that, as Monette (1979) says, "gathers information about where a learner or learning group would like to be or should be currently and the discrepancy between where they are and want to be or should be" (p.84).

Many tools for operationalizing needs assessment are found in the literature. Bell (1978), alone, describes eighteen. Questionnaires and interviews are two of the most commonly suggested. Marshall, DeJarnette, Caldwell, and McKee (1982) describe a study that found that informal interviews yield information specific to the individual, but in more detail than is necessary in planning for a group, while formal questionnaires provide general information, more suited to group planning, but not as useful for individualizing programs.

Since early in the adult education movement, writers such as Houle (1973) have advocated basing programs on the needs of learners. Learners, however, are not the only source of information for program planners. Others, including experts, supervisors, and the community, should also be consulted, and the possibility that the needs that are identified by these various sources may differ then arises (Griffith, 1978; Nowlen, 1980).

Needs assessment in continuing nursing education

Although the importance of considering the felt needs of the learners is also emphasized in the literature in continuing nursing education (Dutton, 1977; Puetz & Peters, 1981), it is also recommended that information for needs assessment should be gleaned from several sources. The American

Nurses' Association (1974) identifies individual nurses, administrators, and program faculty as all having responsibility in this area.

Educational needs arise from roles, responsibilities, and functions (Koonz, 1978). The introduction of new treatments, medications, and technology often necessitates further education of nurses (Clark, 1979; Cooper, 1983). In addition, as del Bueno (1978) points out, skills that are not used frequently are lost and must be re-learned.

As has been previously suggested, when doing a needs assessment it is wise to consult a number of sources. The studies to be described here deal with one of the potential problems in this process - the possibility of lack of congruence between learning needs identified by the learners themselves and those identified by others.

In 1973, Thomas and Heick reported a study designed to assess the continuing education needs of registered nurses in Iowa. Responses were solicited from faculty at a university college of nursing and from registered nurses. The authors describe the results as revealing "more areas of agreement than disagreement between the two groups," with six of 31 items common to the top third of both groups, and seven common to the bottom third. However, when chi-square was used to test the observed variations in the rankings of the two groups, eighteen items exhibited significant differences. Of these, only two, both process-oriented, were ranked more highly by the educators.

Recognition that "learning is maximized when it is based on the individual's own perceived needs and goals " (p. 19) led Chatham (1979) to study the educational needs of nurses in North Carolina, as perceived both by the nurses themselves and by their supervisors. Her prediction was that there would be a difference in perceptions with factually-oriented programs likely to be identified as important needs more frequently by the registered nurses and process-oriented programs likely to be identified more frequently by the administrators. To operationalize this study, 150 questionnaires were randomly distributed to the staff nurses in six hospitals where directors of nursing had previously responded to an educational needs assessment of their staff. Results indicated that only three of the top nine needs that were identified by each group coincided. Furthermore, the directors of nursing identified more process-oriented topics as high priority for the staff nurses while the staff nurses themselves identified more factually-oriented topics as high priority.

Beach (1982) studied the total population of community health nurses and supervisors in Michigan, using a lengthy pre-tested, self-administered mail questionnaire to assess perceptions of learning needs of staff nurses. Of the

17 needs identified six were identified by supervisors only, three by the staff nurses only, and eight were shared by both groups.

This review of the literature revealed few other studies dealing with assessment of learning needs in continuing nursing education. Those found dealt either with specific groups of nurses looking at their own needs or with continuing education needs of nurses in general, from their individual perspectives. There were no studies of the continuing education needs of staff nurses in the area of obstetric and newborn care.

Data Collection

In the fall of 1983 a study was undertaken to compare the perinatal continuing education needs of staff nurses in small Saskatchewan hospitals, as perceived by directors of nursing and by the staff nurses themselves.

Instruments used

A pre-tested, self-administered mail questionnaire was used for data collection. This design was chosen in order to reach a large and widely dispersed population. The instruments were designed by the researcher and were assessed for face and content validity by two content experts.

The questionnaire was divided into three sections. The first was a list of 37 potential perinatal program topics that were identified in the literature and by content experts and practitioners. These were divided into five topic areas: antepartum, intrapartum, postpartum, newborn, and other unclassified topics. Space was provided for respondents to add additional topics. For each topic, respondents used a six-point Likert scale to indicate the degree of need that they perceived for themselves, or, in the case of directors of nursing, for staff nurses at their hospital. In the second section of the questionnaire, respondents ranked the five topics that they felt were of highest priority. The third section collected demographic data, as it was hypothesized that such variables might have an effect on learning needs. All respondents were asked to provide the following information about themselves: age; type of basic preparation; length of time since graduation; highest level of education attained; whether full or part-time employment; length of time in present position; and number of deliveries per year in their hospital.

Distribution of questionnaires

Letters describing the study and requesting participation and assistance were sent to the 62 directors of nursing in Saskatchewan hospitals that met

the criteria for the study. They also received a letter from the Director of Continuing Nursing Education, at the College of Nursing, University of Saskatchewan, introducing the research and the researcher. Hospitals included had 50 beds or less, admitted obstetric patients, and had not had a perinatal education program in the year immediately preceding the study. Only hospitals of 50 beds or less were considered because hospitals with a greater number tend to be departmentalized. Nurses in such hospitals are usually assigned to a particular clinical area, and they do not provide care for as wide a range of patients as do nurses in smaller centers. In addition, except in emergency situations, nurses in smaller hospitals care for patients who require less complex care. Patients, including obstetric and newborn patients, with more complicated conditions, are transferred to larger centers where more specialized care is available.

Those directors agreeing to participate were asked to fill out a form indicating the numbers of full-time and part-time staff nurses at their hospital. Directors not responding by the cut-off date were contacted by telephone. Fifty agreed to take part, generating a potential staff nurse population of 507. Nine hospitals no longer admitted obstetric patients, two refused to participate, and the researcher, after several attempts, was unable to contact one hospital.

Each participating director of nursing was sent a package containing a cover letter and questionnaire for herself, and individual envelopes containing cover letters and questionnaires for each staff nurse. The Director of Nursing completed her own questionnaire and distributed the envelopes. When the nurses had completed their questionnaires, each was replaced in its own envelope, sealed, and returned to the Director of Nursing, who then sent her questionnaire and the sealed envelopes from the staff nurses to the researcher.

Questionnaires were returned by 43 directors of nursing (86%) and by 335 (66%), staff nurses. Interestingly, three directors of nursing returned questionnaires from the staff nurses, but did not return their own questionnaires.

Analysis

For the purposes of analysis, the respondents were categorized as directors of nursing and staff nurses. Where it was deemed useful, the staff nurse group was further subdivided into full-time and part-time staff nurses. Programs from the Statistical Package for Social Sciences (SPSS) were used to determine frequencies. Crosstabulations were done to assess the effect of demographic variables. Comments were analyzed separately by the researcher.

Results and Discussion

While the demographic variables gave an interesting profile of nurses working in small Saskatchewan hospitals, none proved significant in the analysis of data. Data dealing with types of basic preparation were not analyzed because none of the directors of nursing had basic baccalaureate education; only slightly more than three percent of staff nurses had this type of preparation.

The results indicated no significant difference in perceptions of continuing education needs of staff nurses as identified by directors of nursing and by staff nurses themselves, with the exception of one topic - electronic fetal monitoring. This topic was rated as a greater need by staff nurses than by directors. Data generated by this study were examined as aggregates. That is, the data for each group - staff nurses and directors of nursing - were examined as a whole, without considering each hospital individually. This may have skewed the result for this topic because hospitals that have the equipment necessary to perform electronic fetal monitoring tend to be larger than those that do not. While such hospitals have only one director of nursing, the number of staff nurses employed is larger. Directors of nursing tend to be older than staff nurses, most of them having graduated more than fifteen years ago. Because of this, most staff nurses have trained at a time of high technology while most directors of nursing did not. Because younger nurses are more familiar with the technology, they may be more interested in and eager to use equipment that older nurses may find threatening.

When respondents ranked the five program topics for which staff nurses had the greatest degree of need, the three topics ranked first most frequently - assessment during labor, resuscitation of the newborn, and obstetric emergencies - were the same for directors of nursing, for full-time staff nurses, and for part-time staff nurses. However, there were slight differences in the ordering of the topics (see Table 1).

Unlike the findings in Chatham's 1979 study, there was considerable congruence in the top-ranked needs that were identified by staff nurses and directors of nursing. When compared with the total staff nurse group, only three of the top ten needs were not shared. This was also true when the directors and the full-time staff nurses were compared. Only two needs were not shared when the directors and the part-time nurses were compared. This is congruent with Thomas and Heick's (1973) findings that there were "more areas of agreement than disagreement" in their study of staff nurses and nurse educators.

Table 1

Weighted Ranking of Perinatal Continuing Education Topics by Directors of Nursing, Full-time Staff Nurses and Part-time Staff Nurses

Rank	Directors of Nursing	Full-time Staff Nurses	Part-time Staff Nurses
1.	Assessment in labour	Resuscitation of the newborn	Resuscitation of the newborn
2.	Resuscitation of the newborn	Obstetric emergencies	Obstetric emergencies
3.	Obstetric emergencies	Emergency delivery	Assessment in labour
4.	Emergency delivery*	Respiratory distress syndrome*	Emergency delivery
5.	Stabilization for transport (newborn)*	Assessment in labour*	Respiratory distress syndrome

*Same weighted rank.

Although differences between program categories were small, the "newborn" category was consistently identified as being most needed. Of the ten top ranked program topics, two in this category – resuscitation of the newborn and stabilization for transport – were identified by all three groups. Directors of nursing also selected newborn assessment, as did the staff nurses as a group; closer examination revealed that it was selected only by part-time staff nurses.

It was also found that there were no significant differences in the needs that were identified by directors of nursing and staff nurses employed full-time and staff nurses employed part-time. Although differences were not significant, there was a consistent tendency for both directors and full-time staff nurses to rate most topics more highly than did part-time nurses. This could be because a nurse working part-time might not have had to take as much responsibility as one working full-time. The Director of Nursing has the ultimate responsibility for the care provided in the hospital, and may, therefore, be inclined to rate needs highly.

Table 2

Comparison of Mean Values of Potential Perinatal Continuing Education Topics as Priorized by Directors of Nursing, Full-time Staff Nurses and Part-time Staff Nurses

Topic	Directors of Nursing	Full-time Nurses	Part-time Nurses
1. Prenatal assessment*	3.1	2.8	3.2
2. Prenatal care	3.2	3.0	3.4
3. Prenatal teaching*	3.2	2.9	3.4
4. Identification of high risk pregnancy*	2.3	2.3	2.6
5. Management of high risk pregnancy*	2.7	2.3	2.5
6. Hypertension in pregnancy	2.7	2.6	2.7
7. Diabetes in pregnancy	2.6	2.7	2.9
8. Antepartum hemorrhage	2.0	2.2	2.3
9. Premature labour	2.0	2.2	2.4
10. Rh disease	2.9	3.0	3.0
12. Assessment during labour*	1.8	2.0	2.1
13. Care during labour	2.0	2.3	2.4
14. Sterile vaginal exams	2.4	2.6	2.7
15. Electronic fetal monitoring	4.7***†	3.7**	3.6†
16. Induction of labour	3.6	3.9	3.1
17. Pain relief during labour*	2.6	3.0	2.8
19. Postpartum assessment*	2.5	2.8	2.8
20. Postpartum care	2.7	2.9	3.0
21. Postpartum hemorrhage	2.1	2.0	2.2
22. Postpartum teaching*	2.3	2.5	2.8
24. Assessment of the newborn*	1.9	2.1	2.1
25. Care of the newborn	2.3	2.7	2.6
26. Low birthweight infants*	2.5	2.4	2.5
27. Respiratory distress syndrome	2.0	1.8	2.0
28. Resuscitation of the newborn	1.6	1.6	1.6
29. Thermoregulation	2.4	2.4	2.4
30. Hyperbilirubinemia	2.7	2.4	2.4
31. Stabilization for transport	1.7	2.1	2.0
32. Breastfeeding*	2.8	2.9	3.2
34. Infection control*	2.7	2.9	3.1
35. Parent-infant bonding*	3.1	3.1	3.4
36. Fetal alcohol syndrome	3.0	2.8	3.1
37. Dealing with unexpected pregnancy outcomes*	2.5	2.5	2.6
38. Adolescent pregnancy*	2.8	2.6	2.9
39. Obstetric emergencies*	1.5	1.6	1.7
40. Emergency delivery	1.7	1.7	1.8
41. Family-centered care*	3.2	3.4	3.6

Note: Lower scores indicate greater need.

* indicates process-oriented topic.

***† significant with χ^2 set at .05 level of significance.

Data were examined to identify any differences in rating of process-oriented topics (those dealing mainly with principles, creative problem solving, and evaluation, such as family centered care) and factually-oriented topics (those dealing with content, such as Rh disease).

None of the observed differences (except as previously noted) was significant, but the findings are nonetheless interesting. The data (see Table 2) revealed that when compared to full-time staff nurses only, directors of nursing specified greater need for the majority of topics and were equally likely to identify process-oriented and factually-oriented topics as being more needed than did full-time staff nurses. Full-time staff nurses, however, were more likely to identify factually-oriented topics as being more needed. Even greater difference was noted when directors of nursing and part-time staff nurses were compared. The directors indicated greater need for 75% of topics than did part-time nurses. In addition, almost 90% of the process-oriented topics and 70% of the factually-oriented topics were given high ratings by directors of nursing.

The results became even more interesting when all three groups were compared. Directors of nursing rated just over half of the total items more highly than did the two staff nurse groups. They identified greater need for more topics in both process-oriented and factually-oriented categories than did the other two groups. The proportion of process-oriented and factually-oriented items identified by directors and full-time staff nurses was very similar to the proportions found when the data from the whole group of staff nurses was examined. Of the 37 program topics listed, part-time nurses indicated greatest need for only two, both factually-oriented. Part-time staff nurses indicated greatest need for none of the process-oriented items.

Although the differences found in this study were small, they were consistent. The finding that directors of nursing were more likely than staff nurses to identify process-oriented topics is consistent with the findings of Chatham (1979). This may reflect differing perceptions of the role of staff nurses. Beach (1982) found that activities performed by nurses on the job were significantly related to perceived educational needs. Perhaps directors of nursing see problem-solving and evaluation as a larger part of the staff nurses' role than do the staff nurses themselves. Puetz and Peters (1981) contend that nurses are most interested in continuing education programs that relate directly to their work situation. Staff nurses may perceive factually-oriented topics as being more immediately work-related than process-oriented topics. There was considerable congruence, however, between topics identified by directors of nursing and full-time staff nurses. The differences were greater, although still small for individual topics, between directors of nursing and part-time staff nurses and between full-time and part-time staff nurses.

A possible explanation for what appears to be part-time nurses' disinclination to rate process-oriented topics highly may be that, because of their part-time status, they have even less opportunity to practise their perinatal nursing skills than do full-time staff nurses and, hence, feel less secure in their basic knowledge. An understanding of process contributes to adaptability and flexibility, particularly in unfamiliar situations. Because they have less current experience than do other nurses, part-time nurses might be more likely to turn to the Director of Nursing for assistance in unfamiliar situations, such as labor and delivery.

Other findings of this study are worthy of note. All perinatal continuing education topics were rated as at least moderately important by the majority of respondents. Both directors of nursing and staff nurses commented on the lack of experience of staff nurses. They also described difficulties in maintaining and developing skills in perinatal nursing. del Bueno (1978) discussed this concern in her examination of learning needs arising because an individual never learned or has little opportunity to use a particular knowledge or skill. Probably because of this deficiency in staff nurses' knowledge and skills, several directors of nursing reported that they were called whenever an obstetric patient was admitted to the hospital.

Although they were not asked about the difficulties that they experienced in attending perinatal continuing education programs, a number of nurses commented in this regard. Many cited distance as a major deterrent to attendance.

Recommendations

The following recommendations arise from the findings of the study.

1. Both the directors of nursing and the staff nurses should have input during program planning. It is usually good practice to begin such programming with learner-identified needs, and this should include the possibility of assisting learners to recognize needs of which they may not have been previously aware. It is essential that directors of nursing be consulted during program planning, as their support of programs is essential if nurses are to be able to attend.

2. Perinatal continuing education programs should focus on newborn program topics. Particular emphasis should be placed on assessment of the newborn, resuscitation of the newborn, and stabilization for transport. However, continuing education needs change as needs are met and new needs arise. It is also recognized that an adequate assessment of the mother and fetus prenatally and during labour helps to identify those at risk. Prudent

management in these instances reduces the necessity for nurses to deal with resuscitation and stabilization for transport of the newborn.

3. Because lack of perinatal nursing experience is difficult to remedy in small hospitals, the current amount of experience that student nurses receive in obstetric and newborn care should be maintained and, wherever possible, increased.

4. Wherever possible, nurses employed in small hospitals should have prior obstetric and newborn experience and have already developed the skills necessary in these areas.

5. Because it is so difficult for nurses in small rural hospitals to develop and maintain their skills in obstetric and newborn care, opportunities should be provided for nurses to spend sufficient time, perhaps on an exchange basis, in larger centers so that they may develop and improve their skills and knowledge.

6. Because it is difficult for caregivers to maintain seldom-used skills, consideration should be given to establishing a minimum number of deliveries that would be necessary for a hospital to continue admitting obstetric patients.

7. Directors of nursing should consider approaching Continuing Nursing Education to request a program that is specifically designed to meet the needs of their group. Although the focus of this research has been the perinatal continuing education needs of staff nurses, many directors of nursing are called whenever a patient in labor is admitted.

8. Regional programs should continue to be provided throughout the province, in addition to other programs in larger centers. Distance and time away from work appear to be reasons nurses are unable to attend continuing education programs. Programs in the nurses' vicinity may help to alleviate both of these problems.

Limitations of the research

There are a number of limitations to this study. First, only nurses in hospitals in Saskatchewan that have 50 beds or fewer were included in this study. It is possible that perinatal continuing education needs of nurses in larger hospitals or hospitals in other areas may differ. This reduces the possible degree of generalization to other populations.

Secondly, it is not known if those questionnaires returned represent actual proportions of full-time and part-time staff nurses. Based on numbers

reported by the directors of nursing, the response rate of staff nurses was 66%. It is possible that more part-time nurses did not return the questionnaires because they did not receive them. Several directors of nursing stated that they were unable to distribute questionnaires to all part-time nurses because they were not working during the study. If this is the case, differences in the needs that were identified by directors of nursing and staff nurses as a group and part-time nurses in particular may be greater than the findings of this study suggest. Differences could also be greater between full-time and part-time staff nurses. As well, it is possible that there may have been greater discrepancies in the continuing education needs that were identified by directors of nursing and by the staff nurses themselves than have been identified in this study. The instruments used may not have been sensitive enough to detect further discrepancies.

Recommendations for further study

The following are recommendations for further study.

More thorough testing of the instruments used in this study is needed. Because no instruments were available, those used were constructed by the researcher. Similar studies should be conducted using populations of nurses in larger hospitals, as well as in other clinical areas, to determine whether or not the results are consistent.

Further research should be carried out and published in order to determine the most valid and reliable means of assessing needs in continuing nursing education. The results of this study indicate that full-time and part-time staff nurses may have different educational needs. As well, little research has been done to determine whether these perceived continuing nursing education needs are real needs. These are both areas that require further investigation.

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RÉSUMÉ

Besoins de formation continue en périnatalogie du personnel infirmier

Les enseignants chargés de l'éducation permanente voient habituellement dans l'évaluation des besoins la première étape de la planification d'un programme; cette démarche s'appuie sur des données qui proviennent d'un certain nombre de sources différentes. Il peut donc arriver que l'on observe des différences au niveau des besoins identifiés. Les écrits en sciences infirmières ne renferment que peu de renseignements sur l'évaluation des besoins de formation continue en périnatalogie. La présente étude avait donc pour objectif de comparer les besoins d'éducation permanente en périnatalogie des infirmières et infirmiers tels que les perçoivent les directeurs des services infirmiers et les infirmiers eux-mêmes.

L'étude a été élaborée autour d'un questionnaire auto-administré que les participants ont reçu par la poste. Pour chacun des 37 sujets de programme figurant au questionnaire, les participants ont utilisé une échelle de type Likert en 6 points pour indiquer le niveau de leurs besoins de formation, tel qu'ils le percevaient pour eux-mêmes ou, dans le cas des directeurs, pour les infirmiers de leur hôpital. Cette étape était suivie de sections dans lesquelles les participants devaient classifier les sujets par ordre de priorité et d'une section de données démographiques. Quarante-trois directeurs et 335 infirmiers de petits hôpitaux de la Saskatchewan ont répondu au questionnaire.

Pour effectuer l'analyse, on s'est servi de fréquences et de tabulations recoupées. La moitié des participants ont identifié tous les sujets, à une exception près, comme étant au moins moyennement importants. Même si aucune des différences observées entre les directeurs et le personnel infirmier n'était importante, on a cependant noté chez les directeurs une plus grande tendance à valoriser les sujets de programme que chez les infirmiers. Les directeurs accordaient également une plus grande priorité aux sujets axés sur des démarches. Les commentaires, qui ont été analysés séparément, ont indiqué que l'inexpérience du personnel infirmier et le manque d'occasions qu'il a de se servir de ses techniques, préoccupent tout autant les directeurs que les infirmiers eux-mêmes. Les résultats de l'étude ont entraîné la formulation de recommandations au sujet de la formation, de l'éducation permanente et de l'exercice de la profession d'infirmier.