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A STUDY OF ACADEMIC LEADERS FOR CONTINUING NURSING EDUCATION IN COLLEGES AND UNIVERSITIES IN THE UNITED STATES

The Ohio State University

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A STUDY OF ACADEMIC LEADERS FOR
CONTINUING NURSING EDUCATION IN COLLEGES AND
UNIVERSITIES IN THE UNITED STATES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

Mary Beth Strauss, B.S.N., M.N.

*****

The Ohio State University

1982

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Adviser
Academic Faculty of
Educational Administration
To my parents

Leon and Marybeth Zimmerman
ACKNOWLEDGEMENTS

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the project and extending faculty rights before the final requirement had been completed;
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TABLE OF CONTENTS

DEDICATION ..................................... ii
ACKNOWLEDGEMENTS ............................... iii
VITA ............................................. v
LIST OF TABLES ................................. xi

Chapter

I. INTRODUCTION ............................... 1
   Background of the Problem .................. 1
   Statement of the Problem .................. 7
   Research Questions ........................ 9
   Significance of the Research ............. 10
   Limitations of the Research .............. 11
   Organization of the Research ............. 11

II. REVIEW OF THE LITERATURE ............... 13
   The Need for Continuing Professional
      Education ................................ 14
   Continuing Professional Education and
      Higher Education Institutions .......... 15
   Organizational Context of Continuing
      Professional Education in Higher
      Education Institutions ................ 20
   Political Climate for Continuing
      Professional Education in Higher
      Educational Institutions .............. 24
   Continuing Nursing Education and
      Higher Education Institutions .......... 26
   Organizational Context for Continuing
      Nursing Education in Higher
      Education Institutions ................ 29
   The Political Climate for Continuing
      Nursing Education ...................... 33
   Theoretical Frameworks for the
      Practice of Continuing
      Professional Education .............. 34

vii
Office-holding patterns: National and State Professional Associations 104
Membership: Local Professional Associations 104
Regional Organization Membership 107
Organizational Context of Practice 107
Institutional variables 107
Programmatic variables 108
Positional variables 108
Personal variables 112
Influence of Position 113
Proficiencies for CNE Administrators 115
Personal qualities 116
Administrative skills 117
Theoretical understandings 118
Program development skills 119
Conceptual skills 120
Research skills 121
Relationships Between Independent and Dependent Variables 122
Association between Educational Preparation, Influence and Age 124
Association Between Experiential Preparation, Influence and Age 131
Association Between Educational Preparation, Age and Rating of CE Administrator Proficiencies 137
Association Between Experiential Preparation, Age and Rating of CE Administrator Proficiencies 144

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS 148

Introduction 148
Findings 149
Personal and Professional Characteristics 149
Educational Preparation 150
Career Paths 151
Organizational Context 152
Recommended Educational and Experiential Preparation 153
Association Between Proficiency Ratings and Educational and Experiential Preparation 154
Association Between Influence and Educational and Experiential Preparation 155
Additional Findings 156
Major Conclusions 157
Recommendations 168
APPENDIXES

A. Cover Letter, CNE Directors . . . . 173
B. Cover Letter, Dean or Director
   School of Nursing . . . . 175
C. Follow-up Card to CNE Directors . . . 177
D. Study Questionnaire . . . . . . . . . 179
E. Cover Letter, Pilot Study . . . . 195
F. Roster of Respondents Consenting
   to be Listed by Name and
   Institutional Address
   (Alphabetically by State) . . . . 197

BIBLIOGRAPHY . . . . . . . . . . . . . . . . . 211
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Characteristics of CNE Directors.</td>
<td>76</td>
</tr>
<tr>
<td>2. Leadership Characteristics of Self and Recommended for CNE Directors, by rank order</td>
<td>75</td>
</tr>
<tr>
<td>3. Degree-Related Educational Preparation of CNE Directors, by type of degree.</td>
<td>77</td>
</tr>
<tr>
<td>4. Frequency Distribution by Major Field of Study and Credential Awarded for Master's Study, as reported by CNE Directors holding that Credential</td>
<td>78</td>
</tr>
<tr>
<td>5. Fields of Study Reported by CNE Directors holding the Doctoral Degree</td>
<td>79</td>
</tr>
<tr>
<td>6. Reported Academic Preparation of CNE Directors in Two Content Areas, by Category and Frequency</td>
<td>80</td>
</tr>
<tr>
<td>7. Comparison of Subject Areas of Educational Need Experienced by CNE Directors and Recommended for Future CNE Directors (in descending rank order).</td>
<td>83</td>
</tr>
<tr>
<td>8. Years Since RN Licensure Reported by CNE Directors</td>
<td>84</td>
</tr>
<tr>
<td>9. Years in Nursing Practice Reported by CNE Directors</td>
<td>85</td>
</tr>
<tr>
<td>10. Mean and Range of Years Experience of CNE Directors in Three Categories of Nursing Practice</td>
<td>86</td>
</tr>
<tr>
<td>11. Mean Number of Years of Reported Experience of CNE Directors in Four Categories of Nursing Education</td>
<td>86</td>
</tr>
</tbody>
</table>
12. Continuing Education Experiences of CNE Directors in Two Categories, by frequency in number of years . . . . . 88
13. Staff Development Experience of CNE Directors, by frequency in number of years . . . . . 88
14. Experience Recommended by CNE Directors for persons Aspiring to the Role (in rank order, by frequency) . . . . . . 90
15. Position Characteristics of Mentor of CNE Directors (by frequency and percentages) . . 91
16. Educational and Experiential Preparation of CNE Directors Compared to their Role Predecessors, by frequency and percentage. . 93
17. Journal Articles Published by CNE Directors by frequency and percentage . . . 94
18. Book Authorship and Contribution by CNE Directors, by frequency and percentage . . 95
19. Grant Authorship by CNE Directors, by frequency and percentage . . . . . 95
20. Annual Paid Consultation by CNE Directors, by frequency and percentage . . . . . 96
21. Awards received by CNE Directors by category, frequency and percentage . . . . 97
22. Journals Reported Used by CNE Directors for Maintaining Currency of CNE Knowledge. . 98
23. Activities used by CNE Directors to Keep Current in field of Continuing Education, by frequency and percentage . . . . . 99
24. Activities used by CNE Directors to improve Competence for CE Administration, by frequency and percentage . . . . . 100
25. Membership Reported by CNE Directors in Six National Professional Association Categories. 101
26. Membership Reported by CNE Directors in Six State Professional Association Categories. . 103
27. Office-holding Patterns of CNE Directors in National and State Professional Associations. 104

xii
28. Membership Reported by CNE Directors in Six Local Professional Association Categories . . . 105
29. Office-Holding Patterns of CNE Directors in Local Professional Associations . . . . 106
30. Institutional Variables Related to Context of Practice of 137 CNE Directors . . . . 109
31. Programmatic Variables Related to Context of Practice of 137 CNE Directors . . . . 110
32. Positional Variables Related to Context of Practice of 137 CNE Directors . . . . 111
33. Academic Responsibilities of 137 CNE Directors . . . . . . . . . . . . . . 112
34. Personal Variables Related to the Context of Practice of 137 CNE Directors . . . 114
35. Perceived Influence of CNE Directors at National, State, and Institutional Levels: A Comparison by frequency and response . . . 115
36. Rank Order of Six Proficiency Categories by Means as rated by 137 CNE Directors . . . 116
37. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Five Proficiency Statements Comprising "Personal Qualities" Category of "Proficiencies for CNE Administrators" Rating Scale . . . . . . . . . . . . . . 117
38. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Five Proficiency Statements Comprising "Administrative Skills" Category of "Proficiencies for CNE Administrators" Rating Scale . . . . . . . . . . . . . . 118
39. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Six Proficiency Statements Comprising "Theoretical Understandings" Category Rating Scale . . . . . . . . . . . . . . 119
40. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Five Proficiency Statements Comprising "Program Development Skills" Category Rating Scale . . . . . . . . . 120

41. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Three Proficiency Statements Comprising "Conceptual Skills" Category Rating Scale . . . . . . . . . . 121

42. Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Four Proficiency Statements Comprising "Research Skills" Category of Rating Scale . . . . . . . . . . 122

43. Observed Frequency Table for Highest Degree, Perceived National Influence, and Age for 131 CNE Directors . . . . . . . . . . 125

44. Observed Frequency Table for Highest Degree, Perceived State Influence, and Age for 132 CNE Directors . . . . . . . . . . 126

45. Observed Frequency Table for Highest Degree, Perceived Institutional Influence and Age for 135 CNE Directors . . . . . . . . . . 127

46. Comparison of 137 CNE Directors by Age and Type of Preparation in Educational Administration (by frequency and percentage) . . . 128

47. CNE Directors Compared by Type of Preparation in Adult/Continuing Education, Age and Perceived National Influence . . . . . . . . . . 129

48. Observed Frequency Table for Type of Preparation in Adult/Continuing Education, Perceived State Influence and Age, for 132 CNE Directors . . . . . . . . . . 129

49. Frequency and Percentage Distribution by Type of Adult Ed/CE Preparation and Perceived Institutional Influence of 135 CNE Directors . 130

50. Data Categories and Frequencies for Five Variables Comprising "Experiential Preparation" variable for 137 CNE Directors . . . . . . . . 132

xiv
51. Chi Square Values and Level of Probability at which Variables of "Supervision" and "Age" were found to have Significant Association with Three Dimensions of Influence for CNE Directors . . . . . . 133

52. Chi Square Values and Levels of Probability at which the Variables of "Administration" and "Age" were found to have a Significant Association with Three Dimensions of Influence for CNE Directors . . . . . . 133

53. Comparison of 131 CNE Directors on Variables of Years Experience in Baccalaureat Teaching and Perceived National Influence (by frequency and percentage) . . . . . . 135

54. Contingency Table of Years Experience in CNE by Perceived National Influence for 131 CNE Directors (by frequency and percentage) . . . . . . 135

55. Levels of National Influence of CNE Directors by Age Category . . . . . . . 136

56. Years Experience in CNE Compared with Age for CNE Directors . . . . . . . 137

57. Means of Ratings of CNE Directors for Six Proficiency Categories by Age Group and Highest Degree . . . . . . . 138

58. F Values and Level of Significance for Significant Age Main Effect on Three Proficiency Categories . . . . . . . 139

59. F Values and Level of Significance for Significant Highest Degree Main Effect on Four Proficiency Categories . . . . . . 140

60. Means of Ratings for Six Proficiency Categories for 137 CNE Directors by Age Group and Type of Preparation in Adult/Continuing Education . . . . . . . 141

61. F Values and Level of Significance for Age Main Effect with Three Proficiency Categories . . . . . . . . . . . . 142
62. Means of Ratings for Six Proficiency Categories for 137 CNE Directors by Age Group and Type of Preparation in Educational Administration . . . . . . 143

63. F Values and Level of Significance for Age Main Effects and Two Proficiency Categories . . . . . . . . . . . . . 143

64. Means of Ratings of Six Proficiency Categories for 137 CNE Directors by Age and Years Experience in Continuing Education . . . . . . . . . . . 146
CHAPTER ONE

INTRODUCTION

Background of the Problem

Nurses are the largest group of health professionals in the United States today. There are approximately one million one hundred thousand registered nurses who hold current licenses to practice (ANA, 1981, p. 2). To ensure the public of quality health care services, nurses and other health professionals must keep up-to-date with changes in their fields and must maintain their practice competence over time. Continuing education is supposed to contribute to these ends, and both the amount of programming and the number and types of persons and organizations providing the programming have mushroomed in recent years. Belief that participation in continuing education will assure the public of nurse currency and competence is even expressed through legislation in eleven states, in the form of specific continuing education requirements for nurse relicensure (Nursing Careers, 1982, p. 22).

Continuing nursing education had its beginnings in post-graduate courses for alumni, sponsored by hospital-based schools of nursing. As nursing education moved into higher
education institutions in the late 1800's, these institutions began to offer continuing education to nurses in their communities in the form of short-term non-credit courses. These courses covered diverse topics and related to technical skills, knowledge needed for patient care decisions, and issues affecting practice in general (Cooper and Hornback, 1973). Regional planning for higher education in general and nursing in particular between 1957 and the present facilitated the development of continuing nursing education units within higher education institutions (Cooper, 1983).

A network of information and colleagueship developed among positional leaders of continuing nursing education in colleges and universities during the 1960's. These early leaders met annually from 1968 to share and to sponsor a national conference on continuing nursing education. With colleagues responsible for staff development in hospitals and other types of health care agencies, these nurses were founders in 1972 of the Council on Continuing Education of the American Nurses' Association. The council recommends policy positions for the professional nursing association on matters relating to continuing nursing education, and has made major contributions to the development of that field of practice.

Today schools of nursing in universities and colleges are a major provider of continuing nursing education, although in competition with many other providers (i.e. health care agencies, health-related companies such as pharmaceutical firms, voluntary health organizations and professional
As a field of practice, however, the administration of continuing nursing education is relatively new. The first references in the field appeared in 1973 contributed by the pioneers, indeed the very founders, of its practice (Cooper and Hornback, 1973; Popiel, 1973). One foundation for its practice is adult education theory which began to develop in the early 1900's is well documented (Knowles, 1962, 1970 and 1973; Kidd, 1973), and is the subject of continued research (Knox, 1981). However, in the opinion of some contemporary authors in the field, both theoretical and conceptual foundations for the field need to be strengthened and there is need for clearer scope and direction to adult education practice (Stern, 1980; Peters, 1980). Indeed, definitional problems exist which must be clarified before the typologies, taxonomies and propositions needed for the foregoing can be developed (Peters, 1980; ANA, 1980). In the opinion of some writers, strengthening the conceptual basis for practice can contribute to the solution of perhaps the biggest and most intractable problem for the current advancement of the field: the absence of the link between the purpose and function of continuing professional education, and the practice tasks of the practitioners of those professions (Apps, 1980; Alford, 1980; Knox, 1981).

In recent years there has been considerable interest in determining the impact of continuing education participation upon nursing practice. Disappointingly, there is empirical
evidence that continuing education participation does not change the practice of nurse participants (Gosnell, 1979; del Bueno, 1977). There is evidence that other variables may be important in determining impact, such as the variable of individual motivation for participation (O'Connor, 1980); attitudes toward required continuing education (Pituch, 1979); the relationship between educational activity and learning needs created by professional practice (Battles, 1977; Puetz, 1980); and employment context variables such as expectations and reinforcement (Carlley, 1980). Further, the effectiveness of continuing nursing education may have some relationship to the skills of the persons administratively responsible for its programming (Gosnell, 1979; Battles, 1977).

There is much literature which describes the practice of continuing professional education in general (Knowles, 1970; Lauffer, 1978; LeBreton, 1978, 1979; Houle, 1980), as it relates specifically to the health professions (Boisseau, 1980; Lauffer, 1977), and to nursing in particular (Cooper and Hornback, 1973; Popiel, 1977; Cooper and Neal, 1980; Puetz and Peters, 1981; Cooper 1983). There are those volumes which discuss issues in the field (Kreitlow, 1981; Alford, 1980; Stern, 1983) from which implications for practice can be drawn, and those which specify competencies for adult educators (Grabowski, 1976, 1981). However, only recently have specific proficiencies for the administrator of such educational activities been specified. From a substantial analysis of adult and continuing education
literature, Knox (1979) proposed core proficiencies for continuing education administrators. Briefly, Knox recommended that such persons understand the field of adult education and adults as learners, and that they demonstrate a commitment to lifelong learning, for themselves and for others. These persons must have administrative and program development skills, and be committed to both the use and the generation of research. They are expected to use these proficiencies to influence policy development which supports the values of societal lifelong learning (Knox, 1979).

A common finding of studies of adult education leaders over the years was the insufficient academic preparation of the leaders for their responsibilities, and graduate adult education programs were recommended as the most appropriate vehicle for such preparation (Nadler, 1965; Knowles, 1970; Houle, 1964). Although strong academic programs to prepare continuing education administrators are now available, and the number of persons with doctoral preparation in adult education has increased steadily over the years, agreement still has not been reached regarding the specific preparation needed for successful performance in continuing education administration (Verner, et al. 1970; Griffith, 1980).

As a field of practice and as an educational enterprise, continuing education is fast becoming big business. Industry, it has been estimated, is investing in this education at a level of twenty to thirty billion dollars annually (Whitney, 1981). Continuing education also is becoming big business
for higher education institutions. Their involvement dates back to the early 1900's, and was formalized in the 1940's as university extension (Knowles, 1962). However, with the exception of the extension activities and continuing education in the form of inservice programming for teachers, continuing education for the professions has not been a high priority for colleges and universities (Stern, 1980). Several contemporary writers have charged that higher education institutions do have a responsibility and must take the leadership for the continuing learning of the professionals (Houle, 1980; Bouisseau, 1980). However, increasing involvement of these institutions in continuing education in general represents an institutional response to declining enrollments in "traditional" student populations (ages 18-21) more than to an increased commitment to serve the professionals for whom the institutions provide basic preparation (Bowen, 1980). As the social demographics have changed, the institutions are looking to new "nontraditional" student populations such as adults seeking occupational retraining or activities to fill leisure time, or adults giving college a try for the first time (Cross, 1981).

Continuing education also is a field being pushed and pulled by the political winds of legislative decisions, special interest groups, territoriality of continuing education providers, and shifting resources linked to manpower training, re-entry education and specialization. Some of the proficiencies required of continuing education administrators
in higher education institutions are not unlike those of positional leaders in higher education institutions (Cyphert and Zimpher, 1976; Baldridge, 1978), and are made necessary by their organizational context as educational administrators. In this political climate, colleges and universities are fighting for survival economically, are re-assessing program goals, and are making structural revisions to more efficiently and effectively pursue them. Resources are scarce, and the focus is upon negotiation and compromise by diverse, multi-interest parties. More often than not, the continuing nursing education unit is expected to be self-supporting, and even to generate revenues for its parent unit. Regardless of the national status which a unit may have established, fiscal survival of the parent institution may depend in part upon the closing of that "successful" but organizationally marginal unit (Carroll, 1981).

**Statement of the Problem**

The advancement of continuing nursing education in higher education institutions requires leadership on the part of the persons having administrative responsibility for such education in these institutions. The positional leader for continuing nursing education in colleges and universities is responsible for determining what is and what is not delivered as continuing education, how it is delivered and where, what it costs, who approves it, and who shall have access to it. In a highly political, rapidly expanding and
dynamic market, these positional leaders have the potential
to influence resource allocations by colleges and univer­
sities for continuing nursing education activities and
legislative mandates with regard to nursing education.
They have the potential to be competitive in an expanding
market and to effect the real and potential impact of con­
tinuing education on the nursing profession. These con­
tinuing nursing education administrators have the potential
to advance the field of continuing professional education in
general and continuing nursing education in particular. The
effects of their decisions extend across the field of nursing,
as they design and implement continuing education offerings
to meet the practice-oriented continuing education needs of
nurses in clinical settings, administration, education and
research.

The purpose of this study is to develop a profile of
the current positional leaders of continuing nursing educa­
tion in college and university schools of nursing in the
United States. The personal and professional characteristics
of these leaders, their educational and experiential pre­
paration for their current positions, and the organizational
context of their practice will be examined. Further examina­
tion will include the leaders' perspectives of the importance
for success in the role of a set of proposed proficiencies
for continuing education administrators. The positional
leaders' ratings of proficiencies and their perceived ability
to influence the field of continuing nursing education will
be correlated with their educational and experiential preparation for their current positions.

Research Questions:

Research was designed to provide answers to the following questions.

1. What profile of personal and professional characteristics is most descriptive of directors of continuing nursing education?

2. What modal characteristics are most descriptive of (a) the career paths and (b) the educational preparation of directors of continuing nursing education?

3. What modal characteristics are most descriptive of the organizational context of the directors' continuing nursing education practice?

4. What educational and experiential preparation do directors of continuing nursing education recommend for success in the role?

5. On a scale of importance, how do directors of continuing nursing education rate a set of proficiencies for the position of director of continuing nursing education in colleges and university settings?

6. Do directors of continuing nursing education perceive themselves as having influence over decisions concerning continuing nursing education at institutional, state and/or national levels?

7. What is the correlation between the educational and experiential preparation of directors and their perceptions of their ability to influence the field of continuing nursing education?

8. What is the correlation between the educational and experiential preparation of directors and their ratings of the importance of a set of proficiencies for persons in their positions?
Significance of the Research

Continuing nursing education is and will continue to be in great demand. One dimension of its effectiveness seems to be the skills of the positional leaders of continuing nursing education. The profession of nursing needs to make recommendations regarding the initial and on-going development of educational administrators responsible for continuing nursing education. To do so requires that a data base be established about the current positional leaders in the field. This study will contribute to that end. Further, as aspects of this study parallel others conducted with leader populations, the study will contribute to expansion of the knowledge base concerning educational leaders, with implications for future decisions regarding preparatory programs and research, and will contribute to the advancement of the practice of educational administration in higher education institutions.

It is also possible that the very process of reporting the findings of the study can facilitate individual self-assessment and subsequent growth for positional leaders in continuing nursing education. As Ostrander and Anderson stated:

"This could be a most propitious time for a continuing education professional to undertake a self-assessment—to ask oneself if he or she possesses the knowledge, skills and attitudes required to perform successfully in the rapidly changing world of professional assessment and development. One's attitude needs examination because there is a significant leadership role to be assumed--a role which
will require one to move others more rapidly and more dramatically than in the past. It is not a task for the faint-of-heart, the ill-prepared or the disinterested." (1976, p. 339)

Limitations of the Study

Several limitations were identified in the study. First, while survey research using a mailed questionnaire provides for collection of quantities of data, it does not afford the researcher the opportunity to follow up a response or clarify a question. Second, in an effort to provide an exhaustive roster of the positional leaders for continuing nursing education in U.S. colleges and universities, the researcher sacrificed obtaining a truly representative sample of the population for purposes of statistical analysis. Third, although the survey instrument was pretested and correlations performed on the data to determine the internal consistency of the items, internal validity and reliability has not been assured. Fourth, the study relied upon self-report data from the CNE Directors as to their perspective of their influence at three levels of policy decision making.

Organization of the Report

The report of this research is presented in five chapters. Chapter I includes the introduction to the conceptual framework for the research and states the research
questions. Chapter II encompasses the review of literature relevant to the study and the specific concepts upon which the research questions are based and against which the data will be analyzed. The research methodology is described in Chapter III, and the analysis of the data is presented in Chapter IV. Chapter V includes a summary of the findings in relation to the research questions, conclusions, and recommendations including future research considerations.
CHAPTER TWO
REVIEW OF THE LITERATURE

The conceptual and theoretical foundations for the study came from literature in the fields of adult/continuing education, educational administration, and philosophy of education. The history and present scope of continuing nursing education programming by higher education institutions is related to the development and current status of continuing professional education in these institutions. The practice of continuing nursing education administration is influenced not only by the organizational structure of the institutions in which it is based, but also by available theoretical foundations and requisite practice proficiencies for the CNE director role. The review of literature included materials relating to the history, current scope and organizational context of continuing professional education in general, and continuing nursing education (CNE) in particular in higher education institutions; educational leadership and the concept of influence with particular attention to proficiencies required and preparation recommended for the leadership positions; and the development of definitional and theoretical bases for
continuing professional education, and continuing nursing education practice in academic institutions.

**The Need for Continuing Professional Education**

The professions represent the ongoing quality, the basic skeletal structure, of human culture (and must be supported) (Stern, 1980, p. 19).

Continuing education is particularly necessary for the professions because the pace of change very soon makes obsolete their basic preparation. In recognition of this need, continuing education is aimed at updating the knowledge and skills of practitioners, as well as developing personal competency (WICHE, 1973). Ostrander and Anderson suggest that, in participating in continuing education, practitioners are trying "to transform selected features of their respective environments toward desired goals" (1979, p. 324). This view is similar to that of Lauffer who holds that continuing education serves as a systematic means of social intervention (Lauffer, 1980). Regardless of the specific goal, however, continuing education participation by professionals is one part of an entire process of learning for the individual through the lifespan (Houle, 1980).

Many people are making midcareer changes, and are seeking preparation in a new field. For others, personal development, to complement or parallel career or professional growth, is the goal. In industry, as in the professions, personal, technical and professional knowledge, skills, and
competencies must be continually upgraded. The need is constant, and considerable resources go to its provision. It was estimated that the price tag in 1980 for such activities, by industry and government at all levels, was $50 billion dollars (Kost, 1980; Whitney, 1981).

Continuing Professional Education

and Higher Education Institutions

The educational institutions must begin the process of developing lifelong education-mindedness. (Cropley, 1980, p. 155)

"Continuing Education" as commonly used by higher education institutions refers to educational activities of a short-term, non-credit nature. In these institutions it also is used to refer to courses taken for credit by non-degree matriculated students, who tend to be adults older than the average college student and employed at least part-time in an occupation or profession. "Continuing professional education" is generally used to refer to short-term workshops, seminars or colloquia designed to bring together large numbers of like professionals. For some institutions, courses may be turned into evening credit courses to enable the institution to qualify for additional state revenues via a subsidy-per-capita policy.

The responsibility of higher education institutions to prepare people for entry into professions, and to help professionals continue to learn over time is consistent with
their founding philosophies (Kebber, 1979). However, the
development of such activities was slow. Both Kost (1980)
and Coughlin (1981) describe the slow response by these
institutions to the continuing education needs of their
professional graduates. Kost explains this sluggish
response in terms of the differences between continuing
professional education and traditional university fare.
He claims that continuing professional education requires
special structures and problem-centered approaches frequently
from an interdisciplinary perspective; that a philosophy of
professional development must guide its functions, and the
development of short and long-term objectives by the institu­
tion (Kost, 1980). Similarly, Toffler (author of The Third
Wave, 1982) claims that universities are not more responsive
to continuing professional education needs of graduates be­
because of the standardized, centralized, "factory assembly-
line pattern" to the institutions' activities (Coughlin, 1981). Further, faculty and professionals have different
perspectives of what should constitute continuing education
(Bell, 1980).

Higher education institutions were formed to prepare
citizens for the professions — teaching, the ministry, medi­
cine, law — to meet societal needs. They did so through
formal degree-granting programs of study. The expansion of
educational opportunities to the citizenry in general,
through the Morrill Federal Land Grant Act of 1862, was the
beginning of adult education activities for these
institutions. Not only were adults admitted to the formal programs of study of these institutions, but the university and college services were taken to the adults who needed them, where they were needed, a concept called "extension." The Morrill Act of 1890 continued annual funding of the institutions established under the Act of 1862. In 1861 extension divisions were begun at the University of Wisconsin and University of Kansas, followed the next year by a division at the University of Chicago. But energies initiated by the universities elsewhere waned between 1891 and 1914, when a federal commitment to adult education was made in the form of the Smith-Lever Act. This Act established the Cooperative Extension Service, an event which had a dramatic impact not only on the adults whom it was designed to serve, but also on the higher education institutions which would implement it (Knowles, 1962).

Between 1921 and 1961 colleges and universities expanded the number of programs offered and the number of learners served through extension, and eventually centralized the administration of these activities under directorships and even deanships (Knowles, 1962). This organizational legitimation served not only to establish extension activities within the institutions, but also as a means of securing state funds in increasing amounts over succeeding years (Buerke, 1972). During the same period industry's interest in adult education was developing. While some companies offered educational options themselves, many sought
cooperative relationships with higher education institutions for that purpose (Knowles, 1962). Off-campus sites flourished, radio and television usage for program delivery expanded, and research into the differences between adults and children as learners contributed to the beginning of a conceptual and theoretical foundation for adult education practice. By the beginning of this decade noncredit systems had been established in over twelve hundred U.S. colleges and universities (Boisseneau, 1981).

The future potential of continuing professional education as developed by higher education institutions is both encouraging and discouraging. It is generally accepted that the basic preparation for a professional career is not sufficient preparation for a life-time of practice. As the need for currency increases, so will the need to create special units for the delivery of continuing education services to graduates of higher education's professional programs (Frandson, 1977). It is predicted that continuing professional education will become integrated into existing professional education structures, that colleges and universities as a whole will become lifelong learning institutions, indeed that they will be forced into such a move for survival as well as for expansion (Frandson, 1977). On the one hand, continuing education of professionals and nonprofessionals is an opportunity for higher education institutions. As Kost states,
At a time when the value of education itself is being questioned, there is strong pressure on higher education to regain public support ... and in the process gain much needed immediate fiscal support--by providing continuing education specially designed for adults engaged in the world of work (Kost, 1980, p. 67).

On the other hand, although there will be an increasing need for university continuing professional education, the cost containment goals of the institutions will make it necessary for CE units to articulate mission and program priorities clearly in order to obtain the financial and structural support necessary to survive (Battles, 1977). For the most part continuing education enterprises in higher education institutions are not allocated sufficient resources nor institutional commitment through policy formation to attain a position of respect among the tradition-bound disciplines upon whom the history of the institutions is based.

In a comprehensive summary of the involvement of the universities in continuing professional education, Stern offers some predictions: (a) that the next ten years will be a period of uncertainty; (b) that coalitions and cooperative ventures of a variety of arrangements will flourish; (c) that there will be fewer university providers of continuing professional education (CPE), yet CPE will become articulated as a post-tertiary part of education; (f) and that, by 1990, the universities will take the lead to establish a unified continuing education policy (Stern, 1980, pp. 23-24).
Organizational Context of Continuing Professional Education in Higher Education Institutions

Colleges and universities have been slow to enter into continuing education for health professionals, have not committed as many resources to this educational form as they have to undergraduate and graduate education, and have not - in general - afforded appropriate status to continuing educators (Abruzzese, 1982, p. 14).

Continuing education for the health professions started in the late 1930's and early 1940's, first for the professions of medicine and pharmacy, and gradually for nursing and other human service professions (Boisseneau, 1981). The development of this programming was led by institutions with a strong extension experience, such as the University of Wisconsin (Battles, 1971, p. 73).

There are differing perspectives on how such an enterprise should be organized which reflect organizational theory. For instance, should the activities be coordinated at the college or university level (centralized) or located in each unit or school (decentralized) (Gordon, 1980)? An example of the former are those universities which have Divisions, Departments, or Schools or Continuing Education. A range of credit and non-credit educational options are available to students of all ages, backgrounds, and educational interest levels. In decentralized systems academic units take responsibility for planning, organizing, conducting and
evaluating the continuing professional education activities. As Gordon describes in his comprehensive summary of continuing education organization and operation (1980), "there are few pure types" (p. 179). The most centralized can have some decentralized characteristics, and vice versa. The common element to either design is that "program content is of appropriate quality and the teaching staff is qualified" (Gordon, 1980, p. 181), or that subject matter experts are utilized.

Another framework by which to view the organizational context of continuing education in higher education institutions is that of Pfeffer and Salancik (1978). Three concepts are used to provide a contextual perspective of an organization. These are: organizational effectiveness, environment, and constraints. Organizational effectiveness is the ability of the organization to create acceptable outcomes, to meet the demands of its public. Measurement of achievement is by means of an external standard, in contrast to efficiency, which is a ratio of resources utilized to output produced, measured against an internal standard. Organizational environment refers to the information systems present, and to the influence of the organization itself on its actors. And, lastly, constraints are present whenever an organizational actor is approaching an action. They can be barriers to be overcome, or procedures to follow to ensure goal attainment.
While a study of the organizational variables as they relate to organizational effectiveness of continuing education enterprises is needed, that is beyond the scope of this study. The intent of this study is to describe the organizational forms to identify future directions for research on that dimension of continuing nursing education practice.

Scott (1982) describes three levels of analysis from which a researcher can approach the study of organizations: (1) the behavior or attitudes of individual participants within the organizations; (2) the functioning or characteristics of some aspects or segment or organizational structure, or (3) the characteristics or actions of the organization viewed as a collective entity (Scott, 1982, p. 10). At the first level, the researcher seeks to explain individual behavior as it relates to the environment or context of that person's practice or role function (social psychological analysis). At the second level, the researcher's attention is given to the structural features of the organization, to describe the relationships between the units (structural analysis). When conducting research at the third level of analysis, the researcher is considering the organization as a collective actor functioning in a larger system of relations (Scott, 1982, p. 10-11).

An analysis of the organization is useful to determine how it is coping with the uncertainty in its environment. According to Lawrence and Lorsch (1967), the structural
arrangements of organizations can be described as differentiated or integrated. These labels refer to the extent to which processes are specialized and separate from one another (e.g. sales; production; R & D), or are coordinating their efforts in order to establish some environmental certainty. Organizational variables include structure, orientation of personnel to one another (time as well as interpersonal dimensions), and goal orientation. Thompson describes the organizational context as including four major constructs: structure, people, task, and resources (1967). Structure is the arrangement or relationship of the parts, the positional titles and chain of command, and the framework for accomplishing the goals of the organization. People make up the organization, and carry out specific or general tasks required to meet organizational goals. Resources are the materials, operations, knowledges, and technology by which the tasks are accomplished.

One of the future projections of the Stanford Study of Academic Governance was that "extension services and non-traditional programming will gain power" (Baldridge, et al, 1978). The context for this projection was the decline in the number of "traditional" students and the growth in the number of adult education classes offered by university extension divisions of colleges and universities. However, these units are hard-pressed to justify their existence by generating revenues considerably above projected expenses, an expectation not shared by any other academic division in
the institution. Baldridge predicts, however, that although extension services and non-traditional program-
ing will expand in higher education institutions in response to changing enrollments, the "traditional areas will remain dominant in governance and in other decision making" (Baldridge, et al., 1978).

In a study of higher education institutions, Blau (1973) noted a correlation between structure and educa-
tional decision making. He stated:

Educating students is the professional responsibility of the faculty and the degree to which educational decisions are centralized in a university or college reflects its conformity to the bureaucratic rather than the professional mode. ... (Interestingly) the higher the quality of the faculty and of the institution, the more decentralized does the influence over educational matters tend to be (Blau, 1973, pp. 111-163).

Concepts inherent in his statement are educational philosophy, organizational expectations and context, and faculty qualifications for their roles and responsibilities.

Fox applied the concepts of integration and differenti-
ation to the study of the organizational structure of CPE programs for business, engineering, and education at six universities (Fox, 1981). For three of the six, a large well-staffed university-wide delivery system for CE co-existed with college-based CE systems, was seen as having primary responsibility for management and coordination of CPE, and
by policy could not be bypassed by the college-based units. In two other universities primary responsibility for CPE rested with the colleges, and a small central campus office functioned as depository for student records. In a sixth no campus-wide CE was present but 5 of 8 colleges had a system of delivery of CPE.

Knox reported from a study of CPE programs of five professions that most schools had a full or part time director who reported to a dean and the office was oriented to the clinical practice of the profession. Variation was present in centrality or marginality of effort across professions as well as within professions. Size of budgets were varied, as was scope of programming. Most "were dependent upon flow of support and resources which people outside office could readily withhold." (Knox, 1982).

Political Climate for Continuing Professional Education in Higher Education Institutions

The university as an institution has no independent policy and no independent set of practical guidelines in continuing professional education.

Educational institutions, as other organizations, operate in an ever-changing environment, and has an interdependent relationship with that environment. Changes in demographics, economics, and societal values are but a few of the contextual influences upon the institutions. The
institutions operate in a political climate, not only from the perspective of the allocation of resources - fiscal, material, and human - but also from the perspective of dependence upon decisions made by elected and appointed officials.

Continuing professional education providers in colleges and universities also have political constituencies, namely the respective professionals and their associations, accrediting bodies and regulatory agencies, and industry and private entrepreneurs of CPE. These units have multiple obligations -- to the parent organization, clients in the community, professionals -- while trying to monitor competitors and avoid conflicts (Flanagan and Smith, 1982). Flanagan and Smith report that, as a consequence, continuing education administrators "tend to view themselves as entrepreneurs in a growing but nevertheless consistently marginal enterprise" (Flanagan and Smith, 1982, p. 39).

Continuing Nursing Education and Higher Education Institutions

The necessity for continuing education was recognized early by the nursing profession. Change was a constant in the context of nursing practice, and even in the early 1800's the founder of the nursing profession recognized that fact:

Let us never consider ourselves as finished nurses. We must be learning all our lives. Florence Nightingale
Continuing education activity began for nurses through their alumnae associations, their first means of networking after completion of their training programs. As early as the 1920's universities became involved, offering nurses postgraduate courses related to their functional areas of practice. This sponsorship was sporadic, however. The early years of university involvement in the continuing education of nurses was marked by a lack of enthusiasm commensurate with the insufficient funds and inadequate numbers of faculty experienced in undergraduate education programs in general.

In the late 1950's an infusion of federal funds into health manpower training made it expedient for universities and colleges to make a commitment to the continuing learning of graduate nurses (Cooper and Hornback, 1974). The University of Wisconsin was the first institution to recognize its responsibility for continuing education for nurses, through the appointment of a faculty member whose major responsibility was such educational programming. Signe Cooper has held that role since its inception, and has been recognized for her leadership of the field in general and scholarly contributions to its practice (Cooper and Hornback, 1976; Cooper and Neal, 1981; Cooper, 1982). Chairman of the Division of Nursing in the University's Extension Division, Ms. Cooper led the expansion of nursing continuing education opportunities throughout that University's state-wide system to nurses throughout the state.
A major impetus to the development of continuing nursing education in college and university school's of nursing was an eleven-state consortium called the Western Interstate Commission on Higher Education (WICHE). One of the Councils of the Commission, the Western Interstate Council of Higher Education in Nursing (WICHEN), provided the leadership and the necessary interstate and regional planning for the sponsoring of continuing nursing education by member institutions. A volume published by the Council was an early contribution to continuing nursing education literature, and remains a valuable resource to historians and contemporary administrators of continuing nursing education (WICHEN, 1969). In that volume higher education institutions are charged with the responsibility of providing the opportunity for professionals to continue their education beyond that of their basic preparatory program (WICHE, 1969). This regional development continued until, in 1982, there are five active regional organizations: NEBHE: New England Board of Higher Education; SREB: Southern Regional Education Board; WICHE: Western Interstate Commission on Higher Education; MAIN: Midwest Alliance in Nursing; and MARNA: Mid-Atlantic Region Nursing Association.

The first gathering of nurse educators from higher education institutions having a mutual interest in promoting continuing nursing education was held in 1969 at the College of Virginia. From this initial group was formed the Council
on Continuing Education under the sponsorship of the American Nurses' Association. With the establishment of this relationship was communicated to the nursing profession the legitimacy of continuing nursing education as an educational enterprise, and the association's commitment to it as a major responsibility of both individual nurse and the professional association. The Council's members, through task forces and committees, contributed major publications to the field over the next decade, among which were the Standards for Continuing Nursing Education (ANA, 1975), Guidelines for Staff Development (ANA, 1978), and Self-Directed Learning in Continuing Nursing Education (ANA, 1980). In 1970 the first professional journal serving the field was published by Charles B. Slack, Inc., Journal of Continuing Education in Nursing.

Organizational Context of Continuing Nursing Education in Higher Education Institutions

The organizational context of CNE in U.S. colleges and universities is both similar and diverse. The units are based in a school or college of nursing in public and private institutions. A national system for accrediting nursing education programs is in place, as is a national system for accrediting the school of nursing's continuing education enterprise if it meets the criteria in scope and quality. The system makes specific demands upon the institution.
Further, the academic program of which the unit is a part may prescribe a specific earning level, and acceptable deficit. The size of the staff, positions by title and rank, and responsibilities for those positions, and the relationships of CNE staff to other school of nursing personnel can be specified. Nursing may have curricular requirements, policies, procedures, and records in relation to credit as well as non-credit offerings being sponsored, or restricting sponsorship to noncredit contact hours only.

Organizations display characteristics of open systems as well, those which are responsive to changes in their environment. The organization must respond to learner needs, is dependent upon increasing or decreasing federal dollars or other monies in order to be self-sufficient. As 14 states have some type of continuing education requirement associated with licensure, the environment in which a CNE Director practices may require continuing education participation by nurses for relicensure, or attendance at continuing activities may be entirely voluntary.

Open systems place their own survival over goal attainment. For institutions with a 'traditional' history, a change in goals in response to a changing environment may be necessary to ensure the institution's survival. Internally, the school of nursing decision to offer credit options through continuing education, or to offer certification programs which build on their own degree programs, are examples of
organizational response to environmental demands.

In 1979 a university-based CNE program sent a survey instrument to a non-random sample of directors of college and university-based CNE programs to obtain data on the variables of financial self-support, centralized versus decentralized programming, and size of staff (Pinkerton, 1980). The purpose of the survey was to decide, based upon the experience of others, what organizational structure to use for a university-based CNE program. Twenty-three schools responded. Half of the CNE programs were self-supporting with 3/4 receiving budget support from their school for salaries. Half of the CNE directors were on tenure track and reported directly to the top School of Nursing administrator. Six directors recommended doctoral preparation for their positions. Budget and staff inadequacies were the two problems commonly faced.

A second survey of college and university-based CNE providers gathered descriptive data on the organizational structure for the delivery of CNE, the budgetary base for programming, faculty involvement in CNE, participants served, and the nature of the service area (Sparks, 1981). No consistent model for organizational structure was apparent. Forty-seven percent of the 164 responding institutions had separate departments responsible for programming and administration which varied in size, status and structure. The administrative position ranged from the secretarial level
to a dean, with titles of coordinator, director or assistant dean. Smaller schools tended to have a faculty member as coordinator or director who also had a teaching load. Nearly half of the programs were self-supporting, with most indicating reliance on a combination of self-supporting and other funding. Data collected in 1975 by Robinson and Kneedler reflected a similar pattern of variability. For instance, the CNE Director reported to a dean or director, staff size ranged from 1 to 16 full time persons, and their efforts were focused on being self-supporting through non-credit courses with the exception of federal grants when available and varying amounts of state aid.

Another way to summarize the organization context is in terms of a status report, as that presented by Ruhe (1982). Continuing education is "in", is rapidly growing in size, diversity and complexity, and there is concern about rising costs and the growth of credentialing and regulatory systems affecting it. These concerns lead directly into consideration of the political climate for CNE.

The Political Climate for Continuing Nursing Education in Colleges and Universities: The Need for Influence

The previously described political climate surrounding continuing education in general in higher education institutions applies to CNE in terms of competition for scarce resources, the expectation of financial self-sufficiency
while being dependent upon nurses consumers for self-select quality offerings and faced with declining grant opportunities.

University and college schools of nursing are a major provider of CNE; but there are an increasing number and type of providers competing with the academic institutions for audiences. Collaborative arrangements are also occurring between consortia of providers, through regional organizations such as the SREB or MAIN, through AHEC's (Area Health Education Centers) and also between staff development educators and university providers.

There are many issues to which the field of CNE and its practitioners must respond in the coming decade. Schweer presents a discussion of these issues (Cooper and Neal, 1982) in four broad categories. The first, the concept of continuing education in nursing, relates to the definitional dilemmas and brings to our awareness that providers and learners often display conflicts of values regarding CNE. Program development, the second category, describes the difficulty providers have of "selling" new topics, even those which are about to be "on the cutting edge". Regulation and certification is a third category of concern because persons other than nurses are making decisions about CNE. Fourth is the preparation of leadership, both initial and ongoing to support the continued growth of these individuals.
Theoretical Frameworks for the Practice of Continuing Professional Education

Until recently little systematic attention has been given to the theoretical foundations of continuing education. The major works in the field have been books on program planning and teaching methodologies. (Elias, 1982, p. 5)

The practice of adult education has been strongly pragmatic since its founding. The field was developed to deliver specific educational services to adults who had special needs, such as those related to growing crops with a higher yield, or instituting cost effective harvesting techniques; learning to read and write, and learning a vocational skill, either as a first occupational skill or under conditions of retraining need (Knowles, 1962).

Although continuing professional education for adults is now big business for higher education institutions, few have a conceptual or theoretical framework for their activities. Stern described the endeavor as one seen as only "remotely linked to education and rarely seen as contributing to the central purpose of the university, which are scholarship and schooling" (Stern, 1980). Many of the academic continuing education units "have grown like Topsy and present a bewildering array of programs with no apparent planning or philosophical base" (Kost, 1979). Peters (1980) also writes of his concern for the absence of guiding conceptual frameworks for the practice of adult education.
Conceptually, the field has been difficult to define, and "there is a poverty of concept and a vacuum of policy" (Stern, 1980). The field needs further development of theory and principles to guide practice (Peters, 1980). It needs systematic thinking to be focused upon concepts and the construction of conceptual frameworks which will provide the basis for theory development (Peters, 1980).

Theory has been defined as "a series of propositions regarding interrelationships among variables, from which a large number of empirical observations can be deduced" (Polit and Hungler, 1980, p. 187). It can be a verbal description of the perceived or desired relationships between phenomena, the latter usually presented as concepts with word labels (as in a theory of leadership, a theory of nursing, or a theory of continuing professional education). Theory serves practice, in two major ways. First, theories are the basis for generating hypothesis that can be tested, the results of which contribute to increasing the body of knowledge available for the practice of the discipline. The expanded body of knowledge can then be used by practitioners of the discipline to improve their practice. For instance, a theory of participation in continuing education could be posited. From the theory are generated hypotheses dealing with such concepts as motivation; reinforcement of learning; mandatory or voluntary attendance; nature and scope of professional practice; educational preparation. Findings which
indicate the benefit of employer reinforcement of learning or relationship of highest degree to participation in continuing education can help the continuing education administrator plan and implement effective programs for those clients.

Two sources of material for conceptual frameworks for adult education put forth by Peters are: (1) observation of existing forms of adult education; and (2) general systems theory. Peters recommended the latter, viewing it as "a guiding paradigm within which to develop our own conceptual frameworks, and to seek the extent of their application to the study of the organization of adult education" (Peters, 1980, p. 126).

The research activities directed at determining the differences between adult and children as learners formed the basis for the theory of andragogy. Developed by Malcolm Knowles, a man fondly regarded as the "father" of adult education, this theory has 4 basic assumptions. As a person matures, (a) his self-concept moves from one of being a dependent toward being a self-directed one; (b) his life experiences as they accumulate become a resource for learning; (c) his readiness to learn is related to the developmental tasks of his social roles (e.g. parent, workers); and (4) he prefers problem-centered to subject-centered educational activities which allow for immediacy of application rather than delayed application of knowledge (Knowles, 1970, p. 39).
Houle's contributions to the field have expanded the available frameworks for practice, particularly his emphasis upon the continued learning rather than education of professionals (1980) and the importance of educational design to educational effectiveness (1976).

Is a theoretical foundation compatible with a pragmatically based discipline? Emphasis from its inception has been upon the doing of adult education on behalf of its consumers. As Merriam states,

...those who practice continuing education are under enormous pressure to do that which is most expedient. Pressure comes from many sources: there is never enough financial support, space, or staff; the parent institution often has goals incongruent or different from those of the continuing education program; the community must be served as well as individual learners; and evaluation and accountability issues must be addressed. The practitioner finds him- or herself shifting priorities, juggling values, and skirting issues in order to maintain a program. If any philosophical orientation guides the practice of continuing education, it is that of pragmatism - doing what is the most practical, what will accomplish desired results in an expedient a manner as possible. (Merriam, 1982, p. 89)

What seems to be needed is a balance between the practical and the theoretical, between the thinkers and the doers.

Elias explains the relationship between theory and practice in terms of four elements. These are: explanation, criticism, direction and imagination. On the one hand a theory provides an explanation of practice. Conversely,
practice experience can give insights into theory, either for purposes of developing one in its absence, or providing insights in relation to an existing theory. Secondly, theory serves to criticize practice, to raise questions about why continuing education is organized as it is. In turn, practice can identify weaknesses and strengths, and make changes. Direction, the third element, refers to the use and utility of theory to practice through such functions as description and explanation, control and prediction (Elias, p. 8). Imagination is the fourth element. "At times, theories imagine or construct possible practices," reports Elias. The practitioner may be trying to change present practice by imagining new possibilities (Elias, pp. 8-9).

Flanagan and Smith wrote:

In the course of our graduate training as continuing educators, none of us... has yet found a theory or formal strategy sufficiently comprehensive to encompass all alternatives (and precise enough to describe them) or sufficiently specific to our situation to be relevant. Nor have we found in the literature of adult and continuing education a conceptual framework of values that satisfies our desire for comprehensiveness, precision and relevance. It may be, however, that the process of seeking - the reflection and debate in which practitioners engage - is an important endeavor in itself.... (Flanagan and Smith, p. 45)

As change is a constant in every other dimension of life, so too it must be in the theoretical realm. That is, paradigms which guide thought, analysis, and practice must
change as new information is obtained, as dissonance is identified between what should be the relationships among phenomena and what seems now to be the relationships between them. As Elias concluded,

Both theory and practice have powers of explanation, criticism, direction, and imagination. The integrity of both must be maintained in their integration. (Elias, 1982, p. 10)

**Definitional Dilemmas in Continuing Nursing Education**

*Continuing nursing education* was first defined as "planned learning experiences beyond the basic preparation designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public" (ANA, 1977). With the development of baccalaureate nursing education as the appropriate entry credential for professional practice, registered nurses from diploma schools and associate degree programs enrolled in large numbers in degree programs. These nurses made the legitimate claim that, while such education was 'basic' for some, it was 'continuing education' for others. There was need, also, to reflect the fact that nurses practicing as educators, administrators and researchers were not maintaining competence in the same areas as nurses in clinical practice, but had no less need to maintain currency and competency in their respective areas of practice.
From that impetus, the phrase "beyond the basic preparation" was deleted, and the roles of nurses in education, administration, and research recognized, as the following demonstrates:

Continuing nursing education: planned learning experiences designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice, education, administration and research, thus improving health care to the public. (ANA, 1980)

Questions before the field of continuing nursing education include the following: "What is continuing education; what is not? Can nurses get credit for attending continuing medical education? Is some of staff development also continuing education and some of staff development not continuing education? Does this proposed course meet the definition of continuing education and therefore can be approved?"

Concern emerging from consideration of these questions is that definitions are being used programmatically, without being put to philosophical analysis, that the field jumps from definition to program decision without considering what necessary and sufficient conditions must be satisfied in order for the word to be employed properly (Fitzgibbons, 1981).

In other words, continuing education has been defined by the profession for purposes of communicating meaning and purposes of approving that which is continuing education and disapproving or disallowing that which is not continuing education. The "bottom line" relates to the fact that what
is approved as continuing nursing education is legitimate and can attract learners. They can "use" the attendance to meet professional society or job-related requirements, even professional licensure requirements by a state legislature and regulatory body.

Continuing education policy decisions are being made on the basis of what is meant by the policy makers when using the words or concept.

The practical force of educational argument suggests, ... that educational ideas serve not only "descriptive" functions but also "policy" functions, so that widespread use of such terms as 'needs', both in educational research and in debates over goals is as likely to facilitate confusion as simplification. (Sheffler, 1960, p. 9)

Words do not have inherent meanings; rather, they are assigned meanings, and are used to convey what is meant by a writer or speaker to others. Words like "continuing education" are being defined so as to include some meanings and exclude others.

Many thinkers have claimed to possess special insight into the real and unique meanings of social terms, on the basis of which they could decide what ought to be done in controversial social spheres. ...(T)heir claim is totally misguided. (Sheffler, 1960, p. 30)

Deciding to adopt a particular definition may favor or disadvantage one group in relation to another, and may or may not contribute to the advancement of the field in general. As Sheffler warns,
One basis of choice of a definition for educational purposes must be consideration of the very consequences for educational practice to be expected as a result of adoption of such a definition.... (The use of definitions must be) to further the critical analysis of the problems of education. (Sheffler, 1960, p. 108)

When definitional dilemmas arise, when there is disagreement about what meaning the concept shall have, it is because of policy concerns. Solutions to the definitional dilemmas can be attained through logical discourse, using such strategies as conceptual analysis and applications of distinctions concerning types of definitions. The work of Wilson (1963) and Sheffler (1960) are particularly important in this process. When seeking justification of a different use of the words "continuing nursing education," for example, the interested party should be able to describe the application of the words and its limitations, from a linguistic perspective. As Wilson writes, not only can one single word not be adequate to express a concept fully, but there is need to logically explain the various uses of concepts or words in the language (Wilson, 1963).

Theoretical Framework for Continuing Nursing Education Practice

"(A) conceptual framework of continuing education sets forth the sources of information that must be considered when a curriculum is developed. It will parent a conceptual framework for each curriculum based on it. This offspring conceptual framework will contain specific information
to guide the educator in all phases of developing the particular curriculum."
(Brown, 1980, p. 9)

To be sure, "there is not just one conceptual framework that will be meaningful for every educator and every practitioner" (Brown, 1980, p. 14). The development of conceptualizations is viewed not only as necessary but as contributing to the expansion of nursing continuing education theory.

The framework for practice offered by Puetz and Peters (1981) is formed from principles of adult education theory (self-directed, problem-oriented readiness, mature and independent) and an organizational framework of institutional mission, philosophy, objectives and goals. Cooper (1983) sees the continuing education specialist as having a responsibility and opportunity to assist nurses to plan their learning activities and identify their needs. Cooper states, "A broad(er) philosophical base is required if nurses are to contribute effectively to the solution of society's vast problems. A deeper understanding of the humanities is needed and a broader base for what is recognized as significant for the nurse's continuing education" (Cooper, 1983, p. 10).

Brown recommends that the concepts to be considered when planning any continuing education program be as follows: the client; the provider setting; the educator's pedagogy and beliefs about nursing; and dialogue between practitioner and educator (1980, p. 14).
As continuing education opportunities proliferate, and more and more are focused on specific job-related updating of practitioners, attention needs to be give to the principles of curriculum development with "sequential levels designed to offer scope and depth, continuity and integration of content over time," (Schweer, 1981). Hicks (1976), in the foundation paper for this later work, called for and proposed a curriculum model for planning and coordinating university-based continuing education.

**Positional Leadership and Influence in Educational Administration**

Leadership is an illusive concept. It has been studied by many, using a variety of methodologies. From those studies have merged considerable leadership theory, or ways of explaining the phenomenon of behavior leading to intended outcomes.

Just as the search for common characteristics, behavior patterns was fruitless in attempt to define "leaders," it is also not possible to predict potential for leadership on the basis of personality, intelligence, stature or scholarship. (Firth, 1976)

While there is not agreement as to what shall constitute leadership for colleges and universities, there is agreement upon the need for it to be present in times of trouble such as the current fiscal conditions of retrenchment (Reisman, 1980). For members of a discussion group at Harvard
University recently, it was clear that leadership is tied to the ability to make tough decisions, and that it had to do with dealing with the hard issues such as power, authority and subordinate dependence (IEM, 1980, p. 68). Leadership is needed to influence people to some action and has such qualities as taking initiative, having vision, being able to identify and to communicate about problems, either present or future. In writing about the roles of continuing education leaders from a positional perspective, mention is frequently made of the need for such persons to have leadership skills (Isaac, 1981), that leadership is central to managing complexity (Schaefer, 1979).

Blake discussed the responsibilities of academic leaders in relation to two fundamental aspects: concern for institutional performance, and concern for people (Blake, 1981, pp. 28-45). To paraphrase him, leadership in educational institutions is particularly important if one accepts the claim that educational institutions are potentially the primary agents of change in an unfolding world, that they contribute to society by creating the knowledge base. Academic administrators, including directors of CNE, must engage in certain activities to carry out their roles. For Blake, the construct of leadership style refers to how the academic administrator interacts with others in the process of carrying out his/her major tasks. Shipper (1978) uses different terms to describe essentially the same dimensions:
administrative skills and personal characteristics. Knox writes that where the type of "missionary spirit" which attracts people to the field of continuing education is combined with effective program development strategies and both the production and use of research, the resultant continuing education program will be both "educationally sound and have impact" (Knox, 1981, p. 30). The leader is able to move people to action for goal accomplishment. Influence, then, is leadership power in action.

For purposes of this study, influence is defined as the change an agent causes in another agent (Dahl, 1957; Cartwright, 1969). The focus of our attention is upon the influence of a position-holder in an organization. That is, organizational control is exercised by the authority vested in individuals in designated positions.

In an organizational context, influence has been described as ways of getting results and promoting interactions (Parsons, 1963). Expertise is a variable which affects the extent to which a professional can have influence over others or over decision making in general (Luchins, 1961). Having a legitimate power by virtue of a position further supports the use of influence organizationally (Blau, 1964). Tannenbaum (1974) suggests that the amount of influence is related to the position of the role incumbent in the formal organizational hierarchy. Title, therefore, can reflect power and authority. It is an indicator of legitimate authority granted
to a person by the organizational structure. Titles can affect a position holder's perception of influence within the organization, as well as outside it. Influence is a social process, an interpersonal one, and can occur consciously or unconsciously.

The base of power for the position holder is the ability to control resources needed by others in the environment (Dahl, 1957). These resources can be opportunities, acts or objects. Generally the position holder considers both intent and effect before attempting to influence.

CNE Directors who have positional authority (authority by position) are "relatively free to initiate influence attempts in keeping with his/her personal beliefs" (Stogdill, 1974). These individuals will be apt to attempt to exercise influence by means of opinion or persuasion rather than physical force, or by reward or punishments. The role of the positional leader requires the technical problem-solving skills of the bureaucratic model plus the interpersonal skills of a collegial model where professional consensus must be established in order to achieve the CE goals. To reiterate, the key to the ability of a position holder to influence is dependent upon his/her ability to control resources (access a base of power).

In the study, only the positional leader's perspective of their ability to influence others at 3 levels of decision making will be considered. As the agent being affected by the influence is an important part of the influence cycle,
an appropriate next step would be to obtain subordinates' perspectives on the amount of influence of the positional leader.

Positional leaders in studies mentioned previously facilitated the work of others from a base of expertise, and their interpersonal skills were critical to their success at coordinating the efforts of diverse, multi-interest partisans. Indeed, the field of educational administration has developed in response to the need to prepare persons for such roles in all types of educational settings. The positional leader has the authority to exert influence and has the potential of obtaining significant resources for purposes of goal accomplishment by self and others.

Role Proficiencies and Role Preparation for Continuing Education Administration

"Whether or not adult education is to become an established profession will be determined largely by those who have the leadership in the field today, and particularly by those who are in positions to determine the qualifications of people who are being employed to work in the field." (Griffith, 1981, p. 205)

While the importance of the role of continuing education administrator is recognized, the preparation for success in that role has not yet been agreed upon by the field, and the tasks are not presented in the context of a practice framework. Verner et al (1970) described two roles for the
administrator of continuing education, regardless of the setting. These were administrative and instructional. In the administrative role, the individual is responsible for use of institutional resources through determining program areas, clientele analysis, selection of method, management of operations, and the appraisal of program achievements. The instructional role brings into the purvue of the administrator the design and management of specific educational activities. These include the selection and ordering of learning tasks, the use of specific techniques and devices to facilitate learning, management of learning activity and measurement of achievement.

Puettz and Peters (1981) list as requisite characteristics for success "a high degree of administrative skill and thorough knowledge of continuing education program planning; adult education; (physiology and psychology of aging) budgeting management (p. 70). The Director must also be familiar with organizational theory, understand the total institution and how his/her program fits into that framework (p. 31). Skill in working with diverse groups and success at managing personnel of various types were also mentioned.

Katz and Kahn (1975) describe the skills of managers in three categories: technical, human relations and conceptual. Technical competence refers to the handling of processes and tasks, the things of concern to the organization. Human relations competence refers to the
interactions of the manager with people, both internal and external to the organization. Considerations related to personnel management, handling of conflict and obtaining resources needed by the organization to attain its objectives are included. Conceptual, the third category, refers to the manager's ability to use ideas and the frameworks formed from their inter-relationships as foundation for his/her actions and decision making. These three categories are similar to those of Knox, in that what the manager does, how he/she does it, and from what perspective the performance is approached are also central themes when looking at the performance of the educational administrator.

Lauffer (1980) describes the practice of continuing professional education administrator as a list of tasks for which one can expect to be responsible. Strother and Klus (1981) identified six criteria by which to judge persons aspiring to the practice of continuing education: inquiring mind; rapport; technique; enthusiasm; an action-orientation; and creativity. These also reflect a theme of technical, interpersonal and conceptual constructs. Griffith (1981) is of the opinion that there remain "many people with exceedingly narrow vision working in their field" as a result of both narrow graduate preparation and no academic preparation.

Farrell (1982) discussed the characteristics of an effective adult education administrator. Personal commitment to the concept of lifelong learning, enthusiasm for the
job, and a sense of "going the extra mile" are recommended qualities (Farrell, 1982, p. 47). In the academic setting, the continuing education administrator's practice is described as the "juggling" of variables, where success is characterized by an underlying personal belief in the task, well-defined office staffing, careful use of time, and support of the president (Farrell, 1982, p. 57).

Knox states that "the primary challenge of the coming decade in continuing education of adults revolves around defining and increasing the professional proficiency of workers in the field" (Knox, 1981, p. 2). About eighty universities in North America now offer masters and/or doctoral level preparation in the area of adult, continuing or extension education (Knox, 1981, p. 7).

In the recent monograph, Knox has pulled together previous normative statements about continuing education practitioner proficiencies from an extensive review of the literature. He had described three broad areas of desirable professional proficiencies for continuing education instructors including those having administrative responsibility for the continuing education function of an agency or institution. By "proficiency," Knox explains, is meant what the administrator can do when given the opportunity, the linking of knowing and performing, knowing how to perform and doing so in appropriate contexts. Knox groups these proficiencies into three categories: understanding of the field of
continuing education, understanding of adult development and learning, and personal qualities.

The first theme, understanding the field of CE, includes an understanding of the relationship of the continuing education unit to the parent organization, including an understanding of the organizational dynamics of stability and change, and the formulation of agency initiatives in light of parent organizational process. It includes an understanding of the impact of societal context on the function of the CE unit, having a broad perspective on trends and issues, based upon familiarity with literature and knowledge of available resources (literature, people, fiscal, material). Third, it includes an understanding of similarities and differences between program providers, those which are part of educational institutions with resources seeking learners, and those which are part of other organizations which have learners seeking resources.

The second theme, understanding of adult development and adult learning, includes understandings of roles and responsibilities of adults, and adult development in relation to the lifespan. The third theme is personal qualities. Knox includes in this category a commitment to lifelong learning, for self and for others; interpersonal effectiveness, including ability to win cooperation and establish rapport with a variety of people; having a positive attitude toward improving professional performance, of self and of
others; having a sense of direction, being open to new ideas, analytical and systematic, action-oriented, creative and energetic, and tolerating ambiguity and uncertainty. Knox sees these three categories of skills as useful for goal setting, staff, and collaborating with others. Three other areas are recommended for those who have overall administrative responsibility for the CE function within the parent organization. These are administration, program development, and use of research (Knox, 1981). The category called administration includes attraction and retention of participants, acquisition and allocation of resources, staff selection and development, and leadership. That of program development includes needs assessment, analysis of resources and content, setting objectives, selecting learning activities, and conducting program evaluation. Use of research includes not only the application of research findings to continuing education program design or content, but initiation of research on aspects of adult education practice (Knox, 1981).

Research Relevant to Positional Leaders in Continuing Nursing Education

Considerable research has been conducted in the field of continuing nursing education. Some has focused upon reasons why nurses participate in continuing education (O'Connor, 1980), upon opinions regarding mandatory and voluntary continuing education (Pituch, 1979) and upon
assessment of learning needs of specific nurse populations (Wiest, 1980; Puett, 1980; McFadyen, 1980). Emphasis has been given to determining the impact of continuing education participation upon clinical nursing practice (Schoen, 1980; Naughton, 1980; Carlley, 1980). Disappointingly, there is evidence that continuing education participation does not change the practice of the nurse participants (Gosnell, 1979; del Bueno, 1977).

In a study to examine whether or not nursing practice changes as a result of the professional nurse's participation in a continuing education program, Gosnell (1979) reaffirmed findings from other studies that no significant difference in practice could be documented as the result of continuing education participation. Unlike her predecessors, Gosnell did not conclude that continuing education participation was of no value for the nurse. Rather, she indicated that perhaps the changes are not in the observable realm, and the focus for research on the impact of continuing education should shift to other variables. For instance, she recommended that "the extent of impact of continuing education programs of varying length and content scope and depth be researched," and that "continuing educators should engage in a critically analytical approach to program planning" (Gosnell, 1979). One factor necessary for continuing education to have an impact on practice was for administrators of continuing education programs to design more effective
educational delivery models (Gosnell, 1979), implying skill requisites for the role of at least program planning and educational evaluation system design. There is support, then, for making the claim that qualified leadership is important to the field of continuing nursing education.

As can be seen, there is considerable research about the impact of continuing education upon professional practice not only of nurses but of other occupations. Implications from those studies for the educational programming practices of directors of continuing education for those professionals have been explicated by several authors. The precedent to establish a profile data base for further research has also been set, with the recommendation that such a study not be a-theoretical in scope.

Directors of continuing nursing education programs in higher education institutions are a distinct population, and have not been included in the studies mentioned previously from which normative statements of CNE proficiencies have emerged. It would seem that this population is an additional data resource for the continuing study of continuing education practitioners. Further, one of Knox' recommendations for research in the field of continuing education in general was that the generalizations proposed be validated and expanded through research. One means of doing so is to ask practitioners to make judgements about the appropriateness of the proposed proficiencies.
Summary, Review of the Literature

Continuing Education is one means by which professionals can maintain currency and competency in the face of a rapidly changing environment for practice. Since the late 1980's colleges and universities have provided courses to meet educational needs of adults; this involvement has been summarized. But only since the early 1920's have they directed programming toward health professionals such as nurses. Structurally these activities may be centralized, but are more apt to be decentralized with considerable variation in form, function, and scope of programming. Frameworks for analysis of organizational concepts are available.

While it has been predicted that CPE will become integrated into existing educational units in the next decade, currently it may be marginal to other educational activities, expected to pay its own way, and expendable in time of fiscal exigency. Its organizational context is very political.

Positional leaders in organizations have authority to influence others, to induce desired actions in order to reach desired ends. For CNE, influence from its positional leaders is needed to contribute to the solution of definitional dilemmas, to the development of conceptual frameworks for CNE practice, and to decisions bout initial and ongoing preparation for their roles.
Introduction

The purpose of this study was to develop a profile of the positional leaders for continuing nursing education in higher education institutions in the United States. The specific variables around which the study was designed were identified from perspectives of higher education institutions as organizations and as providers of continuing professional education; literature relative to the initial and on-going development of positional leaders and the relationship of organizational position to influence; and claims in the field of adult education relative to the need for both the development of theoretical frameworks for practice and personnel prepared to take initiative for such development and subsequent implementation.

The above considerations are germane to the specific context of continuing nursing education. Nurses need to maintain practice competence over time, and continuing nursing education can contribute to that end. However, continuing education has not demonstrated a definitive impact upon practice. Both theoretical and conceptual frameworks are
needed as the basis for continuing education practice, particularly to facilitate linkages between the purpose and functions of continuing nursing education, and the tasks of the practicing professionals (Apps, 1980; Alford, 1980; Knox, 1981). Further, college and university schools of nursing are major providers of continuing nursing education, and their CNE Directors are in a position to influence decisions affecting the field. Their influence may be related not only to organizational position, but also to self-perception of influence or influence potential. It has been suggested that whether or not continuing education has an impact on nursing is related to the organizational context of its implementation (Battles, 1977) and to the administrative competencies of those who direct its design and implementation, its positional leaders (Gosnell, 1979). While this study did not look at that correlation, it was designed to establish the profile of those leaders which could serve as the basis for such a study in the future.

Methodology

As the primary purpose of the study was to develop a national profile of the positional leaders for continuing nursing education in higher institutions, survey research methodology was considered. However, the study did not fully meet survey research requirements, as a population was to be studied in its entirety rather than a representative sample of that population (Babbie, 1973, p. 41). The geographic
distribution of the study population made interview an inappropriate methodology in terms of both cost and time. An alternative descriptive design was chosen, that of an exploratory relationship study, specifically a descriptive correlational one. As descriptive research, the study had as its purpose to describe existing conditions rather than to investigate causal relationships (Sax, 1979, p. 76). Methods would be selected by which the researcher could describe the target population generally and in terms of the relationship between specific variables (Sax, 1979, pp. 80-97). The advantages of a descriptive correlational design to meet the purpose of this study were twofold. First, a data base not otherwise available could be established related to the positional leaders for CNE. Second, the correlation between variables could be expected to give direction for future research for the field.

**Population.** The population for the study was the universe of persons designated as administratively responsible for continuing nursing education in schools of nursing in colleges and universities in the United States. As the population was of manageable size, the decision was made to collect data from the entire population rather than to select a sample of the population. In this way, the research could contribute to the CNE literature both a description of the scope of CNE practice in higher education institutions, and a profile and roster of the positional CNE leaders in those institutions.
From the National League for Nursing list of approved schools of nursing (NLN, 1981), 377 institutions in fifty states plus the District of Columbia but excluding Puerto Rico were identified as conferring at least a bachelor's degree in nursing. This list provided names and addresses of the schools, departments or colleges of nursing and the name of the administrative head of those units. As there was no indication of the presence of a continuing nursing education unit in each school, it was assumed that all 377 institutions might be providing continuing nursing education under the direction of an individual designated as administratively responsible for that programming. (This population does not include community colleges conferring the associate degree in nursing, although considerable continuing education programming for nurses is provided by these institutions.).

**Research Questions.** The research was designed to answer the following questions:

1. **What profile of personal and professional characteristics is most descriptive of directors of continuing nursing education?**

2. **What modal characteristics are most descriptive of (a) the career paths and (b) the educational preparation of directors of continuing nursing education?**

3. **What modal characteristics are most descriptive of the organizational context of the directors' continuing nursing education practice?**

4. **What educational and experiential preparation do directors of continuing nursing education recommend for success in the role?**
5. On a scale of importance, how do directors of continuing nursing education rate a set of proficiencies for the position of director of continuing nursing education in colleges and university settings?

6. Do directors of continuing nursing education perceive themselves as having influence over decisions made concerning continuing nursing education at institutional, state and/or national levels?

7. What is the correlation between the educational and experiential preparation of directors and their perceptions of their ability to influence the field of continuing nursing education?

8. What is the correlation between the educational and experiential preparation of directors and their ratings of the importance of a set of proficiencies for persons in their positions?

The independent variables were educational preparation and experiential preparation for the role of director of continuing nursing education. The dependent variables were perception of having influence, and perception of the importance of a set of proficiencies for the practice of director of continuing nursing education.

Definitions. The following definitions applied throughout the study.

Continuing nursing education (CNE): planned, organized learning experiences designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice, education, administration, and research, to the end of improving health care to the public (ANA, 1979). These experiences may be classified as credit degree-related, credit non-degree related, and short-term
offerings for which contact hours are awarded. (In common usage, the terms 'continuing education in nursing' and 'continuing professional education for nurses' are synonymous with the above term.)

**CNE Director**: the person designated by a school of nursing in a higher education institution as administratively responsible for continuing nursing education. Has positional title (such as Dean, Director, Coordinator) indicating that responsibility has been assigned for decision-making.

**Positional leader**: the person in a position designated by formal organization structure as having authority and responsibility for a specific domain of activity; and, in that regard, expected to influence others toward the achievement of general and/or specific organization goals (Cartwright, 1965). A CNE Director is a positional leader even in the absence of demonstrated leadership as measured by such variables as personality traits, acknowledge expertise, ability to effect decisions of others, of situational advantage ("being in the right place at the right time").

**Educational preparation**: the self-report by the CNE Director of the educational route to the current position, including academic degrees, and completion of credit and non-credit course work in educational administration and adult-continuing education.

**Experiential preparation**: the self-report of the CNE Director of the professional positions in nursing practice,
nursing education, staff development and continuing education held prior to accepting the current position of Director.

**Organizational context:** the description of the organizational relationships of the continuing nursing education activities to the school of nursing and the parent institution in general, particularly on the variables of centralized or decentralized structure.

**Perspective:** the director's view or opinion as communicated to the researcher through the selection of a response to items on the survey instrument.

**Influence:** ability of the CNE Directors to affect behavior of decision makers at the institutional, state and/or national levels in relation to continuing nursing education issues as reported by the CNE Directors. For purposes of this study, the intent to influence is assumed.

**Proficiency:** capability to perform well in a specific situation, demonstration of that capability, and confidence that one is capable in the specific areas (Knox, 1981). It links 'understanding' and 'performance,' referring to what the individual can do when given the opportunity to perform.

**Development and Pretesting of the Instrument.** The conceptual framework for the study as expressed in the research questions served as the basis for the development of the survey instrument. To develop the profile of the positional leaders for continuing nursing education, personal
characteristics were obtained, comparable to previous studies of educational leaders (Cyphert and Zimpher, 1976; Alexander, 1978). Career characteristics and leader characteristics were obtained, complementing the data base on nurse influentials begun by Vance (1977), and leadership literature summarized by Stogill (1974) and Bass (1982). The perceived influence of the CNE directors was based upon the framework developed by Tannenbaum (1961) and Cartwright (1965) and used by Vance (1977). The work of Scheffler (1960), Peters (1981), and Knox (1981) guided the selection of variables related to the development of a conceptual and theoretical framework for continuing nursing education practice. The context of practice was described in terms used by Clark (1958), Lawrence and Lorsch (1967), and Scott (1981). The reported preparation as well as preparation perceived as necessary for successful performance of the director role would complement adult education literature on the subject (Knox, 1979; Grabowski, 1981) as well as that in the nursing literature (Cooper and Hornback, 1973; Popiel, 1977; Puetz and Peters, 1982).

The instruments used in previously cited studies served as models for the organization of the survey instrument (Cyphert and Zimpher, 1976; Vance, 1979; Alexander, 1978; Sparks, 1982; Meservy, 1982). Variables were grouped into four categories to form four sections on the survey instrument: personal characteristics; career path; organizational
context (of practice); and proficiencies for continuing nursing education administrators.

Part I, Personal Data, asked respondents their age, sex, ethnic background, marital status and spouse's occupation, number of children, and if they had been a leader in high school or college. Part II, Career Path, requested data on basic nursing credential, next degree, Master's degree credential and field of study, doctoral degree credential and field of study, work experiences in direct care, administration or education; past and present professional association activities including officership, awards received, consultation provided, and professional publishing record and journal reading pattern.

Part III, Organizational Context, requested the CNE directors to provide data on the structural integration or differentiation of continuing education activities within the school of nursing and the college or university; the number of part-time and full-time continuing education staff; to whom the director reported; the number of nurse learners served annually; accreditation by the National Accreditation Board, or intent to seek such accreditation; presence of mandatory continuing education requirement for nurses in state legislation or by regulation, and opinion of such a requirement; and their salary, contract status, academic rank and position, credit and non-credit teaching responsibilities, and other administrative responsibilities within the school and the college or university.
Part IV, Proficiencies for Continuing Education Administrators, was composed of 25 proficiency statements. The first five proficiency categories, each with three to five sub-items, were developed from the work of Alan Knox (1979, pp. 9-41). A sixth category with three items was added to account for the conceptual skill dimension from the work of Peters (1980, p. 138). The labels for the six proficiency categories on the instrument were: theoretical understandings, conceptual skills, personal qualities, administrative skills, program development skills, and research skills.

Specific guidelines for questionnaire development were followed (Sax, 1979). For Parts I through III, structured questions were used with fixed response categories of both dichotomous and multiple choice types, so as to facilitate computer analysis of the data. However, open-ended items were also used as the absence of a data base relevant to some variables precluded identification of reasonable response categories.

Specific design considerations included question format and ordering, respondent instruction, coding, as well as length, visual appearance and overall organization and readability. White paper was selected using photocopying with a cover letter prepared on official academic department stationery; materials were photocopied back-to-back to reduce bulk. The last page of the instrument thanked respondents for their participation, requested them to give permission to be listed by name, title and institutional affiliation in
the report of the research, and to indicate if they desired an abstract of the research.

The questionnaire was pretested by a 5% random sample of the 377 institutions (N=19). The sample was selected using a modified PPS sample design (probability proportionate to size: Babbie, 1973, pp. 100-102). In the absence of a list of CNE directors, the assistance of the Dean or Director of the schools of nursing was needed to reach these persons in their institutions. The questionnaire and the cover letter to the CNE Director requesting participation in the pilot study (Appendix E) was mailed with a letter of explanation addressed to the School of Nursing Director, as identified by name from the afore-mentioned list of state-approved schools of nursing. Fourteen of nineteen surveys (73%) were returned and found to be complete. The questionnaire was revised based upon respondents' comments as to length of time required to complete the questionnaire, clarity of items, and suggestions for additional items.

The nineteen institutions used to pretest the research instrument were removed from the list of 377 institutions meeting the criteria for the study, as was the institution at which the researcher was serving as CNE Director, leaving a study population of 357 institutions. Nearly half of the questionnaires returned (N=6) came from the School of Nursing Dean or Director indicating that the institutions had no continuing nursing education activities at that time. It
could be expected, then, that as high as 50% of the 357 institutions in the study population do not have a person designated as administratively responsible for continuing nursing education. Therefore, to maximize cost-effectiveness of the study, the researcher took steps to identify at least the existence of continuing nursing education programming at all institutions in the population and, if possible, the name of the individual administratively responsible for that programming. Five nurses active in the national continuing nursing education network but not included in the population for the study, and known to the researcher, were asked to identify the presence or absence of CNE activities at specific institutions in the study population in their geographical regions: west, midwest, south and northeast respectively. On the basis of their comments, forty institutions were eliminated from the list of 357 institutions, leaving a total of 317 institutions.

Mailing labels were prepared for the 317 institutions and a code book was established for the study. The name of the CNE Director, if known, and the institutional address were listed in the code book as each packet was prepared. Each questionnaire was assigned a number which was written in the upper right hand corner of the first sheet of the instrument and beside the institutional entry in the code book. This coding facilitated follow-up of non-respondents.
Data Collection

Data collection was conducted by mailed questionnaire. Three hundred seventeen institutions represented the population for the research, and were mailed a packet with cover letter (Appendix A), the survey instrument (Appendix D), and return stamped self-addressed envelope. For those institutions for whom a director of CNE had not been identified nor the absence of CNE activities verified, the packet was addressed to the Dean or Director of the school of nursing with the request that the packet be given to the person designated by the school as administratively responsible for continuing nursing education. In the absence of such activities by the School, the school administrators were asked to return the packet to the researcher with a notation to that effect in the space provided at the bottom of the letter of request (Appendix B). A follow-up postcard addressed to the CNE Director by name (if known) or by title was mailed to those from whom a response had not been received after four weeks (Appendix C).

As the survey instruments were received, they were checked for completeness and the code number noted. The closed-ended/forced choice items were numerically coded for computer management. Responses to open-ended questions were listed in long-hand and clustered. A verbal category label was assigned to clusters, and the categories were numerically coded for computer management. All coded data were entered
into the computer by keypunching directly from the coded questionnaires. Additional data, such as unsolicited comments, were listed, summarized, and are included in the narrative of the report.

Data Analysis

As the purpose of the study was to describe the target population, analysis was initially in the form of descriptive statistics. Frequencies and measures of central tendency and variability were obtained for all variables by means of the Biomedical Data Processing (BMDP) Statistical Software Package (UCLA, 1981). Frequencies obtained from data analysis for the independent variables of age, educational preparation and experiential preparation, and the dependent variable of perceived influence lent themselves to analysis by the Chi square statistic ($x^2$). The Chi square statistic is the appropriate nonparametric test for nominal or ordinal data to determine if significant differences exist between the obtained frequencies and the frequencies which could be expected to occur by chance in the population from which the sample was drawn. The level of probability was set at $p = .05$. The probability associated with the observed $x^2$ values was determined using a table of critical values of Chi square (Siegel, 1956, p. 249). The region of rejection consisted of all values of $x^2$ which were so large that the probability of their occurrence was $>.05$. 
Using the BMDP package, three-way log-linear analysis was used to analyze the association between the independent variables of age and experiential preparation, and age and educational preparation with the dependent variable of influence. Log-linear analysis is used to look for associations between two variables and a third.

To determine the CNE Directors' perspectives of the proficiencies required for their roles, the researcher constructed a five-point Likert scale from Knox' work on proficiencies required for the practice of continuing education administration (1979). Individual means were computed for the six proficiency categories. Using the mean ratings, a two-way analysis of variance (ANOVA) was performed to determine if the independent variables of age and educational preparation (yielding eighteen ANOVAs), and age and the independent variable of experience (yielding thirty ANOVAs) had main or interactive effects on the dependent variable, proficiency rating, greater than could have occurred by chance. If the main effect or an interactive effect was found to be significant, the question then asked was "Why?" For example, for the proficiency "Theoretical Understandings," age had a significant main effect. The question asked was: "Which of the three age groups contributed most to the significant difference in means?" Using the Neuman-Keuls after-test for differences between pairs of means and a table of critical values, significance was determined at a given level of
probability (Kennedy, 1978; Winer, 1982).

**Analysis of Scale Internal Consistency**

An internal-consistency estimate of reliability was determined for the proficiency rating scale. From the CNE Directors' responses, a group mean and its standard deviation were obtained for each statement in each proficiency category, as well as for each of the six proficiency categories. Using the BMDP and the Pearson r statistic, correlation coefficients were obtained for items with items \((N = 25)\), and for items with category totals \((N = 6)\). In this way the degree of association of each statement with every other statement was determined. Correlation coefficients of 1.0 or less were obtained for all six categories, as a significance level of \(p = .001\). It was concluded that the scale had internal consistency and that the variability of the number of items comprising the proficiency categories was of no consequence.
CHAPTER FOUR

DATA ANALYSIS

This study was designed to develop a profile of the positional leaders for continuing nursing education in higher education institutions in the United States. The descriptive profile included some personal characteristics; their career paths in terms of education, experience and professional activities; and the organizational context of their practice. The profile also included perspectives of their influence on decisions related to continuing nursing education, and of the importance of a set of proposed proficiencies for the role of CNE director. A summary of the findings, conclusions and recommendations of the study are presented in Chapter Five.

Of the 317 questionnaires mailed to CNE Directors in college and university-based schools of nursing in the United States, 241 were returned (76%). Of those returned, 94 (39%) were from School of Nursing Directors indicating their schools had no continuing nursing education activities at that time. Seven surveys were returned by persons to whom the School of Nursing Director had referred the survey, but who did not meet the study criterion of having administrative
responsibility for CNE at those institutions. Three surveys were returned after the cut-off date and were not tabulated. Of the 76 not returned, 24 had been addressed to CNE directors by name, and 54 had been addressed to the Dean or Director of the school of nursing as the identity of a CNE director in those institutions was not known.

One hundred thirty-seven questionnaires met the study criteria of completeness and appropriate respondent, and provided the data by which to answer the research questions. One hundred thirteen of those persons responding, plus six persons who pretested the questionnaire, consented to being listed by name and institutional address in the report of the study (Appendix E). The data were analyzed in six sections: personal and leader characteristics; career development (educational and experiential preparation); professional activities; organizational context of practice; influence on CNE policy making; and proficiencies for CNE administrators. These will be presented sequentially in the following discussion.

**Personal and Leader Characteristics**

The majority of the Directors participating in the study were female, Caucasian, married to a spouse engaged in a profession, had responsibility for one or more children. They range in age from less than 31 to over 65 years, with the modal age being between 41 to 50 years. Minority representation was sparse, as only two respondents were male, and only
one respondent was of Afro-American descent and one of Oriental descent. These data are presented in Table 1.

The CNE directors reported that they were considered leaders in high school (N=91, or 67%) and in college (N=86, or 64%). From a list of twenty-five leader characteristics, the CNE directors rank ordered five characteristics which described themselves personally, and five which they believed should be characteristics of CNE leaders. The CNE directors valued a combination of person-oriented and productivity-oriented characteristics both for themselves and for others in their role, and the top seven characteristics on each list were the same although the rank order varied. The leader characteristics selected by the CNE directors are presented in rank order in Table 2.

TABLE 2
Leadership Characteristics of Self and Recommended for CNE Directors, by rank order

<table>
<thead>
<tr>
<th>Characteristics of Self</th>
<th>Rank Order</th>
<th>Characteristics Recommended for CNE Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible</td>
<td>1</td>
<td>Willing to Take Risks</td>
</tr>
<tr>
<td>Independent</td>
<td>2</td>
<td>Flexible</td>
</tr>
<tr>
<td>Willing to Take Risks</td>
<td>3</td>
<td>Decisive</td>
</tr>
<tr>
<td>Person-Oriented</td>
<td>4</td>
<td>Independent; Attention to Detail</td>
</tr>
<tr>
<td>Sensitive to Needs of Others</td>
<td>5</td>
<td>Analytical</td>
</tr>
<tr>
<td>Attention to Details</td>
<td>6</td>
<td>Person-Oriented</td>
</tr>
<tr>
<td>Decisive</td>
<td>7</td>
<td>Sensitive to Needs of Others</td>
</tr>
</tbody>
</table>
TABLE 1

Personal Characteristics of CNE Directors (N=137)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Female</td>
<td>135</td>
<td>99%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30 years</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>40</td>
<td>29%</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>53</td>
<td>38%</td>
</tr>
<tr>
<td>51 - 60 years</td>
<td>27</td>
<td>20%</td>
</tr>
<tr>
<td>61 - 65 years</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Over 65 years</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>135</td>
<td>99%</td>
</tr>
<tr>
<td>Oriental</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Afro-American</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Separated or Divorced</td>
<td>20</td>
<td>15%</td>
</tr>
<tr>
<td>Never Married</td>
<td>35</td>
<td>25%</td>
</tr>
<tr>
<td>Married</td>
<td>81</td>
<td>59%</td>
</tr>
<tr>
<td>Number of Children (N=124)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>41</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>17</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>24%</td>
</tr>
<tr>
<td>3</td>
<td>21</td>
<td>17%</td>
</tr>
<tr>
<td>4 or more</td>
<td>15</td>
<td>12%</td>
</tr>
<tr>
<td>Spouse Occupation (N=79)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Collar:</td>
<td></td>
<td>83%</td>
</tr>
<tr>
<td>Professional and Technical</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Managerial and Administrative</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Sales (6)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Blue Collar (6)</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Retired</td>
<td>7</td>
<td>9%</td>
</tr>
</tbody>
</table>

NOTE: Percentages on tables throughout this report may not always sum to 100 because of rounding problems.
Career Development

As the study intended to describe the modal career characteristics of the CNE Directors, the educational and experiential paths taken by the CNE Directors to their present positions were of central interest. A summary of their educational preparation will be presented first, followed by presentation of the data on their experiential preparation.

Educational Preparation. The degree-related educational preparation of the CNE Directors is summarized in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Degree-Related Educational Preparation of CNE Directors (N=137), by type of degree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Degree</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Basic Education</strong></td>
</tr>
<tr>
<td>Diploma</td>
</tr>
<tr>
<td>Associate Degree</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
</tr>
<tr>
<td>Generic Master's Degree</td>
</tr>
<tr>
<td>Other: Not a nurse</td>
</tr>
<tr>
<td><strong>Master's Degree</strong></td>
</tr>
<tr>
<td>Currently enrolled</td>
</tr>
<tr>
<td>Hold Master's Degrees</td>
</tr>
<tr>
<td><strong>Doctoral Degree</strong></td>
</tr>
<tr>
<td>Currently enrolled</td>
</tr>
<tr>
<td>Hold Doctorate</td>
</tr>
</tbody>
</table>

The population was almost equally divided between diploma and baccalaureate education as their basic nursing preparation. Of the two persons who are not nurses, one holds a doctorate in educational psychology and the other a master's degree in business administration. Just over one-fourth hold doctoral degrees and nearly one-fourth are currently enrolled in
doctoral study. Two directors are currently enrolled in master's degree programs in nursing.

Of particular interest is the diversity of the CNE directors' master's and doctoral preparation. The majority of the Directors hold master's degrees in nursing (N=108, or 79%). Of that number, a majority selected a clinical major (N=54) followed in frequency by education (N=42) and administration (N=12). Two Directors stated their master's degrees were in adult education. Other fields of study included Community Service Administration, Biological Sciences, Personnel Services, Human Development, and Supervision and Counseling. These data are presented in Table 4.

**TABLE 4**

Frequency Distribution by Major Field of Study and Credential Awarded for Master's Study, as reported by CNE Directors holding that Credential

<table>
<thead>
<tr>
<th>Field of Study (N=135)</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing, Clinical</td>
<td>54</td>
<td>40%</td>
</tr>
<tr>
<td>Nursing Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Clinical Major</td>
<td>25</td>
<td>19%</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>17</td>
<td>13%</td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Nursing Administration with Clinical Major</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Education, Non-Nursing</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Adult/Continuing Education</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credential Awarded (N=135)</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.N.</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>M.S.</td>
<td>41</td>
<td>31%</td>
</tr>
<tr>
<td>M.S.N.</td>
<td>40</td>
<td>29%</td>
</tr>
<tr>
<td>M.A.</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>M.Ed.</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td>2 Master's Degrees</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>8</td>
<td>6%</td>
</tr>
</tbody>
</table>
Thirty-five directors hold doctoral degrees. Approximately half use the Ed.D. credentials (N=18) and half the Ph.D. credentials (N=16). One holds the Doctor of Nursing Science Degree (D.N.Sc.). Their major fields of study are listed in Table 5. The majority are prepared in education.

**TABLE 5**

Fields of Study Reported by CNE Directors holding the Doctoral Degree (N=35)

<table>
<thead>
<tr>
<th>Fields of Study</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Administration</td>
<td>11</td>
<td>31%</td>
</tr>
<tr>
<td>Education</td>
<td>10</td>
<td>29%</td>
</tr>
<tr>
<td>Adult Education</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Nursing, Education</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Nursing, Clinical</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>9%</td>
</tr>
</tbody>
</table>

The category "Educational Administration" includes nine persons who specified "higher education" and "higher education administration" as major fields of study. Two of those with Nursing Education majors had stated that a minor area of study was higher education administration. Areas of study for those with doctorates in Education included environmental education, psychological foundations of education, and instructional communication and media. Of the six who studied adult education, one gave a minor area of study of educational administration. Of the two doctorates in the "other" category, the one specified area of study was human ecology.

Of the thirty CNE Directors currently enrolled in doctoral study, ten (33%) are majoring in adult/continuing education, nine (30%) in education (unspecified), two (6%)
in nursing, and two (6%) in higher education administration with an adult/continuing education emphasis. More directors have had credit course work in educational administration than in adult/continuing education. However, a larger percentage of directors reported not having had academic preparation in educational administration than in adult/continuing education. The frequency distribution of these data are presented in Table 6.

Table 6

<table>
<thead>
<tr>
<th>Response Category</th>
<th>Adult/Continuing Education Content</th>
<th>Educational Administration Content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Self Study</td>
<td>90</td>
<td>66%</td>
</tr>
<tr>
<td>Non-Credit Course Work</td>
<td>64</td>
<td>47%</td>
</tr>
<tr>
<td>Credit Course Work</td>
<td>77</td>
<td>56%</td>
</tr>
</tbody>
</table>

Approximately two-thirds of the CNE Directors reported that their formal educational preparation was adequate in preparing them for their current positions (N=87, or 64%). Although only 36% (N=49) indicated that their formal educational preparation for the role was less than adequate, 78% of the respondents (N=105) indicated that formal education would have been helpful to them. From their responses to an open-ended question, categories of formal educational need were compiled. In descending order by frequency, these
were Marketing, Budgeting, Adult Education, Administration and Research.

Marketing included specific mention of marketing as well as salesmanship and brochure development. Budgeting included specific mention of budgeting, cost analysis, budget management, economics and accounting. Adult Education included theory and principles of adult education, understanding of adult learner needs, and specific mention by ten directors of the process of offering development. Administration included the needs for business management, business administration, business courses and personnel management as well as the content recommendations of leadership, organizational theory and behavior, and specific reference to educational administration and public administration. (While considered a part of administration theory and practice, budgeting was kept as a separate category because it was listed as a separate category by directors who also listed administration as an area of formal need.)

Other subject areas of formal education need listed by the directors included computers, the use of media and technology for the delivery of continuing education; grantsmanship, consultation techniques and psychology; university politics, and trends in nursing; evaluation, statistics, and the accreditation process; and women's issues, including specifically 'an understanding of sexual politics' and 'the role of women within patriarchal organizations.'
The directors listed as sources of education used in the past to meet educational needs as graduate study (N=54, or 39%), continuing education (N=52, or 38%), and consultation with an experienced peer (N=42, or 31%). Two other sources given were reading and the process of accreditation of continuing nursing education. (The latter may refer to the learning which occurs through study of the process, preparing for the process of approval as a provider, or use of the process as an accreditation visitor to one or more CNE providers.)

The directors were asked to indicate what recommendations they had as to the educational preparation of someone aspiring to their role. From their responses to the open-ended question, categories were compiled. These were adult education, business management, educational administration, education and nursing. The need for knowledge of adult education theory and principles was the most frequently listed area of education recommended, followed by knowledge of business matters such as budget and cost effectiveness strategies, content related to higher education administration, education skills such as teaching and use of media, and graduate preparation in nursing. The content areas of educational need experienced by the CNE directors, and those they recommended as areas of preparation for the next generation of directors show similarities. The two lists are presented side-by-side in Table 7 in respective rank orders.
TABLE 7

Comparison of Subject Areas of Educational Need Experienced by CNE Directors and Recommended for Future CNE Directors (in descending rank order)

<table>
<thead>
<tr>
<th>Needed by CNE Directors in Practice</th>
<th>Recommended by CNE Directors for Others Aspiring to the Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area</td>
<td>Frequency</td>
</tr>
<tr>
<td>Marketing</td>
<td>40</td>
</tr>
<tr>
<td>Budgeting</td>
<td>34</td>
</tr>
<tr>
<td>Adult Education</td>
<td>33</td>
</tr>
<tr>
<td>Administration</td>
<td>29</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
</tbody>
</table>

Although the directors were not asked specifically whether or not they would recommend graduate preparation for future CNE Directors, over one-third of the respondents recommended master's or doctoral preparation when recommending subject area preparation. Specifically, 35 directors (27%) recommend master's preparation and 18 (14%) recommend doctoral preparation for the role. An example of the contrast and range of opinion is reflected by the following individual recommendations:

**Doctorate:**
- "Ed.D./Ph.D. in Adult Education"
- "Ph.D. in management, not educational administration"
- "Doctorate in nursing with a minor in adult education"
- "Ed.D. in nursing education with major in adult education"
- "Doctorate in adult education with minor in business"

**Master's:**
- "Graduate preparation in nursing so as to have something to teach"
- "Master's in adult/continuing education"
- "Master's in nursing"
- "Graduate study in clinical nursing with educational administration courses"
- "Master's in nursing administration"
Combination:
"M.S.N. and doctorate in adult education with business courses"
"Master's in nursing with course work in educational administration, and doctorate in nursing"

Experiential Preparation. The experience of the CNE Directors was considered in terms of the number of years spent as a registered nurse, and years employed in positions in nursing practice (including direct care, supervision and administration), nursing education (including five levels of education and staff development or inservice education), and continuing nursing education. The impact of a mentor on their career path was also explored.

Years as an RN. The mean number of years since the directors were licensed as registered nurses was 23 years, with the range being from 5 to 44 years. Two CNE Directors were not nurses, and one found the question ambiguous. The frequency distribution for these data is presented in Table 8, with the number of years grouped into five-year categories.

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 9 years</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>10 - 14 years</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>15 - 19 years</td>
<td>22</td>
<td>17%</td>
</tr>
<tr>
<td>20 - 24 years</td>
<td>30</td>
<td>22%</td>
</tr>
<tr>
<td>25 - 29 years</td>
<td>25</td>
<td>19%</td>
</tr>
<tr>
<td>30 - 34 years</td>
<td>11</td>
<td>8%</td>
</tr>
<tr>
<td>34 years</td>
<td>25</td>
<td>19%</td>
</tr>
</tbody>
</table>

TABLE 8
Years Since RN Licensure Reported by CNE Directors (N=134)
Years Experience in Nursing Practice. The Directors indicated their number of years experience in nursing practice in three categories: direct care giving, supervision and administration. These data are presented in Table 9 by frequency distribution for each response category. One respondent also had conducted a private psychiatric mental health nursing practice for five years.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 years</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>69</td>
<td>46%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>46</td>
<td>34%</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>&gt;15 years</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 years</td>
<td>42</td>
<td>31%</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>77</td>
<td>56%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Nursing Service Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 years</td>
<td>89</td>
<td>65%</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>33</td>
<td>24%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>6</td>
<td>4%</td>
</tr>
</tbody>
</table>

More respondents had experience in direct care than in supervision or administration of direct care. These data are presented by mean years experience and range of years experience for each of the three categories in Table 10.

Years experience in Nursing Education. To reflect their experience in nursing education, the CNE Directors
TABLE 10
Mean and Range of Years Experience of CNE Directors in Three Categories of Nursing Practice (N=135)

<table>
<thead>
<tr>
<th>Category</th>
<th>Direct Care (N=135)</th>
<th>Supervision (N=95)</th>
<th>Administration (N=48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (x)</td>
<td>6.6 years</td>
<td>2.5 years</td>
<td>1.8 years</td>
</tr>
<tr>
<td>Range</td>
<td>&lt;1 to 26 years</td>
<td>&lt;1 to 16 years</td>
<td>&lt;1 to 22 years</td>
</tr>
</tbody>
</table>

indicated their number of years experience in each of four levels of nursing education programs, in staff development, and in continuing education. Three-fourths of the CNE Directors had been a faculty member in a baccalaureate nursing program (N=104). One-fourth of the directors had experience on a graduate faculty (N=33) or associate degree faculty (N=33). The mean number of years and range of years' experience of the directors in these four categories is shown in Table 11.

TABLE 11
Mean Number of Years of Reported Experience of CNE Directors in Four Categories of Nursing Education

<table>
<thead>
<tr>
<th>Experience Category</th>
<th>N</th>
<th>%</th>
<th>x</th>
<th>Range of years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty, Diploma Program</td>
<td>57</td>
<td>42%</td>
<td>2.17 years</td>
<td>1-24 years</td>
</tr>
<tr>
<td>Faculty, ADN Program</td>
<td>33</td>
<td>24%</td>
<td>0.89 years</td>
<td>1-20 years</td>
</tr>
<tr>
<td>Faculty, Baccalaureate Program</td>
<td>104</td>
<td>76%</td>
<td>5.32 years</td>
<td>1-32 years</td>
</tr>
<tr>
<td>Faculty, Graduate Program</td>
<td>33</td>
<td>24%</td>
<td>1.38 years</td>
<td>1-27 years</td>
</tr>
</tbody>
</table>
Seventeen CNE Directors reported other experience in nursing education. Six directors had taught in practical nurse education programs, one had taught and supervised diploma students while in a head nurse position, and one was a faculty member for a hospital-based nurse practitioner program. One director had been a member of a state nurses association staff for 5 years. One director had been the director of education for a private continuing education company and another served as project director for a State Commission on Nursing and Nursing Education. One had served as an instructor in the military, another was employed by a Regional Medical Program, and a third worked for a State Council of Higher Education. One director worked as head of a division of nursing; another was employed for six years in an unspecified field out of nursing and reported, "This employment was relevant and helpful to my present position." Finally, one director had been a member of the staff of the Board of Trustees for a state institution of higher education while on leave from her current employing institution.

The CNE Directors reported their number of years' experience in continuing nursing education in general, and specifically within the college or university setting. Almost two-thirds had practiced from one to five years in the field, and had done so within the college/university setting. The mean of their years experience in continuing nursing education was just a few points greater than that of their years experience in the higher education institution. These data
are presented in Table 12.

### TABLE 12

Continuing Education Experience of CNE Directors in Two Categories, by frequency in number of years

<table>
<thead>
<tr>
<th>Number of Years Experience</th>
<th>Continuing Education (CE) ((\bar{x} = 4.92) years)</th>
<th>Years in CE in University/College Setting ((\bar{x} = 4.73) years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>86</td>
<td>63%</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>34</td>
<td>25%</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>17 years</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>20 years</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>27 years</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Thirty-one CNE directors (23%) reported having had experience in a staff development position. The mean of their years experience in that position was less than one year (0.92), but the range of years experience was from less than one year to twenty-one years. These data are presented in Table 13.

### TABLE 13

Staff Development Experience of CNE Directors, by frequency in number of years \((\bar{x} = 0.92\) years)

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>106</td>
<td>77%</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Previous Positions. The directors were asked to give the title of the position they held just prior to becoming director. The data were grouped into six categories. Nearly half of the directors (N=61, or 47%) had moved to their role from a faculty position, with an additional thirty percent (N=40) having held an administrative position in the school of nursing. Five had held staff development positions, and three had been in clinical practice. Other positions held included graduate student, assistant to the Dean, executive director of a nursing association, and research associate for curriculum evaluation.

Adequacy of Experiential Preparation. The majority of the directors rated their experiential preparation for their current position as adequate (N=107, or 80%), with less than one-fourth rating it as inadequate (N=26, or 20%). However, the directors were about equally divided when asked if there were professional experiences they did not have which would have been particularly helpful to them in their current roles. Sixty-three of the 124 directors responded that there were additional experiences they would have liked (51%), while 61 (49%) said there were none needed. Marketing, budgeting and financial management, and program development were specific experiences the directors would have like to have had, as was "experience with administrative responsibilities, including staff management," and "working with someone in the position before assuming the responsibilities on one's own."
The directors were asked to recommend specific work experiences for persons aspiring to be CNE directors. Two important categories of experience recommended were nursing practice ("preferably of a varied nature and breadth rather than specialty practice"), and continuing education practice ("especially under the direction, supervision, or in collaboration with an experienced colleague in that field"). Administration included management and administrative experience, specifically in educational administration, budgeting, marketing, and personnel management. Experience in education included specific mention of program development opportunities, curriculum development, and faculty experience including teaching strategies and the use of media. These data are presented in Table 14.

TABLE 14
Experience Recommended by CNE Directors for Persons Aspiring to the Role (in rank order, by frequency)

<table>
<thead>
<tr>
<th>Experience Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education</td>
<td>46</td>
<td>34%</td>
</tr>
<tr>
<td>Administration</td>
<td>40</td>
<td>29%</td>
</tr>
<tr>
<td>Nursing Practice</td>
<td>33</td>
<td>24%</td>
</tr>
<tr>
<td>Staff Development</td>
<td>30</td>
<td>22%</td>
</tr>
<tr>
<td>Education</td>
<td>26</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>14%</td>
</tr>
</tbody>
</table>

Other experience recommended included community activities such as volunteering; working with different types of groups and organizations; consultation; and health care administration ("not necessarily nursing"). Persons aspiring
to the role of CNE director were encouraged to "jump in with both feet," to have their preparation be "eclectic," and to be assertive and "carve out a unique niche" for themselves. Aspirants were encouraged to be "generalists," "to climb the ladder slowly and to set goals early," to have varied backgrounds and experiences and "to do anything that will facilitate mastery of some aspect of the role."

Mentors. Over half of the directors (N=78, or 60%) reported that a mentor had been helpful in their career development. For three-fourths of those individuals (N=67, or 82%), their mentor was female. Eight directors (10%) had experienced mentoring from both male and female colleagues. The directors were asked to describe their mentor(s) in terms of five forced-choice categories. The mentor was most often a person employed in CNE, or a colleague who had moved up to a higher position than the mentee administratively. These data are presented in Table 15.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed in CNE</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>Moved to higher position of administrative responsibility</td>
<td>25</td>
<td>18%</td>
</tr>
<tr>
<td>Holds same position as CNE Director in another institution</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>Employed in CE in general</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td>Retired from CNE</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>
Other descriptions the CNE directors used included the following: a person involved in business and finance; chair­man of a department; a professor; an "outstanding nurse educator"; a "problem-solver"; a nursing service administra­tor; the Dean Emeritus of a school of nursing; and a "future-oriented person with broad background."

One hundred fifteen (86%) of the CNE Directors reported that mentorship is important to the development of leaders in continuing nursing education, while only 51 (39%) reported that they are currently a mentor to someone in the field. Some of the directors who indicated they were a mentor described that mentorship. Eight directors mentor persons on their staff including the persons who will eventually replace them, and four mentor individuals younger than themselves or persons new to the field of CNE. Seven directors reported that their mentorship is directed toward the development of staff development educators, including those new to the field. Four directors specified mentor relationships with current or former graduate students, and two directors with people in the community needing assistance with program development, as well as various types of continuing educa­tion providers. One director saw the state nurses' association offering review process as the avenue for mentoring others in the field.

**CNE Directors and Their Predecessors.** Just over half of the directors (N=76, or 55%) had predecessors in the CNE Director position. The directors were asked to compare both
their educational and experiential preparation for the role with those of their immediate predecessors, using three forced-choice response categories. There were more directors with less experiential preparation than their predecessors than there were directors with less educational preparation for the role than their predecessors. These data are presented in Table 16. The percentages noted for each of the three response categories are based on the number of directors who reported to have had a predecessor (e.g. education = 76; experience = 78). The table combines data from two questionnaire items and the differences can be explained either by respondent error or missing data.

TABLE 16
Educational and Experiential Preparation of CNE Directors Compared to their Role Predecessors, by frequency and %

<table>
<thead>
<tr>
<th>Category of Response</th>
<th>Educational Preparation (N=134)</th>
<th>Expieriential Preparation (N=129)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency  %</td>
<td>Frequency  %</td>
</tr>
<tr>
<td>First person in role</td>
<td>61  46%</td>
<td>59  46%</td>
</tr>
<tr>
<td>More than predecessor</td>
<td>31  40%</td>
<td>32  41%</td>
</tr>
<tr>
<td>Same as predecessor</td>
<td>29  38%</td>
<td>21  27%</td>
</tr>
<tr>
<td>Less than predecessor</td>
<td>13  17%</td>
<td>17  22%</td>
</tr>
</tbody>
</table>

Professional Activities

The professional activities of the CNE Directors were considered in terms of membership and office holding in professional and other organizations, authorship and editorial board membership, consultation, and activities
the Directors use to maintain their administrative competencies and keep up-to-date in the field of continuing education.

**Publishing journal articles.** The CNE Directors are active in journal article preparation, with nearly two-thirds (N=83, or 62%) having written at least one article. The mode of articles published was 1 to 5, and eleven directors (8%) have each published more than ten. The frequency of these data by response category is presented in Table 17.

<table>
<thead>
<tr>
<th>Number of Articles</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>51</td>
<td>38%</td>
</tr>
<tr>
<td>1 - 5</td>
<td>65</td>
<td>49%</td>
</tr>
<tr>
<td>6 - 10</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>11</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Book authorship and contributions.** There is a need for books in the field of continuing nursing education, and although their contributions may not have been made specifically to continuing nursing education, 10% of the directors (N=14) have been involved in authorship of at least one book, and 5% (N=6) have been involved in authorship of three or more books. Three-fourths of the directors (N=103) have not written, edited or co-authored a book, but twenty-six percent (N=35) have contributed to chapter development of books to date. These data are presented in Table 18.
TABLE 18

Book Authorship and Contributions by CNE Directors, by frequency and percentage

<table>
<thead>
<tr>
<th>Authorship Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books, number of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>103</td>
<td>78%</td>
</tr>
<tr>
<td>1</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>3 or more</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Chapters, number of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>99</td>
<td>74%</td>
</tr>
<tr>
<td>1</td>
<td>26</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>3 or more</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Grants. As a group the directors have engaged in the development of grant proposals. Only 30 (22%) have not written or co-authored at least one grant to date. The frequency distribution for these responses is presented in Table 19.

TABLE 19

Grant Authorship by CNE Directors, by frequency and percentage

<table>
<thead>
<tr>
<th>Number of Grants</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>30</td>
<td>22%</td>
</tr>
<tr>
<td>1 - 2</td>
<td>52</td>
<td>39%</td>
</tr>
<tr>
<td>3 - 4</td>
<td>23</td>
<td>17%</td>
</tr>
<tr>
<td>5 or more</td>
<td>29</td>
<td>22%</td>
</tr>
</tbody>
</table>

Consultation. Just over half of the CNE directors have provided consultation to others of from one to more than 21 days per year for which they were remunerated. These data are presented in Table 20.
TABLE 20
Annual Paid Consultation by CNE Directors, by frequency and percentage

<table>
<thead>
<tr>
<th>Number of days/year</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 days</td>
<td>62</td>
<td>46%</td>
</tr>
<tr>
<td>1 - 10 days</td>
<td>61</td>
<td>45%</td>
</tr>
<tr>
<td>11 - 20 days</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>&gt; 21 days</td>
<td>8</td>
<td>6%</td>
</tr>
</tbody>
</table>


Awards. The CNE Directors were asked to list awards they have received to date in their professional careers. The awards listed were grouped into six categories, and are listed by frequency distribution in Table 21. More than two-thirds are members of Sigma Theta Tau, the national honorary society for the nursing profession. Ten (7%) are recipients of awards from national professional associations, six of whom have been initiated as Fellows into the American Academy of Nursing. Examples of state association awards were "outstanding Continuing Education leader in Indiana," and Leadership award. The President's award was given by a district nurses association, as was an award for meritorious service.
TABLE 21

Awards Received by CNE Directors by category, frequency and percentage (N=137)

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sigma Theta Tau</td>
<td>94</td>
<td>69%</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
<td>39%</td>
</tr>
<tr>
<td>Professional Association, State</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>Professional Association, National</td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Alumni Associations</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>Professional Association, District or local chapter</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>

The award category "other" was used to accommodate a range of awards for which the CNE Directors were recipients. Membership in Greek societies was listed (N=27) as well as scholarships, fellowships, and grants. One director has been the recipient of a Robert Wood Johnson faculty fellowship in primary care, another the recipient of an NULEA faculty award, and a third the recipient of a government leadership award. Six directors are listed in a "Who's Who" directory, and nine have been recipients of an "outstanding young woman" award.

Journals. The journal most frequently used by CNE Directors for the purpose of keeping their general knowledge of continuing nursing education up-to-date is the Journal of Continuing Education in Nursing (N=116, or 85%), followed in frequency by Adult Education (N=42, or 31%), Lifelong Learning (N=32, or 23%), Mobius (N=29, or 21%) and Continum (N=9, or 7%).
In addition, thirty-four individuals listed other journals related to continuing education practice, and twenty-five individuals listed journals related to nursing practice. These data are presented in their respective lists in Table 22, the frequency for each entry being 1.

**TABLE 22**

<table>
<thead>
<tr>
<th>Journals Reported Used by CNE Directors for Maintaining Currency of CNE Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education-Related</td>
</tr>
<tr>
<td>ASTD Journal</td>
</tr>
<tr>
<td>CE Focus</td>
</tr>
<tr>
<td>CE Update</td>
</tr>
<tr>
<td>Continuing Higher Education</td>
</tr>
<tr>
<td>HRD Journal</td>
</tr>
<tr>
<td>Journal of Extension</td>
</tr>
<tr>
<td>Journal of Performance and Instruction</td>
</tr>
<tr>
<td>New Directions in Continuing Education</td>
</tr>
<tr>
<td>The Forum for Continuing Education</td>
</tr>
<tr>
<td>Training and Development</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Activities by which to keep practice knowledge current. The CNE Directors selected from forced-choice response categories activities they used to keep their general knowledge of the field of continuing education up-to-date. Professional meetings and self study were the most frequent methods used by the Directors, and one-fourth of the directors used credit courses. These data are presented in Table 23. Other activities reported as used to help maintain currency included: reading; becoming involved in state level groups.
such as task forces and committees; working on continuing education issues; preparation of studies and coordinated research; writing and preparing for paper presentations; and making site visits for the ANA accreditation system for continuing nursing education.

Activities by which to improve CNE administrative competencies. The directors also responded to forced-choice response categories regarding activities they used to improve their competence as an administrator of continuing education. Professional meetings and credit courses were most frequently selected, followed in frequency by non-credit offerings, professional internship and peer consultation. These data are presented in Table 24. Other activities the directors select to improve their administrative competence included: weekly analysis of the effects of his/her administration and the need for changes; conducting classes for nurses and for graduate students; seeking ANA accreditation as an approved provider; participation in state-level committees and councils; self-study; regional continuing nursing education

Table 23

Activities used by CNE Directors to Keep Current in Field of Continuing Education

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Meetings</td>
<td>125</td>
<td>91%</td>
</tr>
<tr>
<td>Self Study</td>
<td>116</td>
<td>85%</td>
</tr>
<tr>
<td>Non-credit/short-term offerings and courses</td>
<td>76</td>
<td>56%</td>
</tr>
<tr>
<td>Credit Courses</td>
<td>35</td>
<td>26%</td>
</tr>
<tr>
<td>Peer Consultation</td>
<td>6</td>
<td>5%</td>
</tr>
</tbody>
</table>
TABLE 24

Activities used by CNE Directors to Improve Competence for CE Administration (by frequency and percentage)

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Meetings</td>
<td>119</td>
<td>87%</td>
</tr>
<tr>
<td>Credit Courses</td>
<td>69</td>
<td>50%</td>
</tr>
<tr>
<td>Non-credit Courses/Short-Term Offerings</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>Professional Internship</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Peer Consultation</td>
<td>5</td>
<td>4%</td>
</tr>
</tbody>
</table>

committee work; and attending leadership development sessions to increase his/her community awareness and leadership potential.

Continuing education opportunities: adequacy and recommendations. The continuing education opportunities for the CNE Directors are barely adequate. Just over half (55%) responded that the opportunities were adequate, while 45 (42%) responded that the opportunities were not adequate.

The directors shared many concerns regarding the availability of appropriate continuing education opportunities. As one director said, "Opportunities exist, but in related fields - training and development, for example, rather than nursing." Local opportunities need to be expanded, for "the position is so demanding of time that there is little time for the opportunities," and "money is hard to come by for travel."

The directors were asked to recommend specific areas in which these continuing education opportunities should be expanded. Illustrative of their responses were the following:
basics for new directors should be offered, in all areas, or repeated in different geographical regions, as well as expanding opportunities for experienced directors. "There is need for an annual conference for experienced directors of college/university programs." Internships could be offered "which might carry college credit," as well as "post doctoral fellowships for residential study." The expansion of regional opportunities was seen by many as a way to foster leadership in the field.

**Membership: National Professional Associations.** The Directors were asked to list up to five national associations to which they belong. These were not limited to professional nursing associations. The data were grouped into six categories, and the adjusted membership responses appear in Table 25.

**TABLE 25**

<table>
<thead>
<tr>
<th>National Association Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA</td>
<td>122</td>
<td>89%</td>
</tr>
<tr>
<td>NLN</td>
<td>54</td>
<td>39%</td>
</tr>
<tr>
<td>Nursing Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Organizations</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>Higher Education Organizations</td>
<td>19</td>
<td>14%</td>
</tr>
<tr>
<td>Staff Development and Training Organizations</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
<td>47%</td>
</tr>
</tbody>
</table>

The American Nurses' Association, generally considered the professional association for the nursing profession, was the
most frequently mentioned national association, followed by
the National League for Nursing. The American Nurses'
Association has a structural unit, the Council on Continuing
Education in Nursing, which serves as a major source of
information and as a colleague network for CNE practitioners.
When CNE Directors listed the Council and ANA, or listed the
Council alone, the entry was tallied as membership in ANA at
the national level.

Examples of national nursing practice specialty organi-
izations listed by the directors include Emergency Nurses
Association (EDNA), American Holistic Nurses' Association,
National Association of American Colleges of Gynecology
(NAACOG), and the American Association of Critical Care
Nurses (AACN). Higher Education organizations are those
such as the American Educational Association (AEA), the
Association for Continuing Higher Education (ACHE), American
Association of University Professors (AAUP), and the American
Association of Higher Education (AAHE). Examples of staff
development and training organizations listed are American
Society for Health Education and Training (ASHET) and the
American Society for Training and Development (ASTD). Among
organizations grouped as "other," with a frequency of no more
than 2 per organization, were American Lung Association,
American Cancer Society, American Management Association,
American Medical Writer's Association, Society for Performance
and Instruction, and the National Hospice Association.
Membership: State Professional Associations. The CNE Directors also are members of state professional associations, with only seven directors not listing a state association membership. These membership data are presented by category of organization type on Table 26.

TABLE 26

Membership Reported by CNE Directors in Six State Professional Association Categories
(N=137)

<table>
<thead>
<tr>
<th>State Association Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA Constituent</td>
<td>122</td>
<td>89%</td>
</tr>
<tr>
<td>NLN Constituent</td>
<td>46</td>
<td>34%</td>
</tr>
<tr>
<td>Higher Education Association</td>
<td>24</td>
<td>18%</td>
</tr>
<tr>
<td>Regional Association</td>
<td>19</td>
<td>14%</td>
</tr>
<tr>
<td>Staff Development Training Association</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
<td>36%</td>
</tr>
</tbody>
</table>

Examples of membership in the higher education associations at the state level include Minnesota Women in Higher Education, Indiana Statewide Program in Continuing Education for Nursing, Iowa Consortium for Continuing Education, and the (state) Association of Continuing Education in Health. The state constituent of the American Society of Hospital Education and Training was mentioned by five (4%) directors. No nursing practice specialty organizations were listed. Among "other," with a frequency of no greater than 2 per organization listed, were the state constituents of the American Heart Association and the American Diabetes Association, the National Organization for Women (NOW), and a School of Nursing alumni association.
Office-holding patterns: National and State Professional Associations. The Directors were about evenly divided on the variable of holding past national offices. Seventy-one (52%) had held no national office, while 66 (48%) had held from 1 to 3 national offices. Approximately one-fourth of the directors hold 1 to 2 current offices in national organizations at the present time. More directors have held state than national offices. Only 36 (26%) had not held a past state organization office, and half of the directors (72 or 53%) are currently holding a state organization office. A summary of the past and current office-holding pattern in national and state professional organizations by frequency distribution is presented in Table 27.

<table>
<thead>
<tr>
<th>Number of Offices Held</th>
<th>National</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Past Office</td>
<td>Current Office</td>
</tr>
<tr>
<td></td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>0</td>
<td>71 52%</td>
<td>101 74%</td>
</tr>
<tr>
<td>1</td>
<td>32 23%</td>
<td>30 22%</td>
</tr>
<tr>
<td>2</td>
<td>25 18%</td>
<td>6 4%</td>
</tr>
<tr>
<td>3</td>
<td>9 7%</td>
<td>0 0%</td>
</tr>
<tr>
<td>4</td>
<td>0 0%</td>
<td>0 0%</td>
</tr>
<tr>
<td>5</td>
<td>0 0%</td>
<td>0 0%</td>
</tr>
</tbody>
</table>

Membership: Local Professional Associations. Directors are less active in local professional associations (or local chapters of state and national associations) than in state and national associations. One-third (41, or 30%) did not
list any local professional association to which they belonged. The membership in district nurses associations of 89 percent of the directors (N=122) can be assumed because of the tri-level membership structure of the American Nurses' Association in place at the time of the study, and the discrepancy in the frequency presented due to respondent error in listing. As with the previous data on national and state association memberships, the data were aggregated and categorized, and labels assigned. These data are presented by frequency distribution according to association category in Table 28.

**TABLE 28**

Membership Reported by CNE Directors in Six Local Professional Association Categories

<table>
<thead>
<tr>
<th>Local Association Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA Constituent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Education/Staff Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networks</td>
<td>16</td>
<td>12%</td>
</tr>
<tr>
<td>NLN Constituent</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Higher Education Association</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Staff Development and Training Association</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>46</td>
<td>34%</td>
</tr>
</tbody>
</table>

Examples given by the directors of continuing education/staff development network associations included the Metropolitan New York Continuing Educators, a local health educators group, and Nursing Inservice Educators of Milwaukee. Higher education associations listed included AAUP and AAUW, in addition to the Catholic Collegiate Association. The local chapter of the American Society for Training and Development
was listed by five respondents. A local NOW chapter, the Fair District Housing Association and the Ambulatory Care Nurses Special Interest Group were among associations listed by the directors and categorized as "other." Also included were a hospital advisory group, Altrusa Club, school of nursing alumni association, local chapters of Greek societies, and local chapters of the American Red Cross and American Cancer Society. The frequency distribution of the number of past and current local offices held by the directors is presented in Table 29.

TABLE 29
Office-Holding Pattern of CNE Directors in Local Professional Associations (N=137)

<table>
<thead>
<tr>
<th>Number of Office Held</th>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>0</td>
<td>53</td>
<td>39%</td>
</tr>
<tr>
<td>1</td>
<td>38</td>
<td>28%</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4%</td>
</tr>
</tbody>
</table>

Nearly two-thirds have held past offices in the local professional association in which they are members, and less than half hold current local offices. One director, commenting on the absence of a current local association office, stated: "This area is lacking, but I had to decide between family and university rewards — publish and research — not professional association."
Regional Organization Memberships. Nineteen respondents (13.9%) listed membership in regional organizations such as Area Health Education Centers, Southern Regional Education Board, and Western Interstate Commission on Higher Education. As the researcher did not provide a regional organization membership category, it can be expected that more of the population belong to such regional organizations than those who volunteered that information.

Organizational Context of Practice

The organizational context of practice of the 137 CNE Directors was described in terms of institutional, programmatic, positional and personal variables. The data on these variables will be presented sequentially.

Institutional variables. Two-thirds of the CNE Directors (N=87, or 65%) work in public colleges or universities, nearly all of which specify goals for continuing professional education as well as for continuing nursing education. One-fourth (N=35) of the directors practice in states which require CNE for RN relicensure, and 50% oppose mandatory continuing education (N=68). Just over half of the directors (N=75, or 56%) administer a separate unit for continuing nursing education within the school of nursing, and the majority report to the school's dean or director. The majority of the directors report agreement between themselves and the School of Nursing administration on the goals and objectives of the continuing nursing education enterprise for the School.
Sixty percent (N=80) work in units which they describe as organizationally integrated and secure, albeit during a very trying and uncertain fiscal time for higher education in general and continuing professional education in particular. Twenty-seven percent (N=35) report their units to be organizationally marginal and in jeopardy; and seventeen (13%) used both descriptors. These data are presented in Table 30.

Programmatic variables. The majority of the CNE directors work alone, rarely having full or part-time staff. Nearly three-fourths utilize an Advisory Committee. The modal number of offerings sponsored annually is 20 to 30 offerings, which serve between 500 to 1,000 nurses. Half of the directors' units are fiscally self-supporting, except for the directors' and other personnel salaries, and half are not fiscally self-supporting. Each offering is expected to pay its own way. Grants and contracts are a common means of securing additional program funds. One-third of the programs are accredited by the American Nurses' Association. The frequency distribution for these data is presented in Table 31.

Positional variables. The position of CNE Director tends to be a full-time one, tenure-accruing for two-thirds of the directors, and designated as both faculty and administration for nearly half. The modal salary of the directors is $20,000 to $25,000 annually. Just over one-half of the directors have twelve-month contracts, and twelve percent of the remaining directors have the opportunity for
TABLE 30

Institutional Variables Related to Context of Practice of 137 CNE Directors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Institution (N=134)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>87</td>
<td>65%</td>
</tr>
<tr>
<td>Private</td>
<td>46</td>
<td>34%</td>
</tr>
<tr>
<td>Merger of public &amp; private</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Institutional Goals for Continuing Professional Education (N=132)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>112</td>
<td>84%</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>14%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>School of Nursing Goals for Continuing Nursing Education (N=135)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>115</td>
<td>85%</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>15%</td>
</tr>
<tr>
<td>Organizational Structure for CNE in School of Nursing (N=134)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate unit in School of Nursing</td>
<td>75</td>
<td>56%</td>
</tr>
<tr>
<td>Centralized in institution</td>
<td>43</td>
<td>32%</td>
</tr>
<tr>
<td>No formal structure</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>8%</td>
</tr>
<tr>
<td>State Require CNE for Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>101</td>
<td>74%</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>26%</td>
</tr>
<tr>
<td>CNE Director Favors Mandatory CNE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>66</td>
<td>49%</td>
</tr>
<tr>
<td>No</td>
<td>68</td>
<td>50%</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Immediate Superior of CNE Director (N=135)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Chair</td>
<td>27</td>
<td>20%</td>
</tr>
<tr>
<td>Dean or Director of School</td>
<td>83</td>
<td>61%</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>19%</td>
</tr>
<tr>
<td>Director/School Agreement on CNE Goals (N=136)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High degree</td>
<td>66</td>
<td>49%</td>
</tr>
<tr>
<td>Moderate degree</td>
<td>50</td>
<td>37%</td>
</tr>
<tr>
<td>Some/low degree</td>
<td>20</td>
<td>14%</td>
</tr>
</tbody>
</table>
### TABLE 31
Programmatic Variables Related to Context of Practice of 137 CNE Directors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Staff Members (N=137)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time: ((\bar{x} = 1.2) persons; Range = 0 - 11 persons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>72</td>
<td>53%</td>
</tr>
<tr>
<td>1 - 2</td>
<td>41</td>
<td>29%</td>
</tr>
<tr>
<td>3 or more</td>
<td>24</td>
<td>18%</td>
</tr>
<tr>
<td>Part-time: ((\bar{x} = 0.75); Range = 0 - 6 persons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>82</td>
<td>60%</td>
</tr>
<tr>
<td>1 - 2</td>
<td>43</td>
<td>32%</td>
</tr>
<tr>
<td>3 or more</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td><strong>ANA Accredited Provider (N=135)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>84</td>
<td>63%</td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
<td>37%</td>
</tr>
<tr>
<td>In process</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Advisory Committee for CNE (N=134)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>95</td>
<td>71%</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Types of Offering Provided</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-credit</td>
<td>132</td>
<td>96%</td>
</tr>
<tr>
<td>Credit, non-degree</td>
<td>36</td>
<td>26%</td>
</tr>
<tr>
<td>Credit, degree</td>
<td>36</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Number of Offering, Annual (N=135)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 or less</td>
<td>36</td>
<td>27%</td>
</tr>
<tr>
<td>11 - 20</td>
<td>31</td>
<td>23%</td>
</tr>
<tr>
<td>21 - 40</td>
<td>33</td>
<td>24%</td>
</tr>
<tr>
<td>41 or more</td>
<td>35</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Number of RN's, Annual (N=133)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 or less</td>
<td>26</td>
<td>20%</td>
</tr>
<tr>
<td>100 - 500</td>
<td>34</td>
<td>25%</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>28</td>
<td>21%</td>
</tr>
<tr>
<td>1,001 - 2,000</td>
<td>17</td>
<td>13%</td>
</tr>
<tr>
<td>2,001 - 3,000</td>
<td>16</td>
<td>12%</td>
</tr>
<tr>
<td>3,001 or more</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Fiscally Self-supporting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>67</td>
<td>50.4%</td>
</tr>
<tr>
<td>No</td>
<td>66</td>
<td>49.6%</td>
</tr>
<tr>
<td><strong>Sources of Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition/registration fees</td>
<td>130</td>
<td>95%</td>
</tr>
<tr>
<td>State funding</td>
<td>53</td>
<td>39%</td>
</tr>
<tr>
<td>Educational contracts</td>
<td>53</td>
<td>39%</td>
</tr>
<tr>
<td>Federal funding</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>22</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>8%</td>
</tr>
</tbody>
</table>
three-month contracts as need requires. These data are presented by frequency distribution in Table 32.

### TABLE 32

Positional Variables Related to Context of Practice of 137 CNE Directors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Rank (N=135)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>51</td>
<td>38%</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>42</td>
<td>32%</td>
</tr>
<tr>
<td>Professor</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>No academic rank</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Nature of Position (N=134)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenured</td>
<td>51</td>
<td>38%</td>
</tr>
<tr>
<td>Tenure-accruing</td>
<td>38</td>
<td>28%</td>
</tr>
<tr>
<td>Non-tenure accruing</td>
<td>45</td>
<td>34%</td>
</tr>
<tr>
<td><strong>Full or Part-time Appointment (N=135)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Faculty</td>
<td>17</td>
<td>13%</td>
</tr>
<tr>
<td>Full-time Administrator</td>
<td>44</td>
<td>33%</td>
</tr>
<tr>
<td>Full-time with both Faculty and</td>
<td>63</td>
<td>47%</td>
</tr>
<tr>
<td>administrative responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time Administrator</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Duration of Appointment (N=136)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 month contract</td>
<td>77</td>
<td>57%</td>
</tr>
<tr>
<td>9 month contract</td>
<td>43</td>
<td>31%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Salary Range (N=135)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $15,000</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>$15,000 - $20,000</td>
<td>23</td>
<td>17%</td>
</tr>
<tr>
<td>$20,000 - $25,999</td>
<td>42</td>
<td>31%</td>
</tr>
<tr>
<td>$26,000 - $29,999</td>
<td>20</td>
<td>15%</td>
</tr>
<tr>
<td>$30,000 - $34,999</td>
<td>32</td>
<td>24%</td>
</tr>
<tr>
<td>$35,000 or more</td>
<td>16</td>
<td>12%</td>
</tr>
</tbody>
</table>

All but thirteen directors hold academic rank. Half of the directors (N=70) are expected to teach credit courses on a regular basis, with the average teaching load being 1 to 2 courses/semester. In contrast, less than one-fourth of the directors (29, or 21%) are expected to teach continuing
education offerings on a regular basis. Those that do teach reported that they do so about once a month. Only eighteen of the directors (13%) are presently engaged in the implementation of funded research. These data are presented in Table 33.

TABLE 33

<table>
<thead>
<tr>
<th>Academic Responsibilities of 137 CNE Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Teach Continuing Education Offerings (N=137)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Expected Teaching Load, CNE (N=28)</td>
</tr>
<tr>
<td>Occasional</td>
</tr>
<tr>
<td>One per week</td>
</tr>
<tr>
<td>One per month</td>
</tr>
<tr>
<td>One per semester</td>
</tr>
<tr>
<td>&gt; One per semester</td>
</tr>
<tr>
<td>Teach Credit Courses (N=137)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Expected Teaching Load, Credit (N=59)</td>
</tr>
<tr>
<td>Occasional</td>
</tr>
<tr>
<td>1 - 2/year</td>
</tr>
<tr>
<td>1 - 2/semester</td>
</tr>
<tr>
<td>&gt; 2 courses/semester</td>
</tr>
<tr>
<td>Engaged in Research Activities (N=136)</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Personal variables. In general, the CNE directors either actively sought their positions, were recommended for them, or were "in the right place at the right time." The mode of their years experience in their current positions was one to two years; with the range being less than one to twenty-seven
years. About two-thirds of the directors were satisfied with their current position, and approximately one-fourth found the position equally satisfying and frustrating. Turnover seems to be a characteristic of the position of CNE director, for twenty-five respondents indicated that they plan to leave their current position after this year (21%) and more than half expect to leave after one to three more years in their positions (N=57, or 58%). However, nearly ninety percent reported that they would choose the job of CNE director again "if they had it to do over again." The frequency distribution for these personal variables are presented in Table 34. (Five study participants are known to have changed CNE directorships within the six month period of the preparation of this research report.)

Influence of Position

The CNE Directors' perspective of the level of their influence on continuing nursing education policy decisions was one of the dependent variables in the study. It was measured in three dimensions: influence at the institutional, state, and national levels respectively. When asked to compare their influence to other administrative positions in the School of Nursing, the perspective of three-fourths (73%) of the Directors (N=94) was that they had just as much influence as the other positions. Twenty-seven percent (N=36) of the Directors perceived themselves as having less influence than the other positions. (The dimension of "more
TABLE 34
Personal Variables Related to Context of Practice of 137 CNE Directors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of Candidacy for Position</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sought Position</td>
<td>46</td>
<td>34%</td>
</tr>
<tr>
<td>Were recommended</td>
<td>59</td>
<td>43%</td>
</tr>
<tr>
<td>Coincidence</td>
<td>45</td>
<td>33%</td>
</tr>
<tr>
<td>Assigned out of interest</td>
<td>32</td>
<td>23%</td>
</tr>
<tr>
<td>Assigned without consent</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Years in Current Position (N=132)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>47</td>
<td>34%</td>
</tr>
<tr>
<td>&gt; 2 - 5 years</td>
<td>40</td>
<td>30%</td>
</tr>
<tr>
<td>&gt; 5 - 9 years</td>
<td>17</td>
<td>12%</td>
</tr>
<tr>
<td>&gt; 9 - 14 years</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>27 years</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Attitude Toward Position (N=134)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly satisfying</td>
<td>45</td>
<td>34%</td>
</tr>
<tr>
<td>Satisfying most of the time</td>
<td>43</td>
<td>32%</td>
</tr>
<tr>
<td>Equally satisfying and frustrating</td>
<td>32</td>
<td>23%</td>
</tr>
<tr>
<td>Frustrating most of the time</td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Highly frustrating</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Would Take Job Again (N=131)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>114</td>
<td>87%</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>13%</td>
</tr>
</tbody>
</table>

"influence" was omitted from the questionnaire because of a typing error.

When comparing their influence on national policy making with that of the average director of continuing nursing education in a college or university school of nursing, the perspective of the majority of the CNE directors was that they had less influence than the average director. The directors perceived themselves as more influential than the average director in relation to state-level policy-making.
regarding continuing education. The directors perceived themselves as having the most influence when compared to average directors in relation to continuing education decisions made in their own institutions. The comparative data on these three dimensions of perceived influence are presented in Table 35.

**TABLE 35**

Perceived Influence of CNE Directors at National, State, and Institutional Levels: A Comparison by frequency of response

<table>
<thead>
<tr>
<th>Influence Dimension</th>
<th>National Level</th>
<th>State Level</th>
<th>Institutional Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency %</td>
<td>Frequency %</td>
<td>Frequency %</td>
</tr>
<tr>
<td>Less influence than average CNE Director</td>
<td>67 51%</td>
<td>29 22%</td>
<td>19 14%</td>
</tr>
<tr>
<td>Same influence as average CNE Director</td>
<td>52 40%</td>
<td>57 43%</td>
<td>41 30%</td>
</tr>
<tr>
<td>&gt; Influence than average CNE Director</td>
<td>12 9%</td>
<td>46 35%</td>
<td>75 56%</td>
</tr>
</tbody>
</table>

(N=131)  (N=132)  (N=135)

Proficiencies for CNE Administrators

The CNE Directors were asked to rate according to the importance of each statement for the role of the CNE Director a total of twenty-five proficiency statements proposed for CNE administrators. The five-point rating scale developed by the researcher used the word labels of Very Important for a rating of 1, and Not Important for a rating of 5. A
mean rating for each proficiency statement as well as a total mean for each of the six proficiency categories was obtained. The six proficiency categories as rank ordered by the CNE Directors as a population are presented in Table 36. The data for each proficiency category will be presented according to the rank order, rather than in the sequence presented in the questionnaire.

TABLE 36

<table>
<thead>
<tr>
<th>Proficiency Category</th>
<th>X*</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Qualities</td>
<td>1.270</td>
<td>1.199</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>1.397</td>
<td>1.199</td>
</tr>
<tr>
<td>Theoretical Understandings</td>
<td>1.459</td>
<td>1.333</td>
</tr>
<tr>
<td>Program Development Skills</td>
<td>1.532</td>
<td>1.399</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>1.858</td>
<td>1.833</td>
</tr>
<tr>
<td>Research Skills</td>
<td>1.924</td>
<td>2.000</td>
</tr>
</tbody>
</table>

* on 5 point scale

Personal Qualities. The CNE Directors rated this category as the most important of the six proficiency categories for CNE Directors. Out of five proficiency statements, the most important personal qualities were the ability to establish rapport with a variety of people, and to possess a sense of direction or mission for the CNE enterprise. Ranked third in relative importance was exhibiting enthusiasm for lifelong learning which in turn generates enthusiasm in others, followed in importance by commitment to enhancing
proficiencies over time and ability to win cooperation and decrease competition. The frequency distribution and rank order by mean of the CNE Directors' ratings of the five proficiency statements comprising the Personal Qualities category are presented in Table 37.

TABLE 37

Frequency Distribution and Rank Order by Mean of CNE Directors' Rating of Relative Importance of Five Proficiency Statements Comprising "Personal Qualities" category of "Proficiencies for CNE Administrators" Rating Scale

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Frequencies by Response Category</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Important</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Establishes rapport with variety of people</td>
<td>117 19 1 0 0 0</td>
<td>1.15</td>
</tr>
<tr>
<td>Has a sense of direction or mission</td>
<td>108 29 0 0 0 0</td>
<td>1.21</td>
</tr>
<tr>
<td>Exhibits enthusiasm about work which generates enthusiasm for lifelong learning in others</td>
<td>110 22 4 0 0 0</td>
<td>1.22</td>
</tr>
<tr>
<td>Is committed to enhancing personal proficiencies over the lifespan</td>
<td>94 36 7 0 0 0</td>
<td>1.36</td>
</tr>
<tr>
<td>Is able to win cooperation and decrease competition</td>
<td>94 32 9 1 0 0</td>
<td>1.39</td>
</tr>
</tbody>
</table>

Administrative Skills. The second most important set of proficiencies were those related to the administrative responsibilities of the CNE Director. Of primary importance was the ability to attract the consumer market the continuing education enterprise seeks to serve, followed in importance by both the provision of leadership and skill for obtaining and distributing resources needed to accomplish the goals of the enterprise. The selection and development of
personnel was rated fourth in importance, followed by the proficiency of fostering collaboration for planning and implementing continuing education. The frequency distribution and rank order by means of the CNE Directors' ratings for this category appear in Table 38.

### TABLE 38

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attracts and retains adult participation for continuing education enterprise</td>
<td>100</td>
<td>30</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Provides leadership necessary to facilitate staff satisfaction and productivity</td>
<td>98</td>
<td>33</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Acquires and allocates necessary resources for continuing education unit</td>
<td>99</td>
<td>32</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Selects and develops personnel</td>
<td>85</td>
<td>38</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Diffuses competition and fosters collaboration for planning and implementing continuing nursing education</td>
<td>79</td>
<td>43</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

Theoretical Understandings. This proficiency category was rated as third in importance for CNE Directors by current directors. Understanding adult learning theory was rated as the most important of the proficiency statements comprising this category, followed by understanding the relationship of the continuing education enterprise to the larger institution, and understanding the impact of societal contexts, issues and trends upon continuing education in
general. Having an understanding of differences between types of providers of continuing education was rated as least important. The frequency distribution and rank order by mean of the CNE Directors' ratings of the statements comprising this category appear in Table 39.

TABLE 39

Frequency Distribution and Rank Order of CNE Directors' Rating of Relative Importance of Six Proficiency Statements Comprising "Theoretical Understandings" Category of "Proficiencies for CNE Administrator" Rating Scale

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Frequencies by Response Category</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Important</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Not Important</td>
</tr>
<tr>
<td>Understands adult learning theory</td>
<td>110</td>
<td>21</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Understands relationship of continuing education enterprise to larger institution</td>
<td>104</td>
<td>25</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Understands impact of societal contexts/issues/trends upon continuing education</td>
<td>92</td>
<td>41</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Understands roles and responsibilities of adults</td>
<td>91</td>
<td>35</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Understands adult development in relation to stages of lifespan</td>
<td>73</td>
<td>42</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Understands similarities and differences between program providers</td>
<td>58</td>
<td>54</td>
<td>17</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Program Development Skills. The CNE Directors rated the proficiency category of Program Development Skills as fourth in importance. Having the same mean score were two proficiency statements: demonstrating competence in the selection and organization of learning activities, and demonstrating competence in program evaluation. Skill in
preparing learning objectives and in conducting needs assessments were rated next in importance, followed by competence in analyzing resources needed for program implementation.

The frequency distribution and rank order by means of these ratings are presented in Table 40.

TABLE 40

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Very Important</th>
<th>Not Important</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates competence in program evaluation</td>
<td>84 44 9 0 0</td>
<td>1.45</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence in selection and organization of learning activities</td>
<td>84 44 8 1 0</td>
<td>1.45</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence in selection of learning objectives</td>
<td>79 45 12 1 0</td>
<td>1.52</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence in needs assessment</td>
<td>79 44 9 4 1</td>
<td>1.56</td>
<td></td>
</tr>
<tr>
<td>Demonstrates competence in analysis of contextual resources</td>
<td>61 64 10 2 0</td>
<td>1.65</td>
<td></td>
</tr>
</tbody>
</table>

Conceptual Skills. This proficiency category was rated fifth in importance by the CNE Directors. Rated as most important of the three statements comprising the category was identification of the unique mission for continuing nursing education in colleges and universities. Second in importance was the development of conceptual and theoretical frameworks for continuing nursing education practice in colleges and universities. Rated third in importance was
contributing to the solution of definitional dilemmas in the field of continuing nursing education. The frequency distribution and rank order by means of these data are presented in Table 41.

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Frequencies by Response Category</th>
<th>Not Important</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributes to identification of unique mission for continuing nursing education in colleges/universities</td>
<td>74 45 13 4 1</td>
<td>1.63</td>
<td></td>
</tr>
<tr>
<td>Contributes to development of conceptual/theoretical framework for continuing nursing education practice in colleges and universities</td>
<td>49 56 26 4 2</td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td>Contributes to the solution of definitional dilemmas in the field of continuing nursing education</td>
<td>43 46 42 3 0</td>
<td>2.03</td>
<td></td>
</tr>
</tbody>
</table>

Research Skills. Rated as most important of the four statements comprising this category was adapting research findings to local planning and decision making, with the next in importance being facilitating the use and application of completed research to continuing nursing education practice. Third in importance was communicating practitioner concerns to researchers so research could be conducted relative to those concerns, followed in importance by generation of propositions for testing through research. The frequency distribution and rank order by means of
these data appear in Table 42.

**TABLE 42**

<table>
<thead>
<tr>
<th>Proficiency Statements</th>
<th>Frequencies by Response Category</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Important</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Not Important</td>
</tr>
<tr>
<td>Adapts relevant research findings to local planning</td>
<td>66</td>
<td>52</td>
<td>16</td>
<td>2</td>
<td>0</td>
<td>1.66</td>
</tr>
<tr>
<td>and decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitates use and application</td>
<td>64</td>
<td>53</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>1.69</td>
</tr>
<tr>
<td>of completed research to continuing nursing education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates practitioner concerns to researchers as</td>
<td>38</td>
<td>48</td>
<td>44</td>
<td>5</td>
<td>2</td>
<td>2.16</td>
</tr>
<tr>
<td>input to research planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates propositions for testing through research</td>
<td>34</td>
<td>55</td>
<td>37</td>
<td>6</td>
<td>3</td>
<td>2.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In summary, the CNE Directors view the skills needed to work with people as having primary importance for successful CNE practice. Further, while contributing to the identification of a unique mission for CNE in college and university settings, CNE directors must be able to attract consumers of continuing education to programs which reflect the application of adult learning theory and effective program development and evaluation.

**Relationship Between Independent and Dependent Variables**

The independent variables for the study were educational preparation and experiential preparation for the role of
director of continuing nursing education. As a result of the collapsing of variables from the survey instrument during data analysis, "educational preparation" became highest degree (doctorate and other), and noncredit or credit preparation in both adult/continuing education, and in educational administration. Thus, three variables, with two dimensions for each, comprised the independent variable of "educational preparation." Similarly, the variables comprising the independent variable "experiential preparation" became the number of years experience in each of the practice categories of direct care, supervision, and administration, and each of the educational position categories of staff development, baccalaureate faculty, and continuing education. Therefore, six variables, with two dimensions for each, comprised the independent variable of "experiential preparation."

The dependent variables for the study were perception of having influence ("Influence") and perception of the relative importance of a set of proficiencies for continuing education administration ("Proficiencies"). "Influence" had three levels of measurement: (a) institutional, (b) state, and (c) national. The relative importance of proficiencies was measured as a total mean rating for each of six proficiency categories: theoretical understandings; conceptual skills; personal qualities; administrative skills; program development skills; and research skills.
The relationship between independent and dependent variables are presented in detail in the following section of the report, first by frequency distribution and then by level of statistical significance.

Association Between Educational Preparation, Influence, and Age

The sets of data representing the Directors' educational preparation, their perspectives of their influence at three levels of decision-making, and their age were analyzed using three-way loglinear analysis yielding the Chi-square statistic. This statistic was used to determine if associations existed among the variables and if obtained differences were greater than those which could be expected to occur by chance. The data related to the variable of highest degree will be presented first, followed by those for preparation in educational administration and adult/continuing education with respect to national, state and institutional influence and age.

Highest degree, national influence and age. The frequency distribution of the population on the variables of highest degree, age, and perceived national influence were entered in a 3 X 2 contingency table. This frequency distribution is presented in Table 43. The Chi square statistic was used to determine the association between these variables. The association between highest degree and national influence
TABLE 43

Observed Frequency Table for Highest Degree, Perceived
National Influence, and Age for 131 CNE Directors

<table>
<thead>
<tr>
<th>Age</th>
<th>Degree</th>
<th>Influence Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Less Influence</td>
</tr>
<tr>
<td>&lt; = 40 years</td>
<td>Masters</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>5</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>Masters</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>4</td>
</tr>
<tr>
<td>&gt; = 51 years</td>
<td>Masters</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>3</td>
</tr>
</tbody>
</table>

\(x^2 = 8.80, \text{ df } = 2\) was found to be significant at \(p = <.01\).

A significant association was also found between national influence and age \(x^2 = 11.22, \text{ df } = 4, p = <.05\).

In looking at these data more closely, 56% (\(N=55\)) of the directors with master's preparation only perceived themselves as having less influence over national decision-making than the average CNE director. Only 5% of these directors (\(N=5\)) perceived themselves as having more influence than the average director, as compared to 21% (\(N=7\)) of the directors with doctoral preparation. In other words, doctoral preparation is significantly associated with perceived national influence on decisions affecting continuing nursing education.

In relation to the association between national influence and age, 70% (\(N=28\)) of the directors who were 40 years or younger perceived themselves as having less national influence, while 50% of the directors over 51 years of age perceived themselves as having more or the same national influence as the average CNE director.
Only 10% or less of each of the three age categories perceived themselves as having more national influence than average directors.

**Highest degree, state influence and age.** The frequency distribution of the population data on the variables of highest degree, age, and perceived state influence were entered in a 3 x 2 contingency table. These data are displayed in Table 44.

**TABLE 44**

<table>
<thead>
<tr>
<th>Age</th>
<th>Degree</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; = 40</td>
<td>Master's</td>
<td>9</td>
<td>13</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>41 to 50</td>
<td>Master's</td>
<td>10</td>
<td>13</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>&gt; = 50</td>
<td>Master's</td>
<td>3</td>
<td>19</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

(5 cases had incomplete data)

The majority of the doctorally prepared administrators perceived themselves as equal or more influential on the state level than the average CNE Director. Using the chi square statistic, there were no significant associations for these variables.

**Highest degree, institutional influence and age.** The frequency distribution of the population data on the variables
of highest degree, age, and perceived institutional influence of the directors were placed on a 3 X 2 contingency table. These data are presented in Table 45. The chi square statistic was computed to determine if an association existed between these variables. No significant differences were obtained.

TABLE 45

<table>
<thead>
<tr>
<th>Age</th>
<th>Degree</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; = 40</td>
<td>Master's</td>
<td>7</td>
<td>6</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Doctoral</td>
<td>0</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>41 to 50</td>
<td>Master's</td>
<td>6</td>
<td>11</td>
<td>21</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Doctoral</td>
<td>0</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>&gt; = 51</td>
<td>Master's</td>
<td>4</td>
<td>16</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Doctoral</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Educational Administration Preparation, Age and National Influence. The CNE Directors were compared in terms of the variables of age and type of preparation in educational administration. The frequency distribution of these data are presented in Table 46.

These data were entered into a 3 X 2 contingency table with the data on perceived national influence. The single significant result obtained was the association of age with national influence ($x^2 = 10.17$ at $df = 4$, $p = <.05$).
TABLE 46
Comparison of 137 CNE Directors by Age and Type of Preparation in Educational Administration (by frequency and percentage)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Noncredit</th>
<th></th>
<th>Credit</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>(N)</td>
</tr>
<tr>
<td>&lt; = 40 years</td>
<td>25</td>
<td>19%</td>
<td>15</td>
<td>11%</td>
<td>40</td>
</tr>
<tr>
<td>41 - 50 years</td>
<td>30</td>
<td>23%</td>
<td>22</td>
<td>17%</td>
<td>52</td>
</tr>
<tr>
<td>&gt; = 51 years</td>
<td>21</td>
<td>16%</td>
<td>18</td>
<td>14%</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>58%</td>
<td>55</td>
<td>42%</td>
<td>131</td>
</tr>
</tbody>
</table>

(6 cases had incomplete data)

Educational Administration Preparation, Age and State and Institutional Influence. The data for these variables were entered into a 3 X 2 contingency table. Using the chi-square statistic, no significant results were obtained. Therefore, an association among the variables greater than could occur by chance was ruled out.

Adult Ed/CE Preparation, Age, and National Influence. There were not significant differences between the directors on the two variables of age and credit or non-credit preparation in adult education/continuing education. The directors then were compared on the variables of adult/continuing education preparation, national influence, and age. The frequency distribution of the crosstabulations appears in Table 47. The chi square statistic was used to determine if an association existed between the variables. The only significant result found was the previous finding of age
CNE Directors Compared by Type of Preparation in Adult/Continuing Education, Age and Perceived National Influence (N=131)

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of Preparation</th>
<th>Influence Dimensions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less Influence</td>
<td>Same Influence</td>
<td>More Influence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 40</td>
<td>Noncredit</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>41 to 50</td>
<td>Noncredit</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>&gt; 51</td>
<td>Noncredit</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

(6 cases had incomplete data)

and national influence (p = <.05 level).

Adult Ed/CE Preparation, Age, and State Influence. The frequency distributions of the data related to type of adult education/continuing education preparation, age, and perceived state influence were entered on a 3 X 2 contingency table. These data are presented in Table 48. Using the chi square

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of Preparation</th>
<th>Influence Dimension</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less Influence</td>
<td>Same Influence</td>
<td>More Influence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 40</td>
<td>Noncredit</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>41 to 50</td>
<td>Noncredit</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>&gt; 51</td>
<td>Noncredit</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

(5 cases of incomplete data)
statistic to determine the existence of associations among these data, no significant results were obtained.

Adult Ed/CE Preparation, Age and Institutional Influence. The CNE Directors were next compared on the variable of institutional influence and their adult/continuing education preparation. The frequency distribution for these data are presented in Table 49. The chi square analysis determined that a significant association existed between adult ed/CE preparation and institutional influence ($x^2 = 5.84$, at df = 2, with $p = <.05$).

<table>
<thead>
<tr>
<th>Influence Dimension</th>
<th>Type of Preparation</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Noncredit</td>
<td>18 (18%)</td>
<td>29 (28%)</td>
<td>55 (54%)</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>1 (3%)</td>
<td>12 (36%)</td>
<td>20 (61%)</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>19</td>
<td>41</td>
<td>75</td>
<td>135</td>
</tr>
</tbody>
</table>

2 cases of incomplete data)

Closer examination of this association reveals that a higher percentage of directors with credit preparation in adult/continuing education perceive themselves to have the same or more influence on institutional-level decisions affecting continuing nursing education than directors with noncredit preparation in the same context area.
Association Between Experiential Preparation, Influence and Age

"Experience" was defined in terms of the variables of direct care, supervision, administration, teaching, staff development and continuing education experience, determined in number of years spent in each category. As all but two CNE Directors had engaged in direct care, the remaining population was divided for purposes of determining the presence of associations on the basis of their years of experience in direct care. One-third of the directors had no experience in supervision of direct care, but the remaining two-thirds were compared on the basis of their years of experience in supervision. The two-thirds of the directors who had experience in the administration of nursing care were compared to the one-third who had no experience in administration. The CNE Directors were also compared as three groups in terms of their years experience teaching in baccalaureate nursing education, and as two groups in terms of their years experience in continuing nursing education. These data categories and respective frequencies for each of these variables used to define "experiential preparation" for the CNE Director population are presented in Table 50. This reconstruction of variables meant that five variables comprising the independent variable of "experience" could be compared with the three dimensions of influence (a dependent variable), and with six dimensions of proficiency (a second dependent variable). Age was used as a constant third variable.
TABLE 50

Data Categories and Frequencies for Five Variables Comprising "Experiential Preparation" Variable for 137 CNE Directors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Category &amp; Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care (Practice) (N=135)</td>
<td>1 - 5 years = 69</td>
</tr>
<tr>
<td></td>
<td>&gt; 5 years = 66</td>
</tr>
<tr>
<td>Supervision (N=137)</td>
<td>0 years = 42</td>
</tr>
<tr>
<td></td>
<td>1 - 2 years = 48</td>
</tr>
<tr>
<td></td>
<td>&gt; 2 years = 47</td>
</tr>
<tr>
<td>Administration (N=137)</td>
<td>0 = 89</td>
</tr>
<tr>
<td></td>
<td>+ = 48</td>
</tr>
<tr>
<td>Teaching in (N=131)</td>
<td>0 years = 32</td>
</tr>
<tr>
<td>Baccalaureate Education (N=131)</td>
<td>1 - 5 years = 50</td>
</tr>
<tr>
<td></td>
<td>&gt; 5 years = 49</td>
</tr>
<tr>
<td>Continuing Education (N=131)</td>
<td>1 - 4 years = 75</td>
</tr>
<tr>
<td></td>
<td>&gt; 4 years = 56</td>
</tr>
</tbody>
</table>

Direct Care Experience, Influence and Age. The CNE directors' responses to the three dimensions of influence (national, state and institutional) were compared with their ages in three categories (< = 40, 41 to 50, and > = 51) and with two categories of years' experience (1 to 5 years, and > 5 years) in giving direct care as nurses. Using Chi square analysis to determine association, no significant results were obtained except for the repetition of the significant association between the variables of age and national influence ($x^2 = 10.41$ at df 4, $p = < .05$).

Supervision Experience, Influence and Age. A 3 X 3 contingency table was formed from these data to determine their association with each other. Using the Chi square
statistic, a significant association was found between experience in supervision and age at all three levels of influence (see Table 51).

**TABLE 51**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Level of Influence</th>
<th>Chi square value</th>
<th>df</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td>National</td>
<td>11.66</td>
<td>2</td>
<td>p = &lt; .01 (0.0029)</td>
</tr>
<tr>
<td>with State</td>
<td>11.40</td>
<td>2</td>
<td>p = &lt; .01 (0.0033)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Institutional</td>
<td>12.82</td>
<td>2</td>
<td>p = &lt; .01 (0.0016)</td>
</tr>
</tbody>
</table>

**Administration, Influence and Age.** The interactive effects of age and administration experience with all three levels of influence were found to be statistically significant at the probability (p) of < .05. These data are presented in Table 52.

**Table 52**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Level of Influence</th>
<th>Chi square value</th>
<th>df</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>National</td>
<td>8.77</td>
<td>2</td>
<td>p = &lt; .05 (0.0124)</td>
</tr>
<tr>
<td>with State</td>
<td>8.15</td>
<td>2</td>
<td>p = &lt; .05 (0.0170)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Institutional</td>
<td>9.19</td>
<td>2</td>
<td>p = &lt; .05 (0.0101)</td>
</tr>
</tbody>
</table>
Experience, Education and Influence. The CNE Directors were compared to one another on the variables of influence, education and experience to determine if an association existed between those variables. The question was asked, "Are the responses of the directors different on the basis of their practice versus education experience?" That is, did those with practice experience only (direct care plus supervision plus administration experience) respond differently from those with practice and education experience? The frequencies in the cells for practice only were too small to facilitate adequate analysis. Using the Chi square statistic, no significant differences among the groups was found.

Similarly, the question was asked, "Are the responses of the directors different on the basis of their experience in inservice/staff development?" The Directors were grouped according to whether or not they had inservice/staff development experience. However, the frequency in the cells were again too small for adequate analysis. No significant results were obtained using the Chi square statistic.

Baccalaureate Teaching Experience, Age and Influence. Age and years experience in baccalaureate teaching was found to have a significant association for the population (p=<.05). No significant association was found between years experience in baccalaureate teaching and perceived national influence. For example, when placed in 3 X 3 matrix, the data for these two variables are distributed fairly evenly (see Table 53).
TABLE 53

Comparison of 131 CNE Directors on Variables of Years Experience in Baccalaureate Teaching and Perceived National Influence (by frequency and percentage)

<table>
<thead>
<tr>
<th>Experience in Baccalaureate Education</th>
<th>National Influence</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1 years</td>
<td></td>
<td>11 (34%)</td>
<td>16 (50%)</td>
<td>5 (16%)</td>
<td>32</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td></td>
<td>27 (54%)</td>
<td>19 (38%)</td>
<td>4 (8%)</td>
<td>50</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td></td>
<td>29 (59%)</td>
<td>17 (35%)</td>
<td>3 (6%)</td>
<td>49</td>
</tr>
</tbody>
</table>

CNE Experience, Age and Influence. The CNE Directors were placed into two groups of very nearly the same frequency on the basis of their number of years experience in continuing nursing education (1 to 4 years, and more than 4 years experience). Years experience in continuing nursing education was found to have a significant association with the variables of national influence ($p = < .001$) and with state influence ($p = < .01$). The data from the comparison of years of CNE experience with national influence are presented in Table 54.

TABLE 54

Contingency Table of Years Experience in CNE by Perceived National Influence, for 131 CNE Directors (by frequency and percentage)

<table>
<thead>
<tr>
<th>Years CNE Experience</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4 years</td>
<td>49 (65%)</td>
<td>24 (32%)</td>
<td>2 (3%)</td>
<td>75</td>
</tr>
<tr>
<td>&gt; 4 years</td>
<td>18 (32%)</td>
<td>28 (50%)</td>
<td>10 (18%)</td>
<td>56</td>
</tr>
</tbody>
</table>

(6 cases had incomplete data)
Only 3% (N=2) of the Directors with up to four years experience in continuing education perceive themselves as having more influence than the average CNE Director on national decisions affecting their field. In contrast, 18% (N=10) of those with more than four years experience in CNE perceived themselves as having more national influence than the average director, with an additional 50% (N=28) having at least as much influence as the average director. In looking more closely at the variables of national influence and age, one notes that the younger the CNE director, the more likely they are to perceive themselves as less influential than the average director on national-level decision making in continuing education.

### TABLE 55

<table>
<thead>
<tr>
<th>Age</th>
<th>Less Influence</th>
<th>Same Influence</th>
<th>More Influence</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;= 40</td>
<td>24 (73%)</td>
<td>7 (21%)</td>
<td>2 (6%)</td>
<td>33</td>
</tr>
<tr>
<td>41 to 50</td>
<td>18 (53%)</td>
<td>15 (44%)</td>
<td>1 (3%)</td>
<td>34</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>14 (44%)</td>
<td>14 (44%)</td>
<td>4 (12%)</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>36</td>
<td>7</td>
<td>99</td>
</tr>
</tbody>
</table>

As could be expected, age and experience in continuing nursing education also had a significant association (p = < .0001) across levels of influence. That is, it could be expected that the older one is, the greater number of years one can spend in a specific organizational position. The data indicating years of CNE experience for the directors
in three age groups are presented in Table 56.

### TABLE 56

<table>
<thead>
<tr>
<th>Age</th>
<th>Years CNE Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - 4 years</td>
</tr>
<tr>
<td>&lt; = 40 years</td>
<td>31</td>
</tr>
<tr>
<td>41 to 50 years</td>
<td>35</td>
</tr>
<tr>
<td>&gt; = 51 years</td>
<td>7</td>
</tr>
</tbody>
</table>

(8 cases had missing data)

**Association Between Educational Preparation, Age and Rating of CE Administrator Proficiencies**

The relationship between the educational preparation of the CNE directors was compared to their ratings of the proposed proficiencies for continuing education administrators using analysis of variance (ANOVA). The ANOVA was used to identify whether there were any significant differences between any of the pairs of data. The ANOVA helps to answer such questions as: did the directors, on the average, rate the groups of statements the same? or are there significant differences between them in terms of the variables under study? The means of the directors' ratings of each of the six proficiency categories were compared by age group with the variables of masters or doctoral preparation, and noncredit or credit preparation in both educational administration and in adult/continuing education.
Highest Degree, Age and Rating of Proficiencies. A 3 X 2 matrix was formed by grouping the CNE Directors by age and highest degree in terms of the means of the ratings on the six proficiency categories for each of the six groups of directors. These data are displayed in Table 57. The ANOVA was performed on the cell means to determine the presence of a significant main effect of either variable or interactive effect of the two variables on the proficiency mean for each of the six proficiency categories.

### Table 57

<table>
<thead>
<tr>
<th>Proficiency Category</th>
<th>Type of Preparation</th>
<th>Means by Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;= 40 years</td>
</tr>
<tr>
<td>Theoretical Understandings</td>
<td>Masters</td>
<td>9.45</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>9.75</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>Masters</td>
<td>7.07</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>5.17</td>
</tr>
<tr>
<td>Personal Qualities</td>
<td>Masters</td>
<td>6.17</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>6.25</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>Masters</td>
<td>6.97</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>7.00</td>
</tr>
<tr>
<td>Program Development Skills</td>
<td>Masters</td>
<td>8.13</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>8.58</td>
</tr>
<tr>
<td>Research Skills</td>
<td>Masters</td>
<td>9.33</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>6.92</td>
</tr>
</tbody>
</table>

A significant main effect was obtained for age and three of the proficiencies: Theoretical Understandings, Conceptual Skills, and Administrative Skills. The F values obtained and level of significance for each of these proficiency
categories is displayed in Table 58.

Table 58

<table>
<thead>
<tr>
<th>Category</th>
<th>F Value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Understandings</td>
<td>3.13</td>
<td>p = &lt;.05</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>3.64</td>
<td>p = &lt;.05</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>3.15</td>
<td>p = &lt;.05</td>
</tr>
</tbody>
</table>

The Newman-Keuls after-test was performed on the means to determine which means were significantly different from one another. From that analysis, it was determined that there was not significant difference among the three age groups in their rating of the category Theoretical Understandings. However, the difference in the mean rating of the Conceptual Skills category by the directors who were 41 to 50 years of age and > = 50 was significantly different (p = <.01). On the average, the older directors rated the proficiency category of Conceptual Skills as more important than did directors forty years of age and under.

A significant Highest Degree main effect was obtained for two proficiency categories: Conceptual Skills and Administrative Skills. The F value and level of significance obtained from the ANOVA on these data are presented in Table 59. Using the Newman-Keuls after-test, a significant difference was obtained between the mean rating of directors with doctorates and those with master's degrees for the
TABLE 59

<table>
<thead>
<tr>
<th>Category</th>
<th>F Value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptual Skills</td>
<td>6.82</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>4.07</td>
<td>p &lt; .05</td>
</tr>
</tbody>
</table>

proficiency category of Conceptual Skills. The mean rating of doctorally prepared directors for the category was significantly higher (p = < .01) than the rating by directors with master's degree preparation only. On the average directors with doctoral preparation rated Conceptual Skills as more important than as rated by directors with master's degree preparation.

Using ANOVA a significant higher degree main effect, age main effect and significant interaction between age and higher degree were obtained for the proficiency category of Administrative Skills. Applying the Newman-Keuls after test for significant difference between mean, it was determined that the difference between directors with master's and doctoral preparation who were 51 years or older was significant at p = < .01. It appeared that directors with master's degree preparation who were fifty-one years or older rated the proficiency category of Administrative Skills as more important than did directors in that age range with doctoral preparation.

Educational Preparation in Adult/Continuing Education, Age and Rating of Proficiencies. A 3 X 2 matrix was formed
by grouping the CNE directors by age and type of preparation in adult/continuing education (credit or noncredit), in terms of the mean rating of the six proficiency categories by those six groups of directors. These data are presented in Table 60. The ANOVA was performed on the cell means to determine the presence of a significant main effect or interactive effect of the two variables for each of the six proficiency categories.

TABLE 60

Means of Ratings for Six Proficiency Categories for 137 CNE Directors by Age Group and Type of Preparation in Adult/Continuing Education

<table>
<thead>
<tr>
<th>Proficiency Category</th>
<th>Type of Preparation</th>
<th>&lt; = 40 years</th>
<th>41 to 50 years</th>
<th>&gt; = 51 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Understandings</td>
<td>Noncredit</td>
<td>9.25</td>
<td>8.53</td>
<td>8.82</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>10.5</td>
<td>7.55</td>
<td>7.73</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>Noncredit</td>
<td>6.50</td>
<td>5.50</td>
<td>4.89</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>6.60</td>
<td>5.00</td>
<td>4.82</td>
</tr>
<tr>
<td>Personal Qualities</td>
<td>Noncredit</td>
<td>6.28</td>
<td>6.61</td>
<td>6.04</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>5.90</td>
<td>6.36</td>
<td>6.55</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>Noncredit</td>
<td>6.88</td>
<td>6.76</td>
<td>7.00</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>7.30</td>
<td>7.09</td>
<td>7.82</td>
</tr>
<tr>
<td>Program Development Skills</td>
<td>Noncredit</td>
<td>7.91</td>
<td>7.84</td>
<td>7.11</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>9.40</td>
<td>6.55</td>
<td>7.18</td>
</tr>
<tr>
<td>Research Skills</td>
<td>Noncredit</td>
<td>8.84</td>
<td>7.71</td>
<td>6.57</td>
</tr>
<tr>
<td></td>
<td>Credit</td>
<td>8.00</td>
<td>7.18</td>
<td>7.45</td>
</tr>
</tbody>
</table>

No significant effects were found between the Directors' type of preparation in adult/continuing education and their mean ratings of the proficiencies. Significant age main effects were obtained for the proficiency categories of Theoretical Understandings, Conceptual Skills and Program.
Development Skills. The F values and level of significance for these categories are presented in Table 61.

**TABLE 61**

F values and Level of Significance for Age Main Effect With Three Proficiency Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>F Value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Understandings</td>
<td>5.15</td>
<td>p &lt; .01</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>5.86</td>
<td>p &lt; .01</td>
</tr>
<tr>
<td>Program Development Skills</td>
<td>3.54</td>
<td>p &lt; .05</td>
</tr>
</tbody>
</table>

The Newman-Keuls after test was performed on the means of the three proficiency categories by the three age groups of directors to determine which means were significantly different from one another. There was no significant difference between the mean rating of the categories Theoretical Understandings and Program Development Skills, by the three age groups. A significant difference was found, however, between the mean ratings of the proficiency category Conceptual Skills for the age group of 41 to 50 years (p = < .05) and 51 years and older (p = < .01) in comparison to the mean rating of the younger group (< = 40).

**Educational Administration Preparation, Age, and Rating of Proficiencies.** A 3 X 2 matrix was formed by grouping the CNE Directors by age and type of preparation in educational administration (credit or noncredit) in terms of the mean rating by each of those six groups on the six proficiency categories. These data are presented in Table 62.
After performing ANOVAs on these data, no significant main effect was found between the type of educational administration preparation and the proficiency ratings by the CNE Directors. Although no significant interactive effect between the preparation and age, a significant Age main effect was obtained for the proficiency categories of Conceptual Skills and Research Skills. The F values and level of significance are presented in Table 63.

**TABLE 63**

F Values and Level of Significance for Age Main Effects and Two Proficiency Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>F Value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptual Skills</td>
<td>6.64</td>
<td>p &lt; .01</td>
</tr>
<tr>
<td>Research Skills</td>
<td>4.38</td>
<td>p &lt; .05</td>
</tr>
</tbody>
</table>
The Newman-Keuls after test resulted in a significant difference between the mean for the Conceptual Skills proficiency category (a) as rated by the CNE Directors between 41 and 50 years of age and those 40 years and younger (p < .05) and (b) as rated by the CNE Directors ages 51 years or more and those 40 years and younger (p < .01). In terms of Research Skills, there was a significant difference between the mean rating of that proficiency category by directors 51 years and older and those 40 years and younger.

**Association Between Experiential Preparation and Rating of CE Administrator Proficiencies**

The relationship between the proficiency rating means and the independent variable of experiential preparation was determined by using the total means for each of the six proficiency categories and the variables comprising "experience." These variables were years experience in direct care, supervision, administration, baccalaureate teaching, and continuing education. Six-cell matrices were formed from these data. For instance, the respondents who had from one to five years experience in direct care were divided into three age groups, and the mean of their rating for a proficiency category placed in the respective cells of the matrix. This was repeated for each proficiency category.

Main effects between each experience variable and the proficiencies were not significant. Significant main effects,
however, were found between the variables of age and the proficiency categories of Conceptual Skills (p = <.01), and Research Skills (p = <.01). The older age group rated these proficiency categories higher than the younger age groups.

Significant interactive effects were found between age and supervisory experience with the proficiency categories of Theoretical Understandings and Administration (p = <.05). Using the Newman-Keuls after test for significant difference between means, it was determined that Directors between the ages of 41 and 50 who had had supervisory experience rated Theoretical Understandings as being of more importance to the role of CNE Director than did those directors of the same age who had not had supervisory experience. Those directors ages 41 to 50 years who had supervisory experience gave a mean rating to the proficiency category of Administrative Skills that was significantly higher than the directors of the same age who had no supervisory experience.

Significant interactive effects were also found between age and nursing service administration experience with the proficiency categories of Conceptual Skills and Administrative Skills (p = <.05). Using the Newman-Keuls after test for difference between means, a significant difference was found for directors 40 years and younger and their nursing service administrative experience. Those directors 40 years and younger who had no nursing administration experience rated the proficiency category of Administrative Skills as being of more importance than as rated by their age cohorts.
who had had nursing administration experience.

The same significant main effects were found between age of the directors and their proficiency ratings when the variable of baccalaureate teaching experience was considered as was found when administration experience was considered. However, no significant interaction between the two variables was obtained.

The means of the ratings of the six proficiency categories for the directors by age and years experience in continuing education are presented in Table 64.

<table>
<thead>
<tr>
<th>Proficiency Category</th>
<th>Category of Years Experience</th>
<th>Means by Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt; 40</td>
</tr>
<tr>
<td>Theoretical Understandings</td>
<td>&lt;1 to 4 years</td>
<td>9.61</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>9.33</td>
</tr>
<tr>
<td>Conceptual Skills</td>
<td>&lt;1 to 4 years</td>
<td>6.73</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>5.78</td>
</tr>
<tr>
<td>Personal Qualities</td>
<td>&lt;1 to 4 years</td>
<td>6.24</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>6.00</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>&lt;1 to 4 years</td>
<td>7.09</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>6.56</td>
</tr>
<tr>
<td>Program Development Skills</td>
<td>&lt;1 to 4 years</td>
<td>8.24</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>8.33</td>
</tr>
<tr>
<td>Research Skills</td>
<td>&lt;1 to 4 years</td>
<td>8.97</td>
</tr>
<tr>
<td></td>
<td>&gt;4 years</td>
<td>7.44</td>
</tr>
</tbody>
</table>

When the ANOVA was performed on age by continuing education experience and the means of all six proficiency
statements, no significant main effects or interactions were noted.
CHAPTER FIVE

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

Leaders are needed to advance the field of continuing nursing education (CNE) in terms of the development, implementation and evaluation of definitional, conceptual and theoretical frameworks for practice. They are needed to influence policy decisions affecting CNE which are made by educational institutions or professional societies in a dynamic political environment. This study emerged not for the purposes of testing theory related to educational leadership and administration, but to contribute to the knowledge base about the academic leadership for continuing nursing education. Its intent was to describe the characteristics, organizational context of practice and requisite proficiencies of the positional leaders for CNE in colleges and universities.

The questions which guided the research were: How were CNE Directors prepared for their roles, educationally and experientially, and how adequate did they perceive that preparation to have been? What education and experience did they recommend for their successors in the role? What...
description was most accurate of their organizational context of practice, and did they perceive themselves as having influence on policy decisions affecting continuing nursing education? What were their perspectives of the importance for success in the role of a set of proposed proficiencies for continuing education administrators? And, finally, what was the relationship between the directors' proficiency ratings and perceived influence on CNE policy decisions, and their educational and experiential preparation?

Theoretical underpinnings for the research came from the fields of educational administration, adult/continuing education theory, and philosophy of education. One hundred and thirty-seven persons designated by approved schools of nursing in U.S. colleges and universities as administratively responsible for continuing nursing education responded to a mailed questionnaire designed to provide answers to the research questions.

Findings

What profile of personal and professional characteristics was descriptive of CNE directors? As a group, the CNE Directors were Caucasian, female, married to a spouse who was employed in a white collar profession, and parent of one or more children. While their modal age range was 41 to 50 years, they ranged in age from 30 to over 61 years.
The Directors were considered leaders in high school as well as in college, and they selected the same leader characteristics as descriptive both of themselves personally, and of the 'ideal' CNE Director. These descriptors were flexible, independent, and willing to take risks.

The Directors held membership in a variety of professional associations, including nursing practice specialty and higher education organizations. Less than half of them had held national or state offices in professional nursing organizations in the past, but more than half now hold or have held in the past an office in a local level of a professional association. They wrote grants more often than books or articles, and about half of them reported they served as consultants in the field of continuing nursing education on a regular basis.

The CNE Directors reported that they maintained their currency in the field of adult/continuing education by means of self-study, journal reading and consultation with peers. On the other hand, they selected professional meetings and credit courses as methods to improve their administrative competence. However, they reported that continuing education opportunities were barely adequate and that there was need specifically to expand local and regional opportunities for both new and experienced Directors.

What modal characteristics were descriptive of the educational preparation of CNE Directors? All CNE Directors
had at least a master's degree, the majority of which were in a nursing major. Clinical majors such as family nursing and medical-surgical nursing were more common than functional ones, such as teaching and administration. One-fourth of the Directors had doctorates and one-fourth were currently enrolled in doctoral study. Fields of study most frequently selected for doctoral study were adult/continuing education and education, including educational administration. Over half of the Directors reported having had formal course work in both adult/continuing education and educational administration. Two-thirds rated their education as having been adequate preparation for their current roles while nearly three-fourths reported having experienced the need for additional education after assuming their position. Subject areas needed were almost identical to the areas of preparation recommended for successors. These included business management skills, particularly budgeting and marketing, adult education theory and principles, and administration. The directors reported that they were better prepared educationally than their predecessors for the directorship.

What modal characteristics were most descriptive of the career paths of the CNE Directors? Although two of the Directors in the sample were not nurses, as a group the Directors had both nursing practice and nursing education experience prior to assuming their current positions. Fifty percent had both practice and supervision experience,
and three-fourths had been baccalaureate nursing education faculty members. They had worked in continuing nursing education an average of four years, the range of years being less than one to more than 27 years. Although as a group the Directors reported that they had less experience for the role than did their predecessors, they viewed their experience as having been adequate. They suggested that their successors gain specific experience in budgeting, marketing, administration, and program development to meet needs of adult learners. Working with an experienced colleague in the field was also recommended, and mentorship and internship opportunities were viewed as an appropriate means by which to develop leadership for the role. Almost all of the directors reported having had a mentor in their career, yet only one-third reported currently being mentor to others. Those who had staff development experience prior to their current role recommended that experience to others aspiring to the CNE Director role.

What modal characteristics were most descriptive of the organizational context of the practice of CNE directors? The institutions represented by the CNE Directors were primarily public colleges and universities. Although there was considerable organizational variation, the institutions had stated goals for continuing professional education, and had implemented objectives toward those ends. These institutions also had goals and objectives for CNE and most had a
separate unit for delivery of continuing nursing education. The institutions experienced financial exigency, and the CNE units were expected to be financially self-supporting, with the possible exception of the salaries of CNE Director and other staff.

The majority of the directors were positional leaders at structural levels equal to those of the other units within the School or College of Nursing. They reported to the Dean or Director of the School. For the most part their positions were full-time, designated as both administration and faculty, with the latter being a tenure-accruing appointment. The CNE Directors received an average annual salary of $25,000, and generally had twelve-month contracts. In general, the CNE Directors worked alone, with the assistance of a part-time secretary, and most used some type of advisory committee.

The majority of the CNE Directors were working in settings in which participation in continuing nursing education was voluntary, where administrative success was dependent upon a consumer's decision to "buy" an educational opportunity. In general, they expressed enthusiasm for their responsibilities, and would choose the position again if given the opportunity.

What educational and experiential preparation did CNE Directors recommend for success in the role? The CNE Directors recommended master's preparation in nursing, preferably
generalistic rather than specialist preparation, for persons aspiring to the CNE Directorship. Doctoral preparation was encouraged also, specifically educational administration and adult/continuing education. Specific knowledge and skill areas recommended included business management skills, particularly budgeting and marketing, administration including personnel policies, adult education theory, and principles of program development. In addition the data support the value of a planned field experience (such as an internship) which includes program implementation and evaluation under the supervision of an experienced Director. Staff development experience was again recommended as appropriate preparation for their successors.

How did CNE Directors rate a set of proficiencies recommended for continuing education administrators, and did their ratings have a relationship to their educational and experiential preparation? The CNE Directors rated all six proficiency categories as highly significant for their role. In order of importance, they rated personal and administrative skills as most important, followed by proficiencies of theoretical understandings, conceptual skills, program development, and research. Initial validation of Knox' framework was achieved, for the subcategories were found to contribute significantly to the overall scale, an indication of the internal consistency of the scale overall. Using a three-way analysis of variance, the directors' rating
of the importance of conceptual skill was found to be statistically significant with the variables of age and highest degree. That is, the older the CNE Director, the higher the rating for the proficiency category; older directors with doctorates rated the proficiency categories as being of more importance than did directors with master's degrees only. There was no significant difference in their ratings of the proficiencies in terms of their preparation in either adult/continuing education or educational administration.

Did CNE Directors perceive themselves as having influence on decisions concerning CNE at national, state, and institutional levels? How did their perspectives on their influence relate to their educational and experiential preparation for their roles? As a group the CNE Directors reported that they had influence on CNE policy decisions. In responding, the Directors were comparing their influence to that of the average CNE Director. However, their influence was perceived to be stronger at the institutional level, and successively less strong at the state and the national levels. Generally they perceived themselves as having more influence than the average director at the institutional level but not at the national level.

Doctoral preparation and administrative and supervisory experience were significantly associated with the CNE Directors' perspective of having influence. Educational
preparation specifically in adult/continuing education was significantly related to the CNE directors' perspective of influence on such decisions within their institution. Directors with credit preparation in adult/continuing education perceived themselves as having more influence on institutional level decisions affecting CNE than did directors with noncredit preparation. Those with administrative and supervisory experience perceived themselves as having influence at state and national levels more often than those without such preparation. Age also was significantly associated with the Directors' perspective of influence at state and national levels of decision making. That is, the younger the Director, the less influence she/he perceived her/himself as having at those levels as compared to the average CNE director.

Additional Findings

As with the study by Vance (1977) and Alexander (1980) these positional leaders were nearly all female, Caucasian, and between 41 and 50 years of age. More CNE Directors are married than were either nurse influentials or social work deans, but they had in common leadership experience in high school and in college. The CNE Directors are active in national, regional, state and local professional associations, hold more offices at local than at state or
national levels, have not been active in authorship, and have received awards from a variety of organizations. They experienced both satisfaction and frustration in their jobs, but the majority indicated that they would choose the job again.

**Major Conclusions**

Major conclusions of the research study were as follows:

(a) **Educational Preparation.** Nursing has in place as positional leaders of continuing nursing education in higher education institutions individuals who perceive themselves as educationally prepared for their roles. The CNE Directors reported having more educational preparation for their role than their predecessors. The data indicate that graduate preparation in nursing at the master's level with a generalist rather than specialist focus is viewed as requisite preparation for the CNE Director role. Specific content beyond the nursing major which should be studied included budgeting, marketing, program development and implementation, and educational and program evaluation. Content in educational administration is needed, either through graduate study or other course work, or through mentorship with experienced continuing nursing education administrators. Academic preparation in adult/continuing education is recommended, and is associated with the
perspective of having more influence than the average director on the institutional level.

CNE Directors are obtaining doctoral preparation for their role, and highest degree was found to be significantly associated with the perspectives of having influence at three levels of CNE policy decision making, with the greatest difference between master's and doctoral preparation being associated with influence on the national level. The pursuit of the doctorate by these leaders is an indication that they are complying with traditional tenure criteria of their institutions, and will therefore have the qualifications to hold academic rank and seek tenure. This approach may well contribute the most to their gaining increased acceptance within their institutions.

The Directors reported that continuing education opportunities were few and far between. They recommended that these opportunities be increased, preferably by a regional distribution of programs, and recommended that content include knowledge and skill in business management as well as administration and program development and evaluation. From the data can be identified a specific curriculum for both formal and continuing education courses for CNE Directors.

(b) Strategies for maintaining competence. CNE Directors utilize reading and peer consultation for
purposes of maintaining competency, and attendance at professional meetings for purposes of improving administrative competence. Content areas of education needed after moving into the role included business management skills such as budgeting and marketing, educational administration and adult education theory. It is interesting to note that the CNE Directors did not choose systematic continuing education to improve their competence for their roles. Rather, they used consultation with peers and journal reading for such purposes. These data may suggest that continuing education activities are an appropriate strategy to increase competence only for certain levels of professionals, or do not lend themselves as well to certain types of content.

(c) Experiential preparation. The CNE Directors reported having had less experience for their roles than their predecessors, but were not asked to describe the experiential differences. As a group the Directors moved into CNE from a faculty position in a baccalaureate nursing program and, excluding the two subjects who were not nurses, all had direct care experience in nursing. Half had supervisory and administrative experience in a direct care setting as well. Those who had had staff development experience recommended that preparation for persons aspiring to the role. This is congruent with the overall recommendation that a CNE Director have a sound
knowledge of nursing, that s/he know nurses.

The data from this study would support the assumption that a diverse experiential background which includes some nursing practice and nursing education experience will serve a CNE Director well as preparation for the role. However, the skills related to the business management aspects of the role were emphasized as needed by CNE Directors once in the role, and for those who aspire to the role at a future time. Two of the CNE Directors were not nurses, and had business management backgrounds. The question could be asked whether the role holder is more effective with a master's in nursing and business management preparation in addition, or whether or not the CNE Director needs to be a nurse at all. In fact, budgeting and marketing skills seem to be a requirement for the units' survival in institutions under conditions of retrenchment, of financial exigency.

A theoretical framework for CNE practice is emerging which links the concepts drawn from adult education and educational administration theory and practice with those of nursing. It would seem desirable to maintain a balance between having skills necessary to operate a cost-effective educational enterprise and operating an educationally effective one which serves the practice needs of professional nurses. However, on the basis of the data from this study, one cannot conclude that only a nurse could be effective in
that regard.

(d) **Affect of Age.** There are some age-associated differences among the CNE Directors. The older Directors also have the most years of experience in CNE practice. In this study a significant relationship was found between age and national influence. The proficiency category of conceptual skills as well as those of administration and research were rated as more important by older directors than by younger ones. In her study of nurse influencers, Vance (1977) found that 77% of the influencers were over fifty years of age. The CNE Directors as a group are perhaps entering the most influential 'season' of their careers, the phase in which the potential for them to be viewed as influential is the greatest. In fact, three of Dr. Vance' sample were continuing nursing education practitioners, and several of the Directors in the older age group have already been honored by peers through membership in the prestigious American Academy of Nursing. Others have been honored through awares given by various state and regional education organizations of considerable stature.

(e) **Organizational context.** Most of the Directors work in decentralized systems, where nursing has control over the educational aspects of the continuing education enterprise whether or not it is also responsible for such activities as marketing and on-site implementation of
courses as well. Sparks suggested from a survey of the organizational contexts of university and college CNE units that the press to make CNE fiscally self-sufficient may be compatible only with centralized continuing professional education in the institution, that decentralized systems including nursing units cannot generate revenues sufficient to cover the overhead and personnel costs required to maintain quality education activities (1981). While the data from the present study do not support Sparks' conclusion, they do support the claim that CNE units must be self-sufficient, cost effective, to survive. From this study no clear advantage to centralized or decentralized is identified. A combination of structural arrangements may more effectively serve the needs of the continuing nursing education administration enterprise.

The decentralized organizational relationship provides necessary control by nursing over the content of the educational activities, but may well contribute to the overload of a typically one-person operation. That is, the Directors are trying to implement their programming by themselves, sometimes with only a half-time secretary to complement their efforts. For CNE to be effective, programming must not only be of high quality but also timely. To respond to needs in a timely way, the CNE Director needs to have vision, but also sufficient personnel and other resources to implement ideas generated. Institutions
with large staff may have them because of external funding, or because of real growth. Newer units may not be able to afford more than one staff member plus a shared secretary, and yet such limited personnel almost preclude the ability of the unit to grow in response to an identified need.

It may be that organizational leaders are putting too much energy into the debate about centralization/decen­
tralization. Scammerhorn and colleagues interviewed academic program administrators regarding future organization and qualifications for positional leaders. In addition to listing management skills, organizational models, finance, budget and faculty relations as requisite skill categories, Scammerhorn et al report that the combination of expanded programs and highly specialized actors will require reorgan­ization along more decentralized lines (1981, p. 12). Gordon concludes

Regardless of organizational form, the successful continuing education program serves the university and community alike through active involvement of faculty, staff, and students in planning and implementing activities across the whole range of university competence and community need. (Gordon, 1981, p. 198)

There is a need for more resources to guide the practice of CNE directors and their staff, yet one-third of the directors (38%) have not written even one article, and 78% have not written, edited or co-authored a book. It can be suggested that, as the majority are running a "one-
person show", they have difficulty setting aside the time
necessary for writing. Encouragement must be systematic and even institutionalized for sharing practice knowledge and experience between these directors by means of professional publications, as well as in person during professional meetings.

f. Influence. The CNE Directors, when comparing themselves to the average CNE Director, perceived themselves as having more influence at the institutional level and successively less influence at state and national levels of policy affecting CNE than the average Director. A significant association was found between doctoral preparation and age, and influence at the national level. As a group the Directors perceived themselves as having the same influence on policy decisions within the School of Nursing as the administrators of the other units (e.g. undergraduate, graduate). Do the Directors lack knowledge about the real context of their counterparts in other organizations? If they had more information, would they perceive their influence to be at least equal to the other directors at state and national levels?

The directors' perceptions of their own influence may well be connected with job satisfactions and frustrations. The sources of job frustration cannot be determined from the data. However, from knowledge of the field in general it can be posited that job frustration comes from the aspects of the environment over which the CNE
Director has no influence, and which have an impact on his/her practice (e.g. competition from increasingly sophisticated and financially secure commercial providers; changes in accreditation policies; continuing definitional dilemmas).

This population could be assisted to prepare to influence the field. They could receive workshops on assertive behavior related to obtaining organizational positions and commensurate titles which would contribute to the delivery of quality continuing nursing education. In this way they could attain positions of potential influence in the school of nursing. Content about power and influence and experiential learnings around typical problem situations for CNE Directors' practice could be included in professional meetings and annual conferences. Strengthening and expanding the networks between Directors could also contribute to their perspective of influence.

(g) Proficiencies for CNE Administrators. As a group, the Directors ordered the proficiency categories with personal skills as being the most important, followed by theoretical understandings, administrative skills, conceptual skills, program development skills and research skills. Although the field of CNE and CPE seem to emphasize practice over theoretical framework development, the CNE Directors rated theoretical proficiencies higher
than program development. Even with the positive rating of theoretical and conceptual categories, the data did not measure the Directors' ability or patience for the time-consuming task of solving definitional problems for the field (e.g. What is CE? What is it not?).

The listing of proficiencies is congruent with the managerial competence frameworks of others, such as Katz (1974) where human relations, technical and conceptual skills were the requisites for the administrator. Internal validity was established for the proficiency rating scale. However, a measure of the positional leaders' ability to perform the proficiencies was not obtained. The scale could be used with this population again, for purposes of self-rating. It could also be given to the superiors of the Directors for them to use in rating the Directors' performance. From deficits identified could be designed continuing professional education programs for the Directors, either for formal or non-credit course work, or independent study and internships, thereby contributing to the total available continuing education for these leaders.

(h) Mentoring. The importance of mentorship to the development of nurse scholars has been recognized and described (May, 1982). Mentorship is valued by the CNE Directors, yet they do not engage in it to the extent expected. In her study of nurse influentials, Vance (1977) reported that 83% of the nurses reported having been mentored...
and 93% were mentoring others at the time of the study. Although 115 (86% of the CNE Directors believed mentorship to be important for the advancement of the field, only 51 (39%) reported they are currently a mentor to someone in the field. This discrepancy may be explained in several ways. First, it may be that the directors view mentoring as something that others do to them, or have done for them, rather than perceiving themselves as mentors of others. Second, the directors may not have had the opportunity or do not feel prepared to serve as a mentor to others. As mentoring is not merely a matter of having expertise one is willing to share with another, mentorship may well be an appropriate area for program development for this population.

Of those directors who indicated they were mentor to someone, the individual was frequently a staff development educator. This could well serve to bring the field together at a point of philosophical as well as operational difference. Perhaps it is the colleagueship and thinking through from different perspectives which will contribute to the solution of the definitional problem related to staff development and continuing education, and to the collaboration instead of competition between educational and service settings.

The founders of the field of continuing nursing education have for many years mentored those who came after them. In spite of critical comments by younger participants
when these seasoned colleagues appeared on annual meeting agendas with regularity, it was their continued participation which contributed to the development of the next generation of positional leaders in the field, and to the expansion of opportunities for their development, including publications and mentorship by these senior colleagues. At the risk of omitting persons who could be similarly recognized, it is appropriate here to mention the continuing contribution of Signe Skott Cooper, whose recent book, *The Practice of Continuing Education in Nursing* (1983), is her fourth major work in the field, and whose administrative style is one of conscientious mentoring of others. Dr. Jean Schweer has served as a mentor for others new to the field of practice for many years, and recently designed a self-directed study opportunity for colleagues who want to develop or build their administrative skills for continuing nursing education practice under the guidance of an experienced peer. This program will serve as a model of leadership development in continuing nursing education for many years to come.

**Recommendations**

The current positional leaders for continuing nursing education report they are educationally and experientially prepared for their roles, and identified strategies and content areas around which to design continuing professional education programs which will contribute to their own
development, and that of others who aspire to the CNE Director role. Their work provides a mixture of satisfaction and frustration as they face daily a highly political marketplace for continuing nursing education from their positions of authority and responsibility in higher education institutions faced with fiscal exigency. There is need to go beyond this data base and explore further the skills of these administrators, and the organizational variables related to their practice, as they seek to deliver quality continuing nursing education to practicing professionals. The following recommendations are made in keeping with the above belief, and are presented in three sections: Initial Preparation; Ongoing Development; and Research Considerations.

Ongoing Development:

1. Data are sufficient to recommend the development of formal preparatory programs for persons aspiring to the CNE Director role which will contribute to their interpersonal effectiveness and their ability to wield power (Strother & Klus, 1980). The CNE Director will need to be prepared as an adult educator as well as a generalist clinician. Electives in philosophy of education, adult learning theory and principles, program design, implementation and evaluation, and courses in administration which will prepare the students in budgeting, marketing, and administrative strategies necessary to cope with the
organizational uncertainty of their settings.

2. **Ongoing Preparation:** The CNE Director is a positional leader. The theoretical framework of Cartwright (1965) equates leadership with the domain of influence. Katz and Kahn (1966) also saw leadership as influence, and as the very heart of an organization's capacity for goal attainment and growth. The current positional leaders for CNE must be supported in their roles, and assisted to develop in such ways as will support the development of theoretical frameworks for practice and of successors whom current leaders can serve as mentors.

3. **Research Considerations:** Recommendations for further research include:

   a. Determining the relationship between the leader profiles and the "effectiveness" of the continuing nursing education offerings they design and implement.

   b. Refining the proficiency rating instrument and have both CNE Directors and their superiors rate the Directors' performance on those proficiencies.

   c. Comparing the perceived influence of the positional leaders at three levels with their superiors' perspective of their influence at the three levels of policy decision making affecting continuing nursing education.
d. Linking the leader profile data with organizational context data, and the data on the impact of continuing nursing education upon practice. From patterns that may emerge, design further research to study the relationships between leader characteristics, organizational variables, and impact variables.

e. Replicating the study with other populations of continuing education leaders (e.g. staff development directors; university-based providers; and providers in commercial companies) so as to compare the profile across types of providers.

f. Determining desirable combinations of leader characteristics and organizational variables in terms of program effectiveness.

g. Comparing findings with those from studies of women managers and administrators, as well as studies of educational leaders in general.

h. Investigating further the operationalization of "centralized" and "decentralized" in relation to the advantages and disadvantages accrued by the continuing nursing education unit.

i. Conducting a study to determine the relationship between the CNE Directors' perspective of their influence and actual influence, intended and unintended. Positional leaders in organizations have legitimate authority to influence the behavior of others in the name of goal
attainment. Subordinates' response to the positional leader would be a part of the research design.
APPENDIX A

Cover letter, CNE Directors
Dear Director of Continuing Nursing Education,

I am conducting a study to establish a profile of the academic leadership of continuing nursing education in colleges and universities in the United States. The profile will provide a data base from which recommendations can be made as to the initial preparation and continuing professional development of such persons, and which can be compared to profiles of other categories of educational administrators.

The target population for the research is the universe of persons designated as administratively responsible for continuing nursing education in state-approved schools of nursing. As no roster of such persons is available, I may not have been able to address this to you personally, and may have asked the assistance of the dean or director of your school of nursing to see that this survey reached you. I apologize for any impersonalness you may have experienced as a result.

Please complete the enclosed questionnaire immediately and return it to me in the stamped envelope provided. The questionnaire is coded for follow-up purposes only. Your responses will remain confidential, as the data will be handled as group data. However, it would seem valuable for practitioners of continuing nursing education in higher education institutions to have access to a roster of the academic leaders. Therefore, I would like you to consider giving your consent to being listed by name, position title and institution on the roster of survey respondents within the report of this research, as Dr. Connie Vance did with nurse influencers in her 1977 study. The last page of the questionnaire asks specifically for this consent.

I would be glad to provide you a summary of the completed study if you will enclose a self-addressed business envelope with this questionnaire. I realize that this request is reaching you at a busy period in the academic year, but respectfully request your return of the questionnaire within one week of its receipt.

Sincerely yours,

Mary Beth Strauss, R.N., M.N.
Academic Faculty of Educational Administration
The Ohio State University
APPENDIX B

Cover Letter, Dean or Director,

School of Nursing
Dear Director,

I am conducting a study to establish a profile of the academic leadership for continuing nursing education in colleges and universities in the United States. My target population for the research is the universe of persons designated as administratively responsible for continuing nursing education in state-approved schools of nursing. As no roster is available of the continuing education units and their designated administrative heads in our schools of nursing, I am asking that you, as the Director of your School of Nursing, assist me.

Please see that the enclosed letter and questionnaire reaches the designated administrative head of continuing nursing education activities in your School of Nursing. This person may be a faculty member who assumes such responsibility on a part-time basis, or a person designated as director or coordinator of continuing nursing education on a full or part-time basis.

It may be that your School has no such activities at this time. If that is the case, please so indicate in the space provided below and return this letter and the questionnaire to me in the envelope provided. As I am attempting to compile a national profile, it is important that I hear from you.

I sincerely appreciate your assistance, without which this research could not be conducted.

Sincerely,

Mary Beth Strauss, R.N., M.N.
Doctoral candidate
Academic Faculty of Educational Administration

Date ______________________

Our school of Nursing has no continuing nursing education activities at this time.

______________________________
Signature

______________________________
School of Nursing
APPENDIX C

Follow-up Card to CNE Directors
May 1, 1982

Dear Colleague:

Last month you should have received a questionnaire to complete as the person administratively responsible for continuing nursing education at your institution. To date I have not heard from you. I am writing to ask you to complete the survey at this time and return it to me in the envelope provided. Your assistance is sincerely appreciated.

Mary Beth Strauss, R.N., M.N.
The Ohio State University
29 West Woodruff, 301 Ramseyer Hall
Columbus, Ohio 43210
APPENDIX D

Study Questionnaire
SURVEY OF DIRECTORS OF CONTINUING NURSING EDUCATION

INSTRUCTIONS: Throughout the questionnaire different formats of questions are used. In general you should CIRCLE the number of the response you select.

Part I: Personal Data

1. Your age:
   a. Less than 30 years
   b. Between 31 and 40 years
   c. Between 41 and 50 years
   d. Between 51 and 60 years
   e. Between 61 and 65 years
   f. Over 65

2. Your sex: a. Female b. Male

3. Your race or ethnic background:
   a. American Indian
   b. Black/Afro-American
   c. Hispanic
   d. Oriental
   e. White
   f. Other (please specify)

4. Your current marital status:
   a. Never married
   b. Married
   c. Separated or Divorced
   d. Widowed

5. If married, your spouse's occupation: __________________________

6. Number of children for whom you have had responsibility:
   a. 0
   b. 1
   c. 2
   d. 3
   e. 4 or more

7. Were you considered a leader in high school? a. Yes b. No

8. Were you considered a leader in college? a. Yes b. No

Part II: Career Development

Please recall your career path to your present position.

9. What was your basic educational degree in Nursing, and received from what institution?
   Degree from
   a. Diploma ____________________________
   b. Associate ___________________________
   c. Baccalaureate ________________________
10. What was your next educational degree and received from what institution?

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Baccalaureate</td>
<td>from _________</td>
</tr>
<tr>
<td>b. Master's</td>
<td>from _________</td>
</tr>
<tr>
<td>c. Other:</td>
<td>from _________</td>
</tr>
</tbody>
</table>

11. If you hold a master's degree, circle which credentials apply and state your major field of study.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major field of study was:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. M.N.</td>
<td>______________________</td>
</tr>
<tr>
<td>b. M.S.</td>
<td>______________________</td>
</tr>
<tr>
<td>c. M.S.N.</td>
<td>______________________</td>
</tr>
<tr>
<td>d. M.A.</td>
<td>______________________</td>
</tr>
</tbody>
</table>

12. If you hold a doctorate, circle which credentials apply and state your major field of study.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major field of study was:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. D.N.Sc.</td>
<td>______________________</td>
</tr>
<tr>
<td>b. Ed.D.</td>
<td>______________________</td>
</tr>
<tr>
<td>c. Ph.D.</td>
<td>______________________</td>
</tr>
</tbody>
</table>

13. If you are currently enrolled in a degree program, please specify the nature of that program: ________________________________

14. Which of the following describe your academic preparation in adult/continuing education? (Circle ALL that apply)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. None</td>
</tr>
<tr>
<td>b. Self-study</td>
</tr>
<tr>
<td>c. Non-credit course work</td>
</tr>
<tr>
<td>d. Part-time course work, degree-related</td>
</tr>
<tr>
<td>e. Full-time course work, degree-related</td>
</tr>
<tr>
<td>f. Hold degree in adult/continuing education</td>
</tr>
<tr>
<td>g. Other:_____________________________</td>
</tr>
</tbody>
</table>

15. Which of the following describe your academic preparation in educational administration? (Circle ALL that apply.)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. None</td>
</tr>
<tr>
<td>b. Self-study</td>
</tr>
<tr>
<td>c. Non-credit course work</td>
</tr>
<tr>
<td>d. Part-time course work, degree-related</td>
</tr>
<tr>
<td>e. Full-time course work, degree-related</td>
</tr>
<tr>
<td>f. Hold degree in educational administration</td>
</tr>
<tr>
<td>g. Other:_________________________________________</td>
</tr>
</tbody>
</table>

16. How adequate was your formal education in preparing you for your current position?

<table>
<thead>
<tr>
<th>Adequacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Very adequate</td>
</tr>
<tr>
<td>b. Adequate</td>
</tr>
<tr>
<td>c. Minimally adequate</td>
</tr>
<tr>
<td>d. Inadequate</td>
</tr>
</tbody>
</table>

17. Is there any formal education you did not have that would have been particularly helpful to you in your current role?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>Please describe:</td>
</tr>
<tr>
<td>b. No</td>
<td></td>
</tr>
</tbody>
</table>
18. Had you known the need for the above area(s) of education prior to taking your current position, from what source(s) would you have obtained such preparation? (Circle ALL that apply.)
   a. From an experienced peer
   b. From graduate study in: ________________________________
   c. From continuing education in: ____________________________
   d. Other: _______________________________________________

19. If you were to advise a colleague aspiring to a position similar to yours, what recommendations would you make concerning educational preparation for the position?

20. How would you describe the educational preparation of your predecessor in the role?
   a. I am the first person to serve in this role.
   b. Had less educational preparation for the role than I.
   c. Had more educational preparation for the role than I.
   d. Preparation was about equal to my preparation for the role.

21. What is the total number of years you have spent as a registered nurse? _____years

22. Of the total number of years in nursing practice (excluding years in nursing education),
   a. how many of these years were spent in giving direct nursing care? _____years
   b. how many of these years were in supervision? _____years
   c. how many of these years were in nursing service administration (other than supervision)? _____years

23. Of the total number of years in nursing education (excluding continuing education), how many of these years were spent
   a. on faculty in diploma program _____years
   b. on faculty in associate degree program _____years
   c. on faculty in baccalaureate program _____years
   d. as member of a graduate faculty _____years
   e. in an inservice/staff development position _____years
   f. on state nurses' association staff _____years
   g. Other (please be specific): ________________________ _____years

24. How many years have you been employed specifically in continuing nursing education? _____years

25. How many of these years in continuing nursing education have been within a university/college school of nursing? _____years
26. Please PRINT in the space provided the TITLE of the position you held immediately prior to assuming your current role in continuing nursing education.

Title of previous position

27. How adequate were your previous professional experiences in preparing you for your current position?
   a. Very adequate
   b. Adequate
   c. Minimally adequate
   d. Inadequate

28. Are there any professional experiences you did not have that would have been particularly helpful to you in your current role?
   a. Yes Please describe:
   b. No

29. If you were to advise a colleague aspiring to a position similar to yours, what work experience(s) would you recommend?

30. How would you describe the experiential preparation of your predecessor in the role?
   a. I am the first person to serve in this role.
   b. Had less experience for the role than I.
   c. Had more experience for the role than I.
   d. Preparation was about equal to my preparation for the role.

31. Some people believe the presence of a mentor (someone who serves as a career role model and who actively advises, guides, and promotes one's career/training) makes a difference in a person's career development.

Has a mentor been important to your career development?
   a. Yes
   b. No

32. If a mentor has been important to you, how would you describe that person? (Circle ALL that apply.)
   a. Female
   b. Male
   c. Employed in continuing nursing education.
   d. Employed in continuing education in general, not nursing
   e. Holds position similar to mine in another institution
   f. Retired from career in continuing nursing education
   g. Has moved to higher position of administrative responsibility but formerly occupied position similar to mine.
   h. Other descriptors (please list) ____________________________
33. In your opinion, how important is mentorship to the development of leaders in continuing nursing education?
   a. Very important
   b. Important
   c. Minimally important
   d. Unimportant

34. Are you a mentor to anyone in the field of continuing nursing education at this time?
   a. Yes Please describe:
   b. No

35. How many journal articles have you published to date?
   a. 0   b. 1-5   c. 6-10   d. More than 10

36. How many books have you written, edited or co-authored to date?
   a. 0   b. 1   c. 2   d. 3 or more

37. How many grant proposals have you written or co-authored to date?
   a. 0   b. 1-2   c. 3-4   d. 5 or more

38. How many chapters in edited books have you contributed to date?
   a. 0   b. 1-2   c. 3-4   d. 5 or more

39. How many days do you typically spend per year in paid consulting?
   a. 0   b. 1-10   c. 11-20   d. 21 or more

40. Do you serve as a member of an editorial review board?
   a. Yes Please list the journal(s): ______________________
   b. No

41. Please list any major awards or honors you have received to date in your professional career (e.g. Academy Fellow, Sigma Theta Tau, etc.).

42. What professional journals do you use on a regular basis for the purpose of keeping current in the field of continuing education? (Circle ALL that apply; add others.)
   a. Mobius
   b. Journal of Continuing Education in Nursing
   c. Adult Education
   d. Lifelong Learning
   e. Continuum
   f. Other: ________________________________
43. What activities did you utilize in the past year for the purpose of keeping your general knowledge of the field of continuing education up to date? (Circle ALL that apply; add others.)
   a. Self-study
   b. Attended professional meetings
   c. Enrolled in credit course(s) in college or university
   d. Enrolled in non-credit course(s) in college or university
   e. Sought formal peer consultation
   f. Attended one or more short-term offerings related to the practice of continuing education in general
   g. Other: ___________________________________________________

44. What specific activities did you utilize during the past year for the purpose of improving your competence as an administrator of continuing education? (Circle ALL that apply; add others.)
   a. Attended professional meetings
   b. Attended short term offerings(s) on a specific dimension of continuing education practice
   c. Enrolled in credit course in college or university
   d. Enrolled in non-credit course in college or university
   e. Sought formal peer consultation
   f. Arranged professional internship with expert in the field
   g. Other: ___________________________________________________

45. In your opinion, are the continuing education opportunities for persons in your position adequate?
   a. Yes
   b. No

46. If no, in what areas would you recommend that these opportunities be expanded?

47. The following list of twenty characteristics have been used to describe persons in leadership positions. Circle five which are most descriptive of you.
   a. Aggressive k. Independent
   b. Analytical l. Invites criticism
   c. Attention to details m. Nurturant
   d. Caring n. Patient
   e. Competitive o. Person-oriented
   f. Decisive p. Sensitive to needs of others
   g. Expressive q. Tolerant of ambiguity
   h. Flexible r. Task-oriented
   i. Forceful s. Understanding
   j. Gentle t. Willing to take risks

48. From the same list, select the five which you believe are most important characteristics for the director of continuing nursing education to possess, placing the letter of each word you select beside the numbers below.
   1.____  2.____  3.____  4.____  5.____
The following nine questions refer to your membership in national, state and local professional associations. You are asked either to write the names of organizations, or to circle the appropriate number response.

49. List up to five NATIONAL professional associations to which you belong. (These need NOT be limited to nursing organizations.)
   a. __________________________________________
   b. __________________________________________
   c. __________________________________________
   d. __________________________________________
   e. __________________________________________

50. In how many of the national associations have you held a PAST elected office or committee appointment?
   a. 1   b. 2   c. 3   d. 4   e. 5

51. In how many of the national associations do you hold a CURRENT elected office or committee appointment?
   a. 1   b. 2   c. 3   d. 4   e. 5

52. List up to five STATE professional associations to which you belong. (These need NOT be limited to nursing organizations.)
   a. __________________________________________
   b. __________________________________________
   c. __________________________________________
   d. __________________________________________
   e. __________________________________________

53. In how many of the state associations have you held a PAST elected office or committee appointment?
   a. 1   b. 2   c. 3   d. 4   e. 5

54. In how many of the state associations do you hold a CURRENT elected office or committee appointment?
   a. 1   b. 2   d. 3   d. 4   e. 5
55. List up to five LOCAL professional associations to which you belong. (These need NOT be limited to nursing organizations.)
   a. 
   b. 
   c. 
   d. 
   e. 

56. In how many of the local professional associations have you held a PAST elected office or committee appointment?
   a. 1  b. 2  c. 3  d. 4  e. 5

57. In how many of the local associations do you hold a CURRENT elected office or committee appointment?
   a. 1  b. 2  c. 3  d. 4  e. 5

Part III: Organizational Context for Continuing Nursing Education

58. Your institution is:
   a. Public
   b. Private

59. Does the institution have specific stated goals and objectives for continuing professional education?
   a. Yes
   b. No

60. Which of the following best describes the organizational structure for the delivery of your continuing nursing education offerings?
   a. Centralized administratively at college/university level with content input from School of Nursing faculty for offerings being designed for a nurse audience.
   b. School of Nursing has a separate unit for administration and delivery of continuing nursing education.
   c. School of Nursing has no formal structure for continuing nursing education activities, forming committees on an ad hoc basis for such planning and delivery.
   d. Other (Please describe) ____________________________

61. Does the School of Nursing have specific stated goals and objectives for its continuing nursing education mission?
   a. Yes
   b. No
62. What is the TITLE of your current position?
   a. Coordinator, Continuing (Nursing) Education
   b. Assistant or Associate Dean, Continuing (Nursing) Education
   c. Dean, Continuing (Nursing) Education
   d. Director, Continuing (Nursing) Education
   e. Other: ____________________________

63. Who is your immediate superior?
   a. Department chairperson
   b. Dean or Director of School of Nursing
   c. Other: ____________________________

64. How many years have you been employed in this position? ___ years

65. How were you identified as a candidate for the position? (Circle ALL that apply.)
   a. I actively sought the position.
   b. I was recommended for the position.
   c. I was assigned the responsibilities as part of my faculty role because of expressed interest on my part.
   d. I was assigned without my consent.
   e. I was in the right place at the right time.
   f. Other: ___________________________________________

66. Is your position a tenured or tenure-accruing one?
   a. Tenured
   b. Tenure-accruing
   c. Non-tenure accruing

67. What is your current academic rank?
   a. Instructor
   b. Assistant professor
   c. Associate professor
   d. Professor
   e. I do not hold academic rank.

68. Which of the following best describes your position?
   a. Full-time faculty only
   b. Full-time administrator only
   c. Full-time position which is part-time faculty and part-time administrator
   d. Part-time administrator only
   e. Part-time faculty only
   f. Other: ____________________________

69. What type of appointment do you have?
   a. 12 month appointment
   b. 9 month appointment
   c. 9 month appointment with additional 3 months contract negotiated annually
   d. Other: ____________________________
70. What is your annual salary range (excluding consultant fees, royalties, etc.)?
   a. Less than $15,000
e. $23,000 - $25,999
   b. $15,000 - $17,999   f. $26,000 - $29,999
   c. $18,000 - $19,999   g. $30,000 - $34,999
   d. $20,000 - $22,999   h. $35,000 or more

71. Not counting yourself or persons you employ to teach offerings, how many persons are employed on the continuing nursing education staff in the following categories?
   Full-time: ____persons
   Part-time: ____persons

72. Is your continuing nursing education enterprise accredited or approved under ANA's continuing nursing education accreditation system?
   a. Yes
   b. No
   c. If No, will you seek such accreditation or approval in the future? yes no

73. Is continuing education participation a legal requirement for nurse licensure in your state?
   a. Yes
   b. No

74. In your opinion, should continuing education participation be a requirement for registered nurse relicensure?
   a. Yes
   b. No

75. Of the following categories of educational offerings, which does your continuing education unit provide? (Circle ALL that apply.)
   a. Non-credit offerings (CEU's or contact hours awarded)
   b. Credit (non-degree) courses
   c. Credit courses, degree-related

76. How many continuing education offerings does your unit present annually for registered nurses?
   a. 10 or less
c. 21 - 30
e. 41 - 50
   b. 11 - 20
d. 31 - 40
f. 51 or more

77. How many registered nurses annually enroll in continuing education offerings presented by your unit?
   a. 100 or less
c. 501 - 1,000
e. 2,001-3,000
   b. 101 - 500
d. 1,001 - 2,000
f. 3,000 or more
78. Are you expected to teach credit courses in the degree program(s) on a regular basis?
   a. Yes If yes, what is your expected load?
   b. No

79. Are you expected to teach continuing education offerings on a regular basis?
   a. Yes If yes, what is your typical teaching load?
   b. No

80. Are you personally engaged in the implementation of funded research?
   a. Yes Title/Subject: ______________________________________
   b. No

81. How would you describe the degree of agreement between you and the School of Nursing administration on the goals and objectives of the continuing nursing education enterprise for the School?
   a. High agreement
   b. Moderate agreement
   c. Some agreement
   d. Low agreement

82. How would you describe the degree of agreement between you and the School of Nursing faculty on the goals and objectives of the continuing nursing education enterprise for the School?
   a. High agreement
   b. Moderate agreement
   c. Some agreement
   d. Low agreement

83. Is there an advisory committee for the continuing education activities of the School of Nursing?
   a. Yes
   b. No

84. Is your continuing education enterprise fiscally self-supporting?
   a. Yes
   b. No

85. On which of the following sources of funds does your School's continuing nursing education efforts depend? (Circle ALL that apply.)
   a. Tuition/registration fees
   b. State funding
   c. Federal funding
   d. Educational contracts with service agencies
   e. Private foundations
   f. Other: _____________________________________________
86. How would you describe your position in relation to other administrative positions in the School of Nursing?
   a. Have just as much influence.
   b. Have about the same amount of influence.
   c. Have less influence than most of them.

87. Compared to your perception of the average director of continuing nursing education based in a college or university, how much influence do you have over national-level policy making that affects continuing nursing education?
   a. Less than average influence.
   b. About the same influence as others.
   c. More than average influence.

88. Compared to the same standard, how much influence do you have over policy decisions regarding continuing nursing education made by your local or state nurses' association?
   a. Less than average influence.
   b. About the same influence as others.
   c. More than average influence.

89. Compared to the same standard, how much influence do you have over institution-wide policies that affect continuing nursing education?
   a. Less than average influence.
   b. About the same influence.
   c. More than average influence.

90. Which statement describes your feeling toward your current position?
   a. Highly satisfying to me personally.
   b. I enjoy it most of the time.
   c. Equally satisfying and frustrating.
   d. I'm frustrated most of the time.
   e. Highly frustrating to me personally.

91. At this time of economic hardship for higher education institutions, which of the following best describes your continuing education unit's relationship to the parent institution?
   a. Organizationally integrated and secure
   b. Organizationally marginal and in jeopardy
   c. Other: _____________________________________________________

92. If you had it to do over again, would you still become a director of continuing nursing education?
   a. Yes
   b. No

93. How much longer do you plan to remain in your position?
   a. Leaving after this year
   b. 1 - 3 years
   c. 4 - 6 years
   d. 7 or more years
INSTRUCTIONS: Although not stated in behavioral form, the following is a set of proposed proficiencies for persons administratively responsible for continuing education. Please rate each statement according to its importance for the role of director of continuing nursing education in the college or university setting. CIRCLE the appropriate number from the row to the right of each statement. (★1 = very important; ★5 = Not important).

### Statements

<table>
<thead>
<tr>
<th>Statements</th>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>94. Theoretical Understandings</td>
<td></td>
</tr>
<tr>
<td>a. Understands the relationship of the continuing education enterprise to the larger institution.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>b. Understands the impact of societal contexts/issues/trends upon continuing education.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>c. Understands similarities/differences between program providers.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>d. Understands roles/responsibilities of adults.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>e. Understands adult development in relation to stages of the lifespan.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>f. Understands adult learning theory.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>95. Conceptual Skills</td>
<td></td>
</tr>
<tr>
<td>a. Contributes to the solution of definitional dilemmas in the field of continuing nursing education.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>b. Contributes to the development of conceptual/theoretical frameworks for continuing nursing education practice in colleges and universities.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
<tr>
<td>c. Contributes to identification of unique mission for continuing nursing education in colleges and universities.</td>
<td>Very 1 2 3 4 5 Not Important</td>
</tr>
</tbody>
</table>
96. Personal Qualities

a. Exhibits enthusiasm about work which generates enthusiasm for lifelong learning in others.  
   Very 1 2 3 4 5 Not Important

b. Is able to win cooperation and decrease competition.  
   Very 1 2 3 4 5 Not Important

c. Has a sense of direction or mission.  
   Very 1 2 3 4 5 Not Important

d. Establishes rapport with variety of people.  
   Very 1 2 3 4 5 Not Important

e. Is committed to enhancing personal proficiencies over lifespan.  
   Very 1 2 3 4 5 Not Important

97. Administrative Skills

a. Acquires and allocates necessary resources for continuing education unit.  
   Very 1 2 3 4 5 Not Important

b. Selects and develops personnel.  
   Very 1 2 3 4 5 Not Important

c. Provides leadership necessary to facilitate staff satisfaction and productivity.  
   Very 1 2 3 4 5 Not Important

d. Attracts and retains adult participants for continuing education enterprise.  
   Very 1 2 3 4 5 Not Important

98. Program Development Skills

a. Demonstrates competence in needs assessment  
   Very 1 2 3 4 5 Not Important

b. Demonstrates competence in analysis of contextual resources  
   Very 1 2 3 4 5 Not Important

c. Demonstrates competence in selection of learning objectives  
   Very 1 2 3 4 5 Not Important

d. Demonstrates competence in selection and organization of learning activities  
   Very 1 2 3 4 5 Not Important

e. Demonstrates competence in program evaluation.  
   Very 1 2 3 4 5 Not Important
99. Research Skills

a. Communicates practitioner concerns to researchers as input to research planning.  
   Very 1 2 3 4 5 Not Important

b. Facilitates use and application of completed research to continuing nursing education practice.  
   Very 1 2 3 4 5 Not Important

c. Adapts relevant research findings to local planning and decision making.  
   Very 1 2 3 4 5 Not Important

d. Generates propositions for testing through research.  
   Very 1 2 3 4 5 Not Important

* * * * *

You have completed the questionnaire. Thank you VERY much for your assistance. Please return this questionnaire immediately in the stamped envelope provided to:

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If you consent to being listed in the report of this research by name, title and institutional affiliation, please sign below and complete the information requested.

Signature

Title

Institution

Street Address

City State Zipcode

Please check here if you would like to receive a summary of the completed research, and enclose a self-addressed business envelope.
APPENDIX E

Cover Letter - Pilot Study
Dear Director of Continuing Nursing Education,

I am conducting a study to establish a profile of the academic leadership of continuing nursing education in colleges and universities in the United States. You have been selected specifically to pretest the survey instrument. I regret that I am unable to address this to you personally, as no roster of these persons is available.

The target population for the research is the universe of persons designated as administratively responsible for continuing nursing education in state-approved schools of nursing. The profile will provide a data base from which recommendations can be made as to the initial preparation and continuing professional development of directors of continuing nursing education in higher education institutions, and which can be compared to profiles of other categories of educational administrators.

Please complete the enclosed questionnaire and Comment Form immediately, and return them to me in the stamped envelope provided. Your suggestions will be most helpful. The questionnaire is coded for follow-up purposes only. Confidentiality for you and your school is assured.

I would be glad to provide you a summary of the completed study, if you will provide your title and mailing address where indicated on the questionnaire.

I realize that this request is reaching you at a busy period in the academic year, but respectfully request your assistance at this time with this phase of my research.

Sincerely yours,

Mary Beth Strauss

Mary Beth Strauss, R.N., M.N.
Doctoral candidate
Academic Faculty of Educational Administration

Enclosures: Questionnaire
Comment Form
Return Envelope
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