RELATIONSHIP OF SPECIFIED CHARACTERISTICS OF REGISTERED NURSES IN TEXAS TO THEIR SUPPORT OF THE PROFESSIONAL NURSING PRACTICE ACT AND SELECTED CLAUSES

DISSERTATION

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This study purposed to determine Registered Nurses' levels of knowledge and support of the Professional Nursing Practice Act considered by the Sixty-fifth Texas Legislature. A random sample, consisting of one per cent of the Registered Nurses in Texas, was mailed a questionnaire to determine their levels of knowledge of the proposed Professional Nursing Practice Act, their support of the Act as a whole and of particular clauses in it, and their levels of professional activities and of professional preparation. Also, the respondents' levels of participation in continuing nursing education were determined. For data analysis, the t test was applied to three hypotheses, while the other hypotheses were tested by the Chi-square.

It was found that more knowledge of the Professional Nursing Practice Act was shown by Registered Nurses who participate in continuing nursing education than by those who do not participate and by Registered Nurses holding baccalaureate degrees, rather than by Registered Nurses holding diplomas or associate degrees. Registered Nurses currently
employed in nursing have more knowledge than Registered Nurses not employed, although the difference in the mean scores was not found to be significant. Registered Nurses having levels of knowledge regarding the Nursing Practice Act above the mean were not found to be more professionally active than those scoring below the mean.

The Act was supported by Registered Nurses who participated in continuing nursing education more than by Registered Nurses who did not participate, and by nurses who were professionally active more than by nurses not professionally active. Registered Nurses holding baccalaureate degrees did not support the Act more than nurses having associate degrees or diplomas in nursing. The Act was supported nearly equally by Registered Nurses employed in nursing and not currently employed in nursing although the difference was not significant.

The mandatory continuing education section of the Act was supported more by Registered Nurses who participated in continuing nursing education than by Registered Nurses who did not participate and more by nurses who were professionally active than by those not professionally active. Almost equal proportions of nurses employed or not currently employed in nursing supported the mandatory continuing education clause. Registered Nurses with baccalaureate degrees showed greater support of the mandatory continuing education clause than did
nurses with diplomas, while nurses with associate degrees showed more support than did those with baccalaureate degrees.

Overall, fifty-eight per cent of the Registered Nurses sampled were in favor of the proposed Professional Nursing Practice Act, twenty-three per cent of the nurses were opposed to it, and nineteen per cent of the nurses were undecided.

According to the findings previously described, it may be concluded that many Registered Nurses participate infrequently in continuing nursing education programs. If the proposed Act had been passed during this session of the Texas Legislature, most Registered Nurses licensed in Texas would have been required to change their levels of participation when regulations regarding continuing education were implemented, no later than January 1, 1982.

It may be further concluded that Registered Nurses lacked sufficient knowledge about the Act that was proposed in 1977. Both comments made by respondents and answers to specific questions in the questionnaire pointed to this conclusion.

Another conclusion may be that Registered Nurses make little effort to influence the course of the legislation. Whether they supported or opposed the proposed Professional Nursing Practice Act, it would seem to be more desirable for them to have contacted their legislators about the Act.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
</table>

| Chapter | 
|---------|------|
| I. INTRODUCTION, PROBLEM STATEMENT, PURPOSES, HYPOTHESES, BACKGROUND AND SIGNIFICANCE, DEFINITION | 1 |
| Introduction | 
| Problem Statement | 
| Purposes | 
| Hypotheses | 
| Background and Significance of Study | 
| Definitions | 

| II. REVIEW OF LITERATURE | 10 |

| III. METHODOLOGY | 28 |
| Subjects | 
| Instrument | 
| Collections Procedures | 
| Time Period | 
| Data Analysis | 

| IV. DATA ANALYSIS | 35 |
| Demography | 
| Continuing Nursing Education Related to Knowledge of Act | 
| Continuing Nursing Education Related to Support of Act | 
| Continuing Nursing Education Related to Support of Mandatory Continuing Education Clause | 
| Professional Activities of Respondents Related to Knowledge of Act | 
| Professional Activities Related to Support of Act | 
| Professional Activity of Registered Nurses Related to Their Support of Mandatory Continuing Education Clause | 
| Employment and Knowledge of Act | 
| Employment and Support of Act |
Employment and Support of Mandatory Continuing Education Clause
Basic Nursing Education and Knowledge of Act
Basic Nursing Education and Support of Act
Basic Nursing Education and Support of Mandatory Continuing Education Clause
Comparison of Selected Clauses
Discussion of Respondents' Comments

V. SUMMARY, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS

Summary of Findings
Conclusions and Implications
Recommendations for Further Study

APPENDIX A
APPENDIX B
APPENDIX C
APPENDIX D
APPENDIX E
BIBLIOGRAPHY
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Ages of All Registered Nurses Licensed in Texas as Compared to Ages of Registered Nurses Responding in this Study.</td>
<td>36</td>
</tr>
<tr>
<td>II. Employment Settings of Registered Nurses Licensed in Texas as Compared to Employment Settings of Respondents in this Study.</td>
<td>37</td>
</tr>
<tr>
<td>III. Length of Experience in Nursing Profession as Shown by Years of Nursing Experience Reported by Nurses Responding.</td>
<td>38</td>
</tr>
<tr>
<td>IV. Basic Nursing Education of Registered Nurses in Texas as Compared to Basic Nursing Education of Registered Nurses Responding to this Study.</td>
<td>39</td>
</tr>
<tr>
<td>V. Registered Nurses' Levels of Knowledge of the Proposed Nursing Practice Act, by Participation in Continuing Nursing Education.</td>
<td>40</td>
</tr>
<tr>
<td>VI. Registered Nurses' Support of Proposed Nursing Practice Act, by Participation in Continuing Nursing Education.</td>
<td>41</td>
</tr>
<tr>
<td>VII. Registered Nurses' Support of Mandatory Continuing Education Clause in Proposed Nursing Practice Act, by Participation in Continuing Nursing Education.</td>
<td>43</td>
</tr>
<tr>
<td>VIII. Registered Nurses' Levels of Knowledge of the Proposed Nursing Practice Act, by Professional Activities.</td>
<td>45</td>
</tr>
<tr>
<td>IX. Registered Nurses' Levels of Support of Proposed Nursing Practice Act, by Professional Activities.</td>
<td>48</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>X.</td>
<td>Registered Nurses' Levels of Support of Mandatory Continuing Education Clause in Proposed Nursing Practice Act, by Specified Levels of Professional Activity</td>
</tr>
<tr>
<td>XI.</td>
<td>Registered Nurses' Levels of Knowledge of Proposed Nursing Practice Act, by Current Employment</td>
</tr>
<tr>
<td>XII.</td>
<td>Registered Nurses' Support of Proposed Nursing Practice Act, by Current Employment</td>
</tr>
<tr>
<td>XIII.</td>
<td>Registered Nurses' Support of Mandatory Continuing Education Clause in Proposed Nursing Practice Act, by Current Employment</td>
</tr>
<tr>
<td>XIV.</td>
<td>Registered Nurses' Knowledge of Proposed Nursing Practice Act, by Basic Nursing Education</td>
</tr>
<tr>
<td>XV.</td>
<td>Registered Nurses' Levels of Support of Proposed Nursing Practice Act, by Basic Nursing Education</td>
</tr>
<tr>
<td>XVI.</td>
<td>Registered Nurses' Levels of Support of Mandatory Continuing Education Clause, by Basic Nursing Education</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION, PROBLEM STATEMENT, PURPOSES, HYPOTHESES, BACKGROUND AND SIGNIFICANCE, DEFINITIONS

Introduction

The Sixty-fifth Texas Legislature considered House Bill 594/Senate Bill 392, the Professional Nursing Practice Act. While assuring the continued administration of a system of licensure for professional nurses and the accreditation of professional nursing educational programs, the bill aimed at updating the practice of professional nursing in Texas in several ways. Some of its more important content included a clear definition of professional nursing, the phase-in of a continuing education program to update skills for re-licensure, and a provision for the recognition of specialists, such as nurse anesthetists (4, 6).

Concomitantly, the issue of mandated continuing education is becoming a frequent topic of discussion among professional nurses. Proposals for institutional licensure and mandatory continuing education for re-licensure are causing Registered Nurses to focus on continuing education as a useful and necessary vehicle for upgrading their profession.

States which have already legislated mandatory continuing education for re-licensure include California, New Mexico,
New Hampshire, Colorado, South Dakota, and Minnesota (1, p. 1250; 5, p. 20). Their respective requirements go into effect at various times from 1975 to 1979. The legislation considered in Texas would have authorized the Texas Board for Professional Nursing to develop a system of continuing education for re-licensure to be implemented no later than January 1, 1982. This bill failed to pass the Sixty-fifth Legislative Session, but the support for the changes proposed in the bill appears to be strong enough in the nursing profession in Texas to assure that efforts will be made to pass similar legislation in the next session of the Legislature.

Problem Statement

The problem of this study was to ascertain and report certain knowledge about and attitudes toward the proposed Professional Nursing Practice Act for state regulation of the nursing profession expressed by selected categories of Registered Nurses in Texas, with particular regard to the Act's provisions for mandatory continuing education.

Purposes

1. To compare the knowledge and levels of support of the proposed Professional Nursing Practice Act of Registered Nurses in Texas who attend or who do not attend continuing nursing education programs.
2. To determine if there is a positive relationship between participation in continuing education and knowledge of and support of the proposed Professional Nursing Practice Act.

3. To compare the knowledge of and levels of support for the proposed Professional Nursing Practice Act of Registered Nurses in Texas who participate at different levels in certain professional activities other than continuing nursing education programs.

4. To determine if there is a positive relationship between participation in certain professional activities other than continuing nursing education programs and knowledge of and support for the proposed Professional Nursing Practice Act.

5. To compare the knowledge of and levels of support for the proposed Professional Nursing Practice Act of Registered Nurses in Texas according to their employment in nursing.

6. To determine if there is a positive relationship between employment in nursing and knowledge of and support for the proposed Professional Nursing Practice Act.

7. To compare the knowledge of and levels of support for the proposed Professional Nursing Practice Act of Registered Nurses in Texas by nurses who have a Bachelor of Science in Nursing degree, a diploma, or an associate degree in nursing.
8. To determine if there is a positive relationship between Registered Nurses' basic nursing education and their knowledge of and support for the proposed Professional Nursing Practice Act.

9. To draw conclusions and make recommendations for the utilization of the results of the study.

Hypotheses

1. Registered Nurses who participate in continuing nursing education are more likely than Registered Nurses who do not participate in continuing nursing education to
   a. have greater knowledge of the proposed Professional Nursing Practice Act,
   b. support the proposed Professional Nursing Practice Act,
   c. support the mandatory continuing education clause of the proposed Professional Nursing Practice Act.

2. Registered Nurses who are professionally active are more likely than Registered Nurses who are not professionally active to
   a. have more knowledge of the proposed Professional Nursing Practice Act,
   b. support the proposed Professional Nursing Practice Act,
   c. support the mandatory continuing education clause in the proposed Professional Nursing Practice Act.
3. Registered Nurses presently employed in nursing are more likely than Registered Nurses not presently employed in nursing to
   a. have more knowledge of the proposed Professional Nursing Practice Act,
   b. support the proposed Professional Nursing Practice Act,
   c. support the mandatory continuing education clause in the proposed Professional Nursing Practice Act.

4. Registered Nurses holding Bachelor of Science in Nursing degrees are more likely than Registered Nurses holding diplomas of nursing or associate degrees in nursing to
   a. have more knowledge of the proposed Professional Nursing Practice Act,
   b. support the proposed Professional Nursing Practice Act,
   c. support the mandatory continuing education clause in the proposed Professional Nursing Practice Act.

Background and Significance of the Study

The practice of Registered Nurses in Texas is currently controlled by the Nurse Practice Act passed in 1923. The current law does not define professional nursing, gives very little power to the Board of Nurse Examiners for the State
of Texas to enforce provisions of the Act, and makes no provision for continuing education after a nurse's initial licensure.

The Sixty-fifth Texas Legislature considered a revised Professional Nursing Practice Act which was promoted, in its original draft, to remedy the deficiencies just mentioned. The Texas Nurses Association and Texas League for Nursing supported the proposed Act and expended great efforts to educate Registered Nurses in the State about the Act and to involve them in influencing legislators to pass the Act. Fewer than one-half of Texas Registered Nurses belong to these two organizations, however, and many may not be knowledgeable about the proposed Act.

Further, formal continuing education for nurses has been implemented only recently. For example, the Texas Nurses Association's Continuing Education Approval Recognition Program (CEARP) was initiated in 1973 and is entirely voluntary. Again, fewer than one-half of Texas Registered Nurses participate in this program (7).

The possibility exists that many Registered Nurses in Texas were uninformed about the proposed Professional Nursing Practice Act. Since so few Registered Nurses participate in continuing education programs, it is possible that they would not support even the concept of continuing nursing education; and, therefore, they would not support the
mandatory continuing education clause in the Act now being considered.

The aim of this study was to determine the actual knowledge Registered Nurses had about the proposed Act and to determine their levels of support for the Act, particularly its mandatory continuing education provision. The findings could be used to determine what groups of Registered Nurses need more knowledge of the Act and what Registered Nurses need further education as to the importance of the Act's provisions in regard to the profession of nursing.

Definitions

For the purposes of this study, the following definitions are given:

Registered Nurse—a person who has passed the State Board Examinations given by the Board of Nurse Examiners for the State of Texas or by the official regulatory agency of another state.

Associate Degree in Nursing—degree awarded upon the successful completion of a prescribed two-year study of nursing, usually in a junior college setting.

Diploma in Nursing—diploma awarded upon the successful completion of a prescribed three-year course of study in nursing, usually in a hospital setting.

Bachelor of Science in Nursing—degree awarded upon the successful completion of a four-year (sometimes five-year)
prescribed course of study in nursing in a college or university setting.

Continuing education--any organized extension of opportunities for reading, study, and training for adults following their completion of or withdrawal from full-time school and college programs (2).

Professionally active--having recently engaged in such activities as writing letters to or otherwise contacting Texas Legislators regarding the proposed Professional Nursing Practice Act; participating in professional nursing organizations (holding offices or committee memberships, attending meetings); and reading professional journals regularly.

Program--the total set of procedures, instructional techniques, administrative arrangements, and purposes necessary for the bringing together of educational opportunity and an adult with a learning need (3, p. 42).
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF LITERATURE

Although it has long been a hallmark of a profession that its members further their own educations as they feel necessary, formal professional continuing education programs are relatively new in this society and are largely voluntary. The concept of continuing education is especially pertinent for professionals who graduate into a world where a college education soon becomes obsolete (16, 18). Public attention has now been drawn to the issue, however, and more informed citizens are demanding continuing education of many professionals, including Registered Nurses. For a profession to remain current in this changing, progressive society, formal continuing education programs are rapidly becoming a necessity (20).

Finch (11) has suggested that professional associations extend their research and development programs and consider new programs. Hesburgh has stated that

... efforts should be made to promote and improve continuing education for professional people through the use of special incentives... The principal purpose of continuing professional education is to help the practitioner maintain and improve his competence through continually updating his knowledge, skills, and attitudes (19, p. 27).
Focusing on the profession of nursing and on its needs for continuing education, it can be seen that one of the facts basic to a discussion of the need for continuing education is the three avenues of basic preparation open to a person who wishes to be allowed to take the state board examinations to become a Registered Nurse. The person can obtain a two-year associate degree in nursing, a three-year diploma from a hospital-based school of nursing, or a four-year baccalaureate degree in nursing. Although some studies have shown wide variations in skills and knowledge within each group of Registered Nurses, when grouped by the type of education as cited previously (13, 25, 28, 33, 36), other studies show variance between each of the groups (21, 32, 34, 43). These diverse backgrounds may lead indeed to significant differences in the initial levels of performance of Registered Nurses and, thus, to their respective needs for continued professional development.

In Allen's study of professionalism, the criteria of a profession include the functions of testing competence, maintaining standards, and establishing training opportunities (2). Continuing education is considered an important aspect of continued professionalism in most professions. Houle, writing of the concept of the necessity for continuing education for professional development, has stated,

The practicing professional needs to keep up with the new knowledge related to his profession.
The practicing professional needs to establish his mastery of the new conceptions of his own profession.

The practicing professional needs to continue his study of the basic disciplines which support his profession.

The practicing professional needs to grow as a person as well as a professional (22, pp. 263-264).

Charters has described some characteristics of continuing education for the professions. After initial certification or licensing, there are often no more legal requirements to be met, so participation in continuing education frequently is on a voluntary basis, although it is considered an integral part of professional education. The planning of learning activities based on a study of needs and making the learning activities both relevant and varied are other characteristics of continuing education for the professions. It is pointed out that changes in the nature of society are difficult to predict, so programs must be open-ended. Dimensions of professional quality which need to be considered are relevant philosophical issues and ethics, current technical developments, the balance of generalized versus specialized emphases, and inter-disciplinary approaches (7, pp. 489-491).

Professional associations generally play a significant role in encouraging and influencing continuing education. Their ways of participation are widely varied and may involve one or more of the following: accrediting bodies, program approval, sponsoring or co-sponsoring programs, providing funds, and analyzing needs (7, pp. 493-494). Jackson (24)
states that few professional organizations now attest to the level of performance of their members, either for entry to a career or for continued competence. Also, there is a basic disagreement among organizations regarding the role of continuing education. Some professional organizations take the position that mandatory continuing education is justified only if it directly improves one's ability to practice that profession or correlates positively with success on re-certification examinations. Jackson further stated that professional organizations generally have some method of approving or accrediting continuing education and frequently maintain systems with which to document members' individual participation in continuing education.

Knowles (29) states that professional organizations may approach continuing education activities in five ways. Associations may be committed to a particular message, and the attempt to deliver that message is their major objective. Acting as a sponsoring agency and sponsoring a particular method are other activities identified by Knowles. Other associations may cater to a specific clientele or to persons in a specific geographical location.

Health professions other than nursing assume responsibility for their own advancement and require various amounts of professional continuing education for re-certification, re-registration, specialized certification, or awards. These bodies include the American Academy of Family Practice,
Academy of General Dentistry, American Medical Association, American Osteopathic Association, and American Dietetic Association (5, p. 15). Medical societies in twelve states require physicians to participate in continuing education as a condition of membership (38, p. 10), and in pharmacy, thirteen states require continuing education as a condition of re-licensure (24, p. 153).

The institution of licensure for Registered Nurses and other professions was established primarily to protect consumers. Safe and effective health care is now seen as a right of all people; and, indeed, consumers of health care are becoming more aware and better informed. They are demanding quality care and professional competence--the ability of nurses to deliver first-class care. Also, aside from client expectations, Registered Nurses are both morally and legally responsible for the quality of care they provide (27).

More and more, as found in an overview of the articles in journals of nursing, Registered Nurses are aware of the degree of their accountability. They are sensitive to the current trends in health care that are affecting the Registered Nurses' roles and which are making continuing education even more desirable or necessary than it has been. A number of Registered Nurses state that such changes in their roles bring about the need for continuing education.

Several of these trends are easily discernible. First is the rapid proliferation of knowledge and increased
industrialization in this technically-oriented society which lead to rapid obsolescence of skills and knowledge. New solutions tend to bring about new problems, and increased mechanization leads to new nursing techniques to be studied and mastered.

Second, there are several specific issues in contemporary society with which Registered Nurses must deal, including organ transplants which sometimes rely on the legal definition of death. Some others are related to emergency life-saving measures, human sexuality, birth control, abortion, genetic counseling, drug abuse, developmental disabilities, and interpersonal relations. On a broader base, the issues include pollution, urbanization, overpopulation, and the increasing number of aged people.

The third trend is a maldistribution of health manpower which causes health care to be inaccessible to many people, especially rural residents and those of lower income groups. A high rate of geographical mobility also contributes to this problem and causes more discontinuity of the health care which is received.

The assumption by Registered Nurses of roles which formerly were considered those of physicians is a fourth trend. The emphasis is now being placed on primary (preventive) care as opposed to secondary (acute) care and to tertiary (rehabilitative) care. Nurses are participating more in community health services, and Health Maintenance
Organizations are being formed across the country to aid the efforts toward preventive care. Registered Nurses are being found more in extended roles, such as clinical nurse specialists.

The last trend is the increasing cost of health care which is bringing to public awareness gaps in the health care system. Medicare and Medicaid were instituted to aid the situation, and national health insurance looms on the horizon as another measure to decrease inequalities.

Nurses have traditionally been concerned with the quality of care they offer. Florence Nightingale, who opened the first formal training school for nurses, emphasized the need for continuing education throughout the nurse's life:

Let us never consider ourselves finished nurses . . . we must be learning all our lives (10, p. 19).

Nursing is a progressive art . . . A woman who thinks to herself, "Now I am a full nurse, a skilled nurse, I have learnt all there is to be learnt," take my word for it, she does not know what a nurse is and never will know. . . . Progress can never end but with a nurse's life (31, p. 3).

The attitudes and opinions of practicing nurses with regard to continuing education were studied by Skipper and King. Although the nurses stated they had enjoyed the continuing education programs they attended and some had subsequently entered formal education programs, few had increased their attendance at professional meetings. It was also found that the majority of the respondents disapproved of the government setting and enforcing standards
for continuing education for nurses. However, they did approve of the nursing profession's involvement and of the employing institution enforcing standards set by the government or by the profession (37).

Kubat studied correlates of professional obsolescence and concluded that

Nurses who were not members of the ANA, who did not read professional journals, who did not think that continuing education should be mandatory, and who did not think that keeping up with changes in nursing presented a major burden were not competent (30, p. 21).

That mandatory continuing nursing education appeared to make nurses more dependent on others by decreasing self-direction and self-motivation was a finding of Cooper. Professionals diagnose their own learning needs, assess resources available, and plan reasonable courses of action to improve their practice. With mandatory continuing nursing education, this process would not necessarily prevail and the nurses' professionalism might thus be reduced (9).

Flaherty agrees with this position and adds that many nurses already consider continuing education mandatory at the personal level and that most professionals prefer to be judged by their peers (12).

The same position was supported by Whitaker (42) who referred to the Code for Nurses, developed by the American Nurses Association, to reinforce the position. This code states, among other things, that the professional nurse maintains individual competence, accepts responsibility for
individual actions and judgments, and participates in upgrading standards of nursing practice (8).

A survey of literature concerning the relationship of continuing education to professional awareness revealed a significant study by Gross, who found that continuing education does help maintain the competence of practitioners. More specifically, it was found that

Compared to involuntary participants, voluntary participants were more active in professional associations, read a larger number of professional journals regularly, believed that continuing education was important to their careers, and they scored higher on both the professional attitudes and competence scales (17, p. 32).

Most importantly, a positive relationship was found between high participation in continuing education and highly professional attitudes toward the role of the professional. High professional attitudes were best accounted for by age, the perceived importance of continuing education to careers, the level of professional activities, continuing education participation, and professional journal reading.

Carney (6) found that orientation to change or non-change in a group of professionals is associated with value-interest orientations and with the category of institution from which one's education was gained. It was found that an orientation to non-change is not positively related to age.

A continuing education program called the "short term seminar" was studied by Baron (3). The study was based on
Krathwohl's idea that attitudes might be changed in a short period of time rather than slowly and painfully over a long period of time, as had been believed. Baron found that attitudes of participants changed during a short term seminar and that such change persisted at least over a thirty-day period. This position is supported by Rivera (35), who stated that changes in attitudes orientation could take place in a relatively short space of time, apparently due to such factors as political awareness and motivational enhancement, among others.

Formal educational attainment plays an important role in determining whether or not a person participates in adult/continuing education. Johnstone and Rivera (26) found that better educated adults were both more interested in learning and were more active in pursuing learning. Most participants had at least average and often above average education before entering any adult/continuing education programs. These findings were supported by Baron, who states that "The higher educated person is the one who participates most in continuing education" (4, p. 212).

Statistically significant relationships were found between participation in continuing education and perceived influence on job responsibility and quality of professional work in a study done by Allen (1). It was further found that many professionals were uninformed on key issues in continuing education.
Many professional nurses' associations are on record as supporting continuing nursing education, including the American Nurses Association, which has formed a Council on Continuing Education and an Academy of Nursing along with a certification program. One part of the certification process is a proficiency examination in one's area of specialization. The ANA has formally taken this stand:

Continuing education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care of the public (5, p. 11).

The National League for Nursing also supports continuing education. Its Board of Directors approved a statement which includes

1) a request for an intensified program to promote continuing education for all nursing personnel;
2) a reiteration of NLN's support of gradual implementation of mandatory continuing education and a decision that a task force be appointed to study how NLN would implement this goal;
3) goals for NLN involvement, including development of criteria and testing methods and interdisciplinary collaboration;

Some of the stated purposes of the Texas Nurses Association are to "... foster high standards of nursing practice, promote the professional and educational advancement of nurses to the end that all people may have better nursing care ..." (40, p. 2). Consonant with this purpose, TNA supported the recently proposed Professional Nursing Practice Act.
The proposed Act was still based, to some extent, on previous Nursing Practice Acts in Texas. The first Nurse Practice Act was enacted in 1909. It established a Board of Nurse Examiners, a licensing examination, and penalties for violation of the Act. The second Nursing Practice Act, passed in 1923, still did not define professional nursing. It did provide for an Educational Secretary, a per diem allowance for board members, and continued allowance of a "grandfather clause" and reciprocity. The 1923 Act initiated a provision for annual re-registration (14, 15).

In each of these Acts there was a clause permitting people to be hired to nurse the sick if they did not style themselves as Registered Nurses. This loophole, still in effect, has been of major concern to Texas Registered Nurses, as it lets anyone work as a nurse, regardless of her education or lack thereof and to subject her patients to any quality of "nursing" care. This was foremost in Registered Nurses' minds in 1969 when a revision to the Nurse Practice Act was passed. It appeared to restrict nursing to Registered Nurses, removing the previous permissiveness. However, the Act again left a large loophole in a clause on exceptions which permits nursing care to be given under the control or supervision of one licensed by the Texas State Board of Medical Examiners. Because of this, professional nursing acts are being performed by foreign nurses, nurse aids, etc., who are not educationally prepared or licensed for such duties (39, 41).
The 1969 Act did attempt to define professional nursing, stating: "... for the purposes of this Act as the performance for compensation of any nursing act ..." (41). The term "nursing act" was not further defined; thus, the definition clause was effectively compromised.

Other problems of the Board of Nurse Examiners include the lack of the authority to regulate the profession and its practitioners or to enjoin unauthorized and illegal practices. The regulatory authority delegated to the Board of Nurse Examiners is the most limited known to administrative law. The Board is unique among health care professional licensing agencies in that it has no authority to enjoin violations of the Act that created it. Even the Barbering Board and the Cosmetology Commission have the power of injunction (39).

The Act which was introduced would have contributed to the solving of the problems discussed here in that it clearly defined professional nursing and provided the Board of Nurse Examiners access to the judicial process for the enforcement of regulations. Exemptions listed in the proposed law appeared to close the loopholes to make this a mandatory statute. The proposed legislation would have also provided a definitive statement of responsibility for the employer and employee/Registered Nurse, provided for recognition of nurse specialists, and provided for a phase-in of continuing education programs to update skills for re-licensure (23).
The proposed Act would have benefited Texas citizens by assuring them that professional nursing is performed by those who have met State qualifications for practice and that professional nursing practice could be assumed to provide safe health care settings in Texas. Patients or clients needing nursing care and their families have no means of evaluating personally the quality of such services. The new Act would have provided a method to prevent and/or discontinue the unregulated practice of professional nursing in Texas (40).

If Registered Nurses are to be professional, they must be aware of the consequences of such legislation. To the extent that subjects in a random sample of Registered Nurses show ignorance of the bill, then that part of their continuing education dealing with awareness of current developments in the profession may be assumed to be lacking.
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CHAPTER III

METHODOLOGY

Subjects

The population of this study included all Registered Nurses licensed in Texas. The sample used consisted of one per cent of this population, or 640 Registered Nurses. The sample was selected in the following way. From the Roster of Registered Professional Nurses, published by the Board of Nurse Examiners for the State of Texas (1), a name on the first page was chosen in a random manner. Thereafter, every one hundredth name was taken as a subject.

Instrument

A survey instrument was developed to elicit the information required to test the hypotheses. It questioned the Registered Nurses regarding their levels of knowledge of the proposed Professional Nursing Practice Act, their support of the Act as a whole and of particular clauses in it, and their levels of professional activity and professional preparation (see Appendix A). Along with these, the respondents' levels of participation in continuing nursing education were determined. Demographic data were also elicited from the respondents. Specific inquiries were made regarding nursing
education, amount of nursing experience, ages, and employment settings. Copies of these questions are included in Appendix A.

Twenty of the questions included in the questionnaire were developed directly from the proposed Professional Nursing Practice Act in order to determine respondents' levels of knowledge regarding that Act. After possible questions were developed from that Act, a panel of expert Registered Nurses reviewed the proposed questionnaire. The panel was composed of five Registered Nurses, each of whom held a Master's Degree in nursing and had at least five years of experience in nursing. Their comments were incorporated where appropriate, so that face validity was assured. Face validity is also assured for the remaining questions which deal with demographic data and respondents' support or non-support of sections of the proposed Professional Nursing Practice Act. Validity has been defined as the extent to which an instrument actually measures what it seeks or purports to measure. Face validity, a type of validity, is based on an examination of the nature of the instrument (4, 6) and agreement by "experts" that it measures what it seeks to measure.

In order to test the reliability of Questions numbered Sixteen through Thirty-five, which tested respondents' knowledge of the proposed Professional Nursing Practice Act, those questions were subjected to an item analysis using the Kuder-Richardson Formula Twenty. This formula obtains
reliability coefficients of dichotomously scored items and is a measure of the internal consistency, or homogeneity, of the test material (3). This technique requires only a single administration of an examination and is appropriate for use on tests which attempt to measure the amount of knowledge rather than the speed with which an individual is able to respond (6). Reliability coefficients may have magnitudes ranging from zero to unity, and the minimum size of reliability coefficients that may be considered useful or acceptable depends on the purpose of the examination and on its intended use (6). The reliability coefficient obtained for this examination was 0.8397, which may be considered an acceptable level (2), as the purpose of this examination was to ascertain levels of respondents' previous knowledge and was not to test the effects of a particular treatment. Because reliability is a function of test length (3), the reliability coefficient was projected to a test length of one hundred items yielding a level of 0.9632, which approaches unity. A copy of the test analysis generated by application of the Kuder-Richardson Formula Twenty is found in Appendix C.

Collection Procedures

Six hundred forty questionnaires were mailed to Registered Nurses licensed in Texas. Of those 640 questionnaires, 411, or 64.2 per cent, were returned and used in the data analysis.
Respondents were not asked to sign the questionnaires, but a coding procedure was used to facilitate follow-up mailings. The code was destroyed after data collection was completed. A cover letter (see Appendix D) was sent with each questionnaire to explain the purposes of the study, the proposed use of the data collected, the confidentiality of the returns, and the importance of each person’s response. A self-addressed, stamped envelope was enclosed with each questionnaire for use in returning it.

Conditions under which the Registered Nurses completed the questionnaires were not controlled. Ultimately, the Legislature did not pass the Act, but data collection was completed prior to the end of the Legislative session.

**Time Period**

The first mailing of 640 questionnaires and cover letters netted a return rate of thirty-one per cent over a seventeen-day period. At that time, a follow-up mailing was instituted to include additional copies of the questionnaire, return envelopes, and new cover letters (see Appendix E) to emphasize the importance of each person’s return of the completed questionnaires. These were mailed to the sixty-nine per cent of the sample who had not responded and netted an additional return of 33.2 per cent of the total sample over an additional nineteen-day period. At that time, the predetermined necessary return rate of sixty per cent had been surpassed; therefore, data analysis was begun.
Data Analysis

For statistical comparison, the subjects were sorted into groups according to reported levels of

1. participation in continuing nursing education,
2. professional activities,
3. current employment,
4. basic nursing education.

Each of these groups was studied in terms of its members' knowledge of the proposed Professional Nursing Practice Act and of their support of the Act and of the clause in it regarding continuing nursing education.

The t test which is used to compare the means of two groups was applied to test Hypotheses One A, Two A, and Three A. If two sample means are far enough apart, the t test will yield a significant difference, thus permitting it to be concluded that the two populations probably do not have the same mean (5). The level of significance used was .05, which signified the point at which the significance probability of a result becomes so large that it is attributed to chance rather than to the research conditions (4). The .95 level of confidence is another statement of this point (5). All of the hypotheses were stated as research hypotheses which state that there is a difference between the populations being compared and are the opposite of null hypotheses. This study did consist of two groups of populations falling within the parameters of use as set by Huck (5).
As the remaining hypotheses were to be tested to show differences in group levels of participation in continuing nursing education, professional activities, current employment, and levels of basic nursing education, then the appropriate statistical formula was the Chi-square, a commonly used nonparametric test which is used when the number of responses fall in two or more categories and it is necessary to learn whether or not a significant difference exists between an observed number and an expected number of responses falling in each category designated by the researcher (5). The required level of significance used was again .05; if the calculated Chi-square value were greater than the critical value at the previously established level of significance, the research hypotheses would be accepted.
CHAPTER BIBLIOGRAPHY


2. Brookshire, William, Associate Professor, North Texas State University, interview with, Denton, Texas, July 21, 1977.


CHAPTER IV

DATA ANALYSIS

Demography

In order to determine whether the sample used in this study was representative of Registered Nurses licensed in Texas, demographic data were obtained from each respondent for comparison with statistics published by the Board of Nurse Examiners for the State of Texas (1, 2). Demographic data collected consisted of respondents' ages, employment settings, lengths of nursing experience, and basic nursing education.

Respondents' ages are presented in Table I. The ages are broken down into categories of 21-30, 31-40, 41-50, 51-60, and over 60. Data from the Board of Nurse Examiners were presented in a slightly different manner, as its categories were 20-29, 30-39, 40-49, 50-59, and 60 and over. By approximating the categories used by the Board and those of this study, it was found, with one exception, each category is within 4 percentage points of its approximate equivalent. The exception is in the 21-30 age category of this study, which is 15 per cent, while the 20-29 age category of the Board consists of 22 per cent. The category of below 21 in this study includes 1 per cent, which was included in the Board's 20-29 age range.
TABLE I

AGES OF ALL REGISTERED NURSES LICENSED IN TEXAS AS COMPARED TO AGES OF REGISTERED NURSES RESPONDING IN THIS STUDY

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percentage</th>
<th>Age</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 21</td>
<td>2</td>
<td>1</td>
<td>20-29</td>
<td>9,096</td>
<td>22</td>
</tr>
<tr>
<td>21-30</td>
<td>61</td>
<td>15</td>
<td>30-39</td>
<td>10,550</td>
<td>25</td>
</tr>
<tr>
<td>31-40</td>
<td>87</td>
<td>21</td>
<td>40-49</td>
<td>8,981</td>
<td>21</td>
</tr>
<tr>
<td>41-50</td>
<td>94</td>
<td>23</td>
<td>50-59</td>
<td>8,087</td>
<td>19</td>
</tr>
<tr>
<td>51-60</td>
<td>97</td>
<td>23</td>
<td>60 &amp; Over</td>
<td>5,552</td>
<td>13</td>
</tr>
<tr>
<td>Over 60</td>
<td>70</td>
<td>17</td>
<td>Totals</td>
<td>42,266</td>
<td>100</td>
</tr>
</tbody>
</table>

The age categories of 20-29 and 30-39, according to the Board of Nurse Examiners, included greater percentages of nurses than the categories of 21-30 and 31-40 used in the study, while the study's categories of 41-50, 51-60, and over 60 encompassed greater percentages of nurses than did the Board of Nurse Examiner's categories of 40-49, 50-59, and 60 and over. Although respondents in the study were consistently older, the extent was slight and is not considered significant.

Table II shows respondents' employment settings. The distribution corresponds closely with the data published by the Board of Nurse Examiners. In both cases, over 40 per cent of the Registered Nurses practice in hospital settings, while more than 20 per cent are not practicing professional nursing.
TABLE II
EMPLOYMENT SETTINGS OF REGISTERED NURSES LICENSED IN TEXAS AS COMPARED TO EMPLOYMENT SETTINGS OF RESPONDENTS IN THIS STUDY

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Respondents</th>
<th>Statistics From Board of Nurse Examiners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Hospital</td>
<td>164</td>
<td>40.0</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>20</td>
<td>4.9</td>
</tr>
<tr>
<td>School of Nursing</td>
<td>21</td>
<td>5.1</td>
</tr>
<tr>
<td>Private Duty</td>
<td>12</td>
<td>2.9</td>
</tr>
<tr>
<td>Public Health</td>
<td>15</td>
<td>3.6</td>
</tr>
<tr>
<td>School Nurse</td>
<td>30</td>
<td>7.3</td>
</tr>
<tr>
<td>Industrial Nurse</td>
<td>11</td>
<td>2.7</td>
</tr>
<tr>
<td>Office</td>
<td>30</td>
<td>7.3</td>
</tr>
<tr>
<td>Other (Nursing)</td>
<td>14</td>
<td>3.4</td>
</tr>
<tr>
<td>Outside Nursing</td>
<td>10</td>
<td>2.4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>84</td>
<td>20.4</td>
</tr>
<tr>
<td>Totals</td>
<td>411</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Other areas of employment include nursing homes, where 4.9 per cent of the respondents and 3.1 per cent of Registered Nurses statewide are employed. In schools of nursing, 5.1 per cent of the respondents and 3.2 per cent of nurses statewide are employed, while private duty nurses number 2.9 per cent in the study and 1.6 per cent over the state. Including 3.6 per cent of the respondents and 2.6 per cent of statewide nurses is the category of public health nursing. School nurses number 7.3 per cent in the study and 4.2 per cent statewide, and industrial nursing accounts for 2.7 per cent of the nurses in the study and for 1.6 per cent of all
Registered Nurses licensed in Texas. Last, office nursing employs 7.3 per cent of nurses in the study and 4.5 per cent of all Registered Nurses licensed in Texas.

Further demographic data consisted of the respondents' lengths of nursing experience as presented in Table III. Lengths of experience varied from one year or less (5.1 per cent) to over forty years (11.7 per cent). The modal category was 11-25 years experience, which included 26.3 per cent of the Registered Nurses. Data on length of nursing experience were not available from the Board of Nurse Examiners.

In Table IV it can be seen that this sample corresponded closely to the statewide distribution of Registered Nurses in regard to their basic nursing education. Respondents included 21 per cent holding the baccalaureate degree, 66 per cent holding the diploma, and 13 per cent holding the associate
TABLE IV
BASIC NURSING EDUCATION OF REGISTERED NURSES IN TEXAS AS COMPARED TO BASIC NURSING EDUCATION OF REGISTERED NURSES RESPONDING TO THIS STUDY

<table>
<thead>
<tr>
<th>Basic Nursing Education</th>
<th>Respondents</th>
<th>Statistics from Board of Nurse Examiners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>84</td>
<td>21</td>
</tr>
<tr>
<td>Diploma</td>
<td>276</td>
<td>66</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>Totals</td>
<td>411</td>
<td>100</td>
</tr>
</tbody>
</table>

degree, while statistics from the Board of Nurse Examiners showed that 22 per cent of the Registered Nurses licensed in Texas hold the baccalaureate degree, 64 per cent hold the diploma, and 14 per cent hold the associate degree. The greatest difference was 2 per cent found for Registered Nurses holding diplomas, while 1 per cent was the difference for Registered Nurses with baccalaureate degrees and with associate degrees.

Continuing Nursing Education Related to Knowledge of Act

Hypothesis One A stated that Registered Nurses who participated in continuing nursing education were more likely than Registered Nurses who did not participate in continuing nursing education to have more knowledge of the proposed
Professional Nursing Practice Act. Data regarding this hypothesis are presented in Table V.

**TABLE V**

REGISTERED NURSES' LEVELS OF KNOWLEDGE OF THE PROPOSED NURSING PRACTICE ACT, BY PARTICIPATION IN CONTINUING NURSING EDUCATION

<table>
<thead>
<tr>
<th>Level of Participation</th>
<th>Level of Knowledge</th>
<th>t</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{X} )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation (N=98)</td>
<td>13.01</td>
<td>34.2445</td>
<td>0.000</td>
</tr>
<tr>
<td>No Participation (N=313)</td>
<td>9.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S.D.</td>
<td>4.87</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p<.05

As the level \( p=0.000 \) was attained and a .05 level has been previously stated as the level of significance at which each hypothesis will be accepted, then this hypothesis is accepted. It may be concluded that Registered Nurses who participated in continuing nursing education were more likely than Registered Nurses who did not participate in continuing nursing education to have more knowledge of the proposed Professional Nursing Practice Act.

Continuing Nursing Education Related to Support of Act

Hypothesis One B stated that Registered Nurses who participated in continuing nursing education were more likely
than Registered Nurses who do not participate in continuing nursing education to support the proposed Professional Nursing Practice Act. Table VI presents the data gathered in regard to this hypothesis.

Data from the group of Registered Nurses who did not participate in continuing nursing education indicated that 28.7 per cent support the Act, 41.5 per cent did not support the Act, and 29.8 per cent were undecided about supporting the Act. Some participation was defined as the attendance of one to four continuing nursing education programs within the past year, and 210 Registered Nurses were in this category. In that group, 78.6 per cent supported the Act, 10.0 per cent did not support the Act, and 11.4 per cent were undecided about whether or not to support the Act. Thirty-six

TABLE VI

REGISTERED NURSES' SUPPORT OF PROPOSED NURSING PRACTICE ACT, BY PARTICIPATION IN CONTINUING NURSING EDUCATION

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>No Participation (N=164)</th>
<th>Some Participation (N=210)</th>
<th>High Participation (N=36)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Support Non-Support</td>
<td>47</td>
<td>28.7</td>
<td>165</td>
<td>78.6</td>
</tr>
<tr>
<td>Undecided</td>
<td>68</td>
<td>41.5</td>
<td>21</td>
<td>10.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>49</td>
<td>29.8</td>
<td>24</td>
<td>11.4</td>
</tr>
</tbody>
</table>

\[X^2 = 101, \text{ significant at } .05 \text{ level}\]
Registered Nurses were in the category of high participation, which was defined as attendance of five or more continuing nursing education programs in the past year. In this group, 72.2 per cent of the Registered Nurses supported the Act, 19.4 per cent did not support it, and 8.4 per cent were undecided.

Hypothesis One B is accepted as the obtained $X^2=101$ was significant at the critical value of 9.49. Therefore, it can be concluded that Registered Nurses who participated in continuing nursing education were more likely than Registered Nurses who did not participate in continuing nursing education to support the proposed Professional Nursing Practice Act.

Continuing Nursing Education Related to Support of Mandatory Continuing Education Clause

Hypothesis One C stated that Registered Nurses who participate in continuing nursing education are more likely than Registered Nurses who do not participate in continuing nursing education to support the mandatory continuing education clause of the proposed Professional Nursing Practice Act. Data dealing with this hypothesis appear in Table VII.

Within the group of Registered Nurses who did not participate in continuing nursing education, 46.3 per cent did not support the mandatory continuing education clause, while 25.0 per cent of the non-participants supported the clause and 28.7 per cent of the non-participants were undecided.


**TABLE VII**

Registered Nurses' Support of Mandatory Continuing Education Clause in Proposed Nursing Practice Act, by Participation in Continuing Nursing Education

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>No Participation (N=164)</th>
<th>Some Participation (N=210)</th>
<th>High Participation (N=36)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Support</td>
<td>41</td>
<td>25.0</td>
<td>153</td>
<td>72.9</td>
</tr>
<tr>
<td>Non-support</td>
<td>76</td>
<td>46.3</td>
<td>38</td>
<td>18.1</td>
</tr>
<tr>
<td>Undecided</td>
<td>47</td>
<td>28.7</td>
<td>19</td>
<td>9.0</td>
</tr>
</tbody>
</table>

X²=91, significant at .05 level

The group shown as having some participation consisted of 210 Registered Nurses who had attended one to four continuing nursing education programs in the past year. Within that group, 72.9 per cent of the Registered Nurses supported the clause, 18.1 per cent did not support the clause, and 9.0 per cent were undecided.

Within the high participation group, which included Registered Nurses who had attended five or more continuing nursing education programs in the past year, 75.0 per cent of the Registered Nurses supported the clause, 16.7 per cent did not support it, and 8.2 per cent were undecided.

Hypothesis One C is accepted, as X²=91, df=4, was significant at the critical value of 9.49. Therefore, it may be concluded that Registered Nurses who participated in
continuing nursing education were more likely than Registered Nurses who did not participate in continuing nursing education to support the mandatory continuing education clause of the proposed Professional Nursing Practice Act.

Professional Activities of Respondents as Related to Knowledge of Act

Hypothesis Two A states that Registered Nurses who are professionally active are more likely than Registered Nurses who are not professionally active to have more knowledge of the proposed Professional Nursing Practice Act. Professionally active, as defined for this study, consists of those activities recently engaged in by respondents such as:

1. writing letters to or otherwise contacting Texas Legislators regarding the proposed Professional Nursing Practice Act;
2. participating in professional nursing organizations (holding offices or committee memberships, attending meetings);
3. reading professional journals regularly.

Data for this hypothesis are presented in Table VIII.

For the activity of contacting Texas Legislators about the proposed Act, it was found that Registered Nurses who had a high level of knowledge about the Act (mean + 2 or more S. D. above mean) did contact the Legislators more frequently than Registered Nurses with lesser amounts of knowledge. However, the difference was not significant, as $X^2=11.1$, df=6, at the critical value of 12.59.
### TABLE VIII

REGISTERED NURSES' LEVELS OF KNOWLEDGE OF THE PROPOSED NURSING PRACTICE ACT, BY PROFESSIONAL ACTIVITIES

<table>
<thead>
<tr>
<th>Activities</th>
<th>Level of Knowledge*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean - 2</td>
</tr>
<tr>
<td></td>
<td>S. D.</td>
</tr>
<tr>
<td></td>
<td>#</td>
</tr>
<tr>
<td>Letters to Legislators</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>48</td>
</tr>
<tr>
<td>1-4</td>
<td>22</td>
</tr>
<tr>
<td>5+</td>
<td>3</td>
</tr>
<tr>
<td><strong>X² = 11.1</strong></td>
<td>73</td>
</tr>
<tr>
<td>Roles in Professional Organizations</td>
<td></td>
</tr>
<tr>
<td>Office/Committee</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>52</td>
</tr>
<tr>
<td>1-4</td>
<td>18</td>
</tr>
<tr>
<td>5+</td>
<td>3</td>
</tr>
<tr>
<td><strong>X² = 7.4</strong></td>
<td>73</td>
</tr>
<tr>
<td>Meetings</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>46</td>
</tr>
<tr>
<td>1-10</td>
<td>15</td>
</tr>
<tr>
<td>11+</td>
<td>12</td>
</tr>
<tr>
<td><strong>X² = 35.8</strong></td>
<td>73</td>
</tr>
<tr>
<td>Journals read</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>29</td>
</tr>
<tr>
<td>1-4</td>
<td>41</td>
</tr>
<tr>
<td>5+</td>
<td>3</td>
</tr>
<tr>
<td><strong>X² = 48.5</strong></td>
<td>73</td>
</tr>
</tbody>
</table>

*refers to scores on items #16-35 of questionnaire

**not significant at .05 level

***significant at .05 level
The next activity was that of roles taken in professional organizations, offices held or committee memberships held. Within each of the four levels of knowledge, fewer than one-half of the Registered Nurses held such positions. A higher percentage of Registered Nurses scoring mean + 1 S. D. on the test of knowledge of the Act was found to hold more of the positions than nurses making other scores. This section of the hypothesis was not acceptable, however, at the critical value of 12.59 as the obtained $X^2=7.4$, df=6.

The category of number of professional nursing organizations meetings attended in the past year was considered next. Over one-half of Registered Nurses having levels of knowledge above the mean were found to have attended professional meetings, while fewer than one-half of those scoring below the mean had attended such meetings. The difference was found to be significant as $X^2=35.8$, df=6, at the critical value of 12.59.

It was found that Registered Nurses in each of the four scoring categories read professional journals regularly. A greater percentage of nurses performed this activity than any of the other activities considered. Registered Nurses scoring in the highest knowledge range (mean + 2 or more S. D.) were found to read the greatest number of journals. The difference was significant at the critical value of 12.59, as the obtained $X^2=48.5$, df=6.
This hypothesis is not accepted entirely, in that although Registered Nurses who had levels of knowledge regarding the Nursing Practice Act above the mean score attended professional meetings and read professional journals to greater extents than did Registered Nurses who ranked below the mean score of knowledge regarding the proposed Act, those Registered Nurses with higher levels of knowledge did not contact legislators or assume roles in professional organizations to a more significant degree than did nurses with less knowledge about the Act.

Professional Activities Related to Support of Act

Hypothesis Two B stated that Registered Nurses who were professionally active were more likely than Registered Nurses who were not professionally active to support the proposed Professional Nursing Practice Act. Table IX presents data relating to this hypothesis.

In the category of number of letters written to Texas Legislators about the Act, 55.5 per cent of the Registered Nurses supporting the Act had written from one to four letters. Registered Nurses not supporting the Act or undecided had written few letters. Table IX shows that 76.0 per cent of the nurses not supporting the Act had written no letters, and 96.0 per cent of the nurses who were undecided had written no letters. Overall, the majority of Registered Nurses
TABLE IX

REGISTERED NURSES' LEVELS OF SUPPORT OF PROPOSED NURSING PRACTICE ACT, BY PROFESSIONAL ACTIVITIES

<table>
<thead>
<tr>
<th>Level of Activity</th>
<th>Support</th>
<th>Non-Support</th>
<th>Un-decided</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Letters to Legislators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>93</td>
<td>39.1</td>
<td>73</td>
<td>76.0</td>
</tr>
<tr>
<td>1-4</td>
<td>132</td>
<td>55.5</td>
<td>22</td>
<td>22.9</td>
</tr>
<tr>
<td>5+</td>
<td>13</td>
<td>5.4</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>X²=91.5*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles in Professional Organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office/Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>118</td>
<td>49.8</td>
<td>89</td>
<td>92.7</td>
</tr>
<tr>
<td>1-4</td>
<td>109</td>
<td>46.0</td>
<td>6</td>
<td>6.3</td>
</tr>
<tr>
<td>5+</td>
<td>10</td>
<td>4.2</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>X²=77*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>67</td>
<td>28.2</td>
<td>81</td>
<td>85.3</td>
</tr>
<tr>
<td>1-10</td>
<td>133</td>
<td>55.8</td>
<td>12</td>
<td>12.6</td>
</tr>
<tr>
<td>11+</td>
<td>38</td>
<td>16.0</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>X²=108*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journals Read</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>23</td>
<td>9.7</td>
<td>35</td>
<td>36.5</td>
</tr>
<tr>
<td>1-4</td>
<td>201</td>
<td>84.5</td>
<td>58</td>
<td>60.4</td>
</tr>
<tr>
<td>5+</td>
<td>14</td>
<td>5.9</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>X²=48*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*significant at .05 level
(58.1 per cent) had not written to the Legislators. These differences were significant as the obtained $X^2=91.5$, at the critical value of 9.49.

Sixty-six point nine per cent of Registered Nurses reported no leadership roles in professional organizations, identified as offices and/or committee memberships. Ninety-two point seven per cent of those not supporting the Act held no office, while 88.0 per cent of those undecided about the Act held no office. Within the category of those supporting the Act, 49.8 per cent held no position, but 46.0 per cent held from one to four positions. Only 2.9 per cent of the nurses in the study held five or more positions. As the obtained $X^2=77$, these differences were found to be significant at the critical value of 9.49.

Overall, 48.9 per cent of the nurses had attended no meetings in the past year, 41.1 per cent attended one to ten meetings, and 10.0 per cent had attended eleven or more meetings. More professional meetings were attended by Registered Nurses supporting the Act in that 55.8 per cent of those nurses had attended one to ten meetings within the past year. However, 28.2 per cent of the nurses stated support of the Act but had attended no meetings. Registered Nurses stating non-support included 14.7 per cent who had attended any number of meetings and 85.3 per cent who had attended no meetings. Those Registered Nurses undecided included 68.4 per cent who had attended no meetings and 31.6 per cent who had attended
meetings. These differences were significant at the critical value of 9.49, as $X^2=108$.

The last category within professional activities was the number of professional journals read regularly. Overall, 73.4 per cent of the nurses read one to four professional journals regularly. Registered nurses stating support of the Act included 84.5 per cent who read one to four journals regularly. One to four journals were also read regularly by the majority of nurses not supporting the Act (60.4 per cent) and by 55.3 per cent of nurses undecided about the Act. These differences are significant at the critical value of 9.49, as the obtained $X^2=48$.

On the basis of these data, the hypothesis that Registered Nurses supporting the Act contacted Legislators more frequently, held more roles in professional organizations, attended more professional meetings, and read professional journals regularly can be accepted.

Professional Activity of Registered Nurses Related to Their Support of Mandatory Continuing Education Clause

Hypothesis Two C stated that Registered Nurses who are professionally active are more likely than Registered Nurses who are not professionally active to support the mandatory continuing education clause in the proposed Professional
Nursing Practice Act. Data for this hypothesis are presented in Table X.

In the category of Registered Nurses who supported the mandatory continuing education clause in the proposed Act, it was found that, overall, 57.9 per cent of the nurses had written no letters to Legislators regarding the Act, 38.4 per cent had written one to four letters, and 3.4 per cent had written five or more letters. One to four letters were written to Texas Legislators regarding the Act by 54.3 per cent of nurses supporting the clause, while 40.3 per cent of the nurses stating support had not written any letters. Sixty-eight point three per cent of the nurses who did not support the Act had written no letters, while 30.0 per cent did not support it but had written one to four letters to Legislators. Nurses undecided and having written no letters numbered 98.2 per cent. These differences were found to be significant at the critical value of 9.49, as the obtained $X^2=77$. Roles taken in professional organizations included offices and/or committee memberships held. Overall, 66.9 per cent of the nurses held no positions, 30.2 per cent held one to four positions, and 2.9 held five or more positions. Of the Registered Nurses who supported the mandatory continuing education clause, 49.8 per cent held none of the positions and 45.7 per cent held one to four positions. Eighty-five per cent of those who did not support the clause held no
<table>
<thead>
<tr>
<th>Activities</th>
<th>Support</th>
<th>Non-support</th>
<th>Undecided</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Letters to Legislators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>89</td>
<td>40.3</td>
<td>82</td>
<td>68.3</td>
</tr>
<tr>
<td>1-4</td>
<td>120</td>
<td>54.3</td>
<td>36</td>
<td>30.0</td>
</tr>
<tr>
<td>5+</td>
<td>12</td>
<td>5.4</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>221</td>
<td>120</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>$x^2 = 77^*$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles in Professional Organizations Office/Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>110</td>
<td>49.8</td>
<td>102</td>
<td>85.0</td>
</tr>
<tr>
<td>1-4</td>
<td>101</td>
<td>45.7</td>
<td>16</td>
<td>13.3</td>
</tr>
<tr>
<td>5+</td>
<td>9</td>
<td>4.1</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>220</td>
<td>120</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>$x^2 = 65^*$</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Meetings</td>
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<td></td>
</tr>
<tr>
<td>None</td>
<td>60</td>
<td>27.1</td>
<td>90</td>
<td>75.0</td>
</tr>
<tr>
<td>1-10</td>
<td>124</td>
<td>56.1</td>
<td>25</td>
<td>20.8</td>
</tr>
<tr>
<td>11+</td>
<td>37</td>
<td>16.7</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>221</td>
<td>118</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>$x^2 = 213^*$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journals Read</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>19</td>
<td>8.6</td>
<td>40</td>
<td>33.3</td>
</tr>
<tr>
<td>1-4</td>
<td>188</td>
<td>85.1</td>
<td>78</td>
<td>65.0</td>
</tr>
<tr>
<td>5+</td>
<td>14</td>
<td>6.3</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>221</td>
<td>120</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>$x^2 = 63^*$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at .05 level
positions, and no positions were held by 88.4 per cent of the nurses who were undecided about the mandatory continuing education clause. The $X^2=65$ indicated significant difference at the critical value of 9.49.

Of the number of professional meetings attended in the past year, 48.9 per cent of the Registered Nurses had attended no meetings, 41.1 per cent had attended one to ten meetings, and 10.0 per cent attended eleven or more meetings. Of the nurses supporting the mandatory continuing education clause, 72.8 per cent were nurses who had attended one or more meetings during the past year. Of the nurses not supporting the clause, 75 per cent attended no meetings; and 72.5 per cent of the undecided nurses attended no meetings. The differences are significant at the critical value of 9.49 as $X^2=63$.

In regard to professional journals read regularly, 73.4 per cent of Registered Nurses in the sample read one to four journals, while 22.5 per cent read none and 4.1 per cent read five or more. One to four journals were read regularly by nurses in each of the following groups: nurses supporting the mandatory continuing education clause (85.1 per cent), those not supporting it (65.0 per cent), and those undecided (50.7 per cent). Significant at the critical value of 9.49 are $X^2=63$, df=4.

On the basis of these data, Hypothesis Two C is accepted, as Registered Nurses supporting the mandatory continuing
education clause participated in more professional activities than those who did not support the clause. These activities include writing letters to Legislators, holding roles in professional organizations, attending professional meetings, and reading professional journals regularly.

Employment and Knowledge of Act

Hypothesis Three A stated that Registered Nurses presently employed in nursing are more likely than Registered Nurses not presently employed in nursing to have more knowledge of the proposed Professional Nursing Practice Act. Table XI presents data concerning this hypothesis.

TABLE XI

REGISTERED NURSES' LEVELS OF KNOWLEDGE OF PROPOSED NURSING PRACTICE ACT, BY CURRENT EMPLOYMENT

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Knowledge Level*</th>
<th>t</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{X} )</td>
<td>S. D.</td>
<td></td>
</tr>
<tr>
<td>Currently employed in nursing</td>
<td>10.75</td>
<td>5.19</td>
<td>2.0528</td>
</tr>
<tr>
<td>Not currently employed in nursing</td>
<td>9.93</td>
<td>3.89</td>
<td></td>
</tr>
</tbody>
</table>

*refers to scores on items #16-35 of questionnaire
**p=N.S.

Hypothesis Three A cannot be accepted as \( p=0.1526 \), and, therefore, it can be concluded that Registered Nurses presently
employed in nursing are not more likely than Registered Nurses not presently employed in nursing to have more knowledge of the proposed Professional Nursing Practice Act.

Employment and Support of Act

Hypothesis Three B stated that Registered Nurses presently employed in nursing are more likely than Registered Nurses not presently employed in nursing to support the proposed Professional Nursing Practice Act. Table XII presents data concerning this hypothesis.

TABLE XII

REGISTERED NURSES' SUPPORT OF PROPOSED NURSING PRACTICE ACT, BY CURRENT EMPLOYMENT

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Currently Employed in Nursing (N=317)</th>
<th>Not Currently Employed in Nursing (N=92)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Support</td>
<td>169</td>
<td>53.3</td>
<td>67</td>
</tr>
<tr>
<td>Non-support</td>
<td>85</td>
<td>26.8</td>
<td>11</td>
</tr>
<tr>
<td>Undecided</td>
<td>63</td>
<td>19.9</td>
<td>14</td>
</tr>
</tbody>
</table>

X² = 13.68*

*significant at .05 level

In this case, the Act is supported by Registered Nurses both employed in and not employed in nursing, or by a total of 57.7 per cent of the nurses in the sample. Of Registered
Nurses currently employed in nursing, 53.3 per cent supported the Act, 26.8 per cent did not support it, and 19.9 per cent were undecided. Of those not employed, 72.8 per cent supported the Act, 12.0 per cent did not support it, and 15.2 per cent were undecided about whether or not to support the Act.

This hypothesis cannot be accepted. It was found that a greater percentage of Registered Nurses not currently employed in nursing than of Registered Nurses currently employed in nursing supported the proposed Professional Nursing Practice Act. The obtained $X^2=13.68$ was significant at the critical value of 5.99.

Employment and Support of Mandatory Continuing Education Clause

Hypothesis Three C stated that Registered Nurses presently employed in nursing were more likely than Registered Nurses not presently employed in nursing to support the mandatory continuing education clause in the proposed Professional Nursing Practice Act. Table XIII presents data related to this hypothesis.

Of the total Registered Nurses in the sample, 53.8 per cent supported the mandatory continuing education clause. Slightly more than 29 per cent of nurses did not support this clause, and 16.9 per cent were undecided about it. Nurses who were currently employed in nursing included 52.7 per
cent who supported the clause, and 57.6 per cent of nurses not currently employed in nursing supported it.

**TABLE XIII**

**REGISTERED NURSES' SUPPORT OF MANDATORY CONTINUING EDUCATION CLAUSE IN PROPOSED NURSING PRACTICE ACT, BY CURRENT EMPLOYMENT**

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Currently Employed in Nursing (N=317)</th>
<th>Not Currently Employed in Nursing (N=92)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Support</td>
<td>167</td>
<td>52.7</td>
<td>53</td>
</tr>
<tr>
<td>Non-support</td>
<td>93</td>
<td>29.3</td>
<td>27</td>
</tr>
<tr>
<td>Undecided</td>
<td>57</td>
<td>18.0</td>
<td>12</td>
</tr>
</tbody>
</table>

\( X^2 = 7.04^* \)

*significant at .05 level

Thus, the data did not support this hypothesis; indeed, the opposite was found. A greater percentage of Registered Nurses not currently employed than those currently employed in nursing supported the mandatory continuing education clause. The \( X^2 = 7.04, \text{ df}=2, \) and is significant at the critical value of 5.99.

**Basic Nursing Education and Knowledge of Act**

Hypothesis Four A stated that Registered Nurses holding Bachelor of Science in Nursing degrees were likely to have more knowledge of the proposed Professional Nursing Practice
Act than Registered Nurses holding diplomas of nursing or associate degrees in nursing. Data related to this hypothesis are found in Table XIV.

**TABLE XIV**

**REGISTERED NURSES' KNOWLEDGE OF PROPOSED NURSING PRACTICE ACT, BY BASIC NURSING EDUCATION**

<table>
<thead>
<tr>
<th>Basic Nursing Education</th>
<th>Knowledge Level*</th>
<th>t</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{X} )</td>
<td>S.D.</td>
<td></td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>11.71</td>
<td>5.21</td>
<td>5.8114</td>
</tr>
<tr>
<td>Diploma/Associate Degree</td>
<td>10.27</td>
<td>4.82</td>
<td></td>
</tr>
</tbody>
</table>

*refers to scores on items #16-35 of questionnaire

**p<.05

Since \( p=0.0164 \) was significant at the .05 level, Hypothesis Four A is accepted. It can, therefore, be concluded that Registered Nurses holding Bachelor of Science in Nursing degrees are likely to have greater knowledge of the proposed Professional Nursing Practice Act than Registered Nurses holding diplomas of nursing or associate degrees in nursing.

**Basic Nursing Education and Support of Act**

Hypothesis Four B stated that Registered Nurses holding Bachelor of Science Degrees in Nursing were more likely than Registered Nurses holding diplomas of nursing or associate
degrees in nursing to support the proposed Professional Nursing Practice Act. Table XV presents relevant data.

Almost 58 per cent of the Registered Nurses in the sample stated support of the proposed Professional Nursing Practice Act. The percentage of nurses stating support and holding baccalaureate degrees (65.5 per cent) was very close to that of nurses stating support and holding associate degrees (64.7 per cent). However, the percentage of nurses holding baccalaureate degrees was greater than that of nurses stating support and holding diplomas (54.3 per cent).

**TABLE XV**

REGISTERED NURSES' LEVELS OF SUPPORT OF PROPOSED NURSING PRACTICE ACT, BY BASIC NURSING EDUCATION

<table>
<thead>
<tr>
<th>Level of Support</th>
<th>B.S.N. (N=84)</th>
<th>Diploma (N=276)</th>
<th>A.D.N. (N=51)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Support</td>
<td>55</td>
<td>65.5</td>
<td>150</td>
<td>54.3</td>
</tr>
<tr>
<td>Non-Support</td>
<td>13</td>
<td>15.5</td>
<td>69</td>
<td>25.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>16</td>
<td>19.0</td>
<td>57</td>
<td>20.7</td>
</tr>
</tbody>
</table>

$X^2 = 8.91^*$

*not significant at .05 level

This hypothesis is not supported. Although Registered Nurses holding baccalaureate degrees were more likely than Registered Nurses holding diplomas to support the Act, the difference was not significant at the critical value of 9.49, as $X^2 = 8.91$. 
Basic Nursing Education and Support of Mandatory Continuing Education Clause

Hypothesis Four C stated that Registered Nurses holding Bachelor of Science in Nursing degrees were more likely than Registered Nurses holding diplomas of nursing or associate degrees in nursing to support the mandatory continuing education clause of the proposed Professional Nursing Practice Act. Table XVI presents relevant data.

TABLE XVI

REGISTERED NURSES' LEVELS OF SUPPORT OF MANDATORY CONTINUING EDUCATION CLAUSE, BY BASIC NURSING EDUCATION

<table>
<thead>
<tr>
<th>Support Level</th>
<th>B.S.N. (N=84)</th>
<th>Diploma (N=276)</th>
<th>A.D.N. (N=51)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Support</td>
<td>47</td>
<td>56.0</td>
<td>141</td>
<td>51.1</td>
</tr>
<tr>
<td>Non-support</td>
<td>20</td>
<td>23.8</td>
<td>85</td>
<td>30.8</td>
</tr>
<tr>
<td>Undecided</td>
<td>17</td>
<td>20.2</td>
<td>50</td>
<td>18.1</td>
</tr>
</tbody>
</table>

\[X^2 = 12^*\]

*significant at .05 level

The mandatory continuing education clause was supported by a total of 54.0 per cent of the Registered Nurses in the sample. Within each category (B.S.N., Diploma, or A.D.N.), the majority of the nurses supported the clause. However, a greater proportion of nurses holding associate degrees (66.7
per cent) than nurses holding baccalaureate degrees (56.0 per cent) or nurses holding diplomas (51.1 per cent) stated support of the mandatory continuing education clause.

It can be seen that the hypothesis was not supported, although nurses holding baccalaureate degrees showed greater support of the mandatory continuing education clause than did nurses holding diplomas. Nurses holding associate degrees showed greater support than did the group with baccalaureate degrees. The $X^2 = 12, df=4$, showed significance at the critical value of 9.49.

Comparison of Selected Clauses

Although the only specific clause of the proposed Professional Nursing Practice Act previously examined was that regarding mandatory continuing education, it would seem of interest to this study that other clauses of the act be discussed. Registered Nurses' levels of support of the following sections were determined: (1) the definition of professional nursing, (2) the establishment of exemptions, (3) the granting of regulatory power, and (4) the establishment of specialty certifications.

The definition of professional nursing was supported by a total of 62.7 per cent of the nurses sampled. In the Act, professional nursing was defined as "performing, providing, or offering to perform or provide, for compensation, any health care professional service, the performance of which
requires professional nursing education, training, and experience in the application of specialized knowledge of the biological, physical, behavioral, or social sciences to such services, including, but not being limited to" seven specific activities outlined in the Act (3, pp. 2-3).

Registered Nurses' levels of support of the section of the Act establishing exemptions were determined. Exemptions listed included: physicians and surgeons, dentists, licensed vocational nurses, optometrists licensed under Texas laws, employees of a licensed physician working at his professional office, ministration by spiritual means alone, Registered Nurses licensed in other states who are under contract with the United States government, and gratuitous care by family or friends. A total of 53.9 per cent of the sample of Registered Nurses was found to be in support of this section of the proposed Professional Nursing Practice Act.

The section granting regulatory power would have formed an administrative agency known as the Texas Board for Professional Nursing composed of nine Registered Nurses appointed by the Governor. The Board would have had "the authority and power to make and enforce all rules and regulations necessary for the performance of its duties, to establish standards of conduct and ethics for all persons licensed under the provisions of the Act . . . or to ensure strict compliance with and enforcement of this Act" (3, p. 9). In addition, the Board could "have the right to institute any action in its
own name to enjoin any violation of any provision of this Act or rule or regulation of the Board" (3, p. 9). It was found that 54.4 per cent of the respondents supported this clause.

The last section studied was that on the establishment of specialty certifications of the proposed Professional Nursing Practice Act, which was supported by 57.3 per cent of the Registered Nurses sampled. That section would have empowered the Board "to create, establish, and maintain . . . specifically defined areas of specialty practice or service certification for those Registered Nurses meeting the requirements. . . . The basis for board action in establishing any such specialty certification shall be founded in the public interest and necessity and for the purpose of protecting, aiding, and assisting the public in identifying those in the profession qualified to practice or perform specialty services" (3, pp. 28-29).

Only slight differences in the Registered Nurses' levels of support of the various sections of the proposed Professional Nursing Practice Act were determined. The conclusion may be drawn that Registered Nurses generally supported or did not support the Act as a whole instead of because of any particular clause within the Act. This is true of the mandatory continuing education clause, as well as the ones defining professional nursing, establishing exemptions, granting regulatory power, and establishing specialty certifications.
Discussion of Respondents' Comments

Although comments were not solicited from the respondents, comments received were compiled and classified into three categories. Most comments merely indicated that Registered Nurses felt very uninformed about the Act. However, there were very positive comments stating that the Act would be good to improve the profession and that continuing education is desirable and necessary.

Negative comments were much more numerous and varied. Some Registered Nurses seemed to think that present R. N.'s, especially the diploma graduates, would be forced out of practice by the Act. It was said that those persons responsible for the Act did not really know nursing's needs and that the Act appeared dictatorial and unionized.

Many comments concerned the continuing education requirements and mentioned deterrents to the obtaining of continuing education such as cost and travel distances. One person said that "The whole nursing profession is paranoid on the subject of education."

It seems that this study may have promoted, to some extent, greater interest of Registered Nurses in the proposed Act. Several respondents wrote that they intended to learn more about the Act because the questionnaires had aroused their curiosity.
CHAPTER BIBLIOGRAPHY


CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS

Summary of Findings

This study purposed to determine Registered Nurses' levels of knowledge and support of the Professional Nursing Practice Act considered by the Sixty-fifth Texas Legislature. For data analysis, the Registered Nurses were categorized according to

1. reported levels of participation in continuing education,
2. reported professional activities,
3. current employment,
4. levels of basic nursing education.

It was found that significantly more knowledge about the Professional Nursing Practice Act was shown by Registered Nurses who participate in continuing nursing education than by those who do not participate and by Registered Nurses holding baccalaureate degrees than by those holding diplomas or associate degrees. Registered Nurses currently employed in nursing have more knowledge regarding the proposed law than do Registered Nurses not employed, although the difference in the mean scores was not found to be significant. Registered Nurses having levels of knowledge regarding
the Nursing Practice Act above the mean were not found to be more professionally active than those scoring below the mean.

The Act was supported by a significantly larger proportion of Registered Nurses who participated in continuing nursing education than of the Registered Nurses who did not participate and by nurses who were professionally active more than by nurses not professionally active. Registered Nurses holding baccalaureate degrees did not support the Act more than nurses having associate degrees or diplomas in nursing. The Act was supported nearly equally by Registered Nurses employed in nursing and those not currently employed in nursing; the difference was not significant.

The mandatory continuing education section of the Act was supported by a significantly larger proportion of the Registered Nurses who participated in continuing nursing education than of the Registered Nurses who did not participate and more by nurses who were professionally active than by those not professionally active. Almost equal proportions of nurses employed or not currently employed in nursing supported the mandatory continuing education clause. Registered Nurses with baccalaureate degrees showed greater support of the mandatory continuing education clause than did nurses with diplomas, while nurses with associate degrees showed more support than did those with baccalaureate degrees.
Overall, 58 per cent of the Registered Nurses sampled were in favor of the proposed Professional Nursing Practice Act, 23 per cent of the nurses were opposed to it, and 19 per cent of the nurses were undecided.

Conclusions and Implications

According to the findings previously described, it may be concluded that Registered Nurses participate infrequently in continuing nursing education programs. If the proposed Act had been passed during this session of the Texas Legislature, most Registered Nurses licensed in Texas would have been required to change their levels of participation when regulations regarding continuing education were implemented, no later than January 1, 1982. Registered Nurses have expressed concern over the availability of time and money to participate in continuing nursing education. There is a distinct possibility that a similar bill will be introduced in the next session of the Texas Legislature; therefore, Registered Nurses will likely face mandatory continuing education within the next ten years. There is a need for these nurses to be prepared for that possibility.

It may be further concluded that Registered Nurses lacked sufficient knowledge about the Act that was proposed in 1977. Both comments made by respondents and answers to specific questions in the questionnaire pointed to this conclusion. Registered Nurses should be made aware of the
potential influence of that Act on their practice, and they should seek to enhance their own levels of knowledge about the Act.

Another conclusion may be that Registered Nurses make little effort to influence the course of the legislation. Whether they supported or opposed the proposed Professional Nursing Practice Act, it would be desirable for them to have contacted their legislators about the Act. Awareness of the need for an active role should be implemented by organizations promoting professionalism for nurses. It is possible that Registered Nurses have been apathetic in regard to their own professionalism. Indeed, nursing may not be completely accepted yet as a profession. Registered Nurses may need to act in a professional manner in order to help upgrade nursing to a professional level. By not participating in continuing nursing education, by not acting to influence legislation affecting nursing, and by not having knowledge of such legislation, Registered Nurses might be regarded as downgrading nursing as a profession.

As a corollary, it may be surmised in general that Registered Nurses are not only poorly informed on legislation affecting nursing but on other issues pertinent to nursing as a profession. While a significant number of Registered Nurses report reading several professional journals regularly, it may be possible that they are seeing only articles on new
procedures and technical skills while still not becoming informed on the current professional issues in nursing. Lack of attendance at meetings of professional organizations could be another basis for Registered Nurses being poorly informed. Local or district meetings, as well as state or national meetings, provide current information on issues as well as possible future developments. A campaign to increase interest in and show the influence of the professional organizations should be a priority.

That Registered Nurses need to exert more effort to help keep other Registered Nurses' participation at a high level is another corollary. This conclusion is based on the small percentage of Registered Nurses who hold offices or committee memberships in professional nursing organizations. The professional organizations need a pool of strong leaders in order to be effective in helping to upgrade nursing.

It may be said, therefore, that Registered Nurses licensed in Texas and their employers need to be educated about the desirability and necessity for continuing nursing education even apart from the legal stipulations. Employers need to be informed because they might be called upon to give Registered Nurses released time to attend continuing education programs in order to upgrade the nurses' abilities.

The issues of money, time, and location of continuing education programs need detailed attention. Appropriate
programs should be available to every Registered Nurse in Texas. That is, locations for the programs need to be easily accessible, the costs should not be prohibitive, and the times should be adaptable to Registered Nurses' work and home schedules.

Input from the Registered Nurses would be helpful concerning the above issues and also concerning topics to be covered in continuing education programs. Registered Nurses should be involved by suggesting areas of nursing in which they are particularly interested or feel the need for updating of knowledge or skills. They could also give input as to program methods desired; i.e., whether they prefer independent study, formal classes, or discussion groups. The formation of advisory committees would serve the purpose of connecting the interests of clients with perceived needs by a board of Registered Nurses formed to make suggestions for a statewide flexibly-organized continuing education program.

If a similar act is introduced in the Texas Legislature in the future, it would be necessary that all Registered Nurses be informed that it is pending and what pertinent points are included. It is desirable, of course, for Registered Nurses to be so professionally responsible that they would take the initiative to keep themselves informed on such legislation. However, in view of the findings of this study, it seems unlikely that most Registered Nurses would
take such initiative. They may need, therefore, to be in-
formed through mail-outs, presentations at meetings, and
factual articles submitted for publication in newspapers in
all areas of the state.

The nursing profession as a whole needs to become bet-
ter educated about the legislative process and the political
process used to influence legislation. As professionalism
is often treated lightly in undergraduate courses, continuing
education offerings concerning the importance of contacting
legislators and those on key committees that handle legisla-
tion regarding nursing must be developed. Registered Nurses
may realize that it is necessary to literally deluge those
legislators with mail at the time a key vote is approaching.
Those sponsoring the bill and nurses working closely with the
sponsors are able to inform other nurses as to when such
action is needed, and Registered Nurses may watch for such
information and act upon it.

Greater awareness of professional responsibility is
another need of the Registered Nurses. Continuing education
programs could emphasize this aspect as much as possible.
Increased professional responsibility actually may be the
key to the entire issue. Professionally responsible Regis-
tered Nurses would participate in continuing nursing
education, would support professional nursing organizations,
and would attend meetings of those organizations. Furthermore,
professionally responsible Registered Nurses may be more likely to be aware of and try to abide by the Code of Ethics for Registered Nurses, the Professional Standards compiled by the American Nurses Association, and the Patient's Bill of Rights which was published by the American Hospital Association.

Recommendations for Further Study

If one assumes that a revised Nursing Practice Act is a need for the profession, then, regarding continuing nursing education particularly, several recommendations can be made. Further study should be done to determine why Registered Nurses show little interest in continuing education so that means can be devised to stimulate their interest and participation. Means of stimulating interest could be tested and refined along with ways to demonstrate the importance of continuing education. More investigation could be conducted to determine Registered Nurses' needs in regard to continuing education. The most effective means with which to implement a program of statewide continuing education may soon begin to receive increased attention. There exists the possibility of an act similar to the one proposed in 1977 being introduced in the next meeting of the Texas Legislature.

In order to devise ways to enlist the Registered Nurses' support when a new bill is later submitted to the Legislature, the reasons Registered Nurses support or oppose a revised
Professional Nursing Practice Act should be determined. Also, it would be of interest to learn possible reasons why Registered Nurses not presently employed in nursing showed greater knowledge of and support for the act proposed in 1977 than did nurses currently employed in nursing. Means may then be devised to increase Registered Nurses' interest in and knowledge of legislative processes so that Registered Nurses will be better able to participate in the influence of legislation in the future.

The reasons affecting the lack of professional responsibility by Registered Nurses need to be determined and ways need to be developed to promote such responsibility. Related to this could be a study of Registered Nurses' participation in professional organizations. Organizational activity may be a method of promoting professional responsibility along with continuing nursing education, if ways to get Registered Nurses to become involved in the organizations were first considered.

Most effective methods of organizing continuing nursing education programs are open to research. Such programs are relatively new and need specific data as bases for scheduling, determining teaching methods, and ascertaining basic levels of knowledge of the nurse participants.

As in all fields of professional endeavors, the need for constant education, re-education, learning-unlearning-relearning is made mandatory by the nature of the exploding
knowledge base. The profession of nursing is no different. Continuing education may, indeed, not be an option for the professional nurse at this point in time, but perhaps a necessity.
APPENDIX A

QUESTIONNAIRE

Please place the number of your answer to each question in the corresponding blank in the left-hand column.

_____ 1. Your basic nursing education
   1. Diploma
   2. Associate Degree
   3. Baccalaureate Degree

_____ 2. Your years of experience in nursing
   1. one or less
   2. 2-4
   3. 5-10
   4. 11-25
   5. 26-40
   6. over 40

_____ 3. Your age
   1. below 21
   2. 21-30
   3. 31-40
   4. 41-50
   5. 51-60
   6. over 60

_____ 4. Setting of your employment
   1. hospital
   2. nursing home
   3. school of nursing
   4. private duty
   5. public health
   6. school nurse
   7. industrial nurse
   8. office nurse
   9. other (nursing)
   10. unemployed
   11. employed outside nursing

_____ 5. Do you support the Professional Nursing Practice Act now being considered by the 65th Texas Legislature?
   1. very much
   2. somewhat
   3. very little
   4. none
   5. undecided
6. Do you support the section on continuing nursing education in that Act?  
   1. very much  
   2. somewhat  
   3. very little  
   4. none  
   5. undecided

7. Do you support the section in that Act defining professional nursing?  
   1. very much  
   2. somewhat  
   3. very little  
   4. none  
   5. undecided

8. Do you support the section in that Act that grants regulatory power to the proposed Texas Board for Professional Nursing?  
   1. very much  
   2. somewhat  
   3. very little  
   4. none  
   5. undecided

9. Do you support the section in that Act that establishes specialty certifications?  
   1. very much  
   2. somewhat  
   3. very little  
   4. none  
   5. undecided

10. Do you support the section in that Act that establishes exemptions?  
    1. very much  
    2. somewhat  
    3. very little  
    4. none  
    5. undecided

11. How many letters have you written to Texas Legislators regarding the Act?  
    1. 0  
    2. 1-2  
    3. 3-4  
    4. 5 or more

12. How many local, district, state, or national offices or committee memberships do you hold in professional nursing organizations?  
    1. 0  
    2. 1-2  
    3. 3-4  
    4. 5 or more

13. How many local, district, state, or national meetings of professional nursing organizations have you attended in the past year?  
    1. 0  
    2. 1-5  
    3. 6-10  
    4. 11-15  
    5. 16 or more
14. How many non-required continuing nursing education programs have you participated in during the past year?

15. How many professional journals do you read regularly?

The questions below are based on the content of that proposed Professional Nursing Practice Act. For each question, please place "true" or "false" in the corresponding blank in the left-hand column.

16. The Act defines continuing education as the development of knowledge or skills to enhance professional nursing practice.

17. The Act requires professional nurses to attend one professional continuing education program per month.

18. The definition of professional nursing in the Act includes the maintenance of health.

19. Accurate recording of relevant facts regarding an ill person is included in the definition of professional nursing in the Act.

20. The care and counsel of ill persons are components of the definition.

21. Health teaching is included in the definition of professional nursing in the Act.

22. An exception to the Act is the ministry to sick by spiritual means.

23. The proposed Board for Professional Nursing shall be composed of nine members.

24. Six of those members shall be nurse educators.

25. The Board shall be elected by the members of the Texas Nurses Association.

26. The Board shall establish minimum standards for nursing school curricula.

27. The Board will be able to enjoin legally violations of this Act.
28. The Board will have access to the judicial process for enforcement of regulations.

29. The Board can revoke a license for unethical conduct by a Registered Nurse.

30. The Board cannot revoke a license for conduct that tends to discredit the nursing profession.

31. A Registered Nurse licensed in another state, but employed by the United States Government in Texas, must obtain a Texas license.

32. Specialty certification of nurse anesthetists is to be implemented.

33. Specialty certifications must be renewed annually.

34. The Board is to implement a continuing education plan as a requirement for relicensure no later than January 1, 1980.

35. The Board is to implement a plan for voluntary continuing education.
APPENDIX B

COMMENTS FROM RESPONDENTS

The more I read of it the less I approve it and the more dictatorial and unionized it appears.

Don't feel they know the bedside need and influencing factors.

I feel R.N. nursing is being forfeited to the LVN by these Boards.

I am not active and I do not think all nurses need all of this implied highly specialized training.

What will happen if all the old diploma school graduates have to quit?

I am in favor of continuing education and thoroughly enjoyed those sessions we had as industrial nurses.

I don't know if I would like continuing education units (or points) to be a criteria for re-licensing since this apparently will become expensive for someone who is not working, but needs to maintain an active license.

I shall attempt to become better informed because of your letter.

I am in the process of obtaining more information.

From what I've read in the press I don't understand the bill and I'm sure there are many other nurses who don't know any more than I do.
I am for anything for the improvement of our profession! I have very little knowledge of the proposed Act, but I do intend to learn just what it involves.

I live 60 miles from any meeting area. There is only one other R.N. in this county and she is inactive, the next nearest R.N. is 30 miles away.

With the little experience that I have had with recent graduates, it seems to me they need more practical experience in nursing.

I have read newspaper comments but feel there is always a more complete story.

I have not studied the Nursing Practice Act now being considered by the 65th Legislature. I do know that Texas needs a new Nurse Practice Act. Continuing nursing education is essential for everyone practicing professional nursing.

I don't understand the wording in a couple of the sections and I don't agree with some sections entirely. However, I am going to write to my representatives again today for information and to send my comments.

From what I have read of the act to me I don't think we need it and once these things are passed they are interpreted many different ways, and it takes an "act of congress" to get it changed.

We have a nursing shortage and if this bill eliminates some diploma nurses or nurses who cannot take a continuing education course every year this would really create a
shortage. The bill seemed to forget the lessons of experience. It seems to me the whole nursing profession is paranoid on the subject of education, and we certainly know there is no degree program yet that has equaled the diploma schools . . . There are many professional self made nurses who will always have it over any degree.

(Many other respondents stated that they felt uninformed about the Act.)
## APPENDIX C

### TEST ANALYSIS

#### KUDER-RICHARDSON-20

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#### CRONBACH'S ALPHA INDICES

- Observed for persons: $R_{GG}=0.8882$  $RTT=0.8397$
- $R_{PP}=0.0190$  $RII=0.2076$

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#### CRONBACH'S ALPHA INDICES

- Observed for persons: $R_{GG}=0.8882$  $RTT=0.9632$
- $R_{PP}=0.0190$  $RII=0.2076$
APPENDIX D

FIRST COVER LETTER

Box 116
Midlothian, Texas 76065
April 6, 1977

Dear [Name]:

Your help is needed! I am collecting data for a study on the relationship of continuing nursing education and Registered Nurses' opinions of the proposed Professional Nursing Practice Act now being considered by the 65th Texas Legislature. Also to be related are nurses' current employment status, basic nursing education, and professional activities.

Your name has been drawn in a random sample of Registered Nurses in Texas. I will greatly appreciate it if you will fill out the enclosed short questionnaire and return it in the enclosed, stamped envelope. You do not need to sign it or in any way indicate your identity.

Thank you for your help.

Sincerely yours,

Karen Esberger
Hello!

Recently I wrote asking your help in gathering data for a study on the relationship of continuing nursing education and Registered Nurses' opinions of the proposed Professional Nursing Practice Act. Many of you have responded already, and I appreciate that. However, if you did not answer the first questionnaire, I would be most grateful for your filling out and returning this one which deals with the Professional Nursing Practice Act now being considered by the 65th Texas Legislature and is designed to gather your opinions on the Act in general and on some particular sections of the Act.

Even though you may be retired or otherwise unemployed in nursing, you are still a Registered Nurse; and I need your response! You don't need to sign the questionnaire or in any way indicate your identity.

Thank you for your help.

Sincerely yours,

Karen Esberger
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