

THE OPINIONS OF
SIXTY-TWO PROFESSIONAL NURSES
CONCERNING THE ADEQUACY OF THE PREPARATION
RECENT GRADUATES HAVE HAD FOR
PERFORMING IN FIRST LEVEL
NURSING POSITIONS

by

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CHAPTER I

INTRODUCTION

Introduction to the Problem:

The modern school of nursing endeavors to construct a curriculum composed of student experiences selected because of their value in promoting sound education. Objectives are designed for each segment of the curriculum in anticipation that the objectives can be translated into achievable outcomes. This has led to subjecting some parts of the curriculum to intense scrutiny.

There is genuine concern that each student be educated to the extent that she can function effectively in meeting nursing needs in our evolving society.

The future of nursing education would seem to depend in part upon the ability of teachers in every nursing field to analyze critically long-accepted practices and beliefs; to reject those which seem outmoded; and to test others not in relation to some predetermined and inflexible standard and not in relation to opinions of leaders in the field, but through carefully planned research, which is related to needs and problems of a rapidly changing society. (27)

The success of the graduates of a school reflects a measure of adequacy in the curriculum.

Attention needs to be focused on better preparation of faculty members; this preparation to include the development of greater understanding of principles of democracy and of mental hygiene and greater skill in applying these principles in day-by-day relation with students and others. Such preparation would probably do much to improve the human relations in hospitals and schools of nursing. (27)

Good schools of nursing attempt careful selection of candidates who have potentialities for success in nursing. These schools do thorough curriculum analysis and implement curriculum changes consistent with professional trends and social needs. How successful are the products of the modern schools of nursing? Are they finding satisfaction on the job? To determine some of the answers to the latter question it is logical to question those who employ and supervise recent graduates from schools of nursing.

Statement of the Problem:

This study has been undertaken to ascertain the opinions of nursing service personnel concerning the adequacy of the preparation recent graduates have had for performing in first level nursing positions. This gives rise to certain questions which relate to the effectiveness of the nurse on the job, such as: a) Do those in nursing service who employ and/or supervise new graduate nurses think these young people have been adequately prepared for first level nursing positions? b) Do the opinions of nursing service personnel in large hospitals differ from those in small hospitals? and c) Do the opinions of nursing service personnel differ in settings where there is a school of nursing from those in other settings?

Opinions concerning adequacy of preparation inevitably relate to the curriculum pattern of the school in which the nurse was prepared. Further questions rise: a) Are student nurses in the modern schools of nursing being adequately prepared to meet the responsibilities of professional nursing in first level positions? b) Are some experiences in the basic nursing curriculum being continued solely to meet service needs? c) Are some clinical experiences continued in order to maintain a tradition, long after their real educational value has been exhausted? d) Could some experiences be omitted entirely? e) Should new and different experiences be added to the curriculum in order to prepare the nurse better to meet current health needs? If so, what changes in the curriculum are needed?

Justification of the Study:

Nursing education provides a means by which the student can translate the academic experiences to changing trends in our society.

Heidgerkern said:

Both nursing practice and nursing education are changing rapidly. Yet the basic purpose of each remains the same, as it always has been; nursing practice is that of meeting the nursing needs of people; nursing education is that of preparing the person who can meet these nursing needs. (13)

It is the ultimate goal of nursing educators to prepare young men and women to help meet these changing needs. This necessitates continually evaluating the nursing curriculum and experiences, discarding the obsolete, retaining that which is of solid value, and adding new learning experiences.

It is hoped through this study to gain insight into what nursing service personnel feel is important in the nursing students' curriculum. It would seem feasible that the findings of this study would have some implications as to the amount and nature of certain experiences, and lead to the deletion of that which is extraneous, and the reorganization and enrichment of that which has been retained.

The findings may embody many suggestions of use to nursing service personnel in establishing orientation and in-service education programs.

Limitations of the Study:

1. This study was limited to sixty-two nursing service personnel.

Seventeen of these were directors of nursing; the balance of the population consisted of fifteen supervisors, fifteen staff nurses, ten head nurses and one assistant director of nursing, one director of nursing service, one assistant director of nursing service, one director of in-service education, and one hospital administrator (who is a registered nurse), in eighteen private general hospitals throughout the state of Oregon.

2. This study was also limited to information that could be obtained by using an interview guide as the data collecting tool.
3. The data were limited to expressed opinions which may or may not reflect personal bias. It was recognized that opinions expressed in an interview tend to be skewed toward the positive unless strong emotional reactions are aroused. The data, accordingly, were limited to expressions of opinions with no attempt to validate the opinions

nor to evaluate them.

4. Registered nurses on the day shift (7:00 a.m. - 3:30 p.m.) were the ones to be interviewed.
5. The data were limited to expressed opinions as indicated above and should not be considered an evaluation of nursing curricula.

Assumptions:

To provide a working background for investigation for this study, it was necessary to make the following assumptions:

1. That the interview is an effective means of eliciting opinions.
2. That the performance of a recent graduate reflects the curriculum through which she was prepared.
3. That employers and supervisors of nurses are able to assess the effectiveness of nursing, that they have opinions regarding what is valuable in the basic nursing curriculum, and that they will express those opinions in an interview.

Procedure for Collecting Data and Plan of the Study:

Methodology:

By using the interview technique in gathering data, the investigator comes in personal, face to face contact with the respondent.

The interview enables the worker to follow up leads and take small clues; in complex material where development can proceed in any direction, no prepared instrument can perform the task. (11 and 12)

The use of the interview method to solve a problem depends on:

- a) The abilities of the interviewer to make use of conversation, expressions, arousal and perception of attitudes, formation of judgments, and favorable dispositions of circumstances; b) his proficiencies in analyzing the essential points of the interview; and c) his accuracy in reporting the interview. (33)

Design of the study:

The steps of this study were as follows:

1. The literature and related studies were reviewed to develop a frame of reference.
2. The purpose of the study was formulated.
3. The purpose gave rise to questions which were developed into an interview guide.
4. The interview guide was submitted to fourteen experienced professional nurses. Their suggestions and criticisms were sought.
5. The interview guide was revised into six major questions, with subdivisions. (See Appendix A)
6. Further revision and testing continued until the interview guide was usable.
7. A letter explaining the purpose of the study, accompanied by a letter from the thesis adviser and a self-addressed postcard indicating a willingness to participate in the study, was sent to the directors of nursing in thirty-six Oregon hospitals. (See Appendices B and C)
8. Follow-up letters were sent. (See Appendix D)
9. A schedule of visits was made.

10. Visits were made to eighteen hospitals in order to collect the data.
11. Before interviewing the personnel, instructions to the interviewer were checked.
12. Sixty-two professional nurses were interviewed.
13. The data were processed, the results were sorted and tabulated.
14. The findings were tabulated.
15. The study was summarized. Conclusions were drawn and recommendations made for further study.

Overview of the Thesis:

This study was organized into four chapters as follows:

Chapter One presents the purpose of the study, statement of the problem, justification of the study, limitations and assumptions of the study. Also included in this chapter is the procedure for solution of the problem, procedure for collecting the data and the design of the study.

Chapter Two consists of a review of the literature and related studies.

Chapter Three consists of a report of the study, analysis and interpretation of the data.

Chapter Four consists of a summary of the study, conclusions which resulted from the findings, and recommendations for further study.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RELATED STUDIES

Review of Related Literature

The literature was searched for information on curriculum trends in nursing education. There is an abundance of written material, but, for purposes of this study, only articles showing current trends or illustrating new approaches will be reviewed. The term "curriculum" in its broad sense includes "all instructional activities and learning experiences provided by the schools." (14)

Krug has written: "For many years nursing school curricula were largely characterized by an apprenticeship mode of learning." (19)

Bridgman made reference to the lack of sound nursing education when she said:

Nurses who have learned to carry out techniques, largely from practice without the benefit of thorough, scientific foundations or much concurrent teaching and supervision, still form the bulwark of nursing service. (5)

The evolution of nursing curricula from apprenticeship to training to education has been a slow process. Many obstacles have deterred progress. However, as Lambertson says:

The development of the curriculum is a continuous process of evaluation, for a profession is dynamic and its service cannot be defined with precision. The foundation of knowledge keeps expanding through

experimentation and research, and new demands and responsibilities are being constantly recognized as society's needs change. (21)

Studies of nursing and nursing school curricula have been made throughout the last four decades. The first of these was made by the Committee for the Study of Nursing Education. The findings, usually referred to as the Winslow-Goldmark report, were published in 1923, in Nursing and Nursing Education in the United States. This study attempted to identify the specific tasks in nursing so educational standards for each type of nursing service could be established. (8)

There were subsequent studies, such as those by the Committee on the Grading of Nursing Schools, the report of which was published in 1934 as Nursing Schools Today and Tomorrow. The committee sought to study the ways of assuring an adequate supply of nursing service. The study revealed that there was overproduction but undereducation of nurses. (7)

In the almost three decades since the above report, there have been many changes in nursing curricula. Dr. Martha Rogers says:

The future demands a clear, unequivocal design consistent with the world in which we live. It demands that values in nursing be revised to recognize the worth of every socially accepted human behavior. (31)

During the last thirty years the standards of nursing have risen sharply. Educational standards have risen, as has patient care.

Thirty years ago it was truly a vocation devoted to the care and nurturing of the sick and injured in a genuinely personal manner. (23)

Many schools are studying their curricula as the basis of developing

new designs or of making better utilization of existing resources. A report of a curriculum revision done at Birmingham Baptist Hospital School of Nursing was made by Laurene Gilmore. The revision started with Fundamentals of Nursing; basic sciences were taught through Extension Centers of the State University; Medical-Surgical nursing was taught by nursing instructors and not by doctors, as was done previously. The patient centered approach was employed for teaching clinical nursing.

(10)

Edith Heinemann and Maxine Patrick reported on a curriculum analysis done to determine if tuberculosis experience could be reduced to less than six weeks and still meet the objectives of the school. This study was carried out at Firland Hospital in Washington. This teaching unit had both a diploma and a baccalaureate program. The students were tested during the fourth and sixth weeks. For the diploma students the sharpest learning took place during the first four weeks, and leveled off during the last two weeks. The degree students' learning increased six percent from first to fourth week and decreased one percent during the last two weeks. It was concluded that tuberculosis nursing could be decreased by two weeks. (15)

There have been diversified opinions as to whether student nurses should have experience on night duty. In "Teaching Students at Night" Esther M. Nelson pointed out that night duty experience was very important to the student nurse. She advocated that night duty experience be under the direction of a nursing instructor and not the night supervisor, because the instructor knows the objectives and philosophy of the

curriculum for the particular school of nursing. Miss Nelson stated: "A careful review of routine night procedures by the instructor will do much to enhance a student's feeling of security." (28) This review should cover the many forms used in requesting special tests, x-rays, drugs, special diets and supplies. With this would be correct procedures in collecting urine specimens, "NPO--after midnight," and "hold breakfast" orders. The student would also gain knowledge in making out reports to supervisors and day shift personnel. "With a carefully planned, closely supervised night experience the student will develop that wonderful feeling of satisfaction of having given optimum patient care." (28)

With the advent of making and testing nuclear bombs, plus living in an advanced atomic age, it would seem plausible to incorporate content regarding Disaster Nursing. Chloe Keith Trommell, et al., have stated:

Incorporate disaster nursing through the entire nursing education program. Contrast disaster nursing with normal situations. The Red Cross and Civil Defense personnel can give lectures on first aid and civil defense. They may also be able to demonstrate the use of the mobile hospital units, which are always available and kept ready for use.

Give the students basic knowledge which will include reaction of body to injury, physiology of shock, its treatment and prevention. Care of wounds and burns. Care of women during labor and delivery, and care of new born infants, etc. (39)

Another area of concern in curriculum improvement has been the development of public health field practice and related courses for the baccalaureate degree programs. Beatrice Robinson in "Providing Public Health Nursing Experience" stated:

In 1958, at a Conference held in Chicago, the National League for Nursing, Department of Baccalaureate and Higher Degree Programs, stated that: "after 1963 only those baccalaureate degree programs which included Public Health Nursing will be Accredited." (30)

Miss Robinson further stated: "Educators generally agree that the clinical practice field in Public Health Nursing should offer generalized family health services." (30)

According to Ethel A. Brooks, team nursing is becoming quite prevalent in many hospitals and students should have the opportunity of functioning as members of this team, since they will be doing so upon graduation. Miss Brooks stated that:

As students have developed in maturity and experience in nursing, they have been guided to accept responsibilities and encouraged to develop skills in team leadership. Increased emphasis has been placed on team leadership in senior medical and surgical nursing. This also helps students make the transition between student and graduate responsibilities. (6)

At times new and interesting experiences for student nurses in the professional basic program have been tried. Such a plan was tried at Molloy Catholic College for Women in Rockville Center, New York, under the guidance and supervision of Rose Mary Tyndall. She reports her experience in "The Physician's Office as a Practice Field for Students." The article demonstrated how a physician's office could be utilized as a clinical experience for students. All physicians in this case were, however, obstetricians-gynecologists. The main reason for incorporating experience in a physician's office into the curriculum was to enable the student to observe pre-natal and antepartal care. All students were

seniors. They spent ten days in the office. They were able to meet patients, help with routine examinations, and answer questions. The students then took care of the mother during labor and delivery, and for the rest of her hospital stay, besides taking care of the new-born infant. If the Public Health Agency made a follow-up visit to the mother or baby, the student was able to go along. (40)

Rebecca Lawrence, et al., in "Rural Hospital Nursing -- A Beginning Experience," reported how rural hospitals were utilized by Florida State University as a successful experience for student nurses. The hospitals used were small, with a daily average of patient census from thirty to ninety patients. The objective was to give the students an opportunity to plan nursing care to meet the needs of the patient. The students were helped to view the patient and the community as a whole. Their experiences were predominantly in medical-surgical nursing. This experience followed the course in nursing fundamentals which was offered in the sophomore year during the summer session. (22)

Another example of a new experience in the nursing curriculum is offered at Mary Manning Walsh Home, developed through St. Anselms College, New York. This experience is designed to give the student better understanding and experience in gerontology and geriatrics in a four-week course consisting of lectures, conferences, demonstrations, clinical practice and field trips. This two-credit course is given after completion of medical-surgical nursing, maternal and child care and tuberculosis. It precedes neuropsychiatric and public health nursing. (32)

There are numerous articles on new and creative methods of teaching.

One that is particularly pertinent is found in the October, 1961, issue of The American Journal of Nursing, entitled "Teaching Through T. V.," by Dorese L. Dilley. Miss Dilley pointed out that closed circuit television could be used advantageously in certain areas, such as in Fundamentals of Nursing, teaching principles of aseptic technique, catheterization, drug administration, hypodermic injection, or special procedures such as thoracentesis, paracentesis and lumbar puncture. (9)

Perhaps the most outstanding curriculum changes that have evolved in the past decade have been those that have resulted in new patterns of nursing education. The traditional thirty-six month diploma program has been shortened in some settings to three academic years. The Associate of Arts Degree programs have been decreased to four academic years or, in some instances, to four academic years plus one summer session. (17, 24, 37, 1, 2, 3)

Ruth Sleeper has said:

Women and men who are being graduated from diploma programs constitute the very heart of nursing in the hospitals of this country....Diploma programs prepare the bedside nurse. This has always been true. University schools with their broad opportunities should prepare for more rapid progress to leadership.... Direct care of the patients should be continued to be the basic purpose of the diploma schools. (35)

Nurses must be educated as rapidly as possible to fulfill the growing demands of our society.

The value of the contribution of nurses to human welfare and the respect and appreciation won by many of them have tended to create a commensurate estimate of nursing education. Only lately, as education in general has progressed and apprehension caused by shortages and deficiencies in nursing has become

vocal, has the public begun to question the adequacy of hospital schools. (5)

As the practice of nursing moved into new fields and positions, academic preparation was required; hence, colleges and universities took up the professional programs.

Tomorrow's nurses educated in colleges and universities will possess knowledge, skills, self-assurance and authority, which will permit them to participate as equals on the highly trained professional health teams caring for patients in the future. (38)

The trend is now for a broader education taking in the liberal arts, humanities, government, besides basic sciences and nursing courses.

Herbert Miller states:

...36 to 40 semester hours of work in liberal arts fields, exclusive of the natural and behavioral sciences, home economics and education. Take electives in history, government, and other subjects that contribute to breadth of education rather than their own specialization. (25)

Dr. Rogers states:

A systematized body of theoretical knowledge must be transmitted, if it is to achieve social significance. ...The educational process provides the means. Philosophy, objectives, and resources of colleges and universities provide the framework. Professional education is rooted and inseparable from education for personal growth and informed active citizenship. (31)

The advent of the Associate of Arts Program, set up by the Junior and Community Colleges, has made it possible for more young people to get a college education in nursing. These persons are only prepared for first level nursing. They can, though, pursue further education and come out with a baccalaureate degree. (26)

As a part of the state's system of public education,

the free junior colleges have provided general education courses to supplement the studies in nursing offered by the hospital school. (16)

Graduates of the experimental Associate Arts program have been successful in state board examinations. They have performed satisfactorily in service situations after orientation to the hospital where they are employed. Furthermore, the graduates from the associate degree programs prefer positions where they give patient care. (16 and 26)

The above reviews reflect many of the new and interesting changes taking place in school of nursing curricula today. It is understandable that recent graduates differ greatly in their abilities from the graduates of a decade or more ago. Sleeper has warned the new graduate that when she applies for her first position she will find that what is expected of her is not really much different from what she expects of herself. It will take her a while to move from the "role of student leader in her school to the role of administrator-leader expected of her as a graduate nurse." (36)

Randall and May have carefully delineated the skills the new graduate needs. In an endeavor to determine if there is a gap between what the student nurse learns in school and what she is expected to do as a new graduate, the Directors of Nursing Service Committee of the Cleveland Council and League for Nursing appointed a sub-committee to compile a list of basic skills that the new graduate was expected to perform. Young graduates were given opportunity to list what they expected of a new position. The final lists were reviewed jointly by the Directors of Nursing Service Committee and the directors of the schools of nursing in

the Cleveland area. It was agreed that the listed skills were taught in the Cleveland area. There was difference of opinion only in the degree to which the new graduate was expected to perform in her first position. It was recognized that there is a transition period during which the recent graduate must learn to function with more self-reliance than when under the supervision of clinical instructors. (29)

Review of Related Studies

In 1956, Kathleen Black, under the guidance of the Advisory Committee of the National League for Nursing Mental Health and Psychiatric Nursing Project, carried out a study entitled "Human Relations Content in the Basic Curriculum." The purpose was threefold:

1. To collect information indicative of attitudes about how instruction designed to develop human relation skills should be distributed within the basic curriculum.
2. To find out whether there was agreement about the inclusion of certain psychological concepts in the teaching program.
3. To encourage discussion and consequent awareness of these concepts among those responsible for various phases of the basic curriculum. (4)

The data were collected by questionnaires sent to accredited schools of nursing and to hospitals with established programs in basic psychiatric nursing. The questionnaire contained ninety-seven items, presenting qualities which would be desirable to develop in students through experience provided in the basic curriculum. The items were grouped under seven general topics as follows:

- A. Those qualities concerned with understanding the

behavior of patients and their families.

- B. Those qualities concerned with observing and reporting behavior.
- C. Those qualities concerned with giving nursing care to individual patients.
- D. Those qualities concerned with giving nursing care to groups of patients.
- E. Those qualities concerned with developing a background of useful concepts.
- F. Those qualities concerned with working relationships with team leadership responsibilities.
- G. Those qualities concerned with broad professional responsibilities and with self development.

There were from eight to twenty-four qualities under the seven topics.

The respondents were asked to check the qualities under one of the following four categories.

Category I. Progress toward development should be made in basic curriculum. Predominantly in Psychiatric Unit.

Category II. Progress toward development should be made in the basic curriculum; throughout, but as special responsibility of the psychiatric curriculum unit.

Category III. Progress toward development should be made in the basic curriculum; throughout, and not as a special responsibility of the psychiatric unit.

Category IV. Progress toward development should not or cannot be made in the basic curriculum.

This questionnaire was developed to try to answer certain questions, such as:

1. Should teaching of psychological skills and attitudes occur in curriculum areas other than in the

psychiatric nursing curriculum unit?

2. What attitudes and psychological skills should be developed through the basic curriculum?
3. What qualities do nurses, and others who contribute to the education of nurses, believe should be developed in the psychiatric unit of the basic curriculum?

In conclusion, instructors and students indicated through their responses that they found participating in the survey helpful. It was indicated that this report could serve as a tool for use in continuing curriculum evaluation.

Findings of this study indicated: Schools of nursing will attempt to emphasize specific human relation concepts in appropriate portions of the curriculum. Identification and understanding of content constitutes only one step toward curriculum development. It was further found that faculties were as willing to learn about unnamed skills of teaching appropriate to this content as they were to concepts which should be taught. "Nursing has the advantage of offering an abundance of live material that is needed for learning about human behavior." (4) Differentiation between what is expected as the outcome of different types of basic education was indicated by the respondents in this study.

In 1953, Mary R. Shields, under the leadership of the Committee on Nursing Curriculum of the National League for Nursing Education and sponsored by the National Committee for the Improvement of Nursing Service, did a Project for Curriculum Improvement. The purposes of this study were:

1. To find out to what extent nurses, especially nurse educators, would give verbal acceptance to the idea of attempting to develop certain qualities and skills in students in the basic professional program.
2. To present a philosophy of nursing education by the form and content of the instrument.
3. To encourage curriculum study and evaluation in schools of nursing. (34)

A check list, used in gathering the data for this study, was sent to all schools of nursing offering basic professional programs. The check list consisted of one hundred statements of qualities, describing a nurse in action. These qualities were grouped under nine general statements of abilities. The respondents were asked to indicate, by checking, whether they thought that a program which deserved the title of "basic professional" should provide learning experience tending to develop the qualities described, and whether it was reasonable to expect the "typical" nurse to evidence such qualities at the end of such an educational program. The nine abilities are as follows:

Ability one: items on knowledge of legal responsibilities and range of nursing; skills of good professional relationships.

Ability two: items on skills relative to directing the work of others in nursing.

Ability three: items on general skills in interpersonal relationships.

Ability four: items on scientific knowledge and judgment in evaluating and improving nursing care.

Ability five: items mostly on traditional nursing knowledge and skills, understanding of disease, patient's needs, treatment and prevention.

Ability six: (highest acceptance) items on manual skills in commonly used nursing procedures in the various clinical areas.

Ability seven: items on health knowledge, skills in teaching and promoting health.

Ability eight: (least acceptance) items relating to participation in community planning and activities for community welfare.

Ability nine: items on skills of personal integration based on philosophy and ethics. (34)

Recommendations: The data of this study have assisted in clarifying the philosophy by defining certain ability areas as accepted aims of basic professional nursing education and other areas as issues requiring study and experimentation.

At Boston University in 1956, Barbara D. Kurth completed a Master's thesis, Exploratory Study to Determine a Method of Improving Operating Room Experience for Collegiate Students of Nursing. A summary of the findings of this study follow:

Data from operating room personnel show that principles of aseptic technique essential in an operating room learning experience can be developed in six weeks under certain conditions, continuous patient care seems to provide opportunity to acquire necessary concurrent and concomitant learning, data from recovery room personnel substantiates findings and indicated students more cognizant of patients' needs; data from surgical ward agreed with findings of operating room and recovery room findings. (20)

In 1961, a study was done by Olga Keesling, through the University of Oregon School of Nursing, entitled Opinions of Sixty-four Student Nurses Concerning the Value of Their Operating Room Experience. The purposes of this study were to ascertain 1) whether the student nurse

thinks the operating room assignment should have consisted of "observation" rather than "active participation," 2) how long should the experience be, and 3) what experiences should be added or omitted? A questionnaire was administered to sixty-four student nurses in five Oregon Schools of Nursing.

A summary of the study follows. On the basis of rank order distribution of responses and the average rating scale, it is evident that, in the opinion of the participants who had had the experiences, most of them are definitely of high value. Even students who had not had some of the experiences rated them highly. Those experiences which were rated of low value were largely in the area of housekeeping or routine activities.

Recommendations for further study included repeating the same study on a larger scale for the purpose of comparing findings. A study might be considered which would consist of examining the faculty members of schools of nursing regarding their opinions of values of operating room experiences for student nurses. A similar study might be done by using surgeons as the participants: What values do surgeons feel operating room experiences have toward the development of professional nurse competence? (18)

Summary

Throughout the various literature perused for this study it was observed that curricula in nursing are continuously changing in order to try to meet the health demands and needs of our constantly changing

society. In view of these changing health needs, nurse educators must continually evaluate their curriculum, discontinue experiences which are obsolete, add new courses or modify the curriculum as deemed necessary. These persistent changes inevitably produce new learning experiences and new patterns of nursing education which in turn are reflected in the abilities of the graduates of the programs.

CHAPTER III

PRESENTATION AND INTERPRETATION OF FINDINGS

Introduction:

This study was undertaken to ascertain the opinions of nursing service personnel concerning the adequacy of the preparation recent graduates have had for performing in first level nursing positions. This gives rise to certain questions which relate to the effectiveness of the nurse on the job such as: a) do those in nursing service who employ and/or supervise new graduate nurses think these young people have been adequately prepared for first level nursing positions; b) do the opinions of nursing service personnel in large hospitals differ from those in small hospitals; and c) do the opinions of nursing service personnel differ in settings where there is a school of nursing from those in other settings?

Opinions concerning adequacy of preparation inevitably relate to the curriculum pattern of the school in which the nurse was prepared. Further questions rise: a) are student nurses in the modern schools of nursing being adequately prepared to meet the responsibilities of professional nursing in first level positions; b) are some experiences in the basic nursing curriculum being continued solely to meet service needs; c) are some clinical experiences continued in order to maintain a tradition, long after their real educational value has been exhausted;

d) could some experiences be omitted entirely; and e) should new and different experiences be added to the curriculum in order to prepare the nurse better to meet current health needs? If so, what changes in the curriculum are needed?

Purpose:

This study makes no attempt to evaluate curricula in schools of nursing, but does attempt to determine opinions held by those who employ, supervise or work with recent graduates concerning the adequacy of their preparation for performing in first level positions. The curriculum of a school is reflected in the performance of the graduates of the school. (29, 36)

The Procedure:

The Development of the Tool:

The purposes of the study were defined. Then a data collecting tool was devised in the form of an interview guide. Each segment of the guide was designed to obtain information consistent with the purposes of the study. (See Appendix A) The interview guide was divided into four parts as follows:

Part I: Directions to the interviewee. This consisted of an introduction to the respondent plus the title of the study as the basis for explaining the nature of the study.

Part II: Personal data. This part was divided into four questions, mostly to put the respondent at ease, but also to elicit information concerning the type of school of nursing from which she graduated, the year

of graduation, title of present position, and length of time in present position. There was a possibility that these factors would bear a relationship to the nature of the responses.

Part III: Information regarding the employment situation. This consisted of five items designed to obtain data regarding the types of hospital, bed capacity, location, and the presence or absence of a school of nursing or program for practical nurses. As indicated in the introduction to this chapter, it had been conjectured that these factors might bear a relationship to the responses.

Part IV: The interview, consisting of six items with some sub-points designed to obtain opinions regarding the adequacy of the preparation recent graduates have had for performing in first level nursing positions.

Pilot Study:

After the interview guide was constructed a pilot study was conducted to test the tool and to provide the interviewer with practice in collecting the data. The pilot study was carried out in a 374 bed general private hospital in a metropolitan area. This hospital has a school of nursing, also an internship and residency program.

Those interviewed for the pilot study were four head nurses, one assistant head nurse, and fifteen staff nurses on the 3:00 p.m. to 11:00 p.m. shift.

The pilot study revealed that 1) each interview would take approximately thirty minutes, 2) the items in the tool were understandable,

and 3) the tool would elicit usable data.

Following the pilot study, mock tables were constructed to illustrate how the data could be depicted.

No participant in the pilot study was interviewed in the final study nor were any of the pilot study data used.

Procedure for Collection of Data for the Master Study:

This study was conducted in eighteen hospitals throughout the state of Oregon.

A letter explaining the purpose of the study and how long each interview would take was sent to thirty-six general private hospitals. Accompanying the letter was a letter written by the thesis adviser, and a self-addressed stamped postcard indicating a willingness to participate in the study. (See Appendices B and C)

A tentative schedule was arranged for each hospital before the letters were sent. The registered professional nurses on the day shift (7:00 a.m. to 3:30 p.m.) were to be interviewed. Eighteen hospitals indicated a willingness to participate in the study.

The hospitals visited were situated throughout the state of Oregon. Sixteen were conducted as non-profit organizations, and two were conducted for profit. The size of the hospital varied from 24 to 374 beds. Further information regarding type, bed capacity, location and other items will be reported subsequently in this chapter.

Five hospitals were located in a metropolitan area (population of 50,000 or more), nine in an urban area (population of 2,500 or more),

and four in a rural area (population below 2,500). One of the hospitals conducted a school of nursing; one hospital was utilized as the clinical field by a baccalaureate degree program; and the remaining sixteen hospitals were not connected with basic professional schools of nursing. Of these eighteen hospitals, five were connected with practical nurse programs. Thirteen had no connection with any program of nursing education.

The schedule was set up to conduct interviews in two hospitals per day. Approximately three to four hours were spent in each hospital. The interview dates were scheduled over a three week period. Travel time was also estimated in setting up the schedule. The dates were planned so the hospitals in Central Oregon and Eastern Oregon would be included in one trip, Southern Oregon another trip, Coastal area and Multnomah County in another trip. The number of persons to be interviewed was indefinite until actually in the setting.

The interviewer had full cooperation of all the registered professional nurses who were interviewed. There was no hesitancy on the part of the personnel interviewed, in responding to the questions. The personnel had been notified by the Director of Nursing that a questionnaire would be submitted to them. Each interview was done singly, either in the office of the Director of Nursing or on the wards. The interviewer asked the questions and wrote the responses on the interview guide.

A preliminary orientation at each interview included a) a description of the purpose of the study, and b) assurance of the anonymity of the responses. The items of the interview guide were related to opinions

concerning the preparation of recent graduates for performing in first level nursing positions. To assure a free response, no attempt was made to define "first level nursing."

Sixty-two registered professional nurses were interviewed. These sixty-two participants were divided into four categories.

Category I: Administrators. Under this classification were; seventeen Directors of Nursing, one Assistant Director of Nursing, one Director of Nursing Service, one Assistant Director of Nursing Service, (These people may all function on the same level, but their titles differ from place to place.) one Director of In-service Education, and one Hospital Administrator, who is a registered nurse.

Category II: Supervisors. There were fifteen supervisors, functioning as Medical-Surgical, Operating room, and Obstetric Supervisors.

Category III: Head Nurses. There were ten head nurses from all departments.

Category IV: Staff Nurses. There were fifteen staff nurses from all departments.

Findings:

Part II of the interview guide sought to elicit personal data such as the type of school of nursing from which the interviewee was graduated, year of graduation, title of present position and length of time in present position.

As indicated above the sixty-two respondents were categorized as

administrators, supervisors, head nurses, and staff nurses. It was found that 78.9% were graduated from diploma programs and 20.8% from baccalaureate degree programs. No graduates of Associate of Arts Programs were interviewed.

The percentage distribution of the respondents according to category and type of school from which they graduated is shown in Table 1.

Table 1. Number and Percent of Sixty-Two Participants According to Category of Position and Types of School from Which They Were Graduated

Category	Total Number	Type of School from Which Graduated		Total
		Diploma	Baccalaur- eate Degree	
(1)	(2)	(3)	(4)	(5)
1. Administrators....	22	*27.4%	8.0%	35.4%
2. Supervisors.....	15	20.9%	3.2%	24.1%
3. Head nurses.....	10	14.5%	1.6%	16.1%
4. Staff nurses.....	15	16.1%	8.0%	24.1%
Total.....	62	78.9%	20.8%	99.7% 100%

* Three later received a baccalaureate degree; and one took both baccalaureate and post-baccalaureate study.

The second item under Part II concerned the year of graduation. As might have been anticipated, those personnel in administrative and supervisory positions were the earliest graduates. Percentage distribution of responses for the sixty-two respondents was divided according to

categories. Each figure is a percent of the total population.

Category I. Administrators: 1.6% of the total population indicated no response; 4.8% graduated between 1920 and 1929; 12.9% between 1930 and 1939; 9.6% between 1940 and 1949; and 3.2% between 1960 and 1962.

Category II. Supervisors: Personnel in the supervisory capacity followed a pattern similar to the personnel in administration. 1.6% graduated between 1920 and 1929; 9.6% between 1930 and 1939; 9.6% between 1940 and 1949; and 3.2% between 1950 and 1959.

Category III. Head nurses: 4.8% graduated between 1930 and 1939; 8% between 1940 and 1949; and 3.2% between 1950 and 1959.

Category IV. Staff nurses: 1.6% graduated between 1930 and 1939; 4.8% between 1940 and 1949; 11.2% between 1950 and 1959; and 4.8% between 1960 and 1962.

Of the total population, 1.6% indicated no response; 6.4% graduated between 1920 and 1929; 29% between 1930 and 1939; 32.2% between 1940 and 1949; 20.9% between 1950 and 1959; and 9.6% between 1960 and 1962.

The percentage distribution of the respondents according to category and year of graduation is shown in Table 2.

Table 2. Percentage Distribution of Sixty-Two Participants
According to Category and Year in Which They Graduated

Category	No Re- sponse	Year of Graduation				
		1920 to 1929	1930 to 1939	1940 to 1949	1950 to 1959	1960 to 1962
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Administrators..	1.6	4.8	12.9	9.6	3.2	3.2
2. Supervisors.....	0	1.6	9.6	9.6	3.2	0
3. Head nurses.....	0	0	4.8	8.0	3.2	0
4. Staff nurses....	0	0	1.6	4.8	11.2	4.8
Total.....	1.6	6.4	29.0	32.2	20.9	9.6 = 100

The third item in Part II sought the title of the present position. This information led to the categories already described.

Item four asked the length of time in the present position. The findings are reported in terms of the total population.

Category I. Administrators: 3.2% had been in their present positions from one month to eleven months; 20.9% from one year to six years; 8% from seven to twelve years; and 3.2% from thirteen to twenty years.

Category II. Supervisors: 4.8% had held their present positions from one month to eleven months. As with the administrators, the highest percentage was in the one to six year bracket with 12.9%. 3.2% had held their present position for seven to twelve years and thirteen to twenty years respectively.

Category III. Head nurses: 4.8% had held their present positions for one to eleven months; 8% from one to six years. 3.2% had worked from thirteen to twenty years.

Category IV. Staff nurses: 8% had held their present positions from one to eleven months. The highest percentage fell in the one to six year bracket with 11.2%; 4.8% had held their present position from seven to twelve years.

20.9% of the sixty-two nurses interviewed had held their present positions from one to eleven months. 53.2% (highest response) had held their positions from one to six years; 16% from seven to twelve years; and 9.6% (lowest response) from thirteen to twenty years.

It appeared, while interviewing the registered professional nurses for this study, that those holding the higher positions for a long period of time had been in the community where the hospital was located ever since they had graduated.

However, recent graduates who were married were found working in hospitals near where there were universities. It appeared that these hospitals had no difficulty in filling staff nurse positions. However, the turnover was great because when the husbands finish school, the nurses resign from their positions.

Table 3 presents data relative to the length of time sixty-two participants have held their present positions.

Table 3: Percentage Distribution of Sixty-Two Participants
According to Category and Length of Time in
Present Position

Category	Length of Time in Present Position				Total
	1 mo. to 11 mos.	1 yr. to 6 yrs.	7 yrs. to 12 yrs.	13 yrs. to 16 yrs.	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators.....	3.2	20.9	8.0	3.2	35.4
2. Supervisors.....	4.8	12.9	3.2	3.2	24.1
3. Head nurses.....	4.8	8.0	0	3.2	16.1
4. Staff nurses.....	8.0	11.2	4.8	0	24.1
Total.....	20.9	53.2	16.0	9.6	*99.5= 100

* Compilation carried out to three decimal points. Round off to total of 100%.

Part IV consisted of six items, some with sub-points, all designed to elicit opinions regarding the adequacy of recent graduates to perform in first level nursing positions.

Item 1 asked: "What is your impression of recent graduates of schools of nursing: (a) Are they better prepared than nurses in the past?"

28.8% of the registered nurses interviewed answered "yes." Some of their answers are cited:

Type of patient care is so much more advanced. Have to be better prepared to care for patients with the different diagnosis.

They know things to be done; their application may not be better.

Flexible. They do try.

They have taken more psychology and sociology. Can relate to illness.

They generally are. Always a few who aren't.

27.2% of the nurses interviewed said "no." The reasons stated included:

They need more practical experience.

No unison between school of nursing and nursing service.

They can take care of one patient and do everything for that patient, but can't take care of more than one. All they take care of while they are students are one or two patients.

In some areas, yes; as far as carrying out varied duties, no. They don't know how to cope with emergencies.

Not enough practical experience. Education is good, although they can't correlate theory with clinical practice.

They aren't getting enough practical experience; rely on interns and residents; not enough knowledge. Just getting by.

Theory good; almost making junior doctors out of the girls; need more practical experience.

41.9% of the nurses interviewed answered "partially." Some of the various comments are cited verbatim:

Too much stress on education for education; made goal instead of means.

Each age has its level of nursing; we advance with the times.

For the aims we are trying to achieve, maybe. We are aware of the patient-centered approach.

In certain areas, such as communications, interpersonal relations, leadership, yes.

Lack confidence in supervision of non-professional personnel.

Not enough bedside nursing. Need more experiences in obstetrics, operating room, different types of treatments, passing levin tubes, doing intravenous feedings.

The data relative to the responses to part (a) under Item 1 are shown in Table 4.

Table 4: Percentage Distribution of Responses of Sixty-Two Participants To the Question "Are Recent Graduates Better Prepared Than Nurses in the Past?"

Category	Response				
	Yes	No	Partially	As Well	Total
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	9.6	11.2	12.9	1.6	35.3
2. Supervisors.....	6.4	4.8	12.9	0	24.1
3. Head nurses.....	4.8	4.8	6.4	0	16.0
4. Staff nurses.....	8.0	6.4	9.6	0	24.1
Total.....	28.8	27.2	41.9	1.6	99.5 = 100

Sub-point (b) of Question 1 read: "Do recent graduates adjust to their new job situations readily?" 67.5% of the participants responded in the affirmative. Some of their comments are cited:

Have done very good.

If given proper orientation.

So much of the work is routine.

If a girl wants to adjust readily and learn, she can.

It depends on the individual.

17.6% of the interviewees answered "no." Their main reasons were as follows:

Too anxious to stick to the "way I did in school."

They are too dependent.

The recent graduates want to work nothing but the day shift. Seems as if they have never taken care of a patient all the way through (work all three shifts).

They lack common sense.

They don't know how to work with other people.

They have to find out that small hospitals can not and are not run like the large hospitals.

These girls may, at one time or another, do some of the treatments that interns and residents do in your larger hospitals.

14.4% of the respondents answered "partially." Their comments included:

The older nurse expects too much from the recent graduates. This can be overwhelming to them.

The older nurses tend to spoil the recent graduates, treat them like their daughters. This can be very disconcerting to the recent graduate.

They can't take responsibilities because they feel "too insecure."

It depends on the individual herself. If she wants to, she can adjust quite readily.

It may depend upon which school the recent graduate came from.

Besides depending on the individual, circumstances play a major role. Under normal situations they function adequately; under abnormal pressure they are too sensitive, "bruise easily," can't cope with multiple emergencies.

It depends on the department.

The "young" nurses are flexible and they do try to adjust.

The findings of part (b), Question 1 are depicted in Table 5.

Table 5: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Do Recent Graduates Adjust To New Job Situations Readily?"

Category	Response			Total
	Yes	No	Partially	
(1)	(2)	(3)	(4)	(5)
1. Administrators...	19.3	8.0	8.0	35.3
2. Supervisors.....	19.3	1.6	3.2	24.1
3. Head nurses.....	9.6	3.2	3.2	16.0
4. Staff nurses.....	19.3	4.8	0	24.1
Total.....	67.5	17.6	14.4	99.5 = 100

Part (c) of Question 1 read: "Do they need more orientation than nurses did in the past?"

53.0% of the population answered "yes." Their answers were:

Should have an internship the last six months of school, to help develop skills.

To be safe; to see what they know and don't know. They are still learning.

There are different routines to learn. They are too insecure immediately upon graduation.

Especially in some of the specialty areas.

Not familiar with general routine through a whole day.

Probably need more than we are giving them.

Every hospital is different. Needs to be oriented to the hospital and locale.

Working with the older graduates would probably be the best type of orientation.

Given too much responsibility immediately.

For floor duty, yes.

35.3% of the interviewees answered "no." Samples of their comments follow:

With the good education they get, they are fine.

The new graduates are more aware of newer trends in nursing. The older nurse who has been out of nursing for a considerable period of time needs more orientation.

6.4% of those interviewed said "partially." When questioned further, their main explanations were:

It depends upon whether they work in the hospital where they took their training.

It depends again on the individual. The girl has to want to be a nurse.

Lots of time there is not enough help to properly orient them.

4.8% of the respondents could not answer, or did not know if new graduates needed more orientation or not.

The findings of sub-point (c), Question 1 are shown in Table 6.

Table 6: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Do Recent Graduates Need More Orientation Than Nurses in the Past?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	17.7	14.5	1.6	1.6	35.4
2. Supervisors.....	14.5	6.4	3.2	0	24.1
3. Head nurses.....	9.6	6.4	0	0	16.0
4. Staff nurses.....	11.2	8.0	1.6	3.2	24.0
Total.....	53.0	35.3	6.4	4.8	99.5 = 100

Part (d) of Question 1 asked: "Do you feel that new graduates need more supervision than nurses in the past?"

41.7% of the nurses questioned answered "yes." Some of their reasons are quoted:

Can't correlate.

Do appreciate it. Helps them get over their feeling of still being a student nurse.

At first should be until "we" (registered nurses) see if "they" (recent graduates) are doing all right on their own.

At first they all do.

They are student nurses one day; the next day they are registered nurses. Too much is expected of them.

A little easier going if supervised.

Everyplace is different; afraid to start.

Especially in medications.

Right at the beginning until they catch on.

When sent to a new hospital. Supervision for the first six months out of training; after that, no.

Under certain conditions.

For first two weeks, because they are not sure of themselves.

Anyone does.

It depends on the person.

48.2% of the nurses answered "no." Samples of the reasons given are cited:

The program makes a difference.

"They" (the recent graduate) automatically get more supervision.

Age factor enters here. The recent graduate is younger and has just finished her school, so does not need as close supervision as a nurse who has been out of school for a long time and has forgotten or does not know certain procedures, medications, etc.

More explanation is needed.

6.4% of those interviewed answered "partially." Their answers were:

It depends on the individual.

Watch them closely for a month and have them work all three shifts.

3.2% of the nurses said they could not justifiably answer the question; they gave no explanation for not being able to respond.

The findings of part (d), Question 1 are shown in Table 7.

Table 7: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Do Recent Graduates Need More Supervision Than Nurses in the Past?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	11.2	17.7	4.8	1.6	35.3
2. Supervisors.....	14.5	8.0	1.6	0	24.1
3. Head nurses.....	6.4	9.6	0	0	16.0
4. Staff nurses.....	9.6	12.9	0	1.6	24.1
Total.....	41.7	48.2	6.4	3.2	99.5 = 100

Sub-point (e) of Question 1 asked: "Is more extensive in-service education needed than has been in the past?"

74.0% of the personnel interviewed answered "yes." Some of their responses follow:

They always need to learn. They are doing more things now that doctors used to do.

Need it in all areas.

Good for all nurses. Should include this in the Oregon Nurses Association and Oregon League for Nursing workshops.

It is needed, but can't give as much as should be given.

Constant procedure; medicine and nursing are changing rapidly. Need to know about new treatment, equipment, and procedures.

It is needed to keep abreast with new things.

Nurses should continually strive to better themselves and this is one way to do so.

All phases. Changes in routines. Inter-departmental meetings.

We could all always use more education.

Especially for new and unusual things.

Definitely; they need to know everything about new equipment and procedures.

17.6% answered "no." Some of their reasons are cited:

Leave it up to individual hospitals.

Many nurses don't attend when meetings are called anyway.

8.0% answered "partially," supporting their replies by such comments as:

Because of changing trends in nursing and medicine with new equipment, they do need it.

Hard to achieve in small hospitals.

The findings of sub-point (e), Question 1 are shown in Table 8.

Table 8: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Is More Extensive In-Service Education Needed Than in the Past?"

Category	Response			
	Yes	No	Par- tially	Total
(1)	(2)	(3)	(4)	(5)
1. Administrators...	29.0	4.8	1.6	35.4
2. Supervisors.....	20.9	1.6	1.6	24.1
3. Head nurses.....	8.0	8.0	0	16.0
4. Staff nurses.....	16.1	3.2	4.8	24.1
Total.....	74.0	17.6	8.0	99.5 = 100

Question 2 asked: "Do you think nurses can be prepared adequately for first level in..." The item was sub-divided into part (a) the Associate of Arts Program; part (b) the three year hospital program; and part (c) the four year college degree program.

In response to part (a) 6.4% answered "yes." Reasons to support their answers were:

For bedside nursing, don't see why they could not.

Rapid and accelerated, but for bedside nursing, they could function adequately.

70.7% of the total population answered "no." Their main objections were:

Too much material to obtain in two years.

Not enough practical experience.

Do not really know how to give safe nursing care. These schools should never have come into being. In time I feel they will disintegrate.

Can't place them in positions of responsibility.

Not unless they have a year's internship or supervised practical experience. Should not be licensed until the end of that year.

Just can not do it.

Not enough clinical experience.

They themselves feel inadequate while doing procedures.

How can they, with no clinical experience?

Aren't as sure of themselves.

Do not know how to do what is expected of them.

Need at least a minimum of three years.

Can't digest material.

Have seen only one, but from that experience I feel they can't be adequately prepared for beginning positions.

Too inadequate.

No attempt was made to determine the basis for these negative responses, but it was learned that only five registered professional nurses had worked with graduates of the Associate of Arts program.

3.2% answered "partially." Their reasons were:

It depends on the individual.

Too many if's to really make the program survive.

19.2% stated they could not answer adequately, mainly because they

had never worked with any of these nurses and did not want to draw any conclusions.

The responses to Question 2, part (a) have been converted to percentages and are shown in Table 9.

Table 9: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Can Nurses Be Prepared Adequately for First Level Positions in the Two Year Associate of Arts Program?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	1.6	22.5	1.6	9.6	35.3
2. Supervisors.....	1.6	17.7	0	4.8	24.1
3. Head nurses.....	1.6	11.2	0	3.2	16.0
4. Staff nurses.....	1.6	19.3	1.6	1.6	24.1
Total.....	6.4	70.7	3.2	19.2	99.5 = 100

Part (b), Question 2 read: "Can nurses be prepared adequately for first level positions in the three year hospital diploma program?"

78.9% of all responses were "yes." The reasons to support their opinions were:

State Board results show that the three year programs are adequate.

Well prepared. Get more satisfaction with the diploma graduate who is better prepared than the degree student.

These girls have more actual clinical experience.

More than adequate for first level nursing.

It depends on the individual.

They are better nurses for general duty nursing (bedside).

Good bedside nurses.

First level nursing position -- yes.

Basically, yes.

Better rapport.

Prepares them quite adequately.

A lot depends on the individual.

It is better than a two year program.

9.6% answered "no," giving reasons such as:

Too limited experience.

Need better understanding of patients' and relatives' needs and more clinical experience.

When I graduated, yes; now, no; they need more clinical experience.

Depends on hospital routine. Need more explanation on why something is done.

They need more clinical experience.

11.2% of those interviewed answered "partially." Their reasons given were:

Can give baths, but can not meet the psychological needs of the patient. They are lacking in this area.

It depends on the girl and the school.

Their education has too narrow a scope; should have some fine arts, to give them a well rounded background and perspective.

They do have quite a few questions on "why."

They are pretty well aware of their own shortcomings.

The findings of part (b), Question 2 are shown in Table 10.

Table 10: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Can Nurses Be Prepared Adequately for First Level Positions in the Three Year Hospital Diploma Program?"

Category	Response			
	Yes	No	Par- tially	Total
(1)	(2)	(3)	(4)	(5)
1. Administrators...	29.0	3.2	3.2	35.4
2. Supervisors.....	14.5	3.2	6.4	24.1
3. Head nurses.....	12.9	1.6	1.6	16.1
4. Staff nurses.....	22.5	1.6	0	24.1
Total.....	78.9	9.6	11.2	99.5 = 100

Part (c) of Question 2 read: "Do you think nurses can be prepared adequately for first level nursing in the four year college program?"

36.9% of the respondents answered "yes." Their answers were:

If they stay with first level nursing, then four years is adequate.

It is more desirable than other types of programs. Better psychological aspects. Can meet the needs of the patient and family better.

Internship is necessary.

Definitely very good.

Better than diploma girls. A broader educational scope.

Depends on the individual.

Ideal.

Ones here have been adequately prepared.

48.2% of the population interviewed answered "no." They had many reasons why they felt that nurses could not be prepared adequately for first level nursing in the four year college degree program, such as:

A five year program would be best, because they would get more clinical experience.

I feel they have not had enough clinical experience.

Not for a small hospital. They lack clinical experience.

Education, teachers, supervisors, etc. do not have common knowledge. Need more clinical experience. Not realistic in thinking.

They are preparing more for supervision and education, not for first level nursing.

They need one year internship. Practical experience on all shifts.

Not enough practical experience.

Excellent for what they are trained for. These girls are trained more for head nursing, supervisors, instructors.

Better for higher degree positions, not for bedside nursing.

They want better positions than they are prepared for; have the attitude of "Here I am."

Too much theory; need more clinical experience.

Be better if they took hospital first, then went to college.

It depends on how much clinical experience. If three years of college and one year of clinical experience, then not adequate. If two years of college and two years of clinical experience, then adequate.

They think they are prepared right away for supervision and teaching. This is the line they think on.

Need more supervision.

Prepared for supervisory capacities, not for first level nursing.

Ridiculous to have a degree. They do the same work as diploma graduates. Usually on the same level and receive the same pay. Besides they can't do a bed bath any better.

Relationship and rapport with patients and relatives is lacking. Too much emphasis on supervision.

Theory-wise they are adequately prepared; clinical experience, no. Not sufficient time on the wards.

11.2% answered "partially." To qualify their answers, the following reasons were given:

Skeptical about their preparation; not enough bedside nursing.

Up to the individual as to how she functions. She may not be adept, but is a good student.

Degree students should have direct supervision for first three years. Then internship of three months during last year with very little supervision. However, they should have more supervision in charge areas.

The degree students should be given more desk work and charge responsibilities.

They are now getting more intensive theory and not enough practical experience.

3.2% answered "don't know," stating they had not worked with degree students. They indicated that degree students stay in the large cities. Their diploma graduates usually were from the town where the hospital is located.

The findings of part (c), Question 2 are shown in Table 11.

Table 11: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Can Nurses Be Prepared Adequately for First Level Positions in the Four Year College Degree Program?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	11.2	17.7	4.8	1.6	35.3
2. Supervisors.....	8.0	12.9	3.2	0	24.1
3. Head nurses.....	4.8	9.6	1.6	0	16.0
4. Staff nurses.....	12.9	8.0	1.6	1.6	24.1
Total.....	36.9	48.2	11.2	3.2	99.5 = 100

Question 3 asked: "How many hours of class do you think students should carry each week?"

48.2% of the total population interviewed stated it would depend on the year in school. When asked for an explanation, most of those answered to this effect:

During her pre-clinical time is when the student should have the bulk of her theory.

It is during this time that she is getting her background and basic knowledge of nursing, to follow her through the rest of her education and during her professional days. As she advances toward the completion of her education, the number of hours of theory should be decreased and the number of clinical hours increased.

By the end of the senior year, she is working an eight hour shift, with maybe a couple of hours a week for clinics and/or ward conferences.

35.3% stated they could not answer, because they did not know how many hours the students carried now.

8.0% said 11 to 15 hours; 4.8% stated 6 to 10 hours; and 3.2% stated 16 or more hours.

The findings of Question 3 are shown in Table 12.

Table 12: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "How Many Hours of Class Should the Student Carry Each Week?"

Category	Response*					Total
	6-10 hours	11-15 hours	16-more hours/	Depends on year	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Administrators.	0	0	1.6	19.3	14.5	35.4
2. Supervisors....	1.6	0	1.6	12.9	12.9	24.1
3. Head nurses....	1.6	3.2	0	6.4	4.8	16.0
4. Staff nurses...	1.6	4.8	0	9.6	8.0	24.0
Total....	4.8	8.0	3.2	48.2	35.3	99.5 = 100

* No response for 1-5 hours; omitted from the table.

Question 4 asked: "How many hours of nursing practice do you think the student should carry each week? (exclusive of class room instruction)"

6.4% of the interviewees stated 16 to 20 hours; 6.4% said 21 to 25 hours; and 3.2% said 26 to 30 hours. 51.4% stated it depends on the

year in school. Their reasons were the same as for Question 3.

During the pre-clinical time, less nursing practice hours. During the freshman year, increase the number of nursing practice hours and keep increasing nursing practice and decreasing classroom. By the time the student is a senior, the main bulk of her hours are nursing practice.

32.1% could not answer because they did not know how many hours the students carry now.

The findings of Question 4 are shown in Table 13.

Table 13: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "How Many Hours of Clinical Practice Should Students Carry Each Week?"

Category	Responses					Total
	16-20 hours	21-25 hours	26-30 hours	Depends on year	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Administrators.	0	1.6	0	20.9	12.9	35.4
2. Supervisors....	1.6	1.6	0	12.9	8.0	24.1
3. Head nurses....	3.2	0	1.6	6.4	4.8	16.0
4. Staff nurses...	1.6	3.2	1.6	11.2	6.4	24.0
Total....	6.4	6.4	3.2	51.4	32.1	99.5 = 100

* No responses for 5-9 hours, 10-15 hours, or 31-35 hours; hence not shown in the table.

Question 5 asked: "What is your impression of the content of the curriculum in the modern school of nursing?" There were eight sub-points. Part (a) read: "Does it meet what society demands of the nurse?"

54.6% of the personnel interviewed responded in the affirmative, giving reasons such as:

Medicine and nursing constantly changing. A nurse can't be all things.

A nurse can't be everything to everyone.

For the most part nurses are meeting the demands of society.

Very good -- definitely.

Adequate.

Meets the patient needs.

Much more than used to. Can do more things now.

A lot depends on the ability of the individual to pick up and broaden her own insight as to what is expected of her.

30.4% answered "no," with responses such as:

Nursing is always in a transitional phase.

In small hospitals the nurse has to follow the patient all the way through; plan diet; care of patient while hospitalized; follow up after discharge; work in clinics; help in the community. Nurses don't receive an opportunity to see this during training. If they do, it is a very limited experience.

Patients complain because they don't see the nurse. Nurses need to get back to the bedside.

Modern curricula are making the nurse something besides a nurse: social worker, psychologist, junior doctor.

Students need more personal relationships.

The curriculum is not realistic with what hospital and health agencies expect.

The program is lacking a class in communications.

Nursing is now in the middle of change. The public

expects a great deal from the nurse, but still she must maintain a high nursing level. This is because of television, radio, and magazines.

Society demands too much.

They expect too much of the nurse. The nurse is supposed to know everything.

After graduation, they learn a lot. When first graduated, they have a lot of funny ideas. Feel as if they have the "world by the tail."

People read; we're behind the times; we still can't tell the patient what medication he is receiving or what his temperature or blood pressure is.

All need more patient contact.

12.8% answered "partially." Their explanations were:

It depends on the individual.

The students have turned out quite well. Not used to taking responsibilities.

It varies with the hospital.

The general public doesn't expect a nurse to do anything but bedside nursing. The public doesn't know what nurses actually do.

They expect nurses to do counseling.

Times are changing; more demands are placed on women in nursing.

It is good except for one thing. More emphasis needed on managing of patient's family. Too often concerned with just the patient, forgetting that there is a family.

1.6% stated the nursing curriculum more than meets society's needs.

They commented that society is interested in nursing. This may be the reason why doctors are becoming more demanding of the nurse.

The findings of Question 5, part (a) are shown in Table 14.

Table 14: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Does the Curriculum Meet What Society Demands of the Nurse?"

Category	Response				Total
	Yes	No	Par- tially	Over- meets	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	20.9	11.2	1.6	1.6	35.3
2. Supervisors.....	9.6	6.4	8.0	0	24.0
3. Head nurses.....	9.6	3.2	3.2	0	16.1
4. Staff nurses.....	14.5	9.6	0	0	24.1
Total.....	54.6	30.4	12.8	1.6	99.5 = 100

Part (b) under Question 5 read: "Do you think some of the student nurses' experiences are being continued solely to meet service needs?"

30.5% replied "yes." They gave reasons such as:

The patient needs have to be met.

Should not "pull" students (shifting students to another ward temporarily) from one floor to another. Especially if they have never worked there before.

We thought so when we were students.

36.9% of the nurses interviewed stated "no." Some of their reasons follow:

They can learn to make decisions with help. There is so much to give them. It helps them to be more efficient.

Too much education. Not cooperating with nursing service.

Experiences are centered around the needs of the student. No matter what is said, students still belong to nursing service.

After assignment is completed, then student can work for nursing service.

6.4% said "partially." To support their opinions it was explained:

Maybe in a small school of nursing. This, however, is not really as much of a problem as it used to be. Schools have National League for Nursing and American Nurses' Association guide lines to follow.

It depends on the school.

More apt to find it in diploma program than in baccalaureate degree programs.

11.2% could not answer because they were "not aware of what was occurring."

The findings of part (b), Question 5 are shown in Table 15.

Table 15: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Are Some Experiences Being Continued Solely To Meet Service Needs?"

Category	Response				Total
	Yes	No	Partially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	9.6	17.7	3.2	4.8	35.3
2. Supervisors.....	14.5	4.8	1.6	3.2	24.1
3. Head nurses.....	4.8	8.0	0	3.2	16.0
4. Staff nurses.....	16.1	6.4	1.6	0	24.1
Total.....	30.5	36.9	6.4	11.2	99.5 = 100

Part (c) of Question 5 asked: "Is this justified?" in reference to part (b).

17.6% replied "yes," giving as reasons:

There is need to utilize them for nursing service even if it is against better judgment.

It is done to see how they adjust.

It prepares student nurse to meet responsibilities.
Helps her adjust better to different situations.

Helps her become versatile; she will run into this if she works in a small hospital.

Help them adjust to meet emergencies.

They need a certain amount of nursing service.

Because of patient needs, have to use student nurses.
This is justified because patient comes first.

Must meet patient needs.

30.5% stated "no," for reasons such as:

Students don't get experience. Usually doing aide work. If pulled, should have make-up time on that rotation.

Education should improve in nursing just as in other professional fields. Nursing is supposedly out of the apprenticeship days.

They shouldn't have to spend more time just to fill in for nursing service.

Students being pulled to different floors is not a good idea.

They should not be pulled.

They may do something wrong. Not qualified.

Upsets the student nurse, especially if she hasn't been in a department.

She is here to learn nursing. She misses much learning

experience if she is pulled; this encourages lying when she makes out her records (i.e., reporting so many orthopedic cases when all she may have seen would be one case).

Need more practice.

If on a special rotation and then pulled to some other department, again not desirable, since they are supposed to have so much experience in each clinical area.

They aren't prepared.

51.3% left the question blank.

The findings of part (c), Question 5 are shown in Table 16.

Table 16: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Is This Justified?" in Reference to Learning Experiences Designed To Meet Service Needs

Category	Response			Total
	Yes	No	No response	
(1)	(2)	(3)	(4)	(5)
1. Administrators...	6.4	3.2	25.7	35.3
2. Supervisors.....	4.8	9.6	9.6	24.1
3. Head nurses.....	3.2	1.6	11.2	16.0
4. Staff nurses.....	3.2	16.1	4.8	24.1
Total.....	17.6	30.5	51.3	99.5 = 100

Part (d), Question 5 asked: "Has some content been added to the curriculum which appears to serve no useful purpose?"

20.8% stated "yes," for such reasons as:

Chemistry in training doesn't do much good.

Could cut down somewhat on the psychiatric affiliation.

Too much class work; not enough clinical practice.

Can't understand why Public Health Nursing is a part of the curriculum.

Patient needs have to be met; they aren't.

Public Health Nursing not needed.

History of Nursing.

General psychology.

Nutrition.

It appears that some areas could be consolidated more.

51.4% of the personnel interviewed stated "no," for such reasons as the following:

Everything learned is put to use sometime.

Need everything.

Have a well-rounded education as is.

These three responses were consistent throughout the four categories of respondents.

24.0% of the personnel could not answer because they did not know what had been deleted or added to the curriculum.

3.2% stated "partially," but could not cite examples, nor give any explanations for their responses.

The findings of part (d), Question 5 are depicted in Table 17.

Table 17: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Has Some Content Been Added to the Curriculum Which Appears To Serve No Useful Purpose?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	8.0	19.3	0	8.0	35.3
2. Supervisors.....	3.2	14.5	1.6	4.8	24.1
3. Head nurses.....	1.6	6.4	1.6	6.4	16.0
4. Staff nurses.....	8.0	11.2	0	4.8	24.1
Total.....	20.8	51.4	3.2	24.0	99.5 = 100

Part (e), Question 5 read: "Do you think some clinical experiences have been continued in order to maintain a tradition, long after their real educational value has been exhausted?"

36.8% of those interviewed stated "yes." The examples that were given are as follows:

If you started sifting through, you could find some; such as scrubbing in the operating room, which is just technical work; anyone could do this, even a non-professional person. Intravenous therapy is also a technical skill.

Too much time is spent on how to give bed baths.

Too much emphasis on house cleaning.

Too narrow minded. We still aren't supposed to tell the patient what medication he is receiving, even though he knows what it is.

It is traditional for the medication nurse to carry the narcotic keys and she must dispense those drugs to all the nurses.

On paper, no; in reality, yes, i.e., house keeping.

Isolation is a farce; it is never carried out the way it should be.

There is quite a bit of tradition in the operating room.

Should meet patient's need, instead of working on an assembly line basis, knowing only by what diagnosis he has.

The diet kitchen.

Psychology in basic training confuses them with what they get in Psychiatry. Leave the psychiatric affiliation in, but drop the psychology course.

56.3% stated "no." Their explanations were:

They need everything. Took out a lot in diet therapy. Continually doing curriculum revisions.

Need to go along with changing trends.

Always need tradition, because standards are needed and have to be met.

4.8% stated "partially." The only example given was: "There might be in a three year diploma program, but not in a four year baccalaureate program."

1.6% could not answer.

The findings of part (e), Question 5 are displayed in Table 18.

Table 18: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Are Some Clinical Experiences Being Continued in Order To Maintain a Tradition, Long After Their Real Educational Value Has Been Exhausted?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	11.2	22.5	1.6	0	35.3
2. Supervisors.....	8.0	16.1	0	0	24.1
3. Head nurses.....	8.0	4.8	1.6	1.6	16.0
4. Staff nurses.....	9.6	12.9	1.6	0	24.1
Total.....	36.8	56.3	4.8	1.6	99.5 = 100

Part (f), Question 5 read: "Could some experiences be developed in a more effective manner?"

85.3% of the participants replied "yes," with comments such as:

Diet laboratory could be changed.

Could develop public health and community services.

Follow the patient all the way through.

Need more actual clinical experiences.

Experiences doing skin preps., catheterizations and rectals in obstetrics. Need an internship. Should have an internship (3 month) experience in a small hospital in order to see what it would be like. Small hospitals are completely different from the large ones. In a small hospital the nurse must do many things that aren't done in large hospitals, where there are interns

and residents; i.e., male catheterizations, skin preps., intravenous therapy, and medications, pass levin tubes. Have to know how to evaluate patient condition so you can tell the doctor when he comes.

You have to be able to cope with emergencies. Students do not have enough experience in this area. They don't see the traumatic injuries, i.e., logging and sawmill injuries.

In a small hospital nurses usually scrub and are the assistants in the operating room. Do rectals in obstetrics. New graduates do not know how to cope with all these added responsibilities, are quite lost, as a matter of fact.

This internship should be under supervision, but let the students think on their own, and if they get into real difficulty, then have someone to turn to. When they are out on their own with the first job, they may not have anyone to turn to. Have to do it all themselves.

Head Nurse -- team leadership experience.

Team nursing.

More in supervision.

More clinical experience.

Need more experience in obstetrics and labor room. There should be some way to give students a good working background in the labor rooms. They (recent graduates) get to a small hospital and know very little or even nothing about how to care for a mother in labor. However, they are excellent as far as nursery and post-partum goes. The doctors leave up to the nurses all responsibilities of when they should be called. None of the recent graduates coming from schools of nursing know how to do rectals. This they should know how to do.

Always room for improvement. Progressive education.

Student needs a well-rounded picture of the patient. Can't get it with just working from 7:00 a.m. to 9:00 or 11:00 a.m.

Need to coordinate theory with practice.

More courses could be integrated. Diet therapy with

medical and surgical nursing. Teach children's orthopedics with pediatrics. Teach child growth and development.

More clinical experience.

Train in smaller groups.

In diet therapy, spend more time with dietitian.

Personnel relationships.

Professional adjustments.

Longer period of time with the patients.

Student depends too much on new equipment and not on her own initiative.

Legal aspects.

Could cut down on pharmacology.

11.2% of the personnel interviewed stated "no." Examples and reasons were given as follows:

The new graduates are as well prepared as can be.
It takes experience to make their training meaningful.

3.2% of the personnel interviewed stated "partially." The main reason given was "not enough instructors to meet the student nurses' needs."

The findings of part (f), Question 5 are shown in Table 19.

Table 19: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Could Some Experiences Be Developed in a More Effective Manner?"

Category	Response			
	Yes	No	Par- tially	Total
(1)	(2)	(3)	(4)	(5)
1. Administrators...	32.2	3.2	0	35.4
2. Supervisors.....	19.3	4.8	0	24.1
3. Head nurses.....	14.5	1.6	0	16.1
4. Staff nurses.....	19.3	1.6	3.2	24.1
Total.....	85.3	11.2	3.2	99.7 = 100

Question 5, part (g) read: "Could some experiences be omitted entirely?"

35.3% of the total population answered "yes." Some examples given were:

Scrubbing in the operating room. Operating room not as glorified as it used to be. Nurses who work in the operating room shouldn't be paid more.

Nursing program should allow elective areas, but may never expand to this.

Food and nutrition. Cooking the food is a waste of time.

Can't see three months of Public Health Nursing. If this is what is wanted, take it after graduation, as a post-graduate course.

Less emphasis on routine bath care. Student nurses always utilized to give baths.

History of Nursing.

51.4% of the total population stated "no." The explanations given were:

Have to go with the times. Gives a good background.

They need to draw from all experiences after they graduate and are out on their own.

They need everything offered in the curriculum.

1.6% answered "partially," with comments such as:

Have cut down the number of hours. Are correlating and integrating more. However, shouldn't integrate to the point where we loose identity. Field trips and films are a waste of time.

11.2% of the respondents could not answer because they did not know what is included in the current curriculum.

The findings of Question 5, part (g) are shown in Table 20.

Table 20: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Could Some Experiences Be Omitted (from the Curriculum) Entirely?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	4.8	24.1	1.6	4.8	35.3
2. Supervisors.....	19.3	3.2	0	1.6	24.1
3. Head nurses.....	4.8	9.6	0	1.6	16.0
4. Staff nurses.....	6.4	14.5	0	3.2	24.1
Total.....	35.3	51.4	1.6	11.2	99.5 = 100

Part (h) of Question 5 read: "Should new and different experiences be added to the curriculum in order to prepare the nurse better to meet current health needs?"

54.7% of the participants answered "yes," with examples such as:

We must be constantly changing as we grow.

Need more background in community participation.

Need more attention to Public Health Nursing.

Community health needs should be met.

Need more Public Health in the diploma program.

Internship in a small hospital would be helpful.

May have to lengthen the psychiatric rotation and give a course in community health to cope with the needs of the people.

Could add a course in public relations.

Need a course in communications.

Not aware of patient and his family. Give the excuse of not having time for the family. Don't communicate with doctors enough to help patient and his family. Ignore responsibilities in the community.

Need more Public Health nursing and Home care.

Add course in nuclear medicine and mass disaster.

Need to spend more time in community organizations and see how they function.

Add an Intensive Care Unit.

Some study in Health for the Aged.

Need knowledge of legal aspects of nursing.

Need a course in humanities, fine arts and political sciences.

Need more emphasis on patient teaching. Need a course in "Methods of Teaching."

36.9% stated "no," and gave reasons such as:

A new experience was provided when they added team nursing.

It is adequate for the present time.

It depends on the individual.

What has been set up to learn is good.

8.0% could not answer because they did not know what is included in the curriculum.

The findings of Question 5, part (h) are shown in Table 21.

Table 21: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Should New and Different Experiences Be Added to the Curriculum in Order To Prepare the Nurse Better To Meet Current Health Needs?"

Category	Response			Total
	Yes	No	Cannot Answer	
(1)	(2)	(3)	(4)	(5)
1. Administrators...	19.3	12.9	3.2	35.4
2. Supervisors.....	12.9	9.6	1.6	24.1
3. Head nurses.....	6.4	8.0	1.6	16.0
4. Staff nurses.....	16.1	6.4	1.6	24.1
Total.....	54.7	36.9	8.0	99.7 = 100

Question 6 read: "Do you think the student nurses in the modern

school of nursing are being adequately prepared to meet the responsibilities of professional nursing in beginning positions?"

35.4% of the interviewees answered "yes," with reasons such as:

Regardless of where she works, the nurse grows from experience.

If left on staff nursing, the nurses are adequately prepared.

For first level nursing, their preparation is adequate.

Three year diploma graduates have best advantages; they can cope with any situation.

40.1% of those interviewed answered "no." Reasons to support their opinions were:

There should be another step somewhere, to bridge the gap between student nurses and when they become graduates. They have inability to grasp new situations.

Greater share of graduates could be better prepared.

Need a lot more responsibilities and experiences in the clinical areas. Should have some supervision, but not too much.

A few inadequacies. Lacking experience as far as hospitals where there are no interns or residents; nursing staff has to compensate.

They have poor attitudes; show no respect toward the doctors or experienced registered nurses.

Lack of practical experience.

They need more leadership responsibilities. If students don't assume them while in training, they never will.

Bedside nursing is not for them.

Have to depend on self in a small hospital.

They don't respect their superiors.

All they (the recent graduates) want is desk work; no patient contact.

It varies with the individual.

They know where to look if they need help.

Not given responsibilities, just thrown in.

Not given the opportunity to really think on their own; this is delegated to the supervisors and the head nurses.

The only way possible to meet responsibilities is to have some experience. Have to get along with all people. Have to want to be a nurse.

Preparation for a large hospital, fine. In a small hospital they are given more responsibilities.

22.4% of the population stated "partially." Their opinions were:

Give them more responsibilities in charge. They have to know practical experiences before telling someone else how to do it.

It depends on the individual and the school.

It varies with the individual. Isn't always the curriculum that determines this.

Some individuals have a sense of responsibility.

Need some experience to meet responsibilities. Need more professional adjustments.

There is too much to learn; can't be taught all in training.

To a certain degree they are adequately prepared; they lack emotional stability.

1.6% could not answer.

The findings of Question 6 are shown in Table 22.

Table 22: Percentage Distribution of Responses of Sixty-Two Participants To the Question, "Are Student Nurses Being Adequately Prepared To Meet the Responsibilities of Professional Nursing in Beginning Positions?"

Category	Response				Total
	Yes	No	Par- tially	Cannot Answer	
(1)	(2)	(3)	(4)	(5)	(6)
1. Administrators...	16.1	12.9	4.8	1.6	35.4
2. Supervisors.....	4.8	9.6	9.6	0	24.0
3. Head nurses.....	3.2	8.0	4.8	0	16.0
4. Staff nurses.....	11.3	9.6	3.2	0	24.1
Total.....	35.4	40.1	22.4	1.6	99.5 = 100

The literature describes the trends in curriculum development and reports on the skills expected of the beginning practitioner. The responses obtained in this study show rather consistent lack of understanding of the objectives and programs of present day schools of nursing. When the participants indicated hours of class instruction and nursing practice, their responses were related to service-centered programs.

CHAPTER IV
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to ascertain the opinions of nursing service personnel concerning the adequacy of the preparation recent graduates have had for performing in first level nursing positions.

The main purpose of this study was to discover if the recent graduate was giving satisfaction in the job.

The interview technique was the method of data collection. Six major questions with sub-points ranging from one to eight parts, (Appendix A) were asked of sixty-two registered professional nurses in eighteen private general hospitals. The population was divided into four categories: Twenty-two administrators, fifteen supervisors, ten head nurses, and fifteen staff nurses. Only those "on duty" at the time of the visit were interviewed.

Findings

1. Slightly more than one fourth of the participants were of the opinion that recent graduates are better prepared than nurses in the past; approximately one fourth disagreed; the remainder gave responses that showed some agreement as well as disagreement.

The criticisms were largely related to lack of confidence, of supervisory skills, and of experience in obstetrics, in the operating room, and in the performance of such functions as intravenous feedings.

2. Over two thirds of the respondents were of the opinion that recent graduates adjust readily to new job situations. Their responses were qualified by "if given proper orientation," and "depends on the individual" and other such comments. The remaining participants made comments to the effect that recent graduates "lack common sense," "don't know how to work with people," "can't take responsibility."
3. Over half of the participants indicated that recent graduates need more orientation than nurses did in the past.
4. 41.7% of the participants indicated that recent graduates need more supervision than nurses did in the past.
5. Almost three fourths of the participants expressed opinions to the effect that more extensive in-service education is needed than in the past.
6. In responses to the questions on the preparation of nurses in Associate of Arts, diploma, or degree programs, there was considerable diversity of opinion. 70% of the respondents did not think nurses could be prepared adequately for first level nursing in the Associate of Arts program. There were no graduates of that type of program employed in any of the hospitals included in this study. Only five of the participants had known or worked with graduates of a two-year program. Almost four fifths of the respondents were of the opinion

that the three year diploma program could effectively prepare nurses for first level nursing. The percent of participants who had graduated from diploma schools is identical to the percent of affirmative responses to this item. 36.9% thought nurses could be adequately prepared in four year degree programs, but some qualified their statements by indicating the need for an internship. The remainder either disagreed wholly or in part. There were contradictory comments, such as "they need more supervision" and "they are prepared for supervisory positions, not first level nursing."

7. Responses to the items on the number of hours of class and clinical practice per week showed lack of understanding of the current programs. In both items about one third of the respondents indicated that they could not answer due to lack of understanding. About half of the responses were "depends on the year."
8. The question "Does the curriculum meet what society demands of the nurse?" was answered in the affirmative by over 50% of the respondents.
9. Responses regarding curriculum content revealed 30.5% thought there were experiences in the student program continued solely to meet service needs, but 17.6% thought this practice was justified; over half of the respondents thought there was no curriculum content which appeared to serve no useful purpose. 85.3% indicated that some experiences could be developed in a more effective manner. Over half did not think anything should be omitted from the curriculum. In response to the next item, 54.7% thought new and different

experiences should be added to the curriculum.

10. Only 35.4% thought student nurses were being adequately prepared to meet the responsibilities of professional nursing in beginning positions.

Conclusions

On the basis of data collected in eighteen hospitals from sixty-two interviewees, no generalizations can be drawn. The findings do indicate that:

1. There did not appear to be any relationship between the response and the type of school from which the participant was graduated, the year of graduation or the length of time in present position except in the responses to the items on the length of preparation. 78.9% of the respondents were graduates of diploma schools; exactly the same percent indicated that nurses could be adequately prepared in three year diploma schools. This may be coincidence or a reflection of the respondent's own experience.
2. Personnel in the larger hospitals appeared to reflect more favorable opinions concerning the preparation of the recent graduates for functioning in first level nursing positions than the personnel in smaller hospitals. It should be noted, however, that personnel were interviewed in only two larger hospitals, both of which are associated with schools of nursing.
3. Those who employ, supervise, or work with the recent graduate

do not appear to understand the objectives of the current programs in schools of nursing.

4. There were criticisms of all types of nursing programs, particularly the two-year Associate of Arts and the four-year degree programs. There was no attempt to determine if the reasons for these criticisms were based on incident, experience or bias.
5. The diversity of responses indicates no common understanding of the nature of first level nursing. The tool might have been more effective had the term "preparation for beginning positions" been used.
6. Those who employ, supervise, or work with the recent graduate seem to admire the amount of knowledge she exhibits, but deplore her lack of technical skill and experience. It might be inferred that the new employee is expected to become an experienced practitioner shortly after graduation.
7. There are implications for state-wide workshops or institutes particularly designed to assist small hospitals in the development of in-service programs to assist recent graduates to become effective in the job situations.

Recommendations for Further Study

1. A repetition of this study on a larger scale is recommended for the purpose of comparison of the findings.
2. A comparable study might be developed involving physicians and surgeons as participants.

3. A similar study could be done to obtain opinion of the effectiveness of the recent graduate in beginning positions in hospitals, clinics and public health agencies, using the critical incident technique to collect data rather than the tool of this study.

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APPENDIX A
THE INTERVIEW GUIDE

Part I: General Directions for the Interviewer

1. Review the interview guide before making visits to the hospitals in order to get general plan in mind.
2. Use the structured questions as found in the interview guide.
If the informant seems confused or does not understand, repeat the question and, if necessary, reword it so the informant will have a clear idea of the question. The interviewer will probe, if necessary, to get the answers needed. Record the response on the guide.
3. Responses to one question may also answer another. In this situation the responses may be recorded on the guide just as if the question had been asked.
4. If there are phrases or sentences given by the interviewee that are pertinent, they may be recorded verbatim on the guide in response to the item to which they replied.

Part II: Directions to the Interviewee

I am Janice E. Rondestvedt, completing a study entitled, "THE OPINIONS OF SIXTY-TWO PROFESSIONAL NURSES CONCERNING THE ADEQUACY OF THE PREPARATION RECENT GRADUATES HAVE HAD FOR PERFORMING IN FIRST LEVEL NURSING POSITIONS," in partial completion for a Master of Science degree at the University of Oregon School of Nursing.

Part III: Personal Data

- | | |
|---|---|
| 1. From what type of school of nursing
were you graduated? | Diploma (hospital) _____
Baccalaureate
(Senior College) _____
Associate Arts
(Junior College) _____ |
| 2. Year of graduation? | _____ |
| 3. Present position? | _____ |
| 4. Length of time in present position? | _____ |

Part V: The Interview Guide

1. What is your impression of recent graduates of schools of nursing?

- a. Are they better prepared than in the past? YES NO

EXPLAIN _____

- b. Do they adjust to new job situations readily? YES NO

EXPLAIN _____

If no -- what difficulties have you observed?
(cite illustrations to support your opinions)

- c. Do they need more orientation than nurses did in the past? YES NO

EXPLAIN _____

- d. Do you feel that new graduates need more supervision than nurses in the past? YES NO

EXPLAIN _____

1. e. Is more extensive in-service education needed than in the past?

YES

NO

EXPLAIN _____

2. Do you think nurses can be prepared adequately for first level positions in:

- a. The two-year Associate of Arts program?

YES

NO

EXPLAIN _____

- b. The three-year hospital diploma program?

YES

NO

EXPLAIN _____

- c. The four-year college degree program?

YES

NO

EXPLAIN _____

3. How many hours of class do you think students should carry each week?

1 to 5 hours _____

11 to 15 hours _____

6 to 10 hours _____

16 or more hours _____

COMMENTS _____

4. How many hours of nursing practice do you think the students should have each week? (This does not refer to classroom)

5 to 9 hours _____

21 to 25 hours _____

10 to 15 hours _____

26 to 30 hours _____

16 to 20 hours _____

31 to 35 hours _____

36 or more hours _____

COMMENTS _____

5. What is your impression of the content of the curriculum in the modern school of nursing?

a. Does it meet what society demands of the nurse? YES NO

EXPLAIN _____

5. b. Do you think some of the student nurses' experiences are being continued solely to meet service needs?

YES

NO

EXPLAIN _____

- c. Is this justified?

YES

NO

Cite EXAMPLES to support your opinions _____

- d. Has some content been added to the curriculum which appears to serve no useful purpose?

YES

NO

Cite EXAMPLES to support your opinions _____

- e. Do you think some clinical experiences have been continued in order to maintain a tradition, long after their real educational value has been exhausted?

YES

NO

Cite EXAMPLES to support your opinions _____

5. f. Could some experiences be developed in a more effective manner? YES NO

Cite EXAMPLES to support your opinions _____

- g. Could some experiences be omitted entirely? YES NO

Cite EXAMPLES to support your opinions _____

- h. Should new and different experiences be added to the curriculum in order to prepare the nurse better to meet current health needs? YES NO

Cite EXAMPLES to support your opinions _____

6. Do you think the student nurses in the modern school of nursing are being adequately prepared to meet the responsibilities of professional nursing in beginning positions? YES NO

EXPLAIN _____

APPENDIX B

LETTER OF EXPLANATION

Janice E. Rondestvedt
1916 35th Street
Milwaukie 22, Oregon

Director of Nurses
_____ Hospital
City, Oregon

Dear Madam:

In partial completion of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study, "THE OPINIONS OF REGISTERED PROFESSIONAL NURSES CONCERNING THE ADEQUACY OF THE PREPARATION RECENT GRADUATES HAVE HAD FOR PERFORMING IN FIRST LEVEL NURSING POSITIONS." The data will be collected by interviewing groups of nurses in various types of positions. You and your nursing staff are invited to participate in the study. Each interview will take approximately thirty minutes. No individual or institution will be identified in the report. Would you kindly indicate on the enclosed card your willingness to participate in the study?

A copy of the report will be filed in the library at the University of Oregon Medical School where it will be available for review by those interested.

Yours sincerely.

Janice E. Rondestvedt, R. N.

Any assistance you can give Miss Rondestvedt will be appreciated.

Miss Lucile Gregerson, R. N.
Associate Professor of Nursing
University of Oregon School of Nursing

encl.

APPENDIX C

POSTCARD

1. We will participate in the study.
2. We do not find it possible to participate in the study.

Signed _____

Interview date:

Time:

Alternate date: _____

If above date not convenient.

APPENDIX D
FOLLOW-UP LETTER

Janice E. Rondestvedt
1916 35th Street
Milwaukie 22, Oregon
Date

Director of Nursing
_____ Hospital
City, Oregon

Dear Madam:

I am planning my interview itinerary and as yet have not heard from you.

In case you have not received or have misplaced the letter and post card, I am enclosing a copy of each.

Sincerely yours,

Janice E. Rondestvedt, R. N.

Betty Davis Gardiner

AN ABSTRACT OF THE THESIS OF

Janice E. Rondestvedt

for the Master of Science degree

Date of receiving this degree: June 6, 1963

Title: THE OPINIONS OF SIXTY-TWO REGISTERED NURSES
CONCERNING THE ADEQUACY OF THE PREPARATION
RECENT GRADUATES HAVE HAD FOR PERFORMING IN
FIRST LEVEL NURSING POSITIONS

Approved: 

(Associate Professor in Charge of Thesis)

This study was undertaken to ascertain the opinions of nursing service personnel concerning the adequacy of the preparation recent graduates have had for performing in first level nursing positions.

The interview technique was the method of obtaining the statistical data. Six major questions with sub-points ranging from one to eight parts were asked of sixty-two registered nurses in eighteen private general hospitals throughout the state of Oregon.

The population was divided into four categories: 1) Twenty-two administrators, 2) Fifteen supervisors, 3) Ten head nurses, and 4) Fifteen staff nurses.

The findings were tabulated in percentages to make the comparison.

On the basis of data collected in eighteen hospitals from sixty-two interviewees, no generalizations can be drawn. The findings do indicate that:

1. There did not appear to be any relationship between the response and the type of school from which the participant was graduated, the year of graduation or the length of time in present position except in the responses to the items on the length of preparation. 78.9% of the respondents were graduates of diploma schools; exactly the same percent indicated that nurses could be adequately prepared in three-year diploma schools. This may be coincidence or a reflection of the respondent's own experience.
2. Personnel in the larger hospitals appeared to reflect more

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3. Those who employ, supervise, or work with the recent graduate do not appear to understand the objectives of the current programs in schools of nursing.
4. There were criticisms of all types of nursing programs, particularly the two-year Associate of Arts and the four-year Degree programs. There was no attempt to determine if the reasons for these criticisms were based on incident, experience or bias.
5. The diversity of responses indicate no common understanding of the nature of first level nursing. The tool might have been more effective had the term "preparation for beginning positions" been used.
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become effective in the job situations.

Recommendations for Further Study

1. A repetition of this study on a larger scale is recommended for the purpose of comparison of the findings.
2. A comparable study might be developed involving physicians and surgeons as participants.
3. A similar study could be done to obtain opinions of the effectiveness of the recent graduate in beginning positions in hospitals, clinics and public health agencies using the critical incident technique to collect data rather than the tool of this study.