

AN EXPERIENCE IN ORGANIZING AND DEVELOPING  
AN IN-SERVICE EDUCATION PROGRAM FOR THE  
GRADUATE NURSE STAFF AT A SELECTED  
STATE TUBERCULOSIS HOSPITAL

by

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m.h.g.

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## CHAPTER I

### INTRODUCING THE PROBLEM

In-service education is as old as man's earliest desire to know more in order to perform a task better; it is as new as the latest teaching tool for employee preparation in a guided missile factory. In-service education is the intentional fulfilling of an employee's natural desire to learn as much as possible about his job; it is the "open sesame" through which the employee finds his place in the working environment. It is a planned way of meeting the employee's needs and answering such questions as, "Is there a better way?" or "Do I know how to do my job properly?" In-service education programs are designed to equate the employee with the job, certain that once such equation is reached, the employee through greater perception gains the true potential of his job and of his capacities and capabilities. Thus in-service education is not static but dynamic. (39)

In all walks of life, trade, industry, and the professions, employers are assuming at least part of the responsibility for on-going education by developing programs which assist employees to find their proper place in the organization, learn new skills needed in carrying

out their job responsibilities, and develop their capabilities to the fullest. (22) Industry was the first to recognize that the contribution and stability of personnel was in proportion to the development and satisfaction of these workers on the job.

Today's training reduces tomorrow's problems. (17) Proper planning of instruction saves time and cost. Industry has shown that in-service education is a sound investment, paying dividends to the individual employee, to the business, and to the community. Personnel development can be regarded quite logically as a form of insurance for the percentage of the dollar that goes into salaries. By bringing personnel to a peak of productivity in a short time and by maintaining and upgrading the personnel, management helps insure returns for the money invested in the individual employee. (34, 39)

Although industrial organizations have had somewhat of a head start on hospitals in the field of in-service education, hospitals are following closely. The rapid changes taking place in the fields of both medicine and nursing today are constant reminders of the need for active, on-going educational programs for professional nursing personnel. (41, 42)

In a dynamic society the fundamental need for a continuing educational experience for everyone on the job is recognized.

The speed, complexity, and magnitude which characterize the present, and which have resulted from the advances in science and technology, are having a tremendous impact on both the individual and society. In some instances this impact is swift, visible and powerful; in others it is slow, indiscernible, and subtle. In all cases the changes require adjustments of one kind or another, and the individual needs help in making those adjustments. Considering the world as it is today, and as it is rapidly becoming, we are all "standing in need of" learning continuously whatever our educational attainments may be. We cannot wholly depend upon the knowledge and skills we obtained years ago to meet the demands of today. (14)

The educational programs of basic professional schools of nursing prepare nurses for beginning positions in nursing only. After graduation, the individual nurse is personally responsible for further professional development and success. Experience in nursing is a basis for professional development, but neither professional growth nor success depend entirely upon experience. No nurse can expect to develop increased competence and to obtain professional stature without adding to the preparation she received in the basic nursing program. Esther Lucile Brown in Nursing for the Future states:

Let no one think that nursing as practiced today through highly scientific techniques-- and as it is likely to be more widely practiced tomorrow--can be done with justice to patient or to nurse on the basis of the training still provided in some hundreds of existent schools of nursing. (13)

To contribute most to the care of the patients, the nurse must be constantly acquiring further knowledge in her chosen field. (42) Dr. Brown continues:

In-service training can perform an essential function in remedying some such deficiencies, and particularly in teaching new procedures and treatments as they develop. Nothing more needs to be said here except to repeat that in-service training is an entirely appropriate function for the hospital or health agency to cultivate, but one whose great usefulness has yet received far too little attention. (13)

An in-service education program developed through group process is an effective means of assisting the graduate nurse on the job in (1) giving more complete and understanding care to her patients, (2) acquiring knowledge and experience in her chosen field, (3) achieving personal as well as professional growth, and (4) functioning in an enlarged orbit by meeting the demands of a dynamic, democratic society. Kenneth Herrold, in "Conference Planning and Action Through Use of the Group Process," states:

The group process is not a number of clever technics or tricks by which a few individuals seek to manage others to gain their own ends, no matter what the effect. Rather it is the means by which the resources of the individuals are mobilized by themselves into a group for coming to agreement on common goals and for directing effective action to the attainment of these goals. (36)

### Statement of the Problem

Although the merits of in-service education programs in the various professional and industrial fields have been recognized for some time, many service organizations have not developed such programs. In the hospital setting, the value of in-service education is self-evident, but often the pressure of work and the lack of initiative, motivation, interest, or leadership deter the establishment of in-service education programs designed to be mutually advantageous to the patients and the personnel.

It is the purpose of this study:

1. to organize and develop an in-service education program for the graduate nurse staff at a selected State Tuberculosis Hospital, and
2. to determine the effectiveness of the program as revealed by the expressed opinions of the participants.

The specifically stated guide for analyzing the characteristics of the in-service education program and the method of organizing and the developing of the in-service education program will be described in detail in a later section.

### Limitations and Assumptions

This study is limited to a description of how a program of in-service education was designed and developed

for the graduate nurse staff in one State Tuberculosis Hospital during the period between May 1958 and February 1959.

Evaluation of the effectiveness of the program is limited to opinions of the participants obtained by use of a simple questionnaire administered eleven months after the inception of the program.

It is recognized that opinions of the participants represent a subjective measure for evaluating effectiveness; it is further recognized that such opinions are likely to fluctuate from day to day and that those elicited by the questionnaire may not be truly indicative of personal opinions.

This study is based upon the following assumptions:

1. Education is a process which seeks to change the behavior patterns of people.
2. An in-service education program affords opportunity to develop learning experiences that will result in effective behavior changes in the participant.
3. Learning is an active process.
4. Participation in the selection and development of learning experiences enhances the learner's interest and motivates further desire to learn.

Importance of the Problem

In an address delivered at the 39th annual convention of Catholic Nurses in Atlantic City, New Jersey, May 18, 1954, Laura Simms posed the question: "Why should a department of nursing service concern itself with an in-service education program?" She continued:

Trends in patient care, in the nursing service, and in hospital cost necessitate this type of program . . . . The value of our in-service educational program cannot be denied, and emphasis placed upon it is justified by results. In-service training is no longer an "extra", but a necessity in the light of present-day needs. (55)

Hugo V. Mullerman, M.D., at the Seventh New York Institute for Hospital Administrators conducted by the American College of Hospital Administrators in June 1956, said that:

More and more, it is being recognized that hospitals must find a way of providing complete in-service training within their own walls . . . . Hospitals spend millions of dollars to send their personnel to workshops, institutes, and university courses. These are worthwhile, but they are not enough . . . . considering the importance of in-service training today, hospitals should create and staff a department of in-service training and give it responsibility for the overall program. (37)

Opportunities in nursing today are expanding at a tremendous pace. Increased opportunities inevitably give rise to increased responsibilities. The professional nurse

must find a way to meet the challenges inherent in modern nursing practice. Athol Gordon, M.D., in "The Nurse in a Changing Age," wrote:

The nursing profession presently finds itself in a splendidly precarious position in this changing age . . . "splendidly" for its opportunity is as never before in its history . . . and I say "precarious" for if it falls now it may go down to deserved oblivion. So perhaps it would be well to take stock of the component material, the nurse; for the profession to succeed must know itself. (31)

An active, progressive in-service education program fulfills this need in part by assisting the graduate nurse to gain new insight into her own and the work of fellow employees, to see her own work in perspective, to look anew into her own clinical practice, and to keep up with developments in the health field. (39) In the light of the need for an effective, on-going in-service education program for the graduate staff nurse, this study is important in that (1) It describes the steps taken to organize and develop an in-service education program in one State Tuberculosis Hospital; (2) It attempts to determine the effectiveness of the in-service education program by obtaining the expressed opinions of the graduate nurse participants; (3) The opinions regarding effectiveness could serve as a basis for changing the nature and scope of the program and for promoting further in-service

education; (4) It can be anticipated that a good program of in-service education will ultimately result in discernible improvement in patient care, and (5) A sound in-service education program might well serve as a means of recruiting more employees.

Thomas Van Sant stated: "There is a desperate need for validated studies of successful in-service training programs with a full description of all the factors present in the experience." (63)

#### Definitions

A graduate nurse staff refers to professional nurses employed in any capacity whose duties either directly or indirectly involve care of patients in any department of the hospital. In this study the group included general duty nurses (also known as staff nurses), head nurses, supervisors, nursing faculty, and nursing service administrators.

In-service education is a program of activities provided on the job for professional nurses as an integral part of their work without interruption of their period of employment. In-service education consists of those experiences, processes, procedures, and techniques which result in the personal, social, academic and professional growth of the individual participating in the program. (59)

### Sources of Data

The data for this study were obtained from the minutes of the in-service education meetings, from a diary of notes of interest which have been collected, and from responses of the participants to a simple questionnaire.

### Procedure

The design for this study was as follows:

1. The operating room supervisor of the selected tuberculosis hospital, because of a particular interest in in-service education, assumed a leadership role in initiating the in-service program.
2. A committee to function as the original planning committee to set up the mechanics of the program and to determine the needs and interests of the nurses, was selected from the graduate nurse staff by the operating room supervisor with the approval of the director of nursing service.
3. Time factors, topics for discussion, and committee membership were determined through the use of a simple questionnaire.<sup>1</sup>
4. Five committees were formed to assist in program planning.

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<sup>1</sup>Questionnaire is included as Appendix A, p. 119.

5. The program was implemented as planned by the five planning committees.

6. A "spontaneous," non-structured program was instigated as a "do-it-yourself" project in September 1958.

7. Effectiveness of the total program was determined by the opinions expressed by the participants in a questionnaire administered eleven months after the inception of the program.<sup>1</sup>

8. A tabulation of the respondents' replies was made and tables were constructed from an analysis of the data. Percentages were determined on the basis of the actual number of nurses who responded to each item of the questionnaire.

#### Preview of the Remainder of the Thesis

Chapter II consists of a review of the literature and related studies. It is divided into sub-topics concerned with early in-service education programs, recent trends in in-service education, and a review of related studies concerned with in-service programs. Chapter III describes the steps in organizing and implementing the in-service education program and in determining the effectiveness of

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<sup>1</sup>Questionnaire is included as Appendix B, p. 121.

the program. Chapter IV contains the summary of the study, the conclusions, and the recommendations.

CHAPTER II  
REVIEW OF THE LITERATURE

Early Reference to In-service Education

In-service education is not new. Long ago industry discovered that people need orientation and continuing education in order to grow in proportion to their jobs. Industry found that job training and job performance went hand in hand, and that employee morale was a vital part of that job performance. It is now recognized that <sup>x</sup> employee morale is directly related to the satisfactions an individual derives from his job and from the associations he has with other people in his work environment. (44, 54)

In the more progressive industrial organizations of the early 1900's, management emphasized the ability to lead, to stimulate, and to develop. (58) John Dale Russell, in the September 1939 American Journal of Nursing, pointed out that:

Modern personnel methods lay great stress on the satisfaction the worker finds in his job, for such satisfactions seem to be necessary to effective performance of the job. In any activity that demands the exercise of intelligence, a capable worker can rarely be satisfied except as some personal growth is evident to him. (52)

Industry has found it highly profitable to both the organization and the workers to offer continuing in-service education programs. (35) Even though industry has relied upon this form of training to no inconsiderable degree, there remains the conviction that cultivation still falls far short of inherent possibilities. (13)

Although industrial organizations have been in the lead in the field of in-service education, hospitals are not far behind. The National League for Nursing in Inservice Education for Hospital Nursing Personnel states that:

. . . during the first fifty years of nursing in this country, major emphasis was given to pre-service preparation.

It is only during the past twenty-five years, particularly the past fifteen, that there has been an increasing appreciation of the link between the words "graduation" and "commencement." (39)

At graduation, the nurse has developed the attitudes, knowledge and skills essential for commencing a career of service, but she still needs help in applying them effectively in any nursing situation.

As long ago as 1841, an English surgeon, A. T. Thomsen, wrote:

It may appear a refinement to talk of the education of a nurse; but there is not a greater difference between noonday and midnight than between an educated and an ignorant nurse. (47)

The use of the graduate nurse in hospital service was a comparatively new venture and more or less in the experimental stage even as recently as 1935. (9, 47)

In 1933, Blanche Pfefferkorn made a study for the National League of Nursing Education in which she reported that:

The widespread interest in graduate staff nurse service would seem indicative of a growing consciousness on the part of nursing and hospital administrators that the graduate nurse by virtue of her completed training and more mature experience is superior as a worker to a student, and that her employment is basic to a consistently good nursing service. (47)

In-service education in hospitals began first as an academic tool offering nursing students a field for clinical experience. Through the years it has developed into an administrative tool designed to meet the needs of professional nurses, and more recently, the needs of auxiliary nursing personnel, seeking to improve patient care through a more stable and better qualified nursing staff. (55)

Blanche Pfefferkorn, in "Improvement of the Nurse in Service: An Historical Review," wrote:

The improvement of the nurse in service, in its broad implications is as old as is nursing. Nursing and its preparation, whether related to the undergraduate or graduate, is, in most of its phases, inseparable from service. But the improvement of the graduate nurse as a deliberate pursuit, either for professional or cultural growth, is yet in its infancy. (46)

In-service training for institutional nurses dates back to an epoch-making event in the history of American nursing and probably in the world's nursing history, the birth of the first national nursing association, The American Society of Superintendents of Training Schools for Nurses, at the World's Fair in the city of Chicago in the year 1893. The declared purpose of this organization was and has been, ". . . to further the best interests of the nursing profession . . . by promoting fellowship among its members by meetings, papers and discussions of nursing subjects and by interchange of opinions." Pfefferkorn continued:

No printed record has been found of definite programs of staff education for the hospital and nursing-school staff, but that such programs do exist, we know. Many institutions hold regular faculty conferences and in a number of instances a program is carefully worked out. (46)

Katherine Densford, writing in the year 1929, said:

Wherever there were earnest women responsible for the care of sick people and for the preparation of the students, there, in frequent instances, could we have found some form of staff education. (24)

An editorial in The American Journal of Nursing in May 1903 contained this far-sighted statement: "If nursing is to become a profession . . . there must be provided means by which women may keep in touch with new lines of research in medicine and methods in nursing. (46)

The editorial went on to say that:

Much may be done by reading, but nursing is a work peculiarly dependent upon manual dexterity and only actual practical demonstration of a change in technique can give a nurse the necessary skill. (46)

Pfefferkorn concluded:

But for all our endeavors, the history of the improvement of the nurse in service is still in the making. In the various movements enumerated, some transitory, others persistent, is evident a consistent determination on the part of the individual and the group to find ways to become better qualified nurses and more intelligent and useful citizens. With the increase of adult educational opportunities and the present emphasis on group conference and sympathetic supervision, it is probable that the next few years will see some of the old activities refined and a more intensive, widespread effort for systematic, progressive programs in staff education. (47)

#### Recent Trends in In-service Education

Industry has found that although significant strides have been made toward the diagnosis and treatment of "training ills," no "little white pill" has been discovered that will cure these "ills." There remains much groping among the people who are responsible for in-service training programs. In part, this can be attributed to the absence of any set philosophy and policy. Until a philosophy of training is developed and accepted, there is no basis upon which to build an in-service education program. Industrial organizations have noted the following trends in the training fields:

1. Many companies are expanding their technical training programs.
2. More line people are being developed into trainers.
3. Conference leadership is becoming a standard in management development.
4. Programs in creativity are becoming more common.
5. More emphasis is being placed on individual coaching and development.
6. Management and employee appraisal programs are expanding.
7. Cost consciousness and cost reduction programs are extremely popular.
8. Top management is coming to depend more and more on their training department.
9. Human relations training is all but a universal program.
10. Reading improvement is receiving much more attention. (32)

During the last fifteen years, training has been recognized as a function of management. Experience has taught top management that a well-planned training program for employees is absolutely necessary. With a growing population and a healthy and expanding economy, a bigger training job lies ahead. (19)

The modern hospital is a complex institution; its services are manifold and its personnel now encompasses a vast number of individuals responsible for functions necessitating an expansion of abilities. If the situation

could remain static, even briefly, there would be time to assist all individuals toward optimum performance. It is necessary, however, to cope with the ever-increasing speed of progress while also attempting to compensate in some fashion for the inequities in the preparation and experience of personnel. The nursing services seek to provide expert nursing care but are often forced to employ nurses who lack experience, or certain technical skills, or current concepts of modern nursing. These nurses merit in-service education. The rapid strides in medical science create ever-changing patterns of patient care. Experienced, competent nurses without in-service programs to help them keep abreast of progress soon become ineffective in their practice. The values of in-service programs have been demonstrated repeatedly.

Concepts of what constitutes quality patient care continue to become more complex. Among many of the trends which have had a tremendous impact on nursing care are: the early ambulation of patients, patient participation in care planning, rehabilitation, patient and family teaching, rapid advances in medical therapeutics, extensive medical research, new diagnostic measures, and more extensive surgical procedures. (50)

Simms stated:

Nursing is becoming less a "doing for" or "doing to" and more a "doing with." . . . we might say that from the viewpoint of the professional nurse, nursing is becoming less a "doing" profession and more a "talking" profession. Through an in-service education program, the department of nursing service can help nurse practitioners develop the communicative skills needed in more effective nurse-patient relationships which are so essential in our present day concepts of comprehensive patient care. (55)

In discussing the continuous introduction of highly technical therapeutic devices, the new drugs, chemotherapeutics, antibiotics, and radio-isotopes, all of which require that the nurse be constantly brought "up to date," she continued: "An in-service education program is needed to help nurses keep abreast of the medical trends and practices influencing patient care." (55)

Today, non-professional workers are accepted in most nursing departments to meet the demands of increasing patient care. These auxiliary workers must be trained, and nursing service, by and large, assumes this responsibility. Simms wrote:

The nursing service, through in-service education programs, will attempt to help every member of the nursing staff, professional or non-professional, to realize her ultimate potential so that quality may compensate, at least partially, for personnel shortages. (55)

In "Changing Demands on Nursing," Marian Alford wrote:

Nursing is a changing profession. Through the years there has been the emphasis that the knowledge of nursing is a science; practicing it is an art. We have aspired to aid the doctor skillfully and thoughtfully in the care of the sick. Traditionally, nursing care has been synonymous with bedside attention to the patient. With the expansion of health services, the science of nursing is ever widening and the art of nursing is called upon to encompass more than the bedside care of the sick. (2)

Drusilla R. Poole in "In-Service Education Reaches a Milestone" stated:

It is not enough that present day nursing students, our future graduate nurses, are qualified according to the newest standards and skills of professional nursing education. Graduate nurses must be kept abreast of these standards and informed at all times of the latest developments applicable to their own fields of work. A channel must be provided through which the graduate nurse can be reached and this learning and reorientation made possible. In-service education can be the answer. (50)

The role of the general duty nurse unquestionably is changing. New and greater demands have been placed upon the nurse because of new administrative practices in nursing. The change from an autocratic to a democratic form of administration in nursing service influences the nurse's role. Today the nurse is expected to take part in planning and administering the activities of the unit in which she works.

A study of in-service education done at the Catholic University of America noted:

The typical staff in hospitals today includes nurses from various geographic locations and with professional and cultural backgrounds that vary, both in length and scope. Only through a planned program of education, based on cooperative effort, can this heterogenous group attain unity of thought and purpose.

(38)

Tuberculosis nurses on the job, as well as nurses everywhere, recognize the need for help in acquiring new knowledge and skills in caring for the tuberculosis patient. Advances in thoracic surgery, new drugs, and the use of new and complicated equipment in this rapidly moving era of tuberculosis medicine make the acquisition of information, skills, and attitudes a part of one's work. Agnes B. Bowe wrote:

Patients with tuberculosis need sensitive understanding, acceptance, and support from nurses and other specialized hospital workers, who, in turn, should know how to listen to what patients say, think, feel, and worry about. This skill is the first tool in helping them with their problems; without this help they cannot always continue their treatment and take full advantage of the advances in medical science and recover from this disease.

Inservice education can bring the dynamic concepts of mental hygiene to nurses, help them understand their reactions to patients' problems and how to achieve the type of nurse-patient relationship upon which the nurse's unique and invaluable teaching and guiding function in tuberculosis service rests. (12)

In "Staff Education Programs," Sister M. Berenice Beck stated:

Certainly every institution which hopes to maintain its service at a constant level of efficiency, let alone improve it, must have some type of staff education. Not to improve<sup>x</sup> is to go back, hence the hospital, nursing school, or other nursing agency which makes no effort to keep its staff active and interested in matters of the moment falls into a deadly rut, disastrous to progress.  
(56)

Even with rather widespread recognition of the values of in-service education, there has been some lag in developing such programs. Dr. Hugo Hullerman made this point in "7 Tests for an In-service Training Program." Dr. Hullerman wrote:

For years many of us in the hospital field have argued for in-service training programs without, perhaps, quite knowing what is meant.

A similar vagueness formerly applied to such terms as "good personnel practices," "good public relations," "good recruitment," "rehabilitation programs," "disaster programs," "safety programs," etc. These terms were used a long time before anyone--usually the American Hospital Association--got around to defining them in terms of content and organization.

We are present in a similar stage with regard to inservice training. We are likely to stay in this stage until we clearly understand the meaning of a hospital in-service training in terms of content, organization, and staffing.

A great deal of inservice training is being given in hospital departments but in few, if any, has there been established an overall point of planning, goal setting, educational consultation, coordination and guidance. (37)

General duty nurses themselves in some instances have not accepted in-service education enthusiastically. The

Catholic University study stated that:

For the most part, general duty nurses have not accepted in-service education enthusiastically. Why? We believe that failure to recognize the general duty nurse as an individual, as an integral part of the nursing service department, and as an important contributor to patients' care is the main reason for her negative response to in-service education. Recognizing her worth means considering her needs in planning the program and establishing objectives accordingly. (38)

In Supervision of Nursing Service Personnel, Cecelia

Perrodin wrote:

There may be some who will not take kindly to the innovations, who will be unwilling to cooperate with the program, or who will actually set up obstacles to hinder its progress. These need counseling and guidance and, if they continue their negative tactics, reassignment or even separation. There will be those who give verbal acquiescence to the program but who, in the work situation, will continue as of old. These will require detection, follow-up on the job, and firm supervision. There will be those who have waited for this type of program, who will do all in their power to ensure its success, and who will be the backbone of the program. There may be those who become carried away with an excessive zeal in putting the program into action, who attempt too much, and who, when they meet with frustration, become discouraged and abandon the program as "all right in theory but impractical in the work situation." These need to be guided to temper their haste and to make progress "slowly but surely." (45)

The apathy and indifference of the administration has often been a cause of lack of interest on the part of the hospital personnel toward staff and in-service education. The administrator who rationalizes that the development of

an in-service education program for his staff is not his responsibility, is failing to participate in the experience which ensures the values of growth "on the job" to his nursing personnel.

Time also is one of the greatest stumbling blocks in the development of an in-service education program. In those situations where effective programs have developed, it has been found that taking time to learn has resulted in a reduction of problems.

In many parts of the country good programs of staff education are being promulgated quietly and unostentatiously. In-service education in a quiet, undramatic way is achieving remarkable results in terms of improved knowledge, acceptance of responsibility, and cooperation among the participants of the program. The results from these programs have been tremendous, but not dramatic; tremendous in that remarkable improvements have been observed in the acquisition of advanced knowledge by the members of the group, acceptance of responsibility to the total hospital program, cooperation within departments and among departments, participation by the personnel, and even in the attitudes of many individuals. The results have not been dramatic because the growth evidenced has been evolutionary rather than revolutionary. Little happens at any point which would make headlines. Education, after

all, is a continuous process preparing the individual for the future. (62)

The persistence with which nurses seek opportunities to supplement and enrich their undergraduate nursing preparation is evidence that the graduate nurse recognizes that in-service education is one means of increasing her professional and vocational competence. Currently an entirely new concept of determining needs in education seems to be in the process of development. Much emphasis is being placed upon the need to develop the "whole person." No longer is it considered possible to separate professional lives from individual lives. In recognition that learning is an active and continuous process, adult education programs seek to assist individuals to self development concurrent to improving themselves professionally. Adult education seeks to provide for continuing growth of the individual concurrent to providing for improvement of the professional person. The aim of adult education and in-service education as a form of adult education, is to help people to learn how to see themselves and the world about them more clearly, to help them think more critically, and to assist them in coping with their problems more intelligently and more creatively. (6)

### Review of Related Studies

A brief resume is herewith presented of several studies related to the purpose of this paper.

1. Inservice Education for Professional Staff Nurses in Rural Hospitals in South Dakota, a master's thesis by Bertha Louise Hoekelheide, University of Colorado, 1958.  
(8)

The data for this study were obtained from interviews of twenty-six nurses who were employed in seven rural hospitals in South Dakota.

The purpose of the study was twofold: (1) to survey the inservice education which staff nurses in rural hospitals were receiving at the time of the inquiry, and (2) to elicit from the staff nurses the areas in which they [the staff nurses] felt that inservice education was indicated and desirable in helping them [the staff nurses] improve the quality of nursing care.

The findings of the study indicated that the nurses did not think that they had been adequately oriented to their positions; that such inservice educational activities as existed were frequently incidental rather than regularly planned; and that the staff nurses participated to a limited degree in activities of professional organizations. The need for inservice education was expressed by the staff nurses.

The recommendations of the author were that the conclusions in this study be confined to the population studied because of the small number of nurses and hospitals involved in this study.

Further recommendations were that the expressed needs of the staff nurses in rural hospitals be considered in implementing programs for inservice staff education; that this survey could be used as a guide if the program should be expanded to include other rural hospitals in South Dakota; that the services of an educational instructor be made available to administrators of rural hospitals who desire assistance in developing inservice educational programs in their hospitals; and that a method of evaluation for inservice education programs in rural hospitals should be devised.

2. Characteristics of In-Service Education for Graduate Nurses by Mary R. Adams, Sarah K. MacDonald, and Inez M. Salerno, a study submitted in partial fulfillment of the requirements for Nursing 401, Principles and Methods of Research, Western Reserve University, 1953. (1)

The purpose of the study was the concern elicited by the participants over why some in-service education programs were effective and others were non-effective in attaining their goals.

The study was limited to library research and the past experiences of the participants. The study did not include criteria for evaluating in-service education programs, techniques for conducting an in-service education program, or plans for organizing an in-service education program.

The findings of the participants included the developing of a philosophy of in-service education which stated:

An effective in-service education program for graduate nurses is a necessary educational process which helps attain the aims of the organization and also many immediate and long term needs of the nurse. It helps her to keep abreast with the changes in nursing and related fields, to understand policies, philosophy, and working environment of the organization, and to provide better nursing care to the patient. It contributes to the growth of the nursing profession and to creative leadership in the community. It begins with the immediate orientation of the nurse to the job and continues with programs both formal and informal. It is a continuous and dynamic process. It is cooperatively planned by administration and the graduate nurses.

Further findings included a set of principles of in-service education for graduate nurses:

1. An in-service program should be based upon the needs of the graduate nurse and should be designed to meet both the group and the individual needs.

Therefore before any program is planned for graduate nurses their needs and interests should be investigated.

2. An in-service program should be planned cooperatively around a central purpose by all

the participants and unified through long range planning.

3. An in-service program should be planned so that it utilizes any or all possible methods that promote activity and interest of the learner.

4. An in-service program must be a continuous process in order that it might be planned to solve problems which are directly related to the work the graduate nurse is doing or might be called upon to do both professionally and as a citizen.

5. In-service education should be voluntary to be in accord with a democratic society.

This study also found that an effective in-service education program assisted the organization reach its desired goals in the following ways:

1. It assisted the nurse to find satisfaction in her job, thus employee turn-over was reduced.

2. It improved the nurse's performance by increasing her knowledge.

3. It coordinated group activities by improving understanding among all personnel working together.

4. It increased the versatility of the nurse by widening her fields of knowledge.

5. It enabled the organization to fill more responsible positions by qualifying the nurses for promotions.

6. It improved individual and group morale providing a better working environment.

7. It facilitated communication within the organization, a process which resolved conflicts and misunderstandings.

8. It helped the nurse to apply her professional knowledge more effectively.

9. It increased the ability of the nurse to assume responsibility and promoted her professional growth.

Findings in this study further concluded that many organizations were aware of the need for an in-service education program and even conducted programs with varying degrees of success. Some had attempted to provide for educational programs without considering the implications involved in planning and carrying out such a program. Consequently, these in-service education programs did not contribute what they should, either in furthering the goals of the nursing service or in meeting the needs of the participants.

Major conclusions reached in this study were:

An effective in-service education program for graduate nurses is based upon the goals of the nursing service and the needs and interests of the nurses. Responsibility to instigate and support the program and to provide the time and material necessary for its operation is accepted by the administration. The program is cooperatively planned and coordinated by the entire staff. The program is flexible so that it meets immediate as well as long term needs. Available community resources in leadership, material and techniques which will aid in the learning activities are

utilized. Wholesome interpersonal relationships and understanding between individuals are developed. Means of expression and improved communications within the organization are provided. The program provides a congenial atmosphere for persons working together. New ideas and progress are encouraged by stimulating personal and professional growth. The program provides a continuous process which assists the graduate nurse to adapt to changing professional and social demands.

The recommendations of the authors were that in-service education should begin with an orientation to the position and the new nurse introduced to the philosophy of the in-service education program in the orientation period because initial impressions may be long remembered.

Further recommendations indicated the need for more research on the evaluation of in-service education programs because many of the results of an in-service education program are intangible and influenced by many variables. It was also recommended that, although a philosophy of in-service education for graduate nurses is stated, a constant review of this philosophy is essential because of the nature of the philosophizing process. Any defensible philosophy must be constantly open to scrutiny, reexamination, and revision as new problems arise and new insights are gained.

3. An In-Service Educational Program for Graduate Staff Nurses in a General Hospital by Mary Agnes Dineen, master's thesis, Graduate School of Niagra University, 1950. (26)

The purpose of this study was: (1) to attempt to investigate in-service educational programs which were being conducted for graduate staff nurses, and (2) an attempt to formulate a suggested outline for an in-service educational program which might be used in a general hospital.

The data for this study were obtained from the results of a questionnaire type survey of sixty-four hospitals in ten counties in the western New York State area, to discover what types of programs were being employed in this area at that time. Forty-seven questionnaires were returned.

The findings of the survey indicated that only about one-half of the hospitals in the western New York State area had any form of staff education for their graduate staff nurses. In most cases, staff meetings were the only form of staff education. Most of the hospitals favored advanced education for nurses and felt that in-service education programs were invaluable. The hospitals surveyed recognized that there was a great need for good in-service educational programs for graduate staff nurses.

The conclusions reached in this study were:

There was a qualitative shortage of nurses in the hospitals studied. Nurses consistently needed to be educated to the most intelligent and efficient methods of good nursing care. Interest of the graduate nurse group must be secured and the program must have administrative approval. The graduate nurse must be aware of the personal benefits she will derive from the in-service education program.

In order that the best and most intelligent care be given in each hospital, it is apparent that the hospital should assume the responsibility for continuing the education of the graduate staff nurse.

Recommendations of this study in regard to inauguration of an in-service educational program for graduate staff nurses were:

1. The program should be begun on a small scale and should expand according to the needs of the hospital.
2. Each hospital should establish its own particular objectives for its staff education program.
3. The graduate staff nurse should be oriented to the new in-service education program, and she should have a part in planning the program.
4. Staff meetings should be held regularly and should vary so that the program will not become monotonous.
5. The use of group participation and group dynamics should be encouraged.

6. The graduate staff nurse should be encouraged to take an active part in her organizations.

7. Graduate staff nurses should be encouraged to go on for advanced study whenever possible.

8. The in-service educational program should be subject to continuous evaluation if it is to be an effective program.

4. A Process Study of a Staff Directed In-Service Nursing Education Program in a Selected Small General Hospital, a master's thesis by Garnet Imogene Hacker, University of Washington, 1953. (33)

The purpose of this study was to define the processes involved in the initiation and operation of a staff directed in-service education program over a period of three months, using the resources found in a selected small general hospital without a school of nursing.

Data for the study were obtained by questionnaire, interview and observation of forty staff nurses in one general hospital. Further data were obtained from an objective, written record kept of each meeting as the program progressed.

The findings of this study indicated that a program of this type was essentially a growth process and was too large an undertaking to be done in a limited period of time. Rigid administrative policies presented problems in the establishment of a staff-directed in-service education

program for the staff nurses. Any individual who was not an integral part of the institution would have difficulties in trying to organize an in-service program for the hospital personnel. The staff nurses who would be reached by the program should be encouraged to initiate the request for the establishment of an in-service education program to insure acceptance. The individuals participating in the program and especially in the planning and organization of the program became emotionally involved. The definition of process was difficult and time consuming.

Recommendations of the study were:

1. That leadership for the organization of an in-service education program for hospital personnel come from individuals who are a part of the organization, who know the needs of the group involved, and who are vitally interested in such a program.
2. That time to study the processes involved be made available for the individuals who plan to organize the program, and that guidance be available to explore the implications derived from the study process.
3. That observational studies be done in similar situations to determine if these processes tend to re-occur.
6. A Study of Staff Nurse Opinions and Reactions to Formal In-Service Education Programs in Five Hospitals in Chicago, Illinois, a master's thesis by Margaret Ann Quimby, University of Washington, 1953. (51)

The purpose of this study was (1) to determine staff nurses' reactions to their present in-service programs;

(2) to determine whether the present programs were meeting the needs and desires of the staff nurse; (3) to present the staff nurses' attitudes toward organization and planning of the existing programs; (4) to study the time elements and attendance of the programs; and (5) to determine the relative importance of program content, as revealed through a rating scale contained in a questionnaire presented to the staff nurses of five hospitals.

Data for this study were obtained from the results of a questionnaire type interview of twenty-five directors of nurses of twenty-five hospitals in Chicago, and in Evanston, Illinois. Six hospitals were found to have an active in-service education program; five of the six hospitals participated in the study. Further data were obtained from the directors of nurses of the five participating hospitals through questionnaires seeking information about the individual programs.

The findings of this portion of the study indicated that three of the hospitals had had an active in-service education program for less than two years, and two hospitals had had a program for more than two years. Only one director stated that the program was initiated because the staff nurses themselves felt the need. The programs were thought to be democratic with active participation of the staff nurses. The majority of the directors felt

that the programs brought about improvement in patient care<sup>x</sup> and improved interpersonal relations of the health team. The major difficulty encountered was in reaching all of the personnel, especially the evening and night nurses.

Additional data were obtained from the responses of one hundred and twenty-five staff nurses to a questionnaire designed to determine the reactions of staff nurses to their respective active in-service education programs.

The findings of this portion of the study indicated that the staff nurses were interested in in-service education programs that were related to daily nursing problems. The staff nurses felt that the meetings should be held once a month, be one hour long, on duty time, and should be repeated more than once so all could attend. Staff nurse participation in program planning was considered important. Attendance at meetings should not be compulsory.

Recommendations of this study were:

With the rapid changes taking place in nursing, every effort should be made to initiate an in-service education program in hospitals regardless of size and type of personnel. A constant evaluation of the needs and desires of the staff nurses regarding the in-service education meetings in hospitals would be of value in planning future meetings. Committees of the in-service education program should have staff nurse representation in order that they,

the staff nurses, would be able to express their interests  
for meeting content.

CHAPTER III  
THE IN-SERVICE EDUCATION PROGRAM

Hospital Background

The hospital selected for this study is one of three state hospitals in Oregon for the care of patients afflicted with tuberculosis. This hospital is primarily interested in the surgical treatment of tuberculosis and patients are admitted from the other tuberculosis hospitals for chest surgery. Cases to be treated with bed-rest and chemotherapy are also accepted.

At the time of this study, the hospital had a capacity of eighty beds with a daily census of seventy-two to seventy-five patients. The hospital opened in May of 1939 for the care of the tuberculosis patient and as a teaching facility for nursing students, medical students, interns, and resident physicians on the University of Oregon Medical School campus. In 1948, this hospital was selected for a tuberculosis nursing experience for student nurses affiliating from several local and out-of-state hospitals.

Employment of personnel is on an eight-hour day, forty-hour week basis with no rotation of hours of duty. Salaries are in line with those paid by other hospitals in

the area plus a differential for graduate nurses doing communicable disease nursing. Personnel policies are set up by the State Civil Service Commission and are in accord with those established by the Oregon Nurses Association.

#### Background of the Nurses

Twenty-four full- and part-time graduate nurses made up the graduate nurse staff of this tuberculosis hospital at the time of this study. Twenty of the graduate nurses were employed full-time and were continuously employed during the period of the study.

The ages of the graduate nurses varied from a recent nursing school graduate who was in her early twenties to one graduate nurse who was three-score-and-ten. Two-thirds of the nurses were over thirty years of age, and one-third of this number were more than fifty years of age.

The length of employment in their present positions varied from a few months for one staff nurse to seven years employment for one clinical instructor. Many of the graduate nurses had held other positions in the hospital previous to their present positions. The total years of experience in nursing represented varied from one month to twenty-six years.

About three-fourths of the nurses were married and had home responsibilities; several had never married, and a few of the nurses had been widowed or were divorced.

Each of the graduate nurses was enrolled in graduate work or had completed further educational experience since graduating from the basic nursing program. Three of the nurses had completed requirements for a Master of Science Degree.

More than one-half of the nurses were members of a professional nursing organization, and at least three of the nurses were participating actively in a professional nursing organization by serving on various committees.

### Developing the Program

#### Background of the Program

In-service education was not new to this tuberculosis hospital. Early in 1949, the superintendent of the hospital, who was also the director of nursing service, recognizing the need for an in-service education program, selected a committee on in-service education for the hospital. Each of the hospital departments was represented on the committee except the clinical laboratory, the x-ray department, the admitting department, and the clerical personnel. The committee met once a month to determine the in-service education needs of the various departments and to assist the individual departments with their in-service education programs. The departments held their own program meetings. Occasionally a program was planned for

the entire hospital staff. The individual departmental groups were not very active. Long periods of time elapsed between meetings, and no meetings were held during the summer months. In 1954, under one of the committee chairmen, the in-service education committee became a grievance committee, and the in-service education programs as such were discontinued.

#### Planning the Program

In the spring of 1958, an attempt was again made to organize and implement an active, on-going in-service education program at this tuberculosis hospital. The operating room supervisor assumed the leadership role in instigating the in-service education program. With the help of the superintendent of the hospital, who as mentioned earlier was also the director of nursing service, a committee was selected from the graduate nurse staff to function as a planning committee for the in-service education program. The committee was made up of one nurse from each of the three tours of duty, a member of the nursing faculty, and the operating room supervisor. The planning committee was the initial working committee and took as its chief function the working out of the details of the organization of the in-service education program. It not only determined the needs and interests of the graduate nurse staff, but also the needs of the patients

and set in motion the machinery necessary for the implementation of the in-service education program. In an article in which she discussed the development of an in-service education program, Phyllis Caswell stated:

The enthusiasm of the group for whom an in-service education program is planned indicates the extent to which the group recognizes its need and the part which the course plays in making work satisfying. In order to initiate a staff education program in nursing, it is necessary to create an awareness of patients' needs, and determine the relative abilities of nurses to meet them. (15)

Activities do not result in better patient care unless the needs of those giving the care are met.

The first meeting of the planning committee was held on May 13, 1958. Areas of specific needs for an in-service education program were discussed. The committee decided that to insure a good program, it would be necessary to develop a set of principles or a philosophy upon which the program would be built.

Philosophy, according to Tyler, meant "To define the nature of a good life and a good society." (61)

John Dewey, at an earlier date, stated:

Since the only way of bringing about a harmonious readjustment of the opposed tendencies is through a modification of emotional and intellectual disposition, philosophy is at once an explicit formulation of the various interests of life and a propounding of points of view and methods through which a better balance of interests may be effected. (25)

The committee on curriculum of the National League of Nursing Education defined a philosophy of education as: "A characteristic attitude towards education and its problems with special reference to the purposes or goals to be achieved and the methods by which they are to be reached." (21)

As summarized from A Curriculum Guide for Schools of Nursing, a dynamic program will result from attitudes which are progressive, liberal, experimentally inclined and reasonably hospitable to new ideas. A dynamic program X keeps abreast of current demands and is constantly evaluated to discover new and better ways of doing things. (21)

The philosophy of the tuberculosis hospital, that of optimum care for the tuberculosis patient, became the working basis for the committee in setting up principles and objectives for the in-service education program. In accordance with this philosophy, the planning committee felt that the in-service education program, by assisting the graduate nurse to develop intellectually, professionally, and personally so that she could more capably meet the physical, emotional, spiritual, and social needs of the patient in her care, would assist in implementing the hospital's philosophy.

To realize this philosophy, it was necessary that objectives be outlined and principles of in-service education be adopted to guide the program toward the goal of optimum patient care. The planning committee accepted the following objectives as stated in The Manual of Essentials of Good Hospital Nursing Service as the objectives of the in-service education program.

1. To develop and sustain an esprit de corps, which translated into group activity, results in greater unity of purpose and greater solidarity within the group; in better understanding of the problems of the hospital particularly those relating to nursing; and in an increased willingness to help in the solution of these problems.
2. To improve the technical and general professional skill of the individual nurse by giving her a clearer concept of and more comprehensive information on technics and treatments, economy in the use of supplies and equipment, and the responsibilities, obligations and opportunities of her particular job.
3. To foster new ideas and to encourage progress by stimulating personal and professional growth, by assisting in maintaining standards already set up and by aiding in formulating new policies for the future.
4. To provide a means of expression for the group as a whole, and insight into their problems, and a way of meeting their most urgent needs. (20)

The in-service program leader searched diligently through the literature for the characteristics of an effective in-service education program. From the material

so obtained, the planning committee with the assistance of the in-service program leader formulated the following principles as basic to an effective in-service education program:

1. An in-service education program for the graduate nurse should be based upon the needs and interests of the nurse and designed to meet both individual needs and the needs of the group.

2. An in-service education program should start where the nurse is and proceed at a pace satisfactory to the individual participant.

3. An in-service education program should be planned so that it utilizes any or all possible methods of presentation which will promote activity and interest in the learner.

4. An in-service education program should be a continuous process so that it might be planned to solve immediate problems which are directly related to the work the graduate nurse is doing or might be called upon to do both in her professional life and as a citizen of her community.

5. An in-service education program should be planned cooperatively around a central purpose by all the participants and should be unified through long-range planning.

6. An in-service education program should be based upon a democratic ideology and participation in the program should be voluntary to be in accord with a democratic society.

7. The in-service education program should recognize that the success of the nurse and her usefulness to the hospital will increase in proportion to the quality and the practical value of the learning experience.

8. The in-service education program should be thoughtfully planned in advance, both as to content and method of presentation, and carried out in accordance with this formulated plan as much as it is possible. (1, 42, 48, 60)

In a study on in-service education done at the Catholic University of America, it was suggested that "The program should be developed carefully with the understanding, interest, and cooperation of the organization as a whole." The study also stated:

There is no "best" in-service education program for all situations. The best plan for each situation stems from the needs, preparation, and personalities of the group, the hospital's financial resources, and the characteristics of the community. We believe that some kind of continuous in-service education is necessary and that it should be planned according to the needs of the groups. (38)

Relative to this, Lucy Germain stated:

Improving nursing service through a continuing program of this kind presupposes the validity of several assumptions. The need for such a program must be recognized by the administrator of both the hospital and the nursing service. The time that is required to plan and carry out the program must be accepted as a regular part of the job of administering a hospital or other agency, and the money that is needed must be forthcoming in reasonable amounts and provided for in the budget. The employing hospital or agency must recognize that such a program pays dividends in the quality of the service that is given and in the satisfaction which the worker derives from his job. (29)

The members of the planning committee recognized that an in-service education program flourished best in a hospital where the importance of preparing all employees for their jobs is inherent in the planning and production of service. (39) The committee also recognized that the administrator who had a "finished attitude" in relation to further educational experience would not likely be interested in in-service education, and yet the hospital administrator held overall authority and responsibility for the in-service education program. In regard to this, Lyle Benham stated:

Cooperation at the administrative and supervisory level is as necessary to a training program as a good grade of lubricating oil is to a high compression motor. It smoothes the way and gives more "training miles" with reduced loss of energy. (5)

The members of the planning committee approached the superintendent of the hospital and presented the report of

the progress which had been made in the organization of an in-service education program for the graduate nurse staff. The administrative climate was favorable. The superintendent of the hospital accepted the plans with interest and enthusiasm. She made arrangements for a place to hold the program meetings, a pleasant, comfortably furnished room away from the many demands of the busy nursing units, but a location easily reached in case of emergency. The hospital superintendent, cognizant of the importance of the program in terms of personal and professional growth eventually leading to better patient care, expressed her willingness to release the nurses who could safely be spared from the nursing units without endangering or limiting care to patients, to participate in the program. Plans were made to hold the meetings on "on-duty" time and to compensate the nurses attending on their own time in additional time off or in salary at their regular hourly wage.

It is only reasonable for the general duty nurse to receive some type of compensation when she attends the meetings on her off duty time. She could be allowed to report on duty later or to report off earlier on the following day, or she might be permitted to accumulate the time to take at some later date, provided the unit will not suffer by her absence. (38)

#### Implementing the Program

Toward the end of May 1958, seventeen nurses employed at the selected tuberculosis hospital met to discuss an

in-service education program for the graduate nurse staff. The philosophy of the in-service education program as developed by the planning committee was presented. Objectives by which individual and group goals might be attained were listed on the blackboard. Questionnaires were distributed to determine frequency of meetings, hour of meeting, day of meeting, and topics the nurse would like to have included in the program. The questionnaire concluded with a list of five committees. The nurses were asked to indicate their preference as to committee membership. The five committees were set up by the original planning committee to include five areas of program planning: (1) the Reference Materials Committee to locate articles of interest to nurses and pertinent to coming in-service education programs and arrange attractive reading materials displays in the meeting room, (2) the Audio-Visual Materials Committee to arrange appropriate, "eye-catching" notices announcing the coming in-service meeting and to furnish materials as indicated for the program meetings, (3) the Problem-Solving Committee to tackle questions and problems arising in arranging programs and in the use of equipment and supplies, (4) the Resource Personnel Committee to obtain professional speakers and well known resource persons from the hospital and from the community for program meetings, and (5) the Skills and

Techniques Committee to demonstrate particular nursing skills and techniques as necessary.

A member of the original planning committee was selected to act as chairman of one of each of the five "standing committees." It was decided that the operating room supervisor, who at this time was acting as the leader of the in-service education program, would not act as chairman of one of the committees. The nurse in charge of the out-patient clinic was selected in her place. From these "standing committees," one member was to be selected each month to serve as a member of a program planning committee for the next in-service education meeting. This was a means by which each graduate nurse could participate actively in the in-service education program.

A short time after the meeting of the graduate nurse staff, the planning committee met to tabulate the results of the questionnaires. The findings of the questionnaires were as follows:

Time factors of the in-service education program.

Several questions were asked to determine time factors. In answer to the question, "How often do you think these meetings should be held?", nine nurses stated the meeting should be held once a month; two of the nurses specified twice a month; one nurse stated once every two months; and five nurses did not answer the question.

In response to: "What time of day would you suggest as best for these meetings?", five of the nurses selected the morning hour of 7:30 o'clock; four nurses specified the 2:00 o'clock afternoon hour; three nurses stated the evening hour of 8:00 o'clock; and five nurses did not answer the question.

When asked, "What day of the week would you prefer?", five of the nurses said they preferred Wednesday; four nurses specified Thursday; two nurses selected Friday; and six nurses did not answer the question.

Subject matter of the program meetings. One of the questions related to topics the nurse would like to have presented at the program meetings.

Suggestions were as follows: (1) terminal education of the patient leaving the hospital, (2) new drugs, (3) instructions on tracheal suction, (4) patient teaching and planning of consistent patient education program with understanding of all phases of this by all nursing personnel, (5) anything pertaining to nursing, (6) educational program of students, (7) mental health--emotional needs of long term patients, (8) team nursing in a tuberculosis hospital, (9) community resources, (10) psychological and emotional factors, (11) techniques, (12) social and economic aspects of tuberculosis, and (13) surgical developments.

Committee preference. In answer to the question, "With which of the program planning committees would you like to work?", one nurse specified the Reference Materials Committee; one nurse selected the Problem-Solving Committee; two nurses chose the Resource Personnel Committee; and thirteen nurses did not answer the question.

Notices were posted on the nursing units asking the graduate nurses to participate in the planning of the in-service education program by signing up as a member of one of the committees. No one signed up. The planning committee was concerned as to how it could motivate the nurses to participate. There was no "one way" to motivate people. The methods of gaining participation were as individualized as were the ways of learning. In an article about motivation, Mary E. Spencer stated, "Information alone, won't move people to act." She continued:

Let him help plan it; let him become active in carrying it out; let him be personally responsible for its success. The more persons you involve in an undertaking, the more will work for its success because it is no longer your activity, it is theirs. To the individual it becomes "my" plan, "my" campaign, "my" program, and nothing comes closer to personal interest and achievement. The individual identifies his interests with the group interest. (57)

This was all well and good, but the committee did not seem to be able to interest the nurses in helping to plan the program. The individual members of the planning

committee met together and decided that to motivate the nurses it would be necessary to contact each nurse and "sell" the program to her. The usual resistors were met: the nurses who said, "I'm agin it," "I don't have the time," "I've had too much education already," "I'm not going to get up that early to come to a meeting," and "I live too far out to come back to a meeting." But individual contact in which individual goals were sought out and plans were made for reaching these goals through the in-service program, really paid off. Before the next in-service meeting, each of the five "standing committees" had at least three members.

Organization and planning continued in the June in-service education meeting. The group decided to meet once a month on the last Thursday of the month. The 7:30 o'clock morning hour was selected as the most appropriate and was felt to be the most convenient hour for the largest number of the graduate nurses. Coffee was served to help create a warm, friendly atmosphere, and the nurses gathered around a large table in an air of pleasant informality. Except for an occasional remark, the identity of the leader was soon lost in the group.

Spencer wrote:

. . . if you would motivate a group to action, you must be the catalytic agent which speeds up group discussion, group decision, group

commitment, and group action, but like all good catalysts you don't enter into the reaction. You stand by. For, if properly motivated, action will come from the group!  
(57)

Attendance was good; thirteen of the graduate nurses attended. In the group were two out of the three night nurses and one of the three evening nurses. Most of the graduate nurses participated in the meeting. The group decided that the meetings would be repeated on the Wednesday following the regular monthly meeting at 2:00 o'clock in the afternoon so that the nurses finding it more convenient could attend at this time. The following Wednesday when the meeting was repeated one nurse attended.

Following the June meeting, the in-service program coordinator, the operating room supervisor, met with each of the five "standing committees." In meeting with some of the groups, the leader found she had assumed the role of a listener almost entirely; in others she worked with the group in helping the group solve a particular problem; and in still another group, it was necessary that the leader again explain and clarify the functions of the committee. As the leader met with each group, she stressed the need to think ahead and to formulate a central theme around which the in-service education program could be developed.

Ruth Chamberlin, in "A Staff Nurse Program," wrote:

Certainly interest will vary depending upon the past experiences and individual interests of those attending. Would it not be possible to choose a general topic of interest to all graduates doing institutional work? . . .

"Yes"--choose a big broad topic as a main theme for the year. Include in each weekly program several contributing topics and put everybody to work on them. (16)

By this date, each committee was functioning, some well and some rather questionably. The Resource Personnel Committee was already considering a number of interesting people available in the hospital and in the community. The Reference Materials Committee was busy securing pertinent reference material, interesting bits of information, and arranging attractive reading displays in the meeting room. (It was arranged for the meeting room to be open during the day for the convenience of the graduate nurse staff.) The Skills and Techniques Committee was preparing an excellent teaching tool for post-thoracic surgery arm and shoulder exercises and was also arranging the panel discussion on pre- and post-operative teaching of the thoracic surgery patient for the next meeting. The Problem-Solving Committee was drawing up policies for the use of the conference room. The Audio-Visual Materials Committee needed a great deal of encouragement and moral support. Artist's supplies were furnished to the group for making the posters announcing the meetings, but no posters were made. One member of the committee was finally

prevailed upon to construct a poster announcing the July in-service meeting. It was clever and attractive, but instead of boosting the morale of the committee, the poster seemed to have the opposite effect and the Audio-Visual Materials Committee dissolved into nothingness when all the members resigned.

The planning committee met again before the July program meeting to discuss the plans for a tentative six-month program to begin in September. The suggested program had as its central theme, "comprehensive patient care," the program to be centered around the care of the tuberculosis patient from the time his disease was discovered until his discharge from the hospital and his return to his family and to the community. Topics to be included in the program meetings were: communications, techniques of interviewing, patient teaching, knowing yourself, getting along with others, and special skills and techniques of tuberculosis nursing.

Just prior to the July meeting, the in-service program coordinator met with the committee planning the July program meeting. A panel discussion had been arranged. The panel members had been selected from the five "standing committees." Everyone had agreed to serve, but two days before the meeting was to take place no one had prepared any thing. The panel moderator came to the coordinator in

despair. The meeting took place as planned, but there was no panel. The discussion was thrown open to the entire group, and everyone participated. This was a valuable lesson. There is truth in the age-old adage, "You can lead a horse to water, but you can't make him drink." X

W. W. Charters, in "Staff Education or Educating a Constituency," stated:

The fundamental principle in teaching any group of people to do the thing that you want them to do is very well stated by Dean Arps, when he says, "Everybody does what he ought to do." If a person makes a statement or takes a line of action, you find, if you go back into his life, that he is doing what, for him, with his background, is the reasonable thing to do. . . . This person with whom you are dealing is not an unreasonable person from his point of view. He is sincere. He is doing what he ought to do as he sees it. (18)

The in-service program coordinator was experiencing some very real frustrations by this time. Because she believed so firmly in the values of the program, she could not help but feel frustration and anxiety when all the staff did not participate eagerly. She arranged to meet with the hospital administrator so that she might talk this over with someone and analyze her own feelings. She found that some of her feelings of anxiety resulted from her desire to get programs under way in a hurry, to get something done, to feel her position justified, to have a "nice" in-service education program. The in-service education coordinator looked upon herself as a failure.

No meeting was held in August so the planning committee felt that an evaluation of the program at this time was indicated. (27)

The National League for Nursing, in "Inservice Education for Hospital Nursing Personnel," wrote:

The evaluation process, like the education process, goes on at all times, though perhaps sometimes more informally than others. When a person or group reacts favorably or unfavorably to someone, to a meeting, to a situation, they are evaluating. The grapevine mentioned earlier often is a telling critique of an activity. Formalizing these evaluating reactions into a planned process cultivates them for their very real values.

Planned evaluation--both that which is on-going and that which is done once--measures how far the program has gone in meeting its objectives. Evaluation also indicates needed changes that will prevent failure later, promotes realistic goals, unearths gaps in present programs and guides future planning. (39)

In evaluating the in-service education program at this point, the planning committee listed the following assets:

1. The in-service education program had been instigated, and two meetings had been held.
2. Attendance was good, and interest and enthusiasm were evidenced by the graduate nurse group.
3. Four of the five "standing committees" were functioning.
4. A meeting room had been provided, and hospital

facilities, equipment, and supplies were available for the use of the nurses.

5. Reference material was available in the meeting room.

Problems which could be identified were as follows:

1. There was a lack of motivation and interest on the part of several graduate nurses on the staff.

2. There was passive participation on the part of most, but several nurses definitely refused to take active part in the program.

3. There was great difficulty experienced in getting people together for individual and group meetings.

4. It was difficult to communicate with some of the nurses.

5. There were problems arising from group interaction.

In summary, the members of the committee felt that the factor which contributed to most, if not all, of these problems was that human beings, each an individual in her own right, were involved. As such, each one had strengths and weaknesses, securities and insecurities. Problems arose because each individual nurse had her own goals which were not necessarily those of the group. Problems also arose from the pairing-off of nurses within the group, from leader-group resentment, and from overly

ambitious members in the group. The insecurity of the individual nurse as a result of a lack of technical knowledge, inadequate nursing preparation, or fear of being revealed or "put-on-the-spot" caused further problems. As a possible solution to these problems, the committee decided it would be necessary to consider the following measures:

1. Assist the entire nursing staff to recognize the need and value of an in-service education program.
2. Allow each nurse adequate on-duty time for attending the program and for taking part in the activities of the program.
3. Arrange for compensatory time for those attending the program on off-duty time.
4. Carefully plan each phase of the program with the group. Allow this to be the group's endeavor.
5. Move slowly; let the group set the pace.
6. Help the entire staff to realize that the program is one in which they give as much as they get.
7. Recognize the need for a variety of programs because of different nursing backgrounds and experiences.
8. Realize that every meeting will not be a success. Be alert to the reasons for failure.
9. Understand the delicate balance of forces in each individual and do not expect one person to grow or develop

as some other person does.

10. Feel the "pulse" of the group and of each individual member of the group. Learn to know her as a human being, understanding her needs, her interests, and her goals.

There was much discussion among the graduate nurse staff about the in-service education program. All agreed that the program was a "wonderful idea," but it seemed to lack something. Frequently, remarks such as the following were heard: "The program is too structured for a small hospital;" "There aren't enough nurses to serve on all the committees;" "Some of the nurses say they will serve, but when it comes right down to it, they don't do a thing;" and "It is always up to the faithful few."

Before the summer was over, the in-service program leader had an opportunity to discuss the in-service education program with leaders of in-service education programs in other areas. It was noted that there were as many different types of in-service programs as there were individuals involved, but in most cases where the hospital graduate nurse staff was small, programs based upon extensive committee planning had not worked out. Spontaneity had seemed to be the secret of their success.

The planning committee met again before the in-service program meetings were resumed in September. The group

decided to try a "spontaneous" type of program and do away with committee program planning. This was announced to the graduate nurse staff and seemed to meet with their approval. Two nurses were selected to arrange the September program meeting. The two nurses would be responsible for all the details involved in planning the program. The September meeting was a huge success. At the close of the meeting, two more nurses were selected for the October program meeting. Eventually, each one of the nurses, from the administrator to the most recently appointed general duty nurse, had an opportunity to participate in the in-service education program. The program was their program at last.

#### Appraisal of the Program

The nurses continued to participate eagerly, each one contributing in some measure to this on-going educational experience. Eleven months after the instigation of the in-service education program, it was deemed appropriate to request the participants to take stock of the achievement of the in-service program to date. In a sense this would be an appraisal performed by those who had been actively involved in developing the program. A form for recording their impressions was developed using the following steps:

1. The literature was searched for descriptive characteristics of an effective in-service education program.
2. The characteristics were compiled under five logical categories.
3. Comparable statements were combined to avoid overlapping of items.
4. The appraisal device was discussed with a group of graduate students.
5. The suggestions of the graduate students were incorporated for refining the questionnaire.
6. The final form consisted of thirty-seven items descriptive of an effective in-service education program plus five open end items designed to elicit information regarding:
  - a. the worthwhileness of the program,
  - b. assistance enabling the nurse to give better patient care,
  - c. the meeting liked best,
  - d. the meeting liked least,
  - e. further enrichment of the program.

#### Administration of the Questionnaire

The questionnaire was administered to twenty-one members of the graduate nurse staff of the selected tuberculosis hospital. Seventeen questionnaires were

returned immediately. Two of these were returned unanswered with the comments, "Working only part-time it made me unable to attend these meetings regularly," and "I have not attended enough meetings to make this worthwhile." Four of the nurses had recently been married and had moved out of the city. Questionnaires were mailed to these nurses. Two of the four questionnaires were returned giving a total of seventeen questionnaires returned completed out of a possible twenty-one. This is approximately an 82 per cent return.

In all instances, the administration of the questionnaire was preceded by the necessary introductory comments or explanations. The nurses were cautioned that as far as opinions and evaluations were concerned, their individual thinking was what was desired. All questionnaires appeared to have been honestly answered.

This type of appraisal was highly subjective, and this was recognized as one of the limitations of this study.

However, Good and Scates, in Methods of Research, stated:

Appraisal is a form of classification or scaling according to subjective values. In the techniques that are more directly subjective, the value assigned to any specimen being rated depends more or less on the individual doing the rating, and it may vary with the same individual from time to time. Direct rating is probably the least satisfactory of the data-gathering devices from the scientific or research point of view, although for many practical problems it is the most important of the techniques for gathering evidence. This is another illustration of

the fact that for studying many of our psychological and social problems the more formal methods of objective science are not wholly adequate. In justifying the use of direct judgment, it should be remembered that social scientists encounter many problems that differ fundamentally from those of physical scientists, and must utilize procedures appropriate to social areas. Selection of research approaches in education, psychology, and sociology should not be primarily in terms of concepts useful in the physical sciences, but in terms of adaptability to the particular field represented. In the behavioral and human sciences, investigators should not avoid certain problems and procedures merely because the work cannot be done perfectly, but should use the available tools as a starting point for a long road of discovery and constant improvement, both in techniques and in findings. All measurement involves some inexactness; astronomers long ago noted this fact and labeled such individual differences in observations as the personal equation or observational error.

Appraisal leans more heavily upon the human element than do the more objective methods of investigation, since appraisal is undertaken for the specific purpose of including the human element. It is not an attempt to measure objective characteristics, but rather to determine the effect of these with human values and secondarily with the physical attributes to which these values are attached.

For certain purposes an index of human values may be more important than any number of physical measurements (perhaps made with great accuracy and reliability). (30)

Ward Ira Miller, in Democracy in Educational Administration, wrote:

It should be borne in mind, too, that many of the most important values emerging from cooperative administration cannot be measured by objective methods. They represent the intangibles that can be evaluated better by subjective

judgment. In some respects they are so personal in nature that they do not lend themselves to formal appraisal. (40)

Arthur Blumberg and Margaret Busche, in "An Inservice Program in Human Relations," stated:

This problem of appraisal has long been recognized by educators. It is relatively easy to evaluate the performance of an automobile or a washing machine. But it is difficult to assess the value of education in terms of tangible, behavioral results.  
(7)

The program was a beginning only, but it called forth a stimulation of thought and action. An increasing number of nurses participated in planning and making decisions; there was an increasing display of democratic behavior, and there was an increasing recognition of cooperation as a function of common interests. (40)

#### Part I of the Questionnaire

Items #1 through #8 were related to orientation, that educational experience which attempts to shorten the time a nurse needs to learn a situation and give the newly appointed nurse early satisfactions. In determining whether or not the in-service education program promoted acceptance of a new employee by the graduate nurse group, seven respondents indicated that the in-service education program possessed this characteristic fully; eight respondents pointed out that the program possessed this characteristic in part; and one respondent specified that

the program did not possess this characteristic at all. In considering whether or not the in-service education program fostered in the new employee a feeling of belonging to the institution, eight respondents pointed out that the in-service program possessed this characteristic fully; eight respondents indicated that the program possessed this characteristic in part; and one respondent specified that the program possessed this characteristic to a small degree. In regard to whether or not the in-service education program provided assistance to the new employees in solving initial problems, the respondents were uncertain. Two respondents indicated that the in-service education program possessed this characteristic fully; seven respondents felt the program possessed this characteristic in part; four respondents pointed out that the program possessed this characteristic to a small degree; three respondents stated it did not possess this characteristic at all; and one respondent did not know whether or not the program possessed this characteristic.

As to whether or not the in-service education program taught the nurse new skills and helped her to brush up on old skills, seven respondents indicated that the in-service education program possessed this characteristic fully; seven respondents felt that the in-service program possessed this characteristic in part; and three respondents

pointed out that the program possessed this characteristic to a small degree. In determining if the in-service education program helped the graduate nurse meet the demands of a changing role in a democratic society, seven of the respondents indicated that the in-service program possessed this characteristic fully; two respondents pointed out that the program possessed this characteristic in part; four respondents felt the program possessed this characteristic to a small degree; and four respondents indicated that they did not know whether the program possessed this characteristic or not. In dealing with the question of whether or not the in-service education program afforded a more substantial background essential to a return to nursing duties for those nurses who had been inactive for some time, three respondents indicated that the program possessed this characteristic fully; six of the respondents pointed out that the program possessed this characteristic in part; five respondents felt that the program possessed this characteristic to a small degree; two respondents indicated the program did not possess this characteristic at all; and one respondent stated she did not know whether the program possessed this characteristic or not. In considering the statement concerning the help the in-service program gave the nurse in gaining a feeling of security and satisfaction in her work, six respondents

indicated that the in-service program possessed this characteristic fully; nine respondents specified that the program possessed this characteristic in part; one respondent felt the program possessed this characteristic to a small degree; and one respondent did not know whether the program possessed this characteristic or not.

Information obtained from Part I of the questionnaire has been summarized in Table I.

TABLE I  
 OPINIONS EXPRESSED BY SEVENTEEN RESPONDENTS REGARDING  
 CHARACTERISTICS OF ORIENTATION POSSESSED BY THE  
 IN-SERVICE EDUCATION PROGRAM

- A: The in-service education program possesses this characteristic fully.  
 B: The in-service education program possesses this characteristic in part.  
 C: The in-service education program possesses this characteristic to a small degree.  
 D: The in-service education program does not possess this characteristic at all.  
 E: I do not know whether or not the in-service education program possesses this characteristic.  
 F: No response.

Characteristic	A	B	C	D	E	F
It promotes acceptance of a new employee by the graduate nurse group.	7	8	1	1	0	0
It fosters in the new employee a feeling of belonging to the institution.	8	8	1	0	0	0
It provides assistance to the new employee in solving initial problems.	2	7	4	3	1	0
It teaches new skills and helps the nurse brush up on old ones.	7	7	3	0	0	0
It helps the graduate nurse meet the demands of a changing role in a democratic society.	7	2	4	0	4	0

TABLE I (CONTINUED)

Characteristic	A	B	C	D	E	F
It affords a more substantial background essential to a return to nursing duties for those nurses who have been inactive for some time.	3	6	5	2	1	0
It helps the nurse perform her duties with confidence.	4	7	7	0	0	0
It helps the nurse gain a feeling of security and satisfaction in her work.	6	9	1	0	1	0
Total Responses	44	54	26	6	7	0

### Part II of the Questionnaire

Items #1 through #11 were related to skill training, that educational process which develops the behavioral skills to work with people as well as the manual skills to do for people. In determining whether or not the in-service education program assisted the graduate nurse in keeping up-to-date in content of nursing knowledge, and in the development of methods, skills and techniques of nursing, seven respondents indicated that the in-service program possessed this characteristic fully; seven of the respondents pointed out that the program possessed this characteristic in part; and three respondents indicated that the program possessed this characteristic to a small degree. As to whether or not the in-service education program increased the nurse's knowledge and understanding of the scientific principles basic to intelligent nursing care, six of the respondents indicated that the in-service program possessed this characteristic fully; seven respondents felt that the program possessed this characteristic in part; two respondents stated that the program possessed this characteristic to a small degree; one respondent pointed out that the program did not possess this characteristic at all; and one respondent did not know whether the program possessed this characteristic or not. In considering the help the in-service education program

provided the nurse in learning the manual skills needed to perform designated tasks, four respondents indicated that the in-service program possessed this characteristic fully; six of the respondents felt that the program possessed this characteristic in part; six of the respondents pointed out that the program possessed this characteristic to a small degree; and one respondent did not know whether or not the program possessed this characteristic. In determining whether or not the in-service education program enabled the nurse to meet standards established for quantity and quality of performance, one respondent indicated that the in-service program possessed this characteristic fully; seven of the respondents pointed out that the program possessed this characteristic in part; six respondents felt that the program possessed this characteristic to a small degree; one respondent stated the program did not possess this characteristic at all; and two of the respondents did not know whether the program possessed this characteristic or not. As to whether or not the in-service education program promoted among the nurses a greater feeling of satisfaction and stability in their jobs through a better knowledge of how to perform them intelligently and efficiently, five of the respondents indicated that the in-service program possessed this characteristic fully; ten of the respondents felt that the

program possessed this characteristic only in part; and two respondents felt that the program possessed this characteristic to a small degree. Sixteen nurses answered the item to determine if the in-service education program assisted the graduate nurse in acquiring skill in listening to the patient, understanding the patient, and teaching the patient, four of the respondents indicated that the in-service program possessed this characteristic fully; five respondents stated that the program possessed this characteristic in part; five of the respondents felt that the program possessed this characteristic to a small degree; and two respondents pointed out that the in-service program did not possess this characteristic at all. In determining whether or not the in-service education program helped the graduate nurse gain insight and understanding of the tuberculosis patient, and enabled the nurse to recognize areas of unmet needs, six of the respondents indicated that the in-service program possessed this characteristic fully; seven respondents stated that the program possessed this characteristic in part; three respondents felt the program possessed this characteristic to a small degree; and one of the respondents indicated the program did not possess this characteristic at all. In considering whether or not the in-service education program helped the nurse develop the ability to function

as a member of the health team and as a leader of the nursing team, four of the respondents felt that the in-service program did possess this characteristic fully; eight respondents indicated that the program possessed this characteristic in part; four of the nurses felt that the program possessed this characteristic to a small degree; and one nurse indicated that the program did not possess this characteristic at all. Sixteen nurses answered the item to determine whether or not the in-service education program helped the graduate nurse understand her relationship to other members of the health team and to provide more effective means of communication between members of the team. Five of the respondents indicated that the program possessed this characteristic fully; six of the respondents stated that the program possessed this characteristic in part; four respondents felt that the program possessed this characteristic to a small degree; and one respondent did not know whether or not the program possessed this characteristic. In considering whether or not the in-service education program improved the ability of the graduate nurse to establish constructive relationships with patients, with patients' families, and with co-workers, two of the respondents felt the in-service program did possess this characteristic fully; five of the respondents felt that the program possessed this

characteristic in part; six respondents indicated that the program possessed this characteristic to a small degree; two of the nurses felt the in-service program did not possess this characteristic at all; and two of the respondents did not know whether the program possessed this characteristic or not. Sixteen nurses answered the item to determine the extent to which the in-service education program enabled the nurse to give the tuberculosis patient the kind of care which would return him to his community better able to cope with the problems he would have to meet. Three respondents indicated that the in-service program possessed this characteristic fully; four of the respondents stated that the program possessed this characteristic in part; six of the nurses felt that the program possessed this characteristic to a small degree; one nurse felt that the program did not possess this characteristic at all; and two respondents pointed out that they did not know whether the program possessed this characteristic or not.

Information obtained from Part II of the questionnaire has been summarized in Table II.

TABLE II  
 OPINIONS EXPRESSED BY SEVENTEEN RESPONDENTS REGARDING  
 CHARACTERISTICS OF SKILL TRAINING POSSESSED BY THE  
 IN-SERVICE EDUCATION PROGRAM

- A: The in-service education program possesses this characteristic fully.  
 B: The in-service education program possesses this characteristic in part.  
 C: The in-service education program possesses this characteristic to a small degree.  
 D: The in-service education program does not possess this characteristic at all.  
 E: I do not know whether or not the in-service education program possesses this characteristic.  
 F: No response.

Characteristic	A	B	C	D	E	F
It assists the graduate nurse in keeping up-to-date in content of nursing knowledge, and in the development of methods, skills and techniques of nursing.	7	7	3	0	0	0
It increases the nurse's knowledge and understanding of the scientific principles basic to intelligent nursing care.	6	7	2	1	1	0
It provides help in learning the manual skills needed to perform designated tasks.	4	6	6	0	1	0
It enables the graduate nurse to meet standards established for quantity and quality of performance.	1	7	6	1	2	0

TABLE II (CONTINUED)

Characteristic	A	B	C	D	E	F
It promotes among the nurses a greater feeling of satisfaction and stability in their jobs through a better knowledge of how to perform them intelligently and efficiently.	5	10	2	0	0	0
It assists the graduate nurse in acquiring skill in listening to the patient, understanding the patient, and teaching the patient.	4	5	5	2	0	1
It helps the graduate nurse gain insight and understanding of the tuberculosis patient, and enables the nurse to recognize areas of unmet needs.	6	7	3	1	0	0
It helps the graduate nurse develop the ability to function as a member of the health team and as a leader of the nursing team.	4	8	4	1	0	0
It helps the graduate nurse understand her relationship to other members of the health team and to provide more effective means of communication between the members of the team.	5	6	4	0	1	1

TABLE II (CONTINUED)

Characteristic	A	B	C	D	E	F
It improves the graduate nurse's ability to establish constructive relationships with patients, with patients' families, and with co-workers.	2	5	6	2	2	0
It enables the nurse to give the tuberculosis patient the kind of care which will return him to his community better able to cope with the problems he will have to meet.	3	4	6	1	2	1
Total Responses	47	72	47	9	9	3

Part III of the Questionnaire

Items #1 through #6 are related to continuing education, that educational experience which assists the nurse in exploring wider ranges of knowledge, creating new methods, and in improving patient care by improving the qualifications of the nursing personnel. In determining whether or not the in-service education program raised individual and group sights regarding work potentialities and responsibilities, four of the respondents indicated that the in-service program possessed this characteristic fully; eleven respondents felt that the program possessed this characteristic in part; and two of the respondents stated that the program possessed this characteristic to a small degree. In considering whether or not the in-service education program stimulated nursing personnel to gain further knowledge and experience, seven respondents indicated that the program possessed this characteristic fully; six of the respondents pointed out that the program possessed this characteristic in part; two respondents felt that the program possessed this characteristic to a small degree; and two respondents did not know whether the program possessed this characteristic or not. As to whether or not the in-service education program encouraged the graduate nurse to gain new insight into her own work and to see her work in perspective, nine respondents indicated that the

in-service program possessed this characteristic fully; seven of the respondents stated that the program possessed this characteristic in part; and one of the nurses felt that the program possessed this characteristic to a small degree. In determining whether or not the in-service education program assisted the graduate nurse toward professional growth and personal self-realization, seven of the respondents indicated that the in-service program possessed this characteristic fully; five respondents stated that the program possessed this characteristic in part; three of the nurses felt that the program possessed this characteristic to a small degree; one nurse pointed out that the in-service education program did not possess this characteristic at all; and one nurse indicated that she did not know whether or not the program possessed this characteristic. As to whether or not the in-service education program stimulated the interest of all the nursing personnel in giving more complete care of the tuberculosis patients through a better understanding of their physical, psychological, emotional and spiritual needs, five respondents indicated that the in-service program possessed this characteristic fully; ten of the respondents stated that the program possessed this characteristic in part; one nurse felt the program did not possess this characteristic at all; and one nurse did not know

whether or not the program possessed this characteristic. In considering whether or not the in-service education program vitalized the capacity of the graduate nurse to discover new possibilities, and offered the graduate nurse opportunities for creativity, five respondents indicated that the in-service program possessed this characteristic fully; seven of the respondents stated that the program possessed this characteristic in part; three respondents felt that the program possessed this characteristic to a small degree; one nurse indicated that the in-service program did not possess this characteristic at all; and one respondent did not know whether or not the program possessed this characteristic.

Information obtained from Part III of the questionnaire has been summarized in Table III.

TABLE III  
 OPINIONS EXPRESSED BY SEVENTEEN RESPONDENTS REGARDING  
 CHARACTERISTICS OF CONTINUING EDUCATION POSSESSED  
 BY THE IN-SERVICE EDUCATION PROGRAM

- A: The in-service education program possesses this characteristic fully.  
 B: The in-service education program possesses this characteristic in part.  
 C: The in-service education program possesses this characteristic to a small degree.  
 D: The in-service education program does not possess this characteristic at all.  
 E: I do not know whether or not the in-service education program possesses this characteristic.  
 F: No response.

Characteristic	A	B	C	D	E	F
It raises individual and group sights regarding work potentialities and responsibilities.	4	11	2	0	0	0
It stimulates nursing personnel to gain further knowledge and experience.	7	6	2	0	2	0
It encourages the graduate nurse to gain new insight into her own work and to see her work in perspective.	9	7	1	0	0	0
It assists the graduate nurse toward professional growth and personal self-realization.	7	5	3	1	1	0

TABLE III (CONTINUED)

Characteristic	A	B	C	D	E	F
It stimulates the interest of all nursing personnel in giving more complete care to tuberculosis patients through better understanding of their physical, psychological, emotional and spiritual needs.	5	10	0	1	1	0
It vitalizes the capacity of the graduate nurse to discover new possibilities, and it offers the graduate nurse opportunities for creativity.	5	7	3	1	1	0
Total Responses	37	46	11	3	5	0

#### Part IV of the Questionnaire

Items #1 through #12 were related to the total in-service education program, that educational experience which may be said to consist of those experiences, processes, procedures and techniques which result in the personal, social, academic and professional growth of the individual concerned, and hence in the improvement of the quality and effectiveness of the nursing services.

In determining whether or not the in-service education program provided a pleasant, relaxed atmosphere, an environment conducive to learning, twelve respondents indicated that the in-service program possessed this characteristic fully; and five of the respondents stated that the program possessed this characteristic in part. In considering whether or not the in-service education program provided at least some of the informal relationships nurses need in order that they may function at a high level of morale and usefulness, twelve of the respondents indicated that the in-service program did possess this characteristic fully; and five respondents felt that the program possessed this characteristic in part. As to whether or not the in-service education program offered many opportunities for practicing democracy, developing leadership, and building good interpersonal relationships among the staff, ten of the nurses

felt that the in-service program possessed this characteristic fully; four of the nurses indicated that the program possessed this characteristic in part; one nurse stated that the program possessed this characteristic to a small degree; one nurse felt the in-service program did not possess this characteristic at all; and one respondent indicated she did not know whether or not the program possessed this characteristic. In considering whether or not the in-service education program familiarized the graduate nurse with the dynamics of group activities, ten respondents indicated that the in-service program possessed this characteristic fully; three of the respondents stated that the program possessed this characteristic in part; two nurses felt that the program possessed this characteristic to a small degree; one nurse indicated that the program did not possess this characteristic at all; and one nurse pointed out that she did not know whether or not the program possessed this characteristic. In determining whether or not the in-service education program assisted the graduate nurse to utilize for her own growth the knowledge and resources available from educational programs and professional groups in the hospital and in the community, six respondents indicated that the in-service program possessed this characteristic fully; seven of the nurses pointed out that the program

possessed this characteristic in part; two of the respondents stated that the program possessed this characteristic to a small degree; one respondent felt that the in-service program did not possess this characteristic at all; and one of the nurses indicated that she did not know whether the program possessed this characteristic or not. As to whether or not the in-service education program developed an "education-mindedness" among the nurses and stimulated interest in continuing educational experience, ten respondents felt that the in-service program possessed this characteristic fully; three of the respondents indicated that the program possessed this characteristic in part; three of the nurses stated that the program possessed this characteristic to a small degree; and one nurse felt she did not know whether the program possessed this characteristic or not. In determining whether or not the in-service education program provided an opportunity for the voice of the employee to be heard and heeded, ten respondents indicated that the in-service program possessed this characteristic fully; five of the respondents felt that the program possessed this characteristic in part; one of the respondents stated that the program possessed this characteristic to a small degree; and one respondent did not know whether the program possessed this characteristic

or not. In considering whether the in-service education program provided ways and means of transmitting information, and presented it in such a manner that it was readily understood and applied, seven of the respondents indicated that the in-service program possessed this characteristic fully; six respondents stated that the program possessed this characteristic in part; three nurses felt that the in-service program possessed this characteristic to a small degree; and one nurse felt that the program did not possess this characteristic at all. As to whether or not the in-service education program provided a system for two-way communication whereby administration and staff might reach a common understanding about effective and satisfying job performance, eight respondents stated that the in-service program possessed this characteristic fully; seven of the respondents felt that the program possessed this characteristic in part; one respondent indicated that the program possessed this characteristic to a small degree; and one nurse did not know whether or not the in-service program possessed this characteristic. Sixteen nurses replied to the item which considered whether or not the in-service education program served as a mental and physical stimulus which would result in the integration of hospital personnel into an understanding and cooperative group. Six respondents indicated

that the in-service program possessed this characteristic fully; eight of the respondents felt that the program possessed this characteristic in part; and two respondents felt that the program possessed this characteristic to a small degree. In determining whether or not the in-service education program helped the graduate nurse function in an enlarged orbit, gain needed knowledge, insight and skill, and accept responsibility for new activities in meeting needs and problems, eight nurses indicated that the in-service program possessed this characteristic fully; five nurses stated that the program possessed this characteristic in part; and four nurses felt the in-service program possessed this characteristic to a small degree. As to whether or not the in-service education program coordinated the particular program with the program of the nursing service in attaining the overall goal, that of the ultimate in patient care, eight respondents indicated that the program possessed this characteristic fully; six of the respondents stated that the program possessed this characteristic in part; two respondents felt that the in-service program possessed this characteristic to a small degree; and one respondent did not know whether the program possessed this characteristic or not.

Information obtained from Part IV of the questionnaire has been summarized in Table IV.

TABLE IV  
 OPINIONS EXPRESSED BY SEVENTEEN RESPONDENTS REGARDING  
 CHARACTERISTICS POSSESSED BY THE TOTAL  
 IN-SERVICE EDUCATION PROGRAM

- A: The in-service education program possesses this characteristic fully.  
 B: The in-service education program possesses this characteristic in part.  
 C: The in-service education program possesses this characteristic to a small degree.  
 D: The in-service education program does not possess this characteristic at all.  
 E: I do not know whether or not the in-service education program possesses this characteristic.  
 F: No response.

Characteristic	A	B	C	D	E	F
It provides a pleasant, relaxed atmosphere, an environment conducive to learning.	12	5	0	0	0	0
It provides at least some of the informal relationships nurses need in order that they may function at a high level of morale and usefulness.	12	5	0	0	0	0
It offers many opportunities for practicing democracy, developing leadership, and building good interpersonal relationships among the staff.	10	4	1	1	1	0
It familiarizes the graduate nurse with the dynamics of group activities.	10	3	2	1	1	0

TABLE IV (CONTINUED)

Characteristic	A	B	C	D	E	F
It assists the graduate nurse to utilize for her own growth the knowledge and resources available from educational programs and professional groups in the hospital and in the community.	6	7	2	1	1	0
It develops an "education-mindedness" among the nurses and stimulates interest in a continuing educational experience.	10	3	3	0	1	0
It provides an opportunity for the voice of the employee to be heard and heeded.	10	5	1	0	1	0
It provides ways and means of transmitting information, and presents it in such a manner that it is readily understood and applied.	7	6	3	1	0	0
It provides a system for two-way communication whereby administration and staff may reach a common understanding about effective and satisfying job performance.	8	7	1	0	1	0
It serves as a mental and physical stimulus which will result in the integration of hospital personnel into an understanding and cooperative group.	6	8	2	0	0	1

TABLE IV (CONTINUED)

Characteristic	A	B	C	D	E	F
It helps the graduate nurse function in an enlarged orbit, gain needed knowledge, insight and skill, and accept responsibility for new activities in meeting needs and problems.	8	5	4	0	0	0
It coordinates the particular program with the program of the nursing service in attaining the overall goal, that of the ultimate in patient care.	8	6	2	0	1	0
Total Responses	107	64	21	4	7	1

Summary, Parts I, II, III, and IV of the Questionnaire

In summary, seventeen respondents answered thirty-three of the thirty-seven items in the appraisal questionnaire. One respondent did not answer four questions: three items in Part II, and one item in Part IV.

In Part I of the questionnaire, the section related to characteristics of orientation, seventeen respondents selected category A in forty-four instances, category B in fifty-four instances, category C in twenty-six instances, category D in six instances, and category E in seven instances. (Table V)

TABLE V  
SUMMARY OF SEVENTEEN RESPONDENTS' REPLIES TO  
PART I OF THE APPRAISAL QUESTIONNAIRE

Category	Total Replies
A The in-service education program possesses this characteristic fully.	44
B The in-service education program possesses this characteristic in part.	54
C The in-service education program possesses this characteristic to a small degree.	26
D The in-service education program does not possess this characteristic at all.	6
E I do not know whether or not the in-service education program possesses this characteristic.	7
F No response.	0

In Part II of the questionnaire, the section related to characteristics of skill training, seventeen respondents in answering eight items and sixteen respondents in answering three items, selected category A in forty-seven instances, category B in seventy-two instances, category C in forty-seven instances, category D in nine instances, and category E in nine instances. In three instances, items 6, 9, and 11, one respondent made no response. (Table VI)

TABLE VI  
 SUMMARY OF SEVENTEEN RESPONDENTS' REPLIES TO  
 PART II OF THE APPRAISAL QUESTIONNAIRE

Category	Total Replies
A The in-service education program possesses this characteristic fully.	47
B The in-service education program possesses this characteristic in part.	72
C The in-service education program possesses this characteristic to a small degree.	47
D The in-service education program does not possess this characteristic at all.	9
E I do not know whether or not the in-service education program possesses this characteristic.	9
F No response.	3

In Part III of the questionnaire, the section related to characteristics of continuing education, seventeen respondents selected category A in thirty-seven instances, category B in forty-six instances, category C in eleven instances, category D in three instances, and category E in five instances. (Table VII)

TABLE VII  
SUMMARY OF SEVENTEEN RESPONDENTS' REPLIES TO  
PART III OF THE APPRAISAL QUESTIONNAIRE

Category	Total Replies
A The in-service education program possesses this characteristic fully.	37
B The in-service education program possesses this characteristic in part.	46
C The in-service education program possess this characteristic to a small degree.	11
D The in-service education program does not possess this characteristic at all.	3
E I do not know whether or not the in-service education program possesses this characteristic.	5
F No response.	0

In Part IV of the questionnaire, the section related to the characteristics of the total in-service education program, seventeen respondents in answering eleven items and sixteen respondents in answering one item, selected category A in one hundred and seven instances, category B in sixty-four instances, category C in twenty-one instances, category D in four instances, and category E in seven instances. In one instance, Item 10, one respondent made no selection. (Table VIII)

TABLE VIII  
 SUMMARY OF SEVENTEEN RESPONDENTS' REPLIES TO  
 PART IV OF THE APPRAISAL QUESTIONNAIRE

Category	Total Replies
A The in-service education program possesses this characteristic fully.	107
B The in-service education program possesses this characteristic in part.	64
C The in-service education program possesses this characteristic to a small degree.	21
D The in-service education program does not possess this characteristic at all.	4
E I do not know whether or not the in-service education program possesses this characteristic.	7
F No response.	1

In totaling the replies of the respondents for Parts I, II, III, and IV of the appraisal questionnaire, the figures indicate that the respondents selected category A in two hundred and thirty-five instances, category B in two hundred and thirty-six instances, category C in one hundred and five instances, category D in twenty-two instances, and category E in twenty-eight instances. There were four instances of no response. (Table IX)

TABLE IX  
TOTAL IN ALL CATEGORIES OF SEVENTEEN RESPONDENTS'  
REPLIES TO THE APPRAISAL QUESTIONNAIRE

Category	Total Replies
A The in-service education program possesses this characteristic fully.	235
B The in-service education program possesses this characteristic in part.	236
C The in-service education program possesses this characteristic to a small degree.	105
D The in-service education program does not possess this characteristic at all.	22
E I do not know whether or not the in-service education program possesses this characteristic.	28
F No response.	4

Of a total of 630 responses, 576 responses indicated that the in-service education program possessed the characteristics fully, in part, or to a small degree. Twenty-two responses indicated that the in-service program did not possess the characteristics, and twenty-eight responses indicated that the respondents did not know whether or not the in-service program possessed the characteristics.

### Concluding Portion of the Questionnaire

The concluding portion of the questionnaire included five "open-end" questions concerning the nurse and her reaction to the program. Thirteen of the seventeen respondents replied to this portion of the questionnaire. Nine of the thirteen respondents completed all five of the questions.

Question #1. Has the in-service education program been worthwhile to you? How? Ten of the nurses stated that the in-service education program had been worthwhile to them. One of the respondents said that the program had helped her develop a more complete picture of the tuberculosis patient. Another respondent stated that the meetings had been interesting and informative, bringing resource personnel to the group who would otherwise not be available on an individual basis. The greatest number of nurses felt that they were able to give better patient care because of help the program had given them in specific areas of nursing care. One respondent said that the program had helped in a "small degree" and that it had been "mostly a review of familiar proceedings." One nurse said the program had been worthwhile because she had been able to express what she felt was needed. Another respondent replied that she felt a "part of the staff" and had become better acquainted with related departments and

agencies, their responsibilities and needs. She mentioned she had also gained perspective and initiative for new or changing procedures and equipment. One respondent stated that the program had "stimulated" her interest "beyond day-to-day activities."

Question #2. Has the in-service education program enabled you to give better patient care? In what way?

Ten of the respondents stated that the in-service education program had enabled them to give better patient care. By assisting the nurse to understand the patient and his needs more fully, some of the nurses felt that the program had helped them to give more effective patient care. Others of the respondents stated that they were able to give better patient care because they now had a more complete understanding of certain specific skills and techniques. Two of the respondents did not answer the question.

Question #3. Which meeting did you like best? Why?

Question #4. Which meeting did you like least? Why? In answering the questions about the meeting the respondent liked the best and the meeting liked the least and why, there were as many different responses as there were individuals. Two respondents did not answer the questions. Four of the respondents selected the meeting on "hospital infections;" two respondents stated the

meeting on "tracheal suction;" two nurses selected the meeting on "post-operative arm and shoulder exercises;" one respondent specified the meeting on "chest bottles;" and one respondent said she liked all but one meeting. Their replies are summarized in Table X:

TABLE X  
 RESPONDENTS' REPLIES TO PROGRAM MEETING  
 LIKED BEST AND WHY

Topic	Number of Times Selected	Reasons
Tracheal Suction	2	I needed to enlarge my knowledge.  It gave me a sense of satisfaction to know I was doing it adequately.
Hospital Infections	4	I knew the least about it.  I learned some practical information.  Adaptable to our needs, stimulating thought and action.  Provided specific information on vital topic and new content area.
Public Health	1	I knew so little about it.
Chest Bottles	1	I was unsure of myself. Gave more confidence.
Post-Operative Arm and Shoulder Exercises	2	Definite results were obtained to the benefit of all.  I can help the patient now.

The meetings liked least were as follows: two respondents did not indicate the meeting they liked the least; four respondents specified the "complaint meeting;" one nurse stated the "movies;" three respondents indicated the meeting with the public health nurse; one nurse said she did not like the meeting about pre- and post-operative patient teaching; and one nurse stated the meeting when the program was first organized. Their replies are summarized in Table XI:

TABLE XI  
 RESPONDENTS' REPLIES TO PROGRAM MEETING  
 LIKED LEAST AND WHY

Topic	Number of Times Selected	Reasons
Complaint Meeting	4	<p>Most of the complaints were not in the form of constructive criticism.</p> <p>Too many minor complaints.</p> <p>Loss of understanding and emotional involvement among the participants.</p> <p>No reason.</p>
Public Health	3	<p>Poor speaker; talked too long about too much.</p> <p>General, did not include our particular needs.</p> <p>No new content or information.</p>
Movies	1	I had seen others very much like these.
Pre- and Post-Operative Patient Teaching	1	From experience, I felt the decisions reached were erroneous.
Organizational Meeting	1	A necessary evil, but that meeting was too "ivory tower."

Question #5. How do you feel the program could be further enriched? Twelve of the respondents answered this question. One nurse stated the program could be further enriched by "continuing it." One respondent indicated the need for more people to "enter in" the program. One nurse suggested copies of the material presented at the meetings be made available following each meeting. One nurse stated meetings should be held "oftener and be pushed by the administrative staff." One respondent stated that, "We tend to deal with specifics instead of principles-- sometimes get too 'preachy'." One respondent indicated, "We fail to carry out decisions or procedures agreed upon after long discussion." Several of the nurses indicated that the program should include more "outside" speakers, pertinent agencies, panel discussions, and speakers from related disciplines in our own institution.

CHAPTER IV  
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS  
FOR FURTHER STUDY

Without vision, thy people perish . . . .  
There will always be a tomorrow, and if  
tomorrow is to be worth living in, it will  
have to have its roots in today and yester-  
day. The traditions which have sustained  
us in the past will sustain us in the  
future. The experiences we have had in  
the past ought to provide guides for our  
actions in the future. (43)

Summary

The purpose of this study was: (1) to organize and develop an in-service education program for the graduate nurse staff at a selected State Tuberculosis Hospital, and (2) to determine the effectiveness of the program as revealed by the expressed opinions of the participants.

Between the months of May 1958 and April 1959, an in-service education program was instigated, developed, and implemented at the selected hospital by the graduate nurses themselves with the assistance of an initial planning committee and five program planning committees. Because it was found that the majority of the nurses were not actively participating in the in-service program, this committee planned type of program was discontinued

in the fall of 1958 in favor of a non-structured, spontaneous type program. Two different graduate nurses were selected by the program leader each meeting to assume complete responsibility for planning and conducting the meeting on a subject selected by the two nurses.

Ten program meetings were held. These included, among other things, information pertinent to tuberculosis nursing, demonstrations of special skills and techniques, plans for consistent patient teaching, and a problem-solving session. A variety of teaching tools were used, such as lectures, demonstrations, audio-visual aids, and individual and group discussion.

Eleven months after the program was initiated, a questionnaire was administered to the participants to determine their expressed opinions regarding the effectiveness of the program. The questionnaire was based upon the characteristics of an effective in-service education program as developed from the literature. The respondents indicated that the in-service education program possessed either fully or in part, most of the thirty-seven characteristics listed.

Comments at the conclusion of the questionnaire indicated that for most of the nurses, the program had been a worthwhile experience and had enabled the nurse to

give better and more understanding patient care, to communicate more easily and effectively with other members of the health team, and to function in an enlarged orbit, meeting the changing role of the nurse in a dynamic society.

### Conclusions

The basic goals of adult education and of in-service education as a form of adult education may be found in our democratic aspirations which express our faith in people and in their ability to think and learn.

Education as "progressive conduct for progressive living" implies learning which immediately "influences conduct" and that, in "desirable ways." The product of in-service education is improved staff performance and an increasingly mature adjustment to the needs of the situation.

The conclusions reached in this study were as follows:

1. Real leadership is required to help people to develop their full potentialities without interfering too much. There is a great temptation for the leader to be manipulative, to create situations in which the participants can be molded in the directions that seem appropriate.

2. Motivation is at the very heart of the educational process, that only when people are moved to do things for themselves, when they are guided into purposeful self-activity, can they be educated.

3. True acceptance of responsibility comes about in a changed attitude. The staff members have accepted to a large extent their responsibility to study and grow professionally, discuss topics and problems with others, share ideas and experiences and work together, solve problems cooperatively, and make recommendations for the improvement of the total hospital program.

4. All training must meet a definite need, be "down to earth" stressing fundamentals and planned around purposes or problems that have significance for the participant in an environment in which the skills and insights learned can be put to use.

5. Growth is the process of elaborating one's basic personality structure, assimilating new experiences, and expanding or refining abilities, attitudes, or knowledge.

6. Vitally important to a continuing in-service education program which supplies the opportunity for growth, is the capacity of the individual participant to learn and the will to do so, coupled with a very considerable amount of personal interest and effort.

As Chappell so adequately expressed it:

No program of training is easy or failure proof. Like any idea or inspiration, it will bear no fruit unless it is abundantly irrigated with perspiration. The responsibility for its success is twofold. The trainee must have the desire and determination to benefit from it; the supervisor must have the breadth of vision and leadership to lend all possible support and stimulation. Certainly both will be judged not only by their achievements, but also by the spirit in which they tried. (17)

#### Suggestions for Further Study

Further study should be done to determine the needs and interests, not only of the graduate nurse staff, but also of the auxiliary nursing personnel, so that all members of the nursing team might participate in an in-service education experience.

Research is needed in the development of tools useful in evaluating the effectiveness of in-service education.

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APPENDIX A  
QUESTIONNAIRE

We need help in planning an in-service education program for the graduate nurses in our hospital. We want these programs to be interesting, exciting, and helpful, and above all, we want this to be your program. Will you please take time to help us by filling out this questionnaire?

1. What topics would you like to have presented at coming in-service education meetings?

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2. What time of day would you suggest as best for these meetings? Suggested hours:

1st: 7:30 a.m. \_\_\_\_\_ 3rd: 8:00 p.m. \_\_\_\_\_  
 2nd: 2:00 p.m. \_\_\_\_\_ Other: \_\_\_\_\_

3. How often do you think these meetings should be held?

Once a month \_\_\_\_\_ Twice a month \_\_\_\_\_  
 Other \_\_\_\_\_

4. What day of the week would you prefer?

---

## APPENDIX A (CONTINUED)

5. With which of the standing committees would you like to work?

- \_\_\_\_\_ Reference Materials
- \_\_\_\_\_ Audio-Visual Materials
- \_\_\_\_\_ Skills and Techniques
- \_\_\_\_\_ Resource Personnel
- \_\_\_\_\_ Problem-Solving

COMMENTS:

APPENDIX B  
AN APPRAISAL QUESTIONNAIRE  
OF THE CHARACTERISTICS OF THE IN-SERVICE EDUCATION PROGRAM  
TO DETERMINE THE EFFECTIVENESS OF THE PROGRAM

Our In-Service Education Program has been in existence for the past ten months. This seems to be a good time to take stock of what is being accomplished. Commonly accepted characteristics of an effective in-service education program are listed below. To what degree do you think the program, as developed here, possesses these characteristics?

Please place an "X" in the column at the right which best expresses your answer.

A: The in-service education program possesses this characteristic fully.

B: The in-service education program possesses this characteristic in part.

C: The in-service education program possesses this characteristic to a small degree.

D: The in-service education program does not possess this characteristic at all.

E. I do not know whether or not the in-service program possesses this characteristic.

1. Orientation--Shortens the time a nurse needs to learn a situation and gives the newly appointed nurse early satisfactions.

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
1. It promotes acceptance of a new employee by the graduate nurse group.	_____	_____	_____	_____	_____
2. It fosters in the new employee a feeling of belonging to the institution.	_____	_____	_____	_____	_____
3. It provides assistance to the new employee in solving initial problems.	_____	_____	_____	_____	_____

## APPENDIX B (CONTINUED)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
4. It teaches new skills and helps the nurse brush up on old ones.	---	---	---	---	---
5. It helps the graduate nurse meet the demands of a changing role in a democratic society.	---	---	---	---	---
6. It affords a more substantial background essential to a return to nursing duties for those nurses who have been inactive for some time.	---	---	---	---	---
7. It helps the nurse perform her duties with confidence.	---	---	---	---	---
8. It helps the nurse gain a feeling of security and satisfaction in her work.	---	---	---	---	---
II. <u>Skill Training</u> --Develops the behavioral skill <u>to work with people</u> as well as the manual skills <u>to do for people</u> .					

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
1. It assists the graduate nurse in keeping up-to-date in content of nursing knowledge, and in the development of methods, skills and techniques of nursing.	---	---	---	---	---

## APPENDIX B (CONTINUED)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
2. It increases the nurse's knowledge and understanding of the scientific principles basic to intelligent nursing care.	-----	-----	-----	-----	-----
3. It provides help in learning the manual skills needed to perform designated tasks.	-----	-----	-----	-----	-----
4. It enables the graduate nurse to meet standards established for quantity and quality of performance.	-----	-----	-----	-----	-----
5. It promotes among the nurses a greater feeling of satisfaction and stability in their jobs through a better knowledge of how to perform them intelligently and efficiently.	-----	-----	-----	-----	-----
6. It assists the graduate nurse in acquiring skill in listening to the patient, understanding the patient, and teaching the patient.	-----	-----	-----	-----	-----
7. It helps the graduate nurse gain insight and understanding of the tuberculosis patient, and enables the nurse to recognize areas of unmet needs.	-----	-----	-----	-----	-----

## APPENDIX B (CONTINUED)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
8. It helps the graduate nurse develop the ability to function as a member of the health team and as a leader of the nursing team.	-----	-----	-----	-----	-----
9. It helps the graduate nurse understand her relationship to other members of the health team and to provide more effective means of communication between the members of the team.	-----	-----	-----	-----	-----
10. It improves the graduate nurse's ability to establish constructive relationships with patients, with patients' families, and with co-workers.	-----	-----	-----	-----	-----
11. It enables the nurse to give the tuberculosis patient the kind of care which will return him to his community better able to cope with the problems he will have to meet.	-----	-----	-----	-----	-----
III. <u>Continuing Education</u> --Assists the nurse in exploring wider ranges of knowledge, creating new methods, and in improving patient care by improving the qualifications of the nursing personnel.					

## APPENDIX B (CONTINUED)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
1. It raises individual and group sights regarding work potentialities and responsibilities.	---	---	---	---	---
2. It stimulates nursing personnel to gain further knowledge and experience.	---	---	---	---	---
3. It encourages the graduate nurse to gain new insight into her own work and to see her work in perspective.	---	---	---	---	---
4. It assists the graduate nurse toward professional growth and personal self-realization.	---	---	---	---	---
5. It stimulates the interest of all nursing personnel in giving more complete care to tuberculosis patients through better understanding of their physical, psychological, emotional and spiritual needs.	---	---	---	---	---
6. It vitalizes the capacity of the graduate nurse to discover new possibilities, and it offers the graduate nurse opportunities for creativity.	---	---	---	---	---

## APPENDIX B (CONTINUED)

IV. The Total In-Service Education Program--"In-Service Education may be said to consist of those experiences, processes, procedures and techniques which result in the personal, social, academic and professional growth of the individual concerned, and hence in the improvement of the quality and effectiveness of the nursing service."

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
1. It provides a pleasant, relaxed atmosphere, an environment conducive to learning.	---	---	---	---	---
2. It provides at least some of the informal relationships nurses need in order that they may function at a high level of morale and usefulness.	---	---	---	---	---
3. It offers many opportunities for practicing democracy, developing leadership, and building good interpersonal relationships among the staff.	---	---	---	---	---
4. It familiarizes the graduate nurse with the dynamics of group activities.	---	---	---	---	---
5. It assists the graduate nurse to utilize for her own growth the knowledge and resources available from educational programs and professional groups in the hospital and in the community.	---	---	---	---	---

## APPENDIX B (CONTINUED)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
6. It develops an "education mindedness" among the nurses and stimulates interest in a continuing educational experience.	---	---	---	---	---
7. It provides an opportunity for the voice of the employee to be heard and heeded.	---	---	---	---	---
8. It provides ways and means of transmitting information, and presents it in such a manner that it is readily understood and applied.	---	---	---	---	---
9. It provides a system for two-way communication whereby administration and staff may reach a common understanding about effective and satisfying job performance.	---	---	---	---	---
10. It serves as a mental and physical stimulus which will result in the integration of hospital personnel into an understanding and cooperative group.	---	---	---	---	---

## APPENDIX B (CONTINUED)

- |  | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> |
|--|----------|----------|----------|----------|----------|
| 11. It helps the graduate nurse function in an enlarged orbit, gain needed knowledge, insight and skill, and accept responsibility for new activities in meeting needs and problems. | ---      | ---      | ---      | ---      | ---      |
| 12. It coordinates the particular program with the program of the nursing service in attaining the over-all goal, that of the ultimate in patient care.                              | ---      | ---      | ---      | ---      | ---      |

Please answer the following questions, giving reasons to substantiate your answer. Use the back of the page if necessary.

1. Has the in-service education program been worthwhile to you? How?

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2. Has the in-service program enabled you to give better patient care? In what way?

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## APPENDIX B (CONTINUED)

3. Which meeting did you like best? Why?

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4. Which meeting did you like least? Why?

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5. How do you feel the program could be further enriched?

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## APPENDIX C

## MONTHLY OUTLINE OF IN-SERVICE EDUCATION PROGRAM

MayTopic

Introduction and Explanation of an In-Service  
Education Program

Method

Lecture and Discussion

Person Presenting Program

Acting Director of In-Service Education and  
Graduate Staff Nurses

Topic

Arm and Shoulder Exercises for the Post-Thoracic  
Surgery Patient

Method

Lecture, Diagrams, and Demonstration

Person Presenting Program

Chief Physical Therapist, Veterans Administration  
Hospital

## APPENDIX C (CONTINUED)

JuneTopic

Planning an In-Service Education Program

Method

Lecture and Discussion

Person Presenting Program

Acting Director of In-Service Education and  
Graduate Staff Nurses

Topic

Reports from Recent Conventions and Meetings:  
Oregon League for Nursing and Oregon State  
Tuberculosis Association

Method

Lecture

Person Presenting Program

Administrator, Nurse Educationist, Clinic Nurse

JulyTopic

Pre-Surgery Instruction of Thoracic Surgery Patients

Method

Symposium

## APPENDIX C (CONTINUED)

Person Presenting Program

Graduate Staff Nurses

TopicFollow-up and Completion of Post-Thoracic Exercise  
ProjectMethod

Lecture and Demonstration

Person Presenting Program

Assistant Head Nurse of Surgical Service

August

No meeting.

SeptemberTopic

Water Seal Drainage; Chest Bottles

Method

Lecture. Demonstration and Discussion

Person Presenting Program

Operating Room Supervisor

## APPENDIX C (CONTINUED)

OctoberTopic

Hospital Infections

Method

Lecture and Group Discussion

Person Presenting Program

Pathologist

NovemberTopic

Who Has the Other Hand in Mr. X's Care?

Method

Lecture and Group Discussion

Person Presenting Program

Public Health Nurse

DecemberTopic

Tracheal Suction

Method

Lecture and Group Discussion

Person Presenting Program

Surgeon

## APPENDIX C (CONTINUED)

JanuaryTopic

What's Your Gripe?

Method

Symposium and Group Dynamics

Person Presenting Program

Graduate Staff Nurses

FebruaryTopic

Are You Positive?

Method

Movies and Discussion

Person Presenting Program

Nursing Instructors

Typed by  
Freida M. Smith