

A FOLLOW-UP STUDY OF
THE GRADUATES OF THE
PORTLAND SCHOOL OF PRACTICAL NURSING
1949-1959

by

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CHAPTER I

INTRODUCTION

Background of the Problem

The growth and development of the practical nurse movement in the last fifteen years has been without precedent. An approximate estimate of the number of practical nurses graduated from all the 52 approved schools in the United States in 1945 was less than 500. In 1957, 439 approved schools of practical nurse education were in existence. A total of 10,666 practical nurses were graduated from these schools between September 1, 1956, and August 31, 1957.⁽¹⁾

By September of 1957, with the total number of schools training practical nurses in the United States reaching 439, there had been an increase of 387 schools in twelve years. All of these schools were reported approved by one or more of the following groups: (1) the State Board for Nurse Examiners (all jurisdictions now have licensure except the District of Columbia), (2) the state vocational authorities, and (3) the National Association for Practical Nurse Education.^(1,6,10,11)

Although there are more nurses actively engaged in nursing than ever before, it is impossible for professional nurses to provide total nursing needs. The American Medical Association reported that 17,000,000 people were cared for in hospitals during 1950, compared to 7,000,000 in 1935.⁽²¹⁾ The Joint Committee on Nursing in National Security estimated a nurse deficit in 1951 of 65,000.⁽²¹⁾ The shortage of nurses for even

essential positions will become more acute because of (1) the continued population growth, (2) expansion of both civilian and governmental demands for more health services, (3) increase in hospital insurance, and (4) additional numbers of aged people requiring hospital care.⁽⁵⁾

An analysis of nursing functions shows that 60 per cent of routine care can be done safely by auxiliary workers.⁽¹¹⁾ Until the last fifteen years many of these auxiliary workers had been prepared on-the-job or in relatively short vocational courses of in-service training. To relieve the need for more adequately trained personnel, schools of practical nursing were established. Although a few such schools were organized as early as 1912,⁽⁶⁾ the majority have had their inception since 1947.^(6,10) These schools came into being to fill a real need for providing additional nursing personnel to care for the sick; the schools continue to fulfill that need. This is substantiated by the increase in the number of schools, 439 by 1957,⁽¹⁾ and the number of Licensed Practical Nurses, over 150,000 by 1959.⁽⁶⁾

There is much in the literature that indicates recognition of the role of the Licensed Practical Nurse as a member of the health team, but there apparently are few studies on how the practical nurse herself feels about her role, whether or not she finds satisfaction in her work, or even regarding her opinions of how well she has been prepared to function as a practical nurse. Such information is commonly obtained by follow-up study of the graduates of a school. Few follow-up studies appear to have been performed relative to practical nursing, although educators and guidance counselors have extolled the value of follow-up studies for many years.^(4,12,14,15,16,19,28)

Statement of the Problem

The purpose of this study is to follow-up those who graduated from the Portland School of Practical Nursing during the first decade following the graduation of the first class, 1949-1959. Specifically, the study seeks to find answers to:

1. How many of the graduates are active in practical nursing?
2. In what areas of nursing do these graduates now work?
3. What is the expressed opinion of these graduates regarding the adequacy of their preparation for practical nursing?
4. What is the expressed opinion of these graduates regarding the vocation of practical nursing as a vocation for others?

Limitations

This study is limited to the data obtained by the follow-up questionnaire mailed to graduates of the Portland School of Practical Nursing. It is further limited to those graduated from September 1949 to September 1959, and to those responding to the questionnaire.

Assumptions

For the purposes of this study it is assumed that:

1. The participants of this study are interested in the results of this study and will cooperate in supplying the information requested.
2. The desired information as obtained by the questionnaire is factual and authentic, and that the respondents will not knowingly alter the data by supplying misinformation.

Justification

Leaders in the field of practical nursing and practical nurse education have recognized an ever-increasing need for research and study into practical nursing in the United States. (5,9,10) In Oregon, and specifically in Portland, no studies have been made which involve the graduates of schools of practical nursing.

According to figures compiled by the Oregon State Board of Nursing, as of July 1, 1958, approximately 1,107 Licensed Practical Nurses were actively employed in nursing in Oregon; 451 of that number were actively employed in nursing in Multnomah County alone. With such a large demand in the immediate vicinity, a study of the graduates of the Portland School of Practical Nursing may provide information that will be of value not only to the school and its graduates but to those health agencies which depend upon Licensed Practical Nurses to supplement their professional nursing staff.

Definitions

For purposes of this study the following definitions are employed:

1. A Professional Nurse: RN: is one who has satisfactorily completed a three-to-five year course of study in a state-approved or nationally accredited school of nursing and is eligible to take the state examination to qualify as a registered nurse. The RN gives comprehensive nursing to provide physical and emotional care for the patient; care for his immediate environment; carries out the treatment prescribed by the physician; teaches the patient and his family nursing essentials they must render; and gives general health instruction and supervises auxiliary workers. (20)

2. A Graduate Practical Nurse: is a person prepared by an approved educational program of practical nursing to share in the care of the sick, in rehabilitation, and in prevention of illness, always under the supervision of a physician and/or a professional nurse. (20)
3. A Licensed Practical Nurse: LPN: is one who has met all the requirements of the law (at the time she applied for a license) and received a license to practice as a practical nurse in a state which has established standards. The license permits the person to use the initials LPN. An LPN may be (1) a graduate practical nurse as defined above, or (2) a non-graduate practical nurse who has obtained her license by waiver or experience formula. (20)
4. A Nurse's Aide: performs services in a hospital closely related to patient care but she participates in such care only to a very limited degree and is always under supervision of a registered nurse. She usually has had only limited training on the job, is not licensed, and cannot be licensed under the law of most states. However, she is a valued member of the nursing team. (20)

Abbreviations

Throughout this study the following abbreviations are employed:

1. Licensed Practical Nurse: LPN
2. Portland School of Practical Nursing: PSPN
3. Registered Nurse: RN

Sources of Data

The primary source of data is that obtained from the questionnaire. Critically selected books, periodicals, brochures, and printed recruitment materials, related studies, and information obtained from the files

of the Oregon State Board of Nursing, provide the secondary sources of data.

Methodology

This study is conducted as a normative survey using a questionnaire to obtain the primary data. The design of the study may be described in a series of steps as follows:

1. Select a school of practical nursing whose graduates are to be requested to participate in the study. The school to be selected on basis of:
 - a. having full accreditation by the Oregon State Board of Nursing.
 - b. having a program in existence for at least ten years.
 - c. having graduated at least three hundred students during the ten-year period.
2. Make an appointment with the director of the school for purpose of obtaining administrative clearance to carry out the study.
3. Prepare the first draft of the questionnaire; present it to the director of the school and to contemporaries in graduate education, seeking suggestions for possible additions or changes.
4. Revise the questionnaire following suggestions.
5. Administer the questionnaire to a small group of Graduate Practical Nurses who are not graduates of the selected school, and who will not be participants in the study, to determine if items are clearly stated and easily understood.
6. Prepare a form for tabulating results and determine from the above-completed forms if the questionnaire in its present form is amenable to tabulation.

7. Further revise and refine the questionnaire and tabulation form according to the information obtained in steps 5 and 6.
8. Obtain the mailing list of graduates of the selected school from the Oregon State Board of Nursing.
9. Obtain a covering letter from the director of the school to accompany the questionnaire and the researcher's letter.
10. Mimeograph questionnaire and covering letters.
11. Mail the questionnaire with covering letters to the graduates for whom addresses were available.
12. Tabulate findings as questionnaires are returned.
13. Manipulate data, describe the findings arithmetically, graphically and in written chronology; draw conclusions, and make recommendations for further studies if warranted.

Presentation of the Study

This report is organized into four chapters: Chapter I, INTRODUCTION, indicates the nature of the problem, defines the purpose and describes the plan of procedure. Chapter II, REVIEW OF THE LITERATURE, presents a review of significant literature and related studies. Chapter III, PROCEDURE AND FINDINGS, is devoted to an explanation of the procedure and a presentation of the findings. Chapter IV, SUMMARY, CONCLUSIONS AND RECOMMENDATIONS, provides a summary of the study with conclusions and recommendations based on the data obtained.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

During the past fifteen years the growth of practical nursing has made apparent the need for continuous study and evaluation of programs of practical nurse education. General education has long recognized the value of follow-up studies to aid in evaluating a course of study and in obtaining information of graduates that is of value in the fields of guidance and curriculum. (4,14,15,16,27,22,28) The follow-up questionnaire is an indispensable means of collecting information, as well as a means of obtaining expressions of attitudes, opinion, judgments and "morale." (22) With the well established use of follow-up studies in general education it is reasonable to suppose the follow-up study can be of similar value in areas of special education, such as practical nursing.

A review of the literature and related studies reveals that little is available on follow-up studies in practical nursing. There is much in the literature regarding the need for continuous study and evaluation of programs of practical nurse education, and several evaluation studies are available for review.

The first publication in which practical nursing was dealt with in a section separate from auxiliary workers is entitled: Practical Nurses and Auxiliary Workers for the Care of the Sick. (26) Written by the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services, this pamphlet was published by the American Nurses'

Association in 1947. It emphasized that practical nurses should not be classified with aides, maids, and other subsidiary workers who give supportive help to patient care, but that, "since they participate in nursing care they should be classified as nurses."⁽¹⁸⁾

Concurrently, the U.S. Office of Education published Practical Nursing: An Analysis of the Practical Nurse Occupation with Suggestions for the Organization of Training Programs.⁽¹⁶⁾ This work was of prime importance, for it was the first time that a national committee representing the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing, and the U.S. Office of Education, attempted to reach unanimous agreement regarding the duties of the practical nurse.

The analysis was based upon the consensual procedure of collecting the opinions of selected persons as to what skills and knowledges should compose the curriculum of a Practical Nurse Training Program.⁽¹²⁾ This was the first time that a clear statement was available of what was held to be the duties of a practical nurse, and the analysis became the first basic source of information for the development of a curriculum in practical nurse education.⁽²³⁾

In the section on 'Suggestions for Organization of Programs,' a paragraph devoted to follow-up of graduates stated:

Schools teaching practical nursing should arrange for systematic follow-up of graduates, in order to help graduates to make the best use of their training, and also to obtain information that will modify its courses to meet actual needs. Alumnae associations, news letters, and other devices have been used successfully to establish a continuous contact between a school and its graduates (12)

The analysis was followed by further publications, revised and developed as the role and functions of practical nursing became more clearly defined. In 1950, a revision was published under the title: Practical Nursing Curriculum: Suggestions for Developing a Program of Instruction Based Upon the Analysis of the Practical Nurse Occupation.(13) The principal purposes of this bulletin were:

. . . (1) to recognize the need for trained practical nurses in all areas of the United States; (2) to identify the range of the training needed to produce qualified practical nurses to meet this need; (3) to provide a suggested curriculum for practical nursing, based upon a valid analysis of the occupation, that may be used as a suitable guide by persons or groups responsible for organizing or recognizing practical nurse training programs; (4) to stimulate the use of effective methods of instruction and to suggest an approach to the organization of the program of instruction that will contribute to student interest, motivation, and achievement; (5) to suggest the relative emphasis that should be placed upon the several parts of the training program. (13)

The suggested program of instruction for each section or course was organized upon the following column headings: (1) Essential learnings; (2) Analysis references; (3) Suggested content, methods, and activities; (4) References and teaching aids.(13)

The bulletin emphasizes the need for constant evaluation as illustrated by the following statement:

. . . The suggested program of instruction for practical nurses should be based on the analysis of the occupation as it is generally defined and accepted at the present time, but provisions should be made for reanalysis and for curriculum changes to keep step with future changes in the role of the practical nurse. (13)

The many changes in nursing in the last decade have influenced changes in the role and functions of the practical nurse, necessitating a revised, up-to-date publication on curriculum. Out of this need, Guides for Developing Curricula for the Education of Practical Nurses,⁽³²⁾ was forthcoming. Changing concepts in medicine, nursing and curriculum development have of necessity contributed markedly to the difference in the curriculum blueprint of this 1959 publication. The length and detail of this bulletin do not permit a satisfactory review of its content in this report. Outstanding changes in the bulletin include: (1) discussion of general characteristics of education for nursing practice, (2) discussion of the education of practical nurses, (3) an analysis of nursing situations as they center around patients with identification of the many components involved, and (4) application of principles of general curriculum development to practical nurse curriculums.⁽³²⁾

The W. K. Kellogg Foundation has contributed immeasurably to practical nurse education by grants of money to promote research and study in practical nursing. The first studies of practical nursing, vocation and education, were a result of the grants from the Foundation for development of programs of practical nurse education.⁽⁹⁾ The funds were provided to Departments of Education of those states agreeing to evaluate the programs after a sufficient time had elapsed to make this step worthwhile.⁽⁹⁾ Three such evaluation reports were available for review. Reports from Louisiana⁽³⁾ and Michigan⁽²⁾ were available in entirety; a "Five-States Report from Arkansas, Louisiana, Mississippi, Alabama and Florida,"⁽²⁴⁾ was available in abstract.

The Louisiana evaluation report was published in 1956. The objectives of the study were: (1) to determine the duties of practical nurses; (2) to determine the qualifications and characteristics which make for success in practical nurses; (3) to determine how well the practical nurse is doing her work; (4) to determine the need for practical nurses and how well this need is being met; (5) to determine the effectiveness of the practical nurse instructional program, including the clinical as well as the classroom phases; and (6) to study "the practical nurses education administrative organization and its relation to effective training."⁽³⁾

The basic data of the study were obtained by mailed questionnaires, by personal interview, and from the files of various offices associated with practical nursing. The most pertinent conclusions from this study were: (1) there is considerable lack of agreement among professional nurses and physicians, and among groups of professional nurses and groups of physicians about the activities practical nurses should perform; (2) students with highest educational level drop out faster than any other group; (3) practical nurses are not being used at the level for which they were trained; (4) status problems exist between the RN and LPN; and (5) there is a disparity between the requirements set up by the Board of Practical Nurse Examiners for course content and the actual needs of students.⁽³⁾

The Michigan evaluation study⁽²⁾ covers a five-year period, from 1947, when a state-wide program for the education of practical nurses was established in Michigan, to 1952. The objectives of the study were: (1) to determine how effective the practical nurse program was

in achieving its purposes; (2) to determine if the graduates were prepared to meet the needs of Michigan for nursing care; (3) to determine where the graduates were employed; (4) to determine what duties were assigned the graduates; (5) to determine how well they were performing these duties; (6) to determine if difficulties were encountered which needed to be overcome; (7) to determine what improvements might be made in the program; (8) to determine how much the program cost; and (9) to determine how the program could better be administered. (2)

Outstanding findings of the report were: (1) at the time of the study 82 per cent of the graduates were actively engaged in nursing services; (2) 83 per cent of those engaged in nursing were employed in hospitals; (3) employers were well satisfied with the performance of practical nurses on-the-job; (4) graduates were well satisfied with their preparation, but recognized that they were not as well prepared "To Work in Different Kinds of Work Situations," and "To Nurse Different Types of Patients;" (5) graduates made some requests for additional preparation in "First Aid," "the care of the mentally ill," "the care of patients with communicable diseases," "how to observe and how to elicit symptoms from patients," "how to assist a physician," "subcutaneous and intramuscular injection," and "medical asepsis;" (6) employers and graduates disagreed upon the effectiveness of performance and effectiveness of preparation most widely in the area of performing practical nursing activities; (7) graduates appeared to be best prepared in the care of mothers and the newborn and in the care of preoperative and postoperatives; they appear to need further preparation in communicable diseases, pediatrics and mental illness;

and (3) the need in Michigan for practical nurses in nursing homes and mental hospitals is largely unmet. (2)

The report of a special conference on practical nurse education to review findings of the evaluation studies on practical nurse education from 1951-1956 in Alabama, Arkansas, Florida, Louisiana, and Mississippi was available for review in abstract form. (24) The purposes of the conference were: (1) to review findings of the evaluation studies in the five states; (2) to study the implications of these findings for practical nurses and nursing; (3) to make plans for action in light of the findings and implications.

The data of the studies were obtained by (1) mailed questionnaires, (2) personal interviews, (3) records in files of various offices associated with practical nursing, (4) minutes of meetings pertinent to practical nursing. (24)

In Alabama some of the findings were: (1) two-thirds of all practical nurses in Alabama are employed in general hospitals; (2) nursing in general hospitals is found to be largely confined to three major services: medical, surgical and obstetrical; (3) the salary of Negro graduates varies considerably from that of white graduates; (4) a high per cent of nursing procedures which are generally considered to be the function of professional nurses are done occasionally, and often frequently by licensed practical nurses; (5) friction between practical nurses and registered nurses seemed due largely to the fact that the licensed practical nurse has not attained a stable, well-defined position in nursing. (24)

In Arkansas some of the findings were: (1) clinical instruction

and supervision were found generally to be inadequate for students; (2) over 20 per cent of the practical nurses are over 50 years of age and replacements will be needed in a few years; (3) 47 per cent are located in three counties, 58 counties have only one or no graduate practical nurses; (4) hospitals are dependent upon large numbers of aides for nursing service. (24)

In Florida some of the findings were: (1) at the time of the study there were 6,915 LPNs in the state; 527 had graduated from the one-year training program; (2) 85 per cent of these graduates were employed in general hospitals; (3) in some situations the practical nurses perform all the functions of professional nurses; in others they are restricted to the simplest duties; (4) practical nurses rated themselves higher than their supervisors on preparation to perform certain functions; (5) there was a close agreement between doctors' and nurses' opinions on duties which practical nurses may perform, but in general, doctors would permit practical nurses to do more than registered nurses would; (6) the trained practical nurse has not yet been fully accepted within her own group or by the professional nurse group. (24)

The Louisiana evaluation study, (3,24) also included in the five-state report, was reviewed in a previous part of this chapter.

In Mississippi some of the findings were: (1) there is little agreement among registered nurses and physicians concerning the procedures licensed practical nurses may perform and the conditions under which they may perform them; (2) licensed practical nurses, hospital administrators and registered nurse supervisors consider that

in the vast majority of cases the relationships between the licensed practical nurse and other members of the medical team are either good or excellent; (3) as a whole the physicians express more favorable attitudes toward the licensed practical nurse as a member of the medical team than the registered nurses do; (4) primary criticisms of the licensed practical nurses from physicians concern their training and qualifications, and their not understanding their limitations.⁽²⁴⁾

From the five-states conference some of the over-all findings included: (1) a list of functions which LPNs could perform when trained; (2) tentative identification of qualifications and characteristics which make for success in practical nursing; (3) a review and suggestions for improvement of programs of instruction.⁽²⁴⁾

Recommendations based on general findings were: (1) a need for a clear definition of the role of the practical nurse; including a definition of appropriate duties for her to perform, and the relationships of the practical nurse with the professional nurse and the physician; (2) a need for methods of selection of practical nurse students; (3) a need for studies of nursing needs and resources; (4) a need for curriculum improvement both in content and patterns.⁽²⁴⁾

Also available for review was An Analysis of the Practical Nurse Occupation,⁽³³⁾ published in 1957, by the Vocational Education Division, State of Indiana. The purpose of the study was to determine the relationship between the curriculum of the practical nursing program and what the LPNs actually do on-the-job.

Data were collected by a check-list questionnaire, administered to the graduates of the Indianapolis School of Practical Nursing. The

returns of the questionnaire totalled 80 per cent. The questionnaire was constructed providing space for the respondent to indicate whether or not the item is performed, if performed how frequently, where the knowledge or skill was learned, and under whose supervision the task is performed. (33)

Among the findings of the study were the following: (1) age is not a barrier to the practical nurse occupation; (2) 83 per cent of those participating in the study were employed in institutions, 13 per cent in private duty; (3) a trend toward specialization is becoming apparent; (4) the present curriculum does not satisfy the LPN's need for understanding the mental and emotional needs of the patient; and (5) according to the policy of the institution or the individual doctor LPNs do or do not give medications. (33)

The American Journal of Nursing, August 1954, (17) reviewed a follow-up study conducted at Everett Junior College, Everett, Washington, in 1954. The purpose of the study was to determine if the graduates felt they were prepared to perform practical nurse's duties upon graduation. The data were collected by mailed questionnaire.

Findings of the study were: (1) the respondents felt that nursing procedures and hospital experience were the most valuable part of the program; (2) "home economics" and "child development" were the least valuable courses. Many suggestions for improvement and additions to the program were offered by the respondents, a source of information which the author felt was invaluable. (17)

Available for review in entirety, was A Study of Practical Nurse Graduates of the Margaret Murray Washington Vocational High School,

1947-1952; (29) unpublished Masters thesis submitted to the Catholic University of America in 1954, by Orianna Syphax.

The purpose of the study was to determine the number of graduates active and inactive in nursing; the past and present social and economic status of the graduates; the extent of participation in vocational, civic and social activities; the expressed opinion of the graduates concerning the value of their education and vocation. (29)

Data were collected by mailed questionnaire. Findings are based on response of 77 per cent of the graduates. (29)

Findings showed: (1) 88 per cent of respondents were employed in practical nursing; (2) two-thirds of those unemployed are caring for their own pre-school age children at home and express intention of returning to practical nursing whenever feasible; (3) those unemployed stated that they were unemployed for personal reasons and not because of lack of work or because of their inability to find employment in practical nursing; (4) 94 per cent of respondents stated they like their present job, 49 per cent indicated factors about it which they did not like: not being able to wear white uniforms and a cap; being grouped with auxiliary personnel and classified as non-professionals; limited to the same duties as aides and attendants; (5) 89 per cent felt they were successful as practical nurses; (6) 96 per cent would recommend practical nursing to others, but 19 per cent of this group would recommend practical nursing only to those who do not qualify for professional nursing. (29)

Extensive studies of practical nurses and practical nursing have been conducted by the Board of Practical Nurse Examiners, State of

Washington, by Grace D. Cameron, Executive Secretary. A Study of the Practical Nurse Law and the Training Programs, 1949 to 1956, was published in 1958.⁽⁷⁾

This study is divided into two parts. The first part of the study is an analysis of the practical nurse law in Washington, the number of LPNs licensed by examination, and the number of LPNs licensed by waiver or experience. Data are presented graphically by charts and tables. Employment opportunities for LPNs in nursing homes were explored and the study revealed that less than ten per cent of LPNs in Washington are currently employed in nursing homes.⁽⁷⁾

The second part of the study presents the results of a questionnaire check-list sent to directors of nursing service in hospitals providing clinical experience for student practical nurses and to institutions in which there were no students. The purposes of the questionnaire were to determine what types of activities practical nurses and other nursing personnel are performing in institutions in Washington; to find out whether student practical nurses have had preparation for activities being performed by LPNs; and, to determine whether there is a need for changes in the practical nursing curriculum, based on duties required of LPNs in Washington as shown by this study. The results of the two groups were compared, but conclusions and recommendations were not included in the study.⁽⁷⁾

A second study by Grace Cameron, entitled: A Study of Employment Distribution and Training Needs of Licensed Practical Nurses in the State of Washington, was published in 1959.⁽⁸⁾

The purposes of the study were to determine: (1) where the majority

of LPNs in Washington work; (2) whether LPNs do nursing in private homes and if home-making activities should continue to be stressed in the preparatory course of study; (3) if there is a demand for extension courses by LPNs; if courses are set-up, will the LPN group be interested in enrolling in them; (4) what are their training needs, as LPNs see them. (8)

Data were collected by a mailed questionnaire. LPNs in Washington totaled 4,444, and a return of 2,460 or fifty-five per cent was obtained. (8)

Some of the findings were: (1) 71 per cent of the respondents were working in hospitals, and only 7 per cent did private duty nursing; (2) 92 per cent of those working in hospitals are staff nurses and 45 per cent of those working in nursing homes are staff nurses; (3) 55 per cent of those in nursing homes are placed in the position of "charge" nurse, or supervisor in charge of nursing service if RNs are not employed; (4) 71 per cent of those responding expressed a need or interest in extension classes for LPNs. Conclusions and recommendations were not included in the study. (8)

In summary, the need for study and evaluation of the curriculum of schools of practical nursing has long been recognized. Over the last fifteen years much has been contributed to the growth and development of practical nursing, and to the improvement and expansion of present programs of practical nurse education. There is much in the literature and in studies of practical nursing to support the need for continuous re-evaluation of practical nurse education and to support the need for a clearer definition of the role of the practical nurse,

with emphasis on those functions appropriate to practical nursing. The lack of definition of her duties makes it difficult for the practical nurse to identify her limitations, and further complicates the selection of the knowledge, understanding, skills and abilities requisite to the basic practical nursing education.

CHAPTER III

DESIGN OF THE STUDY

Procedure

The choice of the school of practical nursing for the study was based on three, arbitrarily selected details. The school chosen was:

- (1) to be fully accredited by the Oregon State Board of Nursing;
- (2) to have a program in existence for at least ten years; (3) to have graduated at least three hundred students.

The only school of practical nursing in Oregon fulfilling these details was The Portland School of Practical Nursing. The school was developed in 1949 under the auspices of the State Department of Vocational Education and the Portland Public School District. In the past ten years over 391 have graduated from the school. The history of the school has not been recorded, but The Oregon Nurse, the official publication of the Oregon Nurses Association, contains information on the background and development of the school in bulletins dating back to 1949.⁽²⁵⁾ Under the original name, The Portland Vocational Course for Practical Nurses, the program was first initiated as a nine-month course; approximately three months were allotted to theory and six months to clinical experience.⁽²⁵⁾ The first year thirteen students were graduated.⁽²⁵⁾ In 1950, a twelve-month course was developed and the school has expanded to consist of three divisions: (1) High School Division, (2) Day Division, (3) Evening Division.⁽³⁰⁾

Courses studied in the classroom are: (1) "Nursing Care of the

Patient," (2) "The Practical Nurse as an Individual," (3) "Normal Structure and Function of the Body," (4) "First Aid and Disaster Nursing," (5) "Common Drugs and their Administration," (6) "Foods and Nutrition," (7) "Care of Mother and Newborn," and (8) "Medical and Surgical Diseases."⁽³⁰⁾ Experiences in six selected hospitals in Portland include: (1) care of patients with medical and surgical conditions, (2) care of new mothers and babies, and (3) care of sick children.⁽³⁰⁾

The length of the program in each division varies, but is approximately one year for the Day Division, thirteen months for the High School Division, and sixteen months for the Evening Division.⁽³⁰⁾

The faculty at present consists of four professional nurses who are qualified nurse educators. The size of the enrollment has grown from thirteen graduated in 1949, to over seventy-five graduated in 1959. The graduates are eligible for licensing in Oregon upon successfully passing the licensing examination given by the Oregon State Board of Nursing.⁽³⁰⁾

The purpose of this study was to follow-up those graduates of PSPN from September 1949 to September 1959. Specifically, the information sought was: (1) the number active in practical nursing at present; (2) the areas of their employ; (3) the expressed opinion of those participating regarding the adequacy of their preparation for practical nursing; and (4) the expressed opinion of those participating regarding the vocation of practical nursing as a vocation for others. Information was also obtained regarding pre-training nursing background, the variety of nursing experience since graduation, and satisfactions

and dissatisfactions expressed regarding the area of present employ.

The study was limited to those graduating during the first decade of the school's existence. In an interview with Miss Virginia Hildebrand, Executive Secretary of the Oregon State Board of Nursing, the purpose of the study was explained and a request made to examine the files of graduate practical nurses. Permission was forthcoming, and the names and addresses of the population for the study were obtained from the files.

In a conference with Mr. George Henriksen, the director of PSPN, the purpose of the study was explained, suggestions were requested as to information of value to the school, and administrative clearance was obtained to carry out the study.

The questionnaire was selected as the technique for obtaining data for the study. Although much has been said about the limitations of the questionnaire, it was felt that its use in the study was justified for the following reasons:

1. The individual graduate would be the best source for the type of factual information desired.
2. A certain percentage of the graduates living in distant areas could be reached only by a mailed questionnaire.
3. The largest number possible should be contacted in a study of this type, and this could be accomplished most efficiently by the questionnaire method.

The questionnaire used to obtain the primary data for this study was developed with the assistance of the thesis adviser, other instructors, thirty-four graduate education students, eight graduate nurse students, and others interested in the study.

Because of the disparity in age and educational background of the practical nurse graduates, the questionnaire was constructed carefully. Only words in common usage were included. An attempt was made to avoid ambiguity and to phrase questions neutrally so as not to convey any opinion of the investigator. A preliminary questionnaire was developed and presented in a class on "Research Procedures in Education," to the instructor and members of the class for first evaluation. The questionnaire was then revised to include suggestions forthcoming in the class and presented to the thesis adviser and eight graduate nurse students for their evaluation. A second revision was done embodying the suggestions of this group, and the revised questionnaire was presented to the same group for further evaluation and suggestions. The third revision of the questionnaire was completed and copies prepared for a pilot-study consisting of a group of four trained LPNs not taking part in this study since they were not graduates of PSPN. Tabulation sheets were constructed; the completed questionnaires from the pilot-study were tabulated; the questionnaire was edited slightly according to suggestions and comments of the participants in the pilot study; the tabulation sheets were then revised as necessary. The revisions were discussed with the thesis adviser before final acceptance.

The questionnaire was divided into seven major areas or questions, with subdivisions or questions under each. These areas were entitled: (1) personal data; (2) pre-training nursing background; (3) variety of nursing experience post-graduation; (4) present job: satisfactions and dissatisfactions; (5) preparation for on-the-job activities; (6) expressed opinion of success as a practical nurse; and (7) recommendation of

practical nursing to others. The participants were encouraged to add any additional comments and information as they desired. The questionnaire is included as Appendix A.

The completed questionnaire was shown to the director of PSPN for his approval, and his covering letter of introduction was obtained at this time, a copy of which is included as Appendix B.

A covering letter from the investigator was developed, describing the nature of the study and requesting the cooperation and participation of the graduates. A copy of the covering letter is included as Appendix C.

The covering letters and questionnaire, plus a stamped, return-addressed envelope were mailed on January 25, 1960, to the 391 graduates whose names and addresses were obtained by the method previously described. March 1, 1960, was arbitrarily set as the closing date for the returns. Two hundred eight, or 53 per cent of the graduates, returned completed questionnaires. Twenty-nine questionnaires were returned unopened and one questionnaire was returned, the recipient deceased simultaneous to the mailing date.

Each question was tabulated separately, and master tabulation sheets were compiled. All percentages were based on 208, the total number of participants. The results of the tabulation follow.

Presentation and Interpretation of Data

Personal Data:

The information obtained from the files of the Oregon State Board of Nursing showed that 391 practical nurses had graduated in the specified ten-year period, 1949-1959. Of this number, twenty-five failed their first licensing examination, and twenty were successfully licensed on re-examination. Five graduates remained unlicensed because of failure to pass on re-examination or because they did not re-apply for examination. Twenty-four graduates had lapsed licenses; information was not available as to why their licenses were lapsed.

The geographic distribution of the 391 graduates by states was obtained through the files. This distribution is shown in Table I, with the distribution of participants in the study also included.

TABLE I
GEOGRAPHIC DISTRIBUTION OF GRADUATES AND PARTICIPANTS
ACCORDING TO RESIDENCE IN 1959

STATE	NO. OF GRADUATES	NO. OF PARTICIPANTS
ALASKA	1	1
ARIZONA	2	1
CALIFORNIA	16	10
COLORADO	2	2
IDAHO	3	2
INDIANA	1	1
MASSACHUSETTS	1	0
MICHIGAN	1	1
NEW MEXICO	1	0
NEW YORK	1	1
OHIO	2	0
OREGON	347	181
WASHINGTON	13	8
TOTAL	391	208

Of interest is the comparison of graduates and participants residing in Portland, to those residing in Oregon, outside of Portland, and those residing in the 12 other states, as shown in Table II.

TABLE II
 COMPARISON OF GRADUATES AND PARTICIPANTS
 RESIDING IN: CITY OF PORTLAND; STATE OF OREGON, OUTSIDE
 OF PORTLAND; 12 OTHER STATES, IN 1959

RESIDENCE	NUMBER AND PER CENT OF GRADUATES	NUMBER AND PER CENT OF PARTICIPANTS
CITY OF PORTLAND	263 or 67%	128 or 61%
STATE OF OREGON, OUTSIDE OF PORTLAND	84 or 22%	53 or 26%
12 OTHER STATES	44 or 11%	27 or 13%
TOTAL	391 or 100%	208 or 100%

Information as to the number of graduates each year was also obtained from the files. A comparison of those graduated and those participating, by year, is shown in Table III.

TABLE III
 COMPARISON OF GRADUATES AND PARTICIPANTS
 ACCORDING TO YEAR OF GRADUATION

YEAR	NO. OF GRADUATES	NO. OF PARTICIPANTS
1949	13	8
1950	26	14
1951	13	6
1952	22	10
1953	31	16
1954	26	15
1955	45	25
1956	40	25
1957	45	23
1958	52	31
1959	78	35
TOTAL	391	208

General information about the participants was obtained from items 1, 2, 3, 4, 5, and 15. Item 1, requested the present name of the participant; item 2, present mailing address; item 3, the date of graduation; item 4, age at graduation; item 5, education completed before entering PSPN; and item 15, classes, workshops, or institutes, nursing or otherwise, attended since graduation from PSPN.

The age of participants at the time of the study was obtained by adding the number of years since graduation to the age indicated as that at graduation. The present ages span a 51 year range, from eighteen to sixty-nine. The comparison of participants by age at time of study is shown in Figure 1, on the following page.

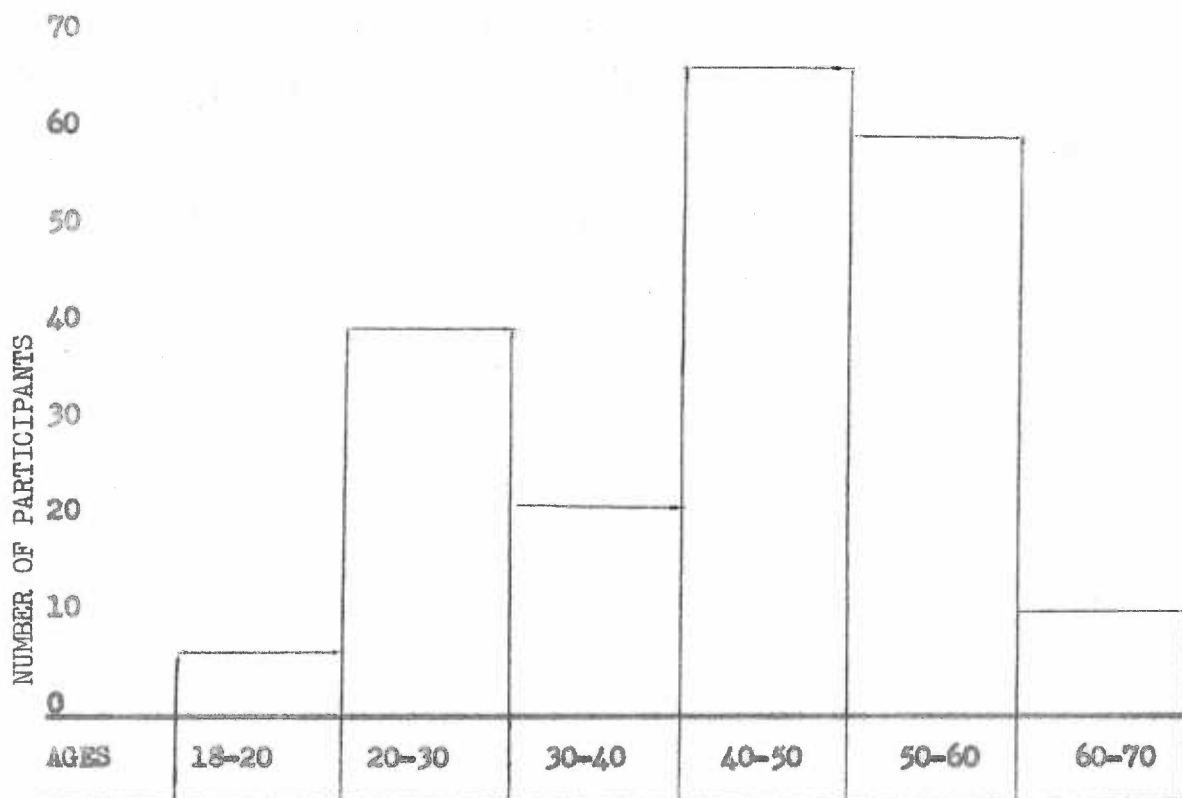


FIGURE I

COMPARISON OF PARTICIPANTS
BY AGE AT TIME OF STUDY*

All participants answered item 5, inquiring as to their education prior to entering PSPN. Table IV shows the amount of education completed by those participating in the study.

*Four participants did not answer this item; only 204 participants are represented in the Figure.

TABLE IV

AMOUNT OF EDUCATION COMPLETED BY PARTICIPANTS
PRIOR TO ENTERING PORTLAND SCHOOL OF PRACTICAL NURSING

EDUCATION COMPLETED	NO. OF PARTICIPANTS
ELEMENTARY SCHOOL	
8th Grade (or less)	24
HIGH SCHOOL	
9th Grade	6
10th Grade	22
11th Grade	10
12th Grade	118
COLLEGE	
1st Year	9
2nd Year	11
3rd Year	2
4th Year	3
GRADUATE SCHOOL	
Master's Degree	1
TOTAL	208

Applicants who have not completed high school are required to pass the General Education Development Test, commonly called by the initials GED, to be eligible for admission to the school.

In addition to the education designated in Table IV, the participants listed a wide range of educational endeavor. Two participants had completed college in Europe; 3 had studied professional nursing, but had not completed the course of study; 7 had attended business college; 5 had attended normal school from one to three years, but had not completed the course of study; 1 was graduated from Portland Police School; 1 was graduated from Portland School of Massage; 1 had attended

finishing school in England; 1 had studied at Burroughs Banking School; and, 3 had taken classes at colleges in the community of residence.

In response to item 15, fifty, or 24 per cent responded that they had attended workshops, institutes or courses of study, nursing or otherwise, since graduation; one hundred forty-eight, or 71 per cent of the participants answered that they had not; and ten, or 14 per cent of the participants did not answer the item. Twenty-five of those participants responding in the affirmative listed two or more courses, workshops or institutes attended.

The areas of study were classified under the following categories:

1. In-service education courses were listed by 11 participants.

Topics mentioned were:

- a. Medications: drugs and administration
 - b. Advanced nursing treatments, procedures and ward management
 - c. Charge nurse duties and responsibilities
 - d. Psychology of nursing
2. Post-graduate* nursing classes offered through the Department of Adult and Vocational Education included:
 - a. Cardio-vascular nursing taken by 7 participants
 - b. Post-operative nursing taken by 11 participants
 - c. Isolation technique taken by 11 participants
 - d. Orthopedic nursing taken by 12 participants

* The expression post-graduate as used here refers to courses taken following graduation from PSPN and is not intended to imply graduate level study.

- e. Mental health and psychiatric nursing taken by 13 participants
3. Workshops and institutes listed were:
- a. Workshops and institutes in practical nursing attended by 7 participants
 - b. Workshop and institute for hospital housekeepers attended by 1 participant
4. Red Cross Classes listed were:
- a. First aid taken by 5 participants
 - b. Care of mother and newborn taken by 7 participants
 - c. Home nursing taken by 10 participants
5. Night classes through public school systems included:
- a. Wood carving taken by 1 participant
 - b. Psychology taken by 1 participant
 - c. Sewing taken by 3 participants
6. Correspondence courses* listed were:
- a. Flying
 - b. EKG technology
 - c. BMR technology
7. College classes* listed were:
- a. Health
 - b. Music
 - c. Laboratory technology
 - d. Histology technology
 - e. Anatomy and physiology
 - f. Medical and surgical nursing**

* Items in this category were listed by one participant.
** Classes in practical nursing offered through a college.

- g. Advanced procedures in practical nursing**
 - h. Theology
 - i. Political science
 - j. One and one-half years study toward a degree in Elementary Education
 - k. Two and one-half years study toward a degree in Elementary Education
8. Miscellaneous studies* listed included:
- a. X-ray technology
 - b. Secretary course
 - c. Cosmetology at a school of beauty
 - d. YWCA classes
 - e. Music classes
 - f. Bible study
 - g. Portrait drawing
 - h. Ceramics
 - i. Sign language
 - j. Crafts
 - k. Parliamentary law***

* Items in this category were listed by one participant.

** Classes in practical nursing offered through a college.

*** Parliamentary law listed by three participants.

Pre-Training Nursing Background:

Information regarding pre-training nursing background was obtained in items 6 and 7. In response to item 6, regarding work in a hospital before entering PSPN, seventy-nine, or 38 per cent of the participants replied that they had pre-training hospital experience; one hundred twenty-nine, or 62 per cent of the participants replied that they had not. Table V, below, lists the types of jobs and number of participants mentioning them.

TABLE V
PRE-TRAINING HOSPITAL JOBS
AND THE NUMBER OF PARTICIPANTS LISTING EACH

TYPE OF JOB	NO. OF PARTICIPANTS
Central Supply worker	1
Operating room attendant	1
Physiotherapist	1
Combination maid-aide	3
Maid, sewing room or housekeeping department worker	6
Diet kitchen worker	10
Nurses' aide or untrained practical nurse	57
TOTAL	79

Information regarding pre-nursing experience other than in a hospital was obtained from item 7. In response to the item sixty-one, or 29 per cent of the participants answered that they had pre-nursing

experience other than in a hospital; one hundred forty-seven, or 71 per cent of the participants answered that they had not.

Of those responding in the affirmative, 19 had worked in nursing homes as aides or untrained practical nurses. All nineteen had been responsible for general patient care; 12 gave medications; one relieved the RN on days off, and one acted as supervisor with a doctor on call around-the-clock.

Thirty-seven worked as untrained practical nurses in patients' homes; four worked as untrained practical nurses doing Private Duty Nursing in hospitals; one took patients in her own home; one worked as an untrained practical nurse in the infirmary of a baby home; and, three worked as doctors' office assistants.

Variety of Nursing Experience Post-Graduation:

Information about nursing experience since graduation was obtained from items 8, 9, 11, 12, and 13. In answer to item 8: "Have you worked as a Practical Nurse since graduation?" two hundred, or 96 per cent of the participants answered "yes;" eight, or 4 per cent of the participants answered "no."

The eight answering "no" gave three reasons for not working since graduation: (1) Four stated that raising a family was their full-time job; (2) One stated that she had entered another field of hospital work, housekeeping; (3) Two stated that their husbands did not want them to work. One participant did not supply the reason.

Of the two hundred who have pursued careers in practical nursing, one hundred twenty-one, or 61 per cent of the participants, have worked

full-time since graduation; fifteen, or 7 per cent have worked part-time continuously since graduation; sixty-four, or 32 per cent have worked intermittently as personal health and family needs allow.

Reasons given for working part-time or intermittently were:

- (1) Living in a community which had no neighboring hospital;
- (2) Family needs; (3) Children's illnesses and needs; (4) Pregnancy;
- (5) Attending college.

Table VI, on the following page, shows the number of years participants have worked since graduation.

TABLE VI
 DISTRIBUTION OF PARTICIPANTS
 BY YEARS OF NURSING
 SINCE GRADUATION

NO. OF YEARS	NO. OF PARTICIPANTS
Less than 1 year	38
1	41
2	32
3	13
4	19
5	19
6	12
7	1
8	7
9	6
10	12
TOTAL	200*

Item 10, requested the participants to list all jobs, nursing and other, held since graduation. Only fifty participants answered the item and 25 did not give sufficiently complete answers to be meaningful. Of interest is that only nine participants answering the item listed jobs held in other than some area of nursing. Jobs listed were: (1) PBX operator; (2) Assistant to a college professor; (3) Motor clerk in a trucking office; (4) Housekeeper in employer's home; (5) Elementary School Teacher in public schools; (6) Day Camp Director, Camp Fire Girls; (7) Owner and operator of bakery; (8) Manager of a trailer court; (9) Histology Technician.

* This item does not total 208, since eight participants have not worked since graduation.

In response to item 11, regarding employment in hospitals; one hundred ninety-one, or 92 per cent of the participants, have been employed in hospitals at various times since graduation; sixteen, or 7 per cent have not; and one participant did not answer the item. Included in this item was a check-list of Nursing Service Areas with space provided to comment on the approximate length of time worked in the areas checked. Seventy-five of those answering the item did not include the length of time spent in the area checked. Table VII, lists the nursing service areas checked by 191 participants and the number of times each area was checked. Ninety-two participants checked more than one area. Forty-eight participants added that they "floated," covering every area at one time or another.

TABLE VII
 RESPONSES OF 191 PARTICIPANTS REGARDING
 AREAS OF SERVICE IN HOSPITALS SINCE GRADUATION

NURSING SERVICE AREAS	NO. OF TIMES CHECKED
EYE DEPARTMENT	1
CLINICS	2
ELECTROCARDIOGRAPH DEPARTMENT	2
SURGICAL WARDS	3
ISOLATION DEPARTMENT	6
ORTHOPEDIC FLOOR	6
FORMULA ROOM	7
PSYCHIATRY	8
TUBERCULOSIS	8
EMERGENCY DEPARTMENT	9
CENTRAL SUPPLY	10
LABOR & DELIVERY	10
OPERATING ROOM	13
RECOVERY ROOM	13
POST PARTUM	18
PEDIATRICS	19
MEDICINE NURSE	21
TREATMENT NURSE	34
MEDICAL WARDS	43
COMBINED MEDICAL-SURGICAL WARDS	118
TOTAL	373*

* Ninety-two participants checked more than one area, resulting in a total of 373 responses.

In response to item 12, regarding Private Duty Nursing, forty, or 19 per cent of the participants, stated they have done private duty nursing at various times since graduation; one hundred sixty-four, or 79 per cent have not; and four, or 2 per cent, did not answer the item. Of the forty who have done private duty nursing eight work only in hospitals, sixteen work only in patients' homes, and sixteen work in both hospitals and patients' homes. The kind of cases listed as most often taken showed no apparent or consistent pattern. Cases most frequently mentioned were: (1) Cardiac patients listed by ten; (2) Post-operative surgical patients listed by twelve; (3) Terminal cancer patients listed by nine; (4) Senile patients and psychiatric cases, listed by eight.

The number of years the forty participants have done private duty nursing is shown below in Table VIII.

TABLE VIII

LENGTH OF TIME AND NUMBER OF PARTICIPANTS
EMPLOYED AS PRIVATE DUTY PRACTICAL NURSES
SINCE GRADUATION

NO. OF YEARS	NO. OF PARTICIPANTS
Less than 1 year	1
1	8
2	5
3	5
4	-
5	1
6	-
7	-
8	-
9	-
10	1
Intermittent	14
TOTAL	40

Item 13, concerned the number of participants who have worked in nursing homes. Twenty-four, or 11 per cent of the participants stated they have worked in nursing homes; one hundred eighty, or 87 per cent, have not; and four, or 2 per cent did not answer the item.

All twenty-four participants who have worked in nursing homes stated that at one time or other their duties have included giving medications, doing treatments, charting, general patient care, maid's work, and whatever tasks that needed to be done. With regard to patients, the 24 participants stated that they have had every kind of patient in nursing homes, and eighteen of the participants mentioned diabetics, cardiacs, and senile patients as the most frequent cases they have encountered.

The bed capacity of the nursing homes in which the 24 participants have worked ranged from three to one hundred fifty beds. Five participants listed the capacity at from 3 to 20 beds; seven listed the capacity from 20 to 30 beds, six listed the capacity from 30 to 50 beds; and six listed the capacity at 50, 57, 62, 70, 80, and 150 beds respectively.

Present Job:

Information about present job and expressions of satisfaction and dissatisfaction with it, was obtained from item 14. Fifty-seven, or 27 per cent of the participants were unemployed at the time the study was conducted; one hundred fifty-one, or 73 per cent were employed. The job-listings were broken into five categories: (1) Hospital nursing, listed by one hundred thirty, or 62 per cent of the participants;

(2) Nursing Homes, listed by four, or 2 per cent of the participants;
(3) Private Duty Nursing, listed by two, or 1 per cent of the participants; (4) Miscellaneous nursing and 'related-to-nursing' jobs, listed by nine, or 5 per cent of the participants; (5) Not working in practical nursing, listed by six, or 3 per cent of the participants. Table IX, shows the areas of present employment and the number of participants listing them.

TABLE IX

PRESENT AREAS OF EMPLOYMENT LISTED BY 151 PARTICIPANTS
AND THE DISTRIBUTION OF PARTICIPANTS IN EACH AREA

AREA OF EMPLOYMENT	NO. OF PARTICIPANTS
<u>HOSPITALS:</u>	
Charge Nurse (11-7)	1
Charge Nurse (3-11): Central Supply	1
Recovery Room Nurse	1
Emergency Room Nurse	2
Treatment Nurse	2
Pediatric Nurse	3
Isolation Ward Nurse	3
Central Supply Nurse	3
Psychiatric Nurse	5
Operating Room Nurse	7
Obstetric Nurse (all areas)	9
Float Nurse	18
General Duty Nurse (all shifts)	75
<u>NURSING HOMES:</u>	
General Duty Nurse	1
Assistant Supervisor, Home for Aged	1
Charge Nurse	2
<u>PRIVATE DUTY NURSING:</u>	
Hospitals & Patients' Homes	2
<u>MISCELLANEOUS NURSING & RELATED-TO-NURSING:</u>	
Admitting Clerk in Hospital	1
Industrial Clinic Nurse	1
Call-Nurse for Hospital & Nursing Homes	1
Hospital Ward Clerk	1
Office Assistant for M.D.	5
<u>NOT WORKING IN PRACTICAL NURSING:</u>	
PBX Operator	1
Attendant for Handicapped Children	1
Field Director, Camp Fire Girls	1
Elementary School Teacher	1
Histology Technician	1
Owner & Operator of Bakery	1
TOTAL	151

Of the one hundred fifty-one employed participants, six are not employed as practical nurses. This places the participants employed in practical nursing at present at a total of one hundred forty-five, or 70 per cent.

In response to the open-end question: "What factors do you specially like about your present job?" one hundred forty-five, or 69 per cent of the participants replied.

The following statements, quoted verbatim with no attempt at editing, are a representative sampling of the one hundred forty-five responses to the item:

Good experience and an opportunity to learn all phases of nursing.

The opportunity to help the ill. The personal interest attitude of the hospital toward its patients. The personal with whom I work.

I like the sincere desire for good nursing care on the part of my co-workers. I like being able to see what you've accomplished by our patients getting well. It is a challenge. I like the respect given us for our time et efforts by our patients, their family et doctors.

I like the variety in my work. I have some bedside nursing. I do treatments--TPR's and Blood Pressures daily. Care for critically ill patients and do unusual and unexpected things that come up . . . I like the charting and I am especially proud of the confidence the patients have in me.

(This participant is employed in a nursing home.)

I enjoy working with all the different kinds of patients, and by floating I get to know everyone patients and Nurses, and I also get much wider experience in Nursing care than if I were stable.

We are allowed to do so much more than in some hospitals we took training in.

I have found that the P.M. shift, for the L.P.N., affords much more opportunity to exercise our nursing ability and gives opportunity for more and varied nursing experience.

The chance to learn more. We get some real interesting cases.

We are permitted to do Treatments, pass Medicines and also being able to help the Doctors with Treatments and Tests. We also have charge of a floor when working p.m.

I like it best because it lets me utilize all the branches of training that I have received. It is like an extension course. Something new can be learned each day.
(Hospital, float nurse.)

The responsibility given me. The type of patients. The nursing procedures I am allowed to do. The fact L.P.N.'s are treated as "nurses" and given the respect and consideration due. (Hospital nurse.)

My job offers a challenge. Everyone works in a team realizing each of us contributes to the success or failure in our efforts to help people to be able to live a more productive life, also to utilize resources to the best advantage.

Complete care of patients during night.

Working with people—steady employment—personal satisfaction—choice of hours.

Another question "What factors do you specially dislike about your present job?" was also included in item 14. The following, quoted verbatim, are a representative sampling of the one hundred forty-five responses obtained:

Have been fortunate in being able to work in relatively well staffed hospitals, but a general criticism of the work would be that the average patient load is so out of proportion to the number of paid employees that it is almost impossible to give the kind of nursing care we were trained to think the patient should expect.

Wages below most other jobs.

Lack of sufficient trained personnel. Too much lifting without help. Equipment sometimes outmoded and needing repair.

Mostly the rotation of shifts.

The fact that we are always considered 'attendants.' When attendants are absent the practical is always next in line. We are willing, but we still feel we should be recognized. We are not.

I dislike it most because of the inability to follow an interesting case to its close.
(Float nurse.)

The attitude of the R.N. Nurses. In this Hospital, the average R.N. resents us on the fact we can do things, but they will not let us, instead, they try to make it very difficult for all of us. The Chief Nurse will take the R.N.s word for many things before taking ours. This has been found with all the L.P.N's.

The only complaint that I have is that we are sometimes so busy we are not able to give our patients the proper care, but that can not be corrected as I can see, because there are times when we aren't busy, so help can not be keep on the payroll, just for the portion of time when we are rushed.

None, I love my job.

That we are not allowed to give more treatments and procedures to pt. (like irrigated catheters, change dressings, help Dr. with procedures).

Caring for pts. who are terminal and feeling so helpless about doing anything to help them.

The versatility expected of an L.P.N. reduces her efficiency when she is transferred from a floor each day, and has no opportunity to acquaint herself with the patients. In this situation she may be asked to take charge and give medications or next day do aide work.

The improper set up for isolated patients. Small rooms, no room to work in, which makes work doubly hard.

No pay differential given for this special nursing with considered nurses health hazard. (Isolation ward.)

The shortage of needed linen and the way it is handled. If the minutes wasted in running after linen were added up throughout the hospital, many nurse-pt. hours could be saved.

Preparation for 'On-the-Job' Activities:

Information as to courses or phases of the program in practical nursing that helped most and/or least on the job, and those activities for which the participants felt unprepared after graduation, was obtained from items 16, 17, and 18.

In response to item 16, "What courses or phases of the program that you had in PSPN helped you most on your job?" one hundred eighty-three, or 88 per cent of the participants replied. Most participants mentioned two or more items.

Eighty-two, or 39 per cent of the participants commented that all courses and phases of the program had helped on jobs. One hundred thirty-two, or 63 per cent of the participants listed clinical experience as the phase of the program that helped most on jobs after graduation. Sixty-two of this number cited specific hospitals: (1) Multnomah hospital mentioned by twenty-one participants; (2) Providence hospital mentioned by fifteen participants; (3) Wilcox hospital (obstetric rotation) mentioned by sixteen participants; (4) Doernbecher hospital (pediatric rotation) mentioned by ten participants.

Courses that had been helpful were: "Anatomy & Physiology," mentioned by twenty-three participants (11%); "Medical & Surgical Diseases," mentioned by thirty participants (15%); "Ethics," mentioned

by twenty-eight (13%); and "Procedures," mentioned by fourteen (7%).

Eight participants answered that it was the confidence gained through the program that helped most on jobs; eighteen answered that the attitude taught regarding understanding and accepting patients was the thing that helped most on jobs.

Those participants listing a special area such as Pediatrics, Labor & Delivery, Nursery, and Post Partum, commented that this was most helpful since it was the area in which they had specialized either by preference or circumstance.

The following statements, quoted verbatim with no attempt at editing, are a representative sampling of comments made:

The class room experience was very helpful--Thanks to a fine instructor--as was the clinical training.

The professional ethics both toward the Hospital and the patients. Also how to properly turn and make a patient comfortable and what not to do.

My training on 2 N at county in caring for the dirty surgery cases. I feel all should put time on that floor.

All of it was most useful.

The entire course has been of wonderful value to me the nurse-patient relationship is looked upon in an altogether manner, the study of the body systems and their function in the body has been of much help in my particular work.

All gave me a wonderful understanding and background--shifts in experience on rotation was hard at the time but certainly prepared me for many changes in routine.

The clinical phase. I think it would help if there was an instructor in each hospital whose sole interest was the training of the student practical. The regular nurses try but have too many other duties. If an RN were not available some of the graduate

practicals could take a special course and be responsible for the students under the leadership of the instructor who checks the students weekly. They could be picked on recommendation of the supervisors and head nurses of the hospitals along with their school record.

The course or training in isolation procedure that we had at Doernbecher has helped us a great deal.

In response to item 17, "What courses or phases of the program that you had in PSPM helped you least on your jobs?" one hundred sixty-one, or 77 per cent of the participants replied; one hundred two, or 49 per cent mentioned courses or phases of the program that helped least on jobs; fifty-two, or 28 per cent of the participants reiterated that all of the program helped on jobs, and that they were not aware of anything that was least-helpful.

Of the one hundred two participants who listed courses or phases of the program that were least helpful to them the following were mentioned: (1) Diet, nutrition and meal planning were mentioned by forty-five, or 22 per cent of the participants; (2) Lack of supervision on clinical rotations was mentioned by thirty, or 14 per cent of the participants (the thirty participants were distributed through the ten-year period of graduates); (3) Home nursing was mentioned by ten, or 5 per cent of the participants; (4) First Aid was mentioned by ten, or 5 per cent of the participants; (5) Administration of medications was mentioned by seven, or 3 per cent of the participants (all seven commented that this was because they were not allowed to give medications where they worked). Miscellaneous comments made by the one hundred sixty-one respondents to this item are quoted verbatim

with no attempt at editing:

I think I've used all the knowledge I gained in one way or other.

The surgery course didn't seem thoroughly enough involved in dressings and dressing changes according to wound and drainage problems, also the sterile care involved.

I could not pin point any particular thing even though I find organization and procedures different than I was trained.

Wish we had more First Aid.

Del. Rm.--didn't do anything but watch. Mental health, it seemed so poorly given that it was, in my opinion, a total waste of time.

Nutrition--please push more emphases on appearance. I feel our worst downfall is not enough emphases on personal appearance, it degrades our school.

Not enough oppert. to practice things learned.

All of it was needed and I feel I could of used 6 mo. more training.

Lack of sterile technic--proper charting.

The nursery portion of affiliation with Wilcox could have been learned in less time than allotted.

Not sufficient supervision while training in hospitals.

Course on C. of Portland and its control of sewage.

Since the Practical Nurse probably spends most time at the patients bedside possibly more time could have been spent on meeting the emotional needs through conversation--suggesting spare time hobbys and rehabilitation. Since so much is heard concerning the need for nurses in mental hospitals could this be an area for which we need more training and clinical experience?

The home nursing procedures and some treatments such as hot & cold compresses, various baths, bedmaking, etc. seemed overemphasized compared to the short time our

class spent on drugs and aseptic techniques.

Probably the nutrition course--all we use is recognition of types of diet used.

Table decorating, choosing of toys for children, I think these were a waste of time that could have been used profitably learning medication, first aid, surgery procedures and other things.

In response to item 18, "In your jobs have you been asked to perform nursing activities for which you felt unprepared?" and "If yes, what activities were they?" one hundred thirteen, or 54 per cent of the participants answered yes; eighty-one or 38 per cent answered no; and fourteen, or 8 per cent did not reply.

Table X shows the activities or areas listed by the participants as those in which they felt unprepared and the number of responses listed by 113 participants.

TABLE X

RESPONSES OF 113 PARTICIPANTS REGARDING AREAS OR ACTIVITIES
IN WHICH THEY FELT UNPREPARED AFTER GRADUATION

ACTIVITIES OR AREAS	NO. OF RESPONSES
Colostomy care	7
Care of critically ill	8
Assisting doctors	11
Emergency care	12
Tracheostomy care	12
Suctioning patients	17
Catheterization	18
Oxygen therapy	22
Dressings	22
Special treatments	38
Medications: Drugs & Administration	48
Isolation & Sterile technique	97
TOTAL	312*

A representative sampling, quoted verbatim with no attempt at editing, of those answering "yes" on this item included:

Post-operative care the 'what' and 'whyfor' of the many drainage tubes on some pt's and how to handle them. Irrigations, packs, practice in sterile dressings.

Giving medication, using and giving treatments with heat apparatus.

* Ninety-five respondents mentioned two or more activities or areas.

Assisting Dr's at bedsides—' emergency's—
when case was of emergency type.

Our class had only a slight acquaintance with oxygen tanks, tents, a.s.f. They still scare me. On occasion I have been asked to read to a Dr. a pt's laboratory sheet. I felt as green as the paper the records were printed on looked.

Setting up and D.C. of IV's—suctioning patients.

In applying sterile packs; knowing how to run the different machines Gomco etc., alevaire, croup tents, oxygen tanks, in orthopedics the nursing and positioning. In knowing about the basic medicines & what they are for, symptoms and reactions etc.

Unprepared, but not afraid to learn under head nurses. By the end of our course I'd developed a cautious confidence.

Coping with mentally disturbed patients.

Specialing.

Need a longer course.

Care of a patient with levophed involved, care of new prostatectomy with con't irrigation, also individual cath. irrigation, more on sterile procedures as far as sterile care is concerned.

Responses of those checking "no" were few. The comments are quoted verbatim below:

No, but I feel that much more stress and training should be given in Isolation. Have seen too much carelessness around 'Staph' infections, & not only with the students.

As technicians we are always working with a graduate nurse or Dr. and anything we are not sure about they are always ready to help us with.

I have been asked to do things which I had never done before but this was to be expected so I really did not feel unprepared for them.

Because the floor where I worked always instructed us in any new activity that we were asked to perform.

In response to item 19, "Do you feel your course in Practical Nursing, school and hospital affiliation, prepared you to do good practical nursing?" one hundred ninety, or 92 per cent of the participants answered "yes;" seven, or 3 per cent, answered "no;" four, or 2 per cent, answered "yes and no;" and seven, or 3 per cent did not answer the item.

A representative sampling of the comments made by those who responded in the affirmative, quoted verbatim with no attempt at editing, follows below:

I feel I learned my lessons fairly well & have been able to adjust to hospital routine. I believe I know my limitations as an L.P.N. & am able to work without taking more.

After working as an aide for three months, I realized that the textbook studies and hospital affiliations helped me to understand my job better.

Because it taught me the basic principles of good nursing and gave me a background of anatomy and physiology, of which I had practically no knowledge whatever.

It was long enough, thorough enough, basic 'on the scene' practice etc. I feel that experience now and reviewing & keeping up by current reading will keep me 'fresh.'

If I could, I would take the course again. I enjoyed it and I felt the teachers concern for me during the course. I feel it has prepared me to do good practical nursing as far as I am allowed to do.

Let me know I was doing the right thing at the right time. Gave me more confidence in myself.

I do think the course is very good on the whole, as far as training is concerned. However, the ultimate of the individual might depend on the persons ability to adapt to the place of work and the people to work with.

Our instructors were excellent & paid particular attention to details. I think we were taught to feel a responsibility for the patient while in our care.

A good foundation in nursing arts and ethics with an understanding of anatomy. I was able to do a good job of patient care and ready to learn new procedures as opportunity was presented.

Yes, although I do feel that more medical rotation could have been helpful & more actual sterile duties.

It gave me basic knowledge in a variety of fields that has helped me understand the total services and function of the hospital I work in.

Yes, because we received good training for bedside nursing and had the opportunity to learn varied duties through a well balanced program.

I am capable of doing what we set out to do and can take responsibility on the floor with a RN to report to of anything unusual.

I didn't know anything about nursing at all. The course taught me how to feel compassion for my fellow man and how to use the little knowledge I have to ease some of the suffering in this world.

Yes, except for the lack of medication training. I feel the course failed us completely in this respect. We did not even learn the effects of different medications et what side effects to watch for.

Because it gave me confidence to do good nursing and to work as a team with others in any situation. It is daily challenge & very gratifying.

We had good instructors who drilled us on the fact that a job no matter how small it seems is fully worth doing well.

A representative sampling of those answering in the negative quoted verbatim, included:

Incomplete for nursing profession in small communities, where emergency often occurs.

I could not use what I had learned in school. I could not put it in practice--only - giving b. baths and making units.

The length of the course is insufficient to allow for adequate training in all fields nec.

The hospitals should allow students to do more.

I did not learn enough.

Need more on medications.

Only two of the participants answering "yes and no," commented on the item. These two comments, quoted verbatim, were:

I feel if we had been taught one basic technique and could have practiced it during our clinical period we would have been better able to vary our techniques for difference hospitals later on.

The training was good, for what there was of it, as far as I am concerned the training was limited, and no training of this sort should be limited. A nurse is worth her weight in gold if her training has been free of limitation, limitation that is in subject matter pertaining to the arts of Nursing.

Expressed Opinion of Success as a Practical Nurse:

In response to item 20, "Do you feel you have been successful as a Practical Nurse?" one hundred eighty-seven, or 90 per cent of the participants, answered "yes;" seven, or 3 per cent, answered "yes and no;" four, or 2 per cent, answered "no;" and ten, or 5 per cent, did not answer the item.

A representative sampling of those participants answering "yes" to the item, as quoted verbatim with no attempt at editing, follows:

When patients tell me I have given them good care. And my conscience tells me so then it is gratifying. But please could we not get more refresher courses? And especially one in the basic medicine. It would help our work much more

I have had reports from various people that my supervisor and head nurses are satisfied with me. Patients and personnel seem to like me. I get along with all. I enjoy my work.

For one thing, I have been at "X" hospital for 8 years. For another, I do hope, I have been able to apply what I was taught, bring a little comfort, a little cheer, help in a small way to the return of pt. to normal life by knowing how.

Have been working at this Hospital since graduation and have been entrusted with the care of any patient.

Comments from patients and members of the nursing staff, also annual ratings as discussed with head nurse. By having a high standard presented in class I have something to compare my own performance to.

It has been for only such a short time but I would like to feel that I have been successful. My associates compliment me and I feel within myself that I am successful.

Because I feel that I could work in any hospital due to our rotating. Also it has given me a good background in general nursing and home care.

It has brought me much personal satisfaction as well as a means of earning my living, and the hospital where I work seems pleased with my services.

Because I enjoy nursing. I have had no difficulty in getting work or remaining in the hospital's employ.

Probably the greatest contributing factor is that I like nursing so much; therefore have always striven to improve my work and increase my knowledge of nursing.

Because of this training, it is possible for me to fill a job, where it is greatly needed, and enable me to make a living doing something for other that derives a satisfaction.

My head nurse assigned me to the critical patients et felt like I was qualified to do some things I did not feel qualified for. Also the supervisors et head nurse at times asked me to teach new aides.

I have & am trying and have had a few real pleasing successes. My biggest challenge is to raise the depressed adult to new hope and interest in the future.

I have learned a great deal on the job. Pts used to tell me I was better than a lot of the R.N.'s I did the best of my knowledge to make the pt. comfortable.

I have gained the satisfaction I sought out of nursing and I believe the patients have felt the transaction of my enjoyment in helping others.

Because I have been given more and more responsibility on my floor and have been chosen for charge nurse training and have been permitted to give medications. I have also been left in charge of the floor on several occasions. I am frequently team leader, which is usually an R.N.'s responsibility.

Three of the participants answering "yes and no," included comment as follows:

Most of the time I did, but there were times when I felt that I was not doing all I could due to lack of adequate help in the hospital, thus requiring the employees to do more than should in order to do a good job. I tried to do my best whenever possible.

Haven't been working at it long enough to really know, since I took the course I've gotten married and have a baby, and a lot of things I had during the practical nursing course sure have helped me take care of him.

At the time I entered and was graduated, Practical Nursing was yet to feel its way, uncertainty, lack of interest, poor pay, little recognition, uncertain training, loss of public understanding, all this went into helping me decide upon another profession. Practical Nursing is a very fine profession, but certain things are not keeping young nurses.

Of the four participants answering "no," only three commented.

Their remarks are quoted verbatim:

I feel that it takes years of experience to be a 'successful' practical nurse.

Because I have not had the opportunity to do other than aid duties—because I had not had enough training I missed out on 2 good jobs.

I think any person serving the capacity of a nurse should be able to give a patient medicine especially if she is a licensed Practical Nurse. I do not consider myself successful without the permission to do so.

Recommendation of Practical Nursing to Others:

The final question asked of the participants, item 21, was:

"Would you recommend Practical Nursing to others? Why?" In response to the item, two hundred, or 96 per cent of the participants, answered "yes;" two, or 1 per cent, answered "yes and no;" four, or 2 per cent, answered "no;" and three, or 1 per cent, did not answer the item.

Of the four participants answering "no," one did not make any comment; one comment was incomplete and meaningless as such. The remaining comments were:

Better ways to make a living.

It is too much of a hard job. Too much of a rush. Most of the time not enough help. When one gets a breathing spell she is sent somewhere else to fill in.

Two participants answered "yes and no," but one did not include a comment. The remaining comment, quoted verbatim, was:

Young girls with a keen mind I would advise to take professional nursing (as I wanted to do when young). For older women with a fair education, I would recommend practical nursing.

Of the two hundred participants answering "yes," to the item, eighteen did not make any comment. A representative sampling of the one hundred eighty-two comments, quoted verbatim with no attempt at editing, follows:

The cost is minimal, and it prepares one in helping other & since I have graduated I find the doctors prefer a good practical to help with special procedures, when they know you are good.

It is a profession to be proud of, always work, for an older person much satisfaction. All in all I highly recommend the training for any person interested at all in tending the sick.

I would recommend it to anyone over the age limit of RN training. I would not recommend to a younger person, as I believe they would have better future if they went into RN training.

It is valuable training for the women who aren't able to go into professional nursing. It provides a decent livelihood for women who must help provide the income for the family. The opportunity of just being among other people helping in some way gives strength and courage to others often seeing someone who is just a little bit worse off than you and yet they are trying to go on.

Even though they do not intend to use it in an income way, it is a great help in the home or to the friends they have who need their help.

I think there are a lot of women et men who would enjoy caring for sick, if they had a little training.

If it were made more practical by showing the students in the classroom such things as: helping with IV's, catheterization of women, tube feedings et suctioning patients. Perhaps more of this is being done now. Otherwise the course was very interesting et thorough.

Most of all this to me is a very satisfying job but I feel this person has to want to be a good nurse before it will work at all.

The training one receives from the course makes all phases of the jobs easy to perform as well as making you more efficient. It also makes it possible for the Practical Nurse to choose different fields to work in.

With a qualification. The graduate practical nurse has been grouped with aides in many areas in both work assignments and in acceptance, as well qualified members of the nursing team.

Although I am no longer an active member of the Practical Nursing Field, I have found that the training has been invaluable to me within my present work. Anyone who must work with people should have a complete understanding of how to. Practical Nursing gives one a complete understanding of the many facets of a human being that would be impossible to learn under an ordinary system of schooling, such as you would have in a college or university.

Nursing is a very rewarding occupation if a person has a love of nursing. If a person attempts nursing from the money angle they would be no good for of all under-paid people, the nurse is the lowest for what she is asked to do.

Interesting work--moderate income, releasing RN's to do more complicated nursing, where they are needed so badly.

It gives me a certain feeling of dignity and confidence. Also to the patient. To be a practical nurse is only second best--but to those of us who were less fortunate and couldn't get the nurses training we so much wanted when we were younger, it is 'THE BEST.'

If one is in the Nursing field they should know about it in order to save costly mistakes and insure better care of the patients.

Right now is the time of changeing. The RN's are slowly beginning to recognize us for what we are, Trained Nurses. It will take a good deal of time yet, but I feel that we have achieved so much in the past several years that there must be more to come. We have the closeness of the Patients where the RN's do not, also the co-workers.

It fills a need for personal service to others by women who are no longer needed by their families but whose experience in family raising helps those needing a friend.

Seeing the difference in work and attitudes between CLPN's & those who are only aides or Waiver nurses convinces me more than ever that it is a good thing. I also think everyone should take a refresher course in all phases periodically. Practical nursing has a very important place in hospitals and for those who were unable to be registered nurses & love nursing it is very good.

Because it is a rewarding vocation, other than financial. It is a wonderful opportunity particularly for the older woman to continue to feel needed and useful as well as earn her living.

There is a real need for practical Nurses and there is a personal satisfaction in doing a needed job.

Yes, if they are truly interested, willing to work hard, willing to face unpleasant situations, et pt. But a rewarding occupation to you et quite often to patient.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of the Study

This study was made to obtain information from the graduates of a school of practical nursing to determine (1) the number active in practical nursing, (2) the areas of nursing in which they are employed, (3) the expressions of satisfaction and dissatisfaction regarding the present area of employment, and (4) the variety of nursing experience since graduation. Information was also desired regarding their opinions of (1) the adequacy of their preparation for practical nursing, and (2) the vocation of practical nursing as a vocation for others.

The school selected was an approved school of practical nursing which had been in existence over ten years, and had graduated over three hundred students. The population was limited to those graduated between September 1949 and October 1959.

The method selected for collecting primary data for the study was the mailed questionnaire. Secondary data were obtained from books, periodicals, brochures, related studies and information obtained from the files of the Oregon State Board of Nursing.

The questionnaire was based on the information essential for fulfilling the purpose of the study. The questionnaire was administered to a group of four graduate practical nurses, who were

not members of the selected population, to test the clarity of items and to aid in developing tabulation sheets. The responses were tabulated and revisions were made as necessary on both the questionnaire and tabulation sheets.

The questionnaire, covering letters from the director of the school and the researcher, plus a stamped return-addressed envelope were mailed on January 25, 1960, to the 391 graduates of the selected school. March 1, 1960, was set as the closing date for the returns. Two hundred eight, or 53 per cent of the graduates, replied.

Each item of the questionnaire was tabulated separately, and master tabulation sheets compiled. The results of the master tabulation are presented in Chapter III of this report.

Personal Data:

Information obtained through the files of the Oregon State Board of Nursing showed that the graduates are presently residing in thirteen of the fifty United States. Two hundred sixty-three, or 67 per cent of the graduates, presently reside in the city of Portland; eighty-four, or 22 per cent presently reside in Oregon, but outside the city of Portland; and forty-four, or 11 per cent, presently reside in twelve other states. Of the two hundred eight participants, one hundred twenty-eight, or 61 per cent of the participants, presently reside in the city of Portland; fifty-three, or 26 per cent, presently reside in Oregon, but outside the city of Portland; and twenty-seven, or 13 per cent presently reside in nine other states.

The present ages of the participants span a 51 year range, from eighteen to sixty-nine. Six participants are 18 and 19 years of age, forty participants are from 20 to 30 years of age, twenty-two participants are from 30 to 40 years of age, sixty-six participants are from 40 to 50 years of age, sixty participants are from 50 to 60 years of age, and ten participants are from 60 to 69 years of age.

The education completed by participants prior to entering PSPN, varied from twenty-four who did not complete elementary school to three college graduates and one graduated with a Master of Arts degree in Psychology. Forty participants had not completed high school; one hundred eighteen were high school graduates; and twenty-two had completed one through three years of college. In addition, the participants listed a wide range of educational endeavor: from completion of finishing school and college in Europe, to graduation from Portland Police School and Portland School of Massage.

Twenty-four per cent of the participants indicated they have attended classes, workshops or institutes, nursing and otherwise, since graduation from PSPN. Subjects listed ranged from in-service education courses; post-graduation practical nursing classes offered through the Department of Adult and Vocational Education; Red Cross classes; night classes offered through public school systems; correspondence classes; miscellaneous classes at community colleges; and miscellaneous studies such as INCA classes, cosmetology, music, and Bible study. Two participants are presently attending college full-time, both working toward completion of baccalaureate degrees in Elementary Education.

Pre-Training Nursing Background:

Thirty-eight per cent of the participants had worked in hospitals prior to entering PSPN. Their jobs ranged from operating room attendant and physiotherapist to maid, nurse's aide or untrained practical nurse, and diet kitchen worker.

Twenty-nine per cent of the participants had pre-nursing experience other than in a hospital. The jobs listed included nurses' aides or untrained practical nurses in nursing homes; private duty as untrained practical nurses in patients' homes and hospitals; and doctors' office assistants.

Variety of Nursing Experience Post-Graduation:

Information obtained about nursing experience since graduation from PSPN showed that 96 per cent of the participants have worked as Practical Nurses since graduation. Sixty-one per cent have worked full-time since graduation; seven per cent have worked part-time, but continuously since graduation; and thirty-two per cent have worked intermittently as personal health and family needs allow.

Ninety-two per cent of the participants have worked in hospitals at various times since graduation. They have had a wide variety of experience in all areas of nursing service. They listed twenty-one nursing service areas; the largest number of participants, one hundred eighteen, listed combined medical-surgical nursing. Forty-eight participants stated they are 'float' nurses covering almost every one of the twenty-one nursing service areas at one time or another.

Nineteen per cent of the participants have done private duty nursing at various times since graduation in both hospitals and patients' homes. Types of patients most frequently mentioned were (1) cardiac patients, (2) post-operative surgical patients; (3) terminal cancer patients, and (4) senile and psychiatric patients. Only two participants are presently employed as private duty nurses.

Eleven per cent of the participants have worked in nursing homes at various times since graduation. Their duties have included giving medications, doing all treatments, charting, doing general patient care, maid's work and whatever tasks that needed to be done. All eleven per cent of the participants stated that they had taken care of every type of patient in nursing homes, but those patients most frequently mentioned were diabetics, cardiacs, and senile patients. The bed capacity of the nursing homes in which these participants have worked ranged from 3 beds to 150 beds. Only four participants are presently employed in nursing homes.

Present Job:

Seventy-three per cent of the participants are employed at present. Seventy per cent are employed as practical nurses. Sixty-two per cent of the participants are presently employed in hospital nursing; one per cent are Private Duty Nurses; two per cent are employed in nursing homes; five per cent are employed in miscellaneous nursing areas, and 'related-to-nursing' jobs; and three per cent are working, but not as practical nurses.

Sixty-nine per cent of the participants commented on the factors

they specially like and dislike about their present job. Comments most frequently made expressing satisfactions included: (1) the opportunities for steady employment, (2) the personal satisfactions found in nursing, (3) the challenge found in nursing, (4) the amount and kinds of responsibilities assigned, (5) the variety of experience, (6) the opportunities for learning, (7) the close contact with patients, (8) the pleasant working conditions, (9) the pleasant working relationships with co-workers, and (10) the high quality of nursing care performed by all. Comments most frequently made expressing dissatisfactions included: (1) the rotation of shifts, (2) the short-staffing and resultant lowered quality of nursing care and heavy assignments, (3) the low wage-scale, (4) the heavy work, (5) "floating," (6) the lack of recognition and status of the practical nurse, (7) the limited responsibilities, (8) the shortage of linen and supplies, and (9) the outmoded or faulty equipment.

Preparation for 'On-the-Job' Activities:

Eighty-eight per cent of the participants commented on courses or phases of the program in practical nursing that helped most on jobs. Most participants listed two or three items as helpful. Sixty-three per cent of the participants listed clinical experiences as the phase of the program that helped the most, and twenty-nine per cent cited specific clinical rotations. Thirty-nine per cent of the participants commented that the entire program was helpful, and twenty-five per cent of the participants who made this comment went on to mention certain subjects which were specifically helpful to them.

Eleven per cent of the participants listed "Anatomy and Physiology" as most helpful; fifteen per cent listed "the study of diseases;" thirteen per cent listed "ethics;" and thirteen per cent commented that the "confidence gained," and "attitude taught regarding understanding and accepting patients," helped most on-the-job. Fifteen per cent of the participants commented on "pediatric" or "obstetric" classes and rotation as most helpful; they clarified that this was the area in which they had specialized either by preference or circumstance.

Forty-nine per cent of the participants commented on phases of the program in practical nursing that helped least on-the-job. Twenty-two per cent listed "diet," "nutrition," and "meal planning" as least helpful; fourteen per cent listed "lack of supervision on clinical rotations;" five per cent listed "home nursing;" five per cent listed "first aid;" and three per cent listed "administration of medications" as least helpful, qualifying that they were not allowed to give medications where they worked.

Fifty-four per cent of the participants stated they have been asked to perform nursing activities since graduation for which they felt unprepared; thirty-eight per cent stated they had not; and eight per cent did not reply. Most of the fifty-four per cent replying in the affirmative listed two or three areas or activities for which they felt unprepared; included were: (1) "isolation and sterile technique" mentioned by forty-seven per cent of the participants; (2) "medications" mentioned by twenty-three per cent; (3) "special treatments" mentioned by eighteen per cent; (4) "dressings" mentioned by eleven per cent; and (5) "oxygen therapy" mentioned by eleven per cent of the participants.

Ninety-two per cent of the participants felt the course in practical nursing had prepared them to do good practical nursing; three per cent felt that it did not; two per cent felt that it 'did and did not;' and three per cent did not reply. The participants made a large variety of comments; the largest number commented on the quality of instruction, the next largest number stated they had good training for bedside nursing, and that they had been taught the basic principles of nursing. Several stated that they had been taught to feel responsible for their assigned patients. Of those answering in the negative the largest number commented that more was needed on medications; several commented that the program had not been long enough for adequate training.

Expressed Opinion of Success as a Practical Nurse:

Ninety per cent of the participants felt they have been successful as practical nurses; two per cent did not, three per cent answered "yes and no," and five per cent did not reply. The largest number answering in the affirmative stated they based their success on: (1) patients, superiors and co-workers comments; (2) stability and length of employment; (3) amounts and kinds of responsibility assigned; and, (4) personal satisfactions felt. Of those answering in the negative, comments were: (1) until they were allowed to give medications LPNs could not be considered successful; (2) it takes years of experience before one can consider oneself successful; and, (3) one commented, she had not had opportunity to do other than aide duties and that she had not had enough training to be eligible for two good

jobs that had been opened at her hospital.

Recommendation of Practical Nursing to Others:

Ninety-six per cent of the participants stated they would recommend practical nursing to others, one per cent answered "yes and no," two per cent answered "no," and one per cent did not reply. Of those participants answering "no," one commented, that there are better ways to make a living; and one commented, that the work is too hard. One hundred eighty-two of those participants answering in the positive included comments with their replies. The largest number of participants stated (1) there is a need for this type of nurse; (2) it is rewarding and satisfying work; (3) the cost of this education is minimal; (4) there is always steady employment; (5) age is not a barrier to employment; (6) the work is both interesting and challenging; and, (7) there is prestige and security in being part of a recognized group. The next largest number commented that they would recommend it (1) only to those who really "love" the work; and, (2) only to those not qualifying for professional nursing.

Many participants included incidental comments other than in answer to items of the questionnaire. Among these were (1) several requests for more post-graduation refresher courses; (2) several comments on the need for more study of isolation and sterile technique; and, (3) several comments on the need for more knowledge and understanding of medications. Comments made also included expressions of gratitude for this study on practical nursing and words of encouragement to the researcher. Several participants added they would be glad to give

further help or information if needed later.

Conclusions

The findings of this study have led to the following conclusions:

1. On the basis of the data collected, namely that 70 per cent of the participants are now employed in practical nursing and 96 per cent of the participants have worked as practical nurses at various times since graduation, it would seem that the graduates of PSPN have contributed toward fulfilling vital community needs for practical nurses.

2. The ages of the 208 participants span a 51 year range. Seventy, or 33 per cent of the participants, are in the age range of fifty to seventy years. Anticipating that a large per cent of the graduates in this age group will retire in the next ten years, there will be a need of replacements for this age group.

3. Graduates of PSPN tend to remain in hospital nursing. This is substantiated by the facts (1) that 62 per cent of the participants are presently employed in hospitals; (2) that 92 per cent of the participants have worked in hospitals at various times since graduating from PSPN; (3) that only 19 per cent of the participants have ever done private duty nursing since graduation; and, (4) that only 11 per cent of the participants have ever done practical nursing in nursing homes since graduation.

4. Fifty-four per cent of the participants stated they have been asked to perform nursing activities since graduation for which they felt unprepared. The areas or activities for which they felt unprepared represent more complex and technical nursing than stressed in their

basic practical nursing education. From this finding, it is concluded that the duties of the practical nurse are continuously expanding to include more complicated and technical nursing functions. This leads to the further conclusion that there is need for additional courses of study, through in-service education, or otherwise, to prepare the licensed practical nurse for nursing functions which were not within the scope of practical nursing a few years ago.

5. In general the graduates of FSPN participating in this study were satisfied with their preparation for practical nursing. One hundred ninety participants (92%) felt that the course had prepared them to do good practical nursing. The major portion of the positive comments concerning their preparation dealt with (1) the quality of instruction, (2) the basic nursing principles taught, and (3) the preparation for good bedside nursing through classes and clinical rotations. The weaknesses they reported emphasized a need for more knowledge and understanding of (1) medications, (2) isolation and sterile technique, and (3) special nursing treatments.

6. In general the participants were satisfied with their work and with the vocation of practical nursing. Two hundred participants stated they would recommend practical nursing to others. The major portion of the positive comments expressing their satisfactions dealt with (1) the opportunities for steady employment, (2) satisfactions and rewards derived from nurse-patient relationships, (3) the need for practical nurses, and (4) the interest, challenge and continuous learning associated with nursing. This satisfaction is further substantiated by the number, one hundred forty-five (70%), still engaged in practical nursing.

Recommendations for Further Studies

It is evident from this study that the graduates of PSPN have been, and are, contributing to fulfilling the need and demand for practical nurses in the immediate vicinity of Portland, as well as in the state of Oregon and in other states in which the graduates of the school may eventually reside. The following recommendations are made based on the findings in this study:

1. Studies in the area of Curriculum be initiated in order to determine what changes, if any, should be made. Consideration should be given to those areas of activities in nursing for which the graduates feel unprepared to determine if these more complicated nursing functions should be included in the basic practical nursing curriculum; if not included, consideration should be given to ways the LPN can be prepared for these nursing functions through: (1) the place of employment, (2) advanced post-graduation courses in practical nursing, (3) or, whatever means that could provide the LPN with the knowledge and skill to perform such functions.

2. Investigation in the areas of employment to determine from the employer's standpoint, the caliber of 'on-the-job' performance rendered by LPNs; with special attention to the disparity, if any, between employer-expectations and the scope of nursing for which the LPN is prepared in her basic education.

3. Study of the ways by which recruitment of applicants might be improved to attract a younger age group than in the past in anticipation

that such a group would replace those nearing retirement and furthermore might reasonably be expected to remain in nursing for a longer period of time.

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APPENDIX A

Follow-Up Study of the Graduates of the
Portland School of Practical Nursing

1. Name _____
Last First Middle (Maiden)
2. Present mailing address _____
Number Street City State
3. Date of your graduation _____
Month Year
4. Your age at graduation _____
Years
5. Indicate below the last grade you completed in school
before entering Portland School of Practical Nursing,
by circling the grade completed.
- High School 9 10 11 12 Other: _____
(Grade Completed)
- College 1 2 3 4 _____
(Year Completed)
6. Did you work in a hospital before entering Portland School of Practical
Nursing? Yes ___ No ___
If you did, what was your job? _____
7. Did you do any type of nursing, other than in a hospital, before
entering Portland School of Practical Nursing? Yes ___ No ___
What type of nursing was it? _____
(Please describe it.) _____
-
8. Have you worked as a Practical Nurse since graduation? Yes ___ No ___
If no, please state the reason: _____
-
9. Circle the number of years you have done practical nursing since
graduation. 1 2 3 4 5 6 7 8 9 10

(IF THERE IS NOT ENOUGH SPACE TO COMPLETE YOUR ANSWERS,
PLEASE USE THE BACK OF THE PAGES.)

10. List below all the jobs, nursing and other, you have had since graduation. Check here if none. _____

Kind of Job	Length of Employment	
	Approximate Dates of Employment	
	From	To
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

11. Have you been employed in a hospital since graduation as a practical nurse? Yes ___ No ___
 If yes, please check the area below and the approximate length of time.

CHECK <input type="checkbox"/>	SERVICE	MONTHS	YEARS
	Central Supply		
	Clinic		
	Emergency		
	Operating Room		
	Recovery Room		
	Medical		
	Combined Med-Surg		
	Medicine Nurse		
	Treatment Nurse		
	Labor and Delivery		
	Post Partum		
	Nursery		
	Formula Room		
	Pediatrics		
	Psychiatry		
	Tuberculosis		
	List Others:		

12. Have you done Private Duty Nursing since graduation? Yes ___ No ___
 If you have, list the kinds of cases you take most often.

Circle the number of years you have done Private Duty Nursing.

 1 2 3 4 5 6 7 8 9 10

Where do you do Private Duty Nursing? _____

13. Have you worked in a Nursing Home since graduation from Portland School of Practical Nursing? Yes ___ No ___

If yes, what were your duties? _____

What was the bed capacity? _____

What kinds of patients were you assigned? _____

14. What is your present job? _____

What factors do you specially like about it? _____

What factors do you specially dislike about it? _____

15. Have you taken any classes, workshops or institutes, nursing or otherwise, since graduation from Portland School of Practical Nursing? Yes ___ No ___

If yes, please list below.

TYPE OF COURSE	WHERE TAKEN
1.	
2.	
3.	
4.	
5.	

16. What courses or phases of the program that you had in the Portland School of Practical Nursing helped you most on your jobs?

17. What courses or phases of the program that you had in the Portland School of Practical Nursing helped you least on your jobs?

18. In your jobs have you been asked to perform nursing activities for which you felt unprepared? Yes___ No___
If yes, what activities were they? _____

19. Do you feel your course in Practical Nursing, school and hospital affiliation, prepared you to do good practical nursing? Yes__ No__
Why? _____

20. Do you feel you have been successful as a Practical Nurse?
Yes___ No___ Why? _____

21. Would you recommend Practical Nursing to others? Yes___ No___
Why? _____

If you would like a summary of the study, place a check here. _____

Please return the questionnaire before February 21, 1960, to:

Alice S. Feinberg
2928 N.E. 12th Avenue
Portland 12, Oregon

THANK YOU FOR ANSWERING ALL THE QUESTIONS
AND FOR PARTICIPATING IN THIS STUDY.

APPENDIX B

Portland Public Schools
Adult and Vocational Education Department
515 N.E. 15th Avenue
Portland 12, Oregon

PORTLAND SCHOOL OF PRACTICAL NURSING

February 1, 1960

Graduates
Portland School of Practical Nursing

Dear Graduate:

Enclosed you will find a letter and questionnaire from Miss Alice Feinberg, who is undertaking in partial fulfillment of the requirements for a Master of Science Degree in Nursing, a follow-up study of the graduates of the Portland School of Practical Nursing.

Miss Feinberg has asked me, as director of the Portland School of Practical Nursing, to introduce her to you and to encourage your participation in this study by completing the questionnaire and returning it to her as soon as possible.

Your school is proud of its alumni and is always interested in obtaining information and news from each one of you.

Thank you for your interest.

Sincerely,

APPENDIX C

Only YOU Know the Answer!

Portland School of Practical Nursing is your school! As a graduate of the school you are the person in the best position to evaluate how successful your schooling has been to prepare you for your work. Will you participate in this study?

I want to find out how well prepared you were on graduation. What problems did you encounter when starting work? What courses helped you most on your job? What activities were you asked to perform for which you felt unprepared? These are a few of the questions. Even though you have not been working as a Practical Nurse since graduation, your opinion and advice is important to help in planning the curriculum for the future.

If you are interested in learning the results of the study, a summary of it will be sent to you--just fill in your name and address in the space provided on the questionnaire. Names will not be used in the study and all your comments remain confidential.

Thank you for your cooperation. Your assistance is gratefully appreciated.

Sincerely,

Typed by
Gwendolyn M. Dunning