

A STUDY OF ORIENTATION ACTIVITIES FOR GENERAL
DUTY NURSES IN EIGHT SELECTED GENERAL
HOSPITALS IN OREGON

by

Dorothy M. Elhart, B.S.

A THESIS

Presented to the School of Nursing
and the Graduate Division of the University of Oregon Medical School
in partial fulfillment
of the requirements for the degree of
Master of Science

June 1962

APPROVED:

A large black rectangular redaction box covering the signature of the Associate Professor in Charge of Thesis.

(Associate Professor in Charge of Thesis)

A large black rectangular redaction box covering the signature of the Chairman, Graduate Council.

(Chairman, Graduate Council)

ACKNOWLEDGEMENTS

The writer wishes to express her gratitude to Miss Lucile Gregerson, Associate Professor, University of Oregon School of Nursing, for her guidance, assistance, and continuous encouragement throughout this study. Further acknowledgement is given to Mrs. Gale Rankin, Director of Nursing Service, Multnomah Hospital, for her interest and assistance during this endeavor.

Sincere thanks go to the four directors of nursing service who participated in the pilot study and who provided tentative data and useful suggestions.

Special thanks are accorded to the eight directors of nursing service who gave the time to provide the data for the study.

d.e.

PREFACE

This study is written to provide all those interested in the orientation plans for the newly employed general duty hospital nurse with information regarding the philosophy, organization, planning, and implementation of orientation activities as derived from the opinions of a selected group of directors of nursing service in Oregon. It is believed such a study will serve to disseminate pertinent ideas about present trends of orientation practices and will allow nursing service administrators to perceive and initiate the use of experimental orientation plans and evaluation processes consistent with the concept of educational development within the nursing service and nursing service personnel.

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Introduction to the Problem	1
	Statement of the Problem	4
	Purpose	5
	Hypothesis	6
	Justification for the Study	7
	Assumptions	8
	Limitations	9
	Procedure for Solution of the Problem	10
	Sample selection	10
	Construction of tool for collecting data	11
	Definition of Terms	14
	Presentation of the Study	16
II	REVIEW OF THE LITERATURE AND RELATED STUDIES	18
	Review of the Literature and Related Publications	18
	Historical Development from 1940	18
	Effect of Business and Industry Pertaining to Hospital Orientation Practices	24
	The Importance and Emphasis of Administration and Organization Relating to Hospital Orientation Programs	25
	Orientation, Structure, Content and Procedure Suggestions	29
	Review of Related Studies	35
	In-Service Education Department, University of Utopia Hospital, Manna, U.S.A. Druscilla Poole	35
	The Training Function in Nursing Service Phyllis Loucks	38
	A Study of Practices in Orienting Staff Nurses Myrtle O'Boyle	42

CHAPTER		PAGE
II	REVIEW OF THE LITERATURE AND RELATED STUDIES (Continued)	
	Opinions of Staff Nurses and Senior Students Regarding In-Service Education Programs for Graduate Nurses in Hospitals Katherine Fleck	45
	Job Satisfaction in Staff Nursing Marilyn Cohen and Martha McCrary	46
	Inservice Education for Professional Staff Nurses in Rural Hospitals in South Dakota Bertha Boekelheide	48
	Summary	50
III	PROCEDURE, ANALYSIS OF DATA, AND FINDINGS	55
	Scope of the Sample for the Study	55
	Description of Selected Hospital Sample	56
	Analysis of Data Information	63
	Analysis of Responses from Eight Directors of Nursing Service Concerning the Planning, Organization, Implementation and Evaluation of Orientation Programs	63
	Analysis of Responses from Eight Directors of Nursing Service Concerning a Check-list of Orientation Areas, Activities and Tools and Methods of Instruction Used to Execute These Activities	102
	Analysis of Responses from Eight Directors of Nursing Service Concerning the Rank Order of Tools and Methods of Instruction Actually Being Used Compared with Those Perceived for Utilization in an Optimum Orientation Program as Described in the Literature	114
	Description of Findings	124

CHAPTER		PAGE
IV	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	130
	Brief Summary of the Study	130
	Summary of the Findings	132
	Findings Pertinent to the Planning, Organization, Implementation and Evaluation of Orientation Activities	132
	Findings Pertinent to the Determination of What Actual Activities Comprise the Orientation Programs	133
	Findings Regarding the Determination of Whether Different Orientation Activities were Related to Hospital Characteristics; Hospitals with and Hospitals without Nursing Education Programs	133
	Findings Regarding the Rank Order Correlation of Orientation Tools and Methods of Instruction Actually Being Used Compared with Those Perceived for Utilization in an Optimum Orientation Program as Described in the Literature	134
	Conclusions	135
	Recommendations for Further Study	136
	BIBLIOGRAPHY	138
	APPENDIX	142
	A LETTER TO DIRECTOR OF NURSING	142
	B COVER LETTER FROM THESIS ADVISER	143
	C INTERVIEW GUIDE, PART I	144
	D INTERVIEW GUIDE, PART II	164
	E INTERVIEW GUIDE, PART III	183
	F SUMMARY TABULATION, PART II, INTERVIEW GUIDE Orientation Areas, Activities and Methods of Instruction Utilized in Presenting Orientation Programs for Newly Employed General Duty Nurses in Eight Selected General Hospitals in Oregon	185

APPENDIX

PAGE

G	SUMMARY TABULATION, PART III, INTERVIEW GUIDE	
	Rank Orders and Scale Ratings of Tools and Methods of Instruction Perceived for Utilization in an Optimum Orientation Program as Described in the Literature . .	197
	Rank Orders and Scale Ratings of Tools and Methods of Instruction Actually Used in Present Orientation Activities	199

LIST OF TABLES

TABLE		PAGE
I	Characteristics of Selected Hospitals	62
II	Person or Persons Responsible for Providing Pre-employment Information to General Duty Nurses in Eight Selected General Hospitals in Oregon	66
III	Person or Persons Responsible for Interviewing and Hiring General Duty Nurses in Eight Selected General Hospitals in Oregon	66
IV	Characteristics of Orientation Programs in Eight Selected General Hospitals in Oregon	69
V	Person or Persons Participating in Planning the Orientation Program for the Newly Employed General Duty Nurse in Eight Selected General Hospitals in Oregon	70
VI	Relationship of General Duty Nurse Orientation Programs, Inservice Education Programs and Employment Schedules in Eight Selected General Hospitals in Oregon	75
VII	Characteristics of Orientation Plans for Newly Employed General Duty Nurses in Eight Selected General Hospitals in Oregon	84
VIII	Hospital Personnel in Charge of, Assisting or Participating in the Orientation Program for Newly Employed General Duty Nurses in Eight Selected General Hospitals in Oregon	86
IX	Nursing Service Personnel Allocation of Orientation Activities for Newly Employed General Duty Nurses in Eight Selected General Hospitals in Oregon	90

CHAPTER I
INTRODUCTION

Introduction to the Problem

The tremendous progress in all science fields during the past half-century has had an impact on the practice of medicine. Hospitals have been faced with the growing problem of preparing their personnel to keep pace with the many advances in patient care.⁽²⁷⁾ One solution to the problem has been found in sending key persons away for further training and, to an equal degree, in developing programs of orientation and inservice education.⁽²⁸⁾ Numerous studies have indicated that planned programs of orientation and inservice education can be of substantial aid to hospitals, large or small, which are striving to make optimum use of their personnel not only for improved patient care but also for employee satisfaction.^(7,11,23,24,29,30,40,42)

The general duty nurse as a member of the nursing team, in most instances, is working closely with the physician in carrying out his orders by giving direct patient care. In her role she is primarily responsible for giving skilled, safe patient care; therefore, her initial orientation as a new employee is of vital importance and her contribution and potential for professional development are further enhanced when her role is understood and appreciated by the nursing service administration and other staff members. Newly employed general duty nurses welcome good orientations planned and executed to

help them in the performance of good work and at a desirable momentum from the earliest possible time. They welcome the assaying of their capacities and limitations and aptitudes if it is done to assist them in getting placement in situations in which they can do well and grow.⁽³²⁾

Nursing service administration has used considerable vision during the past two decades and has itself been instrumental in developing varied types of planned orientation programs for the general duty nurse.^(14,27,39,40) The shortage of nurses for hospital employment and the aspect of job satisfaction have been two paramount factors in further creating an awareness among nursing service administrators and supervisors of the need for and value of better orientation programs for the general duty nurse. During the past decade nursing service administrations have been able to disseminate pertinent ideas from the science and research of business and industry concerning orientation practices and the response to this is a growing trend to achieve the primary goal of good patient care by offering programs, as industry does, that will hold and interest all personnel and provide a basis for job satisfaction.⁽⁴²⁾

Some hospital nursing service administrations have created intensive and extensive orientation programs for their nursing personnel. They have been able to do this by obtaining complete cooperation and support from their hospital administrators who have recognized their needs and problems. In turn, they have shown that proper orientation leads to decreased turnover and increased job efficiency. Newly employed general duty nurses feel as though they really belong; their first few days in unfamiliar surroundings become more tolerable; they have an ally in the

instructors, and freedom to discuss their problems and misgivings. By the end of their orientation, they are ready to do their job with better understanding and renewed confidence. (7,11,24,31,36,45)

A good orientation program starts at the top with administrative nursing service organization and planning which goes further to seek cohesive group coordination, cooperation and awareness from participating nursing service personnel with educational potentialities. (13) No one hospital is the same, but the primary purpose of a hospital orientation program for a newly employed general duty nurse remains unchanged. A hospital nursing service should formulate and apply orientation practices based on accepted standards of education that meet the hospital's needs. It is generally recognized today that most hospital institutions, small and large, should be providing either a planned program or an experimental pilot study of orientation activities for the newly employed general duty nurse.

It is self-evident that if a general duty nurse is expected to perform a certain job she should understand common aims, definition of duties, correlations, lines of authority, delegation of responsibility, and where to secure needed equipment and material. (30) Nursing service administration today is expected to provide this information. A point of doubt and confusion arises when examples of what happens to the newly employed general duty nurse who is given no orientation may be seen in an edited quotation in a periodical. (42) Other notations appear, unverbilized but written responses about poor orientation practices, in several studies concerning orientation activities, aspects of job satisfaction, and inservice education. (6,9,15,30,41)

In view of present hospital and nursing service growth and development, it seems hardly believable that administrators, instructors, head nurses, and general duty nurses should be employed without being oriented adequately to the institution and their jobs; yet, in many situations such practices are being reported.

It is possible that within hospitals today, the individuals who are concerned with and have the responsibility for the orientation program for the general duty nurse may have many varied and divergent conceptions about the individual nurse's needs and the hospital needs. Because of the varying views encompassed by general duty nurses it is envisioned by the writer that nursing service administrators can provide explanatory information regarding their philosophy, organization, planning and implementation of orientation activities for the newly employed general duty nurse. Nursing services vary with different administrative structures, but this should not cloud the projection of certain common strengths or weaknesses that may be affecting the adequate or inadequate provision for educational programs to be offered the general duty staff nurse.

Statement of the Problem

This study will attempt to discover what expressed ideas given by directors of nursing service, administrating in eight purposefully selected general hospitals in the state of Oregon, have concerning orientation programs for general duty nurses which can be substantiated by actual existing practices. The study will further attempt to determine to what extent practices similar to the ones described in

the literature are being carried out in the selected general hospitals, thus the degree to which the nursing service administrators' objectives in orienting the general duty nurse are being met.

Purpose

The broad purpose of this study is to obtain direct information from eight selected nursing service administrators regarding the development, planning, administration, organization and implementation of orientation activities for the general duty nurse as relating to meeting the nursing needs of selected general hospitals in Oregon. It is the further purpose to determine what planned orientation activities and methods of instructions are or are not being used in these hospitals. These activities and method of instruction will then be compared with recommended programs which a selected group of authors in the nursing field describe in the literature.

The specific purposes which contribute to the broad purpose of the study are:

1. To determine who are the administrative personnel responsible for the organization, planning and implementation of orientation activities for general duty nurses.
 - a. What do other members of nursing service do to assist with the orientation activities?
 - b. Are there provisions for coordinating and directing the services of all who participate in the orientation activities?
 - c. Is there a budgetary allowance for the orientation activities for the general duty nurse?

2. To determine what activities comprise the orientation program.
 - a. How do the activities meet the needs of the 7-3, 3-11, 11-7, part-time and float shifts?
 - b. What type of evaluation method and follow-through is used in conjunction with the satisfactory or unsatisfactory results of the orientation activities?
3. To determine whether different orientation activities are related to certain hospital characteristics such as hospitals that are related to nursing education programs which lead to: (1) baccalaureate degree, (2) diploma, associate of Arts degree, or (3) practical nurse educational diploma.
4. To determine if nursing service administrators perceive the values of the orientation activities and methods of instruction they actually use different from those they would like to utilize in an optimum orientation activities program as described in the literature.
5. To determine how and why the facilities and provision for the orientation activities used are different from or comparable to those recommended by a selected group of authors in the field of nursing as described in the literature.

The hypothesis upon which this study is based is that there are identifiable and varied differences and emphases found in the extent and application of orientation activities for general duty nurses.

1. There are differences found in the orientation activities considered essential in hospitals with and hospitals without nursing education programs.

2. There are differences found in the types of orientation activities considered essential for newly employed general duty nurses on different shifts and different tours of duty.

3. There are identifiable differences found in the opinions of directors of nursing service regarding the value of various orientation activities and methods of instruction actually being used as compared with orientation activities described in the literature.

Justification for the Study

In light of the findings uncovered by several nursing studies a strong point of focus is directed towards many inadequacies that seemingly exist in the orientation activities utilized for the newly employed general duty nurse. (6,9,15,30,41) An analysis of these studies reveals certain general areas of dissatisfaction expressed by general duty nurses, among which are: (1) lack of personal welcome, (2) poor explanation of personnel policies, (3) lack of introduction to key personnel, (4) inadequate job description, (5) incomplete hospital and ward tours, (6) heavy work assignments without adequate supervision, (7) inadequate ward orientation for 11-7, part-time shift, (8) inadequate or stereotyped evaluation methods, and (9) overwhelming anxieties and confusion.

The desire to understand, instigate and provide for educational programs within the hospital setting should be primary to creating an awareness on the part of nursing service administrators and supervisors for the need and the value of better orientation programs for the general duty nurse. Because of the many scientific advances in medical

care and the complexity of hospital equipment, it seems essential that each hospital situation be clearly defined and understood by each newly employed nurse. There are persistent changes in health problems, patient-hospital techniques and consequently hospital orientation procedures need to be adapted to those changing conditions. It is necessary to know what is now being done regarding orientation activities for general duty nurses in the hospital situation in order to plan for future improvements.

Assumptions

It is assumed that some type of orientation program is being undertaken in each of the eight institutions chosen for study, hence authentic and verifiable data can be obtained.

It is assumed that the directors of nursing in the selected hospitals are familiar with the orientation programs used in their respective institutions and hence are in a position to give valid responses to questions pertaining to the activities used to orient the newly employed general duty nurse.

It is assumed that there is emphasis on educational programs for nursing service personnel, hence a study of orientation programs will have merit by possibly providing information concerning the means by which the newly employed general duty nurse may more easily become identified with the employing institution.

It is assumed that the directors of nursing service participating in this study are aware of the value that a good orientation program has in attracting new general duty nurse employees and may thus have an

influence on the stability of the amount of nursing service staffing.

Limitations

1. This study will be limited to information obtained by personally conducted structured interviews with eight directors of nursing service employed in general hospitals having over 100 bed capacity in Oregon. Five of these hospitals have conjunctive and affiliative professional nursing education programs; three have no professional nursing education programs. The information obtained will apply only to the institutions included in the study and no widespread generalizations can be drawn from such a restricted sample.

2. This study will also be limited by the possible personal "halo effect" of the person perceiving it as to its theoretical qualities rather than its complete application.

3. This study will be further limited to information obtained from directors of nursing service. Such information may or may not differ from that which might be obtained from the recipient or participant of the orientation program.

4. This study is further limited because it does not attempt to investigate the increase in technical skill, change in constructive attitudes, and increased efficiency in nursing that theoretically evolve from good orientation programs presented to newly employed general duty nurses.

Procedure for Solution of the Problem

Source of data:

The primary data for this study will consist of responses from eight directors of nursing service obtained during personally structured interviews. The directors of nursing service are employed in general hospitals in Oregon, all of which have a bed capacity of over 100 patients. The majority of hospitals chosen for study are located in a metropolitan area essentially due to area location of professional nursing education programs and also because this is the area where the greater population of actively employed general duty nurses are located. This is purposive selected sampling in order to obtain the data necessary for this study. All hospitals are general hospitals. Two of the hospitals are settings for baccalaureate degree nursing programs, one with practical nurse students; two hospitals are settings for diploma nursing programs and practical nurse students; one hospital is a setting for practical nursing students; three hospitals are not a part of a setting for a professional nursing school or practical nurse student program. It was considered essential to examine the type of hospital with and without teaching programs in nursing to test the hypothesis. This was done in view of the factor that teaching hospitals in general have several different types of educational programs and enlarged teaching facilities; they also have a medical and nursing staff with different educational backgrounds, teaching and research experience from which to draw upon for creating exemplary inservice and orientation programs. Federal, state, and specialty hospitals were excluded from the final study but were used for consultative and pilot study purposes.

The secondary data include related studies, periodical articles, books, manuals, and other printed materials.

Procedure for collecting data and plan of the study:

The most logical means of gathering data for the study considered was the personal interview because the interviewer was in position to observe not only what the respondent said but also how she said it. The literature was searched to discover the preferred and accepted orientation activities which authors in the field of nursing relate as constituting some of the satisfactory orientation programs for the newly employed general duty nurse. After the purposes of this study had been established and defined, a structured personal interview guide was constructed on the basis of the findings in the literature in accord with the objectives of the study. The interview guide was loosely constructed, allowing for many open-end and closed-end questions. The interview guide was used as a means of standardization. The same questions were asked of all the respondents. The questions were expressed as clearly as possible to avoid suggestiveness to the interviewee and to be sure that the questions applied to the situation from the standpoint of the interviewee.

The interview guide was tried out on a small scale to see if revisions were indicated. The pilot study was conducted in four hospitals, each with a different orientation program, to obtain added suggestions for the completed final form of the interview guide.

A letter explaining the purpose of this study, accompanied by a covering letter from the thesis adviser and a self-addressed postcard

indicating willingness to participate in the study was sent to the directors of nursing service in each of the selected hospitals. (see Appendices A and B) All eight of the directors of nursing service approached, indicated their willingness to participate in this study and their interest in the findings.

The first portion of the patterned interview was prepared in order to obtain data concerning the planning, administration, organization, coordination, and evaluation of existing hospital orientation activities. The questions were concerned with hospital need, administrative planning, committees, lines of authority, personnel assisting with the program, coordination, type of nursing educational program, facilities used, time allowed, flexibility allowed for individual differences of experience, flexibility for different shifts and part-time new nurse employees, budgetary and other financial provisions, coordination with in-service and other programs, evaluation of weaknesses and strengths of program, evaluation of staff, follow-through, counseling and guidance services. (See Appendix C)

The second part of the interview was conducted with the use of a check-list in order to insure coverage of each and every item for which information was needed for the study. (See Appendix D) The check-list was divided into five major categories including recommended orientation areas and specific orientation activities. Here the check was made to determine what activities are being used and why, and who presents them; also what activities are not being used and why. The five main categories in the check-list are:

1. General: Pre-employment information and special considerations, employment interview, pay and salary policies, licensure aid, description of orientation program, school educational opportunities.
2. Orientation to hospital: History of hospital, organization of hospital, personnel policies, personnel department, health facilities, safety programs, special departments, needs, routines, hospital and outside resources, residence policies, special programs, community and social installations, employee responsibilities to hospital.
3. Orientation to nursing department: Introduction to department heads, organization of nursing department, personnel, policies, performance evaluations, resources, special programs, professional organizations, employee responsibilities.
4. Orientation to assigned nursing unit: Physical facilities, introduction to personnel, patient description, bed lay-out, medical staff, ward routines, ward procedures, ward responsibilities and duties, record use, communications use, medicine and narcotic control, pertinent unit adaptations, assistance areas.
5. Orientation to nursing team: Philosophy to team approach, responsibilities and functions of new nurse, methods and tools for reporting nursing care plans, forms used, communications, team conferences.

Tools and methods of instruction checked for use in the five major categories included: Lectures, discussions, tours, individual conferences, ward conferences, observation, demonstrations, return demonstration, supervised practice on selected wards, use of policy manual and procedure books, audio-visual aids, bulletin boards, preceptor "Big-Sister," and Inservice Education programs.

The third and final part of the interview guide was a list of nineteen recommended orientation tools and methods of instruction. (See Appendix E) Each director of nursing service was asked to rank consecutively the tools and methods of instruction first, as they are actually used in accordance with the present orientation program, and second,

rank consecutively all nineteen tools and methods of instruction as they perceive them being utilized in an optimum orientation program as described in the literature. Both times the participants assigned each ranked item with a value rating using a descriptive key.

The collected data from the personal structured interviews were tabulated, analyzed, and tables were drawn. The findings were described, conclusions drawn, and recommendations for further studies made.

Definition of Terms

For the purposes of this study, the following terms were accepted:

1. Orientation: a process by which a nurse: becomes acquainted with the hospital organization, facilities, and administrative policies and procedures; arrives at an understanding of the purposes, functions, responsibilities and relationships of hospital departments, services, and personnel. Orientation considered as such is a continuous process, but for purposes of this study the term is limited to the initial period of employment only. (30)

2. General duty nurse: a professional registered nurse who is employed by the nursing department and who is engaged in the general activities of a nursing unit employed to first level nursing and as such is responsible for the direct and/or indirect nursing care of the patient. (10) For purposes of this study, the terms staff nurse and general duty nurse may be considered synonymous.

3. Director of nursing service: one who is responsible for the organization and administration of the nursing service of a hospital. (10)

4. Assistant director of nursing service: one who assists in the organization and administration of the nursing service, day or night. (10)

5. Supervisor: one who is responsible for developing and supervising the nursing service of two or more hospital units, each of which is in charge of a head nurse. (10)

6. Head nurse: a professional registered nurse who is responsible for the organization and administration of the nursing service within a single nursing unit. (2)

7. Instructor orientor: a professional registered nurse who has taken specialized advanced training courses who is hired by the hospital to orient the professional nursing staff. (28)

8. Degree school of nursing: a four year school of nursing conducted under the auspices of an institution of higher learning which grants a baccalaureate degree in nursing to those who satisfactorily complete the program. (43)

9. Diploma school of nursing: a three year school, usually an integral part of a hospital, which grants a diploma in nursing to their graduates. (43)

10. Associate of Arts degree school of nursing: a two year school of nursing conducted under the auspices of a junior college which grants

an Associate of Arts degree in nursing to their graduates.

11. General hospital: a hospital equipped to admit and care for patients on several services such as medicine, surgery, obstetrics, pediatrics and the like.

12. Metropolitan hospital: a hospital located in a city of over 100,000 population.

13. Non-metropolitan hospital: a hospital located in a city of between 5,000 and 100,000 population.

Presentation of the Study

This study has been organized into four chapters.

Chapter I, Introduction, contains the definition of the problem, the purpose, the hypothesis, justification for the study, assumptions and the limitations of the study; the procedure and tool to be used to obtain data; and definition of terminology to be used throughout the written report.

Chapter II, Survey of the Literature and Related Studies, includes a review of the literature pertaining to the broadening concept of the views encompassed regarding the development of hospital orientation programs and the dissemination of pertinent ideas regarding specific programs used in various hospitals and those recommended by authors in the field of nursing and nursing service education. The review of related studies detects problem areas in hospital personnel job satisfaction, educational inservice programs and hospital training functions

that relate to the educational philosophy of a sound hospital orientation program for the newly employed general duty nurse.

Chapter III, Analysis of the Data and Findings, contains a brief summary of the methodology and procedure used to obtain data for the study and describes the data obtained in each hospital as well as the data obtained from the respondents as a total group. The findings based on the data are included.

Chapter IV, Summary, Conclusions, and Recommendations, contains a summary of the study and the data obtained, the conclusions which resulted from the findings, and the recommendations for further studies in light of the data obtained for this study.

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED STUDIES

I. Review of the Literature

A review of the literature concerning hospital orientation practices reveals that until the last two decades the subject was virtually not noteworthy or of enough importance to be commented upon to any great extent among writers in the field of nursing education, nursing service, or hospital administration.

A. Brief Historical Development

At the beginning of World War II a majority of civilian hospitals found themselves faced with a shortage of registered nurses. The younger graduate nurses in large numbers were volunteering to join the armed services, and the civilian hospitals were trying to balance the depleted staffing situations by calling upon inactive and older nursing personnel to meet the need. In some instances, when those nurses returned to active duty they found that the hospital's continued growth resulted in many changes and added responsibilities; dissents and grievances were common occurrences. Concurrently at this time, prevailing low salaries represented a focal point in many deplorable hospital situations, but there were also other needs to heal the breach that existed in some institutions in order to provide a more stable nursing service for patients. It was foreseen by the American Nurses' Association that hospital staff nurses needed an orientation, including clearly stated

aims, well-defined and understood policies, and the privilege of being a part of the organization and not merely an appendage of it.⁽³⁾

In the early 1940's a few articles were written by nurses concerning problems basic to the hospital nurse's contentment and welfare. Emphasis was placed upon the problems of hours, salary and living conditions. Taylor, Farrell and Selfridge expressed concern about the worthiness of a staff nurse orientation program; they indicated the need for pleasant personnel introductions, personal interviews, hospital tours, conferences, teas, and standing orders as a necessary part of the induction process for a new staff nurse.^(14,39,40)

Miller commented that during this same period, hospital administrators and directors of nursing service were readily enumerating the qualities they desired in a "good staff nurse".⁽²⁷⁾ Some of the very large accredited hospitals in Boston and New York City were developing the beginnings of orientation programs for the general duty nurse. Those institutions were concerned because many staff nurses were, by common practice, taking positions without any kind of orientation or introduction to working wards. Though the developing orientation programs in these institutions were scant, the directors of nursing emphasized the belief that time spent in an introduction of the new staff nurse was returned in good measure by her adjustment to the hospital routines.⁽²⁷⁾ One such hospital orientation program, during this period of time, was conducted entirely by the nursing school office, assisted by the head nurses in the departments and the nursing arts instructor.⁽⁸⁾

The development of an educational orientation training program for

hospital employees had been limited perhaps by two concepts evolving from hospital philosophy dating a century back; one concept being that the hospital with all of its services, including nursing, is based on community and individual need; and the other concept is that patient care, not nursing care, is the primary objective of total endeavor. (42)

These concepts were greatly changed, perhaps as a result of the war years. Inactive nurses were called back to work; medical students, student nurses, and subsidiary workers were being used to fill the gap in meeting the nurse shortage. Hospitals had to assume both modifications and new areas of planning and operation, which in a sense, set the stage for a different background of human factors involved, both for the patient and the hospital personnel. The literature contains much pertaining to the development of a common recognition that has become implemented in modern hospital care: that patients and personnel both should be considered as whole persons with needs and problems. The hospitals and the public have come to accept the fact that care of the sick may not, and need not, be the primary motive of the workers engaged in doing it. (4,7,32,42)

Another concept of change probably evolves from the industrial revolution. The producers or workers demanded recognition as individuals with homes, families, and jobs with security. As authority began to realize that these demands were met, production and profit increased. The modern world has realized that even material goals are best achieved by seeing workers as human individuals. (37)

Since World War II hospitals, as well as government and industry, have grown, developed and increased in size and complexity. The increased

demand for hospital services and the more complex medical and nursing procedures has necessarily called for staffing an adequate nursing service. Because of persistent problems with nursing service and personnel management development, some hospitals were being forced with revolt by their nurses and workers, ranging from high personnel turnover to traumatic union activity.⁽⁴²⁾

Weber found that the response to aggravate activity in hospitals was a growing trend to achieve the primary goal of good patient care by offering programs, as industry does, that would hold and interest personnel and provide a basis for job satisfaction. In the recent years there has been phenomenal improvement in personnel policies and the beginnings of educational programs to bring employees to a full understanding of the hospital situation. She stated that:

Among educational programs thus being developed, three major types can ordinarily be distinguished: (1) an orientation or induction program to serve an immediate need; (2) a formal course of instruction, ranging from a few days to six months or more; and (3) a continuous inservice program.

She further commented on the development of these three types of programs by stating that:

All three are important, but if only one can be developed and offered, it should be the first. Orientation or induction is not only the basis upon which the success of the other two depends; it is a primary means in itself of establishing rapport with the employee and initiating job satisfaction.⁽⁴²⁾

During the late 1940's and early 1950's several articles were published concerning meeting nursing needs and reducing employee turnover. Frequent reference to the values of a planned induction or orientation program for new employees is found in the literature on personnel

management and nursing service administration.

Hall advocated that the problem of rapid personnel turnover was closely related to the initial orientation of employees. She related that after an employee becomes settled in her job, makes friends and feels at home, she is more likely to stay in steady employment; and, the turnover curve steadily declined as the length of the employee's service increased.⁽¹⁹⁾ Hampton stated that a well-planned personal interview and review of job qualifications, coupled with an adequate introduction to job description, provided for a prompt job adjustment of the new employee.⁽²⁰⁾ Bailey concurred with the opinion that the turnover of personnel was frequently related to the orientation of employees.⁽¹⁾ Diamond and Fox were able to identify that many resignations by hospital nurses were definitely motivated by factors related to the job situation. They believed that good, well-planned orientation programs could probably identify adverse conditions and help the nurse and the hospital setting to overcome them.⁽¹³⁾

Levine reported on a study in which turnover rates were found highest among nursing aides, attendants, and orderlies (70.0 per cent) and professional staff nurses (66.9 per cent) in general hospitals. As a result of his findings, he suggested that efforts to minimize turnover be made first with the two categories of personnel having the highest turnover and instability rates--staff nurses; and aides, attendants, and orderlies.⁽²⁵⁾

In this time period, Denniston wrote that the director of nursing must have a thorough understanding of the nursing needs of all patients, and the job satisfaction needs of all nurses on her staff; she should

see that staff members are properly oriented and that they develop proper attitudes for each job, because there was no room for complacency in nursing. (12)

It is conceivable that many nursing administrators and educators at this time were beginning to accept the wisdom of adopting hospital orientation programs for all levels of nurses, including graduate staff nurses, head nurses, and supervisors. This prompted emergence of an enlarged train of thought is undoubtedly coupled with the development, in nursing services, of the concept of inservice training or inservice education. An example of this is reported by Druscilla Poole when she stated that:

Inservice education grows from what is already there; it helps the nursing personnel adjust themselves; it increased the availability of the educational opportunity present in every institution; it awakened the members of the staff to their own needs; it encouraged them in their concern for nursing and their professional growth. (36)

A number of orientation and inservice education programs in hospitals have begun in the department of nursing, first to meet the needs of professional nurses and more recently, those of auxiliary nursing personnel. The lack of recognition of these educational needs has no doubt been influenced by the fact that during the first fifty years of professional nursing in this country, the major emphasis was given to pre-service preparation.

During the last decade, hospitals have recognized and assumed part of the responsibility for developing initial and on-going education programs. Now, many hospitals have broadened their programs to include all members of the hospital nursing team.

B. Effect of Business and Industry Pertaining to Hospital Orientation Practices

A summary of the literature pertaining to the orientation of new employees in business and industry revealed that some highly desired results have been achieved by the principles and planning behind training and induction programs. Greenly and Mapel implied a broad concept of the induction and training function in industry when they stated that:

The answer to the problem of efficiency, production, and growth is to be found in the orientation and training carried on at every level of the organization—including the executive level. The extent to which unused capacities have been tapped, job experiences explained and planned, and personalities refined will be directly related to the degree of industrial achievement.(18)

Pigors and Myers emphasized the need for a planned orientation program which helps the new worker to find his or her place in the organization. They further stressed that initial impressions and information count heavily in later attitudes toward the job and company. Everything possible should be done to keep relationships to the point where individual and group needs are in balance.(33)

Yecman related that the lack of a carefully conducted orientation procedure for new employees may jeopardize employee morale and work efficiency. He stated that:

The effect of all induction processes, formal or otherwise, will always be tempered by the induction procedures conducted by the employees themselves. To leave the entire process to this latter group, however, is to expose the new employee to false impressions, misinterpreted policies, and a diversity of other misinformation, and may produce a dissatisfied and ineffective worker. And haphazard administration of the formal induction procedure may, of course, produce the same results.(44)

Several written articles have indicated that government and industry have accumulated through research, development and experience, a wealth of information concerning job orientation and job training. It is envisioned that much of this information is transferable to the nursing service situation. In some instances, it appears that the searching minds of nursing service administration have examined and applied this knowledge when it best serves to meet the orientation and training needs of hospital nursing. In view of some written accounts of poor orientation programs and subsequent job dissatisfaction, it appears this knowledge in many instances, has not been applied.

C. The Importance and Emphasis of Administration and Organization Relating to Hospital Orientation Programs

The recognition and acceptance of orientation should be reflected by the planning of management in hospitals today, not only with the hospital administrator, but with all of the staff relations. Berke related that there are actually four partners in liaison: the hospital board, the hospital administrator, the medical staff, and the nursing administration and service staff. These groups are not competing with each other ideologically but are instead a four-way partnership, the objective of which is to provide high quality patient care by high quality personnel who are efficient and understanding in their jobs.

He further stated that:

Every institution is like a small town having its own cultural pattern, its own behavior characteristics, its own values, standards and traditions, just as every individual has his; and, always providing that the standards are socially and professionally acceptable and flexible, rather than rigid and undesirable, an

administrator should recognize and understand the values of the hospital he represents and work with the lay board, physicians and nurses to maintain those standards and raise them whenever it is deemed necessary. (4)

Barrett related the aspects of the total hospital situation which should be considered in the orientation of the new staff nurse. These can be summarized as follows: type of hospital, functions of the different hospital departments in relation to the nursing service, organization of the medical staff, relationships of hospital to a nursing school or medical school, patient service within the hospital, objectives of the nursing service, and relationships of the nursing personnel, hospital routines, and opportunities for educational advancement. (2)

These articles serve to point out, that because every hospital climate is different, certain programs such as planned orientation activities are not all easy to accomplish, nor can they invariably be done speedily. As in all businesses, planning and requests from all participants must be measured against the needs of the institution and considered budgetary restrictions.

Weber emphasized two concepts applicable to nursing administration. Summarized, one of these concepts was the recognition that patient care, not nursing care, is the primary objective of total endeavor. Accordingly, this recognition opened the way for intergroup planning and consultation, whereas an individual service such as nursing does not see itself as an end in itself, but as one segment among related services, all focused on patient care. The other concept was that nursing service administration calls for the utilization of all available material and

resources for the effective development of the nursing contribution of nursing care. She further stated that:

These concepts imply such activities as the maintenance and continuous development of plant and equipment. It encompasses the organization of personnel to allocate responsibility, authority and accountability and stimulation of the flow of oral and written communication. It implies also, development of adequate administrative and operational policies and just, enlightened personnel policies which will attract personnel to the hospital and hold them in their jobs. It involves a study of staffing, a knowledge of costs, and, where possible, the development of nursing service budgets to facilitate immediate and long term planning for progress and improvement.(42)

This citation serves to emphasize the need for a highly educated and vitally interested nursing service administration that can visualize the inherent need for an orientation program for general duty nurses and fulfill this in its organizational objectives.

Holtzhausen wrote an account of past history concerning hospital nursing service summarized as follows: For years nursing service and nursing education were closely bound in the American hospital system. This evolved because of the large numbers of hospitals supporting diploma nursing schools in economic-service apprenticeship. The director of nursing was responsible both for education and for nursing service. Within the past decades, the two functions have been separated, indicating an important development in nursing education and to new distinct functions for nursing service. Leadership in nursing service now comes from the administrative staff, some of the work of which includes: defining aims, standards, and policies of service; orienting and employing professional personnel and teaching all groups according to need; distributing nursing power accordingly; coordinating all programs with

that of other departments through conferences and committee action; promoting research and evaluating all services continuously; and analyzing the budget and balancing of services demanded by all concerned. (21)

Here it is emphasized that nursing service administration should be closely tied to the philosophy that the worth of the human being at work is the axis upon which employment and personnel practices revolve. The essential outcomes of good personnel practices are the employing, orienting, stabilizing, and retaining of an effective working force.

The review of the literature concerning hospital orientation programs has revealed very little detail concerning the actual responsibility and participation of the director of nursing service in the programs. The National League for Nursing has published a group of vital recommendations shedding light on the role of the nursing director in the orientation and inservice programs. (28) Miller suggested that the nursing director should work with the hospital administrator or his representative in developing the nursing service orientation and inservice programs. In doing so, she coordinates nursing service planning with plans of all other hospital departments; she coordinates policies of nursing service programs, and she secures budgetary approval for nursing department programs. She stated that:

The cost of orientation and inservice education is included in departmental budgets submitted to the administration. Facts which assist in providing budgetary justification for orientation and inservice education may be gleaned from studying turnover records, absentee and tardiness rates, comments made during exit interviews, breakage and repair reports, and experiences which other hospitals have had with orientation and introduced inservice programs. (28)

She further related that the director of nursing can give further guidance and direction to the learning experiences for nursing service personnel by: (1) planning with her assistants, supervisors and head nurses and staff for orientation and inservice education policies, activities, and responsibilities; (2) providing the budgetary support, approved by the hospital administrator, in the nursing service budget; and, (3) delegating areas of responsibility for planning, conducting, and evaluating the programs to supervisors and head nurses for their units and personnel. (28)

The emphasis on cooperative planning is vital. Without doubt, reports to supervisors and head nurses concerning the development and use of pilot orientation programs, present or revised orientation programs is necessary to the success of any organizational process. Feelings may exist within the hospital nursing service for a more consistent or complete orientation program for graduate staff nurses; these, in turn, may be the same needs expressed by a number of the hospital nursing staff in their education program committees.

It is always of value to nursing service to create and capitalize on staff interests. Norian cited that when using an orientation program as an example, a survey of new personnel could be made for the specific purpose of determining the content needed to orient these staff members and perhaps other new staff to follow. Examples of the tools that might be used were the open-ended and closed questionnaire. (29)

D. Orientation Structure, Content and Procedure Suggestions

There is no one suggested content for a typically good or excellent orientation program. The proposed or existing orientation programs

described in the literature vary in their sequence and in the manner in which they are conducted. Some seem largely dependent upon structured activities while others employ unstructured activities to a greater extent. All are based on the use of a planned program to systematize the orientation process. Certainly, all programs should represent a synthesis of the areas that can be covered by a hospital nursing service in orienting new nurse employees, including general duty staff nurses. Each hospital necessarily decides for itself which areas must be covered according to its needs.

Weber suggested that an adequate orientation program should consist of three considerations, namely: (1) A direct approach to the employee's needs as a person which seeks to stress his welfare, his assurance of feeling welcome and his worth as a person. This involves clarification of personnel policies, rules and regulations that affect him. (2) A general approach to the over-all hospital operation which seeks to bring to the employee his first knowledge of the hospital and its status in the community. (3) A specific approach to the employee's work as it relates to hospital purpose, structure, and activity which seeks to familiarize the employee with his own job. The development of these approaches would vary accordingly to the hospitals using them, and would be developed on different levels and with different emphasis for various types of personnel. (42)

Young and Kezar described the orientation plan developed for graduate staff nurses at a large university hospital. To promote stability, new staff nurses were employed only on a certain day of the week. The nursing arts instructor took charge of the program, the

strength of which was based on the informal discussion method of instruction; the content of the discussions determined by the expressed needs of the new nurses present. Participating nursing service personnel found that by the free discussion method they accomplished the same ends as those attempted in demonstrating procedures by organized classroom teaching. The program was further strengthened by individual conferences, hospital and department tours, and supervised counseling and guidance for one to three weeks before assignment to permanent duty. Evaluation questionnaires revealed that the graduate nurse gained security and self-assurance in her new position quite rapidly and in all instances, she could seek help when it was needed without fear of endangering her status.(45)

The U.S. Veterans Administration Hospitals have had a lengthy background and reputation for using well organized, planned and formalized means for orienting new staff nurses and non-professional hospital personnel. The orientation manual from one such institution revealed the use of an orientation committee whose members participated as a group in planning, executing, and evaluating the program. The committee consisted of two chairmen, a recording secretary, six appointed members, and two advisers who were the Chief of Nursing Service and the Chief of Professional Education.(31)

The program was designed to facilitate the nurse's adjustment to the hospital, its personnel, its patients and their treatments, and to prepare her to care for its patient with competence, confidence, and satisfaction. The length of the content of the program varied according to the orientee's previous experience and preparation, ranging from six

to twelve weeks. The emphasis of the program was on individual and group conferences, supervised practice and weekly evaluations. Other activities were included, namely: (1) lectures and discussion in classroom teaching, audio-visual aids, clinics, seminars and demonstrations; and (2) use of patients' records and references to selective bibliographies. (31)

One large university hospital system had an orientation plan for professional staff nurses which used, in addition to personal welcome, tours, manuals, and explanation of policies, a well-planned system of staff-development conferences and team nursing supervised practice, essential to the needs of the university hospitals. In addition, a special orientation unit was used, one to which new nurses were assigned for their orientation period. This unit was staffed accordingly, with work geared to orienting new personnel. This orientation unit was rotated, the staff of each unit was assigned, in turn, to planning the orientation program for the new staff nurses. (34)

Kurtz described a hospital orientation plan that oriented general duty nurses by using a "Nurse Guide". The nursing service committee on orientation organized the functions and title for a staff nurse who would carry out the main aspects of the orientation program. This program was very flexible, of two weeks duration, with consideration given to each individual nurse's needs. The "Nurse Guide" planned the experiences for each nurse, arranged the basic and special orientation activities, and evaluated each new nurse. (24)

Gerard suggested using two additional activities concerning hospital orientation for both nurses and non-professional personnel. One method

was to assign some person to each new employee as he starts his work; to work with the new employee; to help orient him to his new surrounding, but mainly to initiate a sense of belonging to the particular hospital family. This "buddy system" may be used to give the impression not that the new nurse or employee was hired to do a job, but that the job is his because he can do it. Another method often used was the "big sister" or preceptor method. As a preceptor, an older employee "adopts" a new employee, gives her information; assumes responsibility for her meeting other personnel and finding her way about the hospital. (16)

Brenner described a different form of orientation for general staff nurses used in one hospital. New nurses were given one week of orientation experience on each of five clinical services—medicine, surgery, neurology, gynecology, urology, and orthopedics. Other teaching tools and methods of instruction used in conjunction with the rotating supervised practice periods were visual aids, movies, hospital library facilities, patient and hospital records and reports. She indicated that the program was costly and time consuming, but that the results have more than justified the expenditures. (7) After flexible experimentation, this particular orientation program satisfactorily met the needs of this hospital.

A comprehensive hospital training program is described by Davis. The program is characterized by cohesiveness that emphasized integration of administration, education and public relations with all new employees to supervisors, head nurses, staff nurses, practical nurses, aides, laundry, maintenance workers and others. All new employees receive a six-week orientation together; the basis of this is that, as a worker,

regardless of job status or type of work, what the worker does is bound to affect others. (11)

This orientation program has emphasized new ideas and educative processes, especially patient teaching. The main leaders of the program are the trained "orientors". These are professional nurse and public relations specialists who are responsible for the general and specific teaching methods and procedures. Intensive classroom teaching, individual and group conferencing, seminars, panel discussions and demonstrations are among the methods used. All new staff nurses, regardless of whether they are full-time, part-time, float, day, night, or evening shift employees, are required to take this standard orientation program. (11)

As an inservice education consultant for a National League for Nursing publication, Miller outlined a suggested content for an orientation program. Included are: (1) general explanation of orientation program; (2) orientation to hospital, including history of hospital, organization of hospital, policies, personnel, health program, safety program, resources, residence policies, special programs, top personnel; (3) orientation to nursing department, including organization of nursing department, personnel, policies, performance evaluations, conferences, resources, inservice education program and special programs; (4) orientation to assigned nursing unit, including physical facilities, personnel, patients, medical staff, ward routines, responsibilities and duties of new employees, records, medicine and narcotic control, nursing procedures; and (5) orientation to nursing team, including team approach, responsibility and function of team member, nursing care plans and

conference plans. (28)

Imperiale described an intensive and extensive orientation program that was created in an effort to curb turnover among new personnel because such turnover represented a costly investment, considering what is involved in interviewing, personnel record keeping, and physical examinations. The basic success of this program related to the provision for instructor orientors who were employed for each hospital shift; all nursing and non-professional personnel were required to work on the day shift for two to four weeks so each employee had an opportunity to be oriented, evaluated and screened for his or her job. The instructors kept evaluation records of all new employees and held periodic conferences with them; they also met regularly with the assistant director of nursing to discuss needs or dissents. The instructors guided and screened all employees carefully, and if any during the orientation period failed to meet the required standards of capability, judgment, adaptability, attitude, and reliability, those employees were not retained on the staff. (23)

II. Review of Related Studies

A brief resume is herewith presented of several studies relating to orientation and inservice programs pertaining to the subject of this paper.

1. In-Service Education Department, University of Utopia Hospital, Manna U.S.A., Class project, School of Nursing, University of Minnesota, published by the National League for Nursing, New York, N.Y., 1956. (35)

The director of nurses of the 700 bed university hospital formed the position of Associate Director of Inservice Education. An advisory

committee was formed to organize the department and implement the program until the department became a functioning unit in itself. Captain Druscilla Poole, Army Nurse Corps, conducted a course in inservice education at the University of Minnesota, Minneapolis, Minnesota, during summer session I, 1955. Utopia Hospital schools of nursing utilized this course as a class project since it was a similar hospital situation. The advisory committee expressed the feeling that their first job was to identify in more detail the characteristics of the hospital in which they were to plan the program of inservice education. The advisory committees designated broad areas of study needed to complete the project; they formed work groups and developed the inservice education committee.⁽³⁵⁾

The published class project included many implications for general use indicating how an orientation-training program is an integral part of the over-all inservice program. The four broad study areas of the project decided upon were: (1) organization of the department of inservice education; (2) orientation-training programs; (3) staff development programs for advancement; and (4) program planning.⁽³⁵⁾

The planning for the inservice education program included a section devoted exclusively to orientation. Here, the orientation-training committee consisted of two inservice education staff nurses, and one medical and one surgical administrative supervisor on a permanent basis. The remaining professional members rotated each six months: a head nurse and a staff nurse from the operating room, obstetrics, and psychiatry. A rotating member group was also set up for the non-professional group. The chairman of this committee was appointed by an advisory committee. The orientation-training committee met monthly at date and time voted

on by the group. (35)

There were two work groups within the orientation-training committee. These two groups organized their respective programs which were implemented by the nursing service department with the concurrence of hospital administration. The orientation work group indicated that it would take two weeks to conduct an organized effective orientation program for new staff nurses. The program began with all levels of employees participating in the same activities the first week; the theory being that there are certain elements of the hospital situation common to all persons who come to a new institution to work. (35)

The committee chose a special nursing, or orientation unit, for supervised practice. This unit was a surgical unit that included all types of patients, accommodations, and varieties of pre- and post-operative care and procedures. The staff on this nursing unit was relatively permanent and operated on the team plan. Each new nurse was assigned to work alongside a staff nurse designated by the team leader. This was not exactly a "buddy system", but in effect, the orientation unit had a double team working. Concurrent classroom lectures, tours, group and individual conferences were held daily. The team leader kept an evaluation check-list which was presented in the end to the inservice director for present evaluation and future use. Staff nurses also evaluated their impressions and suggestions about the orientation program. (35)

An account was given of the orientation of the staff nurse in the specialty department of the operating room. In both the initial and specialty orientation programs, extended effort is made to see that the

new staff nurse is not "supersaturated" with information at any one time. The new staff nurse was prompted to ask questions at any time, and she was informed of her progress in the daily conferences with the inservice director. She was also provided with information concerning her role in on-the-job training of new non-professional hospital staff. (35)

The class project study continued to relate the organization of general and specific staff development programs and other program planning, including proposed criteria for evaluation of the total inservice program. (35)

The orientation-training portion of this class project is pertinent because the focus upon orientation was a direct part of a planned inservice education program. It revealed the necessity for careful organization and the effectiveness of group work.

2. The Training Function in Nursing Service. A Master's Thesis by Phyllis M. Loucks, School of Government, the George Washington University, published by the National League for Nursing, New York, N.Y., 1956. (26)

This library research study was conducted as an exploration of the possible value of comprehensive training programs within nursing service organizations as a means of partially meeting the nursing needs of society. The purposes of the study were twofold in order to: (1) develop a malleable concept of the training function as it relates to the nursing profession, and (2) propose the training department with a comprehensive training program as an integral component of the nursing service organization. (26)

In her study she found that nursing service, whether in the hospital or in public health, like any other agency, had great need of training

programs that would afford learning integration. In the past, subsequent refresher programs for inactive nurses and programs for auxiliary workers in nursing have been numerous. There have also been several types of programs designed to meet the training needs of specific groups within individual health agencies. The majority were called inservice education or inservice training programs. Some of these have succeeded, some have failed. Lack of interest or acceptance both by nursing service administration and staff personnel had been discussed. (26)

The investigator proposed that the training concept should be developed to meet today's needs and tomorrow's potentialities, and she was convinced that the nursing profession must consider training as an area of specialization in nursing, because increased turnover of nursing service personnel could be the result of the poor quality of leadership, job instruction, wage rates, working conditions, and nursing service policies. Training programs designed to initiate or improve job instruction as well as supervisory training programs were two approaches to reducing personnel turnover. She stated that:

Informal training is always in progress. Much of this informal orientation to the job, the work situation, and the employing health agency is inadequate and the source of many professional problems. Formal training programs designed to inform workers in these areas facilitates rapid and desirable work adjustment. In addition, constant attention to those orientation objectives which deal with the development of desirable attitudes will enable the worker to withstand more successfully negative attitudes that might possibly be encountered in the work place. (26)

The organization of a training section with training specialists should reflect the functions of training and the size and complexity of the individual nursing service. The three functional areas mentioned in

the training department were research, standards, and coordination. Concerning research, methods for determining training needs and for examining existent methods and programs must be employed. Constant appraisal of training methods and devices and the study, analysis, and appraisal of existent programs were important factors in maintaining the vitality of the total program. The three standards with which the training department must concern itself were standard procedure of operation, job performance standards, and training performance. Coordination was the keystone of smooth training development. (26)

Orientation training was a specific and complementary design developed in two distinct, though related areas. The first area was concerned with the orientation of new employees to nursing service, and the second area was concerned with orientation of all nursing service personnel to new plans or policies, technological changes, and innovations. Careful planning of content, teacher selection, and coordination with other programs was necessary to develop and establish successful orientation programs. The primary purpose of the orientation program was to aid the individual employee's job adjustment to the nursing service, and more specifically, to the employee's job in that service. (26)

Orientation of new employees in nursing service actually began when the individual first contacted the nursing office. The interest, courtesy, or lack of it, in this office could condition subsequent attitude development of the new worker. The initial employment interview by mail or in person was vitally important. The nurse supervisors in the orientation program must accept the responsibility of creating

or maintaining the desirable attitudes among their older and new personnel. A supervisory development program could be complementary to the former. (26)

The initial planning for an orientation program designed to acquaint new nursing service personnel to the work environment should be accomplished by a series of conferences with the administrative and supervisory staff. In addition to this group, supervisors and head nurses in other departments having contact with the new employee need to be consulted. Needless repetition could be avoided and increased recognition of the program could result from careful coordination and planning with all concerned departments. The conference committee should make careful selection of the orientor instructor. (26)

The study further covered some factors regarding non-professional training and training methods. Some of the conclusions representing an analysis of the material and data contained in the study were reported as follows: (1) Nursing educators have reflected sound planning and broad vision in the trend of differentiating the functions within nursing service; recognizing the need for a technical and a professional worker in the nursing occupation. (2) The training function in nursing service had been limited to the development of specific programs, isolated in certain agencies, and somewhat sporadic in application. (3) The development of the training concept was a major function of nursing service organization. (4) The organization of the training section reflected the functions of training and the size and complexity of the individual nursing service. (5) The recognition of training as a major function in the nursing service organization implied the need

for the development and preparation of a professional nurse training specialist. (6) The general types of training were represented in a comprehensive program to include: orientation-training, non-professional training, technical and professional training, community health education. (26)

3. A Study of Practices in Orienting Staff Nurses, a Master's Thesis by Myrtle O'Boyle, Graduate School University of Washington, published by the National League for Nursing, New York, N.Y., 1956. (30)

This study proposed to answer the following questions: (1) How are staff nurses oriented to a new position? (2) Are they satisfied with this method of orientation? (3) What areas of information do staff nurses consider important in orientation? The data were collected by interview questionnaire from fifty-five general staff nurses in ten hospitals in Seattle, Washington. (30)

This study found that some of the nurses were given knowledge of a definite plan for their orientation to the new job the first day of work. Other nurses introduced themselves to an assigned ward and indicated, in some instances, that they obtained information through chance observation or through methods initiated by themselves because of logical necessity in a haphazard manner. Some nurses indicated they had not received the information they needed before they were placed in charge of a nursing unit on evening or night shift. (30)

A group of staff nurses who related that their orientation was inadequate made suggestions for more extensive, carefully planned programs. They indicated that they should receive sufficient information to allow them to carry on the work expected of them in a competent

manner before too much responsibility was assigned them. These nurses suggested that more tours, classes, conferences, and an assignment to work with another staff nurse in acquainting a new nurse employee to her work situation would be good methods of procedure. (30)

New staff nurses who had not been introduced to members of the nursing administrative staff recommended that new staff nurses be introduced to the director of nursing, assistants to the director, respective supervisors and head nurses. A frequent reference was made by new staff nurses as to the timing of their instructions; many expressed that some information was given after it was needed, given hurriedly and not suited to meet the needs necessary so she could perform the work immediately expected of her. New staff nurses disliked having non-professional members of the nursing staff conduct a part of their orientation program whenever this occurred. New staff nurses expressed their desire for more detailed information concerning job descriptions, hospital policies, interdepartmental policies, pay system, shift rotation, health services, hospitalization insurance, and all types of ward policy information which is necessary to render good nursing care to patients. (30)

O'Boyle drew no conclusions but found that much of the information obtained in the study had implication for nursing administrators because of the expressed needs of the staff nurses requesting planned orientation methods. Some of these recommendations included: (1) more effective descriptions of a hospital situation and the job at the time of employment might serve as a means of increasing employee satisfaction; (2) a planned manner of enumerating all-employee functions might help to increase the

understanding of everyone's hospital role, better integrate nursing service and improve working relationships; and (3) certain groups of nurses appeared to experience greater insecurity in beginning new positions than others. Those who seemed the most insecure were: recent graduates beginning the first professional position; nurses who had been inactive for at least five years; and nurses new to the city and state. These nurses might adjust more readily if special attention were given to their difficulties. (30)

It was recommended that certain positive steps be taken to direct helping a staff nurse make a sound adjustment to the new hospital situation. Some of these steps were:

1. A nurse should come to a job with a fairly accurate job description.
2. Persons planning and conducting the orientation program should give special attention to the background of the nurse and adjust the planned program to the insecure individual or person new to the area.
3. Each new staff nurse should be thoroughly acquainted with the duties, responsibilities and limitations of each of the different types of nursing personnel and the established patterns of working relationships.
4. Some type of inservice program should be used to brief present staff and personnel in assisting with the orientation and welcoming of the new staff nurse.
5. A follow-up and evaluation of the orientation program should be made as to its effectiveness.

6. Hospitals should re-evaluate the type and amount of assistance and instruction needed for the part-time, evening, and night duty staff nurse employee. (30)

The findings of this study were based on a very limited sample but serve further to emphasize the need to investigate present orientation practices in other hospital settings.

4. Opinions of Staff Nurses and Senior Students Regarding In-Service Education Programs for Graduate Nurses in Hospitals, an unpublished Master's Thesis by Katherine Fleck, Western Reserve University, Frances Payne Bolton, School of Nursing, Cleveland, Ohio, 1951. (15)

This study aimed specifically to explore the opinions of three separate groups of nurses in regard to inservice staff education. The groups selected were: staff nurses who had participated in inservice staff education programs; staff nurses who have had the opportunity but who had not participated; and senior student nurses. (15)

The technique used in this study for the collection of data was the questionnaire with eighty-four staff nurses and one hundred sixty-six students responding. Staff nurses and students were chosen from four different hospitals. The opinions expressed by the respondents in this study point to the need for the formulation of some guiding principles that would be effective in promoting the desire in each individual for assuming the responsibility for her own growth. An orientation program for staff nurses was found to precede the inservice staff education programs that staff nurses found to consist of a series of unrelated meetings, no well-defined goals, and little or no participation by the group. The interests and needs of the staff nurses were not being met by the existent orientation and inservice staff education programs.

This was evidenced by the minimal participation in the programs offered, poor response to the questionnaires, and by the suggestions made for orientation and subject matter content for the meetings. (15)

Some of the specific dissatisfactions expressed by eighty-four staff nurses were: (1) inadequate initial orientation to the hospitals, (2) the rotation of hours and the working load in the hospital limited personnel attendance at inservice meetings, (3) unplanned, dull and poorly presented meetings, and (4) the general lackadaisical attitude of the majority of the staff nurses in relation to inservice education. (15)

The study mainly concluded that further research is needed in exploring the opinions of staff nurses in regard to inservice staff education. (15)

This study served to emphasize again, the close relationship between organization and planning for orientation and inservice programs.

5. Job Satisfaction in Staff Nursing, by Marily Cohen and Martha McCrary, a study submitted in partial fulfillment of the requirements for Nursing 401, Principles and Methods of Research, Western Reserve University, 1951. (9)

This study was done for the purpose of examining the problems of how to retain those staff nurses who are already actively engaged in hospitals caring for patients. The increased rates of nurse personnel turnover was the alarming indicator of need for study in this area. Emphasized was the fact that, in her capacity as an employee, the staff nurse is subject to the same needs and desires as are employees in other situations, and to keep her as a steady satisfied worker, an attempt should be made to meet these needs. (9)

The writers at first were concerned with the administration of nursing services, and the initial approach to the study was first made through the administrators of nursing service, but it later became apparent that the relative problems of job dissatisfaction among staff nurses could only be uncovered by questioning the persons involved. Ninety-four staff nurses were respondents of a questionnaire.⁽⁹⁾

Concerning the area of job satisfaction, including graduate staff nurse orientation, the authors described that they discovered a paucity of materials on these topics in the nursing literature. Turning to other fields for study, it was found that industry, with its plenteous financial resources and with its vested interests in keeping employees satisfied in their work, had the most to offer in reported studies. In the field of education, more recently aware of needs in this respect, some information was available that seemed more applicable than that from industry, because of the similarity of the teacher's position as an employed professional worker to that of the staff nurse.⁽⁹⁾

The analysis of the data gave evidence that both good and poor initial orientation experiences of staff nurses directly and indirectly motivated job dissatisfaction in many cases. Problem areas of job dissatisfaction were found to stem from: (1) poor initial orientation, (2) inadequate job descriptions, personnel and hospital policy descriptions, (3) low salary and tenure raises, (4) heavy work load, and (5) unfair rotation practices. Personal information obtained showed that evidence was not conclusive relative to changes of satisfaction or dissatisfaction due to the effect of such variables as age, educational background, programs, marital status, and the number of years of

professional experience.⁽⁹⁾

It was concluded that better methods of employment, execution of hospital and personnel policies, and adequately planned orientation programs were needed. It was also concluded that nursing service administration give more attention to the needs of the part-time and night employees, both in the areas of supervision and orientation.⁽⁹⁾

This study further emphasized the need for good, well-planned initial orientation programs for staff nurses and correlated the orientation area closely, as it logically is in many instances, with the aspects of job dissatisfaction and hospital employee turnover.⁽⁹⁾

6. Inservice Education for Professional Staff Nurses in Rural Hospitals in South Dakota, a Master's Thesis by Bertha Louise Boekelheide, Graduate School of the University of Colorado, Department of Nursing, 1958.⁽⁶⁾

The data for this study were obtained by personal interview of twenty-six nurses who were employed in seven rural hospitals in South Dakota.⁽⁶⁾

The purposes of the study were twofold: (1) to survey the inservice education which staff nurses in rural hospitals were receiving at the time of inquiry, and (2) to elicit from staff nurses the areas in which they were of the opinion that inservice education was indicated and desirable in helping the staff nurses improve the quality of nursing care.⁽⁶⁾

The need for inservice education was expressed by the staff nurses. One of the findings indicated that the staff nurses did not think that they had been adequately oriented to their positions. Of the twenty-six nurses interviewed, seven felt that their orientation had been completely

inadequate.⁽⁶⁾

Several suggestions for improvement of orientation programs were stated. Some of these included: (1) acquainting the new nurse more fully with the location of supplies and equipment; (2) acquainting the new nurse with physicians' routines and standing orders; (3) working with another nurse before being given sole responsibility for ward divisions; (4) receiving more information about outpatient and emergency rooms; (5) explaining more fully procedures for handling drugs; (6) fuller explanation of community information, working with auxiliary personnel, and defining of duties and personnel policies.⁽⁶⁾

The recommendations of the author were that the conclusions of the study be confined to the population studied because of the small number of nurses and hospitals involved in the study.⁽⁶⁾

Further recommendations were that the expressed needs of the staff nurses in rural hospitals be considered in implementing programs for inservice staff education; that this survey could be used as a guide if the program should be expanded to include other rural hospitals in South Dakota; that the services of an educational instructor be made available to administrators of rural hospitals who desire assistance in developing inservice educational programs in their hospitals; and that a method of evaluation for inservice education programs in rural hospitals should be devised.⁽⁶⁾

Several studies implied as being pertinent to this paper could not be obtained to review for use in the review of related studies; therefore the writer considers this as a limitation to the depth of Chapter II.

III. Summary

The review of the literature repeatedly shows that there is no one "best" orientation program. It illustrates that orientation programs are planned when hospital and nursing service administrations have established mutually acceptable aims and philosophies in recognition of the need to work together toward organizing orientation programs with a clear concept of how they will present the program and how they will evaluate the process and discover whether they have achieved predetermined goals.

The literature further revealed that efficient orientation activities are more likely to result from a written plan than from just an incidental plan. Gaps in thinking and information are likely to appear as the plan is written. The written plan should not be a rigid affair, but a series of statements that guide the nursing staff.

Another finding revealed by the literature is that the director of nurses and nursing service personnel must possess thorough convictions of the values of an orientation program for it to be successful. In the past, there are indications that some, unfortunately, are anxious to get newly employed nurses out of orientation activities and into assignments, to the detriment of the individual nurse and to the department. In any case, even the basically good nurse, deprived of opportunity to become oriented, will not function at her best level.

A review of the literature also revealed that some of the hospitals having orientation programs for general duty nurses relate that patient care was improved, but they do not present many enumerations on strengths and weaknesses, especially in the areas involving: (1) pre-employment

and employment interview techniques; (2) assisting with, and verification of licensure; (3) hospital malpractice policies; (4) employee health services; amount of supervised practice for part-time, float, evening and night shift nurses; (5) use of safety equipment and coordination of disaster plans; (6) techniques and details of the evaluation process; (7) counseling and guidance services; (8) explanation of nursing school objectives, curriculum and clinical activities; and (9) orientation budgetary appropriations.

The literature is void of any description of evaluation devices, processes or tools useful in appraising the effectiveness of an orientation program. There is also an exclusion of any described experimental research concerning orientation designing, which in turn could result in the development of sound criteria for evaluating the orientation programs being used and also the recipient evaluation of the orientation by the nurse herself. This apparent lack of effective evaluation devices being used could be a pertinent factor concerning the lack of statistical evidence detecting any correlation between orientation programs present and decrease in personnel turnover, which suggests that there is still valid need to explore present general and specialized hospital orientation practices.

It is exemplified in some instances, that two questions may still arise within many nurses and hospital nursing services. How should general duty nurses, when they join the hospital staff, be oriented? Another question is, how and who is really orienting these nurses? Is it the busy director, the associate director, the supervisors, head nurses, the instructor of inservice education, a planned committee of

several personnel, a nurse's aide, or a new staff nurse orienting herself?

Further review of the literature and related studies on the history, philosophy, administration, organization, content and procedure of hospital orientation practices for the general duty nurse has shown a trend of professional nursing service progress whereas progressive educational thinking has created an awareness of nursing service administrators and supervisors of the need for and value of better orientation programs for the newly employed general duty nurse. The recognition of this need by some hospital nursing service administrators has resulted in the organization of more intensive and comprehensive orientation program activities with the implementation of specific tools and methods of instruction to stimulate the effectiveness of these programs.

The initial orientation program for the newly employed general duty nurse is twofold: (1) it needs to meet the hospital's need for providing excellent patient care; and (2) it needs to meet the new nurse employee's professional and personal needs.

A good orientation program starts at the top with administrative nursing service organization and planning which goes further to seek cohesive group coordination, cooperation, and awareness. Consistent evaluation techniques and procedures should exist for the present program and for use in re-examining present merits and weaknesses in view of future needs.

There are many valuable results which may be expected from a well-planned general duty nurse orientation program. These may be such as:

1. The general duty nurse feels welcome and wanted.
2. The general duty nurse understands her contribution and

her worth to the hospital activities.

3. The general duty nurse feels secure and informed in her area of work.
4. The general duty nurse is less distracted by personal problems and can concentrate on adjusting to her new work.
5. The hospital gains a more effective nurse and gains economically, by full utilization of its most expensive resource--personnel.
6. The hospital gains by at least some reduction of personnel turnover with resulting greater stability.
7. The hospital gains by having informed, competent, and loyal nurses.
8. The patient gains by receiving safer care from skilled and satisfied general duty nurses with a cooperative and constructive attitude toward their work.

Several of these objectives could be a part of any orientation program; they could also be outcomes. It is realistically seen that there cannot be a perfect program because of inherent small persistent problems to overcome, but a good orientation program does produce measurable outcomes of new staff nurse satisfaction and improved patient care.

CHAPTER III

PROCEDURE, ANALYSIS OF DATA, AND FINDINGS

Preliminary to developing this study, one hypothesis was formulated to the effect that:

There are identifiable varied differences and emphases found in the extent and application of orientation activities for general duty nurses.

a. There are differences found in the orientation activities considered essential in hospitals with and hospitals without nursing education programs.

b. There are differences found in the types of orientation activities considered essential for newly employed general duty nurses on different shifts and different tours of duty.

c. There are identifiable differences found in the opinions of directors of nursing service regarding the value of various orientation activities and methods of instruction actually being used as compared with those orientation activities described in the literature.

The hypothesis was tested by determining the present organization, planning, content, presentation, and evaluation of orientation procedures as executed in eight selected general hospitals in Oregon. Generalizations from the data obtained from eight directors of nursing by personal

interview can be made only as related to the institutions involved in the study.

A structured interview guide was prepared and developed according to the design outlined in Chapter I. Preliminary personal interviews were conducted with four directors of nursing to determine areas of the interview guide that were subject to misinterpretation and also to determine if the data could be tabulated and analyzed. Some slight revisions were made and the tool was refined. The tool used to obtain data for this study is found in Appendices C, D, and E.

The hospitals where the study was conducted were selected on the basis of:

1. Size or patient capacity: 300 beds or over constituted a large hospital; 100-300 beds constituted a medium sized hospital.
2. Type: general, if it had several services such as obstetrics, medicine, surgery, pediatrics, emergency department, outpatient and the like.
3. Educational programs in nursing: In selecting the hospitals to participate in this study, an attempt was made to include those related to the various types of educational programs in nursing, namely: diploma, baccalaureate degree, or practical nurse diploma, plus some where no organized nursing educational program was offered.

A letter was sent to the directors of nursing service in each of the eight hospitals selected for study explaining the purposes of the study and requesting an appointment for an interview. A letter from the thesis adviser was enclosed in addition to a self-addressed postcard which was provided for the reply. Samples of the correspondence may be

found in Appendices A and B.

A schedule was set up by mutual arrangement for each interview, and the interviews were made according to the schedule. The data provided were assembled by tabulation from which tables were constructed as found in this Chapter. (See Appendices F and G)

Description of Selected Hospitals

Eight hospitals were selected for this study according to the plan previously indicated. The characteristics of each hospital are depicted in Table I. This information was obtained by questions from Part I, A. General Information, questions 1 through 6, and B. questions 1 and 13. The information is summarized as follows:

Hospital A is located in a metropolitan community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room, recovery room, emergency department, pediatrics, intensive care unit, cardiovascular research unit, Ophthalmology with Eye Bank, and maternity and obstetrical units. Bed capacity is 525 with bassinets. There are approximately 185 general duty nurses employed on a fairly regular basis; approximately 5-7 new general duty nurses are employed monthly. The yearly turnover rate of general duty nurses is approximately 25%. The hospital operates a school of nursing with a diploma nursing student body membership of 180 students. There is no planned or written initial orientation program for newly employed general duty nurses. There is no inservice educational program for the professional nurse staff or the non-professional nursing personnel.

Hospital B is a metropolitan hospital located in a community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, outpatient clinic, emergency department, pediatrics, and a teenage department. Bed capacity is 555 beds with bassinets. There are approximately 116 general duty nurses regularly employed. Approximately 4-5 new general duty nurses are hired monthly. The very recent turnover rate has been high, being close to 45%. The hospital operates a school of nursing with a diploma nursing student body membership of 225 students. The hospital also has practical nurse students utilizing the clinical areas on a rotation basis of approximately 7 in one given time period. There is not a specific planned or written orientation program for the newly employed general duty nurse. Presently a small brief over-all written outline is presented to general duty nurses, practical nurses, nurse aides, ward clerks and orderlies combined. There is an inservice educational director and a planned inservice educational program for both professional nurse staff and non-professional nursing employees.

Hospital C is located in a metropolitan community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, outpatient clinic, emergency department, pediatrics, and isolation department. Bed capacity is 413 with bassinets. There are approximately 129 general duty nurses employed on a steady basis. Approximately 9-10 general duty nurses are newly employed monthly. The yearly turnover rate fluctuates from between 4-10%

seasonally. The hospital is associated with a university program of nursing and is the clinical area for a student body membership of 116 baccalaureate degree nursing students. There are no practical nurse students using the clinical facilities of this hospital. There is a planned and written orientation program for the newly employed general duty nurse. A copy was provided for use in this study to the investigator. The hospital presently has no planned inservice educational program for professional nursing staff. There is, however, a clinical inservice instructor who provides training and supervision for all nurse aide nursing personnel.

Hospital D is located in a metropolitan community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, emergency, and pediatrics. Bed capacity is 214 with bassinets. There are approximately 60 general duty nurses regularly employed. From 4-6 general duty nurses are hired and newly employed monthly. Turnover rate is high, averaging about 60%. The hospital is associated with a collegiate nursing program and has a nursing student body membership of 130 baccalaureate degree students. Practical nurse students use the hospital clinical facilities, and an average of 20 students are in the hospital at one time on rotation. There is no written or planned orientation program for the newly employed general duty nurse. A small 4" x 6" card with a brief check-list is used to mark orientation areas that are covered. There is a planned inservice program and an inservice director that is responsible for directing inservice education to both professional nursing staff and non-professional

nursing staff.

Hospital E is located in a metropolitan community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has a large outpatient department with numerous specialty clinics within. Other hospital specialty departments include an operating room and recovery room, emergency department, maternity and obstetrics, and pediatric units. Bed capacity is 140 with bassinets. There are approximately 57 general duty nurses regularly employed. Approximately 4-5 general duty nurses are hired and newly employed monthly. The nursing staff is fairly stabilized, the turnover rate being 3-4%. The hospital clinical areas are used by practical nurse students; four are on rotation at a time. There is no written or planned orientation program for the newly employed general duty nurse. A policy check-list for all registered nurse employees is the only written material available. There is no inservice director or planned inservice program either for professional nursing or non-professional nursing personnel.

Hospital F is located in a metropolitan community of over 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, outpatient department, emergency department, pediatrics, and a large unit for private psychiatric patients. Bed capacity is 137 with bassinets. There are approximately 91 general duty nurses regularly employed. There are from 1-2 general duty nurses hired and newly employed monthly. The turnover rate is slight, averaging about 2-3%. This hospital does not have practical

nurse students in the clinical areas, nor is it a part of any professional nursing education program. There is no written or planned formal orientation program for the newly employed general duty nurse. An informal "buddy system" orientation process is employed. There is no inservice education director nor any planned inservice educational programs for either professional or non-professional nursing service staff.

Hospital G is located in a non-metropolitan community of between 5,000 and 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, and emergency department. The hospital is also combined with a large nursing convalescent department. Bed capacity for both hospital and convalescent patients is 129 including bassinets. There are approximately 22 general duty nurses regularly employed. Approximately one general duty nurse is hired and newly employed monthly. Turnover rate is slight, averaging about 1%. The hospital has no educational nursing program. There is not a planned or written orientation program for the newly employed general duty nurse. There is not a planned formal inservice program for either professional or non-professional nursing service staff.

Hospital H is located in a non-metropolitan community of between 5,000 and 100,000 population. This is a general hospital with general medical-surgical units and in addition has specialty departments such as operating room and recovery room, maternity and obstetrics, combined emergency and outpatient department, and pediatrics. The hospital also has a new intensive care unit. Bed capacity is 136 including bassinets. There are approximately 51 general duty nurses regularly employed. An

average of 3 general duty nurses are hired and newly employed monthly. Turnover rate averages 6%. There is no planned or written orientation program for the newly employed general duty nurse. Informal on-the-job supervision is the main means of the orientation process. There is no inservice education director and there is not a planned or regular program of inservice education for either professional or non-professional nursing service staff.

TABLE I
CHARACTERISTICS OF SELECTED HOSPITALS

General Hospital	Hospital							
	A	B	C	D	E	F	G	H
Bed Capacity:								
100-200 bed					X	X	X	X
200-300 bed				X				
300-400 bed			X					
400-500 bed	X	X						
500-600 bed								
Location:								
Metropolitan	X	X	X	X	X	X		
Non-metropolitan							X	X
General duty nurses employed:								
0-50							X	
50-100				X	X	X		X
100-150		X	X					
150-200	X							
General duty nurses hired monthly:								
0-2						X	X	
2-4								X
4-6		X		X	X			
6-8	X							
8-10			X					
Average turnover rate:								
5-10%			X		X	X	X	X
10-20%								
20-30%	X							
30-40%		X		X				
40-60%								
Nursing education program:								
Practical nurse students		X		X	X			
Diploma nursing students	X	X						
Baccalaureate degree nursing students			X	X				
None						X	X	X
General duty nurse orientation program:								
Planned and written			X					
Not planned or written	X	X		X	X	X	X	X
Inservice educational program:								
Planned inservice programs		X		X				
Not planned inservice programs	X		X		X	X	X	X

Data Obtained from Eight Directors of Nursing Service
in Response to the Interview Guide Questions

The following data have been derived from the first portion of the interview guide containing some forty-eight open-end and closed-end questions pertaining to the actual administration, organization, planning, coordination, teaching facilities, budgetary system, and evaluation of existing hospital orientation activities for the newly employed general duty nurse. The data are presented in terms of the responses received and will be described collectively for the entire group of eight hospitals. For the purpose of some general clarification of responses from the different directors and the hospital setting, all hospitals with a teaching program in nursing education will be Group A, and those non-teaching without a nursing education program will be Group B. A sample of the first portion of the interview guide may be found in Appendix C.

In response to Part A, question 7, "who is responsible for providing pre-employment information requested by potential new general duty nurses?", three Group A respondents (60%) indicated that directors of nursing service assumed this responsibility by answering all requests by direct personal letter or interview. Another indicated that the secretary of the office of nursing service handled all the correspondence and interviews, and one indicated that the personnel director supplied all pre-employment information for both professional and non-professional employees before making a referral to the nursing service office. The three Group B respondents (100%) indicated that the directors of nursing

themselves assumed this responsibility in all instances.

Part A, question 8 asked the respondents "who is responsible for the interviewing and hiring of a general duty nurse?" Group A responded with a diversity of employment methods. One indicated that the personnel assistant interviewed the nurse and then referred her to the director who continued with the hiring process. One indicated that this was the responsibility of the director, but that on some occasions, when a nurse was not properly referred to the nursing office, the personnel department members could interview and hire the nurse and later refer her to the nursing service office. One director personally assumed the over-all responsibility for interviewing and hiring the new general duty nurses. One director hires all new general duty nurses and then refers them to the personnel administrator who interviews each new employee. One director assumes the over-all responsibility for deciding whether or not to hire the new nurse, but she works in collaboration with an outpatient supervisor and an in-patient supervisor when interviewing the potential new nurse employee. The three Group B respondents (100%) indicated that the directors of nursing service assumed the entire responsibility for the interviewing and hiring of general duty nurses. Table II summarizes the responses given from groups A and B regarding pre-employment information, and Table III, the interviewing and hiring of the general duty nurse.

Part B, questions 1-5 queried the respondents several questions regarding the specific orientation practices for the newly employed general duty nurse; and if none, under what auspices her orientation activities were presented. Group A responded as such: Four (80%) do not

have written or planned specific orientation programs, one of these has an informal method of orientation under individual head nurse planning, direction and supervision; the only planned orientation activity is an all-employee total tour of the entire hospital which must be given within the first four week employment interval. One has an inclusive basic orientation to all nursing service departments for graduate nurses, practical nurses, nurse aides, ward clerks, and orderlies; this is a written outline which was recently revised in January, 1961. The hospital has used various forms of outlines for seven years, all usually being in the modification stage with different plans being tried out. One hospital that did not have a specific program of orientation activities has a policies check-list which is discussed with general duty nurse employees. The orientation of the general duty nurse consists of an informal method of supervision on the job. One hospital has an unplanned informal program for the newly employed general duty nurse which is presented on an individual need basis with a written check-sheet on a 4" x 6" card with some specific activities and policies which must be presented and conducted for each new nurse. Plans are being made, whereby in the near future a written plan expanding and intensifying the present program will be made. One Group A hospital has a written, planned, and specific orientation program consisting of activities for the newly employed general duty nurse. This plan has been in use for one year. It was developed and presented by an inservice educational director who shortly afterward resigned from her hospital duties; the hospital is continuing to follow the orientation program though it presently has no inservice director or inservice program. The hospital

TABLE II

PERSON OR PERSONS RESPONSIBLE FOR PROVIDING PRE-EMPLOYMENT
INFORMATION TO GENERAL DUTY NURSES IN EIGHT
SELECTED GENERAL HOSPITALS IN OREGON

Person Responsible for Providing Pre-employment Information for the Potential General Duty Nurse	Hospital							
	A	B	C	D	E	F	G	H
Director of Nursing Service		X	X		X	X	X	X
Assistant Director of Nursing Service								
Secretary, Office of Nursing Service	X							
Personnel Administrator				X				
Personnel Assistant								

TABLE III

PERSON OR PERSONS RESPONSIBLE FOR INTERVIEWING AND HIRING
GENERAL DUTY NURSES IN EIGHT SELECTED GENERAL
HOSPITALS IN OREGON

Person or Persons Responsible for Interviewing and Hiring General Duty Nurses	Hospital							
	A	B	C	D	E	F	G	H
Director of Nursing Service	X	X	X	X	X	X	X	X
Assistant Director of Nursing Service								
Personnel Administrator and Department		X		X				
Personnel Assistant	X							
Outpatient Supervisor					X			
In-patient Supervisor					X			

with a planned program made a copy of their program available to the investigator for use in this study. From Group B respondents (100%), there was no hospital that had a written or planned specific orientation program for the newly employed general duty nurse. One has an informal program based on the "buddy system" with on the job supervision given by head nurses and graduate nurses. One has an informal program consisting of activities based on individual new nurse potential and expressed abilities. One has an informal on the job learning supervision situation. A summary of information concerning written and planned specific orientation activities for the general duty nurse will be found on Table IV.

Question 6 asked the respondents "who participated in planning the present orientation procedure or program?" Group A responded as such: In one hospital, the two directors of nursing service, the head nurses, and the hospital administrator were participants; the general planning originated through department head meetings of the three groups mentioned. In one hospital, the director of nursing service, director of inservice education, and the assistant personnel director were participants of the planning. In one hospital the present program was developed as a special project on the part of an inservice education director. This person is no longer in the employment of the hospital. The director of nursing service is currently endeavoring to start and plan an inservice committee with a subcommittee assigned to develop a more extensive and sound orientation program. In one hospital the director of nursing service, the assistant director of nursing service, and the inservice director were participants. In one hospital the

director of nursing service, her assistant, the in-patient supervisor, and the outpatient supervisor were participants. Group B responded thus: In one hospital the director of nursing service and the hospital administrator were participants; the two working in close conjunction regarding all hospital activities. In one hospital the director of nursing service was solely responsible for the planning. In one hospital the director of nursing service, the evening and night supervisors, and the hospital administrator were participants in the orientation planning; head nurses were consulted and included. A summary of the participants in the planning of present hospital orientation programs will be found on Table V.

From the response given, it is apparent there is considerable variance among all the hospitals concerning the person or persons who participated in planning the orientation program and activities. Conspicuous deficiencies: (1) lack of organized orientation committees; (2) exclusion of head nurses and graduate staff nurses from planning; and (3) the lack of any special advisers and/or other nursing education personnel contributing as participants for introducing educational practices into planning of programs.

Question 7 asked the respondents "to what person or persons was assigned the overall responsibility for the organization and implementation of the orientation program for the general duty nurse?" Group A responses indicated that three directors of nursing service (60%) assumed the entire responsibility. In another hospital, the director of nursing service and a registered nurse inservice clinical instructor

TABLE IV

CHARACTERISTICS OF ORIENTATION PROGRAMS
IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Orientation Program Characteristics for Newly Employed General Duty Nurses	Hospital							
	A	B	C	D	E	F	G	H
Specific planned, written program			X					
Non-specific, unwritten, informal program	X	X		X	X	X	X	X
Length of time of formal or informal plan for general duty nurses has been in use								
Never	X						X	
1-2 years			X	X	X			
5-10 years		X				X		X
Present orientation program planning								
None	X				X	X	X	X
Pilot study stage								
Modification stage		X		X				
Experimental stage								
Firmly rooted, in definite use			X					
Orientation program firmly rooted and in definite use								
Yes			X	X	X	X	X	X
No	X	X		X	X	X	X	X
Written copy or outline of orientation plans submitted for use in this study								
Yes			X					
No	X	X		X	X	X	X	X

mutually shared the responsibility; and in one hospital, the inservice education director was responsible for the organization and implementation of the program. Group B responses (100%) indicated that the three directors of nursing service assumed the overall responsibility. Here it is shown that in the majority of situations, the director of nursing service is usually directly responsible for the organization and implementation of the orientation program without the cooperative support of hospital administrators, advisory committees or planning committees.

Question 8 asked the respondents "how do you stimulate the interest and cooperation of their hospital head nurses, supervisors, and general duty nurses in the orientation activities of newly employed general duty nurses?" From Group A, three responses (60%) indicated that no specific methods were used and felt secure that the pride of insuring good nursing care by careful instruction of new employees was sufficient stimulation to provide cooperation among individual head nurse units and supervisor areas. One respondent stated that providing all supervisors and head nurses with a pamphlet "Guide for Head Nurses" had been a stimulating factor in gaining their cooperation. In one hospital, the inservice education director has weekly conferences with the supervisors who participate in the orientation program. The head nurses, in this instance, have little direct responsibility for orientation assigned to them. The respondents from Group B (100%) indicated that they felt it was sufficient in itself that all supervisors and head nurses had a personal interest in functioning as supervisors and instructors for the newly employed general duty nurse. In no instances were planned

supervisor, head nurse and staff nurse meetings held, nor any specific methods such as questionnaires or pilot study reports used.

Question 9 next asked the respondents "How do you ensure the coordination of services of all who participate in the orientation activities of the newly employed general duty nurse?" Both Groups A and B (100%) reported that they were of the opinion there was no sure way to ensure coordination. One respondent stated that in many instances, the head nurses sometimes expressed that orientation activities were too much of a burden for them. Another respondent indicated that because of lack of intensive supervision, there had perhaps been some head nurses not sufficiently experienced to be good instructors actually participating in the orientation program. The remaining respondents stated that coordination of all participants was not necessary, for in these hospitals, individuality was stressed among the different head nurses and their units in the sense that competition would provide new and stimulating ideas. In no instances were there provisions made for group meetings where the directors of nursing service could invite suggestions and criticisms. There was no provision for group evaluation meetings. Informative bulletins or special reports were not used concerning orientation activities; orientation programs and activities are not promoted during inservice meetings; and persons such as supervisors actively participating are not relieved of other duties while performing orientation activities.

Question 10 refers to how the orientation and learning needs of the newly employed general duty nurse are determined. Group A responses were as such: In one hospital the head nurses make individual decisions of

planning based upon individual new nurse potential. In another hospital the director of nursing service decided the general and specific areas which should be covered during orientation that will meet hospital needs and policies. In the three other hospitals (60%), it was determined by the expressed need of the nurse when she was hired; tentative programs and specific instructional areas were planned on an individual basis. The three Group B respondents (100%) indicated that each new nurse is asked what her capabilities are and where her interest lies in preference of shift. Plans are made for meeting those preferences. The policy seemed to be a pre-employment survey of potential capabilities of new general duty nurse personnel based on expressed needs. In no instances were evaluation reports received from general duty nurses who have completed the orientation program used as a guide for indicating weaknesses and strengths of the present orientation presentation.

Question 11 was concerned with finding out if the persons who participated in the planning, implementation and presentation of the orientation program for the newly employed general duty nurse also evaluated the program. Four Group A respondents (80%) have formulated no criteria for evaluation or any evaluation tool used for the initial orientation program. One respondent has an oral conference with each nurse after the initial orientation; this is not an actual evaluation of the orientation plan itself, but more of a personal meeting to see if the new nurse is "getting along all right". Two Group B respondents (66.6%) have no evaluation process of the initial orientation activities and one respondent stated she does not believe in written evaluations.

Question 12 relating to the question of what was the central objective of the orientation program for the newly employed general duty nurse, indicated a tendency toward a uniformity of response. All eight respondents (100%) indicated the central objective was to hire the new general duty nurse according to her individual capabilities and expressed field of interest; to give her individualized introduction to her work area, the hospital equipment and policies. Three respondents (37.5%) further added an objective of providing for better patient care. One respondent (12.5%) clearly indicated that one of her objectives was to attempt to help put the new nurse at ease; believing that each new hospital situation creates a tense and confusing atmosphere until the nurse does become familiar with specific hospital procedures and policies. The central objective in no instance stated any emphasis on the evaluation of the individual nurse's attitude and approach to the hospital and the working situation.

Questions 13 through 16 relate to a summary of the answers pertaining to the organization and functional relationship of the orientation program to the inservice programs for general duty nurses; and the responsibility for the presentation of both can be found on Table VI. The responses show that in six out of eight hospital situations (75%) the orientation plan or program is formally or informally presented separately from inservice education programs. Five hospitals (62.5%) have no planned inservice program. In two hospitals (25%) the director of nursing service and the inservice education director and/or clinical inservice instructor were dually responsible for both the organization and the presentation of the orientation program for general duty nurses and for

TABLE VI

RELATIONSHIP OF GENERAL DUTY NURSE ORIENTATION PROGRAMS,
INSERVICE EDUCATION PROGRAMS, AND EMPLOYMENT SCHEDULES
IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Orientation and Inservice Education Planning	Hospital							
	A	B	C	D	E	F	G	H
Orientation program or planning organized and presented separately	X		X		X	X	X	X
Inservice education program is planned to follow-through orientation program								
Orientation program or planning and inservice program organized separately, but contain duplicating activities		X		X				
Orientation program and planning and inservice organized together, closely knit								
Persons organizing and executing the orientation program are likewise responsible for the inservice education program								
Yes				X				X
No	X	X	X		X	X	X	
Newly employed general duty nurses are scheduled to begin employment on a designated day of the week								
None	X		X		X	X	X	X
Group Basis		X		X				
Individual Basis		X		X				
Specific Day		X		X				

the inservice education program; in one hospital the inservice organization and presentation is developed under separate auspices; the director of nursing service of which is not responsible for the orientation program. The policy is to hire and put to work newly employed general duty nurses whenever they can be available rather than schedule employment to begin on a designated day of the week. Six hospitals (75%) employ this method; one, however, expressed the desire to have newly employed nurses all start on a scheduled day of the week. Two hospitals (25%) have scheduled days of the week when newly employed nurses start to work; this is done both either on an individual or group basis. A summary of employment schedules is also found on Table VI.

There was extreme variance and divergence in the responses given to the questions 17 through 28 pertaining to the actual amount of time that is given to the initial orientation of newly employed general duty nurses who would be working 7-3 shift, 3-11 shift, 11-7 shift, part-time day, evening, night, and float shifts, and those hired to work in specialty departments such as surgery and obstetrics. For purposes of clarification a short paragraph will describe each hospital situation.

Hospital A: Orientation activities consist of supervision on the job which takes place on the ward unit where the nurse will be working when permanently assigned. Supervision and direction is done by the head nurse. All three shifts, part-time employees, and those hired for specialty departments receive this type of two weeks of supervision on the 7-3 shift before being expected to assume permanent duties or responsibility on the ward unit assigned for any shift. An exception to this plan is that newly employed general duty nurses graduated from

this hospital school of nursing are not expected to need any orientation to the hospital. It may be inferred that these nurses have had a large amount of service-centered practice while they were students. The orientation plans are the same for general duty nurses with or without previous nursing experience, those graduated from other diploma programs, baccalaureate degree programs, and it is anticipated to be the same for graduates from Associate of Arts degree programs.

Hospital B: Orientation consists of a basic eight hour orientation to the hospital and ward unit where the nurse will be working when permanently assigned. All newly employed general duty nurses must arrange to attend this scheduled weekly orientation first or they will not be employed. All three shifts, part-time employees, and those hired for specialty departments receive this during a 7-3 shift. Following this eight hour orientation, new employees are given supervision on the job by the supervisor on the ward where they are assigned only as long as the day supervisor and the individual nurse mutually regard this necessary. There are no provisions for differentiating between general duty nurses with or without previous nursing experience, graduates from other diploma programs, baccalaureate degree programs, or anticipated for graduates from Associate of Arts degree programs. As yet, no Associate of Arts degree program graduate has applied for employment in this hospital.

Hospital C: Orientation consists of a scheduled three day orientation given by an inservice clinical instructor and head nurses. All three shifts, part-time employees, and those hired for specialty departments receive this three day orientation on the 7-3 shift before being

assigned to a permanent ward or shift. There is not a specific orientation unit, but in most instances the newly employed general duty nurse is oriented on either a busy surgical floor or a busy medical floor because of the complexity and variety of nursing care routines and the experienced teaching attitudes of the head nurses. The orientation consists of three essential units: (1) Orientation to the nursing unit; (2) Orientation to supportive patient care; and (3) Orientation to the treatment nurses' duties. Following the three-day orientation, nurses are permanently assigned and expected to take responsibility for their performed duties. An exception to this plan is that newly employed general duty nurses who were recently graduated from the university school of nursing are not expected to need any orientation to this hospital. This hospital has many part-time general duty nurses on all three shifts and considers them as valuable assets. There are no provisions for differentiating between general duty nurses with or without previous nursing experience, graduates from diploma nursing programs, baccalaureate degree programs, neither is it anticipated that graduates of Associate of Arts programs will need additional orientation and inservice instruction.

Hospital D: Orientation consists of two days of 7-3 shift on the ward unit where the general duty nurse will be permanently assigned. The nurse works under the direction and supervision of the inservice education director and the day supervisor. All three shifts, part-time employees, and those hired for specialty departments receive an identical two day orientation. Most of the newly employed general duty nurses then receive a minimum of at least two additional weeks of supervision on the

job before being expected to assume responsibility for a permanent assignment; an exception to this is an occasional modification based on previous nursing experience and individual capacity to adjust quickly to new situations. Orientation plans are identical for newly graduated general duty nurses from the college of nursing, diploma graduates, baccalaureate degree and Associate of Arts degree graduates. There are very few part-time general duty nurse employees in this hospital.

Hospital E: Orientation plans for this hospital consist of having the newly employed general duty nurse assigned for two eight-hour shifts on the ward where she will be permanently working. Direct supervision is provided by one of several nursing personnel. The day supervisor and head nurse orient the 7-3 shift and part-time 7-3 shift nurses. The evening supervisor orients the 3-11 and part-time 3-11 nurse. The night supervisor orients the 11-7 and part-time 11-7 nurse with the assistance of the 11-7 charge nurse. General duty nurses employed for part-time float duty are oriented on the 7-3 shift by the day supervisor; 11-7 and 3-11 by the in-patient and outpatient supervisors. General duty nurses hired to work in the specialty departments such as surgery, emergency department, obstetrics, and outpatient clinics are given a five day orientation consisting of direct supervision by head nurses, the day supervisor, in-patient and outpatient supervisors, charge nurses, evening and night supervisors, depending to which shift they will be permanently assigned. No changes are made in the orientation plan for graduate nurses with or without previous nursing experience, diploma nursing school, baccalaureate degree, or Associate of Arts degree graduates. Newly employed general duty nurses on the 3-11, 11-7 full

and part-time shifts do not usually get a complete hospital tour.

Hospital F: Orientation consists of assigning all newly employed general duty nurses for all three shifts, part-time, float, and specialty departments directly to the ward unit where they will be permanently working. Supervised direction under the head nurse and a "buddy system" graduate nurse is considered essential for a minimum of at least five eight-hour days, preferably ten eight-hour days. A modification to this plan is made when the individual nurse's performance and adaptability due to previous nursing practice show that this supervision is not necessary. Each head nurse also is given the prerogative to feel free to experiment with different orientation processes on her individual unit. One other modification appears: the charge nurses on the 3-11 shift are given little responsibility for supervision and direction of orientation activities because the director implied that the caliber of nursing performance and teaching ability of the 3-11 charge nurses are not high enough for the responsibility. It is difficult to understand why these nurses cannot participate in an orientation program yet are employed to supervise the nursing care of a 137 bed hospital for an eight hour period, five days each week. The evening supervisor, therefore, assumes the responsibility of orientation. On the contrary, the charge nurses on the 11-7 shift are considered to have exceptional interest and ability to assume the responsibility of the orientation process for the newly employed general duty nurse. The director of nursing service stated that she does not believe it is necessary for the new nurse to have supervised practice on the day shift before she is assigned to evening, night, part-time, or float duty. It

was related that supervision on other shifts is confusing to the individual nurse and not necessary. Instead, the respondent stated that the newly employed general duty nurse should know her ward unit and shift policies well. Orientation plans are not altered for diploma nursing school graduates, baccalaureate degree, or Associate of Arts degree graduates unless exceptional experience provides for modification. This hospital has few part-time nurse employees.

Hospital G: Orientation plans consist of assigning the newly employed general duty nurse directly to the permanent ward unit where she will be working. For 7-3, float, and 3-11 full and part-time shifts, she is assigned to be the medicine nurse working under the charge nurse or director of nursing for three eight-hour shifts. Eleven to seven full and part-time shifts are assigned directly to be in charge of the ward unit and are oriented by the night supervisor or the director of nurses for three eight-hour shifts. General duty nurses hired to work in specialty departments such as operating room and obstetrics work three eight-hour shifts directly under the charge nurse. The 3-11 supervisor is responsible, first of all, to be the charge nurse in the emergency room and, second, to orient newly employed 3-11 nurses and supervise the rest of the hospital. The night supervisor's main responsibility is being charge nurse in the emergency room, and the other, to orient new nurses and supervise the night shift. When these responsibilities are too heavy, the director of nursing always assists her to orient the newly employed general duty nurse on any shift, including the night shift. An exception is made for newly graduated general duty nurses; they are not assigned to any charge duty or responsibility until they have been

working for at least two to three months at this hospital. The new graduates are always assigned to work under a more proficient registered nurse until their individual abilities strengthen. Other than this exception, no orientation plans are altered for graduates of a diploma school of nursing, baccalaureate degree, or Associate of Arts program.

Hospital H: Orientation is planned for all newly employed nurses, on all three shifts, including those employed on a part-time basis, as being directly assigned to work under the supervision of the head nurse and another graduate nurse in the department where they will later be permanently working. This supervision on the job continues for at least four to five eight-hour shifts. Newly employed nurses assigned to specialty departments such as operating and recovery room, obstetrics, and intensive care unit get extended supervision on the job to include six to eight eight-hour shifts. An exception is made for newly graduated general duty nurses without previous nursing experience; their supervision on the job extends for ten eight-hour shifts. No differences in the orientation plan are found for diploma nursing school graduates, baccalaureate degree, or Associate of Arts degree graduates. This hospital has very few part-time nurse employees.

The respondents indicated that the length of orientation varies from eight hours, two days, three days, four to five days, six to eight days, one week, two weeks, and up to two or three months. Supervision and those responsible for orientation differ in each hospital. Modifications to orientation plans and exceptions are made in several instances. A summary of the length of different orientation programs may be found on Table VII.

Question 29 and Table VIII consist of the responses to a check-list pertaining to the question of what personnel in each hospital are in charge of, assist with, or participate in the orientation program for general duty nurses. These are hospital personnel who the director of nursing service recognizes as being contributory to the orientation of general duty nurses either on a formal or informal basis. Group A hospitals indicated seven charge groups; Group B hospitals indicated three charge groups. Group A hospitals indicated thirty-eight assistant groups; Group B hospitals identify twenty-three assistant groups. Group A hospitals indicated eighteen participating groups and Group B indicated eleven participating groups. The results show that Group A hospitals incorporate more hospital personnel and department heads to help with some orientation processes.

Questions 30 through 35 were related to ascertaining what general orientation activities the director of nursing service, day supervisor, head nurse, inservice education director, evening supervisor, night supervisor and others concerned usually assume and direct. Director of nursing service activities consisted of: (1) Personal interview and basic overview of hospital 100%; (2) Check of current licensure, general policy explanation 50%; (3) Tour of hospital 37.5%; (4) Introductions to hospital and ward personnel 37.5%; (5) Direct and indirect observation on the job of the new nurse 25%; and (6) Guidance by referral 25%. Day supervisor activities consisted of: (1) Complete hospital tour 25%; (2) Tour of assigned ward, personnel introductions 25%; (3) Explanation of ward policies, procedures and use of equipment 12.5%; (4) Indirect supervision as needed 25%. Head nurse activities consisted of:

TABLE VII
 CHARACTERISTICS OF ORIENTATION PLANS
 FOR NEWLY EMPLOYED GENERAL DUTY NURSES
 IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Length, Place, Type of Supervision of Initial Orientation Plans for General Duty Nurses	Hospital							
	A	B	C	D	E	F	G	H
Length in <u>days</u> of orientation according to shifts								
7-3 full time ¹	10	1	3	2	2	5	3	4
3-11 full time	10	1	3	2	2	5	3	4
11-7 full time	10	1	3	2	2	5	0	4
7-3 part-time	4	1	3	2	2	5	3	4
3-11 part-time	4	1	3	2	2	5	3	4
11-7 part-time	4	1	3	2	2	5	0	4
7-3 float	10	1	3	2	2	5	3	4
3-11 float	10	1	3	2	2	5	3	4
11-7 float	10	1	3	2	2	5	0	4
7-3 specialty department	10	1	3	2	2	5	3	4
3-11 specialty department	10	1	3	2	2	5	3	4
11-7 specialty department	10	1	3	2	2	5	0	4
Where orientation takes place								
Special orientation units			X					
Day shift where permanent assignment will be	X	X	X	X				
On ward unit where they are permanently assigned	X	X		X	X	X	X	X
General indirect supervision on the job								
Yes	X	X		X		X	X	X
None			X		X			
Direct length of supervision* in <u>weeks</u>	2			2		*	*	

* Indefinite

TABLE VII (Concluded)

Length, Place, Type of Supervision of Initial Orientation Plans for General Duty Nurses	Hospital							
	A	B	C	D	E	F	G	H
Supervision on the job by:								
Head nurse	X	X	X		X	X	X	X
Day supervisor		X		X	X			
Staff nurse						X		X
Inservice clinical instructor			X					
Inservice education director				X				
In-patient supervisor					X			
Outpatient supervisor					X			
Evening supervisor					X	X	X	X
Night supervisor					X		X	X
Director of Nursing Service					X		X	
Modifications for previous nursing experience								
Yes				X		X	X	X
No	X	X	X		X			
Exceptions made for home school of nursing graduates								
Yes	X		X					
No		X		X				

1

This table should be interpreted as follows: In Hospital A, 10 days are allowed for orienting new general duty nurses on the 7-3 shift.

TABLE VIII

HOSPITAL PERSONNEL IN CHARGE OF, ASSISTING OR PARTICIPATING IN
THE ORIENTATION PROGRAM FOR NEWLY EMPLOYED GENERAL DUTY NURSES
IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

	<u>Charge</u> Group				<u>Assisting</u> Group				<u>Participating</u> Group			
	A		B		A		B		A		B	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Hospital Administrator							3	100				
Director of Nursing	4	80	3	100	2	40						
Assistant Director of Nursing					3	60						
Secretary to Director of Nurses					2	40	2	66.6				
Instructor Orientor Inservice Education Director	1	20										
Clinical Instructor, R.N.	1	20										
Head Nurses					2	40			2	40	2	66.6
Staff Nurses					4	80			1	20	2	66.6
Day Supervisors					1	20	1	33.3	2	40		
Evening Supervisors					2	40			2	40	3	100
Night Supervisors					3	60			2	40	3	100
In-patient Supervisor					1	20						
Outpatient Supervisor					1	20						
Payroll Supervisor					2	40					1	33.3
Staff Doctors					1	20	2	66.6				
Medical Residents					1	20	1	33.3				
Chaplain					2	40						
Department Heads:												
X-ray					2	40	2	66.6				
Laboratory					1	20	1	33.3				
Physical Therapy					1	20	1	33.3				
Pathology					1	20			1	20		
Dietician							1	33.3	1	20		
Housekeeper							1	33.3				
Personnel					2	40			1	20		
Engineer and Maintenance							1	33.3	1	20		
Admitting					1	20	1	33.3	1	20		
Social Service							1	33.3				
Business Office							2	66.6	1	20		
Pharmacy									1	20		
Occupational Therapy							1	33.3				
Central Supply					1	20	1	33.3				

TABLE VIII (Concluded)

	Charge Group				Assisting Group				Participating Group			
	A		B		A		B		A		B	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Intravenous, Blood Bank									1	20		
Medical Records							1	33.3	1	20		
Public Relations												
Laundry												
TOTAL	6		3		36		23		18		11	

- (1) Explanation of policies, procedures and care of equipment 62.5%;
- (2) Direct supervision of the new nurse 50%; (3) Observation of the new nurse on the job 50%; (4) Tour of ward unit, personnel introductions 28%;
- (5) Indirect supervision of the new nurse 37.5%; (6) Guidance and direction 25%; and (7) Explanation of policies of all shifts 25%.

Inservice education director activities consisted of: (1) Tour of hospital, tour of ward unit; (2) Personnel introductions; (3) Explanations of ward policies, procedures and use of equipment; and (4) Direct supervision on the job all 12.5%. Clinical inservice instructor activities consisted of: (1) Orientation to ward unit; (2) Personnel introductions; (3) Conduction of classroom lectures and demonstrations; (4) Orientation to basic patient care; and (5) Tour of hospital all 12.5%.

Evening supervisor activities consisted of: (1) Indirect supervision and observation as needed 75%; (2) Tour of hospital; (3) Tour of ward unit; (4) Introduction to personnel; (5) Explanation of policies, procedures, and use of equipment; and (6) Direct observation all 12.5%.

Night supervisor activities consisted of: (1) Indirect supervision and observation as needed 62.5%; (2) Tour of ward 12.5%; (3) Explanation of policies, procedures, and use of equipment 12.5%; and (4) Direct observation 37.5%. In-patient supervisor activities consisted of: (1) Introduction to ward personnel, policies, and use of equipment; (2) Direct supervision of the new nurse on the job; and (3) Observation of the new nurse as needed all 12.5%.

Outpatient supervisor activities consisted of: (1) Introduction to ward personnel, policies, and use of equipment; and (2) Direct supervision of the new nurse on the job both 12.5%. A

summary of these nursing service personnel activities that are generally

assumed and directed by them may be seen in graphic representation for clarification in Table IX.

Question 36 asked the respondents if duplications of effort regarding activities and instruction occurred when the newly employed general duty nurse received instruction in conjunction with any existing teaching programs in the hospital. A unanimous negative reply (100%) was received from all eight directors. The three Group A hospitals (60%) having medical resident and intern teaching programs felt that the teaching done by these groups in ward conferences and clinics were concerned with specific individual nursing care plans, rather than initial orientation activities concerning learning procedures and use of equipment. The two Group A hospitals (40%) with inservice education programs both felt that inservice should be aimed at being patient-care centered; for example, needed learning of specific procedures, the problem of terminal care nursing and such as those that are based on nursing needs as requested by all personnel concerned with patient centered care. The remaining three Group B hospitals (100%) regrettably expressed having no resident or intern teaching programs.

To follow up the preceding questions, Question 37 asked if duplications of activities and instructions were considered as a waste of effort or as a process of reinforcement of learning for the newly employed general duty nurse. The opinions of all but one of the respondents (88%) reflected that duplications of activities and instructions were a reinforcement to learning. It was emphasized by these respondents that each hospital situation is different with so many specific details and variety that much of what is stressed may be forgotten unless

TABLE IX

NURSING SERVICE PERSONNEL ALLOCATION OF ORIENTATION ACTIVITIES
FOR NEWLY EMPLOYED GENERAL DUTY NURSES
IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Nursing Service Personnel	Frequency of Orientation Activities per Hospitals							
	1	2	3	4	5	6	7	8
Director of Nursing Service								
Personal interview and basic ¹ overview of hospital	-----							
Tour of hospital	-----							
Checks licensure, brief policy explanation	-----							
Introductions to hospital and ward personnel	-----							
Direct and indirect observation of new nurse	-----							
Guidance by referral	-----							
Day Supervisor								
Complete hospital tour	-----							
Tour of assigned ward, personnel introduction	-----							
Explanation of ward policies and use of equipment	-----							
Indirect supervision when needed	-----							
Head Nurse								
Tour of ward, personnel introduction	-----							
Explanation of policies, equipment and procedures	-----							
Direct supervision of new nurse	-----							
Guidance and direction	-----							
Explains policies of all three shifts	-----							
Evaluation of new nurse employee	-----							
Observation of new nurse	-----							
Indirect supervision of new nurse	-----							
Inservice Education Director								
Tour of hospital, ward unit	-----							
Personnel introductions	-----							

TABLE IX (Concluded)

Nursing Service Personnel	Frequency of Orientation Activities per Hospitals							
	1	2	3	4	5	6	7	8
Explains ward policies, equipment and procedures	—							
Direct supervision on the job	—							
Clinical inservice instructor								
Orientation to ward unit	—							
Personnel introductions	—							
Conducts classroom lectures and demonstrations	—							
Orientation to basic patient care	—							
Tour of hospital	—							
Evening Supervisor								
Tour of hospital	—							
Introduction to personnel	—							
Explanation of policies, equipment and procedures	—							
Direct observation	—							
Indirect observation	—							
Night Supervisor								
Tour of ward	—							
Introduction to ward and personnel	—							
Explanation of policies, equipment and procedures	—							
Direct observation	—							
Indirect observation	—							
In-patient Supervisor								
Direct supervision on the job	—							
Introduction to ward personnel, policies and equipment	—							
Observation of new nurse	—							
Outpatient Supervisor								
Direct supervision on the job	—							
Introduction to ward personnel, policies and equipment	—							
Observation of new nurse	—							

¹This table should be interpreted as follows: In the eight participating hospitals, all directors of nursing service assumed the responsibility for providing a personal interview and presentation of an overview of the hospital in the orientation activities.

repetition and duplication of specific details and basic principles and procedures are done. Hospital policies are all different and must be reinforced. One respondent indicated that in her opinion, many newly employed general duty nurses tend to take orientation activities for granted and hence, do not pay attention and forget much of what is told them soon, unless it is duplicated and repeated. It was also the opinion of another respondent that duplication and repetition is good when the newly employed nurse is expected to be working with complicated procedures and with patients with complex nursing care; there is confusion and too much is forgotten. The one respondent from a Group B hospital has the opinion that duplication and repetition of orientation activities tends to increase confusion and complicate simplicity.

Question 38 pertaining to finance and budget concerning orientation activities was necessarily included. Respondents were asked if, in their hospital and nursing administration, there was a budgetary appropriation for securing orientor personnel, physical facilities, equipment and supplies to be used for the orientation program of the general duty nurse. All eight directors (100%) unanimously answered in the negative. The policy is that the hospital administrator is instrumental in setting up a quota and budget for a specified number of general duty nurses to staff the hospital. When vacancies occur, new qualified nurses can be hired until the quota is filled. The budget allocation in general does not include enough to permit a director of nursing service to hire special inservice or other instructors for orientation purposes only. In one Group A hospital, all employees are hired under union management; there is a manager team consisting of the medical director, staff

director, and the director of nursing. In this instance, the entire manager team determines the number of nursing staff that can be hired. The director of this hospital has a view that encompasses adequate inservice education or other instructorship for orientation activities, but has been unable to persuade the manager team to increase the budget to permit hiring such nursing personnel. One director of the Group B hospitals has attained good rapport and cooperation from her hospital administrator. She stated that in her opinion the hospital necessarily needs a high quota of registered nurses per patient capacity in order to provide good patient care. The actual quota of registered nurses per patient capacity is high. This respondent also is of the opinion that trained instructors for orientation activities are not necessary.

Planned evaluation processes, concerning the broad concept of orientation activities, are necessary to determine the educational potentialities of the success or failure of the central objectives of the orientation program and all of its components. Questions 39, 40, and 41 asked the respondents three aspects pertinent to evaluation methods: (1) "Is the newly employed general duty nurse evaluated at frequent periodic intervals during her initial orientation?" (2) "What type of evaluation procedure is used for the newly employed general duty nurse during her initial orientation?" (3) "What procedure is used to enable the newly employed general duty nurse to evaluate the initial orientation she herself received?" The responses from all eight directors concerning the three questions were negative (100%) revealing that no evaluation processes have been developed to evaluate the newly employed nurse either once or periodically during the initial orientation.

Three directors of nursing service from Group A hospitals (60%) and one from Group B (33.3%) expressed concern and definite need for some such evaluation process. One Group A hospital presently evaluates newly employed nurses after three months and six months of employment; these evaluations being made out by the head nurse in charge of the ward unit. Another Group A hospital currently uses a three month evaluation report which is made out by the day supervisor; two questions here allow the nurse to answer if her initial orientation was either satisfactory or unsatisfactory, adequate or inadequate. Another Group A hospital has a tenure evaluation form made out at the end of a year employment; this being completed by the head nurse of the ward unit or the evening and night supervisors. All eight respondents (100%) indicated there is no planned procedure by which the newly employed staff nurse may evaluate her initial orientation after it is completed, except possibly by word of mouth.

Question 42 asked the directors of nursing service if "in your opinion, have previously employed general duty nurse personnel of the hospital received adequate orientations, which in turn, have fostered attitudes and behavior that give aid to the adjustment of other newly employed general duty nurses?" One Group A respondent (20%) and two Group B respondents (66.6%) answered in the positive. One director simply indicated that there had been no complaints of the present orientation plan; another indicated that in her position of director of nursing service, she personally knew all of her general duty nurse employees and that with a plenteous staff of registered nurse employees and highly individualized nursing care, this was a good indication of

the satisfactory orientation plans. Another director indicated that no complaints had been made and that she also knew all of her general duty nurses had been satisfied with their orientation and were enthusiastic about helping other newly employed general duty nurses make a happy adjustment. The five directors who responded in the negative (62.5%) gave these opinions: (1) supervision on the ward units was not close enough; many persons thought to be thoroughly oriented may have missed many important aspects; (2) supervisors and head nurses sometimes have not adequately accepted the responsibility for carrying out orientation plans; (3) orientation plans are scant and incomplete in many areas; (4) at least two to three weeks of intensive planned orientation is needed to help the new nurse adjust, get used to a new situation, personnel, and hospital procedures; time is too short under the present plan; and (5) the present registered nurse staff is not adequate enough to enable the presentation of an intensive orientation program that is needed.

A good orientation program for the newly employed general duty nurse should help in fostering mutual trust, communication and cooperation with the nursing service. In answer to Question 43, two Group A respondents (40%) and three Group B respondents (100%) were of the opinion that this is so because of the personal interest of the head nurses in the large hospitals and because of the close direct contact with the director with few in-between sources in the smaller hospitals. The three Group A directors of nursing responding in the negative (60%) were of this opinion because: (1) intradepartmental and interdepartmental communications are poor; (2) orientation plans are too impersonal,

rushed, and the general duty nurses do not get a good grasp on administrative offices and hospital philosophies; and (3) the line of distance is too far removed. Nurses do not get to meet the necessary hospital nursing and administrative personnel.

To follow-up the preceding opinions, Question 44 asked the directors of nursing "Have your orientation activities and methods of instruction encouraged newly employed nurses to express useful creativity and take the initiative in promoting new plans of patient care?" All respondents but one of Group B (88%) replied in the negative. The explanations for the negative opinions were as follows: (1) no inservice programs to follow-through; (2) not enough variety of different methods of instruction or activities; (3) new nurses are expected to carry too heavy a patient load too soon; also no inservice program to stimulate individuality and creativity; and (4) lack of any inservice. The one positive opinion from a Group B director was because the head nurses welcomed new ideas, work plans and creativity; they help to promote and encourage these ideas in every new nurse.

Question 45 asked the respondents "Does your orientation program for the newly employed general duty nurse provide information concerning counseling and guidance facilities?" In this area a distinct difference appeared between Group A and Group B hospitals. Group A hospitals (100%) did not provide any information or mention this area to newly employed nurses. The responsibility for this is left up to the head nurses except in extreme circumstances. Group B hospitals (100%) put emphasis on the open door policy for both the director of nursing and the hospital administrator. All new nurse employees were encouraged to make use of

and participate with either of these persons for all types of problems, dissents and needed guidance. The directors of Group B hospitals felt a direct concern for the newly employed nurses' personal needs and preferred not to rely upon in-between sources to give guidance and counseling. A summary of orientation attitude characteristics may be found in Table X.

It was anticipated that enlightening comments could be made concerning the views encompassed by each director of nursing service regarding the present general and specific strengths and weaknesses of the present orientation programs for newly employed general duty nurses. A group of extremely diverse and variant responses were made regarding both aspects of these questions. In answer to Question 46, the opinions of the strengths of the various programs appears to center around such points as: (1) consistency with outlined orientation plans and activities; (2) direct assigned supervised learning on the job; and, (3) meeting newly employed general duty nurse's individual needs. In answer to Question 47, the opinions of the weaknesses of present programs, in most instances, appear to outweigh the opinions of the strong points and center around such areas as: (1) Orientation plans and activities too short; (2) orientation plans and activities not intensive enough to meet the newly employed general duty nurse's needs; (3) no written or planned orientation program; (4) lack of evaluation procedures; and, (5) lack of planned inservice programs. Because of such diversity, the responses can best be noted if in a table form. Present orientation program strengths may be seen in Table XI and present orientation weaknesses in Table XII.

TABLE X

CHARACTERISTIC ATTITUDES CONCERNING PRESENT ORIENTATION
PROGRAMS FOR NEWLY EMPLOYED GENERAL DUTY NURSES IN
EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Orientation Program Characteristics	Hospital							
	A	B	C	D	E	F	G	H
Previously employed general duty nurses have had adequate orientations which in turn, have fostered attitudes and behavior that give aid to the adjustment of other newly employed general duty nurses.								
Yes	X					X		X
No		X	X	X	X		X	
Does the present orientation program for the newly employed general duty nurse help in fostering mutual trust, communication and cooperation with the nursing service?								
Yes	X		X			X	X	X
No		X		X	X			
Have the present orientation activities and methods of instruction encouraged newly employed general duty nurses to express useful creativity and take the initiative in promoting new plans of patient care?								
Yes								X
No	X	X	X	X	X	X	X	
Does the present orientation program for the newly employed general duty nurse provide information concerning counseling and guidance facilities?								
Yes						X	X	X
No	X	X	X	X	X			

TABLE XII

OPINIONS OF PRESENT WEAKNESSES OF EIGHT HOSPITAL ORIENTATION
PROGRAMS FOR NEWLY EMPLOYED GENERAL DUTY NURSES IN
EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Characteristic Weaknesses	Hospital							
	A	B	C	D	E	F	G	H
None	X							
Lack of coordination and direct supervision		X						
Orientation plans too short; not thorough enough			X					
No planned evaluation methods			X					
Clinical instructor may be giving three day orientation along with non-professional orientation program			X					
Young head nurses do not make wise ward assignments or give good supervision during three day orientation			X					
Newly employed general duty nurses do not get to meet all nurse administrative personnel				X				
Need a more intensive orientation program				X				
Need more intensive supervision on the wards				X				
Need more help from administrative offices				X				
School of nursing needs to be explained to new general duty nurse employees				X				
Would prefer at least 2-3 weeks of initial orientation and supervised practice					X			
No planned orientation or inservice program					X			

Question 48 asked the respondents to sum up the organization, implementation and evaluation of the orientation activities planned for newly employed general duty nurses as to how they interrelated the steps, sequences and phases of the planned orientation programs. Because none of the hospitals were concerned with pre-employment information or evaluation processes, the steps, sequences and phases used, horizoned on the broad activities presented. One Group A and two Group B respondents (37.5%) stated there was no interrelation at all; such being left up to the discretion of individual head nurses and supervisors. The five remaining respondents (62.5%) all presented a similar basic pattern consisting of the following steps in sequence: (1) Interview with director of nursing service; (2) Tour and orientation to nursing unit; (3) Tour of entire hospital; (4) Explanation and orientation to basic patient care on the individual ward units; and, (5) Assigned supervised nursing practice or assignment to treatment nurse duties or direct assignment as medicine nurse and charge nurse.

Part II of the interview guide consisted of a check-list of orientation areas, activities, tools and methods of instruction used to execute these activities. This check-list for the orientation program for general duty nurses followed a suggested content outline for a typical orientation program compiled by Mary Annice Miller plus activities that were suggested during the pilot study interviews. The order of listing of the activities was not necessarily the recommended order for the giving of information, because many of the activities were anticipated to vary with the length of the newly employed general duty nurse's orientation, the unit to which she was assigned, and the nursing

service personnel responsible for presenting and executing the program.

The content of orientation activities was divided into five broad area categories as follows:

1. General Information: Pre-employment information, hiring of the new employee, and explanation of orientation program.

2. Orientation to the Hospital: History of the hospital; organization of the hospital; purposes and functions, interdepartmental and intradepartmental communications; role of other city hospitals; hospital policies; personnel services; salaries; health program; safety program; hospital resources; residence policies; special programs; community resources; key personnel; and, responsibilities of employee to the hospital.

3. Orientation to the Nursing Department: Organization of the nursing department; nursing personnel; nursing policies; special procedures; nursing resources; and, performance evaluations.

4. Orientation to the Assigned Nursing Unit: Physical facilities; assigned unit personnel; ward routines; responsibilities of the new nurse; and, nursing personnel giving the new nurse assistance.

5. Orientation to the Nursing Team: Overview and philosophy of effective team planning; nursing team assignments, conferences, nursing plans; and, responsibilities and functions of each team member.

Sixteen areas of instruction and devices for presenting these orientation activities were derived from various sources of the nursing literature. These have been recommended and used satisfactorily for different types of orientation programs. Hospitals who have experimented and put some of these methods of instruction to work have found their

orientation programs enhanced because they have added interest and increased learning in the new hospital situation. The tools and methods of instruction included: assigned supervised practice, audio-visual aids, bulletin boards, demonstrations, discussions, individual conferences, group conferences, inservice education programs, personal interview, classroom lectures, observation, policy manuals and procedure books, preceptor "Big Sister", return demonstration, tours and ward conferences. The participants in the study were asked to relate which tools or methods of instruction were used for each of the orientation activities listed as used in the typical orientation plan for the newly employed general duty nurse. Three tools and methods of instruction-- audio-visual aids, inservice education programs and return demonstrations --were not used for presenting any orientation activities according to the responses of the participants; therefore, the calculated percentage of instructional methods used for presenting the orientation activities listed is based on a total of thirteen tools and methods actually used. Refer to Appendix D for the interview guide and Appendix F for a tabulation of the responses.

Part I, general information under pre-employment and hiring information obtained responses for ten of twenty-one items or 48%; these were: explanation of type of hospital, hospital brochures, license policy, salary, ward set-ups, educational opportunities, orientation activities, orientation schedule, objectives of the orientation plan and a tour of the entire hospital. Of the thirteen methods of instruction in common usage, four or 30% were utilized by the eight participating institutions. These included discussions, individual conferences,

personal interviews and tours. Group A hospitals used the four mentioned methods, Group B used only the personal interview and tours. The predominant method of instruction was the personal interview. Orientation activities checked most frequently per number of times were explanation of the type of hospital, explanation of license policy, explanation of salary and explanation of orientation activities. Orientation activities checked least frequently included explanation of hospital brochure, explanation of hospital ward set-ups, explanation of educational opportunities and objectives of the orientation plan. Eleven items or 52% were given no responses.

Part II, under the heading of orientation to the hospital obtained responses for twenty or 49% of the orientation items. These were: history of the hospital, type, governing body; purposes and functions of different departments; administrative structure, philosophies and purposes; description of medical staff; explanation of departmental relationships; explanation of other city hospitals; hospital policies such as uniforms, meals, coffee breaks; complete salary policies; health program; safety program; resources, manuals, library; inservice education program; intern-resident program; community resources; key hospital personnel; and, responsibility of the employee to the hospital. Of the thirteen tools and methods of instruction, twelve or 92% were utilized by the eight participating institutions. The one method exclusively not used was the observation method. There was a large dispersion with no seeming predominance of tools or methods of instruction used. Group A hospitals utilized 69% or all but four methods of instruction which were assigned supervised practice, observation,

preceptor and ward conference methods. Group B hospitals utilized 54% or seven methods of instruction. The tools and methods of instruction not used for orientation activities by Group B hospitals included: assigned supervised practice, bulletin boards, demonstrations, group conferences, individual conferences and observation methods. The personal interview was used most frequently by both groups though not predominantly. Discussions, tours, policy manuals and preceptor methods were used next most frequently. Orientation activities checked most frequently per number of times were purposes and functions of different departments, explanation of departmental relationships, hospital policies such as uniforms, meals, coffee breaks, safety program and complete salary policies. Orientation activities checked least frequently included history of the hospital, administrative structure, philosophies and purposes of the hospital, description of the medical staff, explanation of other city hospitals, health program, inservice education program, intern-resident program, key hospital personnel and responsibility of the employee to the hospital. Twenty-one or 51% of some major and sub-items of orientation activities were given no responses.

Part III, orientation to the nursing department, obtained responses for twenty-one or 74% of the orientation activity items. These were: job description of personnel; interdepartment and intradepartmental relationships; naming of key personnel; function of licensed practical nurses, aides, orderlies and ward secretaries; assignment to services and hours of work; special and general uniform regulations; locker and rest rooms; medical staff tours and rounds; ward manual, procedure book and hospital library resources; performance evaluation; and, inservice

education program. Group A hospitals used 86% of all tools and methods excepting only classroom lectures and preceptor instruction. Group B hospitals utilized 69% of all tools and methods of instruction excepting bulletin boards, individual conference, classroom lectures and ward conference instruction. The dispersion of methods of instruction for these orientation activities was scattered but fell heaviest among discussions, group conferences, individual conferences, personal interviews and preceptor methods. The personal interview was again the predominant method of instruction. Orientation activities checked most frequently per number of times of instruction were interdepartmental and intradepartmental relationships, functions of licensed practical nurses, aides, orderlies, special nursing procedures, ward manual resources, policy manual and procedure book resources. Orientation activities checked least frequently included job description of personnel, naming of key nursing personnel, duties of ward secretary, assignment to services, hours of work, uniform regulations, locker and rest room facilities, medical staff tours and rounds, performance evaluation and inservice education programs. Nine or 26% of the orientation activities received no response pertaining to method of instruction used.

Part IV, orientation to the assigned nursing unit, obtained responses for forty-five or 89% of the orientation activity items. These were: physical layout of hospital unit and bed numbering; location of routine equipment and supplies, care of equipment and supplies; location of resource and emergency materials; assignment methods, days off and relief duty; posting and checking of doctors

verbal and standing orders; routine charting, use of kardex and addressograph; routing supply notices; fire equipment and call system; medications and narcotics; intravenous policies; introduction to ward personnel, medical staff and lines of authority; ward routines, day, evening and night; ward conferences; responsibility of the new nurse to head nurse, patients, doctors, new nursing procedures, student practical nurse program, medical student program, aides, licensed practical nurses and orderlies, and inservice education attendance; nursing personnel giving assistance such as head nurse, supervisor, inservice education director, inservice clinical instructor and "buddy system" staff nurses.

Group A hospitals used 93% of the tools and methods of instruction for the orientation activities; not used was the preceptor "big-sister" instruction. Group B hospitals used 93% of the tools and methods of instruction for the orientation activities; not used was the classroom lecture. Again the dispersion of methods of instruction for these orientation activities was widely scattered, but the demonstration and discussion methods were predominant; the three other tools and methods of instruction utilized most were assigned supervised practice, policy manual and procedure books, and the tours. Orientation activities checked most frequently per number of times were: physical layout of nursing unit, location of supplies, location of resource materials and emergency equipment, assignment methods, posting doctors' orders, checking charts, routine of verbal orders, use of kardex, routing supply requests, medications and narcotics, ward routines, day, evening and night, responsibility of new nurse for new nursing procedures,

nursing personnel giving assistance such as head nurse, supervisor and inservice education director. Orientation activities checked least frequently included: location of routine equipment, care of equipment and supplies, days off and relief duty, procedure for standing orders, use of addressograph, use of notices, use of call system and fire extinguishers, intravenous policies, introduction to ward personnel and medical staff and lines of authority, ward conferences, responsibility of new nurse to head nurse, patients, doctors, student practical nurse program, medical student program, aides, licensed practical nurses, orderlies and for inservice education attendance. Five or 11% of the orientation activities received no response pertaining to the tool or method of instruction used.

Part V, orientation to the nursing team, obtained responses for eight or 88% of the orientation activity items. These were: philosophy of the nursing plan; functional nursing plan; team nursing plan; assignment with team leader, responsibility of team members, supervised guidance as team leader, nursing care plans and nursing team conferences. Group A and B hospitals both utilized six or 46% of the tools and methods of instruction. Group A hospitals did not use demonstrations, individual conferences, personal interviews, classroom lectures, preceptor or tours as methods of orientation. Group B hospitals did not use bulletin boards, demonstrations, group conferences, personal interviews, classroom lectures, policy manual procedures book or tours as methods of instruction. The predominant method of instruction for the nursing team orientation activities was the discussion method; ward conferences, policy manuals and procedures books were utilized next

most frequently. The orientation activities checked most frequently per number of times were philosophy of the nursing plan, the functional nursing plan and the responsibility of team nursing members. Orientation activities checked least frequently included the team nursing plan, assignment to work with team leader, supervised guidance as team leader, nursing care plans and nursing team conferences. Two Group A and one Group B hospitals (37.5%) utilized the team nursing plan whereas the other five hospitals (62.5%) presently utilize a functional nursing care plan. One or 12% of the activities under this heading which received no responses pertaining to the method of instruction used was the instruction and orientation for reporting and channeling patient care information.

The orientation activity items checked most frequently per number of times per method of instruction and those checked least frequently have been previously cited. It has also been mentioned that many of the orientation activities and sub-activity items received no responses as to the tool or method of instruction used for presenting these activities. The orientation areas and the activities under these areas that received no responses from the participants follows:

I. General Information, Pre-employment and Hiring Information

- Explanation of type of hospital patients
- Explanation or brochure of community setting
- Explanation of hospital malpractice policies and insurance
- Explanation of evaluation of the new nurse employee
- Housing arrangements
- Assistance with baby sitting facilities
- Explanation of transportation facilities available
- Defining the status of a registered nurse in a teaching hospital

II. Orientation to the Hospital

Public relations development of the hospital and community
 Purposes and functions of specialty departments such as medical records, social service, blood bank, pathology department and housekeeping department
 Explanation of name tags, fire prevention and fire drills, mass disaster plans under safety program
 Explanation of hospital parking facilities and regulations
 Explanation of social agencies, social services and recreational opportunities under community resources
 Explanation or discussion of professional organizations
 Explanation or discussion of suggestion box
 Explanation or discussion of nursing education office and functions
 Philosophy of student nurse, practical nurse teaching programs
 Explanation of student nurse, practical nurse curriculum
 Explanation of role of student nurse clinical instructors
 Explanation of responsibilities to student nursing programs
 Discussion of hospital board, chiefs of staff, hospital administrator and assistants

III. Orientation to the Nursing Department

Philosophies, purposes and goals of the organization of the nursing department
 Explanation of the functions of the key nursing personnel
 Explanation of functions of volunteer workers
 Explanation of patient referrals to special agencies
 Explanation of the functions of the local special agencies
 Explanation of employer evaluation of performance of the new nurse employee
 Explanation of the role that both the hospital and the new nurse employee contribute the initial orientation program presented

IV. Orientation to the Assigned Nursing Unit

Introductions to the patients when the new nurse initially arrives on the ward
 Explanation of scheduled or unscheduled ward meetings or ward conferences
 Explanation or demonstration of keeping records
 Explanation or discussion of the student nurse program

V. Orientation to the Nursing Team

Methods and tools for reporting and channeling patient care information

Concerning these mentioned orientation activities, the participants could not be sure if any of this information was given; how it was given or who would give it. In some instances, some of this information would be given by the participants if the newly employed nurse specifically would ask for it; otherwise it was not presented by any tool or method of instruction. Based on percentage Group A hospitals used more tools and methods of instruction than did Group B hospitals for presenting different orientation activities. Table XIII represents a histogram of the five broad orientation areas and the frequencies for which the thirteen tools and methods of instruction were used for the orientation activities presented.

The nursing literature was further searched for tools and methods of instruction that have been used in conjunction with enhancing the presentation of orientation activities for the newly employed general duty nurse. Part III of the interview guide consisted of a list of nineteen tools and methods of instruction listed as follows:

Information packets

Classroom lectures

Tour of assigned working unit

Policy manuals - procedure books

Periodic and terminal evaluation during and after initial orientation

Special orientor instruction

Ward classes and conferences

Use of specially equipped orientation unit

General supervised practice

Orientation check-list
Group discussion and problem-solving conferences
Initial interview with Director of Nursing Service
Audio-visual learning situations
Demonstrations - return demonstrations
Preceptor - "Big Sister"
Individual discussion and problem-solving conferences
Tour of entire hospital and related facilities
Assignment to work under another staff nurse with supervision
Promotion of ward libraries, hospital library

The participants were asked to rank consecutively the nineteen tools and methods of instruction in two different ways. The first time, they were asked to rank only the tools and methods of instruction they actually used in accordance with the importance of use in the present hospital plans for the orientation program for the general duty nurse. The second time, the participants were asked to rank consecutively all nineteen of the methods of instruction according to their importance as they could be utilized in an optimum orientation program as described in the literature. Both times, the participants were asked to check each ranked item with a value rating using the descriptive key of (1) highly essential, (2) necessary, (3) appropriate, (4) not essential, and (5) not applicable. Refer to Appendix E for the interview guide and Appendix G for the tabulation of individual hospital rank orders and assigned value ratings.

When the participants ranked consecutively the tools and methods of instruction pertaining to their importance of use as they are actually

being utilized, four were not given any rank; considered not being used: audio-visual learning situations, special orientor instruction, use of specially equipped orientation unit and periodic and terminal evaluation of the initial orientation program. 100% of the participants ranked general supervised practice, tour of assigned working unit, initial interview with director of nursing service and tour of entire hospital and related facilities. 88% ranked policy manuals, procedure books and assignment to work with another staff nurse under supervision; 75% ranked individual discussion and problem-solving conferences; 62.5% ranked demonstrations; 25% ranked ward classes and conferences, promotion of ward libraries, information packets and brochures, and classroom lectures; and 12.5% ranked group discussion and problem-solving conferences, orientation check-list and preceptor "big sister" methods.

Comments were made by several Group A hospitals concerning methods of instruction that were not ranked. One participant related that group conferences for newly employed general duty nurses were more pertinent to clearing up points of dissention rather than for any orientation learning experiences. Two participants felt that a person with the training to be a special orientor instructor could be utilized in a more important nursing service position other than for orientation purposes. One participant stated that in her opinion, all "preceptor" associations fall naturally and that there is no need for these to be promoted or assigned among other general duty nurse personnel. One participant is of the opinion that staff nurses do not have time to guide or supervise the newly employed general duty nurse except for small routine questions and answers. Three participants are of the

opinion that a specially equipped orientation unit resembles a nursing arts lab and that the assigned nursing unit is the best place to learn hospital procedures and policies.

Group B hospital participants also had some comments to make concerning certain orientation activity instructional methods. One participant expressed definite opinion concerning orientor instructors whereas she stated that it would be impossible for an orientor instructor to be an expert concerning every department and nursing ward of the hospital; thereby necessitating the continuous use of head nurses, department heads and supervisors to fill in large gaps. One participant expressed an opinion stating that the newly employed general duty nurse cannot objectively evaluate the initial orientation program because of the newness of the situation, therefore it would be of little value.

Table XIV presents the average rank order and range of rank of orientation tools and methods of instruction--ranked as they are actually used in present orientation programs. The table also depicts the frequency of assigned value ratings for each method of instruction by both Group A and B hospitals.

It is noted that the demonstration method was ranked as being used by four Group A hospitals and one Group B hospital, range of rank being from four to ten. The demonstration method of instruction was one that received no response for being used under Part II of the interview guide concerning orientation areas and activities presented and methods of instruction used.

Group A hospitals assigned the following value ratings to the ranked tools and methods of instruction: Initial interview with the

TABLE XIV

AVERAGE RANK ORDER OF ORIENTATION METHODS OF INSTRUCTION AS THEY ARE ACTUALLY USED
 IN PRESENT ORIENTATION PROGRAMS FOR NEWLY EMPLOYED GENERAL DUTY NURSES
 IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Orientation Methods of Instruction	Average Rank Order	Range of Rank	Frequency of Assigned Value Ratings																	
			A					B												
			1	2	3	4	5	1	2	3	4	5								
Initial interview with Director of Nursing Service	1.9	1-4	3	2							3									
Tour of entire hospital and related facilities	3.5	2-7	3	1	1						2	1								
Assignment to work with another staff nurse	3.7	2-8	2	1	1						2	1								
Tour of assigned working unit	3.8	1-8	3	2							1	2								
General supervised practice	4.3	1-7	2	3							2	2	1							
Policy manuals and procedure books	5.3	3-7	2	1	1						2									
Orientation check-list	6	6		1																
Preceptor -- "Big sister"	6	6																		
Individual discussion -- Problem-solving	6.3	3-11		2	2															
Information packets, brochures	6.5	6-7			1	1														
Demonstrations	6.8	4-10		2	2															
Ward classes and conferences	8.5	8-9		2																

director of nursing; tour of entire hospital and related facilities; assignment to work with another staff nurse under supervision; and tour of assigned working unit were considered highly essential eight times and necessary four times. General supervised practice; policy manuals - procedure books; orientation check-list; preceptor "big sister"; individual discussion and problem-solving; information packets, brochures; and demonstrations were considered necessary eight times and appropriate three times.

The participants next ranked consecutively all nineteen tools and methods of instruction according to use if they could be incorporated in an optimum orientation program as described in the literature. Table XV presents the average rank order, range of rank and frequency of assigned value ratings for the nineteen methods of instruction by both Group A and B hospitals. Group A hospitals assigned not essential value ratings twelve times to information packets, brochures; special orientor instructor; special orientation unit; preceptor "big sister"; orientation check-lists; and promotion of ward and hospital libraries. Group B hospitals assigned not essential value ratings eleven times to general supervised practice; periodic and terminal evaluation; classroom lectures; information packets and brochures; special instructor orientor; special orientation unit; preceptor "big sister"; and orientation check-lists.

A rank order correlation was done between the first nine ranked tools and methods of instruction that directors of nursing service would perceive for use in an optimum orientation program and the nine most ranked tools and methods of instruction that directors of nursing service

TABLE XV

AVERAGE RANK ORDER OF ORIENTATION METHODS OF INSTRUCTION THAT DIRECTORS OF NURSING SERVICE WOULD PERCEIVE TO USE IN AN OPTIMUM ORIENTATION PROGRAM FOR NEWLY EMPLOYED GENERAL DUTY NURSES IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

Orientation Methods of Instruction	Average Rank Order	Range of Rank	Frequency of Assigned Value Ratings									
			A					B				
			1	2	3	4	5	1	2	3	4	5
Initial interview with Director of Nursing	2.4	1-8	4	1					2			1
Tour of entire hospital and related facilities	3.5	2-8	5					2	1			
Tour of assigned working unit	3.5	2-5	5					3				
General supervised practice	5.8	1-11	2	3				2				1
Assignment to work with graduate nurse	5.8	2-10	3	1	1			1		2		
Individual discussion -- Problem-solving	8	4-10-	2	3				1	2			
Periodic and terminal evaluation	8.8	4-19	1	3	1			1	1	1		1
Policy manuals and procedure books	9.4	4-14	1	4				1	2			
Group discussion and problem solving	10	7-15	1	3	1			1	1	1		
Demonstrations	10.5	4-14		3	2			1	1	1		
Ward classes and conferences	11	6-16	1	1	3				1	2		
Classroom lectures	12.2	7-16		1	4					2	1	
Audio-visual learning	12.5	8-16		1	4				1	1	2	

TABLE IV (Continued)

Orientation Methods of Instruction	Average Rank Order	Range of Rank	Frequency of Assigned Value Ratings																		
			A					B													
			1	2	3	4	5	1	2	3	4	5									
Information packets and brochures	13.1	7-15		1	3	1															
Special instructor orientor	13.6	1-19	2			3						1									
Special orientation unit	14.6	3-18	1	1		3						1									
Preceptor -- "Big sister"	14.6	7-19			2	3						1	1								
Orientation check-lists	15.2	5-18	1		3	1						1									
Promotion of ward libraries	15.6	12-19	1	3	1							1									

are actually using. This was done because all participants ranked all nineteen tools and methods of instruction they would like to use and 75% of the participants ranked at least eight to nine tools and methods of instruction that they are actually using. This was done to see if a prediction of agreement could be made concerning orientation methods of instruction on the basis of what they would like to use as compared with the methods of instruction they are actually using. Table XVI presents the rank order correlation which resulted in an extremely low r' of 0.081 indicating a very low correlation and that no prediction can be made on the basis of comparing orientation activity methods of instruction actually being used and those perceived to be used in an optimum orientation program by the eight participants in the study.

A comparison of the ranked methods of instruction actually being used and those ranked as perceived to be used in an optimum orientation program shows that the eight participants (100%) ranked the initial interview with the director of nursing service, the tour of the entire hospital and related facilities, tour of assigned working unit, and general supervised practice. Assignment to work with another graduate nurse under supervision was ranked by four Group A hospitals and the three Group B hospitals (88%). Individual discussion and problem-solving conferences were ranked by four Group A hospitals and two Group B hospitals (75%). Periodic and terminal evaluation of the employee during the orientation program was not ranked by any of the eight participants as actually being used, yet received rankings of 4, 5, 5, 6, 6, 11, 14, 19 as perceived in an optimum orientation program. Use of policy manuals and procedure books was ranked by all but one Group B

TABLE XVI

RANK ORDER CORRELATION OF REIENTATION METHODS OF INSTRUCTION ACTUALLY BEING USED AND THOSE PERCEIVED FOR UTILIZATION IN AN OPTIMUM PROGRAM FOR NEWLY EMPLOYED GENERAL DUTY NURSES IN EIGHT SELECTED GENERAL HOSPITALS IN OREGON

	Rank Order of Orientation Methods Visualized For Use In An Optimum Program	Rank Order Of Orientation Methods Of Instruction Actually Used	D	D ²
Initial interview with Director of Nurses	2.4	1.9	0.5	0.25
Tour of entire hospital and related facilities	3.5	3.5	0.0	0.0
Tour of assigned working unit	3.5	3.8	0.3	0.09
General supervised practice	5.8	4.3	1.5	2.25
Assignment to work with another graduate nurse	5.8	3.7	2.1	4.41
Individual discussion and problem solving	8.0	6.3	1.7	2.89
Periodic and terminal evaluation	8.8	0.0	8.8	77.44
Policy manuals and procedure books	9.4	5.3	4.1	16.81
Ward classes and conferences	11.0	8.5	2.5	6.25
			TOTAL D ²	110.39
			$r' = 0.081$	*

*P > .10 Not Significant

participant (88%). Ward classes and conferences were ranked by only two Group A participants (25%), whereas in an optimum orientation program these were ranked 6, 8, 10, 10, 11, 11, 16, 16 with the average being at mid-point 11. Classroom lectures in an optimum program received the ranks of 7, 11, 12, 12, 12, 14, 14, 16 with a rank average of 12.2 compared to the actual ranking of 8 and 10 by two Group A participants (25%). Audio-visual learning situations, not ranked by any participants in the actual situation received an average rank of 12.5 in the optimum perceived rank. Special orientor instruction, not ranked by any participants in the actual situation, received ranks of 1, 3, 14, 18, 18, 18, 18, 19 as perceived in the optimum rank. It appears that evaluation methods, ward classes and conferences, classroom lectures and audio-visual learning situations are ranked as important to use in the optimum orientation program and yet presently, are not used at all or very little as actual methods of instruction.

An analysis of the data obtained by this study presented several findings. The findings are described similar to the same sequence as the question items appeared in the interview guide.

1. In general, the director of nursing service is responsible for providing pre-employment information by personal interview or correspondence; the responsibility for interviewing and hiring of the general duty nurse has a range of diversity from the director of nursing service to the personnel administrator and personnel assistants.

2. One Group A hospital (12.5%) has a written formal orientation program; the other hospitals use unwritten informal plans of orientation activities mainly utilizing supervision on the job by supervisors, head

nurses and graduate registered nurses.

3. Directors of nursing service conceive the concept of initial or continuous orientation as remaining separate from inservice as a whole; only two Group A hospitals have planned inservice programs, but the emphasis on inservice is directed toward the needs of non-professional personnel.

4. Orientation planning among hospitals is inconsistent. Over-all results show an apparent lack of organized orientation committee formation; an exclusion of head nurse and graduate nurse participation; lack of special advisers or other nursing education personnel contributing as participants or bring in new educational practices. In the majority of situations, the director of nursing service is usually directly responsible for the organization and implementation of the orientation program without the cooperative support of the hospital administrator, advisory or planning committees. There are no planned supervisor, head nurse and staff nurse meetings held, nor any specific methods such as questionnaires or pilot study reports used to stimulate interest in providing orientation programs with a good foundation.

5. There is no coordination of services of all who participate in the orientation activities. Group evaluation meetings inviting suggestions and criticisms are not held; informative bulletins or special reports are not used; orientation activities are not promoted during planned or irregular inservice meetings; and persons such as supervisors actively participating are not relieved of other duties while performing in the orientation program.

6. The orientation and learning needs of the newly employed

general duty nurse are generally determined by an employment survey of potential capabilities of the nurse based on expressed needs.

7. The eight directors of nursing service have formulated no criteria for evaluating the present orientation programs or plans of activity.

8. There is extreme variance and divergence concerning the length of time considered necessary for the new general duty nurse to become oriented to a new nursing situation; it is indicative that orientation has a different connotation concerning material and human need to every nursing director.

a. The trend is to hire and put to work newly employed nurses whenever they are available. Two Group A hospitals have scheduled days of the week for beginning orientation.

b. Length of orientation varies from one day, two days, three days, four to five days, six to eight days, one week, two weeks and up to two to three months.

c. It was indicated that there are no problems concerning new evening and night, permanent and part-time, personnel because they all complete orientation on the day shift. There was no indication of what evidence is employed to determine that there are no problems.

d. Different orientation plans are not made for graduates from diploma or baccalaureate degree nursing schools; nor is it anticipated for graduates from Associate of Arts degree schools despite the abbreviated nursing practice that characterizes the curriculum in those schools.

e. Modifications are made in both Group A and B hospitals for individual nursing experience and personal maturity.

9. There are no budgetary appropriations as such that may be used for orientation purposes as far as hiring instructors, obtaining classroom facilities or securing simple equipment.

10. There are no evaluation processes or tools in use. None have been developed to evaluate the newly employed general duty nurse either once or periodically during the initial orientation. No evaluation processes or tools have been developed to allow the new nurse to evaluate her orientation; nor are there any tools to evaluate the effectiveness of the program itself. The directors of nursing service have no concrete evidence to substantiate if previously employed general duty nurses have received adequate orientations other than lack of complaints or word of mouth.

11. Five participants (62.5%) were of the opinion that the personal interest of head nurses in large hospitals and the direct contact with the director of nurses in small hospitals has fostered mutual trust, cooperation and communication with the nursing office. The other participants (37.5%) expressed negative opinions on the basis that intra-departmental and interdepartmental communications are poor, orientation plans are too impersonal and rushed, and that the line of distance is too far removed for adequate contact.

12. Seven out of eight participants (88%) are of the opinion that present orientation activities do not encourage useful creativity and initiative in promoting new plans for patient care because (1) there is poor inservice or lack of inservice programs to follow-through,

(2) irregular inservice is haphazard, (3) there is not enough variety of different methods of instruction or activity, and (4) new nurses were expected to carry too heavy a patient load too soon.

13. Group A participants (100%) did not provide any information concerning needed counseling and guidance services whatsoever. Group B participants (100%) highly emphasized the open door policy with the director of nursing service and the hospital administrator in all instances.

14. The opinions of strengths of the various orientation plans centered around such points as: (1) consistency of orientation plans and activities, (2) direct assigned supervision and learning on the job, and (3) meeting the newly employed general duty nurse's individual needs.

15. The opinions of weaknesses outweigh the strengths and centered around such areas as: (1) orientation plans and activities are too short and not intensive enough to meet individual needs, (2) no written or planned orientation program, (3) lack of evaluation processes and tools, and (4) lack of planned inservice programs.

16. The interrelated steps comprising orientation plans were absent in one Group A and two Group B hospitals (37.5%); the remaining five (62.5%) presented a stereotyped similar pattern consisting of: (1) initial interview with director of nursing service, (2) tour of the nursing unit, (3) tour of the hospital, (4) orientation to basic patient care, and (5) assigned supervised nursing practice.

17. Regarding the orientation areas and the activities included under these areas in the typical hospital orientation plan, Group A hospitals presented more activities and were using more tools and

methods of instruction than were Group B hospitals. Orientation activities not included by any specific method of instruction by either Group A or B hospitals were: explanation of the type of hospital patients; community setting, housing, transportation and baby sitting facilities; evaluation processes and tools; public relations development of the hospital and community; purposes and functions of some special department; social agencies, social services and referral policies; discussions of local professional organizations; discussions and explanation of hospital board, administration, chiefs of staff and assistants. Peculiar to Group A hospitals, orientation activities not covered were: defining the status of a registered nurse in a teaching hospital; explanation and discussion of the nursing education office; explanation of the student nurse program, clinical instructors role, student nurse curriculum or the new nurse's responsibility to the student nurse program.

18. A low rank order correlation indicates that the participants of the study do perceive the importance of the tools and methods of instruction actually being used to present orientation activities as different than they would perceive to utilize in an optimum orientation program described from the literature. Four of the recommended methods of instruction were not utilized in any of the eight hospitals. A comparison of ranked importance showed that some tools and methods of instruction considered very important, such as evaluation methods, ward classes, conferences, classroom lectures and audio-visual aids were not being used, while other methods such as orientation check-lists and information packets, not considered as being very important were being used.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has been undertaken in an attempt to determine what opinions are held by the directors of nursing service in eight selected general hospitals in Oregon regarding the existing practices of organization, planning, implementation, and evaluation of orientation activities for the newly employed general duty nurse. An effort has been made to determine if these opinions concerning orientation activities can be substantiated by actual existing practices as described in the literature.

The hypothesis upon which this study was based is that there are identifiable and varied differences and emphases found in the extent and application of orientation activities for the general duty nurse. The differences exist: (1) in the activities considered essential in hospitals with and without a nursing education program; (2) in the types of activities for newly employed nurses on different shifts and tours of duty; and, (3) in the opinions of the directors of nursing service as to how they perceive the value of the activities and methods of instruction actually being used as compared with optimum orientation activities described in the literature.

This study was further concerned with determining (1) what administrative personnel were responsible for the organization, planning, implementation and evaluation of orientation activities for general duty nurses; (2) what activities comprise the orientation program; (3) whether

different orientation activities were related to certain hospital characteristics particularly to those with nursing education programs and those without; (4) how directors of nursing service perceived the value of orientation activities and methods of instruction actually being used from those they would perceive to utilize in an optimum orientation activities program described in the literature; and, (5) how the facilities and provisions for the orientation activities used are different from or comparable to those described in the literature by a selected group of authors in the field of nursing.

This problem has importance because:

1. Findings uncovered by several nursing studies focus upon many inadequacies that seemingly exist in the orientation activities for the newly employed general duty nurse.
2. The many scientific advancements in medical care and complexity of hospital equipment make it essential that each hospital situation be clearly defined and clearly presented for each newly employed general duty nurse.
3. Identification of the weaknesses and strengths of existing orientation programs may be helpful in upgrading the quality of patient care and the educational potential of hospital nursing service programs.

This study was limited to the opinions of eight directors of nursing service assuming that they would give valid responses to questions pertaining to the activities used to orient the newly employed general duty nurse and assuming that some type of orientation program was being undertaken in each of the eight hospitals, that authentic and verifiable data could be obtained. The study was made in eight general

hospitals having over one hundred bed capacity: From such limited information widespread generalizations and definite conclusions cannot be made.

Regarding the purposes of this study, the following findings are pertinent to the planning, administration, organization, implementation and evaluation of orientation activities: (1) the director of nursing service is usually responsible for the interviewing, hiring, determining of orientation needs of each newly employed general duty nurse and for the organization and planning of orientation programs; (2) one out of eight hospitals has reduced to writing the orientation plan; orientation planning is varied among hospitals with lack of group participation and committee planning; (3) directors of nursing service expressed that they conceive initial or continuous orientation as separate from inservice education programs directed mainly for non-professional personnel; (4) in all eight hospitals there are formulated no criteria for evaluating the present orientation program and plans of activity; there are no evaluation processes or tools for the new nurse to use to evaluate her orientation; (5) there is considerable variance concerning the length of time considered necessary for the new general duty nurse to become oriented; this varies from one day to three months; (6) there are no budgetary appropriations as such that may be used for orientation purposes; (7) a majority of the participants expressed that lack of inservice and/or poor inservice education programs, poor intradepartmental and interdepartmental communications and lack of variety for different methods of instruction for activities made orientation plans too impersonal and rushed and did not encourage useful creativity and

initiative on the part of the new nurse employee; (8) the opinions expressed that the weaknesses of present orientation programs outweigh the strengths.

Pertinent to the determination of what activities comprise the orientation program are the following findings: (1) the actual orientation areas and activities presented by the participating hospitals lag considerably from recommendations described in the literature; (2) it was indicated by the participants that there were no problems concerning orienting newly employed nurses on different shifts and tours of duty, however, there was no indication of what evidence is employed to determine that there are no problems; 3-11 and 11-7 nurses in Group B hospitals may or may not receive a similar orientation to those on the 7-3 shift; nurses employed for specialty departments may receive extended time for orientation; and, modifications are made in both Group A and B hospitals for individual nursing experience and personal maturity; (3) none of the participants included an explanation of the type of hospital, hospital board or hospital administration in their orientation program; and, (4) Group A hospitals provided no orientation concerning defining the status of a registered nurse in a teaching hospital; explanation of the nursing education department; explanation of the student nurse program, clinical instructors' role, student nurse curriculum or the new nurse's responsibility to the student nurse program.

Regarding the determination of whether different orientation activities were related to hospital characteristics, particularly to those with nursing education programs and those without, the following findings

have importance. Specifically, compared to hospitals without a nursing education program, the five hospitals with one or more nursing education programs: (1) presented evidence that one hospital had a planned and written orientation program; (2) utilized more personnel to assist with and participate in the presentation of orientation activities; (3) provided more depth and emphasis in the orientation areas by implementing a larger variety of activities; and, (4) utilized more tools and methods of instruction to present activities. In contrast, the three hospitals without nursing education programs, did not have any planned or written orientation programs, but did highly emphasize counseling and guidance facilities.

Another finding of importance to the purpose of this study relates to a low rank order correlation concerning orientation tools and methods of instruction indicating that the participants perceived the importance of the tools and methods of instruction actually being used to present orientation activities as different than those they would utilize in an optimum orientation program described in the literature. The statistical compilation indicated that there was considerable disagreement in the responses concerning the values of certain tools and methods of instruction. Paradoxically, some who placed high rank and value on evaluations, conferences, classroom lectures, ward classes and audio-visual aids revealed that the methods of instruction were not being employed in that setting; the reverse was also noted; other methods such as orientation check-lists and information packets, rated as having low value were being utilized.

This study has determined that the actual orientation areas and

activities presented lag considerably from those recommended by selected authors as described in the literature and that the tools and methods of instruction consist of a stereotyped similar pattern omitting several educationally sound progressive learning methods of instruction.

Conclusions

1. The data obtained appear to support the hypothesis leading to evidence reflecting: (1) Differences in hospitals with and without nursing education programs as to nursing personnel assisting with and participating in the orientation and inservice education programs; (2) Differences in the expressed opinions of the individual directors of nursing as to what connotes an adequate orientation program regarding extent and intensity for different shifts and tours of duty; and, (3) Identifiable areas of disagreement between the perceived values of different tools and methods of instruction actually being used to present orientation activities compared with those described in the literature.

2. It has been difficult for directors of nursing service to initiate some guiding principles concerning orientation planning that would be effective in promoting committees and individual nursing staff participation for the promotion of sound, written and well-defined orientation programs for the general duty nurse.

3. Inadequate communication processes between the director of nursing service, supervisors, head nurses and graduate staff nurses participating in and assisting with the orientation program indicate lack of coordination resulting in the exclusion of many useful areas and activities from the orientation program.

4. Lack of evaluation processes and tools for orientation programs for the newly employed general duty nurse indicate a lack of research done on evaluation techniques within the participating hospitals inhibiting accomplishment in meeting orientation goals, increasing or changing orientation resources, and changing or employing new educational concepts.

5. A written, planned orientation program for the general duty nurse is considered separate from prevailing or anticipated inservice programs rather than being conceived as an initial and ongoing educational process to be incorporated into a planned inservice program.

6. Actual practices in orienting newly employed general duty nurses in the eight participating institutions lag considerably from the recommendations made in the literature during the past two decades.

Recommendations for Further Study

That tools be devised which can be utilized effectively in appraising the existing orientation programs and, which in turn, might be employed to identify improvements in the quality of patient care.

That the interview guide used in this study be refined and that a similar study be conducted using a larger sample of participants or be utilized for a study in rural hospitals or nursing homes.

That a similar type of study be conducted using head nurses and supervisors as participants since they are directly involved with presenting the majority of orientation activities.

That a study be made of the special orientation needs of the Associate of Arts degree graduate nurse in recognition of the fact that a sizeable number of nursing programs leading to such a degree have been

developed in the western area and in anticipation that these graduates will soon be seeking employment in Oregon.

That the newly employed general duty nurses be queried regarding the effectiveness of their orientation to their present employment.

BIBLIOGRAPHY

1. Bailey, Norman O. "Why Do They Leave? Why Care?" The Modern Hospital. 68:3:83-85, March, 1947.
2. Barrett, Jean. Ward Management and Teaching. Appleton-Century-Crofts, Inc., New York, 1949.
3. Benson, Margaret E. "Meeting the Shortage of Nurses." The American Journal of Nursing. 41:12:1376-1378, December, 1941.
4. Berke, Mark. "Sympathetic Understanding--A Key to Administrator-Staff Relations." Hospitals. 27:4:62-64, April, 1953.
5. Best, John W. Research in Education. Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1959.
6. Boekelheide, Bertha Louise. Inservice Education for Professional Staff Nurses in Rural Hospitals in South Dakota. Unpublished Master's Thesis, Graduate School of the University of Colorado, Department of Nursing, 1958.
7. Brenner, Genevieve Martin. "Clinical Orientation Pays Dividends." The American Journal of Nursing. 52:8:1004, August, 1952.
8. Canton, Coyla. "Hospital Staff Nursing." The American Journal of Nursing. 40:5:523-526, May, 1940.
9. Cohn, Marilyn R. and McCrary, Martha E. Job Satisfaction in Staff Nursing. Research project, Frances Payne Bolton School of Nursing, Western Reserve University, June, 1952.
10. Committee of the American Hospital Association and the National League for Nursing Education. Hospital Nursing Service Manual. Livingston Press, Livingston, New York, 1950.
11. Davis, Ellen L. "Decatur and Macon County Hospitals' Intensive, All-Employee Training Programs." Hospital Topics. 38:9:20-25, September, 1960.
12. Denniston, Margaret J. "Good Nursing Starts at the Top." The Modern Hospital. 77:6:75-76, December, 1951.
13. Diamond, Lorraine K. and Fox, David J. "Turnover Among Hospital Staff Nurses." Nursing Outlook. 6:7:388-391, July, 1958.
14. Farrell, Marie. "The Personal Interview in Selecting Personnel." The American Journal of Nursing. 40:3:303-308, March, 1940.

BIBLIOGRAPHY (Continued)

15. Fleck, Katherine. Opinions of Staff Nurses and Senior Students Regarding In-Service Education Programs for Graduate Nurses in Hospitals. Unpublished Master's Thesis, Western Reserve University, Frances Payne Bolton, School of Nursing, Cleveland, 1951.
16. Gerard, R. W. "Achieve Better Employee Relations with Modern Personnel Practices." Hospital Topics. 38:11:41-43, November, 1960.
17. Good, Carter V., Barr, A. S., and Seates, Douglas. The Methodology of Educational Research. Appleton-Century-Crofts, Inc., New York, 1941.
18. Greenley, R. J. and Mapel, E. B. "The Trained Executive: A Profile." The Development of Executive Talent. Edited by M. Joseph Docher and Vivienne Marquis. New York: American Management Association, Inc., 1952.
19. Hall, Beatrice. "Reducing Employee Turnover." The Canadian Nurse. 45:2:120-124, February, 1949.
20. Hampton, Peter J. "An Introduction to Job Description." The American Journal of Nursing. 47:6:411-413, June, 1947.
21. Holtzhausen, Erna A. "Nursing Service in a Teaching Hospital." The American Journal of Nursing. 46:8:551-554, August, 1946.
22. Hunter, Beatrice M. "Importance of Orientation Programs for New Employees." The Canadian Nurse. 44:11:917-919, November, 1948.
23. Imperiale, Marie. "Meeting the Challenge." Nursing Outlook. 8:11:640-643, November, 1960.
24. Kurtz, Gertrude. "Nurse Guide--A New Approach to Staff Orientation." The American Journal of Nursing. 58:11:1564-1565, November, 1958.
25. Levine, Eugene. "Turnover Among Nursing Personnel in General Hospitals." Hospitals. 31:9:80-82, September, 1957.
26. Loucks, Phyllis M. The Training Function in Nursing Service. Master's Thesis. School of Government, The George Washington University, The League Exchange No. 10. Published by The National League for Nursing, New York, N. Y., 1956.

BIBLIOGRAPHY (Continued)

27. Miller, Julia. "Making the Position Worthy of the Worker." The American Journal of Nursing. 40:5:525-526, May, 1940.
28. Miller, Mary Annice. Inservice Education for Hospital Nursing Personnel. Published by the Department of Hospital Nursing, National League for Nursing, New York, N.Y., 1958.
29. Norian, Edward H. "Personnel Policies." Hospital Progress. 51:3:81-84, March, 1960.
30. O'Boyle, Myrtle. A Study of Practices in Orienting Staff Nurses. Master's Thesis. Graduate School, University of Washington, The League Exchange No. 15. Published by The National League for Nursing, New York, N. Y., 1956.
31. Outline of the Orientation Program for New Nurses. Neuropsychiatric Hospital, Veterans Administration Center, Los Angeles, California, June, 1952.
32. Perrodin, Cecilia M. Supervision of Nursing Service Personnel. The MacMillan Company, New York, 1957.
33. Pigors, Paul and Myers, Charles A. Personnel Administration. 3rd Edition. McGraw-Hill Book Company, Inc., New York, 1956.
34. Plan for the Orientation of Professional Nurses. University of Illinois, Research and Educational Hospitals, Department of Nursing. Revised in 1958.
35. Poole, Druscilla, Instructor. In-Service Education Department, University of Utopia Hospital, Mama U.S.A.. Class project, School of Nursing, University of Minnesota, The League Exchange No. 11. Published by The National League for Nursing, New York, N. Y., 1956.
36. Poole, Druscilla R. "In-Service Education Reaches a Milestone." The American Journal of Nursing. 53:12:1456-1459, December, 1953.
37. Recthlisberger, F. J. and Dickson, William J. Management and the Worker. Cambridge, Harvard University Press, 1949.
38. Rummel, J. Francis. An Introduction to Research Procedures in Education. Harper and Brothers, New York, 1958.

BIBLIOGRAPHY (Concluded)

39. Selfridge, Jannette M. "A Manual of Standards Helps in Orientation." The American Journal of Nursing. 45:7:555-556, July, 1945.
40. Taylor, Anna M. "A Staff Nurse Program." The American Journal of Nursing. 40:2:137-145, February, 1940.
41. Thomas, Lois. Group Interaction in the Nursing Service. Master's Field Study. Graduate College of the State University of Iowa, August, 1955.
42. Weber, Helen. "Aspects of Job Satisfaction Through Orientation and In-Service Programs." Hospital Progress. 37:12:62-64, December, 1956.
43. Wolf, Lulu K. Nursing. Appleton-Century Co., Inc., New York, 1947.
44. Yeomans, George E. "The Induction of New Factory Employees." Personnel. 19:7:391, July, 1942.
45. Young, Florence G. and Kezar, Vera R. "Make the New Nurse Welcome." The Modern Hospital. 77:4:72, October, 1951.

APPENDIX A

August 8, 1961

Director of Nursing Service

Hospital
Portland, Oregon

Dear _____:

In partial fulfillment of requirements for a Master of Science degree from the University of Oregon, I am conducting a study in selected general hospitals to determine what orientation activities are considered essential for the newly employed staff nurse. It is anticipated that this study will be helpful to the participants and may be useful to others in establishing new programs or modifying those in existence. The findings will be made available at the University of Oregon Medical School Library, Portland, Oregon.

Would you participate in this study by granting the writer a personal interview of approximately one and one-half hours? A postcard is enclosed for your convenience in indicating a time for the interview.

Since no particular hospital program will be identified in this study, your anonymity is assured. Thank you for your assistance.

Yours truly,

Dorothy Elhart

APPENDIX B

UNIVERSITY OF OREGON SCHOOL OF NURSING
3181 S.W. Sam Jackson Park Road
Portland 1, Oregon

August 8, 1961

Dear Director of Nursing Service:

Enclosed you will find a communication from Dorothy Elhart, who is undertaking, in partial fulfillment of the requirements for a Master of Science degree, a study of orientation programs. We hope you will be willing to participate in this study. It will involve arranging with Miss Elhart a mutually satisfactory time for an interview. We believe the information obtained in this study may have significance.

Miss Elhart and I wish to express our appreciation for your consideration of this matter.

Yours sincerely,

Lucile Gregerson
Associate Professor
Teaching and Supervision Programs

LG:lh

Enclosure

APPENDIX C

A STUDY OF ORIENTATION ACTIVITIES FOR GENERAL DUTY NURSES
IN EIGHT SELECTED GENERAL HOSPITALS IN OREGONPatterned Interview Guide

Part I

Planning, Administration, Organization and Evaluation
of Orientation Activities for General Duty Nurses

A. General Information

1. Which of the following applies to this hospital?

General hospital without practical nurse students,
baccalaureate Degree, Diploma or Associate of
Arts Degree nursing students.

General hospital associated with baccalaureate
degree nursing students.

Nursing Student Body Membership _____

General hospital with diploma nursing school
students.

Nursing Student Body Membership _____

General hospital with Associate of Arts degree
nursing students.

Nursing student Membership _____

General hospital with practical nurse students.

Practical nurse student rotation _____

2. What is the bed capacity of this hospital? _____

APPENDIX C (Continued)

3. What are the specialty departments in this hospital?

Operating room

Obstetrics and maternity

Outpatient

Emergency department

Psychiatric unit

Pediatrics

Other

4. Approximately how many general duty nurses are employed in this institution? _____

5. What is the approximate number of new general duty nurses hired monthly? _____

6. Approximately what is the yearly turnover rate among general duty nurses in this institution? _____

7. Who is responsible for providing pre-employment information requested by potential new general duty nurses?

Director of Nursing Service

Assistant Director of Nursing Service

Secretary, office of Nursing Service

Personnel Administrator

Personnel Assistant

Other

APPENDIX C (Continued)

8. Who is responsible for interviewing and hiring the new general duty nurse?

Director of Nursing Service

Assistant Director of Nursing Service

Personnel Administrator

Personnel Assistant

Other

APPENDIX C (Continued)

B. Planning, Administration, Organization and Evaluation

- 1. Do you have a specific orientation program for the newly employed general duty nurse? Yes No

If not, please explain under what auspices her orientation program is presented.

- 2. How long have you had an orientation program for newly employed general duty nurses? _____

- 3. Is the program in the pilot study or modification stage? Yes No

Explain _____

- 4. Is the program firmly rooted and in definite use? Yes No

- 5. Do you have a written outline of your orientation program? Yes No

If yes, may a copy of the program be made available for use in this study?

Yes No

APPENDIX C (Continued)

6. Who participates or participated in planning your orientation program?

Orientation Committee Chairman _____

Orientation Committee Recording Secretary _____

Nursing Service Administration members _____

Hospital Administration members _____

Personnel Department members _____

Graduate General Duty Nurses _____

Advisers and Consultants _____

Others _____

APPENDIX C (Continued)

7. To what person or persons is the overall responsibility for the organization and implementation of the orientation program assigned?

Hospital Administrator

Advisory Committee

Planning Committee

Director of Nursing Service

In-service Education Coordinator

Other (Specify) _____

8. How do you stimulate the interest and cooperation of your hospital head nurses, supervisors, and graduate nurses in the orientation of the newly employed general duty nurse?

(Questionnaires
Pilot Study Reports)

9. How do you insure the coordination of services of all who participate and assist in the orientation activities of the general duty nurse?

(Meetings
Bulletins
Special Reports)

APPENDIX C (Continued)

10. How are the orientation and learning needs of the general duty nurse determined?

A pre-employment survey of potential new general duty personnel on expressed needs.

By evaluation findings received from new personnel who have completed the orientation program.

Other _____

11. Do the persons who participate in the planning and execution of the orientation program also evaluate the program? Yes No

Other _____

12. Specifically, what is the central objective of your orientation program or plans for the newly employed general duty nurse?
- _____
- _____
- _____
- _____
- _____
- _____

APPENDIX C (Continued)

13. How is the organized and functional relationship of your orientation program or plans for general duty nurses related to your in-service education program?

Orientation program/plans organized and presented separately.

In-service education program is planned to follow-through.

Orientation program/plans and in-service program organized separately but contain duplicating activities.

Orientation program and in-service organized together, closely knit.

14. Are the persons organizing and executing the orientation program likewise responsible for the in-service education program? Yes No

15. Are new general duty nurses scheduled to begin employment on a designated day of the week? Yes No

Group Basis

Individual Basis

Day _____

16. Are newly employed general duty nurses scheduled to begin employment on a designated day or date of the month? Yes No

Group Basis

Individual Basis

Day _____

Date _____

APPENDIX C (Continued)

17. What is the orientation plan for newly employed general duty nurses who will be working as part-time employees?

Part-time Day Shift _____

Part-time Evening Shift _____

Part-time Night Shift _____

Part-time Float Shift _____

18. Is there a designated orientation unit to which newly employed general duty nurses are assigned for their orientation?

Yes No

Describe _____

19. Are newly employed general duty nurses with previous nursing experience given the same orientation as inexperienced nurses?

Yes No

If not, what modifications? _____

APPENDIX C (Continued)

20. Are general duty nurses, hired to work in hospital specialty departments such as operating room, obstetrics and emergency surgery, given the same orientation program/plan as all other newly employed general duty nurses? Yes No

If not, how does the program differ? _____

21. Is the orientation program for general duty nurses who graduated from diploma programs different from that planned from graduates of degree programs? Yes No

If so, what are the differences? _____

22. Will the orientation for general duty nurses who have graduated from the Associate of Arts degree program differ from the orientation of graduates from diploma or baccalaureate degree programs? Yes No

Explain _____

23. Are general duty nurses hired for 7-3, 3-11, 11-7 and part-time shifts given identical orientation activities? Yes No

If not, what adjustments are made? _____

APPENDIX C (Continued)

24. Are newly employed general duty nurses all given supervised nursing practice on the day shift before being assigned to evening, night, part-time and float duty?

Yes No

If not, explain _____

25. How long are 7-3 shift newly employed general duty nurses given supervised practice on the job before they are expected to assume permanent duties on the ward unit assigned?

$\frac{1}{2}$ hour

1 hour

2-3 hours

4-5 hours

6-7 hours

8-9 hours

2-3 days

4-5 days

1 week

2 weeks

3 weeks

4 weeks

Other _____

APPENDIX C (Continued)

26. How long are 3-11 shift newly employed general duty nurses given supervised practice on the job before they are expected to assume permanent duties on the ward unit assigned?

$\frac{1}{2}$ hour

1 hour

2-3 hours

4-5 hours

6-7 hours

8-9 hours

2-3 days

4-5 days

1 week

2 weeks

3 weeks

4 weeks

Other _____

APPENDIX C (Continued)

27. How long are 11-7 shift newly employed general duty nurses given supervised practice on the job before they are expected to assume permanent duties on the ward unit assigned?

$\frac{1}{2}$ hour

1 hour

2-3 hours

4-5 hours

6-7 hours

8-9 hours

2-3 days

4-5 days

1 week

2 weeks

3 weeks

4 weeks

Other _____

APPENDIX C (Continued)

28. How long are newly employed part-time and float general duty nurses on any shift given supervised practice on the job before being expected to assume permanent duties on the ward unit assigned?

	Part-time Shift	Float Shift
$\frac{1}{2}$ hour	<input type="checkbox"/>	<input type="checkbox"/>
1 hour	<input type="checkbox"/>	<input type="checkbox"/>
2-3 hours	<input type="checkbox"/>	<input type="checkbox"/>
4-5 hours	<input type="checkbox"/>	<input type="checkbox"/>
6-7 hours	<input type="checkbox"/>	<input type="checkbox"/>
8-9 hours	<input type="checkbox"/>	<input type="checkbox"/>
2-3 days	<input type="checkbox"/>	<input type="checkbox"/>
4-5 days	<input type="checkbox"/>	<input type="checkbox"/>
1 week	<input type="checkbox"/>	<input type="checkbox"/>
2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
4 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C (Continued)

29. What personnel are in charge of, assist with, or participate in your orientation program for the general duty nurse?

	Charge	Assist	Participate
Hospital Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors of Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Director of Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary to Director of Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor Orientor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department Heads			
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C (Continued)

Department Heads (continued)	Charge	Assist	Participate
Engineer and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. What general orientation activities does the Director of Nursing Service assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

31. What general orientation activities does the Day Supervisor assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

32. What general orientation activities does the Head Nurse assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

APPENDIX C (Continued)

33. What general orientation activities does the Evening Supervisor assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

34. What general orientation activities does the Night Supervisor assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

35. What general orientation activities do other nursing service personnel such as Instructor orientor, In-service Education Director or others assume and direct?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

36. Do duplications of effort in activities and instruction occur when the newly employed general duty nurse receives instruction in conjunction with any existing teaching programs in the hospital?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Explain _____

APPENDIX C (Continued)

37. Do duplications of activities and instruction waste effort or can they be considered as reinforcements of learning to the new nurse? Yes No

Wasted effort _____

Why _____

Reinforcements to learning _____

Why _____

38. Is there a budgetary appropriation for securing orientor personnel, physical facilities, equipment and supplies to be used in the orientation of the program? Yes No

If not _____

39. Is the new general duty nurse evaluated at frequent periodic intervals during her initial orientation? Yes No

Explain _____

40. What type of evaluation procedure is used for the newly employed general duty nurse during her initial orientation?

Explain _____

41. What evaluation tool or procedure is used to enable the newly employed general duty nurse to evaluate her initial orientation?

Explain _____

APPENDIX C (Continued)

42. In your opinion, have previously employed general duty nurse personnel of this hospital received adequate orientations which in turn have fostered attitudes and behavior that give aid to the adjustment of the newly employed general duty nurse? Yes No

If yes, explain _____

43. Has this orientation program for general duty nurses helped in fostering mutual trust, communication and cooperation with the nursing service? Yes No

Explain _____

44. Does your orientation program for the newly employed general duty nurse provide information concerning counseling and guidance facilities? Yes No

Explain _____

45. Have your orientation activities and methods of instruction encouraged the new nurse to express useful creativity and take the initiative in promoting new plans for patient care? Yes No

46. What are the present strengths of your orientation program for newly employed general duty nurses?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

APPENDIX C (Concluded)

47. What are the present weaknesses of your orientation program for newly employed general duty nurses?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

48. How do you interrelate the steps, sequences and phases of your planned orientation program?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____

APPENDIX D (Continued)

Methods and Tools of Instruction Used for Activities Presented

Interviewer and Interviewee
Combined Check-List

Ward Conferences	
Tours	
Return Demonstrations	
Preceptor "Big Sister"	
Policy Manual	
Procedure Book	
Observation	
Classroom Lecture	
Personal Interview	
Inservice Education Program	
Individual Conference	
Group Conference	
Discussion	
Demonstration	
Bulletin Boards	
Audio-Visual Aids	
Assigned Supervised Practice	
Orientation Areas and Specific Orientation Activities	<p>Salary (continued)</p> <ul style="list-style-type: none"> e. Holidays f. Vacations g. Leaves of absence h. Pay day i. Health insurance j. Retirement plan k. Illness - reporting sick call
	<p><u>E. Health Program</u></p> <ul style="list-style-type: none"> Physical examinations Health record Employee services when ill
	<p><u>F. Safety Program</u></p> <ul style="list-style-type: none"> Name tags Infection committee Fire prevention

APPENDIX D (Continued)

Interviewer and Interviewee Combined Check-List Methods and Tools of Instruction Used for Activities Presented

Orientation Areas and Specific Orientation Activities	Ward Conferences								
	Tours								
	Return Demonstrations								
	Preceptor "Big Sister"								
	Policy Manual								
	Procedure Book								
	Observation								
	Classroom								
	Lecture								
	Personal Interview								
	Inservice Education Program								
	Individual Conference								
	Group Conference								
	Discussion								
	Demonstration								
	Bulletin Boards								
	Audio-Visual Aids								
Assigned Supervised Practice									
L. Responsibilities of Employee to Hospital Reporting accidents Suggestion box Respecting privacy of information Grapevine _____ _____									

APPENDIX E

PART III, INTERVIEW GUIDE

Consecutively rank the following methods of instruction pertaining to your hospital orientation program for general duty staff nurses. Rank only the ones you actually use in accordance with its importance of use.

Next, check each ranked item with the value you assign it using the descriptive key. If items considered not essential or not applicable, state reason on next page.

- KEY
1. Highly essential
 2. Necessary
 3. Appropriate
 4. Not essential
 5. Not applicable

	1	2	3	4	5
___ Information packets					
___ Lectures					
___ Tour of assigned working unit					
___ Policy manuals and procedure books					
___ Periodic and terminal evaluation during and after initial orientation					
___ Special orientor instruction					
___ Ward classes and clinics					
___ Use of specially equipped orientation unit					
___ General supervised practice					
___ Orientation check-list					
___ Group discussion and problem-solving conferences					
___ Initial interview with Director of Nursing Service					
___ Audio-visual learning situations					
___ Demonstrations - return demonstrations					
___ Preceptor - "Big sister"					
___ Individual discussion and problem-solving conferences					
___ Tour of entire hospital and related facilities					
___ Assignment to work under another staff nurse with guidance					
___ Promotion of ward libraries, hospital library					

APPENDIX E (Continued)

PART III, INTERVIEW GUIDE

Consecutively rank all of the following methods of instruction according to their importance as they could be used in an optimum orientation program for general duty staff nurses with provision of sufficient time, personnel and budgetary appropriation.

Next, check each ranked item with the value you would assign it using the descriptive key.

- KEY
1. Highly essential
 2. Necessary
 3. Appropriate
 4. Not essential
 5. Not applicable

	1	2	3	4	5
Information packets					
Lectures					
Tour of assigned working unit					
Policy manuals and procedure books					
Periodic and terminal evaluation during and after initial orientation					
Special orientor instruction					
Ward classes and clinics					
Use of specially equipped orientation unit					
General supervised practice					
Orientation check-list					
Group discussion and problem-solving conferences					
Initial interview with Director of Nursing Service					
Audio-Visual learning situations					
Demonstrations - return demonstrations					
Preceptor - "Big sister"					
Individual discussion and problem-solving conferences					
Tour of entire hospital and related facilities					
Assignment to work under another staff nurse with guidance					
Promotion of ward libraries, hospital library					

APPENDIX F (Continued)

Orientation Areas and Activities	* A B		Total number of different tools and methods of instruction used
	A	B	
Objectives of orientation plan			2
Explanation of orientation schedule			3
Finding out employee's expressed needs			2
Total number of times activity checked **			
Observation			
Assigned supervised practice			
Bulletin Boards			
Demonstrations			
Discussion			
Group conference			
Individual Conference			
Personal Interview			
Lecture			
Policy manual Procedure book			
Preceptor Big sister			
Tours			
Ward conferences			
			18

This tabulation should be interpreted as follows:

- * A - Hospital with nursing education program
- B - Hospital without nursing education program

** Total number of times activity checked--responses for each hospital if activity presented and tool or method of instruction used

*** Total number of different tools and methods of instruction used for all participating hospitals for each activity

APPENDIX F (Continued)

Orientation Areas and Activities	* A B		Total number of different tools and methods of instruction used
	A	B	
III. Orientation to Nursing Department			
Organization of nursing department			2
Administration of nursing department			4
Lines of authority			5
Job description of personnel			3
Interdepartmental relationships			4
Intradepartmental relationships			4
Naming key nursing personnel			3
Functions of licensed practical nurses			5
Functions of aides			5
Functions of orderly			5
Duties of ward secretary			2
Assignment to services			2
Hours of work			2
Observation			
Assigned supervised practice			
Bulletin boards			
Demonstrations			
Discussion			
Group conference			
Individual conference			
Personal interview			
Lecture			
Policy manual			
Procedure book			
Preceptor Big sister			
Tours			
Ward conferences			

APPENDIX F (Continued)

Orientation Areas and Activities	Total number of different tools and methods of instruction used		
	A	B	
Duty uniform regulations Special uniform regulations Locker rooms Rest rooms Medical staff tours, rounds Special nursing procedures Ward manual resources Procedure book resources Hospital library resources Performance evaluation Inservice education program	* A B		
	Observation	1	3
	Assigned supervised practice	1	3
	Bulletin boards	1	2
	Demonstration	2 1	3 1
	Discussion	1	1 2 2
	Group conference	1	1
	Individual conference	2	2
	Personal interview	2 1 1	2 1 3
	Lecture		5
	Policy manual Procedure book		3
	Preceptor Big sister	1 1 1 1	1 1 1 1
	Tours		1 1 2 1
	Ward conferences		1
		3	3 4 1 3 7 4 4 3 3 3

APPENDIX F (Continued)

Orientation Areas and Activities	*		*		*		*		*		*		*		*		*		*		Total number of different tools and methods of instruction used
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Observation	2	3	3	1	3	8	3	13	13	1	12	29	30	6	3	17	5	5	3	3	84
Assigned supervised practice	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Bulletin boards	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Demonstrations	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Discussion	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Group conference	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Individual conference	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Personal interview	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Lecture	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Policy manual Procedure book	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Preceptor Big sister	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Tours	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Ward conferences	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	

Total number of times activity checked **

This tabulation should be interpreted as follows:

- * A - Hospital with nursing education program
- B - Hospital without nursing education program

** Total number of times activity checked--responses for each hospital if activity presented and tool or method of instruction used

*** Total number of different tools and methods of instruction used for all participating hospitals for each activity

APPENDIX F (Continued)

Orientation Areas and Activities	* A		B		Total number of different tools and methods of instruction used
	A	B	A	B	
Routing supply requests					6
Notices	1	1			4
Fire extinguishers	1	1			3
Call system	1	1	4	1	3
Medications and narcotics	1	1			3
Intravenous policies	1	1	2	1	8
Introduction to ward personnel	1	1	3	1	2
Introduction to medical staff	1	1			2
Lines of authority					3
Ward routines					3
Day					7
Evening					7
Night					7
Ward conferences					2
Responsibility of new nurse					4
To head nurse					4
To patients					4
To doctors					4
Observation					
Assigned supervised practice					
Bulletin boards					
Demonstrations					
Discussion					
Group conference					
Individual conference					
Personal interview					
Lecture					
Policy manual					
Procedure book					
Preceptor					
Big sister					
Tours					
Ward conferences					

APPENDIX F (Continued)

Orientation Areas and Activities	Observation		Assigned supervised practice		Bulletin boards		Demonstrations		Discussion		Group conference		Individual conference		Personal interview		Lecture		Policy manual Procedure book		Preceptor Big sister		Tours		Ward conferences		Total number of different tools and methods of instruction used
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B			
Responsibility of new nurse (continued)																											
To new nursing procedures		2	1																								4
To student, practical nurse programs							1																				1
To medical student program							1																				2
To aides, licensed practical nurses, orderlies							3	2																			2
For inservice education attendance											1																2
Nursing personnel giving assistance																											7
Head nurse	2	2	3				2	1	2			2		2													5
Supervisor	2	1	2	1			1	1	1			1		1													7
Inservice education director	1																										5
Inservice clinical instructor																											7
"Buddy System" staff nurses																											5

APPENDIX F (Continued)

Orientation Areas and Activities	*		A		B		Total number of different tools and methods of instruction used
	A	B	A	B	A	B	
Observation	8	6	16	23	13	7	158
Assigned supervised practice							
Bulletin boards							
Demonstrations							
Discussion							
Group conference							
Individual conference							
Personal interview							
Lecture							
Policy manual Procedure book							
Preceptor Big sister							
Tours							
Ward conferences							
Total number of times activity checked **							

This tabulation should be interpreted as follows:

- * A - Hospital with nursing education program
- B - Hospital without nursing education program

** Total number of times activity checked--responses for each hospital if activity presented and tool or method of instruction used

*** Total number of different tools and methods of instruction used for all participating hospitals for each activity

APPENDIX F (Concluded)

Orientation Areas and Activities	Observation		Assigned supervised practice		Bulletin boards		Demonstrations		Discussion		Group conference		Individual conference		Personal interview		Lecture		Policy manual Procedure book		Preceptor Big sister		Tours		Ward conferences		Total number of different tools and methods of instruction used
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
V. Orientation to Nursing Team	1	1							1	2	1																6
Philosophy of nursing plan	1								1	1																	5
Functional nursing plan									1	2	2																3
Team nursing plan																											2
Assignment with team leader																											5
Responsibility of team members																											1
Supervised guidance as team leader																											1
Nursing care plans																											2
Nursing team conferences																											1
Total number of times activity checked **	3	5	4	1					7	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	4	25

This tabulation should be interpreted as follows:

- * A - Hospital with nursing education program B - Hospital without nursing education program
- ** Total number of times activity checked--responses for each hospital if activity presented and tool or method of instruction used
- *** Total number of different tools and methods of instruction used for all participating hospitals for each activity

APPENDIX G

TABULATION SUMMARY OF INTERVIEW GUIDE, PART III
 RANK ORDERS AND SCALE RATINGS OF TOOLS AND METHODS
 OF INSTRUCTION ACTUALLY USED IN PRESENT ORIENTATION ACTIVITIES

Hospital Methods of Actual Instruction	H o s p i t a l														
	A					B					C				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
General supervised practice	1	4	1	7	5	7	5	5	2	3					
Tour of assigned working unit	2	8	6	2	1	3	6	3	3	2					
Policy manuals and procedure book	3	5	5	4	7	6	7		2	1	1				
Initial interview with Director of Nursing	4	1	4	1	2	1	1	1	3	2					
Tour of entire hospital and related facilities	5	2	7	3	3	4	2	2	3	1	1				
Individual discussion-- Problem-solving	6	11	3	5		5		8		2	2				
Demonstrations	7	7	10		6		4			2	2				
Ward classes and conferences	8		9							2					
Promotion of ward libraries, hospital library	9		11							1	1				

APPENDIX G (Continued)

Hospital Methods of Actual Instruction	Hospital												
	A					B							
	A	B	C	D	E	F	G	H	1	2	3	4	5
Assignment to work with another staff nurse	3	2	8	4	2	3	4	2	1	1	2	1	1
Information packets, brochure	6						7			1		1	
Group discussion-- Problem-solving	9								1				
Classroom lectures	10	8							1	1			
Orientation check-list			6						1				
Preceptor--"Big sister"							6					1	

APPENDIX G (Concluded)

Hospital Methods of Instruction Perceived In An Optimum Orientation Program	Hospital																													
	A					B																								
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5															
Demonstrations	12	12	12	14	8	13	4	9								3	2				1	1	1							
Preceptor--"Big sister"	16	18	18	17	18	3	17	10									2	2	3		1	1		1					1	
Special orientation unit	19	8	19	19	7	17	16	12	1	1						1	1		3			1							2	
Assignment to work with graduate nurse	2	6	10	7	5	2	10	4	3	1	1										1								1	
Promotion of ward, hospital library	13	16	15	12	19	14	19	17								1	3		1		1								2	
Periodic and terminal evaluation	14	4	5	11	6	19	6	5	1	3	1										1	1	1						1	
Audio-visual learning	9	17	13	8	13	11	13	16	1	1	4											1	2							
Information packets, brochure	15	15	17	13	9	7	14	15			3					1	3		1			1	1	1					1	

Typed by
Gwendolyn Dunning
and
Jean Dixon