

A SURVEY OF OPINIONS EXPRESSED
BY SELECTED REGISTERED NURSES IN OREGON
REGARDING THE VALUES OF IN-SERVICE EDUCATION PROGRAMS

by

Ethel E. Laiho, A.B.

A THESIS

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

June 7, 1962

APPROVED:

[REDACTED]

[REDACTED]

ACKNOWLEDGEMENTS

The writer would like to express her gratitude to Miss Lucile Gregerson, Associate Professor, University of Oregon School of Nursing, for her guidance and encouragement during the development of this thesis.

Grateful acknowledgement is expressed to Miss Virginia Hildebrand, Assistant Executive Secretary, Oregon State Board of Nursing, for permission to use the Oregon State Board of Nursing files of registered nurses, and to Miss J. DeKeyser, Assistant Professor, University of Oregon School of Nursing, for her assistance with the development of the questionnaire.

Sincere acknowledgement is expressed to the registered nurses who assisted with the pilot studies of the questionnaire and the respondents to the questionnaire without whose assistance this study would not have been possible.

c.o.l.

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Introduction to the Problem.	1
	Statement of the Problem	2
	Limitations.	3
	Assumptions.	3
	Justification of the Problem	3
	Definitions.	4
	Procedure for Solution of the Problem.	6
	Overview of Thesis	8
II	REVIEW OF THE LITERATURE	9
	The Need for In-Service Education.	9
	The Values of In-Service Education	10
	Review of Related Studies.	13
	Conclusions Drawn from the Literature.	29
III	PROCEDURE OF THE STUDY	30
	Findings	102
IV	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	104
	Summary.	104
	Conclusions.	106
	Recommendations for Further Study.	106
	BIBLIOGRAPHY	108
APPENDIX		
A	COVERING LETTER	111
B	QUESTIONNAIRE.	112
C	FOLLOW-UP PROCEDURE POSTCARD	113
D	VERBATIM COMMENTS OF RESPONDENTS TO A QUESTIONNAIRE CONCERNING IN-SERVICE EDUCATION	114

LIST OF TABLES

TABLES		PAGE
I	104 Respondents to a Questionnaire Concerning In-Service Education Classified According to Type of School of Nursing From Which They Graduated.	35
II	104 Respondents to a Questionnaire Concerning In-Service Education Classified According to Current Place of Employment.	36
III	The Type of Program of Nursing Education Connected With Place of Employment of 104 Respondents to a Questionnaire Concerning In-Service Education Programs	37
IV	Experience With In-Service Education Programs Indicated by 104 Respondents to a Questionnaire Concerning In-Service Education Programs.	38
V	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 78 Registered Nurses (Group I) Who Have Experienced In-Service Education and 26 Registered Nurses (Group II) Who Have Not Experienced In-Service Education.	40
VI	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 78 Registered Nurses (Group I) Who Have Experienced In-Service Education and 26 Registered Nurses (Group II) Who Have Not Experienced In-Service Education.	44
VII	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 78 Registered Nurses (Group I) Who Have Experienced In-Service Education and 26 Registered Nurses (Group II) Who Have Not Experienced In-Service Education.	53

LIST OF TABLES (CONTINUED)

TABLE		PAGE
VIII	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 61 Registered Nurses Employed in Places With a Program of Nursing Education (Group A) and 43 Registered Nurses Employed in Places Without a Program of Nursing Education (Group B)	62
IX	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 61 Registered Nurses Employed in Places With a Program of Nursing Education (Group A) and 43 Registered Nurses Employed in Places Without a Program of Nursing Education (Group B)	74
X	Comparison of Frequency and Percentage of Response to a Questionnaire Concerning In-Service Education of 85 Diploma School Graduates and 19 Degree School Graduates. .	83

CHAPTER I

INTRODUCTION

Introduction to the Problem

The registered nurse is assumed to have the essential knowledge and skills of nursing when she is employed. The rapidly advancing growth of medical science has brought about an increasing problem of motivating nursing personnel to keep pace with the advances in patient care. Many new drugs are appearing on the market; new equipment and methods of patient care not yet described in standard textbooks are used in everyday practice. Emphasis on continuity of patients' care makes it imperative that nurses have knowledge of health agencies in the community and how they may be effectively utilized. (4)(12)(22)(25)

An accepted means of assisting the registered nurse to keep pace with new developments in nursing and medicine is the organization and implementation of in-service education programs by the employing hospital. Such programs are designed to assist the registered nurse to be currently informed regarding advances in patient care. These programs contribute to improvement of nursing practice, job satisfaction, security within the job, self-development and professional growth. (9)(12)(18)(22)

Statement of the Problem

The literature describes the value of in-service education programs as developed in industry, education, and nursing. In the latter field, however, there does not appear to be much evidence that nurses who participate in in-service education programs have been asked to express their opinions regarding the value of the components included in in-service education programs.

It is the purpose of this study to obtain by survey method the expressed opinions of selected registered nurses in Oregon regarding the value of in-service education programs. More specifically this study seeks to determine:

1. the degree of value registered nurses ascribe to various components included in in-service education programs.

It is hypothesized that:

1. there will be a significant difference between the responses of registered nurses who have been previously employed or are currently employed in hospitals with in-service education and those who are employed in hospitals without in-service education programs.

2. there will be a significant difference between the responses of registered nurses who are employed in a hospital connected with a program of nursing education and those employed in a hospital not connected with a program of nursing education.

3. there will be a significant difference between the responses of registered nurses who are graduates of diploma schools of nursing and those who are graduates of degree schools of nursing.

Limitations

The respondents to this survey are limited to currently registered nurses appearing on the Oregon State Board of Nursing lists of actively practicing general duty nurses and are further limited to every tenth name on this list beginning from a point determined at random by the use of a table of random numbers.

This survey is further limited to information that can be obtained by questionnaire inquiry methods and the data resulting from this survey will be limited to registered nurses in Oregon.

Assumptions

For the purposes of this survey it is assumed that:

1. in-service education programs are of value.
2. the selected population is a representative sample of currently registered nurses actively practicing general duty nursing in Oregon.
3. all of the respondents will have opinions regarding the values of components included in in-service education programs.
4. the respondents will answer without bias.

Justification of the Problem

In-service education programs have developed in hospitals because of the growing need to improve nursing practice, give nursing personnel job satisfaction and to keep nursing personnel informed

of new drugs, equipment, methods and philosophies of patient care. (2)(9)(10) It is therefore important to obtain the expressed opinions of registered professional nurses regarding the values of in-service education programs in order to determine the effectiveness of existing in-service education programs.

There are recommendations throughout the literature for further study of the opinions of registered nurses regarding in-service education programs in order that the needs and expectations of registered nurses may be determined. (1)(5)(8)

Numerous studies have been done in the areas of establishing and developing in-service education programs for registered nurses and in the determination of needs for in-service education. Apparently few studies have been done to determine the expressed opinions of registered nurses regarding the values of components included in in-service education programs. Identification of these opinions could have implications for the establishment of new in-service education programs, the improvement of existing programs and lead to the improvement of patient care.

Definitions

For the purposes of this study the following definitions have been accepted.

1. Opinion--an expression of beliefs and feelings one holds as true. (29)
2. Registered nurse--a nurse who has graduated from a diploma or collegiate school of nursing and is

currently licensed to practice professional nursing. (15)

3. Value--the quality or fact of being excellent, useful or desirable worth in a thing. (29)
4. In-service education program--the organized or planned educational program which follows the initial orientation activity and is designed to provide further education for staff nursing personnel within a hospital. (19)
5. Component--a constituent part; an ingredient. (29)
6. General duty nurse--a registered nurse who is responsible for the direct bedside care of patients or for other nursing activities assigned to her when she functions in areas such as operating room, out-patient department, delivery room, treatment room. (31)
7. Diploma school of nursing--a program in a school of nursing operating within a hospital, the student paying a varying amount of tuition and receiving a diploma at the end of three years and eligibility to take the state licensing examination. (14)
8. Collegiate school of nursing--a program operating within a college or other institution of higher learning and providing for clinical experience in an approved hospital. At the completion of the program the student receives a baccalaureate degree and is eligible to take the state licensing examination. (14)
9. Practical nurse school (or program)--a twelve to eighteen month course preparing persons to care for subacute, convalescent and chronic patients in the home or an institution under the direction of the licensed physician or registered nurse. (20)
10. Affiliation--time spent by a student in another institution acquiring experience not available at the home school. (14)
11. General hospital--any hospital for inpatient medical or surgical care of acute illness or injury and for obstetrics providing community

service, of which, not more than fifty percent of the total patient days during the year are customarily assigned to the following categories of cases: chronic, convalescence and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, tuberculosis. (16)

- 12. Special hospital--a hospital which limits its services in various ways such as cardiac, eye, ear, nose and throat, isolation, maternity, children's orthopedic, skin and cancer, mental, tuberculosis. (16)
- 13. Nursing home--is a facility for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but require skilled nursing care and related medical services, which is operated in connection with a hospital or in which such nursing care and medical services are prescribed by or are performed under the general direction of persons licensed to practice by the Board of Medical Examiners of the State of Oregon. (17)

Procedure for Solution of the Problem

Plan of the Study

The procedures used for the solution of the problem included the following steps.

- 1. A review of the literature and compilation of a list of components included in in-service education programs for registered nurses.
- 2. From this list of components a questionnaire was constructed.
- 3. The questionnaire was tested by several pilot studies on groups of registered nurses who were not included in the study. The questionnaire was revised as indicated.

4. The questionnaire was submitted to a faculty member of the University of Oregon School of Nursing who has taught courses concerning in-service education programs for review.
5. Final revisions were made and tentative tables were constructed to indicate the findings.
6. The Oregon State Board of Nursing was contacted for permission to use the files of registered nurses actively practicing in the capacity of general duty nurses.
7. A table of random numbers was used to determine the starting point for the list of respondents; and the list of respondents was compiled using every tenth name from the starting point on the Oregon State Board of Nursing files of registered nurses actively practicing as general duty nurses.
8. After further improvement of the questionnaire a covering letter was composed explaining the study and requesting the respondent's cooperation.
9. The questionnaire was printed and mailed with a self-addressed return envelope.
10. The data were processed by means of McBee Keysort cards and the results tabulated.
11. The data were analyzed and interpreted.
12. Conclusions from the data were formulated.
13. The data were summarized and recommendations for further study were made.

Overview of Thesis

This study has been divided into four chapters.

Chapter I, Introduction, includes the statement of the problem, hypotheses, assumptions, limitations, justification and procedures for the solution of the problem.

Chapter II, Review of the Literature, contains a review of literature and significant studies related to the topic.

Chapter III, Procedure of the Study, includes a description of the study, the sources of data, method for collection of data, treatment of data and the findings of this study.

Chapter IV, Summary, Conclusions and Recommendations, presents a summary of the study including conclusions and recommendations for further studies as indicated by the obtained data.

CHAPTER II

REVIEW OF THE LITERATURE

A search of the literature pertaining to in-service education programs revealed that a vast amount has been published concerning in-service education programs in education, industry, and nursing. Much of this published material consists of periodical articles and references in books. These articles and references describe various authors' experiences with establishing in-service education programs in certain situations; many articles list and define the values the authors advocate that the participants should derive from in-service education programs.

The Need for In-Service Education

There are many references in the literature discussing the need for in-service education programs for registered nurses because of new knowledge and developments in medicine and nursing.

The need for nurses to continue their education following graduation from a school of nursing was revealed in an address by Florence Nightingale to her probationers when she stated:

Nursing is a progressive art in which to stand still is to go back. A woman who thinks in herself, "Now I am a full nurse, a skilled nurse, I have learnt all there is to be learnt," take my word for it, she does not know what a nurse is and she never will know; she is gone back already. Progress can never end but with a nurse's life. (13)(25)

More recently Helen Nicholson in "An In-Service Education Program for Professional Nurses" stated:

The rapid changes that are taking place in medicine and nursing today are constant reminders of the need for an active progressive, educational program for professional personnel. No longer can we think of the basic course in nursing whether it be a four or five year course as being all of the education that a graduate nurse needs. To contribute most to the care of patients, she must be constantly acquiring new knowledge to her chosen field. (12)

Drusilla Poole in "In-Service Education Reaches a Milestone" wrote:

It is not enough that present day nursing students, our future graduates, are qualified according to the newest standards and skills of professional nursing education. Graduate nurses must be kept abreast of these standards and informed at all times of the latest developments applicable to their own fields of work. A channel must be provided through which the graduate nurse can be reached and this learning and reorientation made possible. In-service education can be the answer. (22)

The Values of In-Service Education

The literature lists and discusses the values of in-service education programs in the fields of nursing, industry and education.

Lucy Osarin in "In-Service Training - A Good Personnel Policy" stated:

We know that employee morale is a vital part of job performance. Morale is directly related to the satisfactions an employee derives from his job and from his associations with other people in the work environment. If an employee knows clearly what his job is, is confident of his

skill to do it and has a feeling of contributing with others to the total effort, his morale will undoubtedly be high. (15)

Helen Nicholson also stated that it is an established fact that through a better knowledge of how to perform duties intelligently and efficiently gained from a good program of staff education graduate nurses are better satisfied with their jobs. (12)

Loretta Heidegerkin advocated that one of the important marks of functioning in any professional field is continued growth toward achieving deeper and broader knowledge and increased skill in a specific field. She also listed the following values that participants could derive from in-service education programs.

1. Increasing skill in solving problems that are meaningful and important to nursing practice.
2. Increasing diversity of interests including awakening of new interests.
3. Increasing understanding and appraisal of one's self.
4. Improving the skills of communication.
5. Developing awareness of the trends and changing functions and activities in nursing.
6. Increasing ability to analyse critically various types and sources of information.
7. Improving the skills and attitudes of good human relations.
8. Increasing development of initiative and creativeness. (9)

Laurence Bethel in Industrial Organisation and Management stated that in-service education in industry proved its worth in pre-war

years, in the war effort, in the reconversion program and through the turns of the economy. These programs aimed to strengthen an existing organization and to develop present employees, making them qualified for and satisfied with their present work and capable of moving into more important work. It has been stressed that industry's competitive position depends upon personnel and no matter how willing and promising the personnel, industry cannot gain success without training them. As technological changes occur, workers must be trained in the new technology and in different often unrelated operations. Without effective training today's enterprises could not operate.⁽³⁾

Pigors and Noyers in Personnel Administration, listed the following values of in-service education programs for employees in industry.

1. . . . through induction, the new employee is given information about the organization, its policies and regulations so that he will feel at home.
2. . . . the employee is instructed in the requirements of the specific job so he can as rapidly as possible meet standards of quantity and quality and increase his earnings.
3. . . . training enables present employees to acquire more and greater skills, thus increasing their versatility for transfers and their qualifications for promotion.
4. . . . if employees are properly trained, accidents, spoiled work, and damages to machines and equipment are reduced.
5. . . . training helps employees to adjust to new methods and processes that are introduced.
6. . . . good training reduced dissatisfaction, absenteeism, and turnover because it helps new

and experienced employees to use to the full their individual capacities. (21)

Many articles have appeared in education journals listing the characteristics of effective in-service education programs for teachers and procedures having the greatest promise for encouraging the professional growth of teachers. (7)(27)(28) Norris in The Bulletin of the National Association of Secondary School Principals stated that in-service education provides an opportunity for teachers and administrators to evaluate themselves objectively. A direct opportunity is provided for the exchange of ideas between administration, teaching staff and the community which, in the end, coordinates efforts and results in unified gain for all. (11)

Review of Related Studies

Studies closely related to the purposes of this study will be reviewed here.

In 1951 Katherine Fleck conducted a study entitled A Study of Staff and Senior Student Nurses in Selected Hospitals in the City of Cleveland Regarding In-Service Staff Education Programs at Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio. (6) The purpose of this study was specifically to explore the opinions of three separate groups of nurses in regard to in-service staff education. The groups selected included: staff nurses who had participated in in-service staff education programs, staff nurses who had not participated, and senior student nurses the largest

potential source for staff nursing. The objectives of this study were to determine if senior student nurses felt a need for continued education and to what extent, if any, the variables of educational background and active participation in student activities affected student's opinion; to determine to what extent the interest and needs of the staff nurses were being met by present in-service education programs; to determine if there were any specific areas of satisfaction and dissatisfaction toward in-service staff education programs, to determine if variables such as age, educational background, experience with in-service staff education programs, marital status and number of years of professional experience affected differences in opinions; to make suggestions to administrators for organizing and conducting an in-service staff education program.

Methods for collection of data included a preliminary survey of the hospitals in the city of Cleveland to determine if any in-service education programs were in progress, and it was found that four hospitals had had such a program for more than one year. It was decided to ask staff nurses who had been employed one year or more in these hospitals to cooperate with the study. There were 215 staff nurses who met this criterion. All of these hospitals maintained schools of nursing and senior students from these schools were selected for inclusion in the study. Two questionnaires were developed, one to obtain the opinions of staff nurses and one to procure the opinions of the student nurse group. Personal interviews were considered desirable in eliciting the cooperation of the groups selected for the study.

Outstanding findings from the total group of 214 students surveyed showed that student nurses felt it would be advantageous to participate in an in-service staff education program because they were aware of the need for continued growth both as individuals and as professional persons. They visualized such a program as a method of keeping up with the new scientific advancements in medicine, improving nursing care by supplementing knowledge of nursing techniques and acquiring knowledge of the modern professional nurse's function as a teacher, acquiring insight into administrative policies and organization of the hospital, promoting more harmonious relationships among the personnel, increasing the personal satisfaction of the individual, stimulating and maintaining interest in continued learning. The majority of students thought an organized staff association would be beneficial. The type of organization that would meet the needs of the majority would consist of only the general duty staff and would be governed by a constitution and bylaws. An orientation period should be part of an in-service staff education program and the length of time necessary to become oriented should be limited to one or two weeks. The program should be limited to nursing and allied topics. Discussion groups were selected as the preferred method for the conduct of meetings. Meetings were to be planned for the entire group and were to be built around the suggestions of the staff nurses; verbal suggestions at open meetings were thought to be the best method of determining the type of program desired.

Outstanding findings based on the total group opinion of 84 graduate staff nurses were that:

1. definite benefits could be derived from an organized staff association; however, there was no majority of opinion concerning the type of organization;
2. staff nurses favored holding meetings monthly on working time;
3. participation in meetings should be voluntary;
4. meetings were to be directed by the staff nurses;
5. staff nurses indicated a willingness to serve on in-service education committee and to attend meetings on their free time if the subject was particularly interesting to them;
6. an orientation period was a valuable adjunct in adjusting to a new nursing situation and was definitely considered a part of in-service staff education;
7. the length of time necessary to become oriented appeared to be a matter of individual need;
8. a considerable amount of interest was shown in topics outside the field of nursing;
9. movies were selected by the majority as the preferred method for conducting meetings;
10. meetings were to be planned to include the entire group;
11. meetings were to be planned by a program committee and built around the suggestions of the staff nurses;

12. staff nurses felt a need for continuing education at the time of their graduation and most of the reasons for a change in opinion indicated a desire for professional growth;

13. staff nurses would derive benefit from hearing a report of a meeting which they had been unable to attend and also indicated willingness to give such a report.

Suggestions to directors of in-service staff education programs made by this study included the formulation of an organized staff association to provide the opportunity for the staff nurses to demonstrate their ability to function independently, to capitalize on the enthusiasm of the recent graduates, guiding her in assuming her role as a professional person by channeling her potential productivity toward active participation in the in-service staff association before her interest diminished. Also suggested was the development of an orientation program for new staff nurses, investigation of the needs of the different age groups to ascertain if interests were varied, repetition of the meetings to make them available to more groups, alternating the hours of the meetings to maintain the interests of all groups, mimeographing the minutes of the meetings to distribute to those unable to attend and stimulating interest by having a short verbal resume of a meeting given at morning circle.

Conclusions reported by this study included the following:

1. Student nurses do express a need for continued education and have definite opinions concerning content, method and plan of organization for an in-service staff education program.

2. The data from this study do not show that the variables of educational background and active participation in student activities had any discernible influence upon the opinions expressed.

3. The interests and needs of the staff nurses are not being met by the present in-service staff education programs.

4. Specific dissatisfactions expressed by many were in relation to the rotation of hours and the working load in the hospital which permitted only a limited attendance at the meetings; complaints of unplanned, dull, poorly presented meetings; the general lackadaisical attitude of the majority of the staff nurses in relation to in-service staff education.

5. Specific satisfactions were limited primarily to individual reactions; again this may be a definite indication that the needs and interests of the staff nurse are not being met by the present in-service staff education programs.

6. Evidence was not conclusive relative to changes in opinion due to the effect of such variables as age, educational background, experience with in-service staff education programs, marital status and the number of years of professional experience.

This study suggested that further research be done in the area of staff nurses' opinions concerning in-service staff education by personally interviewing each participant. (6)

Another study concerning in-service education entitled Characteristics of In-Service Education for Graduate Nurses by Mary R. Adams, Sarah MacDonald, Ines M. Salerno was submitted in partial

Fulfillment for Nursing 101 - Principles and Methods of Research at Frances Payne Bolton School of Nursing, Western Reserve University in January 1953.⁽¹⁾ This study, limited to library research, had for its purpose to identify some of the characteristics of an effective in-service education program in terms of philosophy and functions.

The methodology followed by this study included a survey of available literature to discover other investigations of the problem and to identify the philosophy, principles and functions of effective in-service education. The authors perused critical readings on the subject individually; then the writers met as a group for discussions of the findings. As a result of individual thinking, sharing and discussion of ideas the findings were analysed and interpreted in the light of the characteristics of an effective in-service education program for registered graduate nurses.

It was concluded that it is impossible to recommend a program that would be equally good for every organization because there are so many special features in each organization to which the program should be adapted. However, some general characteristics of an effective in-service education program for graduate nurses were reported as follows:

1. It is based upon the goals of the service and the needs and interests of the nurses.
2. It is the responsibility of administration to instigate and support the program and to provide the time and material necessary for its operation.

3. It is cooperatively planned and coordinated by the entire staff.
4. It is flexible in order to meet immediate and long term needs.
5. It utilizes available community resources in leadership material and techniques that will aid in the learning activities.
6. It develops wholesome interpersonal relationships and understandings between individuals and in the organization.
7. It provides a means of expression and improved communications within the organization thus coordinating and unifying the various activities of the organization.
8. It promotes a congenial atmosphere for persons working together.
9. It fosters new ideas and encourages progress by stimulating personal and professional growth.
10. It is a continuous process assisting the nurse to adapt to changing professional and social demands.

This study recommended that all in-service education should begin with an orientation to the position. It was also stated that research on how to evaluate in-service education programs is needed, investigation of attitudes of the "over-thirty" age group toward in-service education be done and constant review of this philosophy of in-service education.⁽¹⁾

A recent study entitled In-Service Education for Professional Staff Nurses in Rural Hospitals in South Dakota was reported by Bertha Louise Bookelheide at the University of Colorado Department of Nursing in 1958.⁽⁴⁾ This study stated its purpose was to survey the

in-service education which staff nurses in small hospitals were receiving at the time of the inquiry, and to elicit from the staff nurses the areas in which they felt that in-service education was indicated and desirable in helping them improve the quality of nursing care.

The normative survey method was used. Data were gathered by a series of interviews using an interview guide which contained many open-end questions. Twenty-six professional staff nurses were interviewed. The problem was subdivided into three areas, namely, orientation to position, meetings and other educational activities carried on in the hospital, and participation in professional organizational activities and workshops.

Conclusions based on the findings of this study indicated that rural hospitals tended to be staffed by nurses who had completed their basic nursing education some years ago, orientation to their position had been inadequate, an in-service education program was available in only one of seven hospitals visited, professional staff nurses expressed the need for in-service education and nurses in rural hospitals participated to a very limited extent in the activities of professional organizations.

Recommendations presented in this study included:

1. conclusions be confined to the population studied.
2. this study be used as a guide if the program should be expanded to include rural hospitals in South Dakota.

3. the service of an educational instructor be made available to administrators of rural hospitals.
4. the expressed needs of staff nurses be considered when implementing a program.
5. devise a method of evaluation for inservice education in rural hospitals. (h)

Another recent study, An Experience in Organizing and Developing an In-Service Education Program for the Graduate Nurse Staff at a Selected State Tuberculosis Hospital, was reported by Marion Green at the University of Oregon Medical School Department of Nursing, Portland, Oregon in June 1959. (8)

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

Procedure of this study included:

1. May 1958 to April 1959 an in-service education program was instigated, developed and implemented by graduate nurses with the assistance of an initial planning committee and five program planning committees.
2. Eleven months after the program was initiated, a questionnaire was administered to the participants to determine their expressed opinions regarding the effectiveness of the program. The questionnaire was based on the characteristics of an effective in-service education program as developed from the literature.

Findings of this study included:

1. The majority of nurses were not actively participating in the in-service program; the committee-planned type of program was discontinued in the fall of 1958 in favor of a non-structured spontaneous type of program.

2. Respondents to the questionnaire indicated that the in-service education program either fully or in part possessed most of the 37 characteristics listed. Comments at the end of the questionnaire indicated that for the most part the program was a worthwhile experience and had enabled the nurse to give better and more understanding care, to communicate more easily and effectively with other members of the health team and to function in an enlarged orbit, meeting the changing role of the nurse in a dynamic society.

Conclusions indicated:

1. Real leadership is required to help people to develop their full potentialities.

2. Motivation is at the heart of the educational process.

3. True acceptance of responsibility comes about in a changed attitude.

4. All training must meet a definite need.

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

6. Vitally important to a continuing in-service education program which supplies the opportunity for growth is the capacity of

the individual participant to learn and the will to do so, coupled with a very considerable amount of personal interest and effort.

Suggestions for further study included:

1. Determination of the needs and interests, not only of the graduate nurse staff, but also of the auxiliary nursing personnel, so all members of the nursing team might participate in an in-service education experience.

2. Research is needed in the development of tools useful for evaluating the effectiveness of in-service education.⁽⁸⁾

Several studies concerning in-service education programs have been conducted at the University of Washington. One of the earlier studies done there entitled Study of Staff Nurse Opinions and Reactions to Formal Inservice Education in Five Hospitals in Chicago, Illinois was prepared by Margaret Quimby in 1953.⁽²³⁾

The purposes of this study were: to determine staff nurses' reactions to their present in-service program, to determine whether the present program were meeting the needs and desires of the staff nurses, to present staff nurses' attitudes toward organization and planning of the existing programs, to study the time elements and attendance of the programs and to determine the relative importance of program content, as revealed through a rating scale contained in a questionnaire presented to the staff nurses of five hospitals.

The data for this study were obtained from the results of a questionnaire type interview of 25 directors of nurses in 25 hospitals in Chicago and Evanston, Illinois. Five of the six hospitals

participating in the study were found to have an active in-service education program. Further data were obtained from the directors of nurses of the five participating hospitals through questionnaires seeking information about the individual programs.

Data from the questionnaire submitted to the 25 directors of nurses indicated that three hospitals had had an in-service program for less than two years; two hospitals had had a program for more than two years; one program was initiated because the staff nurses themselves felt the need; programs were thought to be democratic in nature with active participation of the staff nurses; the majority of directors felt that the programs brought about improvement in patient care and improved interpersonal relations in the health team; a major difficulty encountered was in including all of the personnel, especially the evening and night nurses.

Additional data for this study were obtained from the responses of 125 nurses to a questionnaire designed to determine the reactions of staff nurses to their respective in-service education programs.

Findings from the responses of staff nurses included:

1. Staff nurses were interested in in-service education programs that were related to daily nursing programs.
2. The meetings should be held monthly, be one hour long, on duty time and should be repeated more than once so all could attend.
3. Staff nurse participation in program planning was considered important.
4. Attendance at meetings should not be compulsory.

Recommendations advanced by this study included:

1. Every effort should be made to initiate an inservice education program in hospitals regardless of size and type of personnel.
2. Constant evaluation of the needs and desires of the staff nurses regarding the inservice education meetings in hospitals would be of value in planning future meetings.
3. Committees of the inservice education program should have staff nurse representation in order that the staff nurses would be able to express their interest for meeting content. (23)

Another study reported at the University of Washington in 1956 by Barbara Jeanne Palmerton was entitled A Survey of Inservice Staff Education Programs for Nursing Personnel in Selected Hospitals in Three Cities Located in the State of Washington. (19)

The purpose of this study was to discover the structure of in-service staff education programs for the various groups of staff nursing personnel, to secure information on the emphasis and scope of current meetings, to present opinions on the relative contributions of such programs by those personnel administratively or electively responsible for its direction, to ascertain as much as possible, the extent of personnel participation in the development and continuation of in-service staff education.

The normative survey method was employed with the interview technique used for the collection of data. Post cards were sent to all hospital members of The Washington State Hospital Association for 1955 with a capacity of 85 or more beds to determine the number of in-service education programs for registered nurses, licensed

practical nurses, and aides. After tabulation of the data secured from the returned post cards, the survey was limited to the hospitals located in Seattle, Spokane and Tacoma with in-service education programs.

It was from the interviews with in-service education directors that data were collected for this study.

Data secured from the interviews seemed to indicate that progress has been noticed in the establishment of in-service education programs since 1947; the content of in-service education meetings for the stated period of time was concerned with nursing procedures or activities; in-service directors felt that nurses were assisted in their professional and personal growth through in-service staff education; some in-service directors felt that nurses had a better understanding of administrative policies and problems and consequently, a better relationship existed between nursing administration and nursing personnel when an in-service staff education program was in existence. (19)

One of the latest studies concerning in-service education was reported at the University of Washington by Esther Isabelle Ross in 1960, entitled A Survey of the Opinions of Registered Nurses in Small Hospitals Concerning Their Needs for Continuing Education. (21)

The purpose of this study was threefold: to determine the needs for continuing education recognized by registered nurses employed in small hospitals in the State of Washington, to determine the methods

used to obtain needed information and to determine the resource materials available for the nurses' use.

Data for this study were obtained by means of questionnaire mailed to registered nurses employed in 44 hospitals with a capacity of less than 85 beds. Seven hundred twenty-two questionnaires were mailed and 304 were returned.

Findings included the following: Nurses expressed the need for information that would help improve patient care; to a lesser extent, nurses recognized the values of nursing organizations and the legal aspects of nursing. Over 50 per cent used two or three methods to obtain information about medications, equipment, and nursing procedures, such as: read any available literature on the topic, ask the doctor, pharmacist, or another nurse, and read the procedure book. A nursing procedure book was the most frequently reported resource material.

The conclusions of the survey were:

1. The registered nurses employed in the hospitals included by this study do recognize a need for in-service or continuing education.
2. The nurses felt a need for current text-books, nursing journals and up to date procedure books and they believed that much of the material they had was inadequate or outdated.
3. The nurses felt the need for more literature directed toward the problems of small hospitals.
4. Staff meetings and conferences were recognized as important by the nurses. The present meetings could be planned to provide more help for them.

5. The nurses appeared to be more aware of mechanical needs than the importance of organizing and planning.
6. Small nursing districts and small hospitals need assistance in finding materials and planning educational programs.

Recommendations advanced by this study included:

1. Further study be done to determine the opinions of administration in these hospitals regarding planned education programs.
2. Investigate the possibilities of establishing a central consulting agency whose services would be available to hospitals who need assistance in obtaining reference materials and planning their in-service education programs. This service could be sponsored by the Washington State Nurses Association.
3. Plan more workshops and conferences specifically for nurses employed in small hospitals.

Conclusions Drawn from the Literature

The literature consistently points out that in-service education programs are needed to assist registered nurses to be currently informed of the advances of medical science and the development of new methods and philosophies of nursing care, new drugs and equipment.

The values of in-service education programs for registered nurses, as described by the literature, include assisting the registered nurse to be informed of advances in medical science and nursing, providing job satisfaction and security within the job, opportunity for self-development, promoting professional growth and improving the care of the sick.

CHAPTER III
PROCEDURE OF THE STUDY

The stated purposes of this study were to obtain by survey methods the expressed opinions of selected registered nurses in Oregon regarding the values of in-service education programs.

It was hypothesized that:

1. there would be a significant difference between the responses of registered nurses who have been previously employed or are currently employed in hospitals with in-service education and those who are employed in hospitals without in-service education programs;
2. there would be a significant difference between the responses of registered nurses who are employed in a hospital connected with a program of nursing education and those employed in a hospital not connected with a program of nursing education;
3. there would be a significant difference between the responses of registered nurses who are graduates of diploma schools of nursing and those who are graduates of degree schools of nursing.

The following methods were utilized in the solution of the problem.

The literature was reviewed for components included in in-service education programs for registered nurses. These components were compiled, divided into five categories; i.e., objectives, organization and administration, content of program, method of presentation, personnel presenting the program. The components were then formulated

into a questionnaire. (Appendix B) Included were a section to elicit general information from the respondents and a section for additional comments. A five-point rating scale was designed and a form developed to allow the respondents to indicate their opinion of the value of the component. The values ranged from 1 (least value) to 5 (highest value) and were defined as follows:

- | | |
|-----------------------|--|
| 1. least value | This practice would be worthwhile in few if any in-service education programs. |
| 2. little value | This practice would be worthwhile in few in-service education programs. |
| 3. questionable value | This practice would be worthwhile in some in-service education programs. |
| 4. value | This practice would be worthwhile in most in-service education programs. |
| 5. highest value | This practice would be worthwhile in almost all in-service education programs. |

The questionnaire was administered as a pilot study to several groups of registered nurses to determine the validity and utility of the tool. The revisions indicated by the pilot study were made. The questionnaire was submitted for further review to a faculty member of

the University of Oregon School of Nursing who had taught courses concerning in-service education, and further indicated revisions were made. The questionnaire was then submitted to five general duty nurses who would not be included in the study. This pilot study indicated a wide range of opinion and it was concluded that the tool was usable and no further changes were made.

Permission was obtained to use the Oregon State Board of Nursing lists of currently licensed nurses employed as general duty nurses as a source for the list of participants.

The starting point for the list of respondents was determined by the use of a table of random numbers published by the Rand Corporation according to the method presented by Wallis and Roberts in Statistics - A New Approach.⁽³⁰⁾ Every tenth name on the Oregon State Board of Nursing files of registered nurses actively practicing as general duty nurses was chosen to be a respondent to the questionnaire. The list of respondents was compiled in July 1961.

A covering letter (Appendix A) was prepared explaining the purpose of the study and eliciting the respondents' cooperation. A total of 266 questionnaires with the covering letter and self-addressed return envelopes were mailed to the respondents on November 17, 1961. The respondents were instructed to return the questionnaires by December 8, 1961.

A total of 124 questionnaires were returned. The data obtained from the 124 questionnaires were processed by means of Holler Key-sort cards. The respondents were divided into the following

representative groups: (1) registered nurses who had previous and/or current experience with in-service education programs and registered nurses who had no previous experience with in-service education programs; (2) registered nurses who are employed in a hospital with a program of nursing education and registered nurses who are employed in a hospital without a program of nursing education; (3) registered nurses who were graduates of diploma schools of nursing and registered nurses who were graduates of degree schools of nursing. The data obtained from these representative groups were then tabulated.

The responses of 28 participants were not included in this tabulation for the following reasons. Five questionnaires were returned unlabelled because the respondent had moved and left no forwarding address. Nine questionnaires were deleted because the respondents had not marked a sufficient number of items. Four were returned unanswered with the explanation that the respondent was not acquainted with in-service education. Six respondents indicated they were not employed now as general duty nurses: two in a doctor's office, two in a public health department, one in a school of nursing, and one part-time as a head nurse. Three other respondents were not included because two were not residents of Oregon and one was not practicing nursing.

Following processing and tabulation of the returned 121 questionnaires a follow-up procedure was undertaken to increase the number of returned questionnaires. A post card (Appendix C) was mailed to the respondents thanking them for their cooperation and

requesting those respondents who had not returned the questionnaire to do so. Ten more questionnaires were returned which brought the total number of respondents to 134 (50% response). The data were processed by means of McBee Keysort cards and tabulated according to each category. The responses of two respondents were not included in this final tabulation because one indicated she was now unemployed and the other is now employed in a public health agency.

The total number of respondents to the mailed questionnaire with usable responses was 104 (39% response). Although this percentage does not represent a very sizable number of the possible respondents, the study was continued. The opinions of 104 general duty nurses were worthy of consideration. Several of the previous studies had not involved a population as large as this.⁽⁴⁾⁽⁸⁾

Data obtained from the general information section indicated the type of nursing school from which the respondents had graduated; the type of institution where the respondents were currently employed; the type of nursing school (if any) with which the respondent's place of employment was associated; the presence of an in-service education program for registered nurses at the respondent's place of employment and if there were in-service education programs for registered nurses at places where the respondents were previously employed. Tables I, II, III, IV depict these data.

TABLE I
 104 RESPONDENTS TO A QUESTIONNAIRE CONCERNING IN-SERVICE
 EDUCATION CLASSIFIED ACCORDING TO TYPE OF SCHOOL
 OF NURSING FROM WHICH THEY GRADUATED

Type of School of Nursing	Number of Respondents
Diploma program.	85
Associate of Arts degree	2
Baccalaureate degree	17
Other.	0

Total	N = 104

The majority of nurses graduate from diploma schools of nursing; hence, it is not surprising that 85 out of 104 of the respondents are products of hospital schools. There are no Associate of Arts degree programs in Oregon at this time, but a few nurses from those programs have entered the state. It is not surprising that there were no responses under "Other." There have been two basic nursing programs leading to a Master's degree. Both of these elsewhere in the country and both programs are now discontinued. The "Other" category was included to provide for any possible graduates of Master's programs or any unusual classification. Had any of the respondents graduated from some of the foreign schools, they could not have classified their school under any of the first three categories. Apparently there were no such respondents in the study.

TABLE II
 104 RESPONDENTS TO A QUESTIONNAIRE CONCERNING IN-SERVICE
 EDUCATION CLASSIFIED ACCORDING TO CURRENT
 PLACE OF EMPLOYMENT

Place of Employment	Number of Respondents
General hospital	98
Special hospital	6
Nursing home	0
Other	0

Total	N = 104

The preponderance of respondents are employed in general hospitals. General duty nurses are employed in special hospitals, but the responses yielded six. The number of special hospitals is less than the number of general hospitals; hence, the number of general duty nurses is inevitably proportionately less. The chances of sampling, plus the rather limited response, may be reflected in this small figure.

TABLE III
 THE TYPE OF PROGRAM OF NURSING EDUCATION CONNECTED WITH PLACE OF
 EMPLOYMENT OF 104 RESPONDENTS TO A QUESTIONNAIRE CONCERNING
 IN-SERVICE EDUCATION PROGRAMS

Type of Program of Nursing Education Connected with Place of Employment	Number of Respondents	
Hospital school leading to a diploma	21	(30)
Junior college program leading to an A.A. degree	1	(1)
Collegiate program leading to a baccalaureat degree	16	(18)
Practical nurse school (or program).	12	(20)
Affiliation for a hospital school or collegiate program	2	(3)
Affiliation for a practical nurse school.	13	(18)
None of the above.	39	(39)
 Total	 104	 (130 ^a)

() Figures in parentheses indicate the number of respondents with duplicate responses.

^aSome respondents indicated more than one type of program associated with their place of employment.

Only 39 of the respondents are employed in a place where no type of educational program is existent. Since the preponderance of respondents are identified with places that conduct some type of nursing education program it would be interesting to investigate

whether nurses in such situations are more "research-minded" and hence more cooperative in responding to questionnaires.

Since there is no way of identifying the 50 per cent who did not respond, this study really cannot determine what ratio of nurses have never really had opportunity for participating in in-service education programs.

TABLE IV
EXPERIENCE WITH IN-SERVICE EDUCATION PROGRAMS INDICATED BY
104 RESPONDENTS TO A QUESTIONNAIRE CONCERNING
IN-SERVICE EDUCATION PROGRAMS

Experience with In-Service Education Programs	Yes	No	Don't Know	No Response
Have in-service program at present place of employment.	62	39	2	1
Have had in-service programs at places of previous employment.	43	39	6	17

The responses of the registered nurses to Part II, Appraisal of In-Service Education Programs, were tabulated and the frequency and percentage of response under each value rating were compared according to representative groups; i.e., (1) registered nurses who had previous and/or current experience with in-service education programs and registered nurses who had no previous experience with in-service education programs; (2) registered nurses who are employed

in a hospital with a program of nursing education and registered nurses who are employed in a hospital without a program of nursing education; (3) registered nurses who were graduates of diploma schools of nursing and registered nurses who were graduates of degree schools of nursing. These comparisons were done to determine if identifiable differences of opinion existed between these representative groups. Tables V, VI, VII, VIII, IX, X depict these data.

A comparison was made of the opinions of 76 registered nurses who had experienced organized in-service education programs (Group I) and 26 registered nurses who had not experienced organized in-service education programs (Group II). (Table V) Little appreciable difference of opinion was revealed. In response to Item 1, Objectives, 63 (83%) of Group I gave Item 1a a rating of five (highest value) and 13 (50%) of Group II gave Item 1a a rating of five (highest value). For Items 1d, 1e, 1f and 1h, six (7%), 26 (35%) and 31 (39%) and 22 (28%) of Group II rated these items five (highest value) and two (7%), nine (34%), ten (38%), seven (26%) of Group II rated these items five (highest value).

TABLE V

COMPARISON OF FREQUENCY AND PERCENTAGE OF RESPONSE TO A QUESTIONNAIRE CONCERNING IN-SERVICE EDUCATION OF 76 REGISTERED NURSES (GROUP I) WHO HAVE EXPERIENCED IN-SERVICE EDUCATION AND 26 REGISTERED NURSES (GROUP II) WHO HAVE NOT EXPERIENCED IN-SERVICE EDUCATION

Item I	Frequency and Percentage of Responses Under Each Value Rating of Group I					Frequency and Percentage of Responses Under Each Value Rating of Group II													
	1	2	3	4	5	1	2	3	4	5									
Objectives	1	2	3	4	5	1	2	3	4	5									
a. Provide an opportunity to gain more skill in caring for patients	0	0	3	.03	.11	.24	.63	.80	1	0	2	.07	0	9	.34	.13	.50	1	
b. Promote more effective nursing service for the hospital	1	.01	1	.01	2	.02	.11	.14	.62	.79	2	0	4	.15	7	.26	.14	.53	1
c. Provide an opportunity to																			

(continued)

TABLE V (continued)

Item 1	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II						
	1	2	3	4	5	N.	1	2	3	4	5	N.
Objectives	1	2	3	4	5	N.	1	2	3	4	5	N.
b. Assist the general duty nurse to become familiar with the hospital	1	2	3	4	5	N.	1	2	3	4	5	N.
d. Assist the general duty nurse to advance to head nurse position	1	2	3	4	5	N.	1	2	3	4	5	N.
e. Assist the general duty nurse in working with the health team	1	2	3	4	5	N.	1	2	3	4	5	N.
f. Promote understanding of hospital policy	1	2	3	4	5	N.	1	2	3	4	5	N.

(continued)

TABLE V (continued)

Item 1	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II				
	1	2	3	4	5	1	2	3	4	5
Objectives	18	23	15	22	28	15	19	22	28	22
g. Provide opportunity for active participation in community organizations	0	0	0	0	0	0	0	0	0	0
h. Reduce staff turnover	0	0	0	0	0	0	0	0	0	0
	18	23	15	22	28	15	19	22	28	22
	.23	.30	.20	.28	.35	.23	.26	.31	.35	.30

N.B. = No Response.

In response to Item 2, Administration and Organisation, 64 (82%) of Group I rated Item 2c five (highest value) and 17 (65%) of Group II rated Item 2c five (highest value). Also 23 (29%), 47 (60%), 52 (66%) of Group I rated Items 2h, 2i, and 2j one (least value) and six (23%), 13 (50%), 19 (73%) of Group II rated Items 2h, 2i, and 2j one (least value). In the remainder of sub-items in Item 2 the degree of variation in the expressed opinion of the two representative groups showed a similar trend. Table VI depicts these data.

TABLE VI (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating of Group I						Frequency and Percentage of Response Under Each Value Rating of Group II																	
	1		2		3		1		2		3													
	F.	P.	F.	P.	F.	P.	F.	P.	F.	P.	F.	P.												
adminis- tration	18	.23	16	.20	22	.28	9	.11	10	.12	3		5	.19	7	.28	1	.15	5	.19	5	.19		
d. Is controlled by the hospital adminis- tration	25	.14	11	.17	16	.23	3	.03	1	.05	1		8	.30	5	.19	6	.23	3	.11	1	.15		
e. Is planned jointly by a committee of general duty nurses and the in- service education director	0		0		5	.06	9	.11	61	.82			1	.03	1	.03	2	.07	5	.19	17	.65		
f. Is paid for in part of the hospital budget	1	.05	2	.08	13	.16	22	.28	31	.39	3		3	.11	2	.07	7	.26	7	.26	6	.23	1	.05

(continued)

TABLE VI (continued)

Item 2	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II									
	1	2	3	4	5	1	2	3	4	5					
Administration and Organization	3	2	2	2	3	2	2	2	2	5					
paid for by voluntary contributions from general duty nurses	52	66	7	68	7	19	73	2	11	0					
Is paid for by admission fees collected from general duty nurses attending meetings	14	56	9	11	16	20	7	68	0	2					
Is conducted so the choice of next program topic is made at each meeting	8	10	10	12	26	33	19	21	15	19					
						7	26	2	07	6	29	5	19	6	23

(continued)

TABLE VI (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II																
	1	2	3	4	5	1	2	3	4	5												
	N.	F.	F.	F.	F.	N.	F.	F.	F.	F.												
a. Is conducted according to a written plan	4	.05	6	.07	11	.17	30	.38	21	.26	3	0	1	.03	7	.26	7	.26	10	.36	1	
b. Is planned a year in advance	17	.21	16	.23	19	.24	15	.19	0	.10	1	5	.19	2	.07	6	.23	4	.15	0	.30	1
c. Holds meetings once each month	1	.01	4	.05	9	.11	31	.39	33	.42		2	.03	1	.03	4	.15	10	.23	7	.26	3
d. Holds meetings once each week	13	.16	10	.12	21	.26	12	.15	19	.24	3	5	.19	5	.19	4	.15	7	.26	2	.07	3
e. Holds meetings every day	16	.50	12	.15	11	.14	2	.02	4	.05	3	19	.73	1	.11	2	.07	0	0	0	0	2

(continued)

TABLE VI (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II																
	1	2	3	4	5	1	2	3	4	5												
	N.	F	F	F	F	N.	F	F	F	F												
a. Holds meetings on "duty" time	8	.10	3	.03	12	.15	22	.26	33	.12	5	.19	4	.15	5	.19	3	.11	6	.23	3	
b. Holds meetings on off duty time	20	.25	7	.06	22	.26	16	.20	12	.15	1	.07	6	.23	5	.19	8	.30	3	.11	2	
c. Holds meetings for night and evening nurses during the night and evening shift	5	.06	0	.30	16	.20	20	.25	26	.33	3	.11	0	7	.26	9	.34	5	.19	2		
d. Requires general duty nurses to attend meetings	7	.00	1	.05	18	.23	23	.29	26	.33	3	.11	0	3	.11	10	.30	10	.30			

(continued)

A comparison of responses of Group I and Group II to Item 3, Content of Program; Item 4, Methods of Presentation; and Item 5, Personnel Presenting the Program, indicated little appreciable difference of opinion. In response to Item 3h 66 (81%), Item 3j 60 (76%), and 3k 43 (55% of Group I gave the rating of five (highest value) and 22 (81%) and 12 (46%) of Group II gave Items 3h, 3j, 3k a rating of five (highest value). Fifty-four (69%), eight (10%), 11 (14%) of Group I rated Items 4b, 4f, 4k five (highest value) and 15 (69%), three (11%), four (15%) of Group II rated Items 4b, 4f, 4k five (highest value). In response to Item 5a and 5h two (2%) and 30 (30%) of Group I rated these items one (least value) and one (3%) and 11 (42%) of Group II rated Items 5a and 5h one (least value). Table VII depicts these data.

TABLE VII

COMPARISON OF FREQUENCY AND PERCENTAGE OF RESPONSE TO A QUESTIONNAIRE CONCERNING IN-SERVICE EDUCATION OF 76 REGISTERED NURSES (GROUP I) WHO HAVE EXPERIENCED IN-SERVICE EDUCATION AND 26 REGISTERED NURSES (GROUP II) WHO HAVE NOT EXPERIENCED IN-SERVICE EDUCATION

Item of Program	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II															
	1	2	3	4	5	1	2	3	4	5											
a. Presents a program centered in one clinical area	16	.20	12	.15	10	.23	12	.26	11	.14	6	.30	3	.11	8	.30	4	.15	2	.07	1
b. Presents a program concerning different clinical areas	0	1	.01	9	.11	13	.16	54	.69	1	8	.30	1	.03	1	.03	9	.34	14	.53	
c. Presents topics other than nursing	16	.20	14	.17	10	.23	17	.21	12	.15	1	7	.26	4	.15	4	.15	7	.26	4	.15

(continued)

TABLE VII (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II													
	1	2	3	4	5	1	2	3	4	5									
	F	FP	FP	FP	FP	F	FP	FP	FP	FP									
d. Provides information about available community health agencies	0	0	.10	5	.06	.16	28	.35	1	1	.03	2	.07	3	.11	9	.34	11	.12
e. Provides an opportunity to acquire skill in nurse-patient relationships	0	2	.02	2	.02	26	.33	28	.35	3	.01	0	6	.23	6	.23	13	.50	
f. Reviews procedures learned in "training"	6	.07	4	.05	16	.20	24	.30	27	.51	2	.07	0	4	.15	8	.30	12	.16

(continued)

TABLE VII (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II															
	1	2	3	4	5	1	2	3	4	5											
	N.	F	P	F	P	N.	F	P	F	P											
g. Provides information about professional nursing organizations	3	.03	7	.00	20	.25	33	.12	15	.19	1	2	.07	5	.19	10	.36	7	.26		
h. Provides an opportunity to learn how to operate new equipment	0	1	.01	0	11	.11	66	.81				0	0	1	.03	3	.11	22	.61		
i. Provides information about how to organize assignments	1	.01	1	.01	8	.10	36	.10	30	.36		1	.03	2	.07	8	.30	9	.31	6	.23
j. Provides information about new drugs	0	1	.01	2	.02	15	.25	60	.76			0	0	0	0	1	.15	22	.61		

(continued)

TABLE VII (continued)

Item 3 Content of Program	Frequency and Percentages of Response Under Each Value Rating of Group I					Frequency and Percentages of Response Under Each Value Rating of Group II													
	1	2	3	4	5	1	2	3	4	5									
k. Provides an opportunity to learn how to use problem solving techniques	0	3	.03	5	.06	27	.34	43	.55	0	1	.03	5	.10	8	.30	12	.16	
Item 4 Methods of Presentation																			
a. Films	0	0	5	.06	29	.37	43	.55	1	0	0	1	.03	3	.11	10	.38	12	.16
b. Demos- trations	0	0	0	23	.29	51	.69	0	0	0	1	.03	7	.26	18	.69	0	0	0
c. Lectures	0	0	8	.10	35	.46	39	.52	1	0	0	2	.07	21	.42	19	.50	0	0
d. Group discussion	0	0	10	.12	27	.34	41	.52	0	0	0	2	.07	10	.30	12	.16	0	0

(continued)

TABLE VII (continued)

Item & Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II					
	1	2	3	4	5	1	2	3	4	5	
	f	F	f	F	f	f	F	f	F	f	F
e. Closed circuit television	0	9	.11	.20	.25	.34	.20	.25	.30	.30	.30
f. Recordings	3	.03	0	.10	.34	.13	.25	.32	0	.10	.11
g. Role playing	11	.14	6	.07	.23	.28	.25	.32	.12	.15	.03
h. Reading assignment	9	.11	5	.06	.31	.37	.25	.32	0	.10	.15
i. Individual oral reports	5	.06	4	.05	.20	.25	.34	.14	.13	.16	.07
j. Conferences on the ward	1	.01	0	3	.03	.39	.50	.35	.14	.34	.34
k. Instruction at the patient's bedside	8	.10	5	.06	.23	.29	.30	.30	.11	.14	.15

(continued)

TABLE VII (continued)

Item 4 Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II																
	1	2	3	4	5	1	2	3	4	5												
L. A hand- letter on the bulle- tin board	13	.16	.10	.12	.32	.11	.16	.30	7	.00	6	.23	5	.19	6	.23	4	.15				
<u>Item 5</u> Personnel Presenting the Program																						
e. General duty nurses	2	.02	1	.01	.10	.23	.11	.52	13	.36	3	1	.03	2	.07	5	.19	12	.16	3	.11	2
b. The in-service education program director	1	.01	0	5	.06	.33	.12	.37	.17	2	0	1	.15	13	.50	9	.31					
c. The faculty of the school of nursing	0	5	.06	.19	.24	.29	.37	.23	.29	2	2	.07	1	.03	3	.11	.11	.53	6	.21		

(continued)

TABLE VII (continued)

Item 5 Personnel Presenting the Program	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II															
	1	2	3	4	5	1	2	3	4	5											
	F	P	F	P	F	F	P	F	P	F											
d. The staff doctors	0	1	.05	.27	.34	.16	.58	1	.03	0	1	.03	.11	.12	.13	.50					
e. The nursing service supervisors	0	1	.01	.09	.11	.15	.57	.22	.28	1	2	.07	1	.01	3	.11	.13	.50	7	.26	
f. Person- nel from other depart- ments in the hospital	1	.01	3	.03	15	.19	.12	.53	.17	.21	2	.07	2	.07	7	.26	.10	.36	4	.15	1
g. Guest lecturers from out- side the field of medicine and nursing	0	.07	.12	.15	.27	.31	.19	.24	.10	.12	2	1	.15	5	.19	7	.26	6	.23	1	.15

(continued)

TABLE VII (continued)

Item 5 Personnel Presenting the Program	Frequency and Percentage of Response Under Each Value Rating of Group I					Frequency and Percentage of Response Under Each Value Rating of Group II													
	1	2	3	4	5	1	2	3	4	5									
	F	F	F	F	F	F	F	F	F	F									
h. Licensed practical nurses and nurse's aides	30	.33	16	.20	21	.26	10	.12	0		11	.12	2	.07	12	.16	0	0	1

N.P. = No response.

The frequency and percentage of response under each value rating of 61 registered nurses employed in places with a program of nursing education and 43 registered nurses employed in places without a program of nursing education (Tables VIII, IX) were compared.

To differentiate these groups from those in Tables V, VI, VII, reference will be made to Group A and Group B. Again little appreciable difference was found between the responses. In response to Items 1a and 1b none of the respondents from both groups designated a value of one (least value). Ten (16%), four (6%), ten (16%), four (6%) of Group A, respondents employed in places with a program of nursing education, allotted a value of five (highest value) to Items 2a, 2b, 2c, 2d and eight (18%), two (4%), six (13%), four (9%) of Group B, respondents employed in places without a program of nursing education, designated a value of five (highest value) to these same items. Table VIII depicts these data.

TABLE VIII

COMPARISON OF FREQUENCY AND PERCENTAGE OF RESPONSE TO A QUESTIONNAIRE CONCERNING IN-SERVICE EDUCATION OF 61 REGISTERED NURSES EMPLOYED IN PLACES WITH A PROGRAM OF NURSING EDUCATION (GROUP A) AND 13 REGISTERED NURSES EMPLOYED IN PLACES WITHOUT A PROGRAM OF NURSING EDUCATION (GROUP B)

Item 1 Objectives	Frequency and Percentage of Responses Under Each Value Rating of Group A					Frequency and Percentage of Responses Under Each Value Rating of Group B				
	1	2	3	4	5	1	2	3	4	5
a. Provides an opportunity to gain more skill in caring for patients	0	0	3	.04	8	.33	19	.80	1	1
b. Promote more effective nursing service for the hospital	0	1	.01	11	.18	17	.77	2	2	1
c. Provide an opportunity to										

(continued)

TABLE VIII (continued)

Item 1 Objectives	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B														
	1	2	3	4	5	1	2	3	4	5										
become familiar with the hospital	.06	5	.06	14	.22	21	.34	17	.27											
d. Assist the general duty nurse to advance to head nurse position	.21	9	.14	23	.37	10	.16	4	.06	2	.04	2	.04	16	.30	9	.20	12	.27	2
e. Assist the general duty nurse in working with the health team	.03	7	.11	7	.11	19	.31	25	.40	1	.02	4	.09	8	.18	14	.32	12	.27	4
f. Promote understanding of hospital policy	.03	2	.03	8	.13	22	.36	26	.42	1	.02	5	.11	5	.12	16	.31	15	.36	1

(continued)

TABLE VIII (continued)

Item 1 Objectives	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B																
	1	2	3	4	5	N.	1	2	3	4	5	N.										
c. Provide opportunity for active participation in community organizations	14	.22	21	.34	19	.31	10	.16	7	.11	8	.18	9	.20	13	.30	8	.18	4	.09	1	
	7	.11	4	.06	12	.19	14	.22	22	.36	2	4	.09	7	.16	12	.27	12	.27	7	.16	1
Item 2 Administration and Organization	6	.09	0	.13	19	.30	16	.26	10	.16	2	5	.12	5	.11	14	.32	11	.25	4	.18	2

(continued)

TABLE VIII (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating						N.	Frequency and Percentage of Response Under Each Value Rating						N.								
	of Group A							of Group B														
	1	2	3	4	5			1	2	3	4	5										
school of nursing budget	20	.32	0	.13	.10	.16	12	.19	6	.09	5	9	.20	7	.16	11	.25	0	.18	5	.11	3
1. Is partly paid for by voluntary contribu- tions from general duty nurses	36	.62	.10	.16	0	.13	1	.03	0	4	22	.51	5	.11	0	.18	3	.06	2	.04	3	
3. Is completely paid for by voluntary contribu- tions from general duty nurses	18	.78	3	.04	6	.09	0	0	4	29	.67	6	.23	4	.09	0	1	.02	3			

(continued)

TABLE VIII (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B					
	1	2	3	4	5	1	2	3	4	5	
	N.					N.					
Does col- lected from general duty nurses attending meetings	33	.54	0	.13	.18	5	.00	2	.03	2	
1. Is conducted so that choices of next pre- sent topic is made at each meeting	10	.16	0	.13	.14	.22	6	.09	.13	.21	
2. Is conducted according to a written plan	3	.04	4	.06	.12	.19	21	.34	.19	.31	2

(continued)

TABLE VIII (continued)

Non 2 Administra- tion and Organiza- tion	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B														
	1	2	3	4	5	1	2	3	4	5										
	F	P	F	P	F	F	P	F	P	F										
3. Includes general duty nurses, housekeep- ing personnel in the same meeting	20	.15	12	.19	12	.19	3	.04	5	.00	17	.36	8	.18	12	.27	2	.04	1	.09
5. Includes general duty nurses, administra- tors and supervisors in the same meeting	7	.11	2	.03	13	.21	22	.36	7	.11	6	.13	0	0	12	.27	15	.36	9	.20
7. Holds meetings for general duty nurses only	7	.11	6	.09	15	.21	16	.29	14	.22	7	.39	6	.34	7	.16	15	.36	6	.13

(continued)

To Items 3a, 3b, 3c, 3j seven (31%), 40 (65%), 50 (81%), 48 (78%) of Group A and six (13%), 26 (65%), 35 (81%), and 34 (79%) of Group B gave a rating of five (highest value). Nine (11%) of Group A rated Items 4i and 4k five (highest value) and six (13%) of Group B gave a rating of five to these same items. In response to Items 5a, 5b and 5h ten (16%), 27 (41%) and none of Group A and seven (16%), 19 (41%) and none of Group B gave a rating of five (highest value). Table IX illustrates these data.

TABLE IX

COMPARISON OF FREQUENCY AND PERCENTAGE OF RESPONSE TO A QUESTIONNAIRE CONCERNING IN-SERVICE EDUCATION OF 61 REGISTERED NURSES EMPLOYED IN PLACES WITH A PROGRAM OF NURSING EDUCATION (GROUP A) AND 43 REGISTERED NURSES EMPLOYED IN PLACES WITHOUT A PROGRAM OF NURSING EDUCATION (GROUP B)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B															
	1	2	3	4	5	1	2	3	4	5											
a. Presents a program centered in one clinical area	13	.21	12	.19	14	.22	7	.11	11	.25	11	.25	6	.19	1						
b. Presents a program concerning different clinical areas	0	0	7	.11	14	.22	10	.65	1	.02	2	.04	3	.06	8	.18	28	.65	1		
c. Presents topics other than nursing	14	.22	8	.13	17	.27	15	.24	7	.11	9	.20	8	.18	6	.13	9	.21	14	.21	1

(continued)

TABLE IX (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B					N. R.										
	1	2	3	4	5	1	2	3	4	5											
	f	f	f	f	f	f	f	f	f	f											
d. Provides information about available community health agencies	0	6	.09	4	.06	32	.51	19	.31	0	1	.09	4	.09	14	.32	20	.66	1		
e. Provides an opportunity to acquire skill in nurse-patient relationships	1	.01	2	.03	4	.06	19	.31	35	.57	0	0	0	0	0	0	0	0	0	1	
f. Reviews procedures learned in training	5	.08	4	.06	10	.16	21	.34	20	.32	3	.06	0	0	0	10	.23	11	.25	19	.44

(continued)

TABLE IX (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group A						Frequency and Percentage of Response Under Each Value Rating of Group B																			
	1	2	3	4	5	N.	1	2	3	4	5	N.														
	f	f	f	f	f	R.	f	f	f	f	f	R.														
g. Provides information about professional nursing organizations	3	.04	6	.09	16	.26	24	.39	11	.17	1	.01	2	.04	3	.06	8	.13	19	.31	11	.25				
h. Provides an opportunity to learn how to operate new equipment	0	1	.01	0	7	.11	50	.81	0	0	1	.02	7	.16	35	.81	0	0	1	.02	9	.20	17	.39	15	.35
i. Provides information about how to organize assignments	1	.01	2	.03	7	.11	30	.49	21	.34	1	.02	1	.02	9	.20	17	.39	15	.35	0	0	0	0	0	0
j. Provides information about new																										

(continued)

TABLE IX (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B				
	1	2	3	4	5	1	2	3	4	5
	f	f	f	f	f	f	f	f	f	f
drugs	0	1	2	10	18	0	0	0	9	34
L. Provides an oppor- tunity to learn how to use problem solving techniques	0	3	0	20	35	0	1	7	11	21
<u>Item 1.</u> <u>Methods of</u> <u>Presentation</u>										
a. Films	0	0	3	22	36	0	1	5	17	19
b. Demon- strations	0	0	0	19	42	0	0	1	11	31
c. Lectures	0	0	5	30	25	0	0	5	17	21
d. Group discussion	0	0	8	13	29	0	0	4	9	25

(continued)

TABLE IX (continued)

Item Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Group A						Frequency and Percentage of Response Under Each Value Rating of Group B														
	1	2	3	4	5	N.	1	2	3	4	5	N.									
	F	F	F	F	F	R.	F	F	F	F	F	R.									
e. Closed circuit television	1	.01	6	.09	11	.12	22	.36	19	.31	2	1	.02	5	.11	17	.39	11	.25	9	.20
f. Recordings	5	.06	4	.06	24	.39	24	.39	4	.06	5	.11	6	.13	19	.44	6	.13	7	.16	
g. Role playing	13	.21	1	.01	16	.29	19	.31	9	.14	4	.09	9	.20	15	.36	11	.25	4	.09	
h. Reading assignments	6	.09	6	.09	21	.34	22	.36	6	.09	2	.04	8	.18	14	.32	12	.27	6	.13	
i. Individual oral reports	5	.08	2	.03	13	.21	31	.50	9	.14	1	.02	5	.11	17	.39	14	.32	6	.13	
j. Conferences on the ward	2	.03	1	.01	2	.03	29	.47	27	.44	0	0	2	.04	4	.09	20	.46	17	.39	
k. Instruction at the patient's																					

(continued)

TABLE IX (continued)

Item 4 Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Group A					Frequency and Percentage of Response Under Each Value Rating of Group B																
	1	2	3	4	5	1	2	3	4	5												
	N.	f	F	f	F	N.	f	F	f	F												
bedside	6	.09	2	.03	18	.29	26	.42	9	.14	1	.09	6	.13	14	.32	12	.27	6	.13		
1. A news- letter on the bulle- tin board	12	.19	6	.13	22	.14	15	.24	4	.06	7	.16	7	.16	15	.36	8	.18	6	.13		
<u>Item 5</u> <u>Personnel</u> <u>Presenting</u> <u>the</u> <u>Program</u>																						
a. General duty nurses	1	.01	0		11	.18	36	.59	10	.16	3	.04	3	.06	12	.27	17	.39	7	.16	2	.04
b. The in-service education program director	0		1	.01	2	.03	29	.47	27	.44	2	.02	0		7	.16	17	.39	19	.44		
c. The faculty of																						

(continued)

TABLE IX (continued)

Item 5 Personnel Presenting the Program	Frequency and Percentage of Response Under Each Value Rating of Group A					H. R.	Frequency and Percentage of Response Under Each Value Rating of Group B					I. R.										
	1	2	3	4	5		1	2	3	4	5											
	F	F	F	F	F		F	F	F	F	F											
the school of nursing	1	.01	4	.06	13	.21	25	.40	16	.26	2	1	.02	2	.04	9	.20	18	.10	13	.30	
d. The staff doctors	1	.01	0	1	.01	26	.42	33	.54		0	1	.02	4	.09	12	.27	26	.60			
e. The nursing service supervis- ors	1	.01	1	.01	8	.13	32	.51	18	.29	1	1	.02	4	.09	26	.60	11	.25		1	
f. Person- nel from other depart- ments in the hospital.	2	.03	4	.06	9	.14	35	.57	11	.18		1	.02	1	.02	13	.20	17	.39	10	.23	1
g. Guest lecturers from out- side the																						

(continued)

A comparison of frequency and percentage of response of 85 diploma school graduates and 19 degree school graduates (Table X) showed few identifiable differences.

Sixty-two (72%) of the registered nurses who were graduates of diploma schools of nursing rated Item 1a and 1b five (highest value) and 14 (73%) of the registered nurses who were graduates of degree schools of nursing rated Items 1a and 1b five (highest value). Sixty-five (76%), 33 (38%), 29 (36%), 14 (16%) and 18 (56%) of the graduates of diploma schools of nursing gave Items 2e, 2f, 2u, 2v, 2s a rating of five (highest value) and 16 (81%), seven (36%), six (31%), three (15%), 11 (57%) of the graduates of degree schools of nursing rated Items 2e, 2f, 2u, 2v, 2s five (highest value). In response to Items 3a and 3j 11 (12%) and 66 (77%) of the diploma school graduates and 2 (10%), 15 (78%) of the graduates of degree schools of nursing allotted these items with the value of five (highest value). The rating of five (highest value) was given to Items 4f and 4l by ten (11%) and eight (9%) of the graduates of diploma schools of nursing, and by two (10%) of the graduates of degree schools of nursing. In response to Item 5f 17 (20%) of the graduates of diploma schools of nursing and 4 (21%) of the graduates of degree schools of nursing gave Item 5f a rating of five (highest value).

TABLE X

COMPARISON OF FREQUENCY AND PERCENTAGE OF RESPONSE TO A QUESTIONNAIRE
 CONCERNING IN-SERVICE EDUCATION OF 65 DIPLOMA SCHOOL
 GRADUATES AND 19 DEGREE SCHOOL GRADUATES

Item 1 Objectives	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates					
	1	2	3	4	5	1	2	3	4	5	
a. Provide an opportunity to gain more skill in caring for patients	0	1	.02	3	.09	16	.38	62	.72	3	.73
b. Promote more effective nursing service for the hospital	0	1	.01	4	.04	15	.17	62	.72	3	.73
c. Provide an opportunity to											

(continued)

TABLE I (continued)

Item 1 Objectives	Frequency and Percentage of Response Under Each Value Rating of Diplom School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates						
	1	2	3	4	5	1	2	3	4	5		
became familiar with the hospital	3	.03	5	.05	25	.29	26	.30	21	.26	2	
d. Assist the general duty nurse to advance to head nurse position	14	.16	15	.17	30	.35	16	.19	7	.08	3	
e. Assist the general duty nurse in working with the health team	2	.02	9	.10	13	.15	23	.32	26	.32	5	
f. Promote understanding of hospital												

(continued)

TABLE I (continued)

Item 1 Objectives	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates															
	1	2	3	4	5	1	2	3	4	5											
policy	3	.03	4	.04	12	.14	29	.34	35	.41	2	6	.31	2	.10	1	.05	7	.36	3	.15
5. Provide opportunity for active participation in community organizations	10	.21	18	.21	26	.30	14	.16	8	.09	2	4	.21	2	.10	6	.31	4	.21	3	.15
6. Reduce staff turnover	10	.11	7	.06	19	.22	21	.24	25	.29	3	2	.10	4	.21	4	.21	5	.26	4	.21

(continued)

Item 2 Administration and Organization
to be planned by

TABLE X (continued)

Item	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					N.	Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates					N.									
	1	2	3	4	5		1	2	3	4	5										
	F	F	F	F	F		F	F	F	F	F										
a. committee of general duty nurses	9	.10	.13	.15	.27	.31	.23	.27	.14	.16	1	3	.15	0	8	.12	4	.21	4	.21	
b. is planned entirely by the in-service education director	23	.27	.15	.17	.27	.31	.12	.24	.14	.07	2	7	.36	1	.05	7	.36	4	.21	0	
c. is initiated by the hospital administration	19	.22	.21	.24	.21	.10	.11	.11	.12	.12	3	4	.21	2	.10	5	.26	4	.21	4	.21
d. is controlled by the hospital administration	34	.10	.17	.20	.10	.21	4	.04	0	.09	4	9	.17	2	.10	6	.31	2	.10	0	

(continued)

TABLE X (continued)

Item	Frequency and Percentage of Responses Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Responses Under Each Value Rating of Degree School Graduates						
	1	2	3	4	5	1	2	3	4	5		
e. Is planned jointly by a committee of general duty nurses and the in-service education director	1	1	7	11	65	76	0	0	3	15	16	81
f. Is paid for as part of the hospital budget	1	0	16	21	28	38	4	21	5	26	7	36
g. Is paid for as part of the nursing service budget	23	27	11	12	21	22	25	13	15	1	17	1

(continued)

TABLE X (continued)

Item 2 Administration and Organization	Frequency and Percentage of Response Under Each Value Rating of Midwestern School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates														
	1	2	3	4	5	1	2	3	4	5										
h. Is paid for as part of the school of nursing budget	23	.27	13	.15	15	.17	18	.22	8	.09	8	.31	2	.10	3	.15				
i. Is partly paid for by voluntary contributions from general duty nurses	47	.55	13	.15	13	.15	3	.03	2	.02	7	13	.58	3	.15	2	.10	1	.05	0
j. Is completely paid for by voluntary contributions from general duty nurses	61	.71	8	.09	8	.09	0	1	.01	7	16	.84	1	.05	2	.10	0	0	0	0

(continued)

TABLE I (continued)

Item	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates						Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates					
	1	2	3	4	5	N.	1	2	3	4	5	N.
n. Is planned a year in advance	18	.21	17	.20	19	.22	17	.20	12	.14	2	2
o. Holds meetings once each month	2	.02	4	.04	9	.10	33	.38	35	.41	2	1
p. Holds meetings once each week	15	.17	13	.15	22	.25	16	.18	11	.16	5	1
q. Holds meetings every day	15	.60	15	.17	10	.11	0	4	.04	5	5	1
r. Holds meetings on "duty" time	13	.15	7	.08	12	.14	20	.23	31	.36	2	1

(continued)

TABLE I (continued)

Item 2 Administra- tion and Organiza- tion	Frequency and Percentage of Responses Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Responses Under Each Value Rating of Degree School Graduates																
	1	2	3	4	5	N.	1	2	3	4	5	N.										
a. Holds meetings on "off duty" time	18	.21	11	.12	20	.23	21	.24	13	.15	2	4	.21	2	.10	7	.36	3	.15	2	.10	1
b. Holds meetings for night and even- ing nurses during the night and evening shifts	6	.07	7	.08	17	.20	27	.31	21	.26	4	1	.05	1	.05	6	.30	3	.15	7	.36	1
c. Requires general duty nurses to attend meetings	6	.07	2	.02	18	.21	30	.35	29	.34		2	.10	5	.26	3	.15	3	.15	6	.31	
d. Includes all nursing personnel in the same meetings	12	.14	10	.10	20	.23	26	.32	14	.16	1	4	.21	0		7	.36	5	.26	3	.15	

(continued)

TABLE X (continued)

Item	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates															
	1	2	3	4	5	1	2	3	4	5											
Administration and Organization	32	37	18	21	22	25	5	05	7	00	1	13	68	2	10	2	10	0			
u. Includes general duty nurses, housekeeping personnel in the same setting																					
x. Includes general duty nurses, administrators, and supervisors in the same setting	11	12	2	02	20	23	33	30	18	21	1	2	10	0	5	26	1	21	8	12	
y. Holds meetings for general duty nurses only	10	11	13	15	17	20	20	32	16	18	1	4	21	1	05	5	26	5	26	1	21

(continued)

TABLE X (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					N. R.	Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates					N. R.									
	1	2	3	4	5		1	2	3	4	5										
	f	f	f	f	f		f	f	f	f	f										
Clinical areas	1	.01	2	.02	8	.09	19	.22	54	.63	1	0	0	2	.10	3	.15	14	.73		
e. Presents topics other than nursing	15	.17	16	.18	19	.22	20	.23	14	.16	1	6	.37	2	.10	3	.15	4	.21	6	.21
d. Provides information about available community health agencies	0	7	.06	8	.09	39	.45	29	.34	1	3	.15	0	0	7	.36	9	.47			
e. Provides an oppor- tunity to acquire skill in nursing patient relation- ships	1	.01	2	.02	7	.08	26	.30	10	.57	0	0	0	1	.05	6	.33	12	.63		

(continued)

TABLE X (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates														
	1	2	3	4	5	1	2	3	4	5										
	F	F	F	F	F	F	F	F	F	F										
f. Reviews procedures learned in "trainings"	6	.07	3	.03	17	.20	26	.30	31	.36	1	.05	2	.10	3	.15	5	.26	8	.42
g. Provides information about pro- fessional nursing organiza- tions	1	.04	7	.08	20	.23	36	.42	17	.20	0	0	2	.10	4	.21	7	.36	6	.31
h. Provides an oppor- tunity to learn how to operate new equipment.	0	0	1	.01	0	0	13	.15	71	.83	0	0	1	.05	1	.05	2	.05	17	.89
i. Provides information about how to organize																				

(continued)

TABLE I (continued)

Item 3 Content of Program	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates													
	1	2	3	4	5	1	2	3	4	5									
	f	f	f	f	f	f	f	f	f	f									
assign- ments	1	.01	3	.03	11	.12	39	.45	31	.36	1	.05	0	5	.26	0	.42	5	.26
j. Provides information about new drugs	0	1	.01	1	.01	16	.18	66	.77	0	1	.05	3	.15	15	.70	0	0	0
k. Provides an oppor- tunity to learn how to use problem solving techniques	0	2	.02	8	.09	26	.32	47	.55	0	2	.10	3	.15	5	.26	9	.47	0
<u>Item 4</u> <u>Methods of</u> <u>Presentation</u>																			
a. Films	0	1	.01	7	.08	32	.37	44	.51	1	0	1	.05	7	.36	11	.57	0	0
b. Demon- strations	0	0	1	.01	26	.30	58	.68	1	0	0	0	4	.21	15	.70	0	0	0

(continued)

TABLE I (continued)

Item 1, Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates										Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates									
	1		2		3		4		5		1		2		3		4		5	
	F	R.	F	R.	F	R.	F	R.	F	R.	F	R.	F	R.	F	R.	F	R.	F	R.
e. Lectures	0		0	.09	11	.16	35	.11		1	0		0	.05	7	.36	11	.57		
d. Group discussion	0		0	.12	32	.37	12	.19			0		0	.05	5	.26	13	.68		
e. Closed circuit television	2	.02	0	.09	24	.26	29	.34	21	.24	1		0	.15	4	.21	4	.21	7	.36
f. Record- ings	10	.11	6	.07	37	.43	22	.25	10	.11			0	.15	6	.31	7	.36	2	.10
g. Role playing	13	.15	0	.09	27	.31	27	.31	10	.11			5	.26	2	.10	6	.31	3	.15
h. Reading assign- ments	0	.09	12	.14	32	.37	26	.30	7	.08			1	.05	2	.10	3	.15	8	.42
i. Individ- idual oral reports	5	.05	6	.07	36	.30	34	.40	31	.35	1		1	.05	1	.05	4	.21	10	.52
j. Confer- ences on the ward	1	.01	2	.02	5	.05	14	.16	33	.38			1	.05	1	.05	5	.26	11	.57

(continued)

TABLE I (continued)

Item 4 Methods of Presentation	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates														
	1	2	3	4	5	1	2	3	4	5										
k. Institution at the patient's bedside	7	.08	6	.07	31	.36	31	.36	10	.11	4	.21	3	.15	0	6	.31	6	.31	
l. A newspaper letter on the bulletin board	16	.19	12	.14	29	.34	20	.23	6	.09	3	.15	3	.15	0	12	.3	15	2	.10
Item 5 Personnel Presenting the Program																				
a. General duty nurses	3	.03	2	.02	19	.22	16	.18	10	.11	5	0	1	.05	1	.23	7	.36	7	.36
b. The in-service education program director	1	.01	0	0	9	.10	39	.45	34	.40	2	0	0	0	0	7	.36	12	.63	

(continued)

TABLE I (continued)

Item 5 Personnel Presenting the Program	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates						Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates					
	1	2	3	4	5	H.	1	2	3	4	5	H.
	F	F	F	F	F	R.	F	F	F	F	F	R.
c. The faculty of the school of nursing of nursing	2	.02	5	.05	18	.21	36	.14	20	.23	2	
d. The staff doctors	1	.01	0	2	.02	33	.36	19	.57		0	
e. The nursing services supervisors	3	.03	1	.01	12	.14	15	.52	24	.26	0	
f. Paramen- tal free other depart- ments in the hospital	4	.04	4	.04	19	.22	41	.48	17	.20	0	

(continued)

TABLE X (continued)

Item 5 Personnel Presenting the Program	Frequency and Percentage of Response Under Each Value Rating of Diploma School Graduates					Frequency and Percentage of Response Under Each Value Rating of Degree School Graduates									
	1	2	3	4	5	1	2	3	4	5					
	N.					N.									
G. Guest Lecturers from out- side the field of medicine and nursing	9	.10	.11	.36	.31	.24	6	.09	2						
h. Li- censed practical nurses and nurse's aides	30	.35	17	.20	26	.32	8	.09	0	2					
							11	.57	1	.05	5	.26	2	.10	0

N.R. = No response.

Practices included in in-service education programs that were rated five (highest value) by 50 per cent or more of all the representative groups included Item 1a, Provide opportunity to gain more skill in caring for patients; Item 1b, Promote more effective nursing service for the hospital; 2a . . . is planned jointly by a committee of general duty nurses and the in-service education director; 2b . . . includes part-time general duty nurses in meetings for full time general duty nurses; Item 3b, Presents a program concerning different clinical areas; 3c, Provides opportunity to learn how to operate new equipment; Items 3f, Provides information about new drugs; Item 4b (Method of Presentation) demonstration; and Item 5d (Personnel Presenting the Program) staff doctors.

Data obtained from the section provided for respondents' comments were compiled verbatim. No attempt was made to classify or edit the comments. (Appendix D) The consensus of opinion seemed to indicate that general duty nurses were in favor of in-service education programs that would assist them in keeping pace with current knowledge, and that they desired authentic, well presented materials at a convenient time for meeting. Also the respondents expressed a desire for improvement of current in-service education programs, plus a means to enable the married general duty nurse with children to attend meetings, and more in-service education programs for evening, night and part-time personnel.

Findings

The data obtained by this study were analyzed and the findings disclosed by the analysis do not substantiate the hypotheses that (1) there would be significant differences of opinion between registered nurses who have been previously employed or are currently employed in hospitals with in-service education programs and those who are employed in hospitals without in-service education programs; (2) registered nurses who are employed in places connected with a program of nursing education and those employed in places not connected with a program of nursing education; (3) registered nurses who are graduates of diploma schools of nursing and those who are graduates of degree schools of nursing. The data indicated the following findings:

1. Little appreciable difference of opinion as shown by the comparison of frequency and percentage of response under each value rating existed between registered nurses who had experienced organized in-service education programs and registered nurses who had not experienced organized in-service education programs; registered nurses who were employed in places with a program of nursing education and registered nurses who were employed in places without a program of nursing education; registered nurses who were graduates of diploma schools of nursing and registered nurses who were graduates of degree schools of nursing.

2. Over 50 per cent of the respondents rated the components in Item 1a, Provide an opportunity to gain more skill in caring for patients; 1b, Promote more effective nursing service for the hospital; 2c, Is planned jointly by a committee of general duty nurses and the in-service education director; 2a, Includes part-time general duty nurses in meetings for full time general duty nurses; 3b, Presents a program concerning different clinical areas; 3h, Provides an opportunity to learn how to operate new equipment; 3j, Provides information about new drugs; 4b (Methods of Presentation), Demonstration; and 5d (Personnel Presenting the Program), The staff doctors, of highest value.

3. Registered nurses thought in-service education programs would be valuable, expressed need for improvement of current in-service education, and offered suggestions for improvement of in-service education programs such as mail or televise materials to general duty nurses unable to attend all meetings, schedule meetings at convenient times for evening and night nursing personnel, present topics of current interest, allow general duty nurses to choose the topics to be presented at meetings, invite resource people to speak at meetings.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to determine by survey methods the opinions of selected registered nurses in Oregon currently employed as general duty nurses regarding the values of various components included in in-service education programs. It was attempted to identify differences, if any, of opinions expressed by registered nurses who have been or are currently employed in places with in-service education programs (Group I) and those who have not experienced organized in-service education (Group II). There was further attempt to identify differences, if any, of opinions expressed by registered nurses who are employed in a hospital with a program of nursing education (Group A) and those employed in a hospital without a program of nursing education (Group B). The study also attempted to identify differences, if any, of opinions expressed by registered nurses who are graduates of diploma schools of nursing and those who are graduates of degree schools of nursing.

It was hypothesized that there would be a significant difference between the responses of registered nurses who had been employed or are currently employed in hospitals with in-service education and those who are employed in hospitals without in-service education;

the responses of registered nurses who are employed in a hospital connected with a program of nursing education and those employed in a hospital not connected with a program of nursing education; the responses of registered nurses who are graduates of diploma schools of nursing and those who are graduates of degree schools of nursing.

A questionnaire was developed from components included in in-service education programs described in the literature. A five-point rating scale and form to allow the respondents to indicate their opinions were designed. Sections for general information and respondents' comments were also included.

The list of respondents was obtained from the files of the Oregon State Board of Nursing list of nurses who on their current license renewal had indicated that they practiced as general duty nurses.

The starting point for the list of participants was determined by the use of a table of random numbers published by the Rand Corporation according to the method presented by Wallis and Roberts in Statistics - A New Approach.⁽³⁰⁾ Every tenth name was chosen to be a respondent to the questionnaire.

A total of 266 questionnaires were mailed. One hundred twenty-four questionnaires were returned (46% response). A follow-up procedure to increase the amount of response was undertaken. Post cards were sent to all of the respondents. Ten more questionnaires were returned increasing the response to 134 (50%). Thirty questionnaires were deleted from the final tabulation because the data were not usable. The data for this study were obtained from

the responses of 104 (39% of the selected population) registered nurses. The data were processed by means of McBee Keysort cards.

Conclusions

1. The respondents were in general agreement concerning the values of in-service education. There is no means of determining from the data whether this agreement was due to lack of sensitivity of the tool or to some other factor.

2. The suggestions for improvement could lead to the conjecture that it is Continuation Education that is desired rather than in-service education. Nurses seem to want to continue to learn, but educational enterprises offered under the auspices of the service institution must (according to their suggestions) be offered at a time and place convenient to all, including those on the evening and night shifts and part-time employees.

Recommendations for Further Study

After consideration of the data obtained by this study the following recommendations for further study were made.

1. A study be done to determine the cost of providing an in-service education program for general duty nurses.

2. A study be made of ways whereby newer teaching devices such as television courses could be utilized for Continuation Education in lieu of in-service education programs.

3. A study of means whereby Continuation Education programs could be developed by the collaboration of several nursing service organizations, such programs to replace in-service education programs in part.

4. Tools be devised which can effectively measure the results of in-service education programs, particularly in reference to improvement (or lack of improvement) in the nursing care of the sick.

BIBLIOGRAPHY

1. Adams, Mary R.; MacDonald, Sarah; Salerno, Ines M. Characteristics of In-Service Education for Graduate Nurses. Submitted in partial fulfillment for Nursing 401 - Principles and Methods of Research, Western Reserve University, Frances Payne Bolton School of Nursing, January 1953.
2. Barret, Mary V. An in-service education program for nurses. The American Journal of Nursing, 51:6:388-390, June 1951.
3. Bethel, Laurence L.; Atwater, Franklin S.; Smith, George H.E.; Stackman, Harvey A. Industrial Organization and Management, McGraw-Hill Book Company, Inc., New York, 1956, page 428.
4. Bookelheide, Bertha Louise. Inservice Education for Professional Staff Nurses in Rural Hospitals in South Dakota. Master's thesis, Department of Nursing, University of Colorado, 1958.
5. Class Project Report Prepared at Catholic University of America. Inservice education for general duty nurses. The American Journal of Nursing, 53:4:452-453, April 1953.
6. Fleck, Katherine. A Study of the Opinions of Staff and Senior Student Nurses in Selected Hospitals in the City of Cleveland Regarding In-Service Staff Education Programs. Master's thesis, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio, 1951
7. Gilchrist, Robert S. Highway to quality teaching. N.E.A. Journal, 48:18-19, May 1959.
8. Green, Marion. An Experience in Organizing and Developing an In-Service Education Program for the Graduate Nurse Staff at a Selected State Tuberculosis Hospital. Master's thesis, Department of Nursing Education, University of Oregon Medical School, Portland, Oregon, June 1959.
9. Heidegerken, Loretta. In-service education and research. Nursing Outlook, 7:8:474-475, August 1959.
10. Hiner, Betty. Inservice education for good service. Nursing Outlook, 5:4:218-219, April 1957.

11. Morris, J. Russel. Why an in-service education program. The Bulletin of the National Association of Secondary School Principals, 44:253:123, February 1950.
12. Nicholson, Helen F. An in-service education program for professional nurses. The American Journal of Nursing, 53:1103, September 1953.
13. . Florence Nightingale to Her Nurses - Selections from Addresses to Practitioners, Macmillan Co., New York, 1914, page 54.
14. Jensen, Deborah Maclurg et al. History and Trends of Professional Nursing, The C. V. Mosby Co., St. Louis, 1959.
15. O'Doyle, Myrtle. A Study of Practices in Orienting Staff Nurses. Master's thesis, League Exchange No. 15, Graduate School, University of Washington, Seattle, 1953. National League for Nursing, publisher, New York, 1956.
16. . Oregon State Plan for Construction of Hospitals, Public Health Centers and Medical Facilities, Oregon State Board of Health, 1957 revision.
17. . Oregon State Plan for Construction of Hospitals, Public Health Centers and Medical Facilities, Oregon State Board of Health, 1959 revision.
18. Ozarin, Lucy D. In-service training - a good personnel practice. Mental Hospitals, 6:12:6-7, December 1955.
19. Palmerton, Barbara Jeanne. A Survey of Inservice Staff Education Programs for Nursing Personnel in Selected Hospitals in Three Cities Located in the State of Washington. Master's thesis, University of Washington, Seattle, 1956.
20. . Practical Nursing Curriculum, Federal Security Agency, Office of Education, Washington, D.C., 1950.
21. Pigors, Paul; Myers, Charles A. Personnel Administration, McGraw-Hill Book Company, Inc., New York, 1956, page 219.
22. Poole, Drucilla R. In-service education reaches a milestone. The American Journal of Nursing, 53:12:1157, December 1953.

23. Quinby, Margret. Study of Staff Nurses Opinions and Reactions to Formal Inservice Education in Five Hospitals in Chicago, Illinois. Master's thesis, University of Washington, Seattle, 1960.
24. Ross, Esther Isabelle. A Survey of the Opinions of Registered Nurses in Small Hospitals Concerning Their Needs for Continuing Education. Master's thesis, University of Washington, Seattle, 1960.
25. Sister Mary Agnes. Inservice program meetings. Hospital Progress, XII:20:64-65, December 1960.
26. Stewart, Isabel M. The Education of Nurses, The Macmillan Company, New York, 1943, page 54.
27. Theilmann, Giles. What are the characteristics of an effective in-service program? The Bulletin of the National Association of Secondary School Principals, X:135:361-366, March 1952.
28. Weber, C. A. A summary of the findings of the subcommittee on in-service education of the North Central Association of Colleges and Secondary Schools. Journal of Educational Research, X:694-707, May 1943.
29. Webster's New Collegiate Dictionary, G. & C. Merriam Co., publishers, Springfield, Mass., 1957.
30. Wallis, W. Allen; Roberts, Harry V. Statistics - A New Approach, The Free Press, Glencoe, Illinois, 1956.
31. Wolf, Lulu K. Nursing, D. Appleton-Century Co., New York, 1947.

APPENDIX A
COVERING LETTER

1969 S.W. Park Avenue
Portland 1, Oregon
November 10, 1961

Dear Professional Colleague:

In partial fulfillment of requirements for a Master of Science degree from the University of Oregon School of Nursing I am undertaking a study of the opinions of a selected group of registered nurses regarding the values of in-service education programs. You have been among those selected to participate. Are you willing to devote a few minutes to the completion of the enclosed questionnaire? It need not be signed.

For your convenience a stamped, self-addressed envelope has been included. Would you return the questionnaire by December 8, 1961.

Upon completion of the study, a report will be placed in the University of Oregon Medical School Library.

Thank you for your interest and cooperation.

Yours truly,

Esther E. Laithe

APPENDIX B
QUESTIONNAIRE

A SURVEY OF OPINIONS EXPRESSED BY SELECTED REGISTERED NURSES IN
OREGON REGARDING THE VALUES OF IN-SERVICE EDUCATION PROGRAMS.

Part I. General Information

DIRECTIONS:

Check the response or responses that most
appropriately answer the question.

1. Check the type of nursing school from which you graduated.

- | | |
|-------------------------------------|---------|
| a. Diploma program | a. ___. |
| b. Associate of Arts degree program | b. ___. |
| c. Baccalaureate degree program | c. ___. |
| d. Other (Please specify) | d. ___. |
-

2. Check the type of institution where you are currently employed.

- | | |
|---------------------------|---------|
| a. General hospital | a. ___. |
| b. Special hospital | b. ___. |
| c. Nursing home | c. ___. |
| d. Other (Please specify) | d. ___. |
-

3. With what type of nursing school (if any) is your place of
employment associated?

- | | |
|--|---------|
| a. Hospital school leading to a diploma | a. ___. |
| b. Junior college program leading to an A.A. degree | b. ___. |
| c. Collegiate program leading to a
baccalaureate degree | c. ___. |
| d. Practical nurse school (or program) | d. ___. |
| e. Affiliation for a hospital school or collegiate
program. | e. ___. |
| f. Affiliation for a practical nurse school | f. ___. |
| g. None of above | g. ___. |

4. Is an in-service education program for registered nurses
conducted at your place of employment?

- | | |
|---------------|---------|
| a. Yes | a. ___. |
| b. No | b. ___. |
| c. Don't know | c. ___. |

5. Were there in-service education programs for registered nurses
at places where you were previously employed?

- | | |
|---------------|---------|
| a. Yes | a. ___. |
| b. No | b. ___. |
| c. Don't know | c. ___. |

Part II. Appraisal of In-Service Education Programs

Directions:

The following statements, arranged in categories, are generalizations regarding practices included in in-service education programs for general duty nurses.

Using the rating scale below in the box, rate the statements in each category according to what in your opinion, would be their value for you as part of an in-service education program.

Indicate your rating by circling a number (1,2,3,4,or 5) at the right of the paper.

If you have any additional comments concerning in-service education programs, a section for comments is included at the end of the questionnaire.

RATING SCALE	EXPLANATION OF TERMS
1. least value	- This practice would be worthwhile in <u>few if any</u> in-service education programs.
2. little value	- This practice would be worthwhile in <u>few</u> in-service education programs.
3. questionable value	- This practice would be worthwhile in <u>some</u> in-service education programs.
4. value	- This practice would be worthwhile in <u>most</u> in-service education programs.
5. highest value	- This practice would be worthwhile in <u>almost all</u> in-service education programs.

THERE ARE NO CORRECT ANSWERS! ONLY YOUR OPINION IS WANTED.

1. Objectives

An in-service education program that seeks to

- a. provide an opportunity to gain more skill in caring for patients. 1 2 3 4 5
- b. promote more effective nursing service for the hospital. 1 2 3 4 5

Part II. Appraisal of In-Service Education Programs

1. Objective

An In-service education program that seeks to

- | | | | | | |
|--|---|---|---|---|---|
| c. provide an opportunity to become familiar with the hospital. | 1 | 2 | 3 | 4 | 5 |
| d. assist the general duty nurse to advance to headnurse position | 1 | 2 | 3 | 4 | 5 |
| e. assist the general duty nurse in working with the health team. | 1 | 2 | 3 | 4 | 5 |
| f. promote understanding of hospital policy. | 1 | 2 | 3 | 4 | 5 |
| g. provide an opportunity for active participation in community organizations. | 1 | 2 | 3 | 4 | 5 |
| h. reduce staff turnover. | 1 | 2 | 3 | 4 | 5 |

2. Administration and Organization

An in-service education program that

- | | | | | | |
|--|---|---|---|---|---|
| a. is planned by a committee of general duty nurses. | 1 | 2 | 3 | 4 | 5 |
| b. is planned entirely by the in-service education director. | 1 | 2 | 3 | 4 | 5 |
| c. is initiated by the hospital administration. | 1 | 2 | 3 | 4 | 5 |
| d. is controlled by the hospital administration. | 1 | 2 | 3 | 4 | 5 |
| e. is planned jointly by a committee of general duty nurses and the in-service education director. | 1 | 2 | 3 | 4 | 5 |
| f. is paid for as part of the hospital budget. | 1 | 2 | 3 | 4 | 5 |
| g. is paid for as part of the nursing service budget. | 1 | 2 | 3 | 4 | 5 |
| h. is paid for as part of the school of nursing budget. | 1 | 2 | 3 | 4 | 5 |
| i. is partly paid for by voluntary contributions from general duty nurses. | 1 | 2 | 3 | 4 | 5 |
| j. is completely paid for by voluntary contributions from general duty nurses. | 1 | 2 | 3 | 4 | 5 |

Part II. Appraisal of In-Service Education Programs

RATING SCALE
SUMMARIZED

- | |
|-----------------------|
| 1. least value |
| 2. little value |
| 3. questionable value |
| 4. value |
| 5. highest value |

2. Administration and Organization

An in-service education program that

- | | | | | | |
|---|---|---|---|---|---|
| k. is paid for by admission fees collected from general duty nurses attending meetings. | 1 | 2 | 3 | 4 | 5 |
| l. is conducted so the choice of next program topic is made at each meeting. | 1 | 2 | 3 | 4 | 5 |
| m. is conducted according to a written plan. | 1 | 2 | 3 | 4 | 5 |
| n. is planned a year in advance. | 1 | 2 | 3 | 4 | 5 |
| o. holds meetings once each month. | 1 | 2 | 3 | 4 | 5 |
| p. holds meetings once each week. | 1 | 2 | 3 | 4 | 5 |
| q. holds meetings every day. | 1 | 2 | 3 | 4 | 5 |
| r. holds meetings on "duty" time. | 1 | 2 | 3 | 4 | 5 |
| s. holds meetings on "off duty" time. | 1 | 2 | 3 | 4 | 5 |
| t. holds meetings for night and evening nurses during the night and evening shift. | 1 | 2 | 3 | 4 | 5 |
| u. requires general duty nurses to attend meetings. | 1 | 2 | 3 | 4 | 5 |
| v. includes all nursing personnel in the same meeting. | 1 | 2 | 3 | 4 | 5 |
| w. includes general duty nurses, house-keeping and maintenance personnel in the same meeting. | 1 | 2 | 3 | 4 | 5 |
| x. includes general duty nurses, administrators, and supervisors in the same meeting. | 1 | 2 | 3 | 4 | 5 |
| y. holds meetings for general duty nurses only. | 1 | 2 | 3 | 4 | 5 |
| z. includes part-time general duty nurses in meetings for full time general duty nurses.. | 1 | 2 | 3 | 4 | 5 |

Part II. Appraisal of In-Service Education Programs

3. Content of Program

An in-service Education program that

- | | | | | | |
|---|---|---|---|---|---|
| a. presents a program centered in one clinical area. | 1 | 2 | 3 | 4 | 5 |
| b. presents a program concerning different clinical areas. | 1 | 2 | 3 | 4 | 5 |
| c. presents topics other than nursing or medicine. | 1 | 2 | 3 | 4 | 5 |
| d. provides information about available community health agencies. | 1 | 2 | 3 | 4 | 5 |
| e. provides an opportunity to acquire skill in nurse-patient relationships. | 1 | 2 | 3 | 4 | 5 |
| f. reviews procedures learned in "training". | 1 | 2 | 3 | 4 | 5 |
| g. provides information about professional nursing organizations. | 1 | 2 | 3 | 4 | 5 |
| h. provides an opportunity to learn how to operate new equipment. | 1 | 2 | 3 | 4 | 5 |
| i. provides information about how to organize assignments. | 1 | 2 | 3 | 4 | 5 |
| j. provides information about new drugs. | 1 | 2 | 3 | 4 | 5 |
| k. provides an opportunity to learn how to use problem solving techniques. | 1 | 2 | 3 | 4 | 5 |

4. Methods of Presentation

An in-service education program that presents subjects by means of

- | | | | | | |
|-------------------------------|---|---|---|---|---|
| a. films. | 1 | 2 | 3 | 4 | 5 |
| b. demonstrations. | 1 | 2 | 3 | 4 | 5 |
| c. lectures. | 1 | 2 | 3 | 4 | 5 |
| d. group discussion | 1 | 2 | 3 | 4 | 5 |
| e. closed circuit television. | 1 | 2 | 3 | 4 | 5 |
| f. recordings. | 1 | 2 | 3 | 4 | 5 |
| g. role-playing. | 1 | 2 | 3 | 4 | 5 |

Part II. Appraisal of In-Service Education Programs.

RATING SCALE
SUMMARIZED

- | |
|-----------------------|
| 1. least value |
| 2. little value |
| 3. questionable value |
| 4. value |
| 5. highest value |

4. Methods of Presentation

An in-service education program that presents subjects by means of

- | | | | | | |
|---|---|---|---|---|---|
| h. reading assignments. | 1 | 2 | 3 | 4 | 5 |
| i. individual oral reports. | 1 | 2 | 3 | 4 | 5 |
| j. conferences on the ward | 1 | 2 | 3 | 4 | 5 |
| k. instruction at the patient's bedside | 1 | 2 | 3 | 4 | 5 |
| l. a newsletter on the bulletin board | 1 | 2 | 3 | 4 | 5 |

5. Personnel Presenting the Program

An in-service education program that is presented by

- | | | | | | |
|--|---|---|---|---|---|
| a. general duty nurses. | 1 | 2 | 3 | 4 | 5 |
| b. the in-service education program director. | 1 | 2 | 3 | 4 | 5 |
| c. the faculty of the school of nursing. | 1 | 2 | 3 | 4 | 5 |
| d. the staff doctors. | 1 | 2 | 3 | 4 | 5 |
| e. the nursing service supervisors. | 1 | 2 | 3 | 4 | 5 |
| f. personnel from other departments in the hospital. | 1 | 2 | 3 | 4 | 5 |
| g. guest lecturers from outside the field of medicine and nursing. | 1 | 2 | 3 | 4 | 5 |
| h. licensed practical nurses and nurses aides. | 1 | 2 | 3 | 4 | 5 |

COMMENTS

Part II. Appraisal of In-Service Education Programs

COMMENTS:

PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED STAMPED
SELF-ADDRESSED ENVELOPE TO

Ethel E. Laiho
1969 S.W. Park Avenue
Portland 1, Oregon

BY DECEMBER 8, 1961

YOUR ASSISTANCE WITH THIS SURVEY IS APPRECIATED

APPENDIX C
FOLLOW-UP PROCEDURE POSTCARD

Dear Professional Colleague:

January , 1962

Thank you for your interest and cooperation in completing and returning the questionnaire concerning the values of in-service education programs which you received in the mail some time ago. Your opinions have been of great interest and assistance.

If you have not completed and returned the questionnaire yet, it would be appreciated if you would do so by January , 1962. If the questionnaire has been misplaced, please contact me and another questionnaire will be sent to you.

Sincerely,

Ethel E. Laiho
1969 S.W. Park Avenue
Portland 1, Oregon

APPENDIX D

VERBATIM COMMENTS OF RESPONDENTS TO A QUESTIONNAIRE
 CONCERNING IN-SERVICE EDUCATION

Questionnaire 1

With four small children it is hard for me to leave home for further education. However if it could be mailed or televised I would be able to make time for it at home. I'm sure there are many others in about the same situation.

Questionnaire 2

I've only worked a month under any education program. Mine has been in our dept. & is appreciated from fellow works & supervisors. Would like to know about other Dept's. from those qualified to help. Coming from a small hosp I find a lot to learn even though have been an N.N. for almost 30 yrs.

Questionnaire 4

Part II 1. Objectives

I think an inservice educational program that assists in bringing nurses up to date on New drugs; dosages and dosages, New equipments and supplies; and how to use them safely and effectively, managerial skills in developing L P N s and nurse aides with whom we work.

Part II 2.

I think that nurses should finance this some way. We appreciate what we pay for. Otherwise we feel it is something forced on us.

Part II 4.

I would like participation by the General Duty nurses, but with the money bringing in Resource

people or experts when they want to hear speak.
 Let Nurses choose topics as much as possible.
 Let others suggest content.

Questionnaire 7

Inservice education depends a great deal upon several factors - 1. size of hospital, 2. type of hospital, 3. turn-over-rate.

The hospital that is small can usually be expected to have a low turnover & can have inservice Ed. less often & about a narrower subject field.

The large hospital usually has a large turnover and must deal in generalities & have well educated supervisors & head nurses to pass on the inservice educational program to the staff that comes & goes about q 6 mo - 2 yrs. A specialised hospital of course is mainly interested in a limited field but could gain much by outside advances etc. being discussed generally & specifically their problems.

Coming from two hospitals & moderately stimulated inservice education programs & one & a word of mouth from head nurse program I realize that the main problem is in interesting the majority by having something pertaining to themselves & their work area. Surgery personnel seem to be such an unconnected area & little actual nursing care problems & wouldn't have as much interest in the latest sulf or penicillin drugs; is an example of the diversified interests necessary to satisfy in a program of inservice education.

Questionnaire 8

Need for 3 types of programs.

- 1.) For Nurse Returning to duty after years away from practice
- 2.) General staff & all Neg Personnel actively engaged in Neg. - to keep up to date on use of new equipment, New drugs - procedures.
- 3.) Special duty Nurses - to include orientation to hospital - ordering drugs - I.V.'s - location of emergency equipment & how to order etc. -

Too many times floor nurses have to "special" the private duty nurse and the patient making more work instead of helping the floor nurse.

As to having meetings during "on duty" time I'm definitely against it as have missed several meetings I was very interested in attending as couldn't be spared from the floor.

Mix business & social for once a month meetings - or have such sponsored by State Nurses Assoc. instead of limited to single hospital.

Questionnaire 10

I feel that the best in-service program is one which is supervised or controlled by an in-service program director I feel that for nurses, nurses aides & practical nurses a qualified nurse should be in this program. I feel that each new employee of this area should have a complete orientation of the hospital procedures, policies, rules, regulations etc. After this orientation which would include a tour of duty on a Med. Surg. & specialty service (such as T.B.) the employee would feel quite adequate to handle any situation on a ward.

I feel weekly meetings of the Head Nurses with the chief Nurse & the in-service director are helpful. They can learn "all that is new" & in return relate them to the personnel on their wards. It is important that the Gen. Duty Nurses have a meeting once in awhile so they may discuss working conditions etc. They feel more free to speak in a group than if the Head Nurses, Supervisors are included.

I feel that it is fine to have visual aids, role playing, closed circuit T.V. etc. as part of an in-service program but we shouldn't depend on them too much but should study & understand the problems encountered in our own hospital. Too many of the visual aids are too generalised.

Questionnaire 12

I believe that in-service educational programs are very important to keep the nursing staff "current."

however, I think that they are necessary first of all for orientation purposes.

Questionnaire 15

Having worked at several hospitals that had no In-Service program & now am at one that does conduct one on a small scale I find I am more interested in the newer phases of Medicine & Nursing because it is brought closer home. Reviews of past procedures and policies remind me of several things that have been forgotten but still are important. With so many married nurses working who have small children I have seen a hardship for them in having to pay out for a baby sitter and take more time from home which has discouraged quite a few and they have lost a great deal by missing the program.

Questionnaire 17

I was privileged in being one of three R.N.'s who took a refresher course in one of the local hospitals. None of us had done any hospital nursing since our graduation over 20 years ago. Our full time instructor was the in-service education director - she was with us on the wards, worked with the student nurse faculty, so we attended many of their lectures and ward conferences. I feel every nurse should be informed monthly or oftener on "What's New"; especially pertaining to their hospital (place of employment) The "in-service" educator should be the one who receives & administers this information for the staff that is unable to attend the meeting the information could be printed & given to them - also mimeographed sheets could be given out at the meeting for reference & review.

Questionnaire 18

Scheduling of conferences, etc. should be more realistic - i.e., not just directed at times at which members of day shift can be present.

There should be greater unity to material presented. Planning in advance would contribute to this.

Recently I have undergone several orientation programs - both of which massed all new employees of the hosp. into the same program. This is of very little value to the staff nurse. It is unrealistic insofar as the problems she encounters are not the same as the aide, the dietary worker, etc.

Much of the material presented, especially films seem to have been chosen in rather haphazard fashion & is impractical.

(The best inservice programs that I have seen have been those in psychiatric hospitals -)

Questionnaire 19

It depends on what the subject matter is - on whether it is best to have aides or doctors present it. It should be the one who is qualified in that field. The subject matter needs a fairly wide variation & preferably given on "on duty" time or partially so.

Questionnaire 21

The In-Service Education program in my hospital is a newly developed program and has been in effect for approximately 1 year. It has been a great help to new employees as far as orientation to the various wards and equipment is concerned

Questionnaire 22

All full time registered nurses should be invited to attend all head nurse meetings. They would become more familiar with "Hospital Policies" and would be more familiar with the new and changing procedures. To be one of the group stimulates interest and motivation to be a better nurse and do a better job.

Questionnaire 26

I have attended few of the in-service education Programs since I work 11-7 and the classes and demonstrations have been 9-12 noon and 1-3 p.m. Those of us who have small children have to plan

our hours of sleeping carefully thus we miss much of the opportunities afforded if they are conducted so that our hours of sleep are "cut up". Most 11-7 nurses could attend 7-10 p.m. classes and, I'm sure, most of us would enjoy them immensely.

Questionnaire 27

As a staff nurse in the O.B. department at _____ Hospital, I feel that in-service education programs are a real asset, contribute a great deal to over all excellence in nursing care. I have worked only part time since my graduation 15 years ago & really appreciate the opportunity to learn new methods. At _____ Hospital, Sister _____ scheduled in-service meetings @ 2:30 p.m. - day nurses attended. It also made it relatively easy for the 3-11 p.m. shift to be "at work" 1/2 hour earlier than usual. I believe I am typical of working mothers who need this convenience in scheduling.

Questionnaire 37

I believe that nursing personnel would profit greatly from more In-Service Education, especially to keep abreast of new developments and improvements in medical care.

Questionnaire 43

As a part-time general duty nurse working in a small hospital I feel the need most strongly for information regarding new drugs (and an up to date source to look them up in) and practical information as to how to operate new &/or unfamiliar equipment.

Also would appreciate doctor lectures on recent (last 5-10yrs) trends in pt. care.

Questionnaire 45

Part II. 1d

The General Duty nurse wishing to become a Head Nurse ought to do her own assisting in that she

gets the proper education from a college and shows that she is capable and wants this position.

Part II. Lk

Instruction at the patients bedside I feel is most valuable but it may make the patient apprehensive.

Questionnaire 54

On the last article I have checked most of them the same because I feel to have a successful in-service program, various aspects & ideas need to be used. By having a well-rounded program with various people participating, everyone will benefit.

Questionnaire 57

I think In Service Education programs are a great help to all. For there are always new things for every one to learn.

Questionnaire 66

I don't think the inservice dept. provides very many opportunities for learning new things or even to promote unity between dept's I think they should have a more effective program.

Questionnaire 76

Any method that would increase ones knowledge of medicine - equipment & care of pt. also means of bringing all department in closer contact for better care of pt. would be of value, especially in small general hospitals about the country. Therefore it would seem wise to me to have practical nurses and aides included in same meeting - Maintenance dept. Staff is important also.

Questionnaire 79

How did hospital nursing staffs survive before In Service Education programs? It is a tremendous asset to the patient, nurse and the

hospital. I work in a department (surg.) where In Service Education has not yet been fully developed and it is pathetic to watch a nurse "floundering" from duty to duty without actually knowing what she is trying to do.

Questionnaire 80

I believe a program of this type would be beneficial in many ways:

- a. To keep nurses up-to-date on drugs, techniques and equipment which change so rapidly from day to day.
- b. To keep nurses posted on procedures and treatments in all fields of nursing.
- c. I would like to see nurses better informed on administrative problems of a hospital.

Questionnaire 81

I have found in-service education very helpful after returning to nursing from twelve years of retirement.

Questionnaire 83

An Inservice Education program is most effective when it is made interesting enough so that the staff goes because they wouldn't want to miss it rather than if it is compulsory or a means of being paid extra. I believe it is a good program if the detail work is handled by one trained in teaching but broad enough in scope to allow the general duty nurse to air her views and suggestions which one devoted chiefly to education could not supply. That is should not be just a "gripe-session" but one to broaden our scope and make us feel that we can learn something new in nursing.

Questionnaire 93

Inservice Education in my opinion, has to vary according to the hospital you are working with. When dealing with a small 35 bed hospital it

seems to me your educational program would be quite different than one in a 500 bed hospital or nursing school hospital, etc. Objectives of the program would be the same in most hospitals. But administration and organization would and could vary greatly from a smaller to larger hospital. Also the content of the program would probably be geared to fit the hospital and, as important, the community needs. In a smaller hospital your interest in the community is more personal because of the closer relationship with the people living there. As far as presentation of the In-Service Education Program, some of the methods of highest value in a smaller hospital would be unavailable and resources would be limited.

The Inservice Education Program is important and vital in any hospital as what better method is there to present the changing and progressing techniques of medicine. It can throw out a challenge to all nurses to better themselves and nursing in general thus making all areas of nursing more effective. If only we can meet the challenge.

Questionnaire 95

Working in surgery - I rarely get a chance to attend in-service education programs for personnel of the hospital. Usually the schedule is heavy and we cannot leave.

However, we do have surgery in-service programs usually once a month, concerning surgical techniques, aseptic technique etc. When films are available, we meet oftener in order to see them.

My knowledge of in-service programs for the rest of the hospital is limited, therefore I had some hesitation about answering some of the questions.

Questionnaire 98

As only a part time worker I believe the In Service education program should be as much or more available to part time workers - thus keeping us in contact with our profession.

Attendance seems to be a problem if programs are dull better to have fewer good ones than many poor ones.

Small hospitals have as great or greater need to keep up yet less facilities to do so. I have tried to answer with the small hospital in mind.

Questionnaire 100

In-service education is desirable in all hospitals, especially ones with a nursing school. By this service, the nursing standard would be raised and competence would be assured; individual nurse would be inspired by confidence and opportunity to advance; and administration would be able to guide & direct the personnel. In-service education for nurses would produce better harmony, cooperation; and more efficient assistance to the doctor & patient.

Questionnaire 101

Films with discussion are very valuable because they help visualize the problems and demonstrate how they are worked out by hospital administration, nurse personnel and the medical staff. Also it seems that lectures and then group discussion help smooth out problems for general duty staff nurses. I think in-service education is very necessary for the improvement and constructive relationship between hospital employer employees and patient care given in every standardized hospital.

Questionnaire 105

Appointments of Head In-service programming teams should be made to those who have had at least some knowledge of what In-service Education means! Past program chairmen should have an available file of program presentations of the previous activities and subjects in order to prevent duplications of same.

Most nurses, however, felt that it is the prime duty of the Nursing Education Dept. to plan the programs since the general duty nurses, although

willing, cannot leave the Floors for these extra curricular participations.

The Nursing Ed. Dept. should plan assign and make arrangements for the program's with the various dept. heads of nurses, instead of expecting the Gen Duty Nurse to plan, arrange for participants, send for reels, or make personal contacts outside the hospital in order to "Get the Thing Going". This is not considered essential Nursing duties on the job when the gen duty nurse or otherwise usually is on Duty when the Head Nurse is on Days Off & vice versa. Therefore, the nurse does not feel justified by these extra duties and appointments for these necessary programs should be made with care and forethought of the type of individual for the undertaking; i.e. - married & family problems & pressures. Report of the nursing group, physically & mentally suitable. (most N.N.'s being worked anywhere between 8-10-12 days & days off feel hyperirritable, restless and many times unapproachable, sad but nevertheless true! Disinterested! So in selecting persons for such work, generally speaking I think the students & faculty should carry the weight of the projects presented.

Questionnaire 108

An in-service program would be effective as new procedures are frequent. Part time worker should be invited to attend as they constitute a good percentage of the employees. If the meetings are too frequent, value of the programs will decline as interest will not be maintained.

Questionnaire 109

Until June 1961 - I hadn't nursed for 5 years & find the In-Service program of great value.

Questionnaire 110

I do not believe that an inservice training program has any relation in the reduction of Staff turnover. Since the majority of staff employees at the present time are married-the factors of home problems-economic security and

emotional complications coupled with the policies and relationship with the Nursing office and administration play a more vital part. The unmarried graduate is usually quite young not permanent and resent the inservice program-as a repetition of what she has just gone through and feels it an implication of lack of ability and knowledge on her part.

My objections to an inservice program; 1-very often the Hospital brags of an inservice program that is poorly conducted but looks well on the Hospitals accreditation; 2-the program is conducted with too much emphasis on the 7-3 shift and is not used to evaluate the problems of the 3-11 and 11-7 shifts. An inservice director should be active on all three shifts and should actually spend some time on all three shifts and should actually spend some time working with these groups. I have yet to see an inservice training director willing to give of her time beyond 4:30 of 5p.m. The 7-3 group should be made more aware of the problems of the other two, and be less critical. Here is the value of a good director. 3-Why should the 11-7 staff be asked to get up in the middle of their night to come to a program-certainly the 7-3 shift would not come back at 4 a.m. for a lecture and demonstration. If they do ask them to come back before the program is well worthwhile - since the R.N. who works 11-7 is usually one with a family. She must get a baby sitter perhaps she could bring her children and room & child care could be provided for them. Often she doesn't have transportation since her husband has the care. An inservice training program should help the young graduate or staff nurse to prepare for the head nurse job; but should also help the head nurse to do a better job or help the Nursing office evaluate graduates who are really not qualified for their head nurse position. I know of two in this hospital to which the Nursing office blindly shuts their eyes.

I am very much in favor of a good inservice training program for R.N.'s and would like to see Oregon have a specialized program for the

training of such nurses. If the person does not have a certificate indicating she has had special training for such a job then she should be required to attend regular workshops based entirely on this phase of supervision. In two different institutions of which I am acquainted the inservice director's duties are completely controlled by a Director of Nurses who actually doesn't know what constitutes a good inservice program. Needless to say any division from this pattern, any originality or evidence of unusual ability in her field is frowned upon. There is as much turn over in this position as among the nursing staff.

Too often the program is used to solve the nursing personnel problems of the nursing office and a meeting is called to present a current problem which would not have occurred had the program been planned ahead, evaluated and thought out by a well qualified group.

Yes we have an inservice training program does not mean the hospital has a good program or that it meets the needs of the staff. I hope you will pardon my saying so but this questionnaire falls far short of what you really want to know.

Questionnaire 112

Let me get on my soap box! There isn't nearly enough space here but briefly-- I think that I.S.E.P. has long been underestimated by those in administrative positions! Most nurses like to learn and I believe knowing, learning and learning together makes for an esprit de corps that not only boosts personal morale, but makes for an underestimated improvement in patient care. I think the subject matter should cover not only diseases and how to run etc. equipment but also promote understanding between shifts, floors, departments (laundry, kitchen etc.). This understanding could also pay off in better patient care, and cost consciousness. I think I.S.E.P. classes should be mandatory (unless of duty) and not just an occasional privilege-- which means each class should be held twice and I resent I.S.E.P for "day" people only. Nursing

is like anything else, you don't stand still but either go forward or slip back. When you know you are improving you try even harder to improve. You gain confidence you inspire confidence and good will in your patients and fellow workers. When you don't know, the reverse is true.

Questionnaire 115

From my own experience I consider in-service nursing programs valuable especially for the part-time nurse who has less chance to keep in contact with the rapid developments in nursing and medicine today.

Questionnaire 116

Part II 2. Administration and Organization

- e. would prefer 2x monthly
- f. Too many meetings, lectures etc. now on "duty time" leaving the few to shoulder the load.
- u. Should be voluntary - after check out time possibly § opportunity for a coffee

3. Content

- e. why?
- e. If a nurse has not acquired the skill by graduation or at least § a few years experience and § a head and heart I would suggest she quit now. No "program" will help her.
- i. This comes § experience.

Questionnaire 117

I feel the program should be presented by an in-service ed. program dir. § doctors as guest lecturers & to lead discussions after films that deal § their specialty. In-service programs should require attendance by all nurses but in cases where the educational director can't provide evening or night programs the personnel should be compensated for their "off duty" attendance time.

Questionnaire 119

The standards of different schools of nursing are so varied that many R.N.'s graduate & different ideals and ideas of what to them is most important. It seems that too often money and position is so important the patient's welfare fades away. Also there is too much dissention between the varied Dept's. of each hospital when each new nurse, aide, LPN, LVN etc. is hired, it would be to the advantage of each the Dept. & individual if the Depts were shown to and explained to the new staff member. If each of us tried harder to get along & the rest of the Depts and other shifts ours would be a smoother run Hospital.

Questionnaire 123 D

An inservice program is of great benefit to the hospital personnel and the patients. It gives the general duty nurse a chance to "brush" up on new techniques, medicine and equipment.

Questionnaire 125 F

Hope this will be of some help to you. I personally feel that the trend of late is that we forget the patient must come first. I feel that there are fewer nurses who are interested in actual bedside nursing care and nursing skills. Any type of education that would help us take better care of our patients, improve our nursing skills and keep us up with new technics, drugs etc. would be most helpful. I feel that the student nurse of today should certainly be made to realize that the patient comes first and now I do not believe that all of them do.

Questionnaire 128 i

Excellent for review, learning new procedures et technique et for better understanding them.

Typed by
Freida N. Smith