

A STUDY OF THE PRACTICES IN ORIENTING
STAFF NURSES AS NEW EMPLOYEES IN
TEN SELECTED GENERAL HOSPITALS

by

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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 6, 1963

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ACKNOWLEDGMENTS

Sincere appreciation is extended to Miss Lucile Gregerson, R.N., M.Ed., associate professor, on the faculty of the University of Oregon School of Nursing and to Miss Jeanne Phillips, Ph.D., associate professor of Medical Psychology on the faculty of the University of Oregon Medical School for their assistance during the preparation of this study.

Further acknowledgment is given to the nursing personnel who participated in this study.

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CHAPTER I
INTRODUCTION

It is generally well known that employers, when engaging new personnel, go to great lengths to screen prospective workers. Although careful selection does help to assure that each worker has the qualifications to carry out the job, there is no assurance that the employee will receive an adequate and well planned orientation. (12)

It has been emphasized that what happens to the new employee during his first few days of employment affects how he feels about the organization for which he works. (5, 29,31,33,35) It is these impressions formed at the initial period of employment, which help to form later attitudes towards the job and the organization. (31)

The mere fact that the employee reports for work does not imply that the institution employing him owns him; whether or not he is going to work with the people employed there is his decision. What happens on the first few days is usually a determining factor as to whether he is going to remain. (16) If the atmosphere established in the work situation in a hospital on the first day of employment is one of friendliness and mutual respect, the nurse will adjust more rapidly and easily and both the hospital and patient will profit in that the nurse will be encouraged

to continue to do her best. (39)

Consequently an orientation program which is directed toward making the new nurse feel at home, will show its effects in many ways. She will not only find job satisfaction and a desire to grow on the job, but will have a good influence on those with whom she works as well as becoming a good public relations person within the community. (31)

Statement of the Problem

The purpose of this study is to determine the practices used in orienting staff nurses as new employees in selected general hospitals.

The study will attempt to answer the following questions:

1. How does the staff nurse learn the information pertinent to her job?
2. What are her opinions of the orientation which she received?
3. Which factors does she believe to be most important in the orientation program?

Limitations

This study is limited to information obtained by interviewing staff nurses employed at ten selected general non-federal hospitals in three selected cities in Oregon and Washington. The participants must have been employed

for not less than two months and not more than nine months at the time of the interviews.

The study is further limited to staff nurses who functioned only as full time employees. Those nurses who had been employed during the time covered by the study, but had since terminated their employment were not included; nurses who were on leave of absence during the time of the study were also excluded.

The third limitation imposed on the study is that staff nurses who were within the acceptable time period but had previously been students or employed as staff nurses at the institutions at which they were presently working were excluded from the study.

Assumptions

The following assumptions were made in carrying out the study:

1. Orientation of the new employee produces both intangible and evident values.
2. A good orientation program enhances job satisfaction.
3. The questionnaire interview guide and rating scale used is an adequate device for collecting data.
4. The participants in the study will not knowingly withhold or distort the data.

Justification for the Study

Nursing personnel comment on the lack of orientation or on ineffective orientation when starting a new position. Kurtz states that she has observed administrative personnel carry out orientation activities, but that others including the nurse aide have been known to serve as orientors. On occasion new nurses struggle to orient themselves. (22)

Recent studies have also shown that the attitudes of staff nurses toward the hospital in which they are employed seemed to be greatly influenced by the manner in which they were received during their initial period of orientation. (23,26,37)

Because of the continuing emphasis placed on good orientation, (5,6,8,26,36) and the recommendations made for further study of existing orientation programs, (14,23,26) a study to determine the effectiveness of existing practices used in orienting staff nurses as new employees in selected general hospitals seems merited.

Definitions

For purposes of this study, the following terms have been accepted:

1. Orientation refers to the manner by which a nurse is introduced to the hospital organization, facilities, administrative policies and procedures; it also embodies an understanding of the purposes, functions, responsibilities,

and relationships of hospital departments, services and personnel as well as the nurse's responsibilities, duties, status and privileges in relation to all of these. Although orientation is recognized as a continuous process, the term in this study refers to the experiences of the staff nurse during the initial period of employment. (27)

2. Administrative personnel includes the personnel employed in the following positions: (1) Personnel director, (2) Inservice education coordinator, (3) Director of nursing, (4) Assistant director of nursing, (5) Supervisor, and (6) Head nurse.

3. The personnel handbook is a booklet containing the personnel policies of the institution.

4. An orientation class is a planned meeting of two or more recently employed staff nurses; it is conducted by a member of the hospital staff and has as its purpose the dissemination of information pertinent to the work situation. (26)

5. A conference is a planned meeting and discussion between a recently employed staff nurse and another member of the hospital staff for the purpose of presenting the staff nurse with information in regard to her new situation. For purposes of this study, meetings initiated either by members of the nursing administrative staff or the new staff nurse are considered as conferences. (26)

6. A favorable response is one which designates approval.
7. An unfavorable response is one which designates disapproval.
8. A mixed response has in it elements of both approval and disapproval.

Procedure for Collection of Data

The procedure for securing data for this study follows:

1. Selected interview questionnaire guide and rating scale to determine activities used in orientation of the staff nurse.
2. Modified tool to meet current needs.
3. Used telephone contact to obtain permission of nursing service directors from hospitals within city of Portland to conduct the study.
4. Prepared letter of introduction to present to nursing service directors outside city of Portland.
5. Selected participants on basis of following criteria:
 - a. Must have been employed on a full-time basis as a staff nurse at a general hospital in one of three selected cities in Oregon and Washington.
 - b. Must have been employed for not less than two months and not more than nine months at the time of the interview.

c. Must not previously have been a student or employee in the institution in which she now is working.

6. Obtained lists of participants from selected hospitals.

7. Conducted pilot study on five nurses from one hospital to gain experience in using tool. Data from the pilot study were not included in the final study.

8. Conducted interview in following manner:

- a. Introduced self to participant at time of interview.
- b. Attempted to establish rapport with participant by beginning conversation with a casual question such as, "Are you a native of _____?"
- c. Explained purpose of study.
- d. Assured participant of the anonymity of the information which she might disclose in the interview.
- e. Asked participant for permission to take notes during the interview.
- f. Asked every question. Repeated or reworded question if necessary.
- g. Gave participant card with list of methods used in orienting nurses to use as guide prior to asking questions in section II. (See Appendix)
- h. Explained rating scale.
- i. Asked participant to rate items.
- j. Thanked participant for participating in study.

9. Tabulated results, interpreted findings.
10. Summarized conclusions and formulated recommendations for further study.

Overview

The remainder of the thesis has been divided into three chapters to facilitate understanding of the problem. Chapter II contains a survey of the literature and studies related to orientation. Chapter III consists of the procedure of the study, an analysis of the data and the findings. A summary of the study, the conclusions and recommendations are described in chapter IV.

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED STUDIES

Need for Orientation

Although the need for proper orientation to the job was mentioned in the literature as early as 1940, the amount of information published in the last five years indicates an increasing awareness of good orientation or employee indoctrination, which it is sometimes called, as a necessity if the employee is to find happiness and satisfaction in the job. The need for a good orientation program has been recognized increasingly in business and industry as well as in the hospital setting.

In the hospital situation, both the patient and the new employee are protected through an orientation program. Evidence has shown that where such a program is available, the new employee has found greater job satisfaction, has more quickly been integrated into the hospital function, is a happier person and thus is able to provide a high level of nursing care. (6) Brueck concurs with this by stating that:

Employee information and job satisfaction stem to a large degree from the initial orientation period. How this program is directed may spell the difference between good relations and bad. (5)

Christopher refers to the orientation program as

vital. He states that:

If the job is necessary and the worker essential to perform the job, then it is also important to get the worker off to a good start. (8)

He further stated that a good orientation program encourages the development of what he terms plus factors. Among these factors, he includes the following: (1) Interest in the job; (2) Job pride; (3) Service; (4) Dedication; and (5) Institutional loyalty. (8)

Because many patients, visitors and the lay public have a tendency to associate all hospital employees with medical or nursing care, almost anyone employed there is expected to answer questions which arise about the institution. If the employee is unable to satisfactorily explain some detail of policy or patient care, the inquirer seems to question or resent his attitude. Conversely, if the administrative policy and lines of communication are understood, the employee communicates competence and the reputation of the hospital is enhanced. (24)

Nathaniel Stewart quoting Tom W. Sewell, personnel manager of the Texas Power and Light Company, emphasized the need for adequate orientation of the new employee when he stated:

We know of instances where lack of adequate orientation resulted in serious damage to the new man, his employees and the company. We're determined to guard against any repeat of such instances. (36)

Necessity for a Planned Program

A survey of the existing programs described in the literature seems to indicate that, in order to insure success, most orientation programs must be planned. (31,34) Orientation itself is not a simple process; it must start with a purpose, be planned, organized, coordinated and controlled. As a supervisory responsibility, it requires proper motivation of both the supervisor and employee. (8)

A well planned program can also be an economy measure for the hospital since it utilizes the professional skills of the nurse at a maximum level more quickly. Likewise, it insures greater unity and cooperation among all workers thus raising employee morale which results in a reduced turnover. (7)

Vital Factors in Orientation

Most of the literature reviewed placed a great deal of emphasis on receiving the employee in a friendly manner. (13,16,17,19,25) Anderson in quoting from Supervisor's Experience Exchange exemplifies this point by stating that:

No one would think of having a guest arrive at his house and not showing him where to place his coat or of introducing him to the other guests.

By the same token it behooves everyone of us as supervisors to extend every courtesy possible to welcome a new employee coming into our department. It will pay off later in unexpected dividends. (1)

While changing to a new job or embarking on a

career constitutes a major change in a person's life, women often have an even more difficult period of adjustment than men. Their personal problems are usually of a more complex nature and more tact is necessary in dealing with them. A warm and polite introduction of a new employee to his co-workers at this time can help to alleviate these initial tensions. (12)

Sable regards the first few days of a new employment as being critical and feels that unless the new employee is given a sense of "belonging" in the beginning, he is likely to be overwhelmed by the strangeness and newness of the situation. (31)

Schwalm in writing about her experiences in being oriented related that the warm reception which she received turned her initial dislike for the appearance of the town to one of acceptance and enthusiasm. (35)

Several authors have stated that they consider time well spent when the orientation of the nurse to the community is included. (2,4) In a study done by O'Boyle in 1953, a small group of nurses who stated they were given information about the community in their orientation program interpreted it as interest in their personal welfare. (26)

The need for giving the employee adequate time to become oriented is also stressed throughout the literature. (1,12,21) Hunter mentions the importance of assuring the

new employee that she is not expected to absorb and remember all the phases of her work on the first day, but that she should be impressed with the fact that it is desirable that she learn thoroughly a small part each day. (21)

Anderson in quoting from Supervisors' Experience Exchange warns against overloading the new employee with advice. She states that:

A good rule to follow is to give as little advice as possible, unless the employee asks for it. . . . it can do more harm than good to load him up with advance information. (1)

Miller considers scheduling orientation activities over a period of time as being helpful to new employees in retaining information more readily than if activities are compressed into a few days. (25)

Content and Method

Most of the programs included in the literature are of lengths ranging from three days to four weeks. Some are structured while others are adapted to meet individual needs. Most contain certain common elements which O'Boyle lists as follows:

1. Employing the worker.
2. Providing the employee with introductory information about the organization and community.
3. Giving the new employee instruction about his or her work.
4. Assisting the new employee to adjust to other personnel. (26)

Methods used vary and are adapted to the needs of the institution. Those reviewed in the literature consist of the following:

1. Pre-employment correspondence and interview in which the applicant is given information about the available position and personnel policies. (23,39)
2. Introduction to co-workers, department heads, patients and medical staff. (23, 27)
3. Individual conferences with someone responsible for a specific phase of the program. (3,5,13,17)
4. Group orientation periods held at varying frequencies depending on the size of the institution and employee turnover; they include such information as personnel policies, the role of the hospital chaplain, safety and disaster programs and a tour of the hospital. (5)
5. The big sister method (sometimes called proctor or preceptor) in which an older employee "adopts" a new employee and assumes responsibility for giving her information, meeting personnel and assisting her to find her way around the hospital. (25)
6. A "Nurse Guide" in which an appointed employee acts as a work-mate instructor to the new nurse until she becomes acquainted with the nursing policies, procedures and techniques. (22,30)
7. The buddy system in which the new employee is

assigned to an experienced employee who will assist him in getting settled and acquainted with his new surroundings. (5)

8. Orientation classes which are planned meetings of two or more recently employed staff nurses and another member of a hospital staff for the purpose of giving new staff nurses information pertinent to their work situations. (26)

9. An orientation unit to which new employees are assigned during their orientation period. The unit is staffed accordingly with the work being adjusted to the orientation of new personnel. (25)

10. Tours to facilitate the acquaintance of the new employee with the physical setup and functions of the hospital departments and facilities. (3,5,11,20,39)

11. Use of work manuals, policy books, procedure books, employee handbooks and the kardex system. (10,23)

12. Use of audio-visual aids which include movies, slides, organizational charts, floor plans, maps and bulletin boards. (5,13,23)

13. Use of employee checklists. (9,27)

14. Assignment to work with another professional nurse. (3)

15. A period of observation with no specific assignment. (3)

16. A light assignment until the new nurse has become familiar with the ward. (3)

Existing Programs

An examination of the various orientation programs now in existence seem to substantiate the need for individualized orientation programs. Sister Magdalen verifies this when she states that:

No two orientation programs will be identical, for no two hospitals are exactly the same. However for whatever situation into which the new employee comes, there should be a well-planned systematic induction program, tailored to the particular institution, yet flexible enough to be adapted to the needs of each individual. (34)

In 1959 Brueck described an orientation program carried out in a hospital of 335 beds. This program, after the process of employee selection had been carried out, combined the use of an individual and group orientation. Prior to the individual orientation, the employee was given a sheet of basic information in regard to the department, job, salary, payroll policies, hospitalization and life insurance. At this time also, a written invitation to attend the orientation session was given to the new employee. The individual orientation, which was seen primarily as the responsibility of the department head included matters pertaining to the department. Following this, the buddy system was incorporated. This included the assignment of the new employee to an experienced one who assisted him in getting settled and acquainted with the department surroundings and personnel. The group

orientation which consisted primarily of providing the new employee introductory information about the hospital and personnel policies followed and was concluded with a question and answer period after which time the employee was released to the department head. At the end of the three month introductory period, the new employee received a letter from the administration welcoming him to permanent status on the hospital staff and reminding him of his obligation to the patient and the hospital. A unique feature of this program which carried on continuing orientation included encouraging employees to call a specified telephone number to receive a recorded message of some interest or importance to all members of the hospital staff. By dialing this same number the employee could also record a question, suggestion or comment of his own. (5)

Radziolowski mentioned incorporating a "Nurse Guide" as the key person of the orientation program. Her responsibilities were designated as being primarily those of a liaison person who would be in touch with every service department in the hospital; she would act as the work-mate instructor to the new nurse on the unit until the latter became familiar with the existing policies, procedures and techniques. It was felt that the "Nurse Guide" should be welcomed in any department as a worker, yet be able to move

without undue disturbance when the needs of the program demanded. Radziolowski cited two major factors which influenced one hospital to try the "Nurse Guide" approach. These were: (1) Specialized attention to the newcomer with little dependence on whether or not administrative personnel had time for her and (2) The utilization of available on the job personnel. Another advantage of this program was stated as being that it did not limit the "Nurse Guide" to one set of activities, but provided for utilization of "no-work" periods. (30)

An individualized orientation plan developed and initiated by the head nurse and line supervisor as well as by the inservice education department was recently described by Clark. According to the plan, the new nurse during the first three days received orientation to the hospital facilities, equipment and supplies. During the second week she was oriented to the team personnel and their functions and on the third week she was oriented to her role as team leader. The fourth and last week was devoted to total nursing unit orientation accompanied by an overview of the nursing department. In this program, an attempt was made to determine the nurse's needs through general and specific questions and an individualized plan was recorded and developed for her orientation. When the nurse's needs were ascertained, a daily plan was made for

her on a blank mimeographed calendar for a five day week. Duplicate copies of the plan were made so each person participating would receive a copy. As the program progressed, the inservice education director planned the individualized orientation with the supervisor. The plan also included monthly group discussions as well as a monthly luncheon and library orientation. (9)

Clark indicated that one of the details which made the program a success was a policy which stated that the new employee was not "cleared for staffing" until after the indoctrination period. (9)

Clark further stated that decreased turnover could be expected from the above plan if the turnover was due to lack of knowledge or skill on the part of nursing personnel who handled the institutions' situations. (9)

Related Studies

A brief resume is presented of several related studies.

1. A Study of Practices in Orienting Staff Nurses, A Master's Thesis by Myrtle O'Boyle, Graduate School, University of Washington, Seattle, Washington, Published by the National League for Nursing, New York, N.Y., 1956. (26)

The purpose of this study was to gain information relative to the practices in orienting staff nurses. The data were obtained by interviewing 55 staff nurses in ten general hospitals in Seattle, Washington. The three questions

proposed were as follows: (1) In what manner do hospital staff nurses become acquainted with their hospital organization, policies and procedures and what are their responsibilities, duties and privileges? (2) What are the staff nurses reasons for feeling satisfied or dissatisfied with their new positions? (3) What areas of information do staff nurses consider important? (26)

One of the findings of the study indicated that the attitudes and behavior of other personnel strongly influenced the nurses' feelings about their jobs. Other factors influencing staff nurses' reactions to their positions were content of the program, timing of instruction, methods of procedure, the amount of responsibility given before becoming fully oriented and receiving information through planned methods. (26)

The participants stated that they were in favor of obtaining information through planned methods such as tours, handbooks, conferences, classes, assignment to work with another registered nurse and reference to a policy manual if the information was presented systematically in a leisurely manner. The participants reacted unfavorably to obtaining information through haphazard means such as trial and error, casual observation while working and asking others. (26)

The information considered as highly important by

the participants was that which was directly related to the performance of their jobs. Nurses who were newcomers to the city and state considered information about personnel policies and community facilities highly important. (26)

Frequent reference to the timing of their instructions was made by the participants. They felt that information given to the new staff nurse should be distributed over a period of time and presented in an unhurried manner. (26)

The nurses stated that they felt very insecure when they were given much responsibility before becoming familiar with their new work situation. Most of the nurses who had assumed charge responsibilities on the evening and night shift felt they were inadequately prepared. (26)

The majority of participants stated that they thought working under the guidance of a nurse helped a new nurse adjust more readily. (26)

O'Boyle drew no conclusions but found that much of the information had implications for nursing service administrators. The implications made were as follows:

- (1) A well planned orientation program would be more conducive to a better adjustment of new nurses to their work situation and result in better patient care.
- (2) An increased understanding of the functions of nursing personnel would aid in integrating the nursing service, and improve

working relationships. (3) Since recent graduates and those who had been away from nursing for a period of time experienced greater insecurity in beginning new positions than others, it might be advisable to give special attention to their difficulties. (4) Recognition and consideration of the problems of a new nurse coming to the community might assist them to adjust more rapidly to their work situation. (5) Since attitudes of other personnel influenced the staff nurses' adjustments to their jobs, the interest and cooperation of all nursing personnel is needed to help make the new nurse feel accepted. (6) Orientation programs be evaluated as to their effectiveness. (26)

One of O'Boyle's findings had implications for nursing educators in that many recent graduates and older nurses had not been prepared to assume leadership positions; it was felt that this lack of preparation warranted making provision for the student nurse to receive experience and guidance in exercising leadership on the nursing team. (26)

One of the recommendations for further study made by O'Boyle was that further study of practices in orienting staff nurses be done in order to confirm the results presented. (26)

2. The Orientation Needs of Eighty-Five Part-Time General Duty Nurses in Nine General Hospitals in Seattle, Washington. (23) An unpublished Master's Thesis by Merriam Evalyn Lathrop, The University of Washington, Seattle, Washington, 1957.

This study was designed to ascertain the items of

information which part-time general duty nurses considered significant to their orientation and to find out the manner in which they believed they could obtain the information most effectively. Another purpose of this study was to determine in what respect, if any, their needs differed from that of the full time staff nurse and to ascertain the relationship between the pattern of their work and their expressed needs. (23)

For the most part, the information which was considered essential by both part-time and full-time nurses was directly related to the work situation. However, while full-time nurses considered information on personnel policies, conditions of employment and employee benefits important to their orientation, part-time nurses placed little emphasis on the importance of such information. (23)

Since many of the participants in this study had assumed charge nurse responsibilities early in their employment, a large proportion of the dissatisfactions expressed had to do with assuming charge nurse responsibilities with inadequate knowledge. (23)

Because the part-time nurses were in favor of obtaining the knowledge they needed in the work situation from those who were engaged in similar activities and to whom they were responsible, the following suggestions were made on the basis of the findings in the study:

Part time nurses should be oriented to their work

through practices which:

1. Provide information about the hospital and the job through interview and supplemental printed matter at the time of employment.

2. Provide an opportunity for the new employee to learn about her work and the operation of the hospital by working with those having similar duties and responsibilities.

3. Provide an opportunity for the nurse to become acquainted with the working relationships, duties, responsibilities and limitations of different nursing personnel.

4. Provide an opportunity for the nurse to become acquainted with each service and shift before assuming charge responsibilities on the service or shift. (23)

3. A Study to Determine the Relationship Between Orientation and Job Satisfaction of Staff Nurses.
An unpublished Master's thesis by Mary Juanita Pickard, the University of Washington, Seattle, Washington, 1957. (28)

This study was done to obtain information relative to the orientation and job satisfaction of recently employed staff nurses and to determine the relationship between the orientation a staff nurse receives and the satisfaction she finds in her new position. The findings of the study had implications for nursing service personnel in that they showed that more than 19 per cent of the job satisfaction of recently employed staff nurses was

considered to be directly related to the orientation received. (28)

4. A Study of Orientation Activities for General Duty Nurses in Eight Selected General Hospitals in Oregon. An unpublished Master's Thesis by Dorothy M. Elhart, the University of Oregon Medical School, Portland, Oregon, 1962. (14)

This study was done for the purpose of ascertaining the orientation activities for general duty nurses in eight selected general hospitals in Oregon. The data for the study were obtained from the directors of nursing service of each of the hospitals. The study determined that the actual orientation areas and activities lagged considerably from those recommended in the literature. Likewise, the tools and methods of instruction consisted of a stereotyped pattern and omitted several educationally sound progressive methods of instruction. (14)

One of the recommendations made by Elhart was that the newly employed general duty nurses be queried regarding the effectiveness of their orientation. (14)

Summary

In light of O'Boyle's and Elhart's recommendations as well as the literature and other studies reviewed, there would seem to be ample justification for obtaining the opinions of additional staff nurses regarding the effectiveness of their orientation to the hospital setting.

CHAPTER III

PROCEDURE, ANALYSIS OF DATA, AND FINDINGS

Sources of Data

The participants included in the study were 34 general duty nurses who had been newly employed in ten selected general hospitals in three cities in Washington and Oregon between the period of January 15, 1962 to July 24, 1962. Thirty three of the nurses were females and one was a male. The findings were based on interviews with the nurses whose names had been obtained from the nursing service departments of the hospitals participating in the study.

Procedure for the Study

The director of nursing service of each selected hospital was called for an appointment to discuss the study and to obtain the names and telephone numbers of those nurses included in the criteria set up for the study. All nursing service directors except one indicated a willingness to make an appointment to discuss the study. The director who declined to make an appointment stated that _____ Hospital did not have an orientation program but used the "buddy system." She further stated that she did not care to involve _____ Hospital in a study as they had so many other problems. Two of the directors who were

interviewed kept the appointments but did not participate in the study for the following reasons: (1) One of the hospitals had not employed any new staff nurses during the period in which the study was conducted. (2) The director of the other hospital stated that the hospital would not authorize the names to be given out.

Since there were four more nursing directors to contact following the above interviews, and since they represented hospitals located in outlying cities, it was deemed advisable to present a personal letter written by the thesis adviser to the director of nursing service of each hospital asking for her cooperation in the study.

(See Appendix)

The methodology used was the normative survey which was done by means of the personal interview. It was felt that the interview would give the nurse an opportunity to explain her satisfactions or dissatisfactions with the orientation program more readily. Festinger and Katz verify this by stating that:

In short, if the focal data for a research project are the attitudes and perceptions of individuals, the most direct and often the most fruitful approach is to ask the individuals themselves. (15)

A person will likewise be more communicative if she believes that such a communication will effect an action or change which she believes to be desirable. In the interview situation, this means that the interviewer will be looked

upon as one who can bring about a change or the interview itself will be seen as a means for indirectly accomplishing a change. (15)

The tools used in the study, the interview questionnaire and rating scale, were a modification of tools that had been previously used in a published thesis entitled, A Study of Practices in Orienting Staff Nurses. (26) The formats of sections I, II and III of the tool were changed and additional items based on information obtained in the literature were added in all three sections as well as in the rating scale.

Section I of the tool consisted of background information about the nurse as well as several questions about the manner in which she was introduced to the work situation.

Section II had to do with the manner in which the staff nurses learned about the various items included in their orientation. Questions one through eight in this section were concerned with the organization and administration of the hospital. Question nine dealt with the philosophy of the nursing school. Questions ten through twenty-three had to do with personnel policies. Questions twenty-four through fifty-one included information about the nursing service department and the nursing unit; Questions fifty-two through fifty-five dealt with community facilities.

Section III allowed for an expression of the nurses'

feelings in relation to the manner in which they were oriented.

The last part of the tool consisted of a rating scale in which the nurses were asked to rate on a five point scale the degree of importance they felt each item listed had in an orientation program.

A pilot study was conducted on five participants from one hospital to give the investigator experience in using the tool. These participants were not included in the study.

Each nurse interviewed was contacted by telephone and was informed that the interviewer was a graduate student at the University of Oregon School of Nursing who was conducting a study to find out the practices used in orienting staff nurses in ten general hospitals in three cities in Oregon and Washington. It was also stated that it was hoped that the results of the survey would be helpful in future planning of orientation programs for new staff nurses. The nurse was also told that her name had been given to the interviewer by the director of nurses of the hospital at which she was employed and that any information which she disclosed in the interview would be kept confidential. All nurses contacted expressed a willingness to be interviewed.

It was found after contacting various employees that several of them did not fit into the criteria set up for the study; thereafter, the employee's date of employment,

her status as a full time employee, as well as whether or not she had been a student or formerly employed at the institution where she was now working were verified with her.

The nursing service director at one of the hospitals allowed interviews to be conducted on hospital time. The remaining participants were interviewed on their own time. Since the participants were given a choice as to the place of their interview, many indicated that they would like to be interviewed "at home." In most instances when the interview was conducted in the hospital, a room away from the ward had been set aside for the interview to assure privacy. However, on several occasions, there was no available room and the interview was not always conducted under the most desirable standards. For the most part, the interviews which were held in the participant's home or apartment seemed to be of a more relaxed nature.

At the time of the interview, the interviewer reintroduced herself, and again assured the interviewee that any information she might give would be kept in strict confidence. In order to establish rapport, the interviewer introduced into the conversation some item which she thought might be of interest to the nurse being interviewed. A typical remark was, "Are you a native of _____?" Prior to asking the questions, the purpose of the study was

again explained. Before asking the questions in section II of the interview questionnaire, the participant was given a card with a list of the various ways in which staff nurses become acquainted with the various items in an orientation program. (See Appendix) The participant was told that she could use the card as a guide in answering the questions, but that she was to feel free to mention any other means by which she became oriented which were not listed on the card. Most of the interviews lasted approximately one hour. A few were more lengthy and lasted one hour and fifteen minutes. Most nurses appeared very receptive to the questions and seemed to express themselves quite freely.

The data presented in this study were tabulated by listing, tallying and card sorting.

Background Information

To add to the significance of the data, some background information was obtained about each nurse. Table 1 indicates the classification and the bed capacity of each hospital at which the nurses included in the study were employed. Ten hospitals were represented in the study. Five of the hospitals were church affiliated; four were classified as other non-profit institutions; one was a county hospital. All of the hospitals represented in the study were over one hundred beds. (See table 1)

Table 1. Administrative Classification and Bed Capacity of Ten Hospitals With Number of Nurses Participating in Study

Hospital	Administrative Classification	Number of Beds*	Number of Nurses Participating in Study
A	Church affiliated	454	2
B	Church affiliated	448	5
C	Church affiliated	380	5
D	County	295	9
E	Church affiliated	214	1
F	Other nonprofit	143	1
G	Other nonprofit	140	5
H	Other nonprofit	114	4
I	Other nonprofit	110	1
J	Church affiliated	109	1

*Classification and bed capacity obtained from Hospitals. (18)

Table 2 gives the marital status of the nurses participating in the study. The number of single and married nurses included were equal with sixteen in each group. Two of the nurses were divorced.

Table 2. Distribution of 34 Nurses Participating in Study According to Marital Status

Status	Number	Per cent
Single	16	47.1
Married	16	47.1
Divorced	2	5.9
Totals	34	100.0*

*Rounded to nearest whole number

Table 3 lists the distribution of nurses included in the study according to the year in which they graduated from nursing school. Nineteen of the nurses interviewed had graduated since 1959; ten had graduated during the period of 1947 to 1957. Three had graduated during the 1930's and two had graduated during the 1920's.

As shown in table 4, the greatest number of nurses participating in the study, namely twenty eight, were graduates of diploma programs. Five were graduates of degree programs. One participating in the study had graduated from a school in Sweden not comparable to the organization of either a diploma or degree program.

Table 3. Distribution of 34 Nurses Participating in Study
According to Year in Which They Graduated

Year of Graduation	Number of Nurses	Per Cent
1962	3	8.8
1961	7	20.6
1960	7	20.6
1959	2	5.9
1956	1	2.9
1955	2	5.9
1953	1	2.9
1952	1	2.9
1951	1	2.9
1950	1	2.9
1948	2	5.9
1947	1	2.9
1937	1	2.9
1936	1	2.9
1934	1	2.9
1928	1	2.9
1920	1	2.9
Totals	34	100.0*

*Rounded to nearest whole number.

Table 4. Distribution of 34 Nurses Participating in Study According to Type of Program From Which They Were Graduated

Type of Program	Number	Per Cent
Diploma	28	82.4
Degree	5	14.7
Other	1	2.9
Totals	34	100.0

Eleven of the nurses participating in the study had lived in the city in which they were employed less than a week at the time of their employment; (See Table 5) Nine

Table 5. Distribution of 34 Nurses Participating in Study According to Length of Residence in Respective City Prior to Present Employment

Length of Residence	In Portland		In Salem		In Vancouver	
	Num- ber	Per cent	Num- ber	Per cent	Num- ber	Per cent
Less than one week	10	29.4	1	2.9		
One week to two weeks					1	2.9
Two weeks to one month	4	11.8				
One month to six months	3	8.8				
Over one year	15	44.1				
Total	32	94.1	1	2.9	1	2.9

were single and two were married. Ten of these nurses had also resided in the state in which they were employed less than a week; one had been a resident of the state for over a year. One of the nurses who gave her marital status as divorced had been a resident of the city and state in which she was employed for ten days at the time of her employment. Four had lived in the city and state in which they were employed from two weeks to one month. One of these was single and three were married. Three of the nurses who had resided in the city in which they were employed from one to six months were married. Two of these had resided in the state the corresponding length of time and one had been a resident of the state for over a year. The remaining fifteen nurses, of whom eight were married, six were single and one was divorced, had resided in the city and state in which they were employed for over a year.

As indicated in table 6, the largest number of nurses participating in the study, namely eleven had been employed from two to three months prior to the time of interview. Five had been employed for a period of three to four months and six from four to five months. Four had been working from five to six months at the time at which they were interviewed, while eight had been employed for six months or more.

Table 6. Length of Time 34 Nurses Participating in Study Had Been Employed Prior to Time of Interview

Length of Employment	Number of Nurses	Per Cent
Two to three months	11	32.4
Three to four months	5	14.7
Four to five months	6	17.6
Five to six months	4	11.8
Six to seven months	7	20.6
Seven to eight months	1	2.9
Total	34	100.0

Twelve of the nurses stated that they had been unemployed for a week or less prior to the acceptance of their present employment. (See table 7) Three of this group had

Table 7. Length of Time 34 Nurses Participating in Study Had Been Unemployed Between Jobs

Length of time Unemployed	Number of Nurses	Per Cent
Less than one week	12	35.3
One week to one month	10	29.4
One month to three months	4	11.8
Three months to six months	4	11.8
One year to five years	1	2.9
Five years to fifteen years	1	2.9
Fifteen to nineteen years	2	5.9
Total	34	100.0

just completed their basic programs. Ten of the nurses, who had been unemployed for a week to one month prior to taking a new job described the time during which they were not working as "vacation" or "travel time." Eight nurses had let a period of one to six months lapse since their last employment; four had been unemployed from one and a half to nineteen years. All but one of these nurses had maintained current licenses. She and another nurse stated that they had worked for six weeks under direct supervision upon returning to work.

Eighteen of the thirty-four nurses involved in the study stated that they had participated in a staff nurse orientation program previously in other hospitals; seventeen stated they never had received any formal orientation to their duties at any other place of employment as a nurse.

As shown in table 8, twenty of the nurses interviewed were employed through a personal interview, five through correspondence and five through a combination of correspondence and a personal interview. Four had obtained their present positions through a combination of telephone and personal interview.

Table 9 indicates the distribution of nurses participating in the study according to the shift for which each nurse was employed. Sixteen of the nurses interviewed stated that they were working the day shift; fourteen of

Table 8. Distribution of 34 Nurses Participating in Study According to Manner By Which They Were Employed

Manner Employed	Number	Per Cent
Personal interview	20	58.8
Correspondence	5	14.7
Correspondence plus personal interview	5	14.7
Telephone interview plus personal interview	4	11.8
Total	34	100.0

Table 9. Distribution of 34 Nurses Participating in Study Showing Shift For Which Each Nurse Was Employed

Shift for Which Nurse Was Employed	Number	Per cent
Days	16	47.1
Days with call	5	14.7
Rotating	6	17.6
P.M.'s	5	14.7
Nights	2	5.9
Total	34	100.0

these nurses had also received their orientation on this shift while two stated they had received no orientation. Five nurses stated that they were working the day shift with "call time"* and had also received their initial

*These were operating room nurses.

orientation on the day shift. Six of the nurses had been hired on a rotating basis and had all received their initial orientation on the day shift.

Four of the five nurses working the P.M. shift had received their initial orientation on the day shift while one had been oriented on the P.M. shift. Two of the nurses stated that they were working the night shift; one of these had received her orientation on the day shift and one on the night shift by her own choice.

Introduction to Work Situation

All of the nurses interviewed reported to administrative personnel on their first day of employment. Table 10 shows the distribution of nurses participating in the study according to whom they reported on their first day of employment.

Table 10. Distribution of 34 Nurses Participating in Study According to Whom They Reported on Their First Day of Employment

Person to Whom Nurses Reported on First Day	Number of Nurses	Per Cent
Director of Nurses	17	50
Supervisor	12	35.3
Assistant Director	3	8.8
Personnel Director	1	2.9
Inservice Coordinator	1	2.9
Total	34	100.0*

*Rounded to nearest whole number.

Twenty seven of the nurses interviewed stated that they were accompanied to the ward to which they were assigned by administrative personnel, while three stated they were accompanied by nonprofessional personnel. Three of the nurses found the ward by themselves and one stated that she could not remember who accompanied her. Table 11 shows the distribution of nurses participating in the study according to who accompanied them to their respective ward.

Table 11. Distribution of 34 Nurses Participating in Study According to Who Accompanied Them to Their Respective Wards

Person Accompanying Nurse to Ward	Number of Nurses	Per Cent
Director of Nurses	12	35.3
Supervisor	8	23.6
Assistant Director	3	8.8
Inservice Coordinator	3	8.8
Personnel Secretary	3	8.8
No one	3	8.8
Personnel Director	1	2.9
Not identified	1	2.9
Total	34	100.0*

*Rounded to nearest whole number.

Twenty-seven of the nurses stated that they felt expected on the ward to which they were assigned but seven stated they did not feel expected. Twenty-two of those nurses who felt expected had been accompanied to the ward by administrative personnel. One had been accompanied by a nonprofessional person and three stated they found the ward by themselves. One nurse could not remember who accompanied her. Five of the nurses who stated they did not feel expected had been accompanied to the ward by administrative personnel and two by nonprofessional personnel.

Twenty-seven of the nurses had received their initial orientation on the service to which they were assigned. Two stated they had received no initial orientation. One of the nurses who had been oriented on the medical ward to which she was assigned also had two weeks orientation to central supply as well as two weeks orientation to the surgical service. The remaining four nurses received their initial orientation on one service only despite the fact that they were rotating to various other services throughout the hospital.

Introduction to Personnel

Twenty-three of the nurses stated that they had met their immediate supervisor through an introduction by administrative personnel. Four stated that they could not

remember who introduced them. Three of the nurses had introduced themselves and in one instance the supervisor had introduced herself. Two had been introduced by the nurse in charge. One nurse stated she had never been introduced. Table 12 shows the distribution of nurses participating in the study according to who introduced them to their supervisor.

Table 12. Distribution of 34 Nurses Participating in Study According to Who Introduced Them to Their Supervisor

Person Introducing Nurse to Supervisor	Number of Nurses Introduced	Per cent
Director of Nurses	16	47.1
Can not Remember	4	11.8
Head Nurse	3	8.8
Nurse Introduced self	3	8.8
Charge Nurse	2	5.9
Assistant Director	1	2.9
Personnel Director	1	2.9
Another Supervisor	1	2.9
Inservice Coordinator	1	2.9
Never Introduced	1	2.9
Supervisor Introduced self	1	2.9
Total	34	100.0*

*Rounded to nearest whole number.

Twenty two of the nurses met their head nurse through an introduction by someone in an administrative capacity. Three of the nurses, when interviewed, stated that they had previously explained in what manner they had met their head nurse since their supervisor and head nurse were the same person. Three stated that they had been introduced to their head nurse by another staff nurse. In all three of these instances, the head nurse had been off duty on the day on which the employee started. Two of the nurses had known their head nurse previously, while two stated that they had introduced themselves. One nurse had been introduced by a personnel secretary; another could not remember who introduced her. Table 13 shows the distribution of nurses participating in the study according to who introduced them to their head nurse.

Twenty four of the nurses stated that they had met other personnel such as staff nurses, nurse aides and orderlies through introduction by administrative personnel. Seven of the nurses indicated that they had met the "other personnel" on the ward during the course of their work. Two of the nurses had met all their co-workers through introduction by another staff nurse, while one had been introduced to the "other employees" by an aide.

Table 13. Distribution of 34 Nurses Participating in Study According to Who Introduced Them to Their Head Nurse

Person Introducing Nurse to Head Nurse	Number of Nurses Introduced	Per cent
Supervisor	10	29.4
Director of Nurses	8	23.5
Staff Nurse	3	8.8
Head Nurse Supervisor Same Person	3	8.8
Knew Before	2	5.9
Nurse Introduced Self	2	5.9
Assistant Director	1	2.9
Personnel Director	1	2.9
Inservice Coordinator	1	2.9
Head Nurse	1	2.9
Personnel Secretary	1	2.9
Do Not Remember	1	2.9
Total	34	100.0*

*Rounded to nearest whole number.

Table 14 shows the distribution of nurses participating in the study according to who introduced them to their co-workers.

Table 14. Distribution of 34 Nurses Participating in Study According to Who Introduced Them to Their Co-Workers

Person Introducing Nurse to Co-workers	Number of Nurses	Per cent
Head Nurse	13	38.2
Supervisor	9	26.5
Met Through Contact While Working	7	20.6
Director of Nurses	2	5.9
Staff Nurse	2	5.9
Nurse Aide	1	2.9
Total	34	100.0

Means Through Which Nurses Participating in Study Obtained Information About Items in Their Orientation

The means through which the nurses participating in the study obtained information about their orientation program were grouped into four categories as follows:

1. Planned. These consisted of methods which were directed by members of the nursing administrative staff. They included information which was learned through the following means: Pre-employment correspondence, pre-employment interviews, post employment conferences, tours, orientation classes, assignment to work with another nurse,

bulletin boards, audio-visual aids, ward policy books, personnel handbooks and other sources mentioned by the nurses which appeared to be of a planned nature.

2. Unplanned. These consisted of learning information either by chance, asking, looking up, trial and error and other means mentioned by the nurses which appeared to have involved no pre-planning.

3. Partially planned. These included learning information which had certain planned aspects but still did not give the employee sufficient information, thus necessitating her seeking further information on her own.

4. Other sources. In some instances the employee stated that she had previously been made aware of the information either through a friend or roommate. Still others mentioned that they could not remember how they became acquainted with certain items. Some of the nurses stated that items asked about did not apply to them.

In certain instances, the information had not been obtained by the employee. Sixty to one hundred per cent of the nurses interviewed stated that they did not learn ten of the 55 items about which they were asked. These items were as follows: (1) Explanation of the hospital disaster plan, (2) Policy regarding promotions, (3) Policy regarding tenure, (4) Method used in evaluating performance, (5) Patient referral system, (6) Ward routine for nights,

(Only a small number of participants worked the night shift.)
(7) Transportation facilities in the community, (8) Location of churches in the community, (9) Housing facilities in the community and (10) Social and cultural facilities in the community.

A summary of the means through which the nurses participating in the study obtained information about the specific items in their orientation programs with the per cent of nurses giving each of the items a high rating of importance is shown in table 15.

Scale for Rating Importance of Orientation Items

The nurses interviewed in the study were asked to rate each of the items included in the interview schedule.* The items were rated on a scale ranging from one to five, with one indicating that the item was insignificant and five indicating that the item was very significant. The intervening numbers, two, three and four, indicated that the nearer the number was to one the more insignificant the item was, while the closer it was to five the more significant the item became.

The staff nurses seemed to rate the various items in relation to their own needs. Eight of the ten single nurses who had resided in the city where they were employed a month or less gave a rating of four or five to community

*The distribution of ratings given to the items is shown in Appendix D.

Table 15. Means Through Which 34 Nurses Participating in Study Obtained Information About Items in Their Orientation Program and the Per cent of Nurses Who Rated Each Item as Four or Five

Items	Partially				Did not Learn Num-ber cent	Per cent Per cent	Per cent of Nurses Rating Item as 4 or 5	
	Planned Means Num-ber cent	Unplanned Means Num-ber cent	Other Means Num-ber cent	Planned Means Num-ber cent				
1. Explanation and schedule of the orientation program.	18	52.9	7	20.6	9	26.5	22	64.8
2. History and organization of the hospital.	17	50	8	23.5	8	23.5	5	14.7
3. Ward services in the hospital. (i.e. O.B., Med., Surg., Peds., and O.P.) and the location of each.	19	55.9	12	35.3	3	8.8	24	70.6
4. How the medical staff is organized and the functions of the medical students, residents, and interns.	5	14.7	17	50	2	5.9	24	70.6
5. Location of various departments, (i.e. central supply, x-ray, pharmacy, dietary, physical therapy, and business office.	21	61.8	11	32.4	2	5.9	32	94.1
6. Explanation of the hospital disaster plan.	8	23.5	2	5.9	1	2.9	27	79.4

Items	Partially				Planned Means Num- Per cent	Unplanned Means Num- Per cent	Other Means Num- Per cent	Did not Learn Num- Per cent	Per cent of Nurses rating item as 4 or 5 Number	Per cent
	Planned Means Num- Per cent	Unplanned Means Num- Per cent	Other Means Num- Per cent	Did not Learn Num- Per cent						
7. How to contact the hospital chaplain (if there is one) and other clergy.	9	26.5	6	17.6	1	2.9	18	52.9	18	52.9
8. Visiting hours for patients.	16	47.1	13	38.2	1	2.9	4	11.8	18	52.9
9. The philosophy of the nursing school (if there is one) and its approach to teaching.	4	11.8	5	14.7	13*	38.2	12	35.3	20	58.8
10. Policy regarding salary (your rate of pay, when you are paid, how your pay is figured, and when you are due for an increase.)	20	58.8	1	2.9	12	35.3	1	2.9	22	64.8
11. Policy regarding meals and coffee breaks.	26	76.5	6	17.6	1	2.9	1	2.9	15	44.1
12. Policy regarding health insurance.	24	70.6	5	14.7	1	2.9	3	8.8	19	55.9
13. Health Service for employees.	8	23.5	7	20.6	1	2.9	17	50	21	61.8

*These thirteen nurses stated there was no nursing school.

Items	Partially						Per cent of			
	Planned Means		Unplanned Means		Planned Means		Did not Learn Num- Per ber cent	Nurses rating Item as 4 or 5 Number Per cent		
	Num- Per ber cent	Per cent	Num- Per ber cent	Per cent	Num- Per ber cent	Per cent				
14. Policy regarding sick leave.	22	64.8	5	14.7	1	2.9	6	17.6	19	55.9
15. The procedure to be followed when you are ill and unable to report for work.	12	35.3	9	26.5	3	8.8	10	29.4	24	70.6
16. Policy regarding leave of absence.	12	35.3	4	11.8	1	2.9	17	50	13	38.2
17. Policy regarding holidays and vacation time.	23	67.6	8	23.5	1	2.9	1	2.9	15	44.1
18. Policy regarding promotions.	9	26.5	1	2.9	1	2.9	23	67.6	12	35.3
19. Policy regarding tenure.	5	14.7	3	8.8	1	2.9	25	73.5	6	17.6
20. Policy for Retirement.	13	38.2	2	5.9	1	2.9	18	52.9	8	23.5
21. How grievances are handled.	13	38.2	4	11.8			17	50	16	47.1
22. Safety programs (i.e. fire prevention, fire drills, and accident prevention.)	19	55.9	5	14.7	1	2.9	9	26.5	25	73.5

Items	Planned Means				Partially Planned Means				Did not Learn Means				Per cent of Nurses rating Item as 4 or 5	
	Num-	Per	Num-	Per	Num-	Per	Num-	Per	Num-	Per	Num-	Per	Num-	Per
	ber	cent	ber	cent	ber	cent	ber	cent	ber	cent	ber	cent	ber	cent
23. Location of the library, rules and regulations for its use.	5	14.7	7	20.6	1	2.9	2	5.9	19	55.9	7	20.6		
24. Functions and titles of key personnel in the nursing department. (i.e. Director of Nurses, Supervisors, and Head Nurses.)	6	17.6	10	29.4	6	17.6			12	35.3	24	70.6		
25. Lines of authority in the nursing department.	8	23.5	13	38.2					13	38.2	26	76.5		
26. Functions of various personnel in the nursing department. (i.e. R.N's, nurse aides, orderlies, clerks, and volunteers.)	12	35.2	16	47.1	1	2.9			5	14.7	29	85.3		
27. The service to which you were first assigned.	30	88.2	2	5.9					2	5.9	25	73.5		
28. Policy regarding rotation of shifts.	24	70.6	3	8.8			3	8.8	4	11.8	20	58.8		

Items	Planned Means		Unplanned Means		Partially Planned Means		Other Means		Did not Learn		Per cent of Nurses rating Item as 4 or 5	
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Number	Per-cent
29. Policy regarding time off. (A)	24	70.6	5	14.7					5	14.7	18	54.5
30. Method used in accepting doctor's orders and posting nursing care orders. (A)	17	50	9	26.5			1	2.9	7(B)	20.6	32	97
31. Patients' records and the method of charting.	20	58.8	6	17.6	1	2.9	1	2.9	6	17.6	34	100
32. Method of assignment of nursing duties.	16	47.1	13	38.2					5	14.7	27	79.4
33. Procedure for admission and discharge of patients.	16	47.1	13	38.2	1	2.9			4	11.8	27	79.4
34. Procedure for transferring patient.	14	41.2	16	47.1					4	11.8	25	73.5
35. Method of requesting diets, linen, and other supplies.	12	35.3	16	47.1					6	17.6	20	58.8

(A) Only 33 nurses rated this item.

(B) These were operating room nurses.

Items	Planned Means		Unplanned Means		Partially Planned Means		Other Means		Did not Learn		Per cent of Nurses rating Item as 4 or 5	
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Number	Percent
36. Method used in reporting ward census and conditions of patients.	13	38.2	11	32.4	1	2.9	9	26.5	20	58.8		
37. Policies and procedures for recording and storage of patient's clothing & valuables(A)	19	55.9	8	23.5			7	20.6	18	56.3		
38. Method used in evaluating your performance (B)	5	14.7	2	5.9			27	79.4	18	54.5		
39. Methods of communication, (i.e. addressograph system, tube system, and messenger service.)	13	38.2	9	26.5	1	2.9	11	32.4	22	64.8		
40. Patient referral system	3	8.8	7	20.6			24	70.6	12	35.3		
41. Inservice education program	13	38.2	6	17.6	1	2.9	14	41.2	17	50		

(A) Only 32 nurses rated this item.

(B) Only 33 nurses rated this item.

Items	Planned Means		Unplanned Means		Partially Planned Means		Other Means		Did not Learn		Per cent of Nurses rating Item as 4 or 5	
	Num-	Per	Num-	Per	Num-	Per	Num-	Per	Num-	Per	Number	Per cent
42. Physical facilities of the ward to which you were assigned. (A)	29	85.3	3	8.8	1	2.9	1	2.9	1	2.9	28	84.9
43. A description of your job	17	50	10	29.4			7	20.6			29	85.3
44. Location of medicines, supplies, and equipment on the ward.	26	76.5	8	23.5							30	88.2
45. Location of ward library. (A)	11	32.4	11	32.4			1	2.9	11	32.4	12	36.4
46. Location of emergency equipment such as fire hose and extinguisher, oxygen, and emergency drugs.	19	55.9	8	23.5			3	8.8	4	11.8	33	97.1
47. Ward routine for days	22	64.8	9	26.5					3	8.8	29	85.3
48. Ward routine for evenings (B)	8	23.5	13	38.2					13	38.2	33	97.1

(A) Only 33 nurses rated this item.

(B) Eleven nurses stated they thought they would be working this shift at some time. Five stated they would be working the P.M. shift only.

Items	Partially				Per cent of	
	Planned Means Num-Per ber cent	Unplanned Means Num-Per ber cent	Planned Means Num-Per ber cent	Other Means Num-Per ber cent	Did not Learn Num-Per ber cent	Nurses Rating Item as 4 or 5 Number Per cent
49. Ward routine for nights. (A)	5 14.8 6 17.6				23 67.6	22 64.8
50. Names of staff doctors	9 26.5 18 52.9 6 17.6				1 2.9	24 70.6
51. Explanation of the organization of the nursing team. (if team nursing is used.) (B)	3 8.8 4 11.8		25(D) 73.5		2 5.9	26 81.3
52. Transportation facilities in the community. (C)	2 5.9				32 94.1	8 24.2
53. Location of churches in the community.	1 2.9 1 2.9				32 94.1	9 26.5
54. Housing facilities in the community. (C)	5 14.7				29 85.3	11 33.3
55. Social and cultural facilities in the community.	1 2.9 3 8.8				30 88.2	13 38.2

(A) Five nurses stated they would be working this shift at some time; two stated they would be working nights only.
(B) Only 32 nurses rated this item.
(C) Only 33 nurses rated this item.
(D) These 25 nurses stated they did not use team nursing.

facilities. The participants in O'Boyle's study (26) who had resided in the city a month or less also gave high ratings to community facilities whereas those who had lived there longer gave them lower ratings.

Ten of the sixteen participants in this study who had resided in the city and state less than one month also gave high ratings to personnel policies. These findings were consistent with the O'Boyle study (26) in which nurses new to the state generally considered information pertaining to personnel policies important. This was further verified after the consideration of several items, which had been for purposes of this study, listed under nursing service but which were classified as personnel policies in the O'Boyle study.

For the most part, the nurses tended to give higher ratings to those items which were directly related to the performance of their jobs. These findings were also confirmed in O'Boyle's study (26) and in a recent study by Lathrop entitled, The Orientation Needs of Eighty-Five Part-Time General Duty Nurses. (23)

Several of the items having to do with hospital organization and administration were considered to be of importance by the participants in this study as well as in the O'Boyle study. (26)

Twenty-two (40 per cent) items were rated as four

or five by seventy to one hundred per cent of the participants. Seventeen of the items were directly related to the nursing service department or the nursing unit. Six of the seven nurses employed in the operating room gave a rating of four or five to twelve (71 per cent) of these seventeen items.

Four of the remaining five items which were rated as four or five were concerned with hospital organization and administration; one item had to do with personnel policies.

Due to the small number of participants from degree school in the study, no recognizable differences were noted in the ratings made by degree versus diploma participants.

Following is a list of the items which were rated as four or five by seventy to one hundred per cent of the nurses and the per cent of nurses who learned each of the item by planned means.

Item rated as four or five by 100 per cent of the nurses. Patient's records and the method of charting. (Fifty-eight and eight-tenths per cent of the nurses learned this item through planned means.)

Eighty-five and five-tenths per cent of the nurses in O'Boyle's study rated the above item as four or five.

Items rated as four or five by 90 to 100 per cent of the nurses.

1. Location of various departments. (i.e., central supply, x-ray, pharmacy, dietary, physical therapy and business office.) (Sixty-one and eight-tenths per cent of the nurses learned this item through planned means.)

2. Method used in accepting doctor's orders and posting nursing care orders. (Fifty per cent of the nurses learned this item through planned means.)

3. Location of emergency equipment such as a fire hose and extinguisher, oxygen and emergency drugs. (Fifty-five and nine-tenths per cent of the nurses learned this item through planned means.)

4. Ward routine for evenings. (Twenty-three and five-tenths per cent of the nurses learned this item through planned means.) Eleven nurses thought they would be working this shift at some time; five stated they were employed for the P.M. shift only.

Eighty to one hundred per cent of the nurses in O'Boyle's study rated the above items as four or five. (26)

Items rated as four or five by 80 to 90 per cent of the nurses.

1. Functions of various personnel in the nursing department. (i.e., R.N.'s, nurse aides, orderlies, clerks and volunteers.) (Thirty-five and two-tenths per cent of

the nurses learned this item through planned means.)

2. Physical facilities of the ward to which you were assigned. (Eighty-five and three-tenths per cent of the nurses learned this item through planned means.)

3. A description of your job. (Fifty per cent of the nurses learned this item through planned means.)

4. Locations of medicines, supplies and equipment on the ward. (Seventy-six and five-tenths per cent of the nurses learned this item through planned means.)

5. Ward routine for days. (Sixty-four and eight-tenths per cent of the nurses learned this item through planned means.)

6. Explanation of the organization of the nursing team. (if team nursing is used) (Eight and eight-tenths per cent of the nurses learned this item through planned means.) Twenty-five nurses did not use team nursing.

Eighty to one hundred per cent of the nurses in O'Boyle's study (26) rated items one through five as four or five. Item six was not included in O'Boyle's study.

Items rated as four or five by 70 to 80 per cent of the nurses.

1. Ward services in the hospital. (i.e., obstetrics, medical, surgical, pediatrics and outpatient) and the location of each. (Fifty-five and nine-tenths per cent of the nurses learned this item through planned means.)

2. How the medical staff is organized and the functions of the medical students, residents and interns. (Fourteen and seven-tenths per cent of the nurses learned this item through planned means.)
3. Explanation of the hospital disaster plan. (Twenty-three and five-tenths per cent of the nurses learned this item through planned means.)
4. The procedure to be followed when you are ill and unable to report for work. (Thirty-five and three-tenths per cent of the nurses learned this item through planned means.)
5. Functions and titles of key personnel in the nursing department. (i.e., director of nurses, supervisors and head nurses.) (Seventeen and six-tenths per cent of the nurses learned this item through planned means.)
6. Lines of authority in the nursing department. (Twenty-three and five-tenths per cent of the nurses learned this item through planned means.)
7. The service to which you were first assigned. (Eighty-eight and two tenths per cent of the nurses learned this item through planned means.)
8. Method of assignment of nursing duties. (Forty-seven and one-tenth per cent of the nurses learned this item through planned means.)
9. Procedure for admission and discharge of patients. (Forty-seven and one-tenth per cent of the nurses learned

this item through planned means.)

10. Procedure for transferring patients. (Forty-one and two-tenths per cent of the nurses learned this item through planned means.)

11. Names of staff doctors. (Twenty-six and five-tenths per cent of the nurses learned this item through planned means.)

Seventy to one hundred per cent of the nurses participating in O'Boyle's study (26) rated the above items listed as one, two, five, six, eight, nine and ten as four or five. Items three, four, seven, and eleven had not been included in O'Boyle's study.

Seventeen of the items (31 per cent) were given a rating of four or five by fifty to seventy per cent of the participants. Two of these items had to do with the organization and administration of the hospital; one was concerned with the philosophy of the nursing school, five with personnel policies and ten were related to the nursing service department and nursing unit. The items and number of nurses who learned them through planned means are as follows:

Items rated as four or five by 50 to 70 per cent of the nurses.

1. Explanation and schedule of the orientation program, (Fifty-two and nine-tenths per cent of the nurses

learned this item through planned means.)

2. How to contact the hospital chaplain (if there is one) and other clergy. (Twenty-six and five-tenths per cent of the nurses learned this item through planned means.)

3. Safety programs (i.e., fire prevention, fire drills and accident prevention) (Fifty-five and nine-tenths per cent of the nurses learned this item through planned means.)

4. The philosophy of the nursing school (if there is one) and its approach to teaching. (Eleven and eight tenths per cent of the nurses learned this item through planned means.) Thirteen nurses stated there was no nursing school.

5. Policy regarding salary (your rate of pay, when you are paid, how your pay is figured, and when you are due for an increase.) (Fifty-eight and eight-tenths per cent of the nurses learned this item through planned means.)

6. Policy regarding health insurance. (Seventy and six-tenths per cent of the nurses learned this item through planned means.)

7. Health services for employees. (Twenty-three and five-tenths per cent of the nurses learned this item through planned means.)

8. Policy regarding sick leave. (Sixty-four and eight-tenths per cent of the nurses learned this item

through planned means.)

9. Policy regarding rotation of shifts. (Seventy and six-tenths per cent of the nurses learned this item through planned means.)

10. Policy regarding time off. (Seventy and six-tenths per cent of the nurses learned this item through planned means.)

11. Method of requesting diets, linen and other supplies. (Thirty-five and three-tenths per cent of the nurses learned this item through planned means.)

12. Method used in reporting ward census and conditions of patients. (Thirty-eight and two-tenths per cent of the nurses learned this item through planned means.)

13. Policies and procedures for recording and storage of patient's clothing and valuables. (Fifty-five and nine-tenths per cent of the nurses learned this item through planned means.)

14. Method used in evaluating your performance. (Fourteen and seven-tenths per cent of the nurses learned this item through planned means.)

15. Methods of communication, addressograph system, tube system and messenger service. (Thirty-eight and two-tenths per cent of the nurses learned this item through planned means.)

16. Inservice education program. (Thirty-eight and

two-tenths per cent of the nurses learned this item through planned means.)

17. Ward routine for nights. (Fourteen and eight-tenths per cent of the nurses learned this item through planned means.) Five nurses worked this shift at some time. Two worked the night shift only.

Sixty-one and eight-tenths to eighty-two per cent of the nurses in O'Boyle's study (26) had rated as four or five the above items listed as five, six, seven, eight, nine, eleven, twelve, thirteen, fourteen, sixteen and seventeen. Items one, two, three, four, ten and fifteen had not been included in O'Boyle's study.

Sixteen (29 per cent) of the items were given a rating of four or five by less than fifty per cent of the staff nurses. Two of these items had to do with the organization and administration of the hospital; eight were concerned with personnel policies. One was directly related to the nursing service department and one to the nursing unit. Four items were concerned with orientation to the community. The items and number of nurses who learned them through planned means are as follows:

Items rated as four or five by less than 50 per cent of the nurses.

1. History and organization of the hospital. (Fifty per cent of the nurses learned this item through planned means.)

2. Visiting hours for patients. (Forty-seven and one-tenth per cent of the nurses learned this item through planned means.)

3. Policy regarding meals and coffee breaks. (Seventy-six and five-tenths per cent of the nurses learned this item through planned means.)

4. Policy regarding leave of absence. (Thirty-five and three-tenths per cent of the nurses learned this item through planned means.)

5. Policy regarding holidays and vacation time. (Sixty-seven and six-tenths per cent of the nurses learned this item through planned means.)

6. Policy regarding promotions. (Twenty-six and five-tenths per cent of the nurses learned this item through planned means.)

7. Policy regarding tenure. (Fourteen and seven-tenths per cent of the nurses learned this item through planned means.)

8. Policy for retirement. (Thirty-eight and two-tenths per cent of the nurses learned this item through planned means.)

9. How grievances are handled. (Thirty-eight and two-tenths per cent of the nurses learned this item through planned means.)

10. Location of the library, rules and regulations

for its use. (Fourteen and seven-tenths per cent of the nurses learned this item through planned means.)

11. Patient referral system. (Eight and eight-tenths per cent of the nurses learned this item through planned means.)

12. Location of ward library. (Thirty-two and four-tenths per cent of the nurses learned this item through planned means.)

13. Transportation facilities in the community. (Five and nine-tenths per cent of the nurses learned this item through planned means.)

14. Location of churches in the community. (Two and nine-tenths per cent of the nurses learned this item through planned means.)

15. Housing facilities in the community. (Fourteen and seven-tenths per cent of the nurses learned this item through planned means.)

16. Social and cultural facilities in the community. (Two and nine-tenths per cent of the nurses learned this item through planned means.)

Less than fifty per cent of the nurses participating in O'Boyle's study (26) had rated the above items listed as one, ten, thirteen, fourteen, fifteen and sixteen as four or five. Items three, four, five and six had been given a rating of four or five by fifty-three to seventy-eight per

cent of the nurses participating in O'Boyle's study.

(25)

The items listed as two, seven, eight, nine, eleven and twelve had not been included in the O'Boyle study. (26)

Number of Items Learned Through Planned
Means by Nurses Participating in Study

In order to ascertain which nurses received their orientation largely through planned means, the nurses were divided into three groups drawn up on the basis of the fifty-five items asked about in section II of the interview schedule. No one had learned more than forty (73 per cent) of the items or less than six (11 per cent) through planned means. Nine of the nurses had learned twenty-nine to forty of the items through planned means; these nurses constituted group I. Group II was composed of the fifteen nurses who had learned seventeen to twenty-nine of the items and group III consisted of ten who had learned six to seventeen of the items.

Table 16 shows the distribution of nurses participating in the study according to the number of items learned through planned means and the number of nurses in each group.

Table 16. Distribution of 34 Nurses Participating in the Study According to the Number of Items Learned Through Planned Means and the Number of Nurses in Each Group.

Group	Nurses		Items Learned Through Planned Means	
	Number	Per cent	Number	Per cent
I	9	26.5	29-40	53-73
II	15	44.1	17-29	31-53
III	10	29.4	6-17	11-31
Total	34	100.0		

Number of Nurses Participating in Study According to Group and Hospital Represented and Year Graduated

Five of the hospitals represented in the study had nurses represented in several of the groups; six of the hospitals were represented by nurses who had been out of nursing for a period of years as well as those recently graduated. The distribution of nurses participating in the study according to the group to which they belonged, and the year in which they graduated, as represented in each hospital follows:

Hospital A had two participants who were in group II. One had graduated in 1953 and one in 1959.

Hospital B, with five nurses participating, had two group I nurses who had graduated in 1920 and 1963 respectively

and two group II nurses who had graduated between 1959 and 1963. The one nurse in group III had graduated in 1934.

Hospital C had five participants. One who was in group I had graduated in 1961. The four remaining nurses were in group II. Two of these nurses had graduated within the period of 1947 to 1957 and two within the period of 1959 to 1963.

Hospital D, with nine participants had three nurses in group I, four in group II and two in group III. All of these nurses had graduated between 1959 and 1963.

Hospital E had one participant who was in group II and had graduated between 1920 and 1938.

Hospital F had one participant who was in Group III and had graduated between 1920 and 1938.

Hospital G, with five participants, had two group II nurses who had graduated in 1937 and 1956 respectively. The three remaining nurses were in group III; one had graduated in 1951 and two between the period of 1959 and 1963.

Hospital H, with four participants, had one group I nurse who had graduated in 1947. The three remaining nurses were in group III; one had graduated in 1961 and two between 1947 and 1957.

Hospital I had one participant who had graduated between 1947 and 1957 and was in group I.

Hospital J had one participant who had graduated between 1947 and 1957 and was in group I.

Table 17 shows the distribution of nurses participating in the study according to the group and the year graduated as represented in each hospital.

Table 17. Distribution of 34 Nurses Participating in Study According to the Group and the Year Graduated as Represented in Each Hospital

Hospital	Number of Nurses	GROUP I			GROUP II			GROUP III		
		Year Graduated			Year Graduated			Year Graduated		
		1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963
A	2					1	1			
B	5	1		1			2	1		
C	5			1		2	2			
D	9			3			4			2
E	1				1					
F	1							1		
G	5				1	1			1	2
H	4		1						2	1
I	1		1							
J	1		1							
Total	34	1	3	5	2	4	9	2	3	5

Plan of Assignment for First Day

Twenty-three of the thirty-four (67.6 per cent) nurses participating in the study stated that their first day's assignment consisted of working with another nurse who was familiar with the ward. Six (17.6 per cent) stated they had no specific assignment; three (8.8 per cent) were assigned to a small group of patients whose care was uncomplicated. The remaining two (5.9 per cent) nurses indicated that their first day's assignment consisted of working with another nurse in addition to caring for a small group of patients whose nursing was uncomplicated.

Those nurses who were assigned to work with another nurse on the first day included the following:

1. Four of the five who had graduated during the period of 1920 to 1938. One was in group I, two were in group II and one was in group III.
2. Five of the ten who had graduated during the period of 1947 to 1957. One of these was in group I, two in group II and two in group III.
3. Fourteen of the nineteen who had graduated during the period of 1959 to 1963. Four of these were in group I, six in group II and four in group III.

Those nurses who had no specific assignment the first day were as follows:

1. One of the five who had graduated during the period of 1920 to 1938 and was in group III.

2. One of the ten who had graduated during 1947 to 1957 and was in group I.

3. Four of the nineteen who had graduated during 1959 to 1963. One of these nurses belonged to group I, two to group II and one to group III.

The three nurses who were assigned to a small group of patients on the first day were among the ten who had graduated between 1947 to 1957. One of these was in group I and two were in group II.

The two nurses who had as their first day's assignment working with another registered nurse plus caring for a small group of patients included the following:

1. One nurse who had graduated during the period of 1947 to 1957 and was in group III.

2. One nurse who had graduated during the period of 1959 to 1963 and was in group II.

Table 18 shows the plan of assignment received on the first day by the nurses participating in the study according to the year in which they graduated and the group to which they belonged.

Table 18. Plan of Assignment Received on First Day by 34 Nurses Participating in Study According to the Year in Which They Graduated and the Group to Which They Belonged.

Group	Working with another R.N.			No specific assignment			Caring for a small group of patients			Working with an R.N. plus caring for a small group of patients		
	Year Graduated			Year Graduated			Year Graduated			Year Graduated		
	1920 1938	1947 1957	1959 1963	1920 1938	1947 1957	1959 1963	1920 1938	1947 1957	1959 1963	1920 1938	1947 1957	1959 1963
I	1	1	4		1	1		1				
II	2	2	6			2		2				1
III	1	2	4	1		1						1
Total	4	5	14	1	1	4		3				1 1 N=34

Reaction to Personnel on Ward

Twenty-eight (82.4 per cent) of the 34 participants in the study gave favorable responses when asked if they felt welcomed by the personnel on the ward to which they were assigned; six (17.6 per cent) of the nurses stated they experienced mixed feelings in regard to the above question.

Eighteen of the twenty-eight nurses giving favorable responses had been introduced to the personnel on the ward by administrative personnel while the remaining ten had met their co-workers during the course of their work or through introduction by another employee.

Nine of the twenty-eight nurses giving a favorable response in regard to their welcome had lived in the city in which they were employed less than one week, five from

one week to one month, one from one to six months and thirteen for one year.

Those nurses giving favorable responses in regard to their welcome by the personnel on the ward emphasized the friendliness with which they were received on the ward.

Favorable responses were given by the following nurses:

1. All of the five who had graduated during the period of 1920 to 1938. One of these nurses was in group I and two were in groups II and III respectively. Comments typical of this group were:

It's just a nice group. They are so willing to give you a lift at work. Gives a feeling of security.

Yes, everyone was friendly. Even the ward clerk was helpful.

Yes; they were very friendly.

2. Nine of the ten who had graduated during the period of 1947 to 1957. Three of these nurses were in group I, four in group II and two in group III. Representative comments of these nurses included the following:

They made you feel welcome. The whole hospital was friendly. The last place I worked, everybody was at each other's throat. Here you are like one of the family.

Very much so. The head nurse introduced me to the supervisor and personnel director. Two or three of us went to lunch together.

Yes, they were very gracious.

Yes, they were very friendly and helpful.

3. Fourteen of the nineteen who had graduated during the period of 1959 to 1962 also made favorable responses regarding the personnel. Four of these nurses were in group I, seven in group II and three in group III. Typical comments of this group were:

Yes, everyone was friendly. It gives you a feeling that you belong. They seemed interested in helping you to know the unit.

Yes, Everyone was very friendly and helpful. Everyone got along with everybody else.

Yes. Being a new grad and outsider, they were very helpful. Everyone got along with everybody else.

Yes. Everybody was very friendly. Seemed to remember your name which is more than a lot of people do.

Yes. They all seemed real friendly.

All six of the nurses who stated they had mixed feelings when asked if they felt welcomed by the personnel had been introduced to their co-workers by administrative personnel.

Two of the six nurses having mixed feelings about their welcome by the personnel on the ward had resided in the city in which they were employed less than a week; two had resided in the city in which they were working from one to six months and two over one year.

The six nurses who experienced mixed feelings regarding the manner in which they were received by the personnel mentioned that while some of the personnel were

friendly others were not.

Those nurses who experienced mixed feelings were represented by the following:

1. One of the ten nurses who had graduated during the period of 1947 to 1957 and was in group III. This nurse was employed by a foundation which has numerous hospitals throughout the country. Her comment was as follows:

Yes, I felt welcomed with reservations. Older hospitals don't welcome new nurses, especially when they found out I was a transfer.

2. Five of the nineteen nurses who had graduated during the period of 1959 to 1963. One of these nurses was in group I and two were in groups II and III respectively. Remarks made by these nurses included the following:

I didn't feel a cold shoulder, but the welcome mat wasn't out.

From most of them I did. The head nurse in the delivery room wasn't really too interested. I like it now.

Some of them yes, some no. I'm not too much older than one of the aides. She gave me some trouble. I would do things the way I was taught. The aide questioned me on my charting. I laughed it off most of the time. The head nurse thought she was a pretty good aide.

From professionals pretty much so. The practicals try you out.

From most of them. You had to prove yourself. I didn't get a direct order, but everyone will tell you when you are doing wrong.

Table 19 shows the distribution of responses given by the nurses participating in the study according to their reaction to the ward personnel; the year in which they graduated and the group to which they belonged.

Table 19. Distribution of Responses Given by 34 Nurses Participating in the Study According to Their Reaction to Ward Personnel; the Year in Which they were Graduated and the Group to Which They Belonged

Group	Favorable Response Year Graduated			Mixed Response Year Graduated		
	1920- 1938	1947- 1957	1959- 1963	1920- 1938	1947- 1957	1959- 1963
I	1	3	4			1
II	2	4	7			2
III	2	2	3		1	2
Total	5	9	14		1	5 N=34

Reaction to Job at End of First Day

In reply to the question, "What was your reaction to your job at the end of the first day?", fifteen (44.1 per cent) nurses gave favorable responses, nine (26.5 per cent) stated they had mixed feelings and ten (29.4 per cent) gave unfavorable responses. These responses were consistent with those made by the nurses in O'Boyle's study (26) which were as follows: Favorable (43.6 per cent), Mixed (30.9 per cent) and Unfavorable (25.5 per cent).

Seven of the fifteen nurses giving favorable responses stated they had received some type of planned schedule for their orientation on their first day at work.

Five of the fifteen nurses who reacted favorably to their job on the first day had been residents of the city in which they were employed less than a week; four of these were among the seven nurses who had commented about the friendliness of the personnel. Three of the remaining nurses who had given favorable responses had resided in the city of their employment for a period of one to six months; seven who gave favorable responses had lived in the city where they were employed for a year or more.

Ten of the fifteen nurses giving a favorable response also stated that they had been accompanied to the ward by administrative personnel; three had gone to the department by themselves and two were escorted by the secretary in the personnel office.

Twelve of the fifteen nurses giving a favorable response had mentioned that they felt expected on the unit to which they were assigned; two stated that they did not feel expected. One indicated that she felt doubtful as to whether or not she was expected.

Seven of the fifteen nurses who reacted favorably to their job on the first day emphasized the friendliness of the personnel. Other remarks had to do with the fact

that the hospital was well staffed and/or a favorable working situation and hospital environment. Several of the nurses who had either been out of nursing or away from bedside nursing, mentioned that they were glad to be back in the hospital setting.

Favorable comments about their reaction to their job at the end of the first day were made by the following nurses:

1. Three of the five who had graduated during the period of 1920 to 1938. These three nurses were in groups I, II and III respectively. Their comments were as follows:

I liked it. I liked the personnel.

Felt it was just what I wanted. Wanted to get back into hospital nursing.

One nurse who had not worked in eighteen years made the following comment:

I was thrilled to pieces. I still am.
I went back to work because I just couldn't stand being away from hospital nursing.

2. Seven of the ten who had graduated during the period of 1947 to 1957. Two of these nurses were in group I, three in group II and two in group III. Comments made by these nurses included the following:

I thought it was pleasant work and a friendly attitude from all.

We were learning a lot of things.
I felt it would be interesting.

I was quite pleased. Everyone was friendly and I thought I would like it. I didn't notice the pettiness and bickering among personnel as to the extent I have seen in other places.

I enjoyed it.

3. Five of the nineteen who had graduated during the period of 1959 to 1963 commented favorably about their reaction to their first day at work. Two of these nurses were in group I and three were in group II. Remarks typical of these nurses were as follows:

I thought it was a nice place to work.
They were well staffed with students.

I thought I would like the job; I
enjoyed it.

One of the nurses who commented favorably about her first day referred to the amount of work which nurse aides were allowed to do. She stated

I was impressed by the welcome. I was impressed with the personnel and a bit astounded at the capacity at which they let nurse aides work.

Seven of the nine nurses who displayed mixed feelings about their job on the first day had been given some type of planned schedule on their first day at work.

Only one of the nurses who had mixed feelings about her first day at work had resided in the city in which she was employed less than a week. One had been a resident for ten days and another stated she had been a resident for three weeks. Six of the nurses had resided in the city of their employment for over a year.

All of the nurses who had mixed reactions to their jobs on the first day were accompanied to their ward by administrative personnel.

Eight of the nurses who had mixed feelings stated that they felt expected on the unit to which they were assigned; one stated she did not feel expected.

Nurses who displayed mixed feelings regarding their first day at work seemed to show some feelings of anxiety and confusion regarding their first day.

Mixed reactions to their first day at work were experienced by the following:

1. Two of the five nurses who had graduated during the period of 1920 to 1938. One of these nurses was in group II and the other in group III. Their comments were:

I was well pleased, but confused. I felt I would be happy there.

I liked it. I thought the whole department was disorganized.

2. Seven of the nineteen nurses who had graduated during the period of 1959 to 1963. Two of these nurses were in group I, two in group II and three in group III.

Remarks typical of these nurses were as follows:

I felt relieved. I was a little bit hesitant, quite hesitant. I got the feeling that as far as personnel were concerned that I wouldn't have any problems.

I liked it, but I was apprehensive because I had to spend the next day alone. I didn't feel confident.

The R.N.'s didn't seem to do as much work as where I graduated from. I was kind of surprised. The L.P.N.'s did all the work. It was considerably easier.

Five of the ten nurses who had reacted unfavorably to their job on the first day had been given some type of planned schedule on their first day at work.

Five of the ten nurses who had given unfavorable responses to their first day at work had been residents in the city in which they were employed for less than a week; three had lived in the city from two weeks to one month and two had resided in the city for over a year. Table 20 shows the distribution of responses given by the nurses participating in the study according to their reaction to their first day at work and the length of residence in the city in which they were employed.

Eight of the ten nurses reacting unfavorably to their first day at work were accompanied to their ward by administrative personnel; one had been shown to her unit by the personnel secretary and one of the nurses stated she could not remember who escorted her to the unit.

Eight of the ten nurses giving unfavorable responses regarding their first day at work stated that they felt expected on the unit to which they were assigned; two stated they did not feel expected on their assigned unit.

Table 20. Distribution of Responses Given by 34 Nurses Participating in the Study According to their Reaction to their First Day of Work and the Length of Residence in the City in Which They Were Employed.

Length of Residence in City	Favorable Response	Mixed Response	Unfavorable Response
Less than one week	5	1	5
One week to two weeks		1	
Two weeks to one month		1	3
One month to six months	3		
Over one year	7	6	2
Total	15	9	10

N=34

Most of the nurses who responded unfavorably to their first day at work mentioned the confusion and disorganization that was prevalent in the work situation.

Unfavorable comments regarding their reaction to their first day at work were made by the following nurses:

1. Three of the ten who had graduated between 1947 and 1957. These nurses were in groups I, II and III respectively. Their comments were as follows:

Confused. That takes care of it.

Confusion, mass confusion. I came from a hospital where the routine was set up; everything was standard, everything in the same place. Here everyone is his own boss. Takes a long time to get oriented.

Quite confused. Hard to tell.

2. Seven of the nineteen who graduated between 1959 and 1963 also made unfavorable comments. One of these nurses was in group I, four in group II and two were in group III. Five of the nurses in this group made reference to the old and outdated equipment in use as well as the physical setup of the hospital. Remarks representative of this group included the following:

I was confused. It seemed like there was so much to learn. I didn't feel at all satisfied. I was kind of unhappy.

Would I be able to learn what I need for my own self confidence in one or two nights because there was so much disorganization? If you asked for something they would say, 'Try those baskets.' Things seemed scattered.

I was rather disappointed. I had learned so little; everything was so outdated.

I had worked in a private hospital with much better equipment. I was appalled. The floor personnel was as well educated. The type of patient was many grades lower than I was used to.

I was surprised or flabbergasted it was as old as it was, especially the rubber I.V. tubing, lack of modern equipment, things central supply doesn't do, lack of disposable equipment.

Table 21 shows the distribution of responses given by the nurses participating in the study according to their reaction to their first day at work; the year in which they graduated and the group to which they belonged.

Table 21. Distribution of Responses Given by 34 Nurses Participating in the Study According to Their Reaction to Their First Day at Work; the Year in Which They Graduated and the Group to Which They Belonged.

Group	Favorable Response			Mixed Response			Unfavorable Response		
	Year Graduated			Year Graduated			Year Graduated		
	1920 to 1938	1947 to 1959	1959 to 1963	1920 to 1938	1947 to 1959	1959 to 1963	1920 to 1938	1947 to 1959	1959 to 1963
I	1	2	2	0	0	2	0	1	1
II	1	3	3	1	0	2	0	1	4
III	1	2	0	1	0	3	0	1	2
Total	3	7	5	2	0	7	0	3	7 N=34

Reaction to Job at Time of Interview

Eighteen of the thirty-four (52.9 per cent) participants indicated that they had favorable feelings about their jobs at the time at which they were interviewed for this study; sixteen (47.1 per cent) stated that they had mixed feelings. The findings of the O'Boyle study (26) were inconsistent with the above. Three-fourths of the participants had favorable feelings about their job at the time of the interview and one-fourth were dissatisfied.

Favorable comments about their jobs at the time of the interview were made by the following:

1. Four of the five who had graduated between 1920 and 1938. Three of these nurses had expressed favorable opinions about their jobs at the end of the first day and

were in groups I, II and III respectively. Their comments were as follows:

I enjoy it.

I like it very much. Want to go on and get things I haven't become acquainted with. Everything is different.

I feel just wonderful about it.

One of the nurses graduating during this period who was in group III and formerly had mixed feelings towards her job at the end of the first day, now commented favorably on it. She had previously stated that she felt somewhat confused on the first day. She stated:

I like my job now; I'm happy with it.

2. Six of the ten who had graduated during the period of 1947 to 1959 also made favorable comments about their jobs at the time of the interview. Five of these nurses had expressed favorable opinions about their jobs at the end of the first day; one of these was in group I, three were in group II and one was in group III. Comments typical of these nurses were as follows:

I like it.

I still like it real well.

I like it. I like it better every day; feel more a part of what's going on.

One of the Group I nurses graduating during this period who had formerly reacted unfavorably toward her job on the first day, now commented favorably. Her comments

regarding her reaction to her first day at work centered around her lack of confidence in herself. She stated:

I am very satisfied now.

3. Eight of the nineteen who had graduated between 1959 and 1963 commented favorably about their reaction to their jobs at the time of the interview. Three previously had favorable opinions about their jobs at the end of the first day. One of these nurses was in group I and two were in group II. They stated:

I like it real well. I think they have a real good pediatric unit.

I like it.

I like it. I think if there isn't enough help, they do their utmost to find you some.

Three nurses who graduated between 1959 and 1963 had displayed mixed reactions to their jobs at the end of the first day, but now commented favorably. One was in group I and two were in group III. These nurses had previously mentioned that they felt somewhat insecure the first day and wondered if they could carry out the duties expected of them. Six of the nurses in the O'Boyle study (26) who were recent graduates indicated that they had felt insecure on the first day; however the feelings of the nurses at the time of the interview were not mentioned in the O'Boyle study. (26)

The comments of these participants who had favorable

feelings at the time of the interview were:

I enjoy it.

I like it a lot better now. I feel that I am doing more nursing care. My first week was kind of a false impression. Now that we are doing more work, I feel self satisfied.

I like it. I am pleased. The thing that strikes me the best is just being out of training how everyone treats me, like I'm not a student anymore.

Two Group II participants, graduated between 1959 to 1963, had commented unfavorably about their reaction to their job at the end of the first day, but now made favorable comments. These nurses had previously commented on the fact that they lacked confidence in carrying out the duties expected of them. They stated:

I enjoy the work.

I love it. I feel like I have a lot more confidence. They leave me on my own. The past couple of nights they put me on my own.

Mixed feelings about their jobs at the time of the interview were expressed by the following participants:

1. One of the five, a group II participant, who had graduated between 1920 and 1938 had mixed feelings about her work at the end of the first day and had mentioned the disorganization that prevailed. She now stated:

It's fine; things have changed some.
It's hard to say.

2. Four of the ten who had graduated between 1947 and 1957 expressed mixed feelings about their jobs at the

time of the interview. Two had previously had favorable feelings towards their work at the end of the first day and were in groups I and III. The reasons given for their change of feelings follow:

I'm not very happy. I have a lot of ability. I am doing work anyone could do. I don't know that I'm going to stay. Nurses clamor to work here. They are very friendly. In other hospitals, they are crying for help. The nurses here are happy. I've had some offers. I would be happy if I could stay and get something more challenging.

I like it. I am working evenings. I decided to because they were giving me all three shifts. The personnel I have no complaints about.

Two of the participants graduated between 1947 and 1957 now expressed mixed feelings but formerly had an unfavorable opinion about their jobs at the end of the first day; these nurses were in groups II and III respectively. Their comments previously had centered around the confusion that they felt prevalent in the work situation. They now stated:

I am beginning to like it better; still am not sure about some things.

I enjoy working here. There are still so many things one isn't sure of even after six months. The procedure book is undeveloped. You learn by trial and error.

3. Eleven of the nineteen who had graduated between 1959 and 1963, stated they had mixed feelings about their jobs at the time they were interviewed. Two, in groups I and II respectively, had formerly expressed

favorable opinions about their jobs at the end of the first day. They now stated:

Most of the time I like it very well.

Everything is fine except I'm more interested in being on a surgical ward than I am on a medical ward.

Four of the nurses graduated between 1959 and 1963, stated that while there were certain aspects of their work which they liked, there were also some unfavorable aspects. One was in group I, two were in group II and one was in group III. Comments typical of these nurses included the following:

I like it really well. I am a little unhappy about certain things. Sometimes I feel like an aide. Things are in a changeover now.

I enjoy it, but I would rather that I didn't float as much. Last week I was on a different floor every day.

The following comment was made by the only male nurse participating in the study:

It's alright. No fireworks. I like it. Worked with male nurse one week. Worked with head nurse two days, another nurse another day. Very disorganized.

Five of the nurses graduated between 1959 and 1963, who had formerly expressed unfavorable opinions about their first day at work, now had mixed feelings about their jobs. One of these nurses was in group I, two were in group II and two were in group III. Most of the nurses in this group had previously commented on the lack of modern equipment

in the hospital in which they were working; several of these nurses had also formerly stated that this was their first experience working in a tax-supported hospital and that the transition from a private hospital to a different type of institution was something of a "shock." Remarks representative of this group included the following:

There's a million and one things I don't know. I like the personnel. They are especially close knit and willing to help. Don't agree with everything they do. Wouldn't want to work here for more than nine months. Wouldn't know anything about new procedures. Feel accepted. Enjoy it except for these things.

Now that I know what's going on and what's expected, I feel more at home. It takes awhile to get used to things.

I have gotten over the first shock. I like it. I can manage almost as well without disposable needs.

Table 22 shows the distribution of responses given by the nurses participating in the study according to their reaction to their job at the time at which they were interviewed; the year in which they graduated and the group to which they belonged.

Assistance with Techniques and Procedures

Twenty-seven of the thirty-four (79.4 per cent) respondents stated they had adequate assistance with techniques and procedures with which they were not familiar; two (5.9 per cent) stated they had mixed feelings about the amount of assistance they had received and five (14.7 per cent)

Table 22. Distribution of Responses Given by 34 Nurses Participating in the Study According to Their Reaction to Their Job at the Time They Were Interviewed; the Year in Which They Graduated and the Group to Which They Belonged

Group	Favorable Response Year Graduated			Mixed Response Year Graduated			
	1920 to 1938	1947 to 1959	1959 to 1963	1920 to 1938	1947 to 1959	1959 to 1963	
I	1	2	2		1	3	
II	1	3	4	1	1	5	
III	2	1	2		2	3	
Total	4	6	8	1	4	11	N=34

stated that they did not have adequate assistance.

The nurses who responded, "Yes," to the question, "Did you have adequate assistance with techniques and procedures with which you were not familiar?," included the following:

1. All five who had graduated during the period of 1920 to 1938. One of these nurses was in group I, two in group II and two in group III.

2. Eight of the ten who had graduated during the period of 1947 to 1959. Three of these nurses were in group I, three in group II and two in group III.

3. Fourteen of the nineteen who had graduated between 1959 to 1963. Four of these were in group I,

seven in group II and three in group III.

Two stated that they had mixed feelings regarding the amount of assistance they had with techniques and procedures, but mentioned that while they had received some help, a considerable amount of their learning had been through trial and error and chance observation on the job. These nurses included two who had graduated between 1959 and 1963; they were in groups II and III respectively. The comments of these nurses included the following:

Pretty much so. The first day an R.N. helped me. After that I had to ask someone. I observed other people. I realized I did it differently.

I don't know what to say. Mostly through manuals and asking, I have found out what I needed.

Comments made by the five nurses who did not receive adequate assistance with techniques and procedures indicated that these nurses learned mostly through trial and error.

Unfavorable comments regarding the amount of assistance they had with techniques and procedures were made by the following:

1. Two of the ten who had graduated between 1947 and 1957. They were in groups II and III respectively.

They commented thus:

It could have been better. They are planning inservice on surgery this fall. Mine was hit and miss.

No, I didn't; [receive enough help] last staff meeting, I found out I was supposed to give mineral oil after an upper G.I. No one ever told me.

2. Three of the nineteen who had graduated between 1959 and 1963. These nurses were in groups I, II and III respectively. Their remarks included the following:

No, I didn't have enough help. When you are doing procedures in a certain hospital, they should show you the way they teach students. They just showed us what was in each setup. We went on from there.

They left me on my own, more or less on my own, after they thought I should know the thing like setting up cases. I felt lost.

No. Irrigating levine tubes, recording intake and output, I found out by trial and error. Some one would see me doing it the way I was doing it and then would correct me. After awhile I asked.

Table 23 shows the distribution of responses given by the nurses participating in the study according to whether they felt they had adequate assistance with techniques and procedures with which they were not familiar; the year in which they graduated and the group to which they belonged.

Length of Orientation

Twelve of the thirty-four (35.2 per cent) nurses participating in the study spoke favorably about the length of their orientation period; eight (23.5 per cent) stated

Table 23. Distribution of Responses Given by 34 Nurses Participating in the Study According to Whether or Not They Had Adequate Assistance with Techniques and Procedures; the Year in Which They Graduated and The Group to Which They Belonged

Group	Had adequate assistance			Mixed Response			Did not have adequate assistance		
	1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963
I	1	3	4						1
II	2	3	7			1		1	1
III	2	2	3			1		1	1
Total	5	8	14			2		2	3

N=34

that they had mixed feelings about the length of their orientation period and fourteen (41.1 per cent) nurses made unfavorable comments about the length of their orientation.

Those nurses who made favorable comments about the length of their orientation stated that they thought it was adequate.

Favorable comments were made by the following nurses:

1. Four of the five who had graduated during the 1920's and 1930's. One of these nurses stated that her orientation period lasted one week; she was in group III. One had received an orientation of six weeks and was in group I. Two stated that they did not know the length

of their orientation period. Both of these nurses were in group II. Comments representative of these nurses were as follows:

One week: It was adequate.

Six weeks: Adequate; it's very comprehensive.

Don't Know: I thought it was quite adequate.

2. Five of the ten who had graduated between 1947 and 1957 commented favorably about the length of their orientation. One had received an orientation of less than one week and was in group I; one who had received an orientation of a week in length was in group II. The two nurses who stated that their orientation lasted from one to two weeks were in Group III. One nurse had received an orientation of six weeks and was in group I. Comments typical of these nurses included the following:

Less than one week: It was adequate. I was oriented on the important things.

The following comment was made by a nurse from Sweden:

One week: It was very good. I was surprised about the information. My language was a definite barrier.

One to two weeks: It was adequate. I spent about a week on a medical-surgical floor and three days in surgery. Both places were adequate.

Six weeks: It was very comprehensive and adequate.

3. Three of the nineteen graduated between 1959 and 1963, made favorable comments about the length of their orientation. One Group I nurse had received an

orientation one week in length; two Group II nurses had received an orientation of from two to four week's duration.

Their comments were as follows:

One week: It was adequate.

Two to four weeks: As adequate as possible.

Two to four weeks: Considering the amount of time, it was adequate.

Nurses who had mixed feelings about the length of their orientation commented on the fact that too much was crowded into too short a time or that their orientation was adequate in some respects and inadequate in others.

Those who had mixed feelings about the length of their orientation period included the following:

1. One of the ten graduated between 1947 to 1957, who had received an orientation of one week. She stated:

Quite adequate, but being an R.N. I would have liked more emphasis on procedures. They showed us the Bird and much of the equipment. Actual use would have been helpful.

2. Seven of the nineteen who had graduated between 1959 and 1963. Six of these nurses had received an orientation of one week; two were in group I and four in group II. One Group I nurse had received an orientation of from one to two weeks. Comments representative of these nurses follow:

One week: I think it was alright. Everything is so new. It all comes too fast especially when you are new. Orientation on the ward wasn't as impressive as class.

One week: As far as the physical setup of the hospital goes, it was too little. As far as the unit goes, it was adequate.

One week: It was adequate to the point of location, but I learned the procedures by trial and error.

Two weeks: Felt that it was adequate, but the classes came too late. The classes started three weeks after my starting.

Nurses who had made unfavorable comments about their orientation period stressed the inadequacy of their orientation period as well as the fact that responsibility had to be assumed at too early a date. Unfavorable comments regarding the length of their orientation were made by the following nurses:

1. One of the five graduated between 1920 and 1938, who belonged to group III and had received an orientation of less than one week. She stated:

It was too little. I feel that the orientation on days isn't good because the personnel are too busy. You should be assigned to one specific R.N. I feel it depends on the type of person you are.

2. Four of the ten graduated between 1947 and 1957, commented unfavorably about the length of their orientation; two of these nurses had received an orientation of less than one week; one belonged to group II and one to group III. One nurse had received an orientation one week in length and the other had spent ten days being oriented. Both of these nurses were in group II. The comments of these four nurses were as follows:

Less than one week: Too little. I felt they didn't have too much. Would have been good if there was a person whose primary responsibility was to do this.

Less than one week: Quality was fair, but far too insufficient.


One week: First day I spent touring hospital. The rest of the week I worked with a staff nurse. It should have been more. I hadn't worked in surgery for a little while. Felt I needed more.

One to two weeks: Even after ten days I still had an awful lot to learn; should have been more.

3. Nine of the nineteen graduated between 1959 and 1963, made unfavorable comments about the length of their orientation. Four of these had received an orientation of less than one week; two belonged to group II and two to group III. One Group II participant had received an orientation one week in length and one group I nurse had received an orientation of from one to two weeks. Two of the remaining three nurses stated they had received no orientation and one nurse did not know the length of her orientation program. These three nurses belonged to group III. Comments representative of this group include the following:

Less than one week: I really think it was too little. They sent me to Peds with absolutely no orientation. I was alone with an L.P.N. I didn't know the procedures and routine orders. Lots of it was trial and error.

Less than one week: Kind of inadequate. I realized conditions weren't ideal. I thought they would have been better prepared when they knew some one was coming.



One week: Too little in some things, inappropriate in others. They mentioned little things like squaring off and draping. They didn't talk about relieving for coffee or lunch.

One to two weeks: Too little. I have been there two months and still have to ask. If it has been a good orientation, it should be included. I'm inadequate when I don't know where things are. The head nurse and assistant head nurse said I didn't get enough orientation.

Didn't know length of time: At the time I felt it was too little. I was forever asking. I was afraid I was going to bother someone. I liked having to get in and do it by myself.

Comments of the two nurses who stated that they had no orientation were as follows:

Was very surprised we didn't have any. Mrs. _____ said, 'When we have a few new people in, we'll have one.' I was surprised since there is a school of nursing. Usually these hospitals are more conscious of it.

Very poor. We just didn't have any. Heard that they wait three months until they have enough R.N.'s to give an orientation class. Have been here three months now. It's pretty ridiculous.

Table 24 shows the distribution of responses given by the nurses participating in the study according to their reaction to the length of their orientation, the year in which they graduated and the group to which they belonged.

Time at Which Charge Responsibilities Were Assumed

Twenty-five of the thirty-four (73.5 per cent) nurses participating in the study stated they had assumed charge responsibilities at the time of the interview and

Table 24. Distribution of Responses Given by 34 Nurses Participating in the Study According to Their Reaction to the Length of Their Orientation Program; the Year in Which They Graduated, and the Group to Which They Belonged.

Length of Orientation	GROUP I			GROUP II			GROUP III		
	Favorable Responses	Mixed Responses	Unfavorable Responses	Favorable Responses	Mixed Responses	Unfavorable Responses	Favorable Responses	Mixed Responses	Unfavorable Responses
	A B C	A B C	A B C	A B C	A B C	A B C	A B C	A B C	A B C
Less than 1 week	1					1 2			1 1 2
One Week	1	1 2		1	4	1 1	1		
One to two wks.		1				1	2		
Two to 4 weeks									
More than one mo.	1 1								
Don't know									
Non-existent				2					1
Total	1 2 1	1 3	1	2 1 2	4	3 3	1 2		1 1 5 N=34

* A Nurses graduating between 1920-1938
 ** B Nurses graduating between 1947-1957
 *** C Nurses graduating between 1959-1963

nine (26.4 per cent) had never taken charge. These findings were consistent with the O'Boyle study (26) in which 74.5 per cent of the nurses had assumed charge responsibilities at the time of the interview and 25.5 per cent stated they had never been in charge.

Two of the participants assuming charge were among the five who had graduated between 1920 and 1938; four were among the ten who had graduated between 1947 and 1957. All nineteen of the nurses who had graduated between 1959 and 1963 had assumed charge duties at the time at which they were interviewed. Five of these were graduates of degree schools; the remaining nurses were graduates of diploma schools. Three of the nurses who had not had charge responsibilities were among the five who had graduated between 1920 and 1938 and six were among the ten who had graduated during the period of 1947 to 1957.

Sixteen of the twenty-five (64 per cent) nurses stated that they felt prepared upon assumption of their charge duties but nine (36 per cent) did not. Those nurses who stated that they felt prepared when they took charge included the following:

1. The two group III nurses who had graduated between 1920 and 1938. One was a night nurse who had assumed charge within one week on the night shift; the other was a nurse who had been employed for the P.M. shift

and had assumed charge duties within three months on this shift.

2. Two of the four assuming charge responsibilities who had graduated during the period of 1947 to 1957; one of these nurses was in group I and had taken charge within five days on the P.M. shift. The other nurse was in group III and had assumed charge responsibilities within a week on the day shift. Both of these nurses had been employed for the shift on which they took charge.

3. Twelve of the nineteen graduated between 1959 to 1963; four of these were in group I, six in group II and two in group III. Two of the nurses in group I had taken charge on the day shift within one to two weeks after being employed while another had assumed charge within two months; all three of these nurses had been employed for the day shift. One of the nurses in group I who had been employed on a rotating basis assumed charge on the P.M. shift within three months after being hired. Group II, with six nurses who stated that they felt prepared, included one night nurse who assumed full responsibility of a ward on the second night; another nurse in this group who stated that she normally worked the P.M. shift assumed charge responsibilities on the night shift within three weeks after being employed. The four remaining nurses in this group assumed charge responsibilities within

a one to six month period; one of these nurses who was employed on a rotating basis took charge on the P.M. shift and three nurses who normally worked the day shift assumed charge on the P.M. shift. Group III, comprised of two nurses who felt prepared, included one nurse who took charge within three weeks on the day shift for which she was hired; the other was an operating room nurse who took charge within three months on the day shift.

Most of the nurses who did not feel prepared and were placed in charge as early as the first two weeks of their employment stated that they felt inadequate because they were not yet familiar with the routine of the ward or how to seek information with which they were not acquainted. Some of the nurses stated that they still had not been oriented to many aspects of "being in charge." One nurse stated that she had been scheduled to work with another nurse who was absent due to illness, thus necessitating her to assume charge responsibilities alone. Those nurses who stated that they did not feel prepared at the time at which they assumed charge responsibilities included the following:

1. Two of the four assuming charge responsibilities who had graduated between 1947 and 1957. One of these nurses was in group I and had assumed charge responsibilities within four months on the day shift; the other was in

group III and had assumed charge responsibilities on the second day of the day shift. Both of these nurses had been employed for the day shift. Their comments were as follows:

Assumed Charge Responsibilities on Second Day

Just a feeling. Would have felt more confident if I had spent more time on ward before being left.

Assumed Charge Responsibilities within Four Months

No. I didn't feel adequately oriented to that. I was sick the day I was supposed to be in charge.

2. Seven of the nineteen who had graduated between 1959 and 1963; one of these nurses was in group I, two were in group II and four were in group III. The nurse in group I had taken charge on the P.M. shift within a month after being employed; she stated that she had been hired for the day shift. The two nurses in group II had assumed charge responsibilities on the P.M. shift within one week after being employed. One of these nurses had been hired for the P.M. shift and the other for rotating shifts. Group III, comprised of four nurses who did not feel adequately prepared, included two who were working rotating shifts and were placed in charge on the P.M. shift within two months after being employed. One of the nurses in this group stated that she had been employed for the day shift and had been placed in charge on the second day; another stated that she had been employed for the P.M. shift and

was placed in charge on the night shift within three weeks after beginning employment. Remarks representative of this group include the following:

Assumed Charge Responsibilities on Second Day

It's all just like I said before. (This nurse had previously made references to the confusion and disorganization that was prevalent.)

Assumed Charge Responsibilities within One Week

I didn't know the routine; I didn't know when to do what. I just didn't know the basic routine.

Assumed Charge Responsibilities within One Week

No, definitely not. Should have had more orientation at the desk on how to order things, how to call doctors; if they don't have an intern, which doctors like to be called when patients are admitted and which don't.

Assumed Charge Responsibilities within One to Three Weeks

Well, I read from the ward policy book at first. When the night supervisor came, she told me. I had to ask a lot.

Assumed Charge Responsibilities within Two Weeks

There were many things especially technical. Paper work had not been explained. We have no ward clerk. The one in charge has to do all the ordering.

Table 25 shows the distribution of responses given by the nurses participating in the study according to whether or not they felt prepared at the time at which they assumed their charge responsibilities; the year in which they graduated and the group to which they belonged.

Table 25. Distribution of Responses Given by 25 Nurses Participating in the Study According to Whether or Not They Felt Prepared at the Time at Which They Assumed Their Charge Responsibilities; the Year in Which They Graduated and the Group to Which They Belonged

Time at which charge duties were assigned	GROUP I			GROUP II			GROUP III								
	Felt Prepared			Did not feel Prepared			Felt Prepared			Did not feel Prepared					
	*	**	***	A	B	C	A	B	C	A	B	C	A	B	C
Less than one week		1					1							1	1
One Week									2				1		
One to two weeks			2												
Two to Four weeks							1						1		
One to six months														1	2
Total		1	4		1	1		4		6		2	2	1	4

* A Nurses graduating between 1920-1938
 ** B Nurses graduating between 1947-1947
 *** C Nurses graduating between 1959-1963

N=25

Obtaining Additional Information

Twenty-six of the thirty-four (76 per cent) nurses interviewed stated that when they needed additional information to carry out their duties, they sought it primarily from administrative personnel. All five of the nurses who had graduated between 1920 and 1938 stated that they had obtained additional information from administrative personnel. Nine of the ten nurses who had graduated between 1947 and 1957 also stated they had obtained additional information by this method as did twelve of the fifteen nurses obtaining information by this method who had graduated between 1959 to 1963.

Seven of the above group, indicated that they had also sought information pertaining to their work from the ward policy book, the procedure book, textbooks and/or staff nurses and nonprofessional personnel. Most of the questions asked of the latter had to do with the location of equipment and as stated by one nurse, "things like where to find the bedpan covers."

The other eight (24 per cent) nurses, one of whom had graduated in 1955 and seven between the period of 1959 to 1963, stated that they had sought additional information from the staff nurse with whom they were working, nonprofessional personnel and/or resources such as the ward policy book and procedure books. One of these nurses stated she

always sought help from nonprofessional personnel. She justified her answer by the following statement:

I always go to nurse aides and practicals. They are the best assistance. They are the most stable personnel on a wing. They are old employees and know more about procedures.

Approximately seventy-five per cent of the nurses in O'Boyle's study (26) indicated they had received information primarily from administrative personnel, co-workers, a procedure book or policy manual.

Methods Through Which Nurses Received Information
About Their Orientation

Following is a list of the methods through which the thirty-four nurses participating in the study received information during their orientation and their opinions as to the helpfulness of the methods used.

The tour. Thirty-three of the thirty-four nurses (97.1 per cent) participating in the study stated that they had been taken on a tour of the hospital as part of their orientation. The nurse who stated she had not been taken on a tour had graduated in 1960 and was in group II.

The twenty-one (64 per cent) nurses who found the tour helpful and made favorable comments about it stressed the fact that it was beneficial in giving them a general layout of the hospital as well as the location of the various departments. Comments on the helpfulness of the

tour were made by the following nurses:

1. Four of the five who had graduated between 1920 and 1938. One of these nurses was in group I, one in group II and two in group III. These nurses stated:

It was most helpful.

Very, very good.

Yes, it was helpful.

Gave you comprehensive view of everything. Good to have.

2. Seven of the ten who had graduated between 1947 and 1957; two of these nurses were in group I, three in group II, and two in group III. Comments representative of these nurses were:

Good for general overall picture of the hospital. Found out where to find a lot of things.

Helped to find out where different departments were. It gave me a chance to meet the head of various departments.

Helpful. I was taken on a tour the day I was interviewed.

Helpful. Should I have to go to a department, I can remember where to go.

3. Ten of the eighteen taken on a tour had graduated between 1959 and 1963; two of these nurses were in group I, seven in group II and one in group III.

Comments typical of these nurses were:

It acquainted me with the different services and where they were located.

Gets you acquainted with personnel and floor plan.

Helpful in helping me get oriented. _____ is much bigger than where I graduated from.

Had never been here in this area; I had no idea where x-ray and these things were. It helped to get myself oriented to the layout of the hospital and accessory facilities.

Eight of the thirty-three (24 per cent) nurses found the tour to be of limited value. These nurses stated that the tour came too soon in their orientation and that it was inadequate in certain aspects. Comments on the limited value of the tour were made by the following:

1. Three of the ten who had graduated between 1947 and 1957; one of these was in group I, and two were in group III. Their comments were:

I learned where a certain number of things were.

I really didn't have a thorough tour in the various departments when I went there.

It was helpful only in as much as I could find certain places.

2. Five of the eighteen taken on a tour who had graduated between 1959 and 1963. Two of these nurses were in group I, and three in group III. Remarks typical of these nurses were:

It gave me a generalization of where things were; almost everything I had to ask again, but at least I had an idea.

Good to the point of where you were going; it was too soon.

It was kind of a fast tour; I did learn where the different departments were.

Four of the thirty-three (12 per cent) nurses stated that they did not find the tour helpful; these nurses implied that the tour was conducted haphazardly and came too soon in their orientation. Comments on the lack of value of the tour were made by the following nurses:

1. One of the five who had graduated between 1920 and 1938 and was in group III. She stated:

The tour was the least helpful of anything.

2. Three of the eighteen taken on a tour who had graduated between 1959 and 1963. Each of these nurses was in groups I, II, and III respectively: Their comments were as follows:

I don't know if you could really call it a tour.

I didn't find it too helpful of the full hospital. I found it confusing. After all they go through, I couldn't even find the cafeteria. It was too much too soon.

One of the nurses stated tours were not helpful to her.

She stated:

Tours aren't helpful to me. I have no sense of direction; only that I hear there are such places. If I rehear them, I know where they are.

Working with another Registered-Nurse. Thirty-two of the thirty-four (94.1 per cent) nurses interviewed stated that they were assigned to work with another R.N. at some time during their initial orientation. The two (5.9 per cent) nurses for whom this method was not employed

had graduated in 1962 and were in groups II and III respectively.

All nurses who worked with another R.N. stated that they found this method helpful. The nurses commented mainly on the convenience of working with someone who was familiar with the hospital and procedures. One nurse mentioned it as being of help in getting to know the personality of the head nurse and becoming acquainted with the names of the doctors. Comments on the helpfulness of working with another R.N. were made by the following nurses:

1. All of the five graduating between 1920 and 1938. Comments typical of this group were as follows:

Very much so. Helped me to find out how they dispense medications.

Helpful to the extent you learned routine, very easy person to work with, if you had a question you just asked her.

Very helpful.

2. All of the ten graduating between 1947 and 1958.

Comments representative of this group were as follows:

The nature of every hospital is slightly different; it is mostly a way of learning hospital routine.

It gave me an entire general idea of what the team leader's duties were; by far most complete.

Very helpful in our department.

Best way to learn.

Was confident that what I didn't know she would tell me without criticism. Never any feeling of criticalness. Always positive attitudes.

She clued me in on the idiosyncrasies of the head nurse.

Very helpful, because they knew ward routine well and so many things you learn when you've been there a long time.

3. All of the seventeen graduating between 1959 and 1963 who had received information through this method.

Typical comments of this group were:

It was helpful in the fact that she pointed out many things, routine procedures and orders.

If you walk around in somebody's shadow with another R.N., you pick up a lot more.

Very nice as far as learning physical setup and ordering of different things and learning how to chart and give different meds.

You can discuss things; having never worked with L.P.N.'s and technicians before, it is hard to know their background.

Very helpful in that a lot of their procedures were different that I had been used to.

Always helpful; the nurse with whom I worked had been in department a year and a half.

Personnel handbook. Twenty-one of the thirty-four (62 per cent) nurses participating in the study stated they had used the personnel handbook as a means of obtaining information during their orientation period. Four of the five nurses using this means had graduated during the period of 1920 to 1938; six of the ten nurses who had graduated during the period of 1947 to 1957 had also used it as had eleven of the nineteen nurses who had graduated during the period of 1959 to 1963.

Twenty (95 per cent) of the nurses using the handbook stated that they found it helpful. Comments on the helpfulness of the personnel handbook were made by the following nurses:

1. All of the four graduating between 1920 and 1938 who had received information through this method. One of these nurses was in group I, one in group II and two in group III. Comments representative of this group were:

Lots of information that I didn't have to inquire about.

Very good.

2. Five of the six graduating between 1947 and 1957, who had received information through this method. Three of these nurses were in group I, and two in group II. Comments typical of this group were:

Clarifies policies.

Makes you feel more acquainted.

Told me a lot of duties of personnel and what was expected.

3. All of the eleven graduating between 1959 and 1963 who had received information through this method. Three of these nurses were in group I, seven in group II and one in group III. Some representative comments were:

It's complete and adequate.

It familiarized me with everything in the hospital better than it was explained.

It gave a person an idea of what the hospital is like; just the attitude of the hospital.

The one nurse who mentioned that she had found the personnel handbook of limited value stated that it was inadequate. This nurse had graduated in 1953 and was in group II.

Ward policy book. Nineteen of the 34 (56 per cent) nurses stated that they used the ward policy book. Four of the five nurses who had graduated between the period of 1920 and 1938 had used it as had six of the ten nurses who graduated between 1947 and 1957. Nine of the nineteen nurses who had graduated during the period of 1959 to 1963 had also used the ward policy book.

Fifteen (79 per cent) of the nineteen nurses stated that they found the policy book helpful mainly when there was no one around to ask. Comments on the helpfulness of the ward policy book were made by the following nurses:

1. Three of the four using this method who had graduated between 1920 and 1938. One of these nurses was in group II and two were in group III. Their comments were:

Yes, I found it helpful. I read it through.

It has been a big help.

The following comment was made by an operating room nurse.

On call, I had reason to use it. Knew where to go. Very important on call.

2. Four of the six using this method who had

graduated between 1947 and 1957. Two of these nurses were in group I and two in group II. The comments of these nurses were:

Learned draping procedures and afternoon routine.

Helped to learn the daily routine of the ward.

Very helpful, quite complete. I read it first and then went back.

The following comment was made by a night nurse:

Learned the duties of the night nurse.

3. Seven of the fifteen using this method who had graduated between 1959 and 1963 also commented on its helpfulness. Three of these nurses were in group I and four were in group II. Comments representative of these nurses were:

Helped to learn daily routine of ward.

Helped in explaining a lot of things like different requisitions and the way the hospital is run.

My life saver for anything.

It's good.

One of the nineteen nurses using the policy book commented on its incompleteness. This nurse had graduated between 1947 and 1957 and was in group I. She stated:

There are very few items in the policy book. Those that are there are good.

Four of the nineteen nurses who stated that they used the policy book stated that they read it during their

orientation but did not find it of help in carrying out their nursing assignment. One of these nurses had graduated between 1920 and 1938 and was in group I; one had graduated during the period of 1947 to 1957 and was in group II. The remaining two nurses had graduated between 1959 and 1963 and were in group III.

Orientation classes. Twelve of the thirty-four (35 per cent) nurses stated that they were given information during their orientation period by means of classes. One of the five nurses graduating during the period of 1920 to 1938 had received information by this means as had four of the ten nurses who graduated during the period of 1947 to 1957. Seven of the nineteen nurses who graduated between 1959 to 1963 also received information by this means.

Six (50 per cent) of the twelve nurses stated that they found the orientation classes helpful. The reasons given by these nurses for the helpfulness of the classes centered around the clarification of policies and procedures.

Comments on the helpfulness of the orientation classes were made by the following nurses:

1. Three of the four receiving information by this method who had graduated during the period of 1947 to 1957. One of these nurses was in group I and two were in group II. Their comments were:

I found the classes on isolation very helpful.

Good.

Clarified policies and ways of doing things; familiarized me with equipment.

2. Three of the seven receiving information by this method who had graduated between 1959 and 1963. One of these nurses was in group II and two were in group III. These nurses stated:

They explained the different hospital policies; you could ask questions.

Explained policies of hospital and function of people. Also learned procedures. Very good.

Very helpful. They explained hospitalization policies. Very good.

Five (42 per cent) of the nurses stated that they found the classes to be of limited help. These nurses mentioned that classes were either too few in number or somewhat unsatisfactory in the material that they presented.

Comments on the limited help of the orientation classes were made by the following nurses:

1. The only nurse receiving information by this method who had graduated during the period of 1920 to 1938 and was in group I. She stated:

We had only one.

2. One of the four receiving information by this method who had graduated during the period of 1947 to 1957 and was in group II. She stated:

What we had was helpful.

3. Three of the seven receiving information by this method who had graduated during the period of 1959 to 1963. Two of these nurses were in group I and one was in group II. Their comments were:

Few that I sat in with technicians weren't too satisfactory. It was O.K. the first couple of times. After that I felt out of place.

Helpful from the standpoint that there were a few things pointed out in orientation class that were pointed out on ward. It makes it better than once.

You do and you don't (find them helpful.) They show you everything. If you are not tired, bored, and uninterested you grasp it.

One nurse who had graduated in 1960 and was in group II stated that her orientation class was of no help. Her comment was as follows:

I don't know that they were. We learned who the head nurses on the other wards were when they taught. Some was too much to cover, especially the arrangement of charts. At the time it was taught it meant nothing.

Conferences. Ten of the thirty-four (29 per cent) nurses stated that they had planned conferences. Two of the five nurses graduating during the period of 1920 to 1938 stated that they had received information by this means. Five of the ten nurses who graduated between 1947 to 1959 had received information about their orientation through conferences as did three of the nineteen nurses who graduated during the period of 1959 to 1963.

Six of the ten (60 per cent) nurses stated that they found the conferences helpful. The reasons given by the nurses were that the conferences were well planned and included some counseling as well as aiding in clarifying demonstrations and procedures; one of the nurses mentioned they helped her to get to know her supervisor.

Comments on the helpfulness of the conferences were made by the following nurses:

1. One receiving information by this method who had graduated during the period of 1920 to 1938 and was in group III. She stated:

They were handled very well. They showed me sterile and unsterile packs.

2. Two of the four receiving information by this method who graduated during the period of 1947 to 1957. These nurses were in groups I and II respectively. Their comments were:

They were helpful in finding out the general routine care and in carrying out procedures.

I found the evaluation conferences very helpful; they told me things I hadn't realized.

3. Three of the four (75 per cent) receiving information by this method who graduated during the period of 1959 to 1963. All of these nurses were in group I. Their comments included:

The supervisor explained things when working with them. Found them helpful.

They were most helpful in clarifying situations after I did something.

I felt they were taking time; it wasn't haphazard. I didn't feel rushed; there was some purpose in them.

Four (40 per cent) of the nurses interviewed stated that they had participated in one or two conferences but did not feel they were particularly beneficial since they were so few in number. One of these nurses had graduated in 1934 and was in group I; three had graduated during the period of 1947 to 1957. One of these nurses was in group I and two were in group II.

Additional methods found to be helpful used by two of the nurses for receiving information during the orientation period were after hour coffee breaks and "floating to different wards." These nurses were in group II and graduated between 1959 and 1963.

Methods frequently used for obtaining information by the participants in O'Boyle's study (26) included the tour, conferences, assignment to work with another registered nurse and the policy manual. The conferences and assignment to work with another registered nurse and the ward policy manual were indicated as being most helpful by the participants. The participants had also received information through orientation classes; although this method was not used frequently, many of the nurses who had received information in this manner indicated that

the classes were helpful.

Table 26 shows the methods through which the 34 nurses participating in the study received information about their orientation and their opinions as to their helpfulness; the year in which they graduated and the group to which they belonged.

Likes and Dislikes of Orientation

Expressed by Nurses

Seven of the thirty-four (20 per cent) nurses interviewed stated that they liked everything about their orientation. Twenty-two (65 per cent) stated they had mixed feelings about their orientation and five (15 per cent) stated that there was nothing about their orientation which they liked.

The responses given by the seven nurses who stated that they liked their orientation had to do with the friendliness of the personnel, limiting the amount of material presented at one time, not having to learn by trial and error and being assigned to work with another staff nurse and/or giving patient care.

Comments on what they liked about their orientation were made by the following nurses:

1. Two of the five who had graduated during the period of 1920 to 1938. One of these nurses was in group I and one was in group II. Their comments were:

Table 26. Methods Through Which 34 Nurses Participating in Study Received Information About Their Orientation and Their Opinions As to Their Helpfulness; the Year in Which They Graduated and Group to Which They Belonged

Method	GROUP I						GROUP II						GROUP III							
	Helpful		Limited Help		No Help		Helpful		Limited Help		No Help		Helpful		Limited Help		No Help			
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C		
Tour	1	2	2	1	2	1	1	3	7				1	2	2	3	1	1	33	
Working with R.N.	1	3	5				2	4	8										32	
Personnel Handbook	1	3	3				1	2	7	1									21	
Ward Policy Book	2	3				1	1	2	4			1							19	
Orientation classes	1					2	2	1	1			1							12	
Conferences	1	3	1	1			1			2									10	
Other									2										2	
Total	3	12	16	2	3	4	1	5	14	29	4	1	1	2	9	5	8	2	3	1

* A Nurses graduating between 1920-1938
 ** B Nurses graduating between 1947-1957
 *** C Nurses graduating between 1959-1963

The friendliness and helpfulness; the place as a whole.

I liked everything.

2. One of the ten who had graduated during the period of 1947 to 1959; this nurse was in group II. She stated:

I liked the friendly atmosphere and friendliness of the people. They encouraged you to question.

3. Four of the nineteen who had graduated during the period of 1959 to 1963. Two of these nurses were in group I and two were in group II. Remarks made by these nurses were:

Just the fact that you were shown where things are; didn't have to learn by trial and error.

You know that they had done something. They did their best to limit the amount of material.

The fact that I could work with another R.N. and also to have been given a patient assignment. This is one way of finding out where every little thing is at. You find out the type of patient you are dealing with and the treatments used and how they use them.

I'd rather be oriented the way I was, by working with another R.N., than any other way.

The responses given by the twenty-two nurses who stated that they had mixed feelings about their orientation centered around the fact that while they felt their orientation was adequate in some aspects, it was inadequate in others. The favorable aspects commented on included the friendliness of the personnel, being given adequate time in

which to become oriented, working with another registered nurse, a well planned tour. Several nurses commented on the helpfulness of the conferences and orientation classes which they had. The unfavorable aspects of their orientation had to do with being given too much information at once, the attitudes of personnel, lack of planning, too short an orientation period, poor timing in presentation of content, not having a procedure book and policy manual, lack of specific information and not being introduced to the people with whom they were working. The paucity of orientation classes and conferences were also mentioned by several nurses.

Comments of those who expressed mixed feelings about their entire orientation program were made by the following nurses:

1. Three of the five who had graduated during the period of 1920-1938. Two of these nurses were in group II and one was in group III. Their feelings about their orientation included the following remarks:

I wasn't rushed. They were aware of the fact that I hadn't worked for a number of years. I haven't been introduced to all the doctors; awkward feeling to work with someone when you haven't been introduced.

I liked the detailed routine and being able to observe techniques and procedures. There wasn't enough of it.

I liked the friendliness of the L.P.N.'s and working with the R.N.'s. My charge nurse was most cooperative. Didn't like the fact that it wasn't planned.

2. Nine of the ten who had graduated during the period of 1947 to 1957. Three of these nurses were in each of the three groups. Remarks typical of these nurses were as follows:

(Liked) Their willingness to help. Very friendly. Didn't have enough planned classes. I liked the informality. I felt welcome. It could have included much more; could have been planned.

I have gone on to a job where I never had any orientation. I worked with one of the better staff nurses for the day. There was insufficient amount of time to get everything, the coolness with which I was received; disliked not having a procedure book and complete policy manual.

I liked the attitude of all the people I worked with and the doctors. There wasn't assignment of specific duties early enough. When I was assigned, I was used to floating around; had to overcome that.

I liked the idea of working with another R.N. There are so many things to do and you never learn to do it right. There never was enough time to really sit down and read books before you do something. Never really have enough time. Would like time to go more at your own speed and learn where things are at first.

3. Ten of the nineteen who had graduated during the period of 1959 to 1963, also expressed mixed feelings. Three of these nurses were in group I, five in group II and two in group III. Comments representative of this group include the following:

I liked the conferences. Was given several good pointers. The first week I wasn't given any responsibility. I liked the tour. There was no clarity on duties and what was expected of me.

I enjoyed the tour. It was a new hospital. I was interested and compared it with _____.
Disliked the attitude of the head nurse in the delivery room. I think it was noninteresting being oriented. She made you feel she didn't have time.

I liked having supervisor work with me and explain things. She would explain things the right way.

There could have been more conferences and more explanation of physical setup. The one thing (liked) was working with another graduate. (Disliked) the time of the orientation classes. They came too late for me.

The responses of the five nurses who stated that there was nothing about their orientation which they liked centered around the fact that their orientation was unplanned and/or it was limited in the amount of information it included. Two of these nurses had previously stated that they had no orientation.

All five of the nurses who expressed dissatisfactions with their orientation had graduated between 1959 to 1963. Two of these nurses were in group II and three were in group III. Remarks representative of these nurses were as follows:

It wasn't planned.

Lack of it.

I can't say I had one.

Those aspects of the orientation program liked by the participants which were consistent with the O'Boyle study (26) included the following: Friendliness of the personnel and limiting the amount of material presented at one time. Other aspects of the orientation program liked by the participants

in O'Boyle's study consisted of adequate timing in presentation of content, light work assignments and an opportunity to ask questions. Those aspects of the orientations program disliked by the participants which were consistent with the study included attitudes of personnel, an unplanned program, being given too much information at once, lack of specific information, being oriented by a nonprofessional person and lack of adequate information about patients.

Table 27 shows the distribution of responses given by the nurses participating in the study regarding their likes and dislikes of their orientation program; the year in which they graduated and the group to which they belonged.

Table 27. Distribution of Responses Given by 34 Nurses Participating in the Study Regarding the Likes and Dislikes of Their Orientation Program; the Year in Which They Graduated and the Group to Which They Belonged

Group	Liked All Aspects			Liked Some Aspects Disliked Others			Disliked all Aspects		
	1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963	1920 to 1938	1947 to 1957	1959 to 1963
I	1	0	2	0	3	3	0	0	0
II	1	1	2	2	3	5	0	0	2
III	0	0	0	1	3	2	0	0	3
Total	2	1	4	3	9	10	0	0	5 N=34

Suggestions for Improvement

Suggestions for improvement were made by twenty-nine (85 per cent) of the thirty-four nurses participating in the study. Five (15 per cent) of the nurses stated that they had no suggestions for improvement.

The suggestions made by the nurses for improvement in their orientation programs included the following:

1. Having a better planned and organized program.
2. Giving a complete explanation and schedule of the orientation program on a printed form.
3. Giving the nurse information about her responsibilities during a disaster.
4. Giving more complete information on personnel policies.
5. Having policy and procedure books.
6. Having more orientation classes and planned conferences.
7. Seeing that orientation classes are timed to fit in with the orientation schedule.
8. Giving information on job descriptions.
9. Demonstrating new equipment.
10. Seeing that the new nurse is introduced to the people with whom she is working.
11. Giving more orientation to clerical duties on the P.M. shift.
12. Being assigned to work with another nurse.

Suggestions for improvement were made by the following:

1. Three of the five nurses graduating during the 1920's and 1930's. Two of these nurses were in group II and one in group III. Their comments were as follows:

I would like to go to some place like central supply where they would demonstrate different pieces of equipment.

I'd like to be introduced to the people I work with.

One of the nurses who had been hired for the P.M. shift and had spent some time being oriented on the day shift stated:

I feel that placing a person on day service when going on P.M.'s is not worthwhile. They are too busy. There is too much confusion. You feel in the way.

2. Nine of the ten nurses graduating during the period of 1947 to 1957. Two of these nurses were in group I, four in group II and three in group III. Remarks representative of this group were as follows:

It (the orientation program) should be scheduled and planned ahead.

Should cover something about responsibilities of disaster and fire, something about parking and where you can leave wraps. If they had gone over the policies in the personnel policy book, it would have been helpful.

Procedure and policy books would be helpful, also conferences which I am used to.

Classes would be kind of nice if there were enough people.

3. Seventeen of the nineteen nurses graduating during the period of 1959 to 1963. Five of these nurses

were in group I, seven in group II and five in group III.

Typical remarks of this group included the following:

They should have a planned program.

I would like to see it more organized.

I think they should plan one (an orientation program) that begins when you begin employment.

Would like orientation program set up.

Have an orientation printed program.

It does seem to me that the timing of orientation classes could be better.

They ought to elaborate more on procedures.

The very first day you should be told what you are hired for. More should be done in terms of letting you know what your duties are.

I think the nurse should be shown more at the desk (on the P.M. shift).

One nurse who had not been assigned to work with an R.N. stated:

I would like to have been put with somebody to follow them around, more planned conferences. I felt I was asking too many questions; wondered if it bothers anybody.

Those suggestions made by the participants which were consistent with the suggestions made in the O'Boyle study (26) included the following: Having a planned program, having an orientation schedule, use of policy books, having more orientation classes and conferences, better timing of classes, having job descriptions, being introduced to personnel and being assigned to work with

another nurse. Other suggestions made by the participants in the O'Boyle's study included better methods of supervision, how to obtain additional information, explanation of channels of communication for evening and night duty, better explanation of medical staff, use of tours and development of better relationships between nonprofessional and professional personnel.

Summary

This study substantiates one of the findings of the Lathrop study (23) as well as comparing favorably with many of the findings of O'Boyle. (26) In addition, this study lends support to the Elhart study (14) in which nursing service directors in eight selected general hospitals in Oregon were interviewed. The purpose of that study was to determine if the opinions of the nursing service directors concerning orientation activities could be substantiated by actual existing practices found in the literature. One of the conclusions reached was that actual practices in programs in the participating hospitals lagged considerably from the recommendations made in the literature.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The purpose of this study was to obtain information about the practices used in orienting staff nurses as new employees in ten selected general hospitals in three cities in Washington and Oregon.

The participants were thirty-four general duty nurses who had been employed between January 15, 1962 and July 24, 1962. The findings were based on interviews with nurses whose names were obtained from the nursing service departments of the participating hospitals.

The tools used in the study, an interview guide and rating scale, were based on those which had been previously used in a published thesis entitled, A Study of Practices in Orienting Staff Nurses. (26) The format of sections I, II and III of the tool was changed and additional items were added in all three sections and in the rating scale.

Only general hospitals were used in the study; five were church affiliated; four were conducted by other nonprofit organizations and one was tax supported.

The number of single and married participants in

the study were equal with forty-seven per cent in each category. Six per cent of the nurses were divorced. It had been anticipated that marital status would bear a relationship to some of the findings. This did not prove to be true except that single nurses, newly arrived in the community, gave high preference to information about the community as a part of the orientation.

Over one half of the nurses in this study had graduated since 1959; approximately 30 per cent had graduated between 1947 and 1957; 15 per cent had graduated between 1920 and 1938.

Eighty-two and four-tenths per cent of the nurses in the study were graduates of diploma schools; fourteen and seven-tenths per cent were from degree programs; one nurse had graduated from a school in Sweden not comparable to either a degree or diploma school.

Forty-seven per cent of the nurses had resided in the city in which they were employed less than one month prior to employment. The remaining nurses had established residence over one month.

Approximately one-third of the participants had been employed for two to three months at the time at which they were interviewed; the remaining two-thirds had been employed from three to eight months.

Sixty-four and seven-tenths per cent of the nurses

stated that they had been unemployed less than one month prior to assuming their present duties; twenty-three and six-tenths per cent had been unemployed up to six months. A small number had been unemployed for one to nineteen years.

Fifty-three per cent of the participants stated that they had had a staff nurses orientation in another hospital; forty-seven per cent had never participated in any type of orientation program.

Fifty-eight and eight-tenths per cent of the nurses had obtained their jobs through personal interview; fourteen and seven-tenths per cent had obtained them through correspondence. The remaining 26.5 per cent had been employed through a combination of correspondence and personal interview, or telephone interview and personal interview.

In all but a few instances, the nurses had received their initial orientation on the shift for which they had been employed.

All of the participants indicated that they had reported to administrative personnel on their first day at work; approximately two-thirds stated that they had met their immediate supervisors, head nurses and co-workers through introduction by administrative personnel; the remaining respondents stated that they had met them mainly through introductions by staff nurses, nonprofessional personnel or through contact while working.

The methods through which the nurses became acquainted with the various items about which they were asked in section II of the interview schedule were grouped into four categories as follows: (1) Planned, (2) Unplanned, (3) Partially planned and (4) other sources. In some instances, the respondents stated that the items about which they were asked were not included in their orientation. Sixty to 100 per cent specified that they did not learn the following: (1) Explanation of the hospital disaster plan, (2) Policy regarding promotions, (3) Policy regarding tenure, (4) Methods used in evaluating performance, (5) Patient referral system (6) Ward routine for the night shift, (Only a small number of the participants worked the night shift.) (7) Transportation facilities in the community, (8) Location of churches in the community, (9) Housing facilities in the community and (10) Social facilities in the community.

The participants were asked to rate each of the items in the interview schedule. The items tended to be rated in relation to the respondents own needs. The majority gave high ratings to those items related to the work situation. These findings were confirmed in studies done by O'Boyle (26) and Lathrop. (23)

Items concerned with community facilities were given high ratings by the eight single nurses who had resided in the community less than one month and low ratings by

those who had resided in the community a longer period of time. These findings were consistent with O'Boyle's. (26)

Most of the nurses who had lived in the city and state less than one month gave high ratings to personnel policies as did the participants in the O'Boyle study. (26)

Several of the items related to hospital organization and administration were considered important by a large majority of the participants.

There were no recognizable differences in the ratings given between the graduates of degree and diploma programs.

Eight of the eleven items which were given ratings of four or five by 80 to 100 per cent of the participants were items which had been learned through planned means by at least 50 per cent of the nurses. There did not seem to be much consistency in the manner in which the remaining nurses became acquainted with the items in the orientation program.

The participants were classified into three groups according to the number of items on the interview schedule learned through planned means. Group I, composed of 27 per cent of the participants, was represented by those nurses who had learned from 53 to 73 per cent of the items. Group II included 44 per cent of the nurses who had learned from 30 to 53 per cent of the items. Group III consisted of 29 per cent of the nurses who had learned

from 11 to 31 per cent of the items.

Most of the hospitals with two or more participants had nurses represented in one or more of the groups as well as being represented by graduates of various years. One hospital had nine nurses represented in the study all of whom had been graduated between 1959 and 1963.

Slightly over two-thirds of the participants stated that their first day's assignments consisted of working with another nurse. The assignment for the remaining nurses consisted of one of the following: (1) No specific assignment, (2) Caring for a small group of patients, or (3) Working with a registered nurse plus caring for a small group of patients.

Most of the participants indicated that they felt welcomed by the personnel on the ward to which they were assigned; approximately two-thirds stated that they had been introduced to their co-workers by administrative personnel. All three groups were represented by nurses making favorable responses. The majority of nurses who stated that they had mixed feelings about the manner in which they were received had graduated between 1959 and 1963; there were no unfavorable responses made in regard to the welcome by ward personnel.

The per cent of favorable, mixed and unfavorable responses made by the participants in regard to their first day at work was consistent with the O'Boyle study.(26)

Those giving favorable responses were largely represented by nurses graduating between 1920 and 1957; those graduating between 1959 and 1963 tended to make more mixed or unfavorable comments about their work. There was not any noticeable difference in the reaction to their first day at work among the three groups. Length of residence in the community was not related to the nature of the response.

Those making favorable comments about their first day at work mentioned the friendliness of the personnel, the good staffing of the hospital and/or a favorable working environment; those making mixed or unfavorable responses commented on the confusion and disorganization prevalent in the work situation. Several who had been out of nursing for a period of time mentioned that they were glad to be back in the hospital setting.

The number of nurses expressing favorable or mixed feelings about their jobs at the time of the interview were almost equally divided. A small number of nurses who had mixed feelings on the first day made favorable comments at the time of the interview. None of the participants expressed unfavorable feelings. These findings were inconsistent with the O'Boyle study. (26)

Four nurses who had had mixed feelings about their jobs at the time they were interviewed had formerly had a favorable reaction to their job on the first day. The

reasons given for the altered feelings were change of shifts, lack of challenge in their work and a desire to be on another ward. The remaining nurses who expressed mixed feelings at the time of the interview gave the following reasons: Lack of confidence, learning by trial and error, "Feeling like an aide," "Floating too much," "Disorganization in the work situation," and lack of modern equipment.

Almost 75 per cent of the nurses stated that they had adequate assistance with techniques and procedure. Those who did not indicated that they had learned all or several of the techniques and procedures by trial and error.

Over one half of the nurses in the study had an orientation of a week or less. Forty-four per cent of those in group I had received a week or less as had 67 per cent of those in group II and 50 per cent of those in group III. The remaining nurses received from one to six weeks.

Most of the favorable comments regarding the length of their orientation were made by those nurses graduating between 1920 and 1938; those nurses graduating between 1959 and 1963 made very few favorable comments. Most of the nurses making favorable comments had received an orientation of a week or more. There were no marked differences between the types of responses made among the three groups.

Favorable comments about the orientation period seemed to be centered around the fact that it was comprehensive and adequate; comments which were unfavorable had to do with crowding too much into too short a time, lack of proper timing in regard to orientation classes and the fact that responsibility had to be assumed at too early a date.

Almost three-fourths of the participants indicated that they had assumed charge responsibilities by the time of the interview. Approximately two-thirds of those assuming charge responsibilities indicated that they felt prepared at the time they assumed them. Groups I and II had a higher representation who felt prepared at the time they assumed charge duties than did group III.

The nurses who did not feel adequately prepared when they assumed charge responsibilities had been placed in charge on either the P.M. or night shift. In several instances the nurses stated that they had been placed in charge on another shift than the one for which they had been employed.

Most of the reasons given for not feeling prepared had to do with the unfamiliarity of the ward routine, seeking information with which they were not acquainted and not being oriented to many aspects of being "in charge."

Additional information needed to carry out their duties was obtained by 76 per cent of the nurses through asking questions of administrative personnel. Information was also obtained from staff nurses, nonprofessional personnel, the ward policy manual, the procedure book and reference books located on the ward. The majority of nurses in the O'Boyle study (26) indicated that they had sought additional information in the above manner.

The most frequently cited sources of information were the tour and assignment to work with another R.N. These methods were also used frequently in the O'Boyle study. (26) Orientation classes were noticeably lacking in the programs of the participants in both studies. The participants in this study also indicated that they had few conferences.

Approximately 20 per cent of the nurses stated that they liked everything about their orientation; sixty-five per cent indicated they had both likes and dislikes; fifteen per cent disliked all aspects.

There did not seem to be any noticeable differences between expression of likes and dislikes of those graduating at different periods or among the three groups.

The favorable comments made by the nurses about their orientation which were consistent with the O'Boyle study (26) included the friendliness of the personnel and

limiting the amount of material presented at one time. Other favorable comments included having adequate time to become oriented, well planned tours, conferences and orientation classes, being assigned to work with another registered nurse and/or giving patient care.

The unfavorable comments which were consistent with the O'Boyle study (26) included attitudes of personnel, lack of planning, being given too much information at once and lack of specific information. Other unfavorable comments included too short an orientation period, poor timing, not having procedure book or ward manual, not being introduced to co-workers, and too few orientation classes and conferences.

Suggestions for improvement in the respective orientation programs which were consistent with O'Boyle's study (26) included: Having a planned program, having an orientation schedule, use of policy books, more orientation classes and conferences, better timing of classes, job descriptions, introduction of personnel and being assigned to work with another nurse. Additional suggestions made by the participants centered around covering the nurse's responsibilities during a disaster, giving more complete information on policies and procedures, demonstrating new equipment and having more orientation to clerical duties on the P.M. shift.

Conclusions

The findings of this study lead to the following conclusions:

1. This study substantiates many of the findings of the O'Boyle study (26) as well as comparing favorably with one of the findings of the Lathrop study. (23)

2. This study gives support to the Elhart study (14) in which it was stated that actual orientation areas and activities lag considerably from those recommended in the literature.

3. Despite the existence of orientation programs in all participating hospitals in this study, certain weaknesses were apparent. These included the following:

a. The lack of consistency regarding the orientation program within the same institution seemed to indicate absence of planning.

b. Many of the items in the orientation program rated as significant were learned by means that were unplanned and partially planned.

c. The length of the orientation program was in most instances short.

d. Conferences and orientation classes were noticeably lacking; those that were given were often poorly presented.

e. Most of the nurses assuming charge duties on the P.M. or night shift did not feel that they were adequately prepared for charge duties.

f. The recent graduate was expected to assume leadership responsibilities for which she did not yet feel prepared.

Recommendations for Further Study

It is suggested that:

1. The existing orientation practices be studied in view of providing better orientation for new employees and that a tool be devised for ongoing evaluation as the basis for determining if orientation really makes a difference in employee adjustment and satisfaction.

2. A study similar to this one be done to ascertain the practices used in orienting nonprofessional personnel.

3. A study be done to ascertain the orientation needs of the nurse who has graduated within the past several years to determine if the less experienced nurse has special needs.

4. A study be done to ascertain the methods by which the performance of the staff nurse is evaluated.

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APPENDIX

APPENDIX A

INTERVIEW GUIDE

Hospital _____

Employee Number _____

SECTION I

Good morning (afternoon or evening). I am Miss _____, a student in the Master's Program at the University of Oregon Medical School, and am conducting a survey of the opinions of staff nurses in regard to their orientation to the hospital. As a result of the interviews, it is hoped that the information obtained will benefit both you and the hospital. Your director of nursing has granted her permission for this interview. All information you choose to give me will be kept anonymous.

1. Date of employment _____
2. Marital Status: Single _____, Married _____,
Widowed _____, Divorced _____.
3. Date of graduation from Nursing School _____.
4. Type of program graduated from: Degree _____,
Diploma _____, Assoc. Degree _____.
5. How long have you lived in Portland?
in Oregon? _____
6. Was there any lapse of time since your last employment as a nurse prior to this period of
employment? _____
If Yes, how much? _____
7. In which of the following ways were you employed by the hospital? Correspondence _____,
Personal Interview _____, Telephone Interview _____.
8. Have you ever participated in a staff nurse orientation program before? Yes _____, No _____.
9. Which of the following shifts are you working? Rotating _____, Straight days _____, Straight P.M.'s _____,
Straight nights _____.
10. On which shift were you oriented? _____
11. Who did you report to on your first day of duty? _____

INTERVIEW GUIDE (Continued)

12. On what service were you assigned during the period in which you were oriented? _____
13. Who accompanied you to the ward to which you were first assigned? _____
14. Did you feel as though you were expected? _____
15. How did you meet your supervisor? _____
16. How did you meet your head nurse? _____
17. How did you meet the other personnel? _____

SECTION II

I have given you a list of ways in which staff nurses may become acquainted with the items included in an orientation program. Will you please tell me how you became acquainted with each item that I mention and also make any comments that you might have as to the way in which you learned about the item?

ITEMS	SOURCES	METHODS	Pre-employment Correspondence	Other			
1. Explanation and schedule of the orientation program.	Personnel Director Inservice Education Coordinator Director of Nurses Supervisor Head Nurse Staff Nurse - R.N. Licensed Practical Nurse Nurse Aide Orderly Doctor Bulletin Board Audio-Visual Aids Ward Policy Book Personnel Handbook Other	Pre-employment Correspondence Pre-employment Interview Post-employment Conference Tour Orientation Class Assigned to work with another R.N. Observation Asked Looked up Trial & Error Don't know Other	2. History and organization of the hospital.				
3. Ward services in the hospital. (i.e. O.B., Med., Surg., Peds., and O.P.) and the location of each.				4. How the medical staff is organized and the functions of the medical students, residents, and interns.			

ITEMS	SOURCES
Personnel Director	
Insurance Education	
Coordinator	
Director of Nurses	
Supervisor	
Head Nurse	
Staff Nurse - R.N.	
Licensed Practical Nurse	
Nurse Aide	
Orderly	
Doctor	
Bulletin Board	
Audio-Visual Aids	
Ward Policy Book	
Personnel Handbook	
Other	
METHODS	
Pre-employment Correspondence	
Pre-employment Interview	
Post-employment Conference	
Tour	
Orientation Class	
Assigned to work with another R.N.	
Observation	
Asked	
Looked up	
Trial & Error	
Don't know	

10. Policy regarding salary (your rate of pay, when you are paid, how your pay is figured, and when you are due for an increase.)
11. Policy regarding meals and coffee breaks.
12. Policy regarding health insurance.
13. Health Services for employees.
14. Policy regarding sick leave.
15. The procedure to be followed when you are ill and unable to report for work.

ITEMS	SOURCES
16. Policy regarding leave of absence.	Personnel Director
17. Policy regarding holidays and vacation time.	Inservice Education Coordinator
18. Policy regarding promotions.	Director of Nurses
19. Policy regarding tenure.	Supervisor
20. Policy for Retirement.	Head Nurse
21. How grievances are handled.	Staff Nurse - R.M.
22. Safety programs (i.e. fire prevention, fire drills, and accident prevention.)	Licensed Practical Nurse
23. Location of the library, rules and regulations for its use.	Nurse Aide
	Orderly
	Doctor
	Bulletin Board
	Audio-Visual Aids
	Ward Policy Book
	Personnel Handbook
	Other
	METHODS
	Pre-employment
	Correspondence
	Pre-employment Interview
	Post-employment Conference
	Tour
	Orientation Class
	Assigned to work with another R.M.
	Observation
	Asked
	Looked Up
	Trial & Error
	Don't know
	Other

ITEMS	SOURCES																																						

ITEMS	SOURCES
	Personnel Director
	Inservice Education Coordinator
	Director of Nurses
	Supervisor
	Head Nurse
	Staff Nurse - R.N.
	Licensed Practical Nurse
	Nurse Aide
	Orderly
	Doctor
	Bulletin Board
	Audio-Visual Aids
	Ward Policy Book
	Personnel Handbook
	Other
	METHODS
	Pre-employment Correspondence
	Pre-employment Interview
	Post-employment Conference
	Tour
	Orientation Class
	Assigned to work with another R.N.
	Observation
	Asked
	Looked Up
	Trial & Error
	Don't know
	Other
29. Policy regarding time off.	
30. Method used in accepting doctor's orders and posting nursing care orders.	
31. Patients' records and the method of charting.	
32. Method of assignment of nursing duties.	
33. Procedure for admission and discharge of patients.	
34. Procedure for transferring patients.	
35. Method of requesting diets, linen, and other supplies.	

ITEMS	SOURCES	PERSONNEL DIRECTOR	INSERVICE EDUCATION	COORDINATOR	DIRECTOR OF NURSES	SUPERVISOR	HEAD NURSE	STAFF NURSE - R.N.	LICENSED PRACTICAL NURSE	NURSE AIDE	ORDERLY	DOCTOR	BULLETIN BOARD	AUDIO-VISUAL AIDS	WARD POLICY BOOK	PERSONNEL HANDBOOK	OTHER
36. Method used in reporting ward census and conditions of patients.																	
37. Policies and procedures for recording and storage of patient's clothing and valuables.																	
38. Method used in evaluating your performance.																	
39. Methods of communication, (i.e. addressograph system, tube system, and messenger service.)																	
40. Patient referral system.																	
41. Inservice education program.																	

PERSONNEL DIRECTOR
 INSERVICE EDUCATION
 COORDINATOR
 DIRECTOR OF NURSES
 SUPERVISOR
 HEAD NURSE
 STAFF NURSE - R.N.
 LICENSED PRACTICAL NURSE
 NURSE AIDE
 ORDERLY
 DOCTOR
 BULLETIN BOARD
 AUDIO-VISUAL AIDS
 WARD POLICY BOOK
 PERSONNEL HANDBOOK
 OTHER

METHODS

Pre-employment
 Correspondence
 Pre-employment Interview
 Post-employment Conference
 Tour
 Orientation Class
 Assigned to work with another R.N.
 Observation
 Asked
 Looked Up
 Trial & Error
 Don't know
 Other

ITEMS	SOURCES
49. Ward routine for nights.	Personnel Director
50. Names of staff doctors.	Inservice Education Coordinator
51. Explanation of the organization of the nursing team. (if team nursing is used.)	Director of Nurses
52. Transportation facilities in the community.	Supervisor
53. Location of churches in the community	Head Nurse
54. Housing facilities in the community	Staff Nurse - R.N.
55. Social and cultural facilities in the community.	Licensed Practical Nurse
	Nurse Aide
	Orderly
	Doctor
	Bulletin Board
	Audio-Visual Aids
	Ward Policy Book
	Personnel Handbook
	Other
	METHODS
	Pre-employment
	Correspondence
	Pre-employment Interview
	Post-employment Conferences
	Tour
	Orientation Class
	Assigned to work with another R.N.
	Observation
	Asked
	Looked up
	Trial & Error
	Don't know
	Other

SECTION III

1. Which of the following plans did your first day's assignment consist of? No specific assignment _____, Assignment to work with another nurse who is familiar with the ward _____, Assignment to a small group of patients whose care was uncomplicated _____, Other _____.
2. Did you feel a sense of welcome from the personnel of the ward on which you worked?
3. What was your reaction to your job at the end of your first day at work?
4. Did you feel that you had adequate assistance with techniques and procedures with which you were not familiar? Yes _____, No _____. If No, would you please explain?
5. How do you feel about your job now?
6. How long was your orientation program? How do you feel about the amount of orientation that you received? (Was it too much, or too little?)
7. How soon were you placed in charge after being employed? On what shift were you placed in charge? Did you feel you were adequately oriented to your charge duties? Yes _____, No _____. If No, would you please explain?
8. When you have needed additional information to meet the needs of your work, how have you obtained information?
 - a. Tour
 - b. Conferences
 - c. Assignment to work with another R.N.
 - d. Orientation Classes
 - e. Ward Policy Book
 - f. Personnel Handbook
 - g. Other
9. In what way were the following helpful to you?
 - a. Tour
 - b. Conferences
 - c. Assignment to work with another R.N.
 - d. Orientation Classes
 - e. Ward Policy Book
 - f. Personnel Handbook
 - g. Other
10. What specific things did you like about your orientation?
11. What specific things did you dislike about your orientation?
12. Do you have any suggestions for improvement of your orientation program?

APPENDIX A

SCALE FOR RATING IMPORTANCE OF ORIENTATION ITEMS

Following is a rating scale. Please rate each of the following items according to the degree of importance you feel each has in an orientation program.

ITEMS	IMPORTANCE OF ITEMS				
	<u>Insignificant</u>			<u>Highly Important</u>	
	1	2	3	4	5
1. Explanation and schedule of the orientation program.	1	2	3	4	5
2. History and organization of the hospital.	1	2	3	4	5
3. Ward services in the hospital. (i.e. O.B., Med., Surg., Peds., and O.P.) and the location of each.	1	2	3	4	5
4. How the medical staff is organized and the functions of the medical students, residents, and interns.	1	2	3	4	5
5. Location of various departments. (i.e. central supply, x-ray, pharmacy, dietary, physical therapy, and business office.)	1	2	3	4	5
6. Explanation of the hospital disaster plan.	1	2	3	4	5
7. How to contact the hospital chaplain (if there is one) and other clergy.	1	2	3	4	5
8. Visiting hours for patients.	1	2	3	4	5
9. The philosophy of the nursing school (if there is one) and its approach to teaching.	1	2	3	4	5
10. Policy regarding salary (Your rate of pay, when you are paid, how your pay is figured, and when you are due for an increase.)	1	2	3	4	5

	<u>Insignificant</u>			<u>Highly Important</u>	
11. Policy regarding meals and coffee breaks.	1	2	3	4	5
12. Policy regarding health insurance.	1	2	3	4	5
13. Health services for employees.	1	2	3	4	5
14. Policy regarding sick leave.	1	2	3	4	5
15. The procedure to be followed when you are ill and unable to report for work.	1	2	3	4	5
16. Policy regarding leave of absence.	1	2	3	4	5
17. Policy regarding holidays and vacation time.	1	2	3	4	5
18. Policy regarding promotions.	1	2	3	4	5
19. Policy regarding tenure.	1	2	3	4	5
20. Policy for retirement.	1	2	3	4	5
21. How grievances are handled.	1	2	3	4	5
22. Safety programs (i.e. fire prevention, fire drills, and accident prevention.)	1	2	3	4	5
23. Location of the library, rules and regulations for its use.	1	2	3	4	5
24. Functions and titles of key personnel of the nursing department. (i.e. Director of Nurses, Supervisors, and Head Nurses.)	1	2	3	4	5
25. Lines of authority in the nursing department.	1	2	3	4	5
26. Functions of various personnel in the nursing department. (i.e. R.N.'s L.P.N.'s, nurse aides, orderlies, clerks and volunteers.)	1	2	3	4	5

	<u>Insignificant</u>			<u>Highly Important</u>	
27. The service to which you were first assigned.	1	2	3	4	5
28. Policy regarding rotation of shifts.	1	2	3	4	5
29. Policy regarding time off.	1	2	3	4	5
30. Method used in accepting Doctors' orders and posting nursing care orders.	1	2	3	4	5
31. Patients' records and the method of charting.	1	2	3	4	5
32. Method of assignment of nursing duties.	1	2	3	4	5
33. Procedure for admission and discharge of patients.	1	2	3	4	5
34. Procedure for transferring patients.	1	2	3	4	5
35. Method of requesting diets, linen, and other supplies.	1	2	3	4	5
36. Method used in reporting ward census and conditions of patients.	1	2	3	4	5
37. Policies and procedures for recording and storage of patients' clothing and valuables.	1	2	3	4	5
38. Method used in evaluating your performance.	1	2	3	4	5
39. Methods of communication (i.e. addressograph system, tube system, and messenger service.)	1	2	3	4	5
40. Patient referral system.	1	2	3	4	5
41. Inservice education program.	1	2	3	4	5
42. Physical facilities of the ward to which you were assigned.	1	2	3	4	5

	<u>Insignificant</u>			<u>Highly Important</u>	
43. A description of your job.	1	2	3	4	5
44. Location of medicines, supplies and equipment on the ward.	1	2	3	4	5
45. Location of ward library.	1	2	3	4	5
46. Location of emergency equipment such as fire hose and extinguisher, oxygen, and emergency drugs.	1	2	3	4	5
47. Ward routine for days.	1	2	3	4	5
48. Ward routine for evenings.	1	2	3	4	5
49. Ward routine for nights.	1	2	3	4	5
50. Names of staff doctors.	1	2	3	4	5
51. Explanation of the organization of the nursing team. (If team nursing is used.)	1	2	3	4	5
52. Transportation facilities in the community.	1	2	3	4	5
53. Location of churches in the community.	1	2	3	4	5
54. Housing facilities in the community.	1	2	3	4	5
55. Social and cultural facilities in the community.	1	2	3	4	5

APPENDIX B

SAMPLE OF GUIDE GIVEN TO PARTICIPANT TO FOLLOW WHEN ANSWERING QUESTIONS IN SECTION II OF INTERVIEW GUIDE

SOURCES	METHODS
1. Personnel director	1. Pre-employment correspondence
2. Inservice education coordinator	2. Pre-employment interview
3. Director of Nurses	3. Post-employment conference
4. Supervisor	4. Tour
5. Head Nurse	5. Orientation class
6. Staff Nurse - R.N.	6. Assigned to work with another R.N.
7. Licensed Practical Nurse	7. Observation
8. Nurse Aide	8. Asked
9. Orderly	9. Looked up
10. Doctor	10. Trial and error
11. Bulletin Board	11. Don't know
12. Audio-visual aids	12. Other
13. Ward Policy Book	
14. Personnel Handbook	
15. Other	

APPENDIX C

LETTER OF INTRODUCTION

September 6, 1962

Director of Nursing Service

Hospital

This is to introduce to you, Miss Phyllis Michaelson, a graduate student enrolled at the University of Oregon School of Nursing, who is undertaking a study of the practices in orienting staff nurses as new employees in selected general hospitals.

In order to conduct such a study, Miss Michaelson plans to interview staff nurses who have recently been employed as general duty nurses in your hospital for the first time. We hope you will be willing to assist in this study by giving her the names of the staff nurses. We believe the information obtained in this study may have significance.

Miss Michaelson and I wish to express our appreciation for your consideration in this matter.

Sincerely,

LUCILE GREGERSON
Associate Professor of Nursing

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APPENDIX D

DISTRIBUTION OF RATINGS GIVEN TO ITEMS OF INFORMATION
BY NURSES WHO PARTICIPATED IN THE STUDY

Items	Ratings Given					
	None Number	1 Number	2 Number	3 Number	4 Number	5 Number
1. Explanation and schedule of the orientation program.		1	1	10	9	13
2. History and organization of the hospital.		3	8	18	3	2
3. Ward services in the hospital. (i.e. O.B., Med., Surg., Peds., and O.P.) and the location of each.		1	3	6	16	8
4. How the medical staff is organized and the functions of the medical students, residents, and interns.			3	7	12	12
5. Location of various departments. (i.e. central supply, x-ray, pharmacy, dietary, physical therapy, and business office.)				2	8	24
6. Explanation of the hospital disaster plan.			2	5	10	17
7. How to contact the hospital chaplain (if there is one) and other clergy.		1	2	13	9	9
8. Visiting hours for patients.		1		17	9	7
9. The philosophy of the nursing school (if there is one) and its approach to teaching.		1	2	11	11	9

Items	Ratings Given					
	None Number	1 Number	2 Number	3 Number	4 Number	5 Number
10. Policy regarding salary (Your rate of pay, when you are paid, how your pay is figured, and when you are due for an increase.)			2	10	10	12
11. Policy regarding meals and coffee breaks.		1	6	12	9	6
12. Policy regarding health insurance.		1		14	12	7
13. Health services for employees.			1	12	10	11
14. Policy regarding sick leave.			1	14	12	7
15. The procedure to be followed when you are ill and unable to report for work.			1	9	12	12
16. Policy regarding leave of absence.		3	2	16	8	5
17. Policy regarding holidays and vacation time.			2	17	10	5
18. Policy regarding promotions.			3	19	7	5
19. Policy regarding tenure.		1	3	24	4	2
20. Policy for retirement.		1	5	20	5	3
21. How grievances are handled.			4	14	7	9
22. Safety programs (i.e. fire prevention, fire drills, and accident prevention.)			3	6	3	22
23. Location of the Library, rules and regulations for its use.		1	6	20	6	1
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Items	Ratings Given					
	None Number	1 Number	2 Number	3 Number	4 Number	5 Number
24. Functions and titles of key personnel of the nursing department, (i.e. Director of Nurses, Supervisors, and Head Nurses.)			3	7	12	12
25. Lines of authority in the nursing department.			3	5	14	12
26. Functions of various personnel in the nursing department. (i.e. R.N.'s, L.P.N.'s, nurse aides, orderlies, clerks and volunteers.)			1	4	14	15
27. The service to which you were first assigned.			2	7	7	18
28. Policy regarding rotation of shifts.		3	2	9	11	9
29. Policy regarding time off.	1		3	12	9	9
30. Method used in accepting Doctors' orders and posting nursing care orders.	1	1			7	25
31. Patients' records and the method of charting.					10	24
32. Method of assignment of nursing duties.			1	6	11	16
33. Procedure for admission and discharge of patients.		1	1	5	14	13
34. Procedure for transferring patients.		1	2	6	14	11
35. Method of requesting diets, linen, and other supplies.		1	2	11	11	9

Items	Ratings Given				
	None Number	1 Number	2 Number	3 Number	4 Number

36. Method used in reporting ward census and conditions of patients.		1	2	11	8	12
37. Policies and procedures for recording and storage of patients' clothing and valuables.	2	1	2	11	7	11
38. Method used in evaluating your performance.		1	4	11	13	5
39. Methods of communication (i.e. addressograph system, tube system, and messenger service.)		2	2	8	14	8
40. Patient referral system.		1	5	16	10	2
41. Inservice education program.		1	4	12	8	9
42. Physical facilities of the ward to which you were assigned.	1			5	8	20
43. A description of your job.				5	8	21
44. Location of medicines, supplies and equipment on the ward.				4	4	26
45. Location of ward library.	1	1	2	18	9	3
46. Location of emergency equipment such as fire hose and extinguisher, oxygen, and emergency drugs.				1	4	29
47. Ward routine for days.			1	4	11	18

Items	Ratings Given					
	None Number	1 Number	2 Number	3 Number	4 Number	5 Number
48. Ward routine for evenings.		1	3	7	12	11
49. Ward routine for nights.		4	2	6	12	10
50. Names of staff doctors.			1	9	11	13
51. Explanation of the organization of the nursing team. (If team nursing is used.)	2			6	11	15
52. Transportation facilities in the community.	1	2	6	17	4	4
53. Location of churches in the community.		5	7	13	7	2
54. Housing facilities in the community.	1	3	6	13	5	6
55. Social and cultural facilities in the community.		3	5	13	9	4

Typed By
Louise Woolsey