

THE EXPRESSED OPINIONS OF EIGHTY NURSES  
REGARDING NEEDED PREPARATION FOR SUPERVISING  
NON - PROFESSIONAL NURSING PERSONNEL

by  
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A THESIS

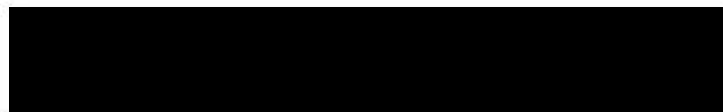
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b.l.k.

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CHAPTER I  
INTRODUCTION

Introduction to the Problem

Every community has the right to demand adequate health services. There are several factors which contribute to the increased needs of the public for health services. Among these are the expansion of the population and the increased life-span of the older age groups. Another factor contributing to the need for increased health facilities is the public's growing awareness of their own health responsibilities and their ability to pay for health needs through 'Health Insurance Plans'. This has been a deciding factor in the number of people who now have elective surgery performed to enhance their future health and well-being.

Provision of the needed facilities for the aged has been met by private groups in the construction of nursing homes. New hospitals are being built and the existing ones modernized and increased in size through the use of funds provided by the Hill-Burton Bill. The construction of clinics and convalescent homes is another means of supplying needed facilities.

The supply of personnel trained in the health sciences has not kept apace with the demand. The need for



personnel and especially nursing personnel is not new. In 1943 Representative Bolton, from Ohio, said, "As I look into the future I believe nursing will be one of the most important activities requiring an almost unlimited number of nurses." (42)

There is no assurance that there will be sufficient numbers of properly trained personnel, especially professional nurses available to meet the present needs or to approximate the needs of the future.

In Nurses For A Growing Nation, 1958, published by the National League for Nursing, the recommended minimum number of nurses needed for adequate nursing service was 300 nurses per 100,000 population. This estimate of need was based on the actual number of professional nurses needed to perform duties that should not be delegated to supporting personnel but should be performed by the professional nurse. It is estimated that the West must produce 6,400 new nurses each year for the coming decade to take care of the anticipated needs. Graduations from Western Schools of Nursing have dropped 30 per cent in the last decade. (49)

There are 13 states in the Western Interstate Commission for Higher Education.(51) The total number of graduates from nursing schools in Oregon 1959 - 1960 was 255. Although it can be expected that some of the other

member states will produce more graduates than Oregon, it is still apparent that the west will fall short of the anticipated need of 6,400 new nurses each year unless some of the recommendations of the study are implemented.

The number of non-professional personnel providing nursing care for patients has continued to increase with the auxiliary workers out-numbering the professional nurses. The professional nurse is the only one prepared by education to determine the quality and quantity of nursing care required by each patient. Since the patient demand exceeds the nurse supply much of the required care, of necessity, must be placed in the hands of the non-professional personnel. These people however must be supervised and directed in their activities. The trend towards increased use of supporting personnel seems likely to continue.

#### Statement of the Problem

The professional nurse of today has manifold responsibilities. The first is the one for which she has been prepared; that of caring for the patient, determining his needs and instigating nursing measures to satisfy those needs. Another responsibility is more complex; the nurse must assume responsibility for supervising and directing the activities of non-professional nursing personnel in

the care of the patient.

Our greatest need in nursing is for more nurses with leadership ability, and leaders skilled in human relations. All through the centuries progress in caring for the sick and promoting health has been brought about by leaders with good followers. Today one out of eleven nurses holds a leadership position which demands advanced educational preparation. Their guidance enables the larger group of nursing personnel to practice more effectively. (28)

The change in nursing which has evolved over the past twenty years has altered the duties of the nurse. At one time nursing was a vocation whose members ministered directly to the ill, cared for the physical wants of the patient and were in almost constant attendance. Rapid advances took place in the field of medicine which in turn had major effects on the functions of the professional nurse. As medical science has become progressively more complex the professional nurse has become a more closely integrated participating member of the health team and has undertaken the performance of many technical procedures once exclusively performed by doctors. As the nurse has assumed these newer duties, the less complex nursing procedures have been delegated to nursing personnel who do not have or need the extensive educational preparation

of the professional nurse. This has created the problem of preparing the professional nurse to function in a supervisory capacity, for which knowledge and skills are needed in excess of those acquired in the basic nursing course.

Not only is the west already short in terms of absolute numbers of nurses but many presently employed nurses do not have the educational preparation recommended for their jobs. (51)

Where does the nurse acquire the needed knowledge and skill? Are the schools of nursing including in their basic curricula instruction in the principles of ward administration and supervision? Do nursing service administrators feel an obligation to the nurses in their institutions to help prepare them for advanced responsibilities? What does the nurse, herself, feel is essential to function confidently and capably in the role of supervisor and director of non-professional personnel?

#### Purpose of the Study

The purpose of this study is threefold, to determine: (1) the extent to which 80 professional nurses were prepared for supervisory responsibility, (2) the nature of preparation received and whether obtained as a part of basic nursing education, or through inservice programs, or other means such as additional study, attendance at

workshops and the like, and (3) the knowledge and skills the nurse feels are essential for functioning as a supervisor of non-professional nursing personnel.

#### Definition

Instruction and preparation are used interchangeably in this study and, unless otherwise stated, refers to the instruction given in courses in ward administration and supervision.

#### Assumptions

For purposes of this study, it was assumed that:

1. The majority of nurses employed in a hospital today will be engaged in either supervising the performance of non-professional nursing personnel or actually directing their activities.
2. The professional nurse, regardless of her position, needs to know the principles of personnel administration and supervision.
3. Directing and supervising non-professional personnel requires specific skills which can be identified.
4. The method of obtaining the data was a valid procedure and the tool was adequate for this study.
5. The participants' responses to the nature of the preparation they have obtained, and their personal feelings regarding needed knowledge and skill were valid.

### Limitations

The study was limited to the data obtained by interviews, using as a guide a prepared questionnaire composed of eight multiple-choice items and one open-end question. The participants of the study were limited to 80 professional nurses who occupied positions as head nurses, assistant head nurses, or staff nurses engaged in team leadership positions in general medical - surgical areas. The sampling was drawn from five randomly selected hospitals in a metropolitan area. A peripheral sampling was taken of the nurses present in the hospital the day the interviews took place. The smallest sampling from one hospital was 10; the largest was 24 which included nurses from the day and evening shifts.

Criteria for the selection of the nurses included in the sample was identical to the limitations imposed. All nurses responding to the questionnaire were to be in head nurse, assistant head nurse, or staff nurse positions in general medical - surgical areas; nurses employed in maternity, operating room, or non - patient areas were not included.

### Hypothesis

The null hypotheses which were formulated are:

1. The year of graduation of the respondent has no relationship to the position she holds.
2. Amount of instruction in ward administration and supervision is not related to the positions held by the respondents.
3. Recent graduates have not had more preparation than that received by earlier graduates.

### Justification for the Study

Much has been written recently about the 'changing role of the nurse' and the increased 'shortage of nurses' which is ever present. It can be speculated that it is not a 'shortage of nurses' which is creating the problem but the improper utilization of nursing personnel and the inability of the nurse to function in the role in which she is cast. Recent literature supports the premise that nurses do not possess the knowledge or skill necessary to direct and supervise activities of auxiliary personnel. Doctor Esther Lucile Brown in Newer Dimensions of Patient Care: Part II states:

Nurses, particularly head nurses, complain of being 'too tired'. Since most of these nurses are young and well, fatigue can probably be attributed to a lack of preparation for their jobs, or to frustration. (7)

A recent survey of head nurses conducted by RN, July 1962, reveals that most of those questioned did not want their jobs because "-- of their own lack of training for their duties." (9)

In an unpublished thesis completed in June 1962, Rose Christensen said:

-- of the forty hours of head nurse's time, 3.8 hours were spent with the patient. The head nurse spent 29.3 to 30.1 hours away from the patient. -- the major portion of this time was spent in the exchange of information about the patients and their care with various departments, nursing personnel and doctors. (53)

The staff nurse no longer works alone caring for a minimum number of patients herself; she now works with the assistance of one or more aides in caring for a larger number of patients and, in this capacity, she determines the care needed by each patient and directs the aide in performing this care. The ultimate responsibility for delegating the number of patients per nursing personnel rests with the head nurse.

It would appear to be of value to determine from the nurses themselves, in general medical - surgical areas, what knowledge and skills they deem necessary for the



performance of the duties required in directing and supervising all nursing personnel to assure that good nursing care to the patient is provided.

### Procedures for Solution

Source of data: Primary sources of data were information obtained from the questionnaire administered individually to the professional nurse. The population included professional nurses employed in head nurse, assistant head nurse and staff positions in 5 randomly selected hospitals in the city of Portland.

The variables within the population included:

1. age groups ranging from recent graduates of nursing schools to those who had graduated prior to 1935,
2. length of experience in present position,
3. types of schools of nursing from which they were graduated.

The variables were utilized in determining whether more recent graduates from schools of nursing have had instruction in ward administration and supervision in their basic programs which graduates of earlier years have not had. The variables were also used to indicate whether the degree program was including more or less instruction in principles of supervision than was the diploma school.

Length of experience in present position may have a relation to the expressed opinion of the need for knowledge and skill to function effectively in a supervisory capacity.

The names of the 10 major hospitals from which the sampling was drawn were placed in a box. Five were drawn for the sampling and one alternate was drawn in case one of the selected hospitals did not wish to participate. The nursing service directors of the hospitals were contacted and permission was obtained to interview the nurses. One hospital arranged for the nurses to meet with the interviewer. Although these nurses were selected by the supervisors of each floor the criteria for selection were retained and the variables in this sample population complied with those already detailed. In the remaining four hospitals the interviewer went through the hospitals and took a peripheral sampling of all nurses present at the time of the interviews, limiting any one hospital to a total of 24 nurses.

The secondary source of data was a review of the related literature pertaining to the specific problems of educational preparation of the professional nurse. The nursing journals were perused as well as recent publications on head nursing and patient care.

Procedure or instrument used in the collection of the data:

A sample of the questionnaire will be found in Appendix B. It is composed of 8 multiple - choice items and 1 open-end question. The time required for completion did not exceed twenty minutes in any instance.

Validation of the measuring tool: The questionnaire was submitted to a selected group of 16 professional nurses, most of whom had previously been head nurses or staff nurses employed as team leaders. Their responses led to revision of the questionnaire. The revised questionnaire was administered to nurses working in a suburban hospital. These responses were categorized and mock tables constructed. No further validation of the tool was required.

Overview of the Study

There are three chapters in the remainder of this study. Chapter 2 reviews related literature pertaining to the specific problems of preparation needed by the professional nurse engaged in activities of supervision and administration. Chapter 3 is a report of the study containing the findings and analysis of the data derived from interviewing 80 nurses. Chapter 4 presents the summary, conclusions and recommendations of the researcher.

CHAPTER II  
REVIEW OF RELATED LITERATURE

Introduction

Individuals engaged in the performance of nursing represent practitioners at several levels of education and professional competence. One of the critical problems facing nursing today is that of insuring adequate nursing service in the years ahead. It is essential to increase the numbers of those engaged in the practice of nursing if the estimated need of 850,000 professional nurses and 350,000 practical nurses by 1970 is to be met. (46)

This is a conservative estimate of the need in terms of the future for it does not take into account the probable increases in the demands for nursing service. It must also be considered that approximately 5 per cent of the nurses in active practice will leave the profession each year due to death and retirement. This number must be replaced as well as providing increased numbers. (49)

Efforts to increase the numbers of trained personnel have been through the establishment of associate degree programs in Junior Colleges, intensified recruitment drives by the established schools of nursing with resultant enlarged enrollments, and through the financial support to students who join a branch of the military service.

It is equally important that a larger number of nurses be prepared for teaching and other leadership roles to assure that nursing services to the public will not be inadequate. The act of supervision has long been recognized as a responsibility of the professional nurse. Florence Nightingale wrote in Notes On Nursing, "Let whoever is in charge keep this single question in her head not, how can I always do this right thing myself, but how can I provide this right thing always be done?"

#### Preparation Needed for Leadership

'Leadership' is an ambiguous term. It means different things to many people. The literature has been perused to obtain a frame of reference to clarify the meaning of 'leadership', or those qualities which constitute 'leadership' in nursing.

In recent publications there has been emphasis on the need of the leader to have certain abilities. These have been variously defined as the ability to plan and to organize; to train and to instruct; to observe and to analyze problems; to take responsibility for self and for subordinates and to delegate responsibility. (30) (36)

Ann Reddy, in exploring the question of "Who Will Make the Best Head Nurse?", Nursing Outlook, January 1961, stressed the need of matching the job to the person.

Ability, judgment and initiative were three paramount qualities she identified as essential in the person chosen lead others. (32) Recognition is given to the values of skill in human relations, and effective means of communication. Discussion has centered around the importance of the nurse understanding her role in the organization as interpretor and administrator of policy, her responsibility for maintaining the quality of performance to meet the standards of the individual employer and those of her profession. (29)(35)(38)

From Job Descriptions & Organizational Analysis for Hospitals and Related Health Services (50) the following is cited:

Comprehensive knowledge of general nursing theory and practice. Thorough knowledge of principles and methods involved in in-service instruction of nursing and auxiliary personnel, in demonstrating techniques and methods of patient care services, and instruction of patients. Knowledge of principles of personnel administration in assigning, supervising and evaluating activities of staff.

According to the literature, the professional nurse who would fulfill the role of leader, whether as team leader or as a head nurse of a unit must have:

1. knowledge of nursing principles,

2. knowledge of the psychology of human behavior,
3. ability to establish good interpersonal relations,
4. knowledge of the principles and ability to utilize the techniques of teaching,
5. ability to evaluate the performance of her staff.

The American Nurses' Association has shown acceptance of the aforementioned qualities by the statements in Functions, Standards, And Qualifications for Head Nurses. (40)

The personal qualities of the individual are of equal importance and have received more recent attention in the professional journals. Ilse Wolfe (36) referred to the 'educated heart', some of the traits of which are sympathy as well as empathy; a sincere concern for another person as well as a belief in her worth and the ability to express this in action as well as words. That these traits can be learned as a natural sequence to the development of sensitivity is a belief shared by Drs. Robert K. Merton, Walter Modell; and by Ann Reddy and Joyce Travelbee. (23,25,32,34)

Leadership is, as is nursing, a composite of many factors. The leader in any profession must be well prepared in the technical knowledge and skills of his field and have and utilize those personal qualities which earn the liking and respect of co-workers. (36)

### Sources of Preparation

Where shall the nurse obtain the preparation to function as a leader? Helen Sainato, in the American Journal of Nursing, April 1963 said, "Preparation for the job of head nurse -- that no-man's land between general duty and supervision -- seems to be no-man's concern." (33)

The extent to which the schools of nursing are responsible for preparing the nurse to function in the role of leader is much disputed. Too often basic nursing education has been regarded as an end in itself with the award of a certificate signifying a finished practitioner. Authorities such as Joann and Norman Berkowitz, Sr. Charles Marie, Dorothy Major, and others had indicated this is fallacious thinking. Formal education is but the basis, the beginning preparation for a life of work. That basic professional education has the responsibility of assisting the student to acquire knowledge and skill essential for practicing nursing at the patient's bed-side has long been accepted. (3)(11)(22)(33)

The new graduate's knowledge of nursing measures needed to care for the patient has not been questioned. Her proficiency in performing some of these functions has been questioned. Some nursing service organizations have resented that the employing institution needs to provide the means for perfecting the young graduate's skills. (16)



Wilson Elkins in Nursing Outlook, April 1961, has said in reference to the graduate of any institution:

He does not come out a finished product, regardless of his record. The diploma or degree awarded does not signify that the recipient is educated fully. It does indicate the fulfillment of certain requirements. (10)

Staffing the general medical and surgical areas has presented a problem for in these areas the nurse is expected to supervise and direct auxiliary personnel. In contrast to this problem, staffing the intensive care units and the recovery rooms have been comparatively easy for it is in these areas that the nurse is engaged in the actual administration of nursing care for which she has been prepared. (31)(48)

Many factors, readily recognized, have contributed to the change in the practice of nursing by the professional nurse and yet the concept of the nurse at the bedside of the patient still exists. (24)(36) In recognition of the change in the nurse's position away from the bedside, nursing educators have tried to introduce the changing concept into the curriculum.

Expression has been given to the hope that schools of nursing will assume responsibility for preparing their graduates to be team leaders capable of comprehending and

planning for the fulfillment of the nursing needs of a fairly large number of patients. (5)(6). In a brief published in Nursing Research, Joann and Norman Berkowitz point to the fact that many nurses will never practice bedside nursing and have further stated that this must be translated into the teaching program to lessen job dissatisfactions, and to ease the adjustment of the nurse to her new role. (3)

Nursing education has accepted the obligation of assisting a student to master the core of basic and applied knowledge necessary for effective practice and for helping the student develop the capacity for critical and independent thinking culminating in decision and/or judgment based on the evaluation of the situation.

In Hospital Nursing Service Manual, published in 1950 the responsibility of the professional nurse was defined:

An analysis of the patient's total needs is the responsibility of the professional nurse. Such an analysis will indicate whether a professional nurse should give all the care, or whether she may be assisted by a practical nurse or nursing aide, or whether the character of his nursing needs makes it safe for his care to be assumed by the auxiliary worker under the supervision of the professional nurse on the team. (45)

In some schools, the senior students are given instruction on basic principles of ward management, usually

followed by an elective experience to apply the principles.

(45) It should not be implied that such instruction will result in a finished product for "-- the very nature of their profession requires that nurses continue their education indefinitely." Wilson Elkins, Nursing Outlook, April 1961, places emphasis on "how to acquire information, rather than on the quantity of facts learned." (10)

The hospital administrators and nursing service directors have a responsibility as great as that of nursing educators for preparing the nurse to assume the obligations of leadership.

The Consultant Group on Nursing to the Surgeon General of the Public Health Service has emphasized the need for better utilization of professional nurses now available. (46)

Sr. Charles Marie has said, "We shall meet nursing needs better when greater consideration is given to the placement of nurses according to their abilities and preparation." (12)

In relation to the more recent graduates of schools of nursing it is essential that they be given time to perfect their nursing skills; increase their proficiency of performance and gain confidence in their own ability.

(6)(34) (43) Most young graduates prefer one year of general duty as bedside nurses with the opportunity to function occasionally as relief nurses under supervision. (43)

There is need for detailed orientation to the institution and to the assigned area. (14)(31)

In an article by Mildred Newton, "Developing Leadership Potential", Nursing Outlook, July 1957, responsibility for preparing the professional nurse has been designated as a shared responsibility:

Both academic and inservice instruction have their place. No one can expect a university or the best inservice program ever planned to cover all the information and develop all the skills which any position will demand. (20)

Have the older graduates been given the opportunity to learn the principles of supervision, to gain the needed managerial skills?

Much has been written about the nurses who have been 'pushed' into accepting supervisory positions without sufficient preparation. Those nurses have reported their frustrations, their growing dissatisfaction with nursing as they were practicing it. (9)(38)

Sr. Charles Marie has said:

The competencies required of a person for a position must be stated. If it is not possible to fill the position satisfactorily preservice training for it must be provided. It is not fair to the person employed, nor to the patient he or she serves, to require a performance for which he is not prepared. (13)

The answer to the quandry in which nurses find themselves must come from the employing institution. The responsibility for keeping hospital nursing personnel prepared and in step with changing medical practice belongs to hospital administration. (15). The implementation of inservice programs has been a step towards solving the problem, but inservice which does not meet the needs of the assembly defeats its purpose. The nurses who are 'too busy' to attend the meetings are not deriving the answer to their problems from the sessions held. It is not the mechanical skills or techniques which these nurses lack, but the managerial skills that are so essential to their jobs.

Job descriptions which define the expectations and limitations of a position are essential to the performance of each individual. It is as important for the supervisor to know the functions and limitations of her own position as it is to know the functions and limitations of those who are her subordinates and whose activities she supervises. (14)(27)(32)(33)

Inservice education is a means of staff development. It is the method of providing the employed nurse with opportunities for continued education and the means of assisting her to acquire the needed knowledge of managerial skills. (19)(23)

Marie Imperiale has outlined a course for head nurses as presented in an inservice program. Part of the presentation is quoted:

The next meeting is a discussion of the general qualifications of a head nurse, and her general functions and responsibilities. This leads into the next session at which the relationship of the head nurse to her staff is taken up. In this, a breakdown of staff responsibilities for each level is included to help the nurse develop an awareness of the various levels of capabilities of each member of her staff.(15)

Subsequent sessions deal with factors affecting the quality of nursing care; and the assignment of patient care; the responsibility for supervision, evaluation, and counseling. (15)

In reference to the training of non-professional personnel, Kron indicated that if the leader of the team or unit, is well versed in her responsibilities she is prepared to direct. She should be equally prepared to guide or to teach. It is not sufficient for the professional nurse to tell the auxiliary worker 'what' to do, but she must also define 'how it is to be done'. She must be prepared to teach the individual according to his capabilities. When making assignments, it is not enough

to know what function the aide can do, but it is the responsibility of the nurse to know whether the aide can do it safely, whether or not she needs help or supervision. (18)

Lee reinforces the above comments and continues to the effect that only when every professional nurse who is working in an area with auxiliary personnel considers part of her responsibility the training and supervision of the non-professional personnel, will the patient's care be improved and his welfare safe-guarded. (19)

There has been much written in the professional journals about the nurse leaving the bedside, the increased clerical work required of her, her lack of opportunity to do nursing; in general publications, the nurse has been condemned for the decreased time given in patient care, for her impersonal attitude. The image of the nurse is distorted and perhaps most of all in the nurses' mind. To clarify the 'image' of the nurse, the role of the nurse and the auxiliary worker must be clearly defined in today's profession and tomorrow's future. Whatever the patient experiences in nursing, good or bad, will reflect on all nursing. The patient will not distinguish whether the offender is a professional nurse or one of the auxiliary workers. (37)

Dr. Robert K. Merton, consulting sociologist for the American Nurses' Association, has cautioned all nurses sincerely interested in preserving nurses' high standards to assume their responsibility to the patient and to the auxiliary workers. His words are quoted:

And most of all, woe to the patient  
if personnel supportive of nursing  
are allowed to undertake the practice  
of nursing. (23)

Nurses are charged with the responsibility and obligation to insure the patients in the hospital, under their care, against unsafe practices in nursing functions. Since professional nurses cannot perform all the necessary activities to meet the patients needs, they must delegate the performance of some of these activities to the non-professional workers. The nurse has a legal and moral obligation to the patient; she is still responsible for the care the patient receives. The non-professional worker must function under the supervision and direction of the professional nurse. (18)(23)



### Review of Related Studies

Chase, Georgann. The Opinions of Fifty-Six General Duty Nurses In Six Hospitals Concerning Their Functions In Relation To Patient Care. (52) An unpublished thesis at University of Oregon School of Nursing in 1959. In this study, the author attempted to determine whether the respondents were cognizant of the statements of the Function number 1 of the General Duty Nurse Section, American Nurses' Association as published in the Functions, Standards & Qualifications for General Duty Nurses. She also wished to ascertain whether the respondents felt these activities were appropriate to the general duty nurse and whether these activities were actually being performed by them.

Although the findings were inconclusive, 91 per cent felt that item number 1 which was the awareness of the total nursing needs of the patient and responsibility for seeing they are fulfilled, was appropriate but only 46 per cent felt that this function was actually being performed. Of the remaining 16 items in the opinionnaire, there was considerable variance as to the appropriateness and actual performance of these functions by the general duty nurse.

Christensen, Rose. An Activity Analysis of Nursing Personnel on Two Selected Units In A General Hospital. (53) An unpublished thesis at University of Oregon School of Nursing in 1962. One of the purposes of this study was to

determine what activities professional nursing personnel were doing on the units during an eight hour day. The study indicated that the professional nursing personnel were spending the greater percentage of their time away from the patient, engaged in problems of administration and little time was spent in actual supervision of the non-professional personnel.

Haugen, Betty. A Follow-Up of 92 Respondents To A Questionnaire Concerning The Professional Nurse Traineeships Received At The University Of Oregon School Of Nursing 1956 to 1961. (52) An unpublished thesis at University of Oregon School of Nursing in 1962. One of the purposes of this study was to determine from the individual whether or not she felt the receipt of the traineeship had helped her and in what manner this had happened. Over 50 per cent of all the respondents in each group have assumed leadership positions in teaching and supervision as a result of the advanced preparation they had obtained.

Heimsoth, LaVern Marie. An Investigation of The Supervisory Activities Of The Head Nurse. An unpublished thesis at the University of Colorado School of Nursing, 1957. An investigation of the supervisory activities being performed by head nurses and the rating of their performance by head nurses, supervisors, and subordinates. The areas of activities were delineated as: teaching and

orientation, inter-personal relations, evaluation, work methods, quality of performance. Two conclusions which were drawn from the study were: 1. There was little uniformity in outlining the duties and functions of the nurses, a factor which increased the problem of supervision. 2. Head nurses seemed to have had theoretical concepts of supervision but they appeared to lack the skills and techniques for implementing these concepts. (54)

#### Summary

A review of the literature reveals that the supply of professional nurses is not now sufficient and will not be in the foreseeable future. Many of the less complex nursing functions must of necessity be assigned to auxiliary personnel; which then imposes upon the professional nurse the responsibility to teach and supervise the auxiliary personnel.

Supervision on any level requires special knowledge and skills for which the basic professional programs in nursing do not customarily make provision.

The employing institutions have a responsibility for assisting professional nurses to perfect their ability to function competently as nurse practitioners and to acquire the knowledge and skills essential for supervising and directing auxiliary personnel.

## CHAPTER III

### REPORT OF THE STUDY

#### Introduction

The 'shortage of nurses' has received wide attention. In 1960 there were 325,000 professional nurses employed full and part-time in hospitals and related institutions. (39) An estimated 550,000 professional nurses were employed in the United States in January 1962. (39) This latter figure included at least 117,000 professional nurses who are employed part-time. These figures indicate that the numbers of nurses show an increase. The statistics given do not reveal any information about the preparation of these nurses.

Increased emphasis is being placed on the consideration of disbanding diploma schools of nursing and requiring as minimum for head nurses a baccalaureate degree. (38)(41) This would appear to be a logical time to assess the educational background of those in head nurse positions today. It is important to determine whether those persons engaged in positions of authority recognize the nature of the knowledge and skill necessary to be effective in their positions.

The Surgeon General's Consultant Group on Nursing has recommended to the nursing profession that a comprehensive

study be made of the present system of nursing education in relation to the responsibilities and skill levels required for high quality patient care.

This study was devised in an effort to determine the numbers of nurses engaged in the supervision of nursing activities performed by personnel supportive of nursing. Of equal interest was the amount of preparation the professional nurses had received in the fundamentals of supervision and administration, and the location and extent of the instruction received. An attempt was made to determine from the respondents the qualities they felt were essential for the nurse who was engaged in supervising non-professional personnel.

Many hospitals are connected with schools of nursing. The actions of the head nurses in these hospitals are important in contributing to the concepts the students will form of the responsibilities the professional nurse has in the actual practice of her profession. Additional consideration should be given to the public's impression of nursing which will be formulated by the care received in the hospital. In most cases the care will not be directly administered by the professional nurse but indirectly under the direction and supervision she gives the auxiliary worker performing the care.

### Procedure Of The Study

The method selected for the study was a prepared questionnaire which was administered individually to the participants. The questionnaire was developed to provide the primary source of data for the study. The 80 nurses responding to the questionnaire were in head nurse, assistant head nurse, or staff nurse positions in the employing institution. The respondents were limited to those employed in general medical - surgical areas; those employed in maternity, operating room, or non-patient areas were excluded.

The tool was evolved with the assistance of the adviser and a group of professional nurses. After necessary revisions, a pilot study was done. The results were tabulated mock tables were constructed and the tool was considered adequate for the study.

The 5 participating hospitals were selected at random from a group of 10. 5 names were drawn plus 1 extra in the event one hospital did not wish to participate. The sixth name was not needed. The directors of nursing service were contacted and permission was obtained to administer the questionnaire to the nurses in each institution. An explanation of the study, (Appendix A), was attached to the questionnaire, (Appendix B), and given to each director.

One hospital arranged for the nurses to meet with the investigator. These nurses were selected by the supervisors of each floor but the limitations for selection were retained. The investigator personally went through the remaining hospitals and took a peripheral sampling of the nurses present at the time. No more than 24 nurses were obtained from any one hospital; and no less than 10 were obtained from a single hospital.

#### Tabulation and Interpretation of the Data

Total number of baccalaureate degree graduates in the sample population was 13. This represents 16.3 per cent of the total sample population. The national average is 13.2 per cent of degree graduates as stated in the 1961 publication of Facts About Nursing. (39) The sample population in this study is slightly above the national population of professional nurses.

Items 1 and 2 were constructed to obtain essential knowledge which would detail the educational background and year of graduation of the participant.

TABLE I  
RESPONSES OF 80 NURSES IN RELATION TO YEAR  
OF GRADUATION AND TYPE OF SCHOOL FROM WHICH GRADUATED

Type of school	Year of graduation				since 1961	Total
	19xx-35	1936-45	1946-55	1956-60		
Diploma	22	15	11	7	12	67
Degree	0	1	5	3	4	13
Total	22	16	16	10	16	80

The 22 diploma nurses who graduated prior to 1935 constituted 27.5 per cent of the sample population. In the decade from 1936 to 1945, only 6.3 per cent were from a baccalaureate degree school of nursing. During the next decade, 1946 to 1955, there was a large increase among the 80 respondents in the number of graduates from degree programs. The rate increased from 6.3 per cent to 31 per cent.

It was not a purpose of this study to determine why the respondents selected the programs they did but it can be speculated that perhaps the introduction of the United States Cadet Nurse Corps which subsidized the student's education was responsible for the increase. The United



States Cadet Nurse Corps was enacted July 1, 1943 and was effective for a five year period ending June 30, 1948. The sum given for the education of nurses amounted to a budgeted \$175,000,000.00 from 1941 until the end of World War II; and most of this sum was spent in the education of student nurses. The Cadet Corps provided for 124,065 nurses from the basic nursing programs during its entire course. (44)

The increase is slight during the 1950 to 1960 period with 33.3 per cent of the graduates having a degree; since 1960 to the present time the number graduating from degree programs has decreased with the present ratio being only 25 per cent of the sample population. In the 24 year period from 1936 through 1960, represented by the responses for this study, the over-all increase was 27 per cent.

Items 1 and 6 form the basis for the analysis of the relationship between the year of graduation and the present positions of the respondents. Table II depicts the 4 main categories of the respondents. Those listed as staff nurses include the ones who checked their positions as either medicine or treatment nurses. Assistant head nurses also included those who were in 'charge nurse' positions on the evening or night shift. A ruling of the Oregon State Labor Commissioner in October 1962, defined the 'charge nurse' as being an assistant head nurse. His decision was that there appears to be no appreciable difference in the responsibilities the 'charge nurse' on the evening or night shift assume in the absence of the 'head nurse'.

TABLE II  
PRESENT POSITIONS OF 80 RESPONDENTS  
GROUPED ACCORDING TO YEARS OF GRADUATION

Positions	Period of Graduation					Total
	Prior 1935	1936-45	1946-55	1956-60	Since 1961	
Staff nurses	5	3	2	4	2	16
Team leaders	4	2	3	1	9	19
Assistant Head nurses	6	5	3	0	3	17
Head nurses	7	6	8	5	2	28
<b>Total</b>	<b>22</b>	<b>16</b>	<b>16</b>	<b>10</b>	<b>16</b>	<b>80</b>

The greater number of head nurses and assistant head nurses, were from the group graduating prior to 1935. There were 11 persons in the head nurse group who graduated between 1936 and 1955; of those graduating since 1955 there were 10 in the head nurse category. Forty-five or 56.3 per cent of the respondents were in the head nurse group. Team leaders compose 23.8 per cent of the sample population. Therefore, when the numbers in team leadership positions are added to the numbers in head nurse positions 80.1 per cent of the total sample population were in some supervisory or administrative capacity in nursing. Although this sample is small, it supports the premise that the majority of nurses today are engaged in some form of

direction or supervision of the performance and activities of personnel supportive of nursing.

Brackett and Fogt (6) have stated: "Statistics show that more graduates are employed in administrative positions than in any other area and they must be prepared to plan for larger number of patients."

It was of interest to note that 53.3 per cent of the head nurse group graduated prior to 1946. 60 per cent of those in staff nurse positions graduated after 1945. Although 83.7 per cent of all the respondents were from diploma granting schools, 80 per cent were in head nurse positions. When the team leaders were added the rate increased to 84.4 per cent. Since the ratio of diploma to degree graduates is not unusual, it was possible the graduates of earlier years with more experience were occupying positions of greater responsibility.

When the information from Table II was regrouped into a 4 - cell table it was possible to perform a Chi-square to test the first hypothesis:

"The year of graduation of the respondent has no relationship to the position she holds."

TABLE III  
 FOUR-CELL TABLE OF RESPONDENTS' POSITIONS  
 AND YEAR OF GRADUATION

Position	Period of Graduation		Total
	19xx - 1945	1945 - 196x	
Staff nurse	14	21	35
Head nurses	24	21	54
Total	38	42	80

Using the formula for chi-square in which  $x^2 = \sum \frac{(fo-fe)^2}{fe}$

$x^2 = 1.434$  It was not significant at the 0.05 level of confidence. The null hypotheses was accepted and the year of graduation was not related to the position held.

From the test performed, one might assume head nurses were in their positions simply because they were available when the vacancy occurred. This is substantiated by the literature. Many nurses were urged to assume head nurse positions "because there was no one else qualified to do the work." (9) Wheeler (35) agrees that many nurses have been pushed into their jobs without consideration for their preparation.

By accepting this null hypothesis additional questions arose which this study was not prepared to answer. Were they placed in their positions as a matter of expediency?

Were they perhaps promoted because of loyalty to the employing institution in terms of longevity?

Of the nurses graduating prior to 1946, 63.0 per cent were in head nurse positions; exactly 50.0 per cent of those graduating after 1946 occupied head nurse positions.

Items 6 and 7 were used in an analysis of the length of time the respondents had been in their present position. As depicted in Table IV it is obvious that 62.5 per cent had been employed over 12 months in the same capacity. Only 22.3 per cent of the head nurse group had been in their positions for less than 12 months.

TABLE IV  
LENGTH OF TIME 80 RESPONDENTS  
HAVE BEEN IN THEIR POSITIONS

Position	Length of time		Total
	0 - 12 months	over 12 months	
Staff nurses	20	15	35
Head nurses	10	35	45
Total	30	50	80

The head nurse group, exclusive of the assistant head nurses, total 28 of the sample population.

Three of these head nurses had been in their positions less than 6 months. One of them graduated in 1961 and was previously employed as a team leader. The other 2 graduated

between 1956 - 60 and had previously been assistant head nurses on the evening shift. Two of these nurses state their only preparation for their positions was on-the-job training. The remaining nurse graduated since 1961 and lists her preparation for head nursing as 'approximately' 6 weeks of basic nursing education with no inservice or on-the-job training added.

Three of the head nurses had been in their positions 6 - 12 months. Two graduated in 1936 to 1945 era and one in 1956 - 60 group. All three state that they received no instruction regarding ward management or principles of supervision, although the one from the 1956 - 60 group did check on-the-job training with no time element involved. This led to speculation that it was not a planned period of orientation or instruction. Their previous positions had been listed as medicine nurse and two as assistant head nurses.

The next category was 13 to 18 months. Only one respondent checked this length of time. She had graduated since 1961 and went directly from student status to head nurse. She stated she had a total of 6 weeks instruction in ward administration and supervision and that it was obtained in basic nursing education and on-the-job training.

Nineteen of the head nurses had been in their positions over 18 months. Twelve of them received no instruction in preparation for their jobs. Two stated they had 8 weeks of

instruction in advanced educational classes. One checked 2 weeks and listed it both as advanced preparation and on-the-job training. Two had less than 2 weeks obtained at a work-shop. Seven had on-the-job preparation. Three obtained their information through inservice programs offered by the employer.

Three of the respondents who checked instruction in in ward management during basic nursing education graduated prior to 1935.

The previous positions of these respondents are listed:

Position	Number
assistant head nurses	13
staff nurses	11
student nurses*	2
office nurse	1
night supervisor	1
Total	<hr/> 28

\*One student was from a diploma program and went directly to the head nurse position. The other student was from a diploma program who had courses at the University of Oregon School of Nursing, and was working now toward a baccalaureate degree.

A quick review reveals that only 3 people from the 28 in the head nurse group had additional instruction in supervision away from the hospital environs.

Wheeler has said of the nurses in head nurse positions, "-- they have not had the initiative to pursue additional education to help them do a more effective job in their role as managers." (35)

Even though some of the respondents checked basic nursing education at a time when there was not much instruction being given in the principles of supervision, if they checked 6 weeks or over the researcher designated this as having had instruction in ward administration and supervision. If the respondent listed inservice or on-the-job training this, too, was considered to constitute instruction if the time element was over 6 weeks. This decision was made for ease in the manipulation of the data.



Items 4 and 6 were used to construct the following table:

TABLE V  
PRESENT POSITIONS OF 80 RESPONDENTS  
GROUPED ACCORDING TO THE AMOUNT OF INSTRUCTION RECEIVED  
IN WARD ADMINISTRATION AND SUPERVISION

Positions	Amount of Instruction		Total
	0 - 6 weeks	Over 6 weeks	
Staff nurses	23	12	35
Head nurses	23	22	45
Total	46	34	80

A chi -square was performed to test the second hypothesis. "Amount of instruction in ward administration and supervision is not related to the positions held by the nurses". The test was not significant at the 0.05 level of confidence. The null hypothesis was accepted. Therefore, the nurses who have had instruction in managerial skills are not necessarily employed in the positions of higher authority.

Reddy (32) has outlined a series of forms to be maintained in a personal history file of each nurse which would facilitate proper placement of personnel according to their knowledge, ability or personal characteristics. Directors of nursing service, reporting in the American Journal of

Nursing, (48) recognize the validity of this approach but admit the current lack of qualified personnel makes this practice difficult to follow.

Since the amount of instruction received by the respondents did not appear to be significant, another question which might have a bearing on their positions was the length of time they had been in their positions.

Table IV displayed the percentage who had been employed over 12 months in their present positions. This did not indicate the number who were 'older graduates'. It was necessary to construct a table which would indicate the length of time the respondents from various years had been in their positions.

TABLE VI  
LENGTH OF TIME IN PRESENT POSITION  
ACCORDING TO YEAR OF GRADUATION

Amount of Instruction	Year of Graduation					Total
	19xx-35	1936-45	1946-55	1956-60	1961-xx	
Less than 6 months	0	1	3	7	11	22
6 - 12 months	0	2	2	1	4	9
13 - 18 month	3	1	1	0	1	6
Over 18 month	19	12	10	2	0	43
Total	22	16	16	10	16	80

Sixty-one per cent of all the respondents have been employed in their present positions at least 1 year; and 53.8 per cent over 18 months. Of these numbers 52.5 per cent graduated after 1945.

From the preceding tables the following information was obtained. Fourteen of the respondents graduating after 1945 had held their positions over 12 months. The amount of instruction which they had received was divided into 38.09 percent who had none, 19.41 per cent who had less than 6 weeks of instruction, and 42.5 per cent who had over 6 weeks of instruction.

These percentages appear to be significant in themselves but it was decided to group the information into the following table and to perform a chi-square to test the third hypothesis: "Year of graduation has no relation to the amount of instruction received".

TABLE VII  
RESPONSES GROUPED ACCORDING TO YEAR OF GRADUATION  
AND AMOUNT OF INSTRUCTION RECEIVED  
IN WARD ADMINISTRATION AND SUPERVISION

Instruction	Year of Graduation		Total
	19xx - 1945	1946 - 196x	
0 - 6 weeks	25	24	49
Over 6 weeks	13	18	31
Total	38	42	80

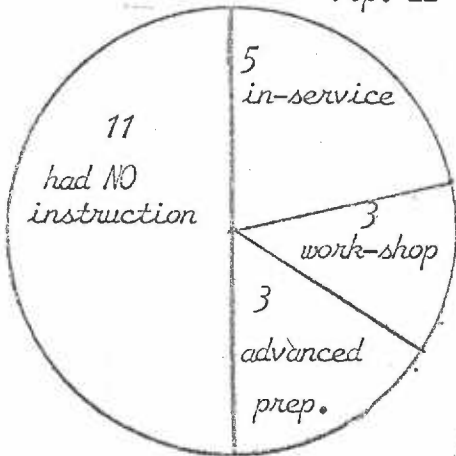
The chi-square was not significant at the 0.05 level of confidence. The hypothesis was accepted. There has apparently been no appreciable increase in the amount of instruction in ward administration and supervision which the graduates of recent years have received.

Results of this test appear to substantiate the literature. Authorities still decry the lack of preparation in ward administration presented in the schools. (3)(5)(21)(22) Others recognize the lack but feel it is the responsibility of the employing institution to ensure the graduates time for growth and to provide additional preparation through inservice programs. (10)(13)(15)(24)(28)

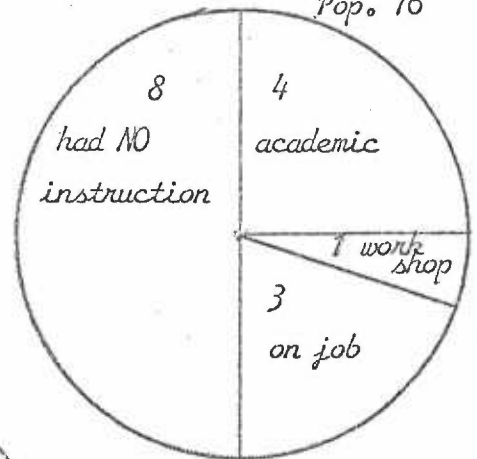
Graphs have been constructed to depict the amount of instruction in ward administration and from what source it was obtained.

Graphs Denoting Numbers of Respondents,  
Year of Graduation and Source of Instruction  
Regarding Ward Administration & Principles of Supervision

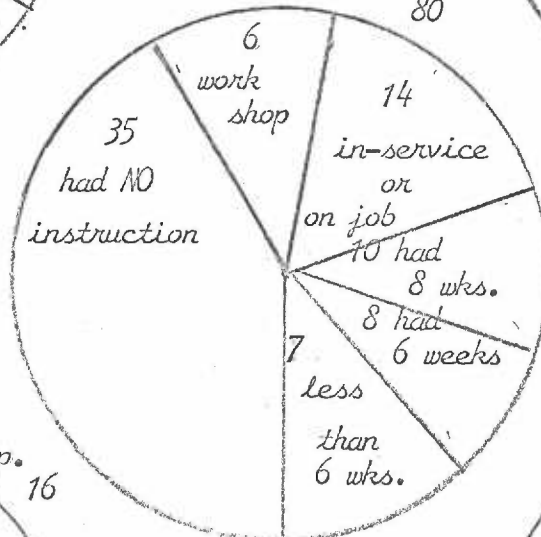
Graduation  
Prior to 1935  
Pop. 22



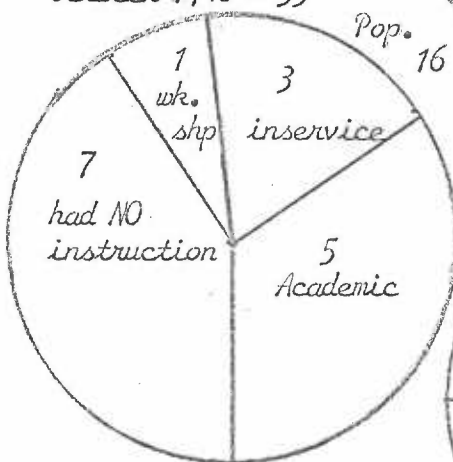
Graduation between  
1936 - 1945  
Pop. 16



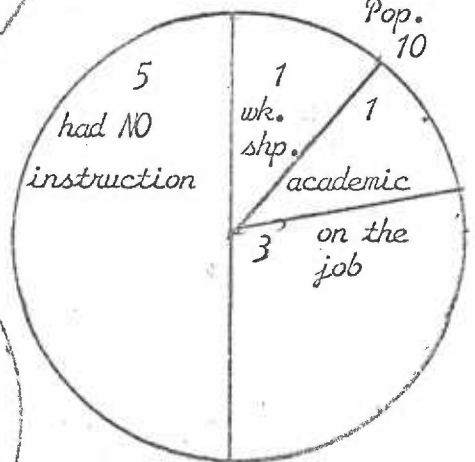
Sample Population  
80



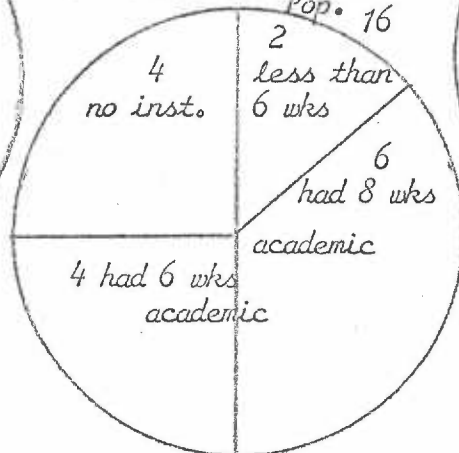
Graduation  
between 1946 - 55  
Pop. 16



Graduation between  
1956 - 1960  
Pop. 10



Since 1961  
Pop. 16



Although the total responses have already been tabulated according to type of program from which the individuals graduated (see table 1), a table was developed to depict the distribution of the graduates according to their positions and their basic nursing education.

TABLE VIII  
DISTRIBUTION OF GRADUATES BY POSITIONS AND BASIC PROGRAMS

Position	Basic Nursing Program		Total
	Diploma	Degree	
Head Nurses	22	6	28
Assistant head nurses	14	3	17
Team leaders	18	1	19
Staff nurses	13	3	16
Total	67	13	80

It is obvious that the larger number of degree graduates are employed in head nurse positions. This constituted 46.1 per cent of the degree graduates. When the assistant head nurse group is added the percentage increased to 69.2 per cent. The graduates of the diploma schools employed in head nurse positions constituted 32.8 per cent of all the diploma graduates in the sample population.

The trend appears to be in accordance with the recommendations of baccalaureate degree being the minimum requirements for head nurses. (38) (41)

TABLE IX  
 DETAILS AMOUNT OF INSTRUCTION  
 FOR RESPONDENTS IN VARIOUS POSITIONS

Positions	Amount of Instruction			Total
	None	Less than 6 weeks	Over 6 weeks	
Head nurses	10	5	13	28
Assistant head nurses	6	2	9	17
Team leaders	9	3	7	19
Staff nurses	8	3	5	16
Total	33	13	34	80

Table V was a composite of this table which grouped the categories according to head nurse and staff nurse positions; and less than 6 weeks instruction versus over 6 weeks instruction. It did not detail the numbers of each category who did not have any instruction.

The respondents who received no instruction totaled 41.25 per cent; 57.5 per cent received less than 6 weeks including those who received none. The head nurse group had 35.7 per cent who had received no instruction; and 51.1 per cent of the combined head nurse and assistant head nurse group had less than 6 weeks instruction in ward administration and supervision.

The following tables were constructed to illustrate how much instruction each group received and from what source this information was obtained. On-the-job includes inservice; work-shop includes institute; academic includes both that received in the basic nursing program and any additional courses the individual may have had.

TABLE X  
TABULATION OF HEAD NURSES  
BY AMOUNT AND SOURCE OF INSTRUCTION

Amount of instruction	Source of Instruction				Total
	None	Academic	On-the-job	Work-shop	
None	10				10
Less than 6 weeks	0	0	3	2	5
6 weeks		4	1	0	5
8 weeks +		5	3	0	8
Total	10	9	7	2	28

The nine respondents who had academic preparation may be detailed in the following manner. One respondent had advanced preparation in a university setting. She was a diploma graduate of 1936 - 45 era who later earned her bachelor of science degree in nursing, but she did not state her major.

Of the remaining 8, 4 graduated prior to 1935 and all list their instruction as that received during their basic



nursing education.

Two of the respondents graduated in the years between 1946 and 1955. Both were degree graduates. One states she had 8 weeks of instruction in basic nursing education and the other says she had 'approximately' 6 weeks.

The two remaining respondents both graduated since 1961 from diploma schools of nursing. One states 6 weeks in her basic program was devoted to the principles of supervision and ward administration. The other one states she had 6 weeks instruction combined in basic nursing education and inservice programs.

TABLE XI  
 TABULATION OF ASSISTANT HEAD NURSES  
 BY SOURCE AND AMOUNT OF INSTRUCTION

Amount of instruction	Source of Instruction			Total
	None	Academic	On-the job	
None	6			6
Less than 6 weeks		0	2	2
6 weeks		3	0	3
8 weeks+		4	2	6
Total	6	7	4	17

Fourteen of the respondents graduated from diploma programs.

Of the 17 respondents, 8 had less than 6 weeks, 9 had 6 weeks or more preparation. 7 had academic preparation and the following is a distribution by year of graduation and a detailed account of the instruction.

Diploma	Amount of Instruction	Source
1936 - 45	8 weeks	Course at university
1946 - 55	8 weeks	Course at university
1946- 55	6 weeks	Basic
since 1961	8 weeks	Basic
Degree		
1946 - 55	6 weeks	Basic
since 1961	6 weeks (approx)	Basic
since 1961	8 weeks	Basic

TABLE XII  
 TABULATION OF TEAM LEADERS  
 BY AMOUNT AND SOURCE OF INSTRUCTION

Amount of instruction	Source of Instruction			Total
	None	Academic	On-the-job	
None	9			9
Less than 6 weeks			1	3
6 weeks		1	0	1
8 weeks +		6	0	6
Total	9	9	1	19

Eighteen of the respondents in this category are from diploma schools. None of them stated they had attended work-shops or institutes. The 9 respondents who checked academic preparation may be detailed as follows: 2 respondents who graduated since 1961 and had less than 6 weeks instruction. Seven of the respondents had 6 weeks or more.

Diploma	Amount of Instruction	Source
prior to 1935	8 weeks	Basic and additional courses
1936 - 45	8 weeks	Course at Community College
since 1961	6 weeks	Basic
4 since 1961	8 weeks	Basic

TABLE XIII  
 TABULATION OF STAFF NURSES  
 BY AMOUNT AND SOURCE OF INSTRUCTION

Amount of instruction	Source of Instruction			Total
	None	Academic	On-the-Job	
None	8			8
Less than 6 weeks		0	3	3
6 weeks		2	0	2
8 weeks +		3	0	3
Total	8	5	3	16

Thirteen of the respondents in this category are from diploma schools of nursing. Five of the respondents received academic preparation.

Diploma	Amount of Instruction	Source
1936 - 45	8 weeks	Additional classes
1956 - 60	8 weeks	Basic
since 1961	6 weeks	Basic
Degree		
1956 - 60	6 weeks	Basic and inservice
since 1961	8 weeks	Basic

TABLE XIV  
PREVIOUS POSITIONS OF RESPONDENTS  
IN RELATION TO PRESENT POSITIONS

Present positions	Previous Positions						Total
	Inactive	Staff nurse	Team ldr.	Ass't. head nurse	Student	Other	
Staff nurse	4	4	0	2	1	5	16
Team leader	2	4	1	3	5	4	19
Ass't. head nurse	4	6	3	0	2	2	17
Head nurse	0	10	1	14	2	1	28
Total	10	24	5	19	10	12	80

It should be noted that all but 3 of the head nurses were promoted to their present positions. The 2 head nurses who had previously been students have been explained in the preceding pages. One obtained further education and returned from further schooling to assume a head nurse position. The other went directly from basic student status to the head nurse position. She graduated in 1961 and lists as the amount and source of her instruction in supervision, 6 weeks combined between basic nursing education and on-the-job training. One of the head nurses had previously been an office nurse. She stated she had never received instruction in ward administration and supervision. She has been employed in her present position for over 18 months and was a graduate prior to 1935.

The members listed in the 'other' category include 4 who had been in a branch of the military service; 2 had been doing private duty nursing; 3 had been employed as office nurses; 1 had worked in the operating room; 1 had been an instructor; 1 had been a night supervisor.

The 10 nurses who had been inactive consist of 5 who graduated prior to 1935. Four have been back to work over 18 months, the other had been back over 12 months. One of these respondents has had no instruction in managerial skills and is employed as a medicine nurse. Three of the respondents say they received on-the-job instruction; one of them is functioning as a staff nurse; 1 as a team leader; 1 as an assistant head nurse. The fifth member of the group took a refresher course and is now employed as a staff nurse.

The remaining five graduated in the 1946 - 55 period.. Two have been in their present positions over 18 months and are working as 'charge nurses'; one of them had received on-the-job training and the other had inservice instruction. The other 3 are staff members, 1 had been employed 6 - 12 months; the other 2 had been working less than 6 months. None of the latter 3 checked that they had received any instruction in ward administration or supervision.

Number 9 of the questionnaire was constructed as an open-end item. The respondent was asked to list 5 assets she felt were important for a nurse to have who was directing and supervising other nursing personnel.

Prior to collecting the data, categories were formulated based on the findings in the literature. They included interpersonal relations, communication skills, methods of evaluation, methods of teaching, nursing knowledge and skill, good judgment, impartiality, and understanding how learning takes place.

A panel composed of three professional nurses was asked to assist in the tabulation of the responses. It was the opinion of the panelists that communication and impartiality were part of the interpersonal relations, and that understanding of how learning takes place would be a part of a broader category 'knowledge of human behavior'. They also felt that personality should be included and that 'leadership' would probably be a recurrent response. The researcher concurred with the decision.

The original categories were then revised and the following list was adopted:

- A. Nursing knowledge and skill
- B. Knowledge of human behavior
- C. Interpersonal Relations
- D. Teaching techniques
- E. Knowledge of evaluation methods
- F. Personality traits
- G. Leadership
- H. Continued education

Each member of the panel made her own evaluation of the responses and they were then tabulated according to the aforementioned categories.

TABLE XV  
ASSETS LISTED BY THE RESPONDENTS WITH CORRELATION  
BETWEEN HEAD NURSES vs. STAFF NURSES

Category	No. of times listed		Rank order of listing	
	Head nurses	Staff nurses	Head nurses	Staff nurses
A	39	18	F 1	1
B	14	8	A 2	4
C	24	19	C 3	3
D	18	8	G 4	2
E	14	8	D 5	7
F	58	45	H 6	5
G	20	20	E 7	7
H	15	17	B 7	7

$N=8$ ,  $D^2=13$  Using the formula in which  $\rho = 1 - \frac{6D^2}{N(N^2-1)}$

$\rho = 0.846$

This is not significant at the 0.01 level of confidence but is significant at the 0.02 level on the table of Critical Values of the Spearman Rank Order. This means that if you knew how one group of nurses would rank these same assets you could predict the response of the other group. The conclusion from this test is that the position held by the nurse does not greatly influence her opinion of the essential



qualities.

TABLE XVI  
ASSETS TABULATED ACCORDING TO RESPONSES  
FROM DEGREE vs. DIPLOMA GRADUATES

Category	No. of times listed		Rank order of listing	
	Degree	Diploma	Degree	Diploma
A	10	2	F 1	1
B	0	22	A 2	2
C	7	38	C 3	3
D	6	20	D 4	7
E	3	18	E 5.5	8
F	17	87	G 5.5	4
G	3	36	H 7	5
H	2	29	B 8	6

$\rho = 0.696$

The test is not significant at the 0.05 level of confidence.

The basic educational nursing program had no specific influence on the frequencies with which the graduates of the two schools listed the assets they felt were essential. The listing appeared by chance and might or might not occur again. The nurses from the degree schools did list teaching and evaluation as of moderate importance in the 4th and 5th ranking position. The graduates of diploma schools listed them in the 7th and 8th positions. If the recommendations that all future head nurses have a bachelor of science

degree in nursing is accepted, it is hoped they would continue to rate D and E as high or higher than the present rating.

TABLE XVII

## ASSETS TABULATED ACCORDING TO GROUPED YEAR OF GRADUATION

Category	No. of times listed		Rank order of listing	
	Pre-1945	Post 1945	Pre-1945	Post 1945
A	31	26	F 1	1
B	12	10	A 2	2
C	20	25	G 3	6
D	16	10	C 4	3
E	8	14	D 5	7.5
F	45	59	B 6	7.5
G	26	13	H 7	4
H	10	21	E 8	5

$\rho = 0.566$

The test is not significant. Level of significance at the 0.10 level is 0.64.

TABLE XVIII

## ASSETS TABULATED ACCORDING TO AMOUNT OF INSTRUCTION RECEIVED

Category	No. of times listed		Rank order of listing	
	More than 6 weeks	Less than 6 weeks	More than 6 weeks	Less than 6 weeks
A	27	30	F 1	1
B	8	14	A 2	2
C	21	25	C 3	3
D	13	12	G 4.5	4
E	12	9	H 4.5	5
F	47	58	D 6	7
G	14	25	E 7	8
H	14	17	B 8	6

$\rho = 0.946$

According to the Spearman Rank Order Table of Critical Values the 0.01 level of confidence is 0.88.

The almost complete matching correlation indicates that nurses with varying amounts of instruction in the principles of supervision have the same opinion of the qualities necessary to function effectively in their positions. 'Knowledge of human behavior', 'teaching techniques' and methods of 'evaluation' were placed in the last three positions by both groups.

Kron (18) has emphasized the essence of a good nurse in any position of authority is her ability to teach and evaluate her personnel.

Heimsoth (55) concluded from her study that nurses were aware of the theory involved in supervision but were unable to put these concepts into practice. The sample population in this study appears to negate the findings of Heimsoth as the respondents do not appear to be aware of the theory necessary in supervision.

Four of the respondents failed to answer the ninth item on the questionnaire. Nine of the respondents only listed four assets, many of them were synonyms for the same traits. Eleven respondents listed three assets; one listed two assets; and, two respondents only listed one asset each.

Group G, Leadership, was listed frequently. The following comments were categorized under the heading of leadership.

"Know hospital policies well".

"Organize work".

"Good judgment."

"Leadership", "Leadership ability".

"Ability to organize personnel".

"Well aware of policies, routines, doctors' expectations."

"Understanding policies of hospital".

"Keeping personnel".

"Assignments -- know how to make them".

" Good organization of work and able to change assignments if the situation calls for it.

"Knowledge of staffing methods and adequate staffing".

"Knowledge of lines of communication".

" Observation, fairness, ability to 'size-up' situations to adequately cope with problems are very important assets for a nurse directing or supervising other personnel".

Group F, Personality Traits, was the most frequently needed asset listed by all the respondents. Typical of the comments which were placed in this category are:

"Neat in appearance. Consistent, pleasant mannerism".

"Kindness towards others".

"Personality to cooperate and direct --

Understanding and patience".

"Sense of fairness and ability to get along with others."

"Should have an out-going personality and interested in other people".

"Ability to adjust to any type of situation arising in either nursing care or personal policies".

"Be able to be just and fair to all nursing personnel at the same time be approachable to them".

"Self confidence, diplomacy".

"The ability to keep her head and remain calm under stress or emergency conditions.

"Ability to control own emotions and remain level-headed.

"Adaptability".

"Smooth, quiet way of giving orders".

Sense of humor was listed first on the questionnaire by nine people.

Thirty-three of the respondents listed various personality traits more than three times in the total of five requested assets to be listed.

Under category H, Continued Education, some of the typical answers are listed:

"She should take advantage of every opportunity to attend work-shops and other meetings pertinent to her work". The respondent worked as a staff nurse.

"She should be most desirous of continued learning".

"Interest and knowledge of new and improved methods of nursing skill".

"Keeping abreast with medical and surgical progress in U.S.A. and the world".

"Have ability and initiative to improve knowledge continually through reading or attending conferences".

"Thorough training in administration, that is, a degree graduate with further specialized training". This was a respondent who was a diploma graduate who had not had any further education or inservice education preparation for her present position as head nurse.

"Higher level of education than those being directed".

There was one response that could only be listed under miscellaneous: "At least thirty years old".

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary Of The Study

The present supply of nurses is not adequate to meet the needs of the public health demands today. There are many indications that the demand for health services will increase and with it the demand for nurses will exceed the present rate of supply. It has been said that the West will need to add 6,400 new nurses annually to maintain acceptable minimum standards of care. (49) From the information presented in the Spring 1963 issue of ANA in Review, there has been a national increase of 46,000 nurses since January 1962 to January 1963. The West supplies 9 per cent of the total new nurses graduating and this means that the West has contributed only 4,140 nurses in the past year. This is short of the estimated needs by 2,260 nurses.

One answer to the shortage of nurses has been the introduction of non-professional personnel and the trend toward increased use of supporting personnel seems likely to continue. The use of supportive personnel imposes additional obligations on the professional nurse.

The review of the literature, in Chapter II, revealed authorities in nursing agree the professional nurse needs more than basic knowledge in nursing theory and practice.

The nurse practitioner needs to know and utilize additional skills in the supervision of auxiliary personnel.

This study was undertaken to determine:

1. the extent to which eighty nurses had been prepared for their supervisory responsibilities,
2. the source of the preparation received,
3. what knowledge and skills the nurses felt were essential for the effective functioning as a supervisor of non-professional personnel.

This problem has importance in many areas. The safety of the patient is in jeopardy unless those engaged in the nursing care are either educationally prepared, as the professional nurse, or are properly instructed in the techniques of care and perform these tasks under supervision.

As a profession, nursing has the responsibility of defining the scope of practice for nurses. Nursing does not remain static; its members can not remain static either. The curricula in basic programs of schools of nursing have undergone many revisions in the last two decades to improve patient care.

Those engaged in the practice of nursing must look to the future and anticipate the requirements nurses will need to continue to ensure sage patient care. These additional requirements have been designated as skill in supervision and teaching ability among others.



The primary source of data was obtained by questionnaire which was administered individually to eighty nurses employed in five Portland hospitals. The first eight items were constructed to obtain information about the respondents' professional preparation and position held. The ninth item was composed as an open-end which would reveal the participants' opinions of the assets needed by a nurse to function effectively as a supervisor. The results of the study are shown in tabulations in Chapter III of this study.

The respondents were representative of the national population of nurses. Graduates from diploma schools of nursing numbered sixty-seven; graduates from baccalaureate programs numbered thirteen. The greater number of graduations from degree granting schools occurred during 1946 to 1955, during which time many students took advantage of the financial assistance offered by the federal government through the United States Cadet Nurse Corps.

Since the proposed minimum requirement for head nurses in the future is a bachelor of science degree in nursing, it may be necessary to advocate extended loans or scholarships through public funds to increase the enrollment in baccalaureate programs.

The advent of team nursing has increased the numbers of nurses directly responsible for the activities of non-professional nursing personnel. The sample population

revealed 80.1 per cent of the respondents were in a position of supervising auxiliary workers. This 80.1 per cent was composed of head nurses, assistant head nurses and staff nurses in team leadership positions.

#### Present Positions of Respondents

More than half of the sample population were in head nurse and assistant head nurse positions. The distribution was about evenly divided between those who graduated before 1945 and those who had graduated since 1946. This constituted, in actual numbers, forty-five of the respondents.

Seventeen of the respondents were in team leadership positions. Less than 20.0 per cent or nineteen of the respondents were in staff nurse positions functioning as 'float' nurses, medicine nurses or treatment nurses.

Only five members of the sample population who graduated since 1961 are in assistant or head nurse positions. The major portion of this population was selected from the day shift. Had other shifts been investigated the proportions might have been different.

#### Extent and Source of Instruction Received in Ward Administration and Supervision

Thirty-five of the respondents stated that they had received no instruction in ward administration and supervision. This included four or twenty-five per cent of those who had graduated since 1961.

Only thirty-four of the respondents had received six weeks or more of some form of instruction. This included

that received during basic nursing education, on-the-job training, inservice and/or work-shops.

Thirty had received academic instruction. Of these, six were from preparation beyond the basic education in nursing. The remaining twenty-four had received their instruction in the basic nursing program but two of these had had less than six weeks. Four of the number had graduated prior to 1935. Eighteen received academic preparation in ward administration and supervision which varied in length from six weeks to over eight weeks and in some instances (two) to a three month period.

#### Previous Positions of Respondents

Information was requested regarding the previous status of the twenty-eight head nurses. All but three were promoted from 'within the ranks'. Fourteen had been assistant head nurses. The three head nurses not promoted from within consisted of two who had been students; one a recent graduate of 1961, another who assumed her position after returning to school to obtain a bachelor of science degree in nursing. The third member had been employed previously as an office nurse.

Of interest also was the present positions of the ten nurses who had returned from inactive status to employment in the hospitals. Three are now assistant head nurses. They had stated they received on-the-job but no inservice instruction before assuming their positions. The remaining

seven are in staff nurse and team leadership positions.

#### Respondents Opinions of Assets Essential For A Head Nurse

Personality was placed first by all the respondents. Nursing knowledge and skill was the second most frequently listed asset.

Knowledge of teaching techniques and methods of evaluation, both listed prominently by the authorities, as the assets needed by a professional nurse who is directing and/or supervising auxiliary personnel, were the less frequently named by the respondents. On the basis of frequency listed they were placed low on the list of needed qualities when put in rank order, often appearing among the last three assets listed.

#### Conclusions

Null hypotheses were formulated at the beginning of the study.

1. Year of graduation is not related to the respondents' present positions. The hypothesis was accepted.  
Representatives from one specific period of graduation did not appear in head nurse positions any oftener than those of another period.
2. Amount of instruction in ward administration and supervision is not related to the position held.  
Hypothesis was accepted. The nurse is not placed in head nurse position because she has had instruction in managerial skills. The test may also be inter-

puted to mean that those now in head nurse positions are not better prepared educationally than those in staff nurse positions.

3. Recent graduates have not had more preparation in ward administration and supervision than that received by earlier graduates. Hypothesis accepted. The preparation in ward administration and supervision does not appear to have been substantially increased in recent years. The graph depicts the greatest increase occurred in the year since 1961. Sixteen of the respondents are from 1961; four of them had no instruction; two had less than six weeks; four had six weeks of instruction and six had eight weeks.

The total number of those who received six weeks or more increased only 8.2 per cent since 1945 to the present time.

All participants functioned in some administrative or supervisory capacity with the exception of sixteen staff nurses who served as medicine or treatment nurses. No staff nurses were general duty nurses, per se.

The qualities listed by the respondents do not indicate full awareness of their responsibility to the auxiliary worker or indirectly to the patient. Two significant correlations were obtained. The head nurse group and staff nurse group hold similar opinions of the qualities needed by a nurse in supervisory capacity. The four most frequently

listed qualities were: personality, nursing knowledge, interpersonal relations, and leadership. Another significant correlation was obtained between the two groups with varied amount of instruction in ward administration and supervision. The aforementioned qualities were again the most frequently listed. Teaching techniques and methods of evaluation were less frequently listed by all groups.

On the basis of the data obtained from this study, the researcher presents the following conclusions:

1. Professional nurses are not sufficiently aware of the attributes needed by a nurse who guides, directs, and supervises other nursing personnel.
2. There has been no real attempt made by the schools of nursing to introduce the concepts of supervision.
3. The nursing service directors of employing institutions are not determining the preparation of their employees before placing them in authority positions.
4. The employing institutions are not attempting to correct the lack of supervisory abilities through inservice programs.

### Recommendations

Based upon the findings of this study, it is recommended the following studies be made:

1. Investigate the present curricula of schools of nursing to determine the amount of instruction, both theory and practice, which is being given in ward administration and supervision.
2. A study of employment interview and placement be made to determine if placement is made on existing need or after consideration of the applicants' qualifications and preparation.
3. Conduct a survey of inservice programs: Are they meeting the needs of the professional nurse?
4. Devise a method to determine if the older graduate is in head nurse position because of longevity or because she is qualified by experience.

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## APPENDIX A

Explanatory letter addressed to the directors of nursing service of the participating hospitals.

## Purpose of the Study

Most nurse recognize that today, and even more for the future, nursing the patient at the bedside is not performed by the professional nurse, but by the auxiliary personnel under the direction of the professional nurse.

Is it necessary for the professional nurse to have instruction in the principles of supervising and directing other personnel? How much does the individual nurse know about these activities? Where did she obtain this information? Should the school of nursing be giving formal instruction in 'ward administration and supervision', and should the student be given supervised practice following her theory course? How many head nurses have had such instruction?

This study will not answer all of the above questions but it should provide some information about the preparation of the nurses now engaged in these activities. The findings from this study may indicated a need for revised curricula for the schools of nursing, and may be of value in indicating a need for revised in-service instruction.

## APPENDIX B

The following questionnaire will be used in a study undertaken for the completion of requirements for a Master's Degree in nursing.

This information will be used in evaluating the preparation for supervisory responsibilities which nurses have received.

## Questionnaire

Instructions: Please check the answer which most nearly applies to you.

1. Year of graduation?
 

Prior to 1935	_____
1936 - 1945	_____
1946 - 1955	_____
1956 - 1960	_____
Since 1961	_____
  
2. From what type of program?
 

Diploma	_____
Degree	_____
  
3. Further formal education in nursing, please specify:  
\_\_\_\_\_
  
4. Have you had instruction in ward administration and supervision?
 

Yes	_____	No	_____
Less than 2 wks.	_____		
6 weeks	_____		
8 weeks	_____		
Over 8 weeks	_____		

5. Where did you receive this instruction?

Basic nursing education \_\_\_\_\_

In-service program \_\_\_\_\_

Work-shop or institute \_\_\_\_\_

On-the-job training \_\_\_\_\_

Other, please specify \_\_\_\_\_  
\_\_\_\_\_

6. What is your present position?

Staff nurse \_\_\_\_\_

Team leader \_\_\_\_\_

Medicine nurse \_\_\_\_\_

Treatment nurse \_\_\_\_\_

Ass't. head nurse \_\_\_\_\_

Head nurse \_\_\_\_\_

7. How long have you been in your present position?

less than 6 months \_\_\_\_\_

6 to 12 months \_\_\_\_\_

13 to 18 months \_\_\_\_\_

over 18 months \_\_\_\_\_

8. What did you do prior to this position?

Inactive \_\_\_\_\_

Student \_\_\_\_\_

Military Service \_\_\_\_\_

Staff nurse \_\_\_\_\_

Head nurse \_\_\_\_\_