THE REACTIONS OF 42 NURSES TOWARD SUPERVISED PRACTICE AS A MEANS OF REACTIVATING THEIR LICENSES

by

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CHAPTER I

INTRODUCTION

Introduction to the Problem

Nurses, who for varied personal reasons have been professionally inactive for several years, express desire to resume their careers. Those concerned with the unmet nursing needs of the nation agree that the professional nurse, who has been inactive for a period of five years or more, needs to review her past knowledge and skills, and needs to obtain further knowledge and understanding of present day nursing functions as related to the advances and complexities of modern medical treatment.

The " refresher course" seems to be a term generally accepted throughout the nation as a method of assisting the inactive nurse to regain the confidence, skills, knowledge and understanding necessary for her to return to professional nursing.(6, 15, 46) The Oregon State Board of Nursing has selected "supervised practice" as a more specific definition of the requirements to be met by these nurses. The Oregon State Law regulating the practice of professional nursing, O. R. S. 678.101, states in part:

> When such a person /non-practicing/ desires to resume the practice of professional nursing, request for renewal of license and payment of the renewal fee for the current year shall be made to the board. If the licensee has not practiced professional nursing for a period of five years, the board before reissuing a license may require the applicant to demonstrate her

> ability to give safe nursing care by undergoing a supervised experience in nursing practice as shall be designated by the board.(38) (Appendix E)

Statement of the Problem

This study is concerned with the professional nurse who had been inactive for five or more years and has completed a period of at least 240 hours of supervised practice, as designated by the Oregon State Board of Nursing, to reactivate, reinstate or obtain her license to practice professional nursing in the State of Oregon.

The purposes of this study are:

1. To determine if the supervised practice offered the nurse opportunities to review her past knowledge and skills.
2. To determine if the supervised practice offered the nurse opportunities to obtain knowledge and understanding of present day nursing functions.

The purposes raise other questions related to the problem. They are:

1. What guidance toward individual study is provided the returning nurse?
2. Does the returning nurse accept the nurse aide as a member of the nursing team?
3. Does the returning nurse accept her responsibilities as a professional person?

Justification of the Study

The Oregon State Board of Nursing's annual report of 1962, listed a total of 1,476 registered inactive nurses and 193 nurses requesting non-practicing status, with Oregon residence.(37) In the future, some of these nurses may desire to resume nursing on either a part-time or full-time basis. By encouraging the inactive professional nurse to resume her career and by providing a means by which she may prepare herself to return to nursing, the nursing needs in Oregon may be met, in part. Professional nursing leaders in Oregon are interested in determining to what extent the supervised practice required of the returning nurse assists in her preparation to resume professional nursing activity.

It is hoped that this study will yield discerning information related to supervised practice. The findings may suggest experiences for the returning nurse, which may be included or excluded during the supervised practice.

Limitations

This study is limited to professional nurses who completed supervised practice during 1961 and 1962, after five or more years of professional inactivity.

This study is further limited to participants whose names were submitted by the Directors of Nurses of ten general voluntary hospitals with fifty or more beds, located in the Willamette Valley of the State of Oregon, as listed in the Journal of the American Hospital Association, Guide Issue, 1961.(28)

The primary data were limited to information derived from interviews of nurses, currently residing in the Willamette Valley of the State of Oregon, and willing to participate in the study.

The nurses selected for participation in the study were not limited according to their educational preparation, nursing experience, or other individual factors.

Evaluation of the programs of supervised practice, offered in the participating hospitals was not intended.

Assumptions

It is assumed that supervised practice provides the nurse, who has been inactive for five or more years, sufficient opportunity to demonstrate her ability to perform safe nursing care, and thus is entitled to be licensed to practice professional nursing in Oregon.

It is further assumed that an interview is a reliable means of eliciting information pertinent to this study.

Procedure for the Collection of Data

The following steps were adopted as the design for the study.

1. The literature was reviewed to ascertain the need for the study.
2. The purposes of the study were formulated.
3. An interview guide was constructed, using free response questions, allowing for flexibility of presentation, which would offer the participant the opportunity to relate her experiences during supervised practice.

4. The interview guide was tested on a group of nurses, not included in the study, but who returned to nursing after a period of inactivity, to determine if the desired information would be obtained.
5. The tool was revised as necessary.
6. A letter was sent to Directors of Nursing of the selected hospitals explaining the purpose of the study and requesting the names of nurses who met the criteria for participation. A post-script from the thesis adviser was added to verify the letter's authenticity. The letter, plus a self-addressed, stamped envelope for reply, was mailed to the Director of Nurses of each of fourteen general, voluntary and proprietary hospitals with fifty or more beds, located in the Willamette Valley in the State of Oregon.
7. A letter, explaining the purpose of the study, assuring the anonymity of the respondent and requesting an interview, was sent to the nurses whose names were submitted. A self-addressed post card was enclosed on which the nurse could indicate her willingness to participate in the study.
8. An interview schedule was prepared.
9. The interviews were conducted according to the schedule.
10. The data were categorized.
11. The data were tabulated by uni-sort cards.
12. The findings were summarized, conclusions drawn and recommendations made for further study.

Presentation of the Study

This study is presented in four chapters.

Chapter One has presented the statement of the problem, justification, limitations and assumptions of the study. The procedure for solution of the problem includes the source of the data and the design of the study.

Chapter Two presents a review of the literature related to the problem.

Chapter Three presents the procedure used in the study, analysis and interpretation of the findings.

Chapter Four presents a summary of the study, findings of the study, conclusions drawn from the findings and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED STUDIES

The supervised nursing experience policy of the Oregon State Board of Nursing (Appendix E) states that all registered professional nurse applicants, who have not actively engaged in professional nursing practice within five years previous of the application must demonstrate their ability to give safe nursing care by having supervised nursing experience. Some requirements listed for the applicants are that they:

1. Be at all times under the direct supervision of a registered nurse.

2. Be assigned to duty at such times as there is adequate staff on duty to allow the person responsible for their supervision to give adequate time for instruction and follow up.

3. Be supervised for no less than 240 working hours and up to 480 hours (12 weeks) depending on their ability to adjust and take the responsibility of a professional nurse.

Review of the Literature

The literature was searched for information regarding refresher courses and other programs devised to help inactive nurses become reoriented to nursing. Prior to 1940, refresher courses and institutes were offered by hospital schools of nursing to their alumnae who were doing private duty. The objective of these courses was to provide an opportunity for the nurse to learn newer methods of bedside care.(36)

The recruitment of nurses into military service, as part of the nation's national defense movement in 1940, and the declaration of a state of national emergency in the spring of 1941, preceded reports of other refresher courses being developed throughout the country.(23,35)

New direction and purpose was given to the refresher course. The potential nursing force represented by the retired and the inactive married nurses was being recognized as a partial solution to the increasing staffing problems of civilian health care facilities.

On behalf of the National League of Nursing Education, Ruth Sleeper presented an outline for refresher courses, in the April 1941 issue of The American Journal of Nursing. The salient point of her article was that any teaching program should be based upon sound educational principles.(46)

In 1941, the National League of Nursing Education reported on the location and nature of refresher courses. Although there were reports of success in bringing many nurses back to active nursing practice, a need for a common concept of purpose and content of the courses was revealed. There was general agreement that the objective of a refresher course was to give the refresher student an opportunity to acquire knowledge of and opportunities to practice new techniques, as well as assist her to reestablish her old skills.(34)

A second report followed in September 1942, revealing that a wide variation in content of refresher courses still remained in the different institutions. There was a diminishing demand for such programs and a decrease in the number of programs offered.(35)

Sporadic reports of successful courses did appear in the literature during the war years, attesting to their usefulness in assisting the retired nurse to return to professional activity.(16,26,51)

The demand for professional nurses continued after the end of the war. By 1948, there was renewed interest in inactive nurses and the possible contribution they could make in meeting the nursing needs of the hospitalized patient.(22,32,52)

The statement to the President's Commission on the health needs of the nation in 1952, recommended "promotion measures to encourage inactive nurses to return to nursing."(39) In recognition of the problems of scheduling faced by employers, employment of part-time nurses for busy hours, peak loads, and relief on the regular nurses' days off was advocated.(13,39) Arguments had been presented in favor of employing the older nurse because of her maturity, judgment, stability, adaptability and respect for human life.(19,20)

In 1954, the Committee on the Older Nurse of the American Nurses' Association inquired of hospital employers their views of the older nurse. It was revealed that the older nurse, considered between forty-five and sixty years of age, created no special problems. Generally, she was "considered average or better in physical ability, meeting the needs of patients and doctors, nursing skills and in personality traits." It was concluded, however, that the older nurse might resist new learning experiences and might not seek new knowledge without encouragement. The report showed only ten per cent of the respondents offered refresher courses.(3)

The conclusions derived from the study implied that:

1. Many nurses enjoy nursing and wish to remain active or return to active nursing....The well qualified nurse is always in demand, regardless of age.

2. Continuous inservice education programs for all nurse employees within hospitals could help orient and "refresh" the older nurse returning to nursing after a period of inactivity, as well as stimulate younger nurses to continue their learning experience.

3. In larger communities there may be occasional need for employers to assist in providing specific refresher courses for a number of nurses interested in returning to active nursing.(3)

At Boston University in 1958, a similar study was completed for a Master's thesis by Bertozzi and Sage, A Study of the Older Nurse in Rhode Island. Findings revealed that employers in that state considered the age of the older nurse ranged from thirty-five to sixty-five. There was agreement with the American Nurses' Association project in all areas except the ability and willingness of the older nurse to learn new techniques. The older nurse was considered above average in this category. The conclusions were:

1. The actual chronological age at which a person is considered an older nurse differs widely.

2. Health agencies need the services of the older nurse and the older nurse often must, or would like to work.

3. There is a continuing interest in refresher courses among the nurses actively engaged in nursing, and employers are aware of the need for such courses or substitute courses.

4. The older nurse apparently is no problem to herself, the health agency, or to the patient, providing she has kept herself informed of medical and nursing progress.(6)

Under the sponsorship of the Washington State League for Nursing, the registered nurses of the State of Washington were surveyed in 1960. Questions posed to the nurses sought to determine, in part:

1. How many inactive nurses would like to come back to work?

2. If further education were offered, would it help bring inactive nurses back?

3. What subjects would interest inactive nurses when refresher education courses were offered? (54)

The results of the survey, Report of a Questionnaire Study on Registered Nurses in the State of Washington, was published in 1961. The inactive respondents totaled 5,150, of which 3,283 expressed interest in resuming their careers. Four hundred and one inactive nurses were willing to return at once, on a part time basis. An additional 649 would be interested in returning to nursing within three years. Family responsibility was indicated as the primary reason for professional inactivity. The offer of short educational classes brought positive response from 2,625 of the inactive nurses. Major preferences for content of short courses were surgical, medical and obstetrical nursing. The findings of the study, in reference to the inactive nurses in the State of Washington, pointed out the sizeable potential to be considered as active nurses in the future. (54)

Orientation

Barabas defines orientation as "the process of creating within an individual the awareness of his or her role." (4) A survey of the literature indicates that a good orientation program is established on

objectives, is well planned and is adaptable to the individual employee.(4,2,33,10,25,40) The orientation should be short but extend over a sufficient number of days so the employee will not be confused by too much information given at one time. Importance is given to the first impressions of the new employee, which influence her attitudes and beliefs concerning the hospital and personnel.

Common elements of a good orientation program are found in the Hospital Nursing Service Manual. Briefly, they are: (a) introduction of the new employee to personnel; (b) provision of information about the purposes, policies and organization of the hospital; (c) provision of reference materials; and (d) information about services for the personnel.(10)

Barabas has listed methods by which the new nurse employee may be assigned for gradual indoctrination. The head nurse may:

> 1. Assign the individual to work with another staff member who has been assigned to the unit for some time.
>
> 2. Make no patient assignment and permit the worker to circulate and observe the activities of the unit for several days.
>
> 3. Make the assignment of a few patients so the new staff member will gain a sense of accomplishment and security.(4)

She states that the last method gives the new worker an opportunity to practice the newly learned skills while under supervision.

Supervision

Supervision is focused on the attainment of giving high quality nursing care.(5) The supervisory personnel share the responsibility

in administration, organization, teaching and evaluating the performance of all workers employed in the hospital. Authorities on supervision concur that the head nurse should provide learning opportunities for the employee on her unit, through planned experiences, supervision and ward teaching.(4,5,25,40)

Knowledge of the learner's educational and experience background is essential if the planning of the nurse's assignments are to be within her capabilities. With guidance, the learner's interests must be aroused, mistakes minimized and discouragement prevented.(14,25)

Barrett places supervision of the graduate nurse on a higher level than guidance. She believes that the graduate nurse can determine what changes she needs to make in herself to attain her goal. With a planned learning situation, based on the needs of the individual nurse, the ability to think and act for herself can be fostered in each nurse.(5)

Change in Nursing

One of the most difficult problems, according to Jensen, is in orienting the previously inactive nurse to the changes in nursing practice.(25) The broadening scope of modern nursing care in meeting the demands of present day medical treatment has necessitated the continued employment of non-professional nursing personnel. The professional nurse is expected to act as administrator, organizer and instructor. Some nurses who return to nursing after a lengthy absence find today's practice of nursing not in keeping with the earlier individualistic philosophy of nursing care. The bedside tasks, called "touch tasks" by Hughes, are often performed by the nurse aide or the

practical nurse.(24) The nurse finds that her duties include the many technical tasks which have been inherited from the physician. As a member of the health team, she will be involved in meeting the total needs of the patient; physical, social, psychological and spiritual. (1,11,25,42)

Refresher Courses

Summaries found in the professional journals published within the last five years show that sponsors of refresher programs have been hospitals, state and local leagues for nursing or state and district nurses' associations, alumnae associations, universities, adult education services and community councils on health.

In 1951, Detroit's need for nurses prompted a survey of the inactive nurses in the area. One hundred fifty of the nurses contacted were interested in a refresher course. The local league for nursing made arrangements with the cooperating hospital, the faculty of which agreed to share the teaching responsibility. A special committee provided instructors, planned the content of the course, investigated the classroom and clinical facilities and publicized the program. Pre-enrollment interviews of the applicants revealed a wide range in age, experience and education. The course comprised six weeks of class instruction and nursing practice. During the first few weeks, the nurses were closely supervised and aided to acquire the needed self confidence.(17)

Braman reports on a refresher program at the Massachusetts General Hospital in the July 1952 issue of The American Journal of Nursing.

Six weeks of comprehensive review and practice were divided between lectures, teaching and supervised practice on the wards. Opportunity was given to the nurses for discussion of individual needs.(7)

In 1953, Eileen L. Carroll noted a lack of response to an appeal which urged the return of inactive nurses to Buffalo General Hospital. Retired nurses expressed a feeling of insecurity because of the new developments in nursing techniques, but many said they would be willing to resume practice if they could take a refresher course and become familiar with the new procedures. The course offered as a result of the request included new trends in nursing, a brief review of elementary nursing procedures and instruction in techniques related to medical-surgical nursing. Advance publicity of the course resulted in enrollment of sixty-five nurses, twenty-five of whom later joined the staff of the sponsoring hospital. Others were employed in other hospitals in the community or were self-employed.(8)

Harriet Smith, in the March 1955 issue of The American Journal of Nursing, reported the endeavor of the University of Washington School of Nursing and the University Adult Education and Extension Service to maintain an available reserve of qualified nurses. A program was designed to bring nurses up to date in their knowledge of techniques and recent developments in nursing. Two programs, comprised of two hour weekly evening classes extended over eleven weeks, enrolled one hundred thirty inactive nurses, only twenty-two of whom were employed after completion of the courses. Revised courses, offered later at centers throughout the state, included nursing practice of an additional

four hours each week, in a university affiliated hospital. A fee of $10.00, later $15.00, was charged to meet the salary of the instructor and supervisor. Identified problems were the varied experience, age difference and length of inactivity of the refresher students. Some difficulty was noted in making arrangements for practice time and finding adequate supervisory personnel.(48,49)

The publicized statewide need for professional nurses and announcements of a refresher program at Butterworth Hospital in Grand Rapids, Michigan, effected an enrollment of two hundred sixty inactive nurses. Evening classes were held twice a week for one and one-half hours for twelve weeks. Volunteer instructors were school of nursing faculty and nursing service supervisors. The program was divided into two sections. The first section was devoted to lectures on newer concepts of medical, surgical, obstetrical and pediatric nursing. The second section consisted of demonstrations and practice of the newer nursing techniques. Preceding the course of lectures, the students were presented with a course outline, suggested reading material, text book, and procedure manual.(53)

The New Jersey State Nurses' Association, after receiving many inquiries about available refresher programs, sponsored a pilot course. The responsibility for providing quality nursing care to the community was accepted by the association as being in keeping with the association's policies. The course consisted of twenty-eight hours of theory and twenty-four hours of nursing practice. A portion of each day spent on the wards was designated for conferences. A $50.00 fee was charged.(18)

The forerunner of annual classes for refresher students at St. Barnabas Hospital in Minneapolis, Minnesota, was a review of published descriptions of other courses. Acceptance of a final outline followed consideration of problem areas and successful portions mentioned in the literature. The course at St. Barnabas concentrated on the changes in nursing care that had occurred since World War II. An extensive bibliography, library facilities and mimeographed material were available. The students were encouraged to purchase a recent medical-surgical textbook and to read extensively from professional literature. The course was composed of twenty-nine lectures. Sixteen of the total forty-eight hours were designated for nursing practice and observation. The intention of the course was not to reestablish skills, but to provide a point of reference to the capabilities and potential of the enrollee. Observations of the individual nurse's initiative, interest and attitudes were recorded. The initial insecurity and awareness of weakness expressed by the nurse was deemed as essential to her motivation ultimately to become a good nurse. "The course does not give them competence; rather it gives them an opportunity to gain confidence by demonstrating to them, their ability to learn."(50)

A review of an intensive program, sponsored by the Chicago Council on Community Nursing, by Reese, Sparmacher and Testoff, appeared August 1962 in The American Journal of Nursing. A total of 453 inactive registered nurses enrolled in these courses.(41) The individual course extended over a six week period, including thirty-six hours of classroom instruction and one hundred twenty hours of

supervised practice. No charge was made for the course. It was expected that every nurse would return to professional activity.(49) At the completion of four years, 272 of the nurses had worked; one fourth of them were working full time.(41)

A recent attempt to help the inactive nurse to return to the profession was described by Melody J. Marshall, November 1962, in The American Journal of Nursing. As a result of the 1959 annual meeting of the Oklahoma State Nurses' Association, a committee developed a plan for a state program to prepare twenty professionally active nurses to organize and teach refresher courses. The committee members were representatives of the State Nurses' Association, the State Board of Nurse Registration and Education, and the University of Oklahoma Extension Division.(30)

The nurses selected to teach the courses came from different communities and upon completion of the training, returned to their home communities. Funds were provided by the Oklahoma State Department of Health. A contract with the University of Oklahoma Extension Division allowed for a training guide to be given to each prospective instructor. The expense of a traveling library used throughout the state was assumed by the State Board of Nurse Registration and Education. The University of Oklahoma acted as consultant and coordinator of all courses. The instructors of the refresher courses held a position, usually in a hospital, and added the teaching responsibility to their other duties.(30)

The refresher courses, developed around the student's needs, were designed to help her gain confidence in her abilities. During the

supervised practice, she was not expected to assume responsibility.(30)

Educators and administrators of both the nursing and non-nursing professions maintain that recognition of the learners' needs, varied backgrounds and motivation to learn are essential to the planning of any successful learning situation.(14,15,21,27,33) Chapell emphasizes the importance of good instruction by a qualified person. He adds that successful instruction is dependent on all avenues of learning with generous periods allowed for practice.(9)

Professional Growth

Nurses also have their responsibility to further their educational and professional development. They must realize that learning necessitates change that may upset traditional or established ways of performance.(4,25,45,55)

Mrs. Signe S. Cooper, University of Wisconsin School of Nursing, states:

> A refresher course is really only the beginning. The real challenge is to motivate the nurse to keep up with the many skills required of the modern professional nurse....Reading professional literature is one way of keeping informed....The nurses may be reminded that another way to keep up professionally is by joining nursing organizations and through attending meetings.(12)

Summary

The literature reveals that the inactive nurses in the United States compose a reservoir of potential nurse power. The revived interest in the inactive nurse, during the last decade, is a result of the continued staffing problems in health care facilities and the estimates of nursing needs in the future.

Some feelings of insecurity are felt by nurses who return to nursing after a lengthy period of inactivity. These nurses return to a profession which has changed with the advances in medical science. Those in nursing service are cognisant that the nurse who has been inactive needs assistance to regain her self confidence in performing basic skills, as well as to gain knowledge related to the newer aspects of nursing care.

Authorities on methods of orientation and supervision advocate that an organized orientation program, adapted to the individual new employee, will assist the nurse to adjust to an unfamiliar setting. Planned supervised assignments by a qualified head nurse, who understands the new employee's learning needs, is an important factor in creating within the nurse a sense of security and motivation to learn and accept any necessary changes in her attitudes and habits.

The refresher course has been accepted as one method of reintroducing the inactive nurse to the profession. Early studies by nursing leaders revealed a lack of common content and method of presentation of the refresher course. Throughout the years, there has been more agreement in the objectives of such programs. It has been recognized that the learner's needs must be considered and met on an individual basis. Continuity in content is shown by recent reports of successful refresher courses. Some of the programs are organized to present theory balanced with opportunities for nursing experience as suggested by educators. A minority of the courses are stressing theory with opportunities for observation and very little nursing practice.

The literature shows a dearth of disclosures from the reactivated nurses. The few statements, derived from evaluations of specific programs, uphold the merit of refresher courses for providing the assistance needed by the nurse who wishes to return to the nursing profession after a period of inactivity.

CHAPTER III

PROCEDURE, ANALYSIS OF DATA, AND FINDINGS

Sources of Data

The participants of this study consisted of 42 registered professional nurses, who completed a period of supervised practice in ten selected general voluntary hospitals in the State of Oregon. Other criteria for the selection of the participants were that they completed the supervised practice during 1961 and 1962, after five or more years of professional inactivity, and had remained in residence in the Willamette Valley of the State of Oregon. The nurses' names were obtained from the Director of Nurses of the participating hospitals and the findings were based on recorded interviews with the participating nurses.

Procedure of the Study

Method

The descriptive survey method, using the interview technique, was selected to obtain the information needed for the study. The interview method allows for the focus of attention on the experience of the interviewee.(43,44)

> From the beginning, the emphasis is put upon the actual experience of the interviewees...their reactions to the situation. They are being asked not to sit as judges, but to report the experiences which can accumulatively help provide a basis for judgment....much can be learned from whatever is recalled of reactions to a situation.(31)

Tape recordings were made of each interview to insure an accurate record of the responses.

Development of the Tool

An interview guide was devised to obtain the information desired for the purposes of the study. Free response questions comprised the framework of the guide, allowing for flexibility in the manner of inquiry. (Appendix A) Sub-parts were designed for some of the questions, for the convenience of the interviewer. The guide was divided into three major parts.

Part I of the guide was designed to obtain background information about the participant. This portion of the interview would be used to establish rapport with the participant and assure her that all disclosed information would be kept confidential.

Part II of the guide dealt with the nurse's return to professional nursing practice. Seven questions were designed to assist the participant's recall of her experiences during supervised practice. Four questions sought the participant's opinions of the supervised practice, concerning offered experiences, content, or value. The last question was designed to obtain the nurse's opinion of the giving of nursing care by nurses' aides.

Part III of the guide was concerned with the participant's professional growth. Three questions were constructed to ascertain her contact with nursing during retirement and her present activity as a professional person. The two final questions dealt with her professional education after completion of her basic nursing education and

her plans for future professional education.

A group of nurses was enlisted to test the tool and provide the interviewer with practice in collecting data. Revisions were made as deemed necessary. The revised tool was submitted to another test and found to be more consistent with the purposes of the study. The information obtained from the pilot studies was discarded.

Collection of the Data

A letter explaining the purpose of the study and requesting the names of nurses meeting the established criteria was mailed to fourteen Directors of Nurses of hospitals in the Willamette Valley in the State of Oregon. The hospitals were general voluntary and proprietary institutions with fifty or more beds, as listed in the Journal of the American Hospital Association, Guide Issue, 1961.(28) Seven of the hospitals were located in a metropolitan community and seven in non-metropolitan communities. A metropolitan community is one with 300,000 or more population. A non-metropolitan community is one with less than 300,000 population.

The letter's authenticity was verified by a post script from the thesis adviser. A self-addressed, stamped envelope was enclosed for reply. (Appendix B and C)

No response was received from one hospital in the metropolitan community and two hospitals in the non-metropolitan communities. Of the total 67 names submitted, three nurses had participated in the pilot study. One nurse had not been inactive, as indicated by the Director of Nurses.

A letter explaining the purpose of the study, assuring the anonymity of the respondent and requesting an interview, was mailed to the remaining 63 nurses. (Appendix C) A self-addressed post card was enclosed for reply, on which the nurse could indicate her willingness to participate in the study. (Appendix D) An attempt was made to contact, by telephone, those nurses who did not reply.

The number of possible participants was reduced to 53 by the limitations of the study. Three nurses had not completed the supervised practice in 1961 or 1962, four were no longer residents of the Willamette Valley, and one was deceased.

In the metropolitan community, two nurses refused to participate and the two nurses whose names were submitted from one institution could not be contacted. Four nurses in the non-metropolitan communities were not available.

Forty-two nurses or 79.2% of the sample population of 53, indicated their willingness to participate in the study. Twenty-six who had supervised practice in one of five metropolitan hospitals are shown in Table I as Group I, A through E; sixteen nurses who had supervised practice in one of five non-metropolitan hospitals comprise Group II, A through E.

Appointments for the interviews were scheduled and conducted over a four week period. Forty of the interviews were held in the participant's home and two were held at the nurses' employing institution by their request. With the participants' permission, the interviews were recorded on tape, with assurance that anonymity would be maintained.

The information was processed into categories suitable for tabulation by tallying and uni-sort cards. Similar responses were paraphrased and the frequency noted. Pertinent statements were quoted verbatim.

Table 1. Distribution of 42 Nurse Participants by Hospital and Group Including Bed Capacity of Each Hospital

Hospital Group		Bed Capacity*	Number of Nurse Participants
I	Metropolitan		N = 26
	A	448	12
	B	470	6
	C	214	3
	D	371	3
	E	329	2
II	Non-Metropolitan		N = 16
	A	131	2
	B	117	3
	C	137	4
	D	69	1
	E	84	6

*Bed Capacity obtained from Journal of the American Hospital Association. (28)

Findings

Background Information

To enhance the interpretation of the information, some background information was obtained about each participant. Table 2 shows the year in which the nurses completed the supervised practice. Twelve nurses completed supervised practice during 1961, ten in Group I and two in Group II. Thirty nurses completed supervised practice during 1962, sixteen in Group I and fourteen in Group II.

Table 2. Distribution of 42 Nurse Participants According to the Year of Completion of Supervised Practice and Hospital Group

Hospital Group	Completion of Supervised Practice					
	1961		1962		Total	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
I	10	24.0	16	38.0	26	62.0
II	2	5.0	14	33.0	16	38.0
Total	12	28.0	30	71.0	42	100.0*

*Rounded to nearest whole number

Thirty-one of the participants graduated from nursing school during the years of 1931 to 1945. Two graduated in the late 1920's, seven graduated during the years of 1946 to 1950, and two graduated during the early 1950's. (See Table 3.)

Table 3. Distribution of 42 Nurse Participants by Year of Graduation from Nursing School at Five Year Intervals

Graduation Year	Number	Per Cent
1926 through 1930	2	4.8
1931 through 1935	11	26.1
1936 through 1940	10	23.8
1941 through 1945	10	23.8
1946 through 1950	7	16.7
1951 through 1955	2	4.8
Total	42	100.0

Table 4 lists the areas of nursing in which the participants had worked before their retirement. Most of the nurses had worked in more than one area. One nurse had not worked after graduation.

Table 4. Areas of Nursing Practice Before Retirement of 42 Nurse Participants Ranked by Frequency of Response

Area of Nursing Practice	Number*	Per Cent*
General Duty	36	85.7
Private Duty	15	35.7
Armed Services	6	14.3
Doctor's Office	5	11.9
Supervision	4	9.5
Industry	4	9.5
Public Health	3	7.1
Psychiatric	2	4.8
Tuberculosis	1	2.4
Out-Patient Clinic	1	2.4
College Campus	1	2.4
Nursing Home	1	2.4
Nursing Arts Instructor	1	2.4

*More than one area mentioned by most participants

The total professional experience of the participants before retirement ranged from 28 years to none. (See Table 5.) One nurse, a graduate of 1932, had never been employed in nursing. Nine participants had worked less than two years, fourteen had worked from two to five years, and nine had worked from five to eight years. Five nurses had nursed for eight to eleven years. One of this group, since leaving the nursing field, had been engaged in an allied profession for sixteen years. Of the remaining four participants, two had worked for eleven

to fourteen years, one had worked for twenty years, and one had worked for 28 years.

Table 5. Amount of Professional Nursing Experience of 42 Nurse Participants Before Retirement

Years of Nursing Experience	Number
None	1
6 months to 2 years	9
2 years to 5 years	14
5 years to 8 years	9
8 years to 11 years	5
11 years to 14 years	2
20 or more years	2
	N = 42

Table 6 shows that 27 of the participants had been licensed to practice professional nursing in Oregon before their period of professional inactivity. Seven of these nurses had maintained their licenses by payment of annual fees throughout their retirement. Fifteen of the nurses were not licensed in Oregon before completion of the supervised practice.

Table 6. Licensure of 42 Participants Before Supervised Practice

Category	Number
Licensed in Oregon (Licenses maintained by 7)	27
Not licensed in Oregon	15
	N = 42

The average period of retirement of the 42 participants was 15 years. Eleven of the nurses had not worked for five to ten years, thirteen had not worked for eleven to fifteen years, thirteen had not worked for sixteen to twenty years, and four had not worked for more than twenty years. The nurse who had never been employed had been away from nursing for over thirty years. (See Table 7.)

Table 7. Duration of Retirement of 42 Nurse Participants

Duration of Retirement	Number	Per Cent
5 to 10 years	11	26.0
11 to 15 years	13	31.0
16 to 20 years	13	31.0
more than 20 years	5	12.0
Total	42	100.0*

*Rounded to nearest whole number

Table 8 lists the reasons for retirement given by the 42 participants. The majority, 37 of the 42 nurses, stated family responsibilities as the primary reason for leaving nursing. Two of the 37, who had

no children, said their husbands did not wish them to work. Other reasons were church mission work in the ministry, travel outside the United States, illness, family business, and interest in an allied profession.

Table 8. Ranked Distribution of Primary Reasons for Retirement of 42 Nurse Participants

Reason for Retirement	Number
Family Responsibility	37
Travel	1
Church Mission	1
Illness	1
Business	1
Other Field of Employment	1
	N = 42

Thirty-five of the 42 participants were currently employed in some area of nursing at the time of the interview. Nineteen were working full time and sixteen were working part time. (See Table 9.) Twenty-eight nurses were employed in hospitals, three were employed in doctors' offices, one was employed in industry, and one was employed in a nursing home. The nurse who had been engaged in an allied profession remained in that field. One nurse was an instructor to the Junior Auxiliary.

Table 9. Distribution of 42 Nurse Participants by Employment at the Time of the Interview

Area of Employment	Full Time	Part Time	Total	Per Cent
Hospital	14	14	28	66.6
Doctor's Office	2	1	3	7.1
Industry	1	0	1	2.4
Nursing Home	1	0	1	2.4
Allied Profession	1	0	1	2.4
Instructor to Junior Auxiliary	0	1	1	2.4
Not Employed	—	—	7	16.7
Total	19	16	42	100.0

Seven nurses who were not employed at the time of the interview said family responsibilities kept them home. A few statements were:

> I can't seem to arrange working and managing a family at the same time.

> I have four boys to take care of. This keeps me busy.

> I want to be with my family in the summer.

The final question in Part I of the guide sought to determine the participants' purposes in returning to nursing. The five categories (See Table 10) were: financial; personal need; liked nursing; licensure; and mixed response.

Table 10. Distribution of 42 Nurse Participants According to Reason for Returning to Nursing

Reason for Return	Number
Financial	14
Personal Need	14
Liked Nursing	6
Licensure	5
Mixed Response	3
	N = 42

Fourteen of the 42 participants returned to nursing for financial reasons. Three nurses had college age children whom they wished to help through school. Two nurses returned so their husbands could go to school. Other nurses said:

> We lost our business.
>
> I had to work after a divorce.
>
> My husband is retired.
>
> My husband went overseas. I need the money.
>
> Because of a long illness in the family, we had accrued debts. I wanted to help my husband meet the debts.

The responses of fourteen nurses were classified as a personal need. Ten of the participants in this group made statements connotating the desire for a change of activity. Some of their remarks were:

> There comes a time when your conversation is limited, and I felt my mind had stagnated. I wanted a change from everyday living.

> I thought I was getting in a rut, staying at home. I just thought I wanted to get back into nursing. I was getting lazy mentally.
>
> I just thought I wanted to get back into it. My youngest child is in school and I wanted to do something.
>
> My family was growing up and I had more time. I was getting tired of housework and thought it would be good for me.
>
> I wanted to go back, I felt my life wasted. I was trained for it and I was just being a housewife. I wanted to see if I could nurse anymore.

The remaining four participants in this category said they felt the need for future security. A typical statement was:

> So many years go by. You hear of so many families left. This frightened me. I wanted something to fall back on.

Four of the participants who said they returned to the profession because they "liked nursing," made statements similar to:

> Because I like nursing very much. I always wanted to be a nurse. I think this is one of the most important things, helping the sick and making them comfortable.
>
> I enjoyed it. I wanted to be back in nursing.

Two of these nurses referred to the "shortage" of nurses. They said:

> They had been calling for nurses about the shortage. I wanted to go back a long time. I always liked nursing.
>
> ....had been interested all these years. Two family illnesses made me feel there was a shortage. I felt guilty.

Five of the nurses returned to obtain or reinstate their license in Oregon. Some comments were:

> I wanted to get licensed in Oregon and get back into nursing again.

> I returned to get my license in nursing so that I could better function as a consultant in this /allied profession/ area.

The three participants whose statements had elements of more than one category were grouped together. A typical comment was:

> I had lost my license. I felt I was more or less existing since my family had grown. My daughter is entering nursing and I wanted to be able to communicate with her.

Supervised Practice

Thirty-eight of the 42 nurses participating in the study were favorable toward the required period of supervised practice, as designated by the Oregon statute. (See Table 11) Typical favorable comments were:

> Naturally I was a little leary. I felt I should have it because I had been out of nursing. For the patient's sake, I felt I needed to go.
>
> I needed it. I had no confidence in myself. I was glad for the opportunity.
>
> For my own failings, I would not have gone to a hospital to work without supervision.
>
> The course is necessary. It's not an unreasonable request.
>
> I don't think anyone has the right to go back without it.
>
> I was glad it is required in Oregon. Many places do not require it. One of the reasons I decided to get my license in Oregon, when I heard that this is a requirement. It was comforting to know there would be someone to ask questions of.
>
> I was worried at first, but I respected the idea.

Table 11. Distribution of 42 Nurse Participants According to Their Reaction to Required Supervised Practice

Reaction	Number	Per Cent
Favorable	38	90.5
Unfavorable	3	7.1
Indifferent	1	2.4
Total	42	100.0

Three of these nurses, previously licensed in Oregon, were not aware that a statute required them to have supervised practice to reinstate their licenses. Three others said they had some misgivings that an examination would be mandatory.

Unfavorable reaction to the requirement of supervised practice was cited by three of the participants. Two of the nurses had maintained their license during their retirement. Both stated they had not been completely inactive, but could not verify their professional activity. Their comments follow:

> I did feel like it was kind of unnecessary, as I had developed extra skill in vena-puncture [Red Cross course] and had done special duty. I could not prove my special duty and the volunteer work at the Red Cross didn't count. I did not feel I wanted to start with the basic techniques. When I found I could have a chance to learn other techniques under supervision, I was satisfied.

> I had not let my license lapse. I had kept paying my dues and specialed off and on for friends. I did not feel I had been away.

The nurse who had practiced for 28 years and had been inactive for six years, said:

> I rather resented it in a way, because I had been active so long, but after I started I thought it was a good thing. I didn't realize the change [the statute]. I was on the inactive list. I had not paid my dues for about three years. The last I heard, I just had to pay for the current year to reinstate.

The nurse who was employed in an allied profession was indifferent to the requirement. She said:

> I had inquired when I first came to the state. I had been advised against it by the board since I was not directly working in nursing. I was told if I did return to nursing, I would probably be required to engage in a refresher of some sort. I had no special feelings [about the statute]. If this is a rule for those who have had no contact, these people need this refresher.

As indicated in Table 12, thirteen of the 42 participants first contacted the Oregon State Board for Nursing about their return to nursing practice. The other 29 participants made the first contact with the hospital.

Twenty-three of the nurses said they made arrangements for supervised practice by means of a personal interview with a member of the hospital personnel department. Three arranged for supervised practice through correspondence, followed by a personal interview. The remaining sixteen telephoned the hospital personnel department for information and an appointment.

Table 12. Distribution of 42 Nurse Participants According to How Arrangements Were Made for Supervised Practice

Hospital	First Contact		Arranged by		
	State Board	Hospital	Interview	Letter and Interview	Telephone and Interview
I N=26					
A	4	8	5	1	16
B	-	6	5	-	1
C	1	2	3	-	-
D	1	2	1	1	1
E	-	2	2	-	-
II N=16					
A	1	1	-	-	2
B	1	2	1	-	2
C	2	2	2	-	2
D	-	1	-	-	1
E	3	3	4	1	1
Total=42	13	29	23	3	16
Per cent*	31.0	69.0	55.0	7.0	38.0

*Rounded to nearest whole number

A majority, 35, of the participants said they encountered no difficulty in making arrangements for the supervised practice. (See Table 13) Some difficulties in locating an accepting hospital were cited by seven nurses.

Table 13. Distribution of 42 Nurse Participants about Difficulty in Making Arrangements for Supervised Practice, Shown by Hospital Group

Hospital Group	Arrangement for Supervised Practice			
	Difficult		Not Difficult	
	No.	Per cent*	No.	Per cent*
I	4	10.0	22	52.0
II	3	7.0	13	31.0
N = 42	7	17.0	35	83.0

*Rounded to nearest whole number

Two of the four participants in Group I, who had difficulty in making arrangements, wished supervised practice on a part time basis. The nurse who had a negative reaction to the required practice because of her vena-puncture skills and professed activity, said:

> I contacted several hospitals, after I contacted the State Board and found I had to have a refresher course. _____ Hospital wanted me to start from scratch. _____ Hospital expected a commitment of employment after completion of the practice. _____ Hospital accepted me as part time under supervision. I worked at my own convenience, three days a week for 240 hours.

A nurse, whose husband was critically ill, had been away from nursing for 21 years. She said:

> I went to the State Board. I didn't realize I needed a refresher. I had a frustrated feeling. I didn't know where to begin. I had been gone for so many years. I went to my last place of employment. A large class of students was coming and they couldn't take anyone on and give them adequate training. At _____ Hospital, a class wouldn't begin until Spring. I couldn't wait that long. I decided to try some smaller hospitals. I tried a private hospital where I knew the Director of Nurses. She had just hired new nurses and there was no money in the budget for another. I tried _____ Hospital.

> They were nice, but a budget problem here, too. They couldn't hire any more as there were no openings. They told me to come back after I had my license. I did not inquire at the large hospitals which had programs. I tried _____ Hospital which had a student program. I talked to the Director. I told her of my inactivity and insecurity. She was kind and sympathetic. They had taken a refresher the week before, but said they would call me the next week.

Each of the remaining two participants of Group I contacted two hospitals before they were accepted for supervised practice.

Three participants of Group II cited difficulty in making arrangements for supervised practice. They said:

> I [participant in allied profession] contacted the first hospital. They did not seem interested. I contacted the other hospital and had to wait only a few weeks.

> When I first called the State Board, they suggested I talk to different hospitals. [resides near metropolitan area] I talked to several. Three would take me. One had a regular course. One would take me as a nurse, I would work under supervision. The last said the same thing. It's rather difficult to get back in, to find a hospital that wants to take a nurse that has been out a number of years.

> First, I went to the hospital and asked for employment. I was told they couldn't hire me because they didn't need any help. When I got home, I thought about it, then wrote a letter saying that this was the time I wanted experience, when they didn't need help. I would come to work with no pay if they would accept me. I started immediately.

Table 14 indicates that twelve of the participants had no delay in beginning the supervised practice. Seventeen waited from three to six weeks. The remaining eleven nurses, who waited from three to six months, and the two who waited a year to begin supervised practice were enrolled in "refresher" courses at one of three hospitals in the metropolitan community. Two of these courses offered organized

instruction and were offered in one hospital in 1961 and in another hospital in 1962.

Table 14. Length of Time Waited to Begin Supervised Practice by 42 Nurse Participants, Shown by Hospital

Hospital	No Wait	Time Waited for Practice: 3 to 6 weeks	3 to 6 months	1 year
I N=26				
A *	-	4	7	1
B **	-	4	2	-
C	3	-	-	-
D	-	-	2	1
E	1	1	-	-
II N=16				
A	1	1	-	-
B	1	2	-	-
C	2	2	-	-
D	-	1	-	-
E	4	2	-	-
Total N=42	12	17	11	2

* Organized instruction offered in Spring of 1962
** Organized instruction offered in Spring of 1961

The two nurses who were delayed a year before beginning supervised practice said:

> I called the hospital about a year before. My name was lost, but I didn't lose my courage.

> I wrote to _____ Hospital. I received an answer that when the course was available, I would be notified. I

had to wait a year. Had just about given up that I would be called. I got rather discouraged. [second hospital contacted]

As indicated in Table 15 (column 1), twenty of the participants in Group I were given an initial orientation to supervised practice by class or group discussion, followed by a tour of the institution. Some of their statements were:

> We had classroom work. Were shown around the hospital and discussed policies. We were given pamphlets and discussed the plan of the program.
>
> Various ones on the staff talked to us. The director of the program took us around the hospital and discussed the program.
>
> We were oriented to the building. The Inservice Director talked to us. Were asked what we felt we needed most.
>
> The Inservice Director took us through the building, all departments. We were given literature, requisition procedure.

Five of these nurses were with one other nurse at the time of supervised practice (column 7). The other fifteen were members of a class of eight or ten (column 8).

Sixteen of the 42 participants were given a tour of the institution and then assigned to a department on the first day. These nurses were the only nurses practicing under supervision at the time (column 6). Seven (column 2) observed ward routines in the assigned department. Some comments were:

> I had a tour of the hospital. Was assigned to an L.P.N. and observed the routine of the morning. The first day the supervisor took me into her office and explained requisitions. I observed. I looked all over the hospital. Went to a medical floor. Was told, 'If you can make it here, you can make it any place.'

Table 15. Orientation at Beginning of Supervised Practice, First Day Assignment, and Number of Nurses in Group, as Stated by 42 Nurse Participants, Shown by Hospital

Hospital		N	Tour of Hospital and Orientation Class or Conference	1st Day Assignment: Tour of Hospital Introduction to Department		1st Day Assignment: Introduction to Department Only		Number of Nurses in Group		
				Observe	Patient Care and Observe	Observe	Patient Care and Observe	Alone	Two	8 to 10
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
I	A	12	11	1	-	-	-	3	2	7
	B	6	6	-	-	-	-	-	-	6
	C	3	-	1	2	-	-	3	-	-
	D	3	3	-	-	-	-	-	3	-
	E	2	-	-	1	-	1	2	-	-
II	A	2	-	1	1	-	-	2	-	-
	B	3	-	1	2	-	-	3	-	-
	C	4	-	3	-	1	-	4	-	-
	D	1	-	-	1	-	-	1	-	-
	E	6	-	-	2	3	1	6	-	-
Total		42	20	7	9	4	2	24	5	13

> Orientation to the building. The supervisor took the whole day for me. She explained procedures of admitting and discharge. Hospital policies. Was shown disposable equipment.

> I reported at 9:00. I was given pamphlets and policies of the hospital. Had a tour of the hospital. Was taken to the medical ward. We talked things over, covered paper work, toured ward, went over procedures. The girl that was in charge, assigned me to observe. To go around and watch what was being done, see how charting was done, especially meds.

Nine nurses (column 3), who were assigned to a department after a tour of the institution, observed ward routines and did patient care. Some of their statements were:

> The Director of Nurses introduced me to the department heads. The first day I began, under supervision, doing general duty.

> I started right out. A nurse was assigned to help me. The first day I went around with her and helped her. She showed me around the floor and the hospital.

> Usual tour of the hospital. I was assigned to work with a regular R.N. Went with her and was shown what to do.

> I went with a group of aides. Gave a bath and made beds.

> I was given a mimeographed sheet of hospital policies. Toured the hospital. Was sent to the medical floor and assigned patient care. I did four patients the first day. It took all morning.

Six of the 42 participants (column 4), each the only nurse practicing under supervision at the time (column 6), were oriented to the assigned department only. Four were asked to observe department routines the first day of supervised practice. A typical statement of these four nurses was:

> I was oriented to the floor. The first day I stayed with the nurse in charge of medicines and treatments.

The other two nurses were immediately assigned to the department to observe and practice patient care under supervision (column 5). They said:

> I worked with a R.N. Tagged along with her. She was a good nurse.
>
> I went to work and worked with another R.N. I followed her and she demonstrated procedures before I was allowed to do them.

Table 16 shows that fourteen of the 42 participants were given their initial orientation to supervised practice by the Director of Inservice Education. Further distribution shows that orientation was given by: supervisor, 12; team leader, 6; staff nurse, 6; assistant Director of Nurses, 2; Director of Nurses, 1; and a Licensed Practical Nurse, 1.

Table 16. Distribution of 42 Nurse Participants According to Who Oriented Them at the Beginning of Supervised Practice

Person Who Gave Orientation	Number	Per Cent
Inservice Coordinator	14	33.3.
Supervisor	12	28.6
Team Leader	6	14.3
Staff Nurse	6	14.3
Ass't. Director of Nurses	2	4.8
Director of Nurses	1	2.4
Licensed Practical Nurse	1	2.4
Total	42	100.0*

*Rounded to nearest whole number

Two categories were established to depict the reactions, as stated by the 42 participants, to the initial orientation to supervised practice. Table 17 shows that fifteen of the nurses, eleven in Group I and four in Group II, made statements which indicated feelings of security. Typical remarks were:

> I knew we would not be expected to do anything we were not ready for.
>
> Where I felt inadequate, I set my own pace.
>
> Not too much of a problem. Just a matter of doing it again and taking it slow.
>
> It was wonderful to be back. It made me want to start right in, but I realized I wasn't ready. I was really eager.
>
> This was my training hospital. I felt at ease. I was a newer graduate than some of the others. I felt at home.

Table 17. Implied Reaction to Orientation to Supervised Practice of 42 Nurse Participants, Shown by Hospital Group

	Reaction					
	Secure		Insecure		Total	
Hospital Group	No.	Per Cent	No.	Per Cent	No.	Per Cent
I	11	26.2	15	35.7	26	61.9
II	4	9.5	12	28.6	16	38.1
Total	15	35.7	27	64.3	42	100.0

Twenty-seven of the nurse participants, fifteen in Group I and twelve in Group II, made statements which indicated feelings of insecurity. Some of their remarks were:

> I was scared to death, very nervous.

I felt like a probie.

I felt self-conscious in a uniform and associating myself with the nurse image.

I hadn't worked for so long. I was under a strain for about three days, trying to remember what I was told and shown.

The newness of it bothered me. I had worked in surgery and had not had the patient contact.

I felt more or less lost, I was frightened.

I felt stupid. Wondered if I could go back to studying.

Three of the nurses with feelings of insecurity said they were discouraged. Their statements follow.

After a few days I was tempted to quit, but was encouraged to stay.

I was thrown in and had to shuffle for myself.

I was ready to quit. It's difficult to come to any new hospital, especially after a number of years.

Eight of the participants mentioned fatigue. Some of their comments were:

I was tired. I lost weight when I first went back.

My legs hurt. After the first two days, I was exhausted.

I felt exhausted, mentally and physically.

I was tired every night.

Table 18 shows the distribution of the 42 participants according to secure and insecure reactions and the year of graduation from nursing school. Related to the year of graduation, feelings of security were expressed by:

1. One of two nurses who graduated between 1926 and 1930.

2. Four of eleven nurses who graduated between 1931 and 1935.
3. Four of ten nurses who graduated between 1936 and 1940.
4. Three of ten nurses who graduated between 1941 and 1945.
5. Three of seven nurses who graduated between 1946 and 1950.
6. Neither of the two nurses who graduated between 1951 and 1955.

Table 18. Implied Reaction of 42 Nurse Participants to Beginning of Supervised Practice According to Year of Graduation from Nursing School

Year of Graduation	N	Reaction	
		Secure	Insecure
1926 - 1930	2	1	1
1931 - 1935	11	4	7
1936 - 1940	10	4	6
1941 - 1945	10	3	7
1946 - 1950	7	3	2
1951 - 1955	2	0	2
Total	42	15	27

Table 19 shows the distribution of the 42 participants according to secure and insecure reactions and the amount of professional experience before retirement. Related to the amount of experience, feelings of security were expressed by:

1. One of nine nurses with less than two years experience.
2. Six of fourteen nurses with two to five years experience.
3. Four of nine nurses with five to eight years experience.

Table 19. Implied Reaction of 42 Nurse Participants to Beginning of Supervised Practice According to Amount of Professional Experience Before Retirement

Amount of Experience in Years	N	Reaction	
		Secure	Insecure
None	1	0	1
6 months to 2 years	9	1	8
2 to 5 years	14	6	8
5 to 8 years	9	4	5
8 to 11 years	5	2	3
11 to 14 years	2	1	1
20 or more years	2	1	1
Total	42	15	27

4. Two of five nurses with eight to eleven years experience.

5. One of two nurses with eleven to fourteen years experience.

6. One of two with twenty or more years of experience.

Table 20 shows the distribution of the 42 participants according to secure and insecure reactions and the length of retirement. Related to the length of retirement, feelings of security were expressed by:

1. Two of ten nurses who were away from nursing from five to ten years.
2. Six of thirteen nurses who were away from nursing from eleven to fifteen years.
3. Six of thirteen nurses who were away from nursing from sixteen to twenty years.
4. One of five nurses who were away from nursing for twenty or more years.

Table 20. Implied Reaction of 42 Nurse Participants to Beginning of Supervised Practice According to Duration of Retirement

Duration of Retirement	N	Reaction	
		Secure	Insecure
5 to 10 years	11	2	9
11 to 15 years	13	6	7
16 to 20 years	13	6	7
20 or more years	5	1	4
Total	42	15	27

Disregarding the feelings of security or insecurity (see Table 21), twenty-seven participants said they enjoyed the first day assignments of supervised practice. A few comments were:

I enjoyed it.

I was elated, just delighted.

I felt like it was Christmas.

The statements of eleven participants did not indicate enjoyment of the first assignments of supervised practice. Some of the statements were:

It was a difficult day.

I was confused.

I couldn't feel at home.

Not much different. /from the nurse in allied profession/

Table 21. Distribution of 42 Nurse Participants According to Enjoyment of First Day Assignment of Supervised Practice, Shown by Hospital Group

Hospital Group	Enjoyment of First Day Assignment: Positive No.	Positive Per Cent	Negative No.	Negative Per Cent	Not Identified No.	Not Identified Per Cent	Total No.	Total Per Cent
I	18	42.9	5	11.9	3	7.1	26	61.9
II	9	21.4	6	14.3	1	2.4	16	38.1
Total	27	64.3	11	26.2	4	9.5	42	100.0

As indicated in Table 22, 40 of the 42 participants considered their acceptance by the hospital staff as favorable. Some comments were:

> The staff made me feel welcome.
>
> The staff seemed thrilled to see us. Hoped we would stay.
>
> They were wonderful.
>
> The staff welcomed new people.
>
> Staff, very kind. Willing to answer questions.

Two nurses from Group II expressed mixed feelings about their acceptance by the staff. The nurse from the allied profession said:

> For the most part, very friendly. One insecure person treated me as though I didn't know as much as the youngest aide.

The other nurse said:

> Most were very good, had been through it themselves.

Table 22. Distribution of 42 Nurse Participants According to Their Acceptance by Staff Members During Supervised Practice, Shown by Hospital Group

Hospital Group	Acceptance		
	Favorable	Mixed Response	Unfavorable
I	26	0	0
II	14	2	0
N = 42	40	2	0

All of the 42 nurses who participated in the study were assigned to care for patients during the supervised practice. As shown in Table 23, twenty-three nurses in Group I gave the medicines and treatments to the patients assigned them. "Complete patient care" was the term used by those twenty-three nurses, was accepted for use in the remainder of the study. "Patient care" was accepted as referring to the routine bedside tasks done for all patients.

Twenty-three participants were given the opportunity to function as medicine and treatment nurse, and ten were given the opportunity to function as team leader during supervised practice.

Thirty-seven of the 42 participants worked in both medical and surgical units during the period of supervision. The remaining five nurses remained in one department only.

Table 23. Distribution of 42 Nurse Participants According to Their Progressive Assignments During Supervised Practice

Hospital		N	Assignments				
			Bedside Care*	Complete Patient Care**	Medicine Treatment Nurse	Team Leader	Medical Surgical Rotation
			f	f	f	f	f
I	A	12	12	12	-	6	12
	B	6	6	6	3	-	6
	C	3	3	3	-	-	1
	D	3	3	2	3	-	3
	E	2	2	-	2	-	1
II	A	2	2	-	1	-	1
	B	3	3	-	3	-	3
	C	4	4	-	4	1	4
	D	1	1	-	1	-	1
	E	6	6	-	6	3	5
Total		42	42	23	23	10	37

* The routine bedside tasks done for all patients
** The routine bedside tasks done for all patients plus treatments and medications

Table 24 indicates the number of nurses who had opportunities for experience in specialized departments of the hospitals. Of the 42 nurses, seventeen had some experience in the recovery room, nine had experience in intravenous therapy, seven had experience in isolation technique and six had experience in the pediatric unit.

Table 24. Number of Nurse Participants Who Had Experiences in Specialized Departments During Supervised Practice

Special Department	Hospital Group I	Hospital Group II
Intensive Care Unit	5	-
Recovery Room	11	6
Intravenous Therapy	5	4
Isolation	5	2
Obstetrics	-	5
Pediatrics	1	5

Five nurses in Group I worked in the intensive care unit. Five of Group II had experience in the obstetrical department.

Nine nurses said none of the assignments were "really difficult", and three nurses said every assignment was difficult. Thirty participants made statements which included assignments they thought difficult and those they thought not difficult, such as:

> Bed care was easy. Medicines were the hardest.
>
> Basic things come back readily. The hardest were the complicated mechanisms. The trachs. were frightful at first.
>
> Basic procedures come back readily. I had difficulty in organizing and getting the patients done.
>
> I was nervous about walking up to the patient.

The assignments specified by the participants as not difficult or difficult are listed in Table 25. Twenty-seven of the nurses said bed care, basic procedures and baths were the least difficult duties.

Medicines were not difficult for three nurses. Techniques mentioned once, as not difficult, were use of the positive pressure respirator, venous puncture, irrigations and suctions.

Fourteen participants said medications presented difficulties, such as change and increase in number, lack of knowledge about the medications, and changes in routes and methods of administration. The use of the positive pressure respirator was difficult for eleven of the participants. Other procedures and techniques mentioned as difficult were: venous puncture, four; passing levine tubes, two; isolation, two; irrigations, one; suctions, one; and oxygen therapy, one.

Five nurses said they had difficulty in organizing their work, four mentioned difficulty in understanding terminology, and four had difficulty in approaching the patient.

Table 25. Frequency of Assignments Specified by Nurse Participants as Not Difficult or Difficult

Category	Not Difficult	Difficult
Procedures and Techniques		
Bed Care	27	-
Medicines	3	14
Use of Positive Pressure Respirator	1	11
Venous Puncture	1	4
Passing Levine Tubes	-	2
Isolation	-	2
Irrigations	1	1
Suctions	1	1
Oxygen Therapy	-	1
Personal		
Organization of Work	-	5
Understanding of Terminology	-	4
Patient Contact	-	4

The classified statements of the participants, concerning the difficulty of assignments, are depicted in Table 26, and related to the year of the nurses' graduation from nursing school.

Table 26. Distribution of Statements by 42 Nurse Participants According to Assignment Difficulty During Supervised Practice and Year of Graduation

Year of Graduation	N	Nothing Difficult	Everything Difficult	Mixed Response
1926 - 1930	2	1	-	1
1931 - 1935	11	4	-	7
1936 - 1940	10	1	2	7
1941 - 1945	10	1	1	8
1946 - 1950	7	2	-	5
1951 - 1955	2	-	-	2
Total	42	9	3	30

Of the nine nurses who had no difficulty with assignments during supervised practice, one graduated in the late 1920's, four graduated between 1930 and 1935, one graduated between 1935 and 1940, one graduated between 1940 and 1945, and two graduated between 1945 and 1950.

Two of the three nurses who said all assignments were difficult graduated between 1935 and 1940, and one graduated between 1940 and 1945.

Of the thirty participants whose statements were classified as mixed responses, one graduated in the late 1920's, seven graduated between 1930 and 1935, seven graduated between 1935 and 1940, eight graduated between 1940 and 1945, five graduated between 1945 and 1950, and two graduated between 1950 and 1955.

Table 27 shows the number of classified statements pertaining to difficult assignments related to the amount of professional experience

of the participants.

Of the nine nurses who said they had no difficulty with the assignments, three had worked two to five years, two had worked five to eight years, two had worked eight to eleven years, one had worked eleven to fourteen years, and one had worked 28 years.

Of the three nurses who said every assignment was difficult, one had worked two to five years and two had worked five to eight years.

Nineteen of the 30 participants who gave mixed responses had worked six months to five years and one had never worked. Five nurses worked five to eight years, three worked eight to eleven years, one worked eleven to fourteen years, and one worked twenty years.

Table 27. Distribution of Statements by 42 Nurse Participants According to Assignment Difficulty During Supervised Practice and Amount of Professional Experience

Professional Experience	N	Nothing Difficult	Everything Difficult	Mixed Response
None	1	-	-	1
6 months to 2 years	9	-	-	9
2 to 5 years	14	3	1	10
5 to 8 years	9	2	2	5
8 to 11 years	5	2	-	3
11 to 14 years	2	1	-	1
20 or more years	2	1	-	1
Total	42	9	3	30

Table 28 shows the number of classified statements pertaining to difficult assignments related to the length of the participants' retirement. Of the nine participants who said nothing was difficult, one had been inactive five to ten years, three had been inactive eleven to thirteen years, three had been inactive sixteen to twenty years, and two had been inactive for twenty or more years.

One of the three nurses who said all assignments were difficult, had been inactive five to ten years. The other two were inactive eleven to fifteen years.

Of the thirty participants who gave mixed responses, nine had not worked five to ten years, eight had not worked eleven to fifteen years, ten had not worked sixteen to twenty years, and three had not worked for twenty or more years.

Only one of the 42 participants did not receive help with assignments during supervised practice. She said:

> I did baths just about all the time. As many as seven baths a day. They were short of help. No chance to do much refreshing. No demonstrations of procedures. What I didn't know, someone else did.

Typical comments of the 41 participants who received help with assignments during supervised practice were:

> I was assigned to a nurse who was one of their best and could answer questions.
>
> Everything I did was supervised. Felt I got personal treatment.
>
> They let me do things as I felt I could do them.
>
> Demonstrations were given. I was given the opportunity to accept responsibility. Was never all by myself.

I didn't do anything until I gained confidence.
I was not left alone until my hours were completed.

Table 28. Distribution of Statements by 42 Nurse Participants According to Assignment Difficulty During Supervised Practice and Length of Retirement

Length of Retirement	N	Nothing Difficult	Everything Difficult	Mixed Response
5 to 10 years	11	1	1	9
11 to 15 years	13	3	2	8
16 to 20 years	13	3	-	10
more than 20 years	5	2	-	3
Total	42	9	3	30

Table 29 shows the frequency by which the participants named the individual(s) who gave them assistance during supervised practice. Many nurses said they could ask help from anyone.

Table 29. Individual(s) Who Gave Assistance to the 42 Nurse Participants During Supervised Practice, Shown by Frequency

Assisted by	Frequency of Response
Head Nurse	27
Team Leader	11
Staff Nurse	10
Inservice Coordinator	8
Supervisor	7
Medicine-Treatment Nurse	7
Clinical Instructor	1
Practical Nurse Instructor	1

The head nurse was mentioned by 27 of the participants as the one who helped them during supervised practice. Other personnel named were: team leader, 11; a staff nurse, 10; inservice coordinator, 8; supervisor, 7; medicine-treatment nurse, 7; clinical instructor, 1; and practical nurse instructor, 1.

Of the 26 participants in Group I, ten (Hospital A) said they were encouraged to purchase medical-surgical nursing and pharmacology textbooks. Nineteen participants of Group I (Hospitals A, B and D) were given suggested reading in the professional periodicals.

Pamphlets about nursing (not specifically named) were received by 22 of the 42 nurse participants. Ten nurses in Group I, Hospital A, were given written assignments concerning the care of their patients.

Twenty-three of the 26 nurses in Group I said library facilities were available for their use. Three said no mention was made of an available library. Six nurses of Group II, Hospital E, said the inservice library was at their disposal. The remaining ten nurses of Group II said they knew of no library facilities.

All participants of Group I said ward libraries contained medical-surgical nursing, pharmacology, and other reference works, including a procedure book and medical dictionary. The participants of Group II, Hospitals A, B and C, reported a ward copy of a procedure book and Physicians' Desk Reference. The seven nurses of Group II, Hospitals D and E, said a Physicians' Desk Reference was available on the ward.

The information concerning study aids provided the participants is listed by frequency according to hospital group in Table 30.

Table 30. Frequency of Response of 42 Nurse Participants Concerning Provision of Study Aids and Availability of Library Facilities by the Institution During Supervised Practice

Study Aids Provided	Hospital Group I	Hospital Group II
Suggested Textbooks for Purchase	10	-
Suggested Reading (periodicals)	19	-
Pamphlets	18	4
Procedure Book	10	1
Physicians' Desk Reference	1	2
Written Assignments	10	-
Library Facilities	23	6

Seventeen of the 42 participants said they spent a great deal of time on study during supervised practice. (See Table 31) Seven nurses responded that they did study as time permitted. Ten nurses said they studied very little and eight did no studying during supervised practice. Some comments about individual study were:

> I have always tried to spend at least a half hour each day with my books.
>
> Always read a great deal. I borrowed texts from students.
>
> I bought a textbook, had to study.
>
> Not a great deal of studying. Found it difficult with home responsibilities.
>
> Did not study much as I was so tired.
>
> Not much time.
>
> Did study what I had available.

Felt I could have used some direction for study.

Library was available. Would have liked to have time to spend in it.

I get more out of a lecture than I do a book.

I couldn't sit down and read charts. The Head Nurse always found something for me to do.

No opportunity to read charts. I came home and was busy here.

Table 31. Distribution of 42 Nurse Participants Concerning Amount of Individual Study During Supervised Practice

Amount of Study by Individual	Hospital Group I	Hospital Group II	Total
A great deal	13	4	17
As time permitted	3	4	7
Very little	6	4	10
None	4	4	8
Total	26	16	42

Table 32 shows that 34 of the 42 participants said they needed all assignments during supervised practice. Eight said they were asked to give too many baths.

Table 32 also lists the frequency in which the participants mentioned the experiences they did not have but thought they should have had during supervised practice. Five said they did not have opportunity, under supervision, to give new treatments and use the new machines.

One nurse said, "Because I did not plan to remain, I did not have the chance to act as team leader."

Additional rotations during supervised practice were desired by some participants. The frequency with which the desired experiences were named were as follows: intravenous therapy, 6; orthopedic nursing, 5; observation in operating room, 2; recovery room, 1; neurologic nursing, 1; and central supply, 1.

Table 32. Distribution of 42 Nurse Participants According to Need for All Assignments During Supervised Practice and Frequency of Other Experiences Not Offered but Considered Necessary Under Supervision.

Assignment	Number
All needed	34
Not so many baths	8
Needed but not offered:	
Opportunity to give new treatments and use new machines	5
Opportunity to function as team leader	1
Additional rotations:	
Intravenous therapy	6
Orthopedic Nursing	5
Observe in operating room	2
Recovery Room	1
Neurologic Nursing	1
Central Supply	1
Not identified	1

The response of the nurse who had no experience other than bathing patients was not identified as to what experiences were needed. She

said:

> I am far more secure now than I was a year ago, but still don't know what I'm expected to know. I am working with aides that know far more than I do.

The majority of the 42 participants, 29, said supervised practice gave them confidence that they could nurse again. (See Table 33) Sixteen nurses stated that supervised practice was valuable in assisting them to gain knowledge of medications and new methods of treatment and nursing care. Knowing that someone would help them during the practice was considered important by six of the participants. Five nurses said that supervised practice was valuable in assisting them to refresh their past knowledge of nursing. Two participants mentioned that supervised practice enabled them to obtain their professional

Table 33. Frequency of Response of 42 Nurse Participants Concerning the Value of Supervised Practice

Value	Number*
Gain confidence	29
Gain knowledge and skills	16
Supervision and assistance	6
Refresh knowledge and skills	5
Regain professional license	2
Not classified	2
Inadequate	1
Negative	2

*More than one value mentioned by some participants

license. Some of the statements about the value of supervised practice follow.

> It helps to make you feel more secure. There are so many things to catch up with.
>
> I probably would have had to go back as an aide. It made me capable of doing the job.
>
> I picked up on medications. It gave me back my confidence.
>
> It helped me acquire the skills to get back to nursing. I couldn't have gone back without it. The feeling I had someone to depend upon. I regained my confidence.
>
> It gave me confidence which I certainly needed. Without supervision, I don't think I would have gone back. It would be difficult to think we would be assigned with no help.
>
> It brings you up to date in medicines, new techniques and procedures.
>
> Value? Floor nursing. It gives you self-assurance.
>
> I needed it. I couldn't have gone back to work without a reminder of simple things I had forgotten.
>
> Did refresh my nursing. I feel more relaxed. It gave me my license.

The statements of two participants concerning the value of supervised practice were not classified. They said:

> It proved I would really like to be nursing. It's frustrating too, to find that I'm not able to work and come home and cope with a family situation. Showed me clearly, I picked the wrong time to take the refresher course.
>
> It did just what I was looking for. Filled my need to get back to people.

The comment of the nurse who said she spent the hours of supervised practice by giving baths was:

> I still feel I need another concentrated refresher course.

Negative statements about the value of supervised practice were made by two of the participants, a nurse not employed and not planning to return to nursing, and the nurse employed in industry. Their comments were:

> It didn't do anything for me. If I had wanted a job, I could have gone in and worked and done the same thing. I didn't have to know anything more than the LPN's do.

> I don't know its value. I could have gone into industrial nursing without it.

Nineteen of the 42 participants had no suggestions for making the supervised practice more valuable. (see Table 34) Some of them said:

> A pretty complete job.

> I was perfectly satisfied.

> They have done a lot of thinking of what is important to include.

> I think they did very well for their facility. We were a small hospital.

Three nurses specifically stated the need for an organized course of instruction and supervision. Classroom instruction was suggested in anatomy and physiology by two participants, in medications by three, and in the use of new equipment by two. Case study assignments were suggested by two nurses, and ward conferences were suggested by two nurses.

Three participants desired study guides, such as reading lists and suggested textbooks for purchase. One nurse said a procedure book would have been helpful.

Six nurses suggested additional experience under supervision, such as neurological nursing, orthopedic nursing, obstetrical nursing and

Table 34. Frequency of Suggestions Made by 42 Nurse Participants to Make Supervised Practice More Valuable

Suggestion	Number
None	19
Organized Course	4
Classroom instruction:	
Review of anatomy and physiology	2
Medicines	3
Use of new equipment	2
Case study assignments	2
Ward conferences	2
Study guides	3
Additional experience:	
Department rotations	6
In department of later employment	2
In responsible position	2
Fewer bath assignments	3
Shorter course	2
Closer supervision	1

recovery room nursing. "More rotations" but no specific suggestions, were mentioned by two nurses.

Two of the participants stated more experience in the department in which they were later employed would have been valuable. Opportunities for responsibility as medicine nurse and charge nurse was suggested by two nurses.

Three participants suggested a fewer number of bath assignments. Their statements were:

> We were given too much to do rather than an opportunity to learn. The biggest problem is going back where they are short of help.
>
> Less baths, but still important, because you learn more with each patient.
>
> Not so many baths, but they did want us to see the patient as a whole.

A shorter period of supervision was suggested by two of the participants who had programmed practice. They said:

> The last month, as they were not having courses or classes, could have been eliminated. I felt I gave them a good eight hour day without pay for a month.
>
> One month would have been enough for me. I could have done without the classwork. Eliminate some of the basics, blood pressures, hypos, baths.

One nurse said, "I would have liked more supervision. I had to ask for it. Was told by the Board to be under complete supervision."

A nurse who admitted a great deal of insecurity when she first sought to return to nursing, said, "Perhaps in the beginning, if the State Board could have given me suggestions as where to go...I didn't know what I would be able to do. Because of my husband's illness, I couldn't commit myself."

One other nurse, from a non-metropolitan community, said, "If I had been told where a planned course was available, I would have commuted. It's only forty minutes on the freeway."

A comment made by one nurse, when she was asked for suggestions to make supervised practice more valuable, was:

> The main thing in helping a returning nurse is making her feel comfortable. She is nervous. It is important to make her feel at home and help her to relax.

It was revealed that 28 of the 42 participants were under supervision for 240 hours before receiving their license. (see Table 35) Thirteen nurses were enrolled in organized courses of instruction and supervision, approved by the Oregon State Board for Nursing. One nurse said, "My license came before my hours were over."

Forty of the participants had supervised practice on the day shift. The nurse employed in an allied profession worked in the afternoon and evening after the first week "at my request because of my position." She said:

> There was always another nurse in charge, theoretically. After the first week, it seems that the girls on the floor did not seem to have the experience or background to get the job done. The average person was perfectly willing to throw me considerable responsibility. I was asked to help an inexperienced medicine nurse. Since I was working under supervision, I did not feel I should be expected to accept this responsibility.

One nurse worked all shifts, but said she was supervised always.

Table 35. Distribution of 42 Nurse Participants Concerning Hours Spent During Supervised Practice and Shift Worked

Duration of Supervised Practice	Number	Shift		
		Day	Day Afternoon Night	Day Afternoon
Less than 240 hours	1	1		
240 hours	28	24	1	1
Organized course approved by Oregon State Board	13	15		
	N =42	40	1	1

The Nurse Aide

The employment of auxiliary personnel in the hospitals merited the opinions of the participants, particularly in regard to the nurse aide. As shown in Table 36, nineteen of the 42 participants had worked with nurse aides prior to retirement and 23 had not.

Table 36. Distribution of 42 Nurse Participants According to Whether or Not Aides Were Doing Nursing Care before the Participant's Retirement

Response	Hospital Group I	Hospital Group II	Total
Yes	7	12	19
No	19	4	23
Total	26	16	42

Five categories were established (see Table 37) to depict the opinions of the 42 participants concerning the nursing care performed by the nurse aide. The categories were: favorable; unfavorable; mixed response; related to the Licensed Practical Nurse; and not identified.

Twenty of the 42 participants, fourteen of Group I and six of Group II, spoke favorably of the nurse aide. Some of the comments follow:

> I think that they have a place and we should be grateful that they are willing to come and help us. They give good bedside care.

> I think it's good. They do help a lot. Nurses are free for something else. Care depends upon the individual, just as with nurses.

> Aides give good nursing care, if trained for it. Fine, if they are not given responsibility beyond their ability.
>
> We have aides that are very good. They are supervised closely. You do come across some that take a little too much upon themselves.
>
> I think there are many things that aides can do, as well as their ability allows them to do.
>
> The type of nursing care depends upon the individual aide. Most of them are fairly capable. If nothing technical, the aides are probably giving just as good care as the nurse.
>
> Fine, if you have good aides, under supervision.

Four of the nurse participants spoke unfavorably of the nurse aide. Two participants were of Group I and two were of Group II. Their comments were:

> The aide cannot tell you anything. She does not have enough training to know what she sees. Some are good at basic care, others are terrible. They are not clean. They do not wash their hands enough. I don't see how it's possible to give them adequate supervision.
>
> I think they infringe on nurses' duties. They do a lot that really nurses should do. I may have the wrong attitude. Maybe it's something I have to accept.
>
> People who are working with the sick need more education. Some things are said to the patient that are not for the patient's benefit.
>
> Isolation technique was broken because no one was watching. They know the techniques. It is important to know the individual.

A mixed response was given by ten of the participants, five in each group, concerning the nurse aide. Some of the opinions follow:

> As far as doing a good job, some do and some don't. I feel, from what I see at work, they need a little more supervision. An order is given <u>for</u> the patient. I had one aide tell me, "Oh, she doesn't need that anyway," and if you don't go see if it's done, it's not done.

> Aides are like R.N.'s, some good and some not so good. Some are very dedicated and some are not. All are people.
>
> Unfortunate, but necessary. Trend of the times. With proper training, they're all right. I would rather see L.P.N.'s. Some are far superior to some R.N.'s.
>
> I think there is a definite place for them. I think a lot of them are getting adequate training, but are not adequately supervised. Someone should come around and check on them. The care is not complete. There are too many things they miss.
>
> Depends upon the amount of training and amount of supervision. Some are quite capable, others I wouldn't want caring for me.

Three of the participants did not answer the question concerning the nurse aide doing patient care, but related to the Licensed Practical Nurse. They said:

> Some L.P.N.'s are just as capable as some of the nurses.
>
> I think a lot of them are very good. Especially some of the L.P.N.'s. Some are very well organized and very good workers.
>
> I feel the L.P.N. is going to replace the R.N. Doctors look to the L.P.N. who does patient care. The educated nurse is not looked to by the doctor for patient care. The R.N. is involved with too much paper work.

The responses of five of the participants were not identified. "No opinion" and "They're certainly necessary" were typical statements.

One nurse who made a favorable comment concerning the nurse aide, continued by relating to the Licensed Practical Nurse. She said:

> I certainly was a little disgusted to go back to all this about L.P.N.'s. I had never heard of them and it just floored me...to see them wearing a cap and going around and no one knew the difference whether they were an R.N. or not...I got a little disgusted to

think that there wasn't anything I could do with all my training that they couldn't do as a result of a year's training...Then they talked about the L.P.N.'s giving medicines. I thought to myself, "The day they start giving medicines, I'll not work in a hospital again."

Table 37. Distribution of 42 Nurse Participants According to Their Opinions about Aides Doing Nursing Care

	Hospital Group					
	I N=26		II N=16		Total N=42	
Opinion	No.	Per Cent* of Group	No.	Per Cent* of Group	No.	Per Cent* of Total
Favorable	14	53.0	6	38.0	20	48.0
Unfavorable	2	8.0	2	12.5	4	9.0
Mixed Response	5	19.0	5	31.0	10	24.0
Related to L.P.N.	2	8.0	1	6.0	3	7.0
Not identified	3	12.0	2	12.5	5	12.0
Total	26	100.0	16	100.0	42	100.0

*Rounded to nearest whole number

Professional Growth

Membership in the American Nurses' Association was held by eight of the 42 participants. One of the eight had maintained her membership since graduation from nursing school. None of the participants was a member of the National League for Nursing. (see Table 38)

Reasons for non-membership in the professional organizations were depicted in five categories. (see Table 38) Eleven nurses said the expense was too great for membership. Three of the nurses who cited expense made statements similar to:

Too much money when I'm not working steady.

Table 38. Distribution of 42 Nurse Participants According to Membership in Professional Nursing Organizations and Reasons for Non-Membership

Category	Hospital Group I	Hospital Group II	Total
Membership			
American Nurses' Association	4	4	8
National League for Nursing	-	-	-
Reasons for Non-Membership			
Expense	9	2	11
No interest	5	3	8
No excuse	6	3	9
Mid year	1	2	3
Not working	1	2	3
Total	26	16	42

Eight participants said they were not interested in the professional organizations with statements such as:

> I haven't found out what it entails or why I should join.

Three nurses planned to join the American Nurses' Association at the beginning of the membership year. Unemployment was the reason given by three nurses for non-membership. Nine of the participants had "no excuse" for not joining the associations.

Table 39 shows that fourteen of the 42 participants had not been encouraged by anyone to become a member in the professional organizations. Suggested membership was made to 27 nurses, as follows: by a staff nurse(s), 7; by the inservice coordinator, 7; by a supervisor, 7;

and through a staff membership drive, 6.

Table 39. Membership Encouragement Within the Participating Institution as Stated by 42 Nurse Participants

Category	Hospital Group I	Hospital Group II	Total
Encouraged by:			
Staff membership drive	3	3	6
Staff nurse	2	5	7
Inservice coordinator	7	-	7
Supervisor	4	3	7
Membership maintained during retirement	1	-	1
Not encouraged to join	9	5	14
Total	26	16	42

As shown in Table 40, at the time of the interview 24 of the 42 participants did not subscribe to any professional publication. Eleven nurses received The American Journal of Nursing, three received the R. N., A Journal for Nurses, and four received both journals. None of the participants subscribed to Nursing Outlook or Nursing Research.

Table 40. Distribution of 42 Nurse Participants According to Current Subscription to Professional Periodicals

Professional Periodical	Hospital Group I	Hospital Group II	Total Number	Total Per Cent*
The American Journal of Nursing	7	4	11	26.0
R. N., A Journal for Nurses	2	1	3	7.0
The American Journal of Nursing and R. N., A Journal for Nurses	3	1	4	10.0
None	14	10	24	57.0
Total	26	16	42	100.0

*Rounded to nearest whole number

Thirty-one of the 42 participants had maintained some contact with nursing during their retirement. The frequency with which the contacts were named are listed in Table 41. The categories follow.

1. Professional Literature. Twelve participants subscribed to The American Journal of Nursing, seven occasionally and four throughout the period of retirement. Thirteen nurses subscribed to the R. N., A Journal for Nurses, five occasionally and eight throughout retirement. One received literature from a pharmaceutical company.

2. Community Nursing. Five participants did nursing within their families and in their neighborhoods. One was a church camp nurse. Three nurses did volunteer nursing with the American Red Cross and three said they worked with Civil Defense.

3. Professional Associates. Five participants said they had some contact with nursing through their professional friends.

4. Non-Professional Literature. Three nurses said they read medical and nursing articles in the magazines and newspapers.

5. Professional Organizations. Two participants were members of the American Nurses' Association during retirement, one as an associate member for a short time. Membership in her alumnae association was maintained by only one nurse.

6. Allied Profession. The nurse from the allied profession was in close contact with nursing because of similar duties and interests.

Eleven of the 42 participants had no contact with nursing during their retirement.

Table 41. Frequency of Stated Contacts with Nursing During Retirement of 42 Nurse Participants

Contact	Number*
Professional Literature	23
Community Nursing	6
Professional Associates	5
Non-Professional Literature	3
Professional Organizations	3
Allied Profession	1
None	11

*Some participants had more than one contact

Table 42 shows that 30 of the participants had no further education following graduation from nursing school. Seven nurses had courses in nursing, as follows: pediatric nursing, 1; operating room

nursing, 1; public health nursing, 2; and Red Cross courses, 2.

Of five participants, one nurse had a Bachelor of Science degree in Biology, two nurses had credits toward a Bachelor of Arts degree, one had credits toward a degree in Education, and one had a course in physiotherapy. Two of the nurses with college credits also had a course in physiotherapy.

Thirty-two of the 42 participants said they had no plans for further education in nursing. Two nurses were taking courses at the Extension Center, hopefully toward a baccalaureate degree. Eight participants said they would like to further their education in the future, one of whom desired a Bachelor degree, the other, a Master degree.

Table 42. Distribution of 42 Nurse Participants According to Professional Education after Graduation from Nursing School and Plans for Future Nursing Education

Hospital Group	N	Education Beyond Basic Program			Plans for Future Education in Nursing		
					Yes		
		Yes	No	Other	Specific Plans	No Specific Plans	No
I	26	5	19	2	-	4	22
II	16	2	11	3	2	4	10
Total	42	7	30	5	2	8	32

Summary

The findings of this study lend support to the literature, which reveals that the professional nurse who has been inactive needs assistance to regain her self confidence in performing basic nursing skills, as well as to acquire knowledge related to the newer aspects of nursing care.

The literature is further substantiated in that there is a lack of common concept as to what method of presentation and what experiences best prepare the inactive nurse for her return to nursing activity.

The Oregon State Board of Nursing has designated that the nurse, after five or more years of inactivity, engage in supervised practice, during which time she is given the opportunity to demonstrate safe nursing care. This study was concerned with the professional nurse who had been inactive for five or more years and had completed a period of supervised practice, as required by the Oregon State Board of Nursing.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was concerned with the inactive professional nurse who completed a period of supervised practice, as designated by the Oregon State Board of Nursing, to obtain, reactivate or reinstate her license to practice professional nursing in the State of Oregon. The purpose of the study was to determine if the supervised practice offered the nurse opportunities to review her past knowledge and skills and opportunities to obtain knowledge and understanding of present day nursing functions.

The findings of the study were based on recorded interviews of 42 registered professional nurses who had completed supervised practice during 1961 and 1962. The names of the participants were obtained from the Directors of Nurses of ten general hospitals located in the Willamette Valley in the State of Oregon. The participating hospitals were general voluntary institutions with fifty or more beds. Five hospitals were located in a metropolitan community of over 300,000 population and five hospitals were located in non-metropolitan communities.

The criteria established for the selection of the participants were that they completed supervised practice during 1961 or 1962 after five or more years of professional inactivity and were residing in the

Willamette Valley in the State of Oregon.

Forty of the interviews were conducted in the homes of the participants. Two interviews were conducted at the nurses' place of employment, at their request. Most of the participants seemed to welcome the opportunity to express their opinions relating to supervised practice and nursing functions. Only two participants seemed reluctant to express themselves freely, admitting that recording made them ill at ease. All interviews were recorded on tape, with the participants' permission. An interview guide, composed of free response questions, was employed. (Appendix A)

Sixty-two per cent of the participants completed supervised practice in the metropolitan hospitals, Group I, ten during 1961 and sixteen during 1962. Thirty-eight per cent completed supervised practice in the non-metropolitan hospitals, Group II, two during 1961 and fourteen during 1962. Of the 42 participants, 73.7 per cent graduated from nursing school between 1931 and 1945. The nurses most frequently mentioned general duty and private duty as the area of employment, before their retirement. Thirty-three per cent of the participants had worked from two to five years, 21.4 per cent had worked six months to two years, and 21.4 per cent had worked five to eight years before leaving nursing.

Twenty-seven of the participants had been licensed in Oregon before retirement, seven of whom had maintained their license during their inactivity. The average period of retirement of the participants was fifteen years. The primary reason given by 88 per cent of the 42 participants for their professional inactivity was family responsibility.

The majority, 83 per cent, of the participants were professionally employed after completion of supervised practice. Over 66 per cent of the participants were employed in hospital nursing, half of whom were working full time.

Over half of the participants returned to nursing for financial reasons or the personal need for a change of activity.

Most of the participants, 90.5 per cent, said they welcomed the opportunity for supervised practice. Twenty-nine nurses inquired at the hospital and 13 inquired at the Oregon State Board of Nursing about arrangements for their return to nursing. Eighty-three per cent of the 42 nurses had no difficulty in making arrangement for practice and only one said she was discouraged by a delay in beginning the practice.

Thirteen of the participants were enrolled in an organized course of instruction and supervision offered by two of the metropolitan hospitals. Twenty-four of the nurses practiced alone under supervision at the time, and five were with one other nurse. Twenty of the participants were oriented to supervised practice through classroom discussions or conferences. Eleven of the nurses observed ward routines and patient care, and eleven observed patient care and were assigned patient care with a member of the staff the first day of supervised practice.

Thirty-three per cent of the participants were oriented to supervised practice by the inservice coordinator of the institution. A little more than twenty-eight per cent were oriented by the supervisor, and twenty-eight per cent were oriented by the team leader or a staff nurse.

Twenty-seven or 64 per cent of the participants indicated feelings of security and fifteen or 36 per cent indicated feelings of insecurity as they began supervised practice. As shown in Tables 18, 19, and 20, the feeling of security or insecurity of the participants as they began supervised practice were not related to their year of graduation from nursing school, the amount of professional experience, or the length of retirement.

The statements of 62 per cent of the participants indicated that they enjoyed the first day of supervised practice. The statements of 26 per cent did not indicate enjoyment of the first assignments, and the statements of ten per cent could not be identified as to whether or not the first day was enjoyable. Ninety-five per cent of the participants said they felt welcome and accepted by staff members of the institutions.

All of the nurses had opportunities to do patient care, twenty-three of whom gave the medications and treatments for their assigned patients. Twenty-three nurses, a little less than half of the participants, had the opportunity to function as medicine nurse and ten, less than one fourth, functioned as team leader under supervision. The majority, thirty-seven, worked in more than one department during supervised practice.

Nine of the participants found no difficulty in resuming nursing activities. The assignments most frequently mentioned as difficult by the other thirty-three nurses were the administration of medicines and the use of the positive pressure respirators. More than half of the participants specifically stated that bedside care and "basic"

procedures were the least difficult nursing activities to perform. As indicated in Tables 26, 27 and 28, the ease or difficulty which the participants found in the performance of the nursing assignments could not be related to the year of graduation from nursing school, the amount of professional experience, or the length of retirement from nursing practice.

Approximately one half of the participants said their source of instruction and assistance was the head nurse, and approximately one half received instruction and assistance from the team leader or a staff nurse.

More than half of the participants from Group I had some assistance with study aids. Most of the nurses in this group were told of library facilities which were at their disposal. Half of the participants in Group I said they studied a great deal; the remainder of the group studied varying amounts of time.

Very little study assistance was given the participants from Group II. Only one institution in this group had an inservice library available to the nurses. One fourth of the participants of Group II studied a great deal; the remainder of the group studied varying amounts of time.

Eighty-one per cent of the participants said that all assignments during supervised practice were necessary. A minority said they were given too many bath assignments. Several of the participants would have liked the opportunity to give the new treatments and use the newer machines. Additional rotations in some of the specialized departments would have been desirable according to several of the participants.

Sixty-nine per cent of the nurses said that the value of supervised practice was the regaining of self confidence. Thirty-eight per cent of the nurses said that supervised practice helped them gain knowledge of and skill in nursing practice. Some cited the value of supervision and assistance with nursing assignments, and the opportunity to refresh their knowledge and skill of nursing. One nurse thought her practice under supervision was inadequate and two did not think supervised practice was of any value to them.

Forty-five per cent of the nurses had no suggestions to improve supervised practice. A little more than nine per cent suggested an organized course of instruction and supervision and a similar number of the participants implied that an organized course would be the best method of returning the inactive nurse to nursing. Other suggestions for improvement of supervised practice were additional department rotations and experience in areas of future employment. Two of the nurses, both enrolled in one of the organized courses, suggested a shorter period of supervision. Two of the nurses suggested that more assistance be given by the Oregon State Board of Nursing as to where supervised practice was available, and the types of assistance offered.

One of the participants thought she received her professional license before her required hours of supervised practice were completed. The remaining participants were under supervision for the hours recommended by the Oregon State Board of Nursing. Forty of the nurses had supervision during the day, one nurse worked all shifts under supervision, and one worked afternoons at her request.

Nurse aides had been employed to perform nursing care before

45 per cent of the participants had retired. Seventy-one per cent of the participants favored the employment of the nurse aide for nursing care, one third of whom specifically stated that aides must be adequately supervised. A minority of the nurses were unfavorable about the employment of the nurse aide, alluded to the licensed practical nurse or did not give a direct answer to the question about the nurse aide.

Nineteen per cent of the participants belonged to a professional organization. The most frequently cited reasons for non-membership were expense, lack of interest, and negligence in joining.

Sixty-four per cent of the nurse participants said they were invited to membership in the professional organizations by members of the staff in the employing institutions. One nurse had maintained her membership during her retirement. Thirty-three per cent of the nurses said they had not been encouraged to join the professional organizations.

Less than half of the participants were receiving professional periodicals. Less than half kept in contact with nursing through professional literature during their retirement. Contacts with nursing during retirement mentioned by a minority of the nurses were community nursing, professional friends, newspapers and magazines. Three nurses had some contact with nursing during their retirement through membership in professional organizations. Twenty-six per cent of the participants had no contact with nursing during the period of inactivity. One nurse was employed in a profession related to nursing.

Approximately seventeen per cent of the participants had additional courses in nursing after graduation from nursing school. Seventy-one per cent of the nurses had no further professional education and twelve

per cent had additional education in other fields. The majority, seventy-six per cent, of the participants had no future plans for enrollment in nursing courses. Five per cent of the participants planned to further their nursing education, and nineteen per cent of the nurses hoped to continue their nursing education in the future.

Conclusions

The findings of this study lead to the following conclusions:

1. Supervised practice provides a means by which the inactive nurse may return to nursing.

2. The majority of the participating nurses welcomed the opportunity of supervised practice to assist in their return to nursing.

3. The motivation, learning needs and abilities of the nurse who returns to nursing after a period of inactivity are individual and not related to the year of graduation from nursing school, amount of professional experience or duration of retirement.

4. The majority of the participating institutions offer the returning nurse adequate supervision and experience in nursing practice, but do not provide the returning nurse with guidance and opportunities for study.

5. The majority of the participating nurses, who had supervised practice, were given assignments to fulfill nursing service needs rather than assignments to meet their learning needs.

6. Eighty per cent of the participating hospitals did not have an organized course of instruction and supervision for the returning nurse.

7. The majority of the participating nurses accepted the employment of the nurse aide for nursing care, but maintained that close supervision of the aide was necessary.

8. The increase in the number of nurses who had completed supervised practice during 1962 may indicate:

a. a growing interest among the inactive nurses to return to nursing.

b. a growing interest in the inactive nurse within the institutions.

c. a continuing staffing problem, especially in the non-metropolitan communities, where the greatest increase of returned nurses was evident.

9. The inactive nurse actually is inactive; personal endeavor to maintain professional status appeared to be minimal as evidenced by paucity of contact with professional organizations, professional activities, literature, and study. They had not even maintained contact with their alumnae associations.

10. The return to active practice appeared to consist largely of acquiring or reinstating a license and obtaining employment. There was no marked personal initiative exhibited in seeking membership in professional organizations, in becoming actively involved in professional activities, or in becoming an informed professional person.

Recommendations for Further Study

1. Refine the tool and develop a check list from the findings of this study. Then conduct a similar study on inactive nurses who completed supervised practice in other sectors of Oregon to determine if different findings could be obtained in areas more remote from metropolitan centers.

2. Further follow-up of the 42 participants to ascertain
   a. their satisfactions or dissatisfactions with nursing after a period of active practice.
   b. what evidence of professional growth they exhibit.

3. A similar study could be developed to ascertain the opinions of the supervisory personnel concerning the following questions.
   a. Does supervised practice meet the needs of nursing service in preparing the inactive nurse for the resumption of nursing activities?
   b. Do the numbers of nurses who return to nursing by means of supervised practice warrant the expense and responsibility assumed by the institutions?
   c. Could workshops or institutes devoted to the development of a common concept of method and content of supervised practice be of value to the supervisory personnel in the institutions?

4. A study of organized "refresher" courses to determine if objectives are achievable, realistic and pertinent to the needs of the learner and if the content really does assist in reestablishing self-

confidence and self-direction to the extent of motivating the individual to become a truly contributing member of a profession.

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APPENDIX

APPENDIX A

INTERVIEW GUIDE

Part I - Background Information

1. When did you graduate from the school of nursing?

2. Did you do any nursing after graduation?
   a. How long?
   b. What kind?

3. Were you licensed in Oregon prior to your retirement?

4. How long were you inactive?
   a. Why?

5. Are you employed in nursing now?
   a. What kind of nursing are you doing?
   b. If not employed, why?

6. Why did you return to nursing?

Part II - Supervised Practice

1. When you learned it was necessary to have supervised practice, what was your reaction? Why?

2. How did you arrange for supervised practice?
   a. What difficulties, if any, did you have in making the arrangements?
   b. How long did you have to wait to begin supervised practice?

3. What orientation was given you when you began supervised practice?
   a. How did the staff demonstrate their acceptance of you?
   b. How many nurses were in your group?

4. What were your assignments the first day?
   a. What were your reactions?
   b. Did you enjoy it?

5. What were your assignments thereafter?
   a. Were they easy?
   b. Were they difficult?
   c. What assistance was given you?
   d. By whom?
   e. Did you remain in one department?

6. In what ways do you think the supervised practice was of value?

7. What suggestions do you have for making supervised practice more valuable?

8. Before your retirement were aides doing nursing care?
   a. What opinions do you have about aides doing nursing care?

Part III - Professional Growth

1. Are you a member of the A. N. A. and/or the N. L. N.?
   a. If not, why?
   b. How long have you been a member?
   c. Were you encouraged to join when you resumed nursing?
   d. By whom?

2. Do you subscribe to professional periodicals? Which ones?

3. In what way did you remain in contact with nursing while you were inactive?

4. Did you take any nursing classes after graduation?

5. Are you planning to take any nursing classes in the future?

APPENDIX B

LETTER OF EXPLANATION

Mrs. Billie G. Miller
5424 S. E. Woodward St.
Portland 6, Oregon
June 27, 1963

Director of Nurses
Hospital

, Oregon

Dear Director:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of the experiences of the inactive nurse who returns to professional nursing. My survey is limited to those nurses who were inactive for five years or more and who completed a period of supervised practice during 1961 and 1962.

You are invited to participate in this study. Will you send me the names and addresses of the nurses who had supervised practice in your hospital during 1961 and 1962? A self-addressed envelope is enclosed for your convenience.

Anonymity is assured because no identification is made of your hospital. May I have your reply by July 10, 1963?

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School.

Yours sincerely,

(Mrs.) Billie G. Miller

Mrs. B. Miller is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Miller will be greatly appreciated.

Lucile Gregerson

Thesis Adviser

APPENDIX C

LETTER REQUESTING INTERVIEW

July , 1963

_____, R. N.
Address
City , Oregon

Dear _____:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of the experiences of the inactive nurse who returns to professional nursing. My study is limited to those nurses who were inactive for five or more years and who completed a period of supervised practice during 1961 and 1962. Your name was obtained from the Director of Nurses of Hospital in , Oregon.

Would you participate in this study by granting me a personal interview of approximately one-half hour? A self-addressed post card is enclosed for your convenience.

Your anonymity is assured because no identification will be made of you or the hospital.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School. May I have your reply by , 1963?

Yours sincerely,

(Mrs.) Billie G. Miller

APPENDIX D

POST CARDS FOR REPLY

1. To the nurses in the metropolitan community

Dear Mrs. Miller:

I am willing to participate in your study and will be pleased to grant you an interview. You may telephone me at _____ for an appointment.

Name
Address

2. To the nurses in the non-metropolitan communities

Dear Mrs. Miller:

I am willing to participate in your study and will be pleased to grant you an interview on July , 1963 in the _____. My telephone is _____.
(morning or afternoon)

Name
Address

STATE OF OREGON
OREGON STATE BOARD OF NURSING
778 STATE OFFICE BUILDING
1400 S. W. FIFTH AVENUE
PORTLAND 1, OREGON

SUPERVISED NURSING EXPERIENCE POLICY

All applicants for a registered professional nurse license by endorsement, reinstatement, or re-activation must have been actively engaged in nursing practice within five years of the date of application. In obtaining work experience confirmation, only that experience obtained while legally licensed in the State of practice will be considered. Those who have not had such practice must demonstrate their ability to give safe nursing care by having a supervised nursing experience as designated below:

All applicants will be required to -

1. Have a temporary permit before beginning this experience.

2. Be at all times under the direct supervision of a registered nurse.

3. Be assigned to duty at such times as there is adequate staff on duty to allow for the person responsible for their supervision to give adequate time for instruction and follow up.

4. Be supervised for no less than 240 working hours and up to 480 hours (12 weeks) depending on their ability to adjust and take the responsibility of a professional nurse. If additional time appears to be needed, individual arrangements will be made.

    a. If working on a part time basis must average at least 24 hours a week.

5. Have this experience in an institution or agency that is satisfactory to the Board. The applicant must make her own arrangements for this practice and, before a permit can be issued, notification of these arrangements must be on file. A form for this notification will be supplied by the Board office. A work reference form will be sent by the Board to the Director of Nurses at the end of a six week's period for an evaluation of the person's performance. If at that time it is indicated that further supervision is needed, the temporary permit will be extended for another six week's period.

6. Present this policy to the Director of Nurses who agrees to provide supervised experience so it may be read before the agreement is signed.

Typed by

Gwendolyn M. Dunning

in administration, organization, teaching and evaluating the performance of all workers employed in the hospital. Authorities on supervision concur that the head nurse should provide learning opportunities for the employee on her unit, through planned experiences, supervision and ward teaching.(4,5,25,40)

Knowledge of the learner's educational and experience background is essential if the planning of the nurse's assignments are to be within her capabilities. With guidance, the learner's interests must be aroused, mistakes minimized and discouragement prevented.(14,25)

Barrett places supervision of the graduate nurse on a higher level than guidance. She believes that the graduate nurse can determine what changes she needs to make in herself to attain her goal. With a planned learning situation, based on the needs of the individual nurse, the ability to think and act for herself can be fostered in each nurse.(5)

Change in Nursing

One of the most difficult problems, according to Jensen, is in orienting the previously inactive nurse to the changes in nursing practice.(25) The broadening scope of modern nursing care in meeting the demands of present day medical treatment has necessitated the continued employment of non-professional nursing personnel. The professional nurse is expected to act as administrator, organizer and instructor. Some nurses who return to nursing after a lengthy absence find today's practice of nursing not in keeping with the earlier individualistic philosophy of nursing care. The bedside tasks, called "touch tasks" by Hughes, are often performed by the nurse aide or the

practical nurse.(24) The nurse finds that her duties include the many technical tasks which have been inherited from the physician. As a member of the health team, she will be involved in meeting the total needs of the patient; physical, social, psychological and spiritual. (1,11,25,42)

Refresher Courses

Summaries found in the professional journals published within the last five years show that sponsors of refresher programs have been hospitals, state and local leagues for nursing or state and district nurses' associations, alumnae associations, universities, adult education services and community councils on health.

In 1951, Detroit's need for nurses prompted a survey of the inactive nurses in the area. One hundred fifty of the nurses contacted were interested in a refresher course. The local league for nursing made arrangements with the cooperating hospital, the faculty of which agreed to share the teaching responsibility. A special committee provided instructors, planned the content of the course, investigated the classroom and clinical facilities and publicized the program. Pre-enrollment interviews of the applicants revealed a wide range in age, experience and education. The course comprised six weeks of class instruction and nursing practice. During the first few weeks, the nurses were closely supervised and aided to acquire the needed self confidence.(17)

Braman reports on a refresher program at the Massachusetts General Hospital in the July 1952 issue of The American Journal of Nursing.

confidence and self-direction to the extent of motivating the individual to become a truly contributing member of a profession.