

NURSING SERVICE DIRECTOR'S EVALUATION
OF THE PERFORMANCE OF THIRTY-ONE
HEAD NURSES WHO HAD BEEN GRADUATED
BETWEEN 1955 - 1962

by

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CHAPTER I

INTRODUCTION

Statement of the Problem

There is evidence that there is a lag between the ideal functions of the head nurse and actual activities. The nursing profession needs nurses with devotion for humanity, unselfish consecration to service, skills of leadership and communication. Nurses with such characteristics are particularly in demand for head nurse positions.

The responsibilities of the head nurse have been increasing through the years. As demands upon hospitals for specialized services have increased, head nurse responsibilities have grown proportionately. In 1958, the American Nurses' Association, in recognition to the need for a guide to the ever-increasing scope of responsibility, formulated job descriptions related to head nurse activities.⁽³⁾

There is much in the literature regarding the characteristics, qualifications and functions of the head nurse. Most authorities place her as a key individual on the nursing staff and consider her professional preparation and competency to be of utmost importance.
(4,5,11,12)

Until World War II, the professional nurse administered a great deal of the direct patient care. Since then the aide, the licensed practical nurse and now the associate degree nurses are slowly taking over much of this direct nursing care. Nurses are often promoted to

head nurse positions without having time enough to become skilled nurses.

. . . . The recruitment, selection, training, and utilization of head nurses must produce individuals capable of motivating effectiveness, generating success, and arousing desire for high quality nursing service.

Because the head nurse is the recognized 'captain' of her nursing team, she must possess individual qualities associated with good leaders, among which are ability to think out problems thoroughly and make decisions; motivation for a job well done, rather than a job done out of immediate necessity; and ability to use supervisory authority, combined with the gentle bedside touch, to achieve individualized patient care. (24)

Purpose of the Study

This study is undertaken for the purpose of determining the ratings given by Directors of Nursing Service to certain qualities of a selected group of head nurses. The items to be rated consist of qualities that are personal and professional, patient-centered and those related to the administration of the ward.

In the context of this study, the term "quality" is interpreted as referring to a trait, accomplishment, attribute or characteristic. (17)

The findings of the above rating lead to fulfilling contributory objectives such as:

1. To reply to the query whether newer graduates working as head nurses are more conscious of professional and community potentials and demands than graduates of previous years.
2. To answer the question, Are recent graduates being put

into head nurse positions as readily as some authorities assume?

3. To determine to what extent nursing service is cognizant of the young head nurse's potentials.

Significance of the Problem

If special significance may be attached to the activities of any one member of the nursing staff, perhaps the head nurse is most deserving of such distinction. The patient-centered approach to all the problems with which she is confronted leaves little doubt as to the greatest single beneficiary of her competency and devotion to duty. The head nurse must be competent in the performance of nursing as well as in the management of her unit; she must be able to minister and to administer. She must possess a deep understanding of individual behavior and the emotional well-springs underlying them in dealing with her patients and personnel as well.

Loretta Heidgerken says that both nursing education and nursing practice are changing rapidly, yet the basic purpose of each is the same as it has always been; for nursing practice, it is that of meeting the nursing needs of people; for nursing education it is that of preparing the learner to meet these nursing needs. (33)

The presently functioning head nurse will be viewed through the eyes of the Director of Nursing Service to ascertain the extent to which the present head nurse is meeting nursing needs.

Limitations

1. This study is limited to data obtained from rating scales completed by eleven Directors of Nursing Service in eleven selected general hospitals, not associated with schools of nursing. The selected hospitals consisted of fifty or more beds and all were located in the state of Oregon.
2. The study is further limited to the performance of thirty-one head nurses as recorded on the rating scale devised for this study.
3. The head nurses rated will have been graduated between 1955-1962.
4. The head nurses will have been employed for six months or longer, on a full-time capacity in their present positions.
5. No attempt will be made to evaluate graduates of the same period who are employed in other nursing categories.
6. The findings of this study are pertinent to this study only.

Assumptions

For the purpose of this study, it is assumed that:

1. A rating scale is a useful device for assessing job performance.
2. Directors of Nursing Service participating in the study are capable and willing to make observations and evaluations on their head nurses.

Procedure

The procedure for this study emerged as follows:

1. A purposive sample which included Directors of Nursing Service

of thirty-five general hospitals in Oregon having fifty beds or more were asked to participate in the study. Directors of Nursing Service connected with schools of nursing were excluded because they might be more prone to employ alumnae who are acquainted with the hospital, therefore creating an unbalanced contrast to Directors of Nursing Service who do not have this source of personnel supply.

2. A rating scale was modified from scales used at Cornell University New York Hospital School of Nursing, Calgary General Hospital School of Nursing, and suggestions offered by two Directors of Nursing Service.
3. To validate the rating scale, sixteen experienced professional nurses and two Assistant Directors of Nursing Service, one from a tax-supported and one from a non-tax-supported institution, were asked to review the tool. Revisions were made, incorporating their suggestions. After a final review, no further revisions were made.
4. Letters explaining the study were sent to thirty-five Directors of Nursing Service in the selected hospitals. Enclosed was a post card to return indicating their willingness to take part in the study and how many head nurses they had who met the criteria of the study. (Appendix B)
5. Returns yielded that eleven Directors of Nursing Service were willing to participate and had head nurses who met the criteria of the study. Nineteen Directors of Nursing Service were willing to participate but did not have head nurses who

met the criteria of the study. Five Directors of Nursing Service did not wish to participate in the study. Two hospitals had no head nurse positions.

6. Sufficient rating scales and return addressed stamped envelopes were sent to eleven Directors of Nursing Service cooperating in the study. (Appendix E)
7. Thirty-one head nurses within the limitations of the study were evaluated according to the rating scale by the Directors of Nursing Service.
8. The descriptive materials were categorized to provide quantitative data which were analyzed according to statistical formulae to determine significant differences between head nurses evaluated.
9. The findings were summarized, conclusions were drawn and recommendations made.

Overview of the Study

The remainder of the study is organized and presented in the following manner:

Chapter II presents a review of the literature pertinent to the present study and review of related studies.

Chapter III describes the study, development of the tool, and the total findings of the study.

Chapter IV consists of the summary, conclusions and recommendations for further study.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

Introduction

A review of literature was made in order to formulate a standard by which the performance of head nurses could be evaluated. The standard was instituted by the profession's national nursing organization in the following sequence:

The American Nurses' Association whose membership is divided into seven sections according to positions, adopted statements of functions, standards and qualifications of nursing personnel at the 1956 biennial in Chicago, Illinois.

The functions, standards and qualifications of the head nurse were drawn up by a committee composed of two head nurses from the General Duty Section and two from the Institutional Nursing Service Administrators Section. These statements are incorporated into this report because of their pertinence to this study.

The American Nurses' Association's Functions of the Head Nurse
(Patient care, unit management, and institutional objectives are as follows:)

Patient Care:

1. Plans to meet total nursing needs of patients.
2. Allocates the type and amount of care to meet the individual needs of each patient.
3. Supervises all nursing activities related directly and indirectly to patient care.

4. Evaluates the effectiveness of patient care.
5. Promotes the improvement of patient care.
6. Gives direct nursing care to patients when judged advisable.
7. Is responsible for the execution of doctor's orders.
8. Is responsible for the accurate reporting and recording of patients' symptoms, reactions, and progress.
9. Promotes and participates in patient education and rehabilitation.
10. Interprets community resources available for continuity of patient care.

Unit Management:

1. Plans for an environment that is conducive to the physical, spiritual, and emotional well-being of patient and personnel.
2. Participates in formulating, interpreting, and implementing objectives and policies of nursing service.
3. Promotes good interpersonal relationships.
4. Evaluates the effectiveness of nursing service in the unit.
5. Promotes the improvement of nursing service in the unit.
6. Evaluates the work performance and attributes of nursing personnel.
7. Plans for and participates in the continuous learning experiences of nursing personnel.
8. Promotes personal growth and development of personnel.
9. Participates with supervisor and/or nursing service administrator in planning for the unit budget.

Institutional Objectives:

1. Coordinates the service of the nursing personnel in the unit with other hospital departments.
2. Cooperates in over-all educational research programs.
3. Participates with administration in establishing standards of patient care, policies, and objectives.
4. Interprets hospital objectives and policies to staff and patient, family, and community. (20)

American Nurses' Association's Qualifications for Practice

Professional:

1. Graduation from a state accredited school of nursing.
2. Current licensure to practice professional nursing.
3. Additional educational preparation is desirable.
4. Progressive experience in the nursing field, with at least one year's experience as a general duty nurse.
5. Active participation in the professional nursing organization. (20)

Personal Qualifications:

1. Accepts, understands, and abides by "The Code for Professional Nurses" (Adopted by the ANA House of Delegates, May 1950, revised 1956)
2. Possesses those personal qualities desired in a professional nurse.
3. Maintains optimum physical and emotional health.
4. Demonstrates knowledge and competence in area of practice.
5. Exercises good judgment.
6. Possesses the ability to recognize and understand the common needs of all individuals.
7. Possesses qualities of leadership.
8. Demonstrates knowledge of and ability to apply principles of administration, personnel supervision, and teaching.
9. Communicates in an effective manner.
10. Applies to the current situation new concepts, knowledge, and skills gained from education and experience. (20)

There is much in the literature regarding functions, qualifications for practice and personal qualifications of the head nurse.

Some of the writings are reviewed in this chapter.

Functions

According to Doris Geltgey, the functions of a head nurse may be classified into two major divisions: (1) the provision for nursing

care of the patients in her area, including both direct and indirect care, and (2) the improvement of nursing care through the education and supervision of her staff. (11)

In "An Open Letter to Head Nurses," the functions of the head nurse are presented as probably having the widest range of activities in the hospital. She may be allied closely with nursing service administration, or she often finds herself to be the only professional nurse available to assist in the care of the patients. (19)

Barbara Kane believes the head nurse is responsible for the functioning of her division around the clock each day and must teach and guide her staff members in order to facilitate the management of the ward day and night. Making thorough rounds of patients and surroundings occupies much of the time of a sincere head nurse. Making rounds with the medical staff stimulates the head nurse's experience and she can share many observations of patients with the physician. The head nurse often becomes a hostess to the many guests and a coordinator in various situations. "It seems to me that the challenge of the position calls forth the best that is in the head nurse herself. She is able to grow with her experiences and her knowledge of her field can be broad as her interests." (35)

It is the opinion of Katharine Densford that education is one of the important functions of head nurses. Through education of all staff, patients, and the public, she is able to improve patient care. (25)

Qualifications for Practice

Tiny Calender further enumerates qualifications for practice as

experience "round the clock" or having experience on all shifts. It is on the evening and night shift that the young nurse must assume to a limited extent certain administrative duties. She states, "She must have a thorough knowledge of clinical nursing and demonstrate good nursing practice." (10)

Jean Barrett recommends one to two years of general staff nursing experience which gives the prospective head nurse the skill, confidence and maturity which she sorely needs and helps her to understand the problems and point of view of the staff nurse. It is advantageous for her to have her experience in the familiar surroundings of the hospital in which she was educated, but it is also highly desirable for the nurse to have some experience in another institution. Varied experience gives her opportunity to compare standards of care and to learn new nursing methods therefore familiarizing herself with different medical practice. (4,5)

Additional experience in public health nursing, or psychiatric nursing is invaluable to a head nurse. Private duty nursing is excellent for taxing one's resources. "Every prospective head nurse will profit from a six to twelve months' experience as an assistant head nurse before assuming the responsibilities of head nurse." (5)

It is the belief of Mary Brackett that new graduates should have experience as team leaders for two years or more, so they can assume the responsibilities of head nursing without additional formal education. (23)

Marie Imperiale emphasizes the importance of the hospital arranging for inservice education programs to qualify head nurses more fully

for their positions. Because the auxiliary staff assumes tasks formerly assigned to professional nurses, the head nurses have the added responsibility of giving closer supervision to the entire nursing staff with more direction, more patience, and more understanding. Inservice education should teach how to supervise, how to counsel, how to use judgment skills properly, and the over-all art of how to be a head nurse. (34)

Personal Qualifications

There are few other positions in nursing that offer the personal satisfaction which is gained from being a head nurse, according to Doris Geitgey and Margaret Randall. The head nurse becomes the pivotal person in nursing care, nursing administration, and nursing education. She is the individual responsible for the smooth functioning of her ward and for the instruction of her personnel. The patients and staff use her as their model. She is not only coordinator of all activities on her ward, but is also instrumental in improving public relations. The head nurse is the key person in nursing service. (4,14,11,15)

Doris Geitgey further enlarges upon the importance of effective human relationship, which is now being recognized as a very essential factor for the success of a head nurse, and it is in this area that individual skill must be developed. She recommends stressing courses, work shops and learning experiences in human relations in colleges and universities as well as in professional circles. (11)

The success of a nurse at the bedside does not guarantee that she will become a competent head nurse. Dr. Ruth Freeman and Estella Mann

are of the opinion that leadership is an essential characteristic for head nurses. Insight into leadership may be gained through personnel and administrative courses which would assist the head nurse to develop skills as an administrator and supervisor as well as add to her knowledge and ability as a nurse. (27,36)

Estella Mann lists five important goals for the supervisor and/or head nurse functioning as a supervisor who wishes to improve her ability as a leader:

1. Develop your employees' confidence in you.
2. Develop your employees' confidence in themselves.
3. Stimulate your employees' interest in their jobs.
4. Treat your employees as individuals.
5. Strive to improve your own ability as a supervisor. (36)

According to Mildred Van Schoick, it is the head nurse's character--her personality structure--which vitally affects the way in which she functions in carrying out her administrative responsibilities, although personality structure is not the only factor in the formation and execution of administrative policies.

It is necessary to know the basic needs of individuals, of staff workers as well as patients, to maintain a nursing unit in which every member finds satisfaction in her work. These basic needs are (a) the need for recognition, (b) the need for opportunities to develop. These basic needs must be met with understanding. (42)

The Head Nurse in the Institutional Organization

The National League for Nursing has devised an organizational chart showing the relationship of the head nurse to all the administrative staff dealing with nursing care. (12) (Appendix A)

Helen Graves believes the head nurse is a line administrative

officer of the nursing personnel in the ward directly responsible to her, and she herself is directly responsible through the department supervisor to the director or assistant director of nursing service. (31)

The Future Head Nurse

Dr. Edmund Pellegrino sees the professional nurse of the future returning to the bedside, not as a "nineteenth century lady with a lamp, but as a clinical specialist who will determine the patient's needs, observe him, and supervise less prepared individuals in carrying out the functions of nursing." (34)

Jean Barrett believes Dr. Pellegrino is right. She visualizes the present head nurse's responsibilities being divided into two jobs-- a unit manager and a clinical specialist. The head nurse's position as it now stands would not exist in the future.

. . . . The head nurse would be a clinical specialist, a highly qualified nurse with advanced preparation in her specialty: medical-surgical, pediatric, maternal, or psychiatric nursing. In this capacity she would not only have responsibility for providing expert nursing care to patients, but also play an active role on the health team. The clinically competent head nurse would know she had much to share with the physician and those in other health disciplines. By her very attitude--'We are in this together. I have this to give. I need this from you if we are to give the patient the care he has a right to expect'-- she would command respect for herself and for her professional role. (21)

Methods of diagnosing patients' nursing needs are viewed by Jean Barrett. It is important that a professional nurse:

1. Have frequent enough contact with the patient to get to know him.
2. Work with each team in planning the care of patients on the

basis of particular needs.

3. Teach and assist the team leaders.
4. Evaluate the nursing service on the division continuously, working closely with the unit manager and the team leaders.
5. Work with the administrative supervisor in planning time and evaluating personnel. (21)

Let us not be found wanting because we insist on clinging to traditional methods and organization. Let us look realistically at what we should be doing—the things that only we nurses can do—and prepare head nurses for their new role as clinical specialists. (21)

Study I and II

Two studies were done by Ruth Gillan and Hellen G. Tibbitts at the Massachusetts General Hospital in 1950, "to provide basis for better organization of nursing service and for better distribution of functions and activities of the head nurse." (27) In their pilot study, Gillan and Tibbitts studied the activities of head nurses in eight units over a two-week period which included weekends. The units were separated into two groups. The first week, group one was shadowed by observers while the head nurses in group two used a diary technique to record their activities. During the second week the process was reversed.

The self-recording diary technique was abandoned because it posed too many difficulties. The activities of the head nurses changed so rapidly, they were unable to keep the records accurately.

The observations were done by advanced nursing students enrolled at a nearby university, each observer shadowed one head nurse at a

given time. The observers recorded each activity on a posting sheet, as it occurred. Each sheet was a record for a two-hour period with a space designated for each minute during the period.

Study I was done on ten units: five units each had a bed capacity of 33 beds, and five with a bed capacity of 16-18 beds each. These units did not have ward clerks. This study showed that the head nurse spent 22-26 per cent of her time on work that could be assigned to clerks, staff nurses and non-professional nursing personnel.

Study II was carried out on five units with a capacity of 16 to 44 beds. The results of this study were practically the same as those in Study I, but this section already had ward clerks. The results showed 18 per cent of the head nurse's time was spent on work that could be assigned to a clerk, to other professional nurses, to non-professional nursing personnel or to other departments. (28,29)

From discussions with head nurses and results of questionnaires, we find that head nurses think they are doing more patient and staff education than observations indicate. They do not realize how much time they are spending on work that a clerk would do, and they are often loath to permit a clerk to perform such duties.

These studies have shown that there is quite a difference between what the head nurse is or should be doing, according to the literature, what she thinks she is doing, and what she actually does.

If the head nurse is not doing those things that are currently considered to be her functions, does what she is doing need to be studied to determine whether theory or practice needs revision? (29)

Study III

Bessie Wat, from Loma Linda University, studied "Activities of the Head Nurse in a Selected Medical Unit of the Loma Linda Sanitarium and Hospital."⁽⁴⁵⁾ She observed activities of morning and evening head nurses for five consecutive days, excluding weekends, on one medical unit in the hospital.

The findings of this study show that the head nurse is now performing certain non-head-nurse activities which could be delegated to others, as were noted in her recommendations as follows:

- (1) Studying the activities of all other nursing personnel on the unit, including the ward clerk, and all reassignable activities be delegated to them.
- (2) Studying the physical environment of the head nurse's desk and such action be taken so that she will have some degree of privacy.
- (3) By re-evaluating the members can together clarify their respective responsibilities and functions. (45)

Study IV

LaVern Marie Helmsoth, from the University of Colorado, investigated the supervisory activities of the head nurse.

This study was done with the use of a rating scale composed of fifty-two statements. The head nurses of the university hospital were rated by twenty-five staff nurses; seventeen practical nurses and twenty-three hospital attendants. Eighty-six responses were obtained.

The study showed that the head nurses and supervisors seemed to agree in a considerable number of instances that the head nurses were performing the activities according to the rating scale. Head nurses responded "often" or "always" to many of the statements, but personnel

experiencing the supervision checked "never" and "seldom" in some cases where the head nurses replied "often" or "always". It seemed the head nurses had theoretical concepts of supervision, but may have lacked the skills and techniques of implementing these concepts.

In the areas of personnel and work management, a higher percentage of positive responses were in the area of work management which may be because more emphasis is placed on nurses being prepared in techniques, manual skills and work organization than on human relations.

More negative responses were received from the hospital attendants which probably indicated that personnel with limited training need more individual attention. (44)

Summary

In accordance with the functions, standards and qualifications as set up by the American Nurses' Association, studies show that the head nurses are aware of their duties. Many activities could be assigned to other personnel, giving head nurses more time for patient care and personnel instruction. Patients need the assurance that the head nurse is doing all she can for their recovery; staff need the feeling that they are performing their duties correctly and being appreciated.

According to studies, the head nurse knows what her responsibilities are, but is not carrying out the duties required of her.

As the head nurse attempts to perform her duties, some of which are specified and others as they come into her line of duty, observations are drawn by her co-workers. Although the Director of Nursing Service may not work directly with the individual head nurse, the

Director of Nursing Service is generally qualified to observe the head nurse and to procure conclusions from her various staff members.

CHAPTER III

REPORT OF THE STUDY

General Description

The purpose of this study was to ascertain how head nurses, graduated between 1955 to 1962, are evaluated by their Directors of Nursing Service. The study attempted to show how knowledgeable the Director of Nursing Service is of her head nurses. She is generally the administrator who is directly responsible for the patient care, personnel relations, and the smooth functioning of all departments staffed from the nursing service.

Head nurses were chosen to be evaluated because they are the key individuals who are immediately responsible for the care patients receive. They are the nurses attempting to fulfill positions of first line administrative posts; how well they succeed in their attempt should be recognized by the supervisor and Director of Nursing Service who are in higher administrative capacities.

The State of Oregon was chosen as the field for the study because it is well supplied with hospitals of varying bed capacities and well-populated communities. There are five schools of nursing in Oregon, of which two are degree and three are diploma programs. There is a sixth school which is a degree school of nursing, conducted by an out-of-state college, but utilizing Oregon clinical facilities. There should be ample recent graduates employed in the state who would meet the

criteria of this study.

The participants to be evaluated were head nurses who graduated since 1955 because it was approximately at this period that rapid changes were developing in the schools such as shortening the length of the program and enriching the instruction. The two-year program was also being initiated in some states.

The limitations and assumptions of the study were described in Chapter I.

Procedure for the Study

The beginning steps of this study consisted of obtaining names of hospitals that met the criteria of the study. Hospitals magazine publishes "Listings of Hospitals in the United States," in which each state's hospitals are categorized according to their function and as rated by the American Hospital Association.

Oregon has 90 hospitals categorized either as special hospitals or general hospitals. A general hospital is considered to be one which has departments for the diagnosis and treatment of medical, surgical, obstetric, and pediatric cases. Thirty-five general hospitals, fifty-beds or over and not connected with schools of nursing, were obtained from the list. Hospitals conducting or connected with schools of nursing were not selected because the Directors of Nursing Service might employ many of their own graduates, thus the employee group might be more homogeneous than in other hospitals. This factor could conceivably alter the evaluations.

Directors of Nursing Service in the 35 hospitals were contacted

by letter. The study was explained and they were asked to return an enclosed post card if they were willing or able to participate in the study. (For the format of the post card see Appendix C) Approximately two weeks were allowed for the return of the post cards.

The returns from the 35 Directors of Nursing Service necessitated three groupings as follows:

1. No - five (not willing to participate)
2. Yes - nineteen (willing to participate but did not have head nurses meeting the criteria of the study)
3. Yes - eleven (willing to participate and having head nurses meeting the criteria of the study)

Forty-five rating scales were mailed to the eleven Directors of Nursing Service in the third category, allowing about ten days for their returns. There were 31 responses.

Development of the Rating Scale

After considering the advantages and disadvantages of the use of rating scales in the area of evaluation by the observation method, it was decided this device should be utilized by this study. This decision was reached after a comparison of rating scales and viewing what experts in the field of test and measurements have shared. Dr. Rummel states, "Rating scales are a condensed method of quantitative and qualitative observations." (16)

The extent to which a researcher is able to use the observation method to solve his problem scientifically depends on whether the observer is prejudiced or biased; whether he is aware of his limitations

of senses and powers of perception; whether certain circumstances may come to his attention more frequently than others; whether his ability to comprehend causal relationships or sequences is determined by mental, sensual and external factors and whether his method and degree of accuracy in recording observations is advisable. (15)

Bradfield and Moredock state, "Rating scales find their greatest use in areas where measurement must rely largely on observational methods." (6)

According to Amy Frances Brown, "Direct rating has been said to be the least satisfactory of the data-gathering devices, although it is recognized as being an important technique for gathering evidence in the solution of many practical problems." She mentions further that it is probably the most commonly used instrument for making appraisals as it directs attention to different aspects of the subject to be evaluated. (9)

The second decision was "What to include in the Key?" Since the study involved evaluations and observations, there must be something for comparison or to use as a pattern. After much counsel and research it was decided that the comparison should be to "other graduates with comparable work loads."

The third decision entailed the choosing of words which would be used to rate the head nurses in the study. The literature was perused and studies reviewed, until the following were adopted: "above average," "same as or average," "below average" and "no opportunity to observe."

A fourth decision involved the main body of the rating scale.

This action called for assistance from present and former Directors of Nursing Service. A review was made of the qualifications and functions of head nurses as outlined by the American Nurses' Association.⁽²⁾ An examination of what recent authors have written on nursing care and expectations of head nurses proved very valuable.^(1,4,5,7,8,22,26,30,32,37,38) Comparing studies on rating scales and available rating scales was found extremely profitable.^(13,14) Twenty-three statements were devised and one open-end question formed the body of the rating scale.

Each option was numbered in order that it could be readily tabulated on Hadley Uni-Sort cards.⁽¹⁶⁾

Results

I. General Information from the Rating Scales

When Directors of Nursing Service compared their head nurses who were graduates of the 1955-1962 classes with their head nurses who were graduates of classes previous to 1955, the recent graduates were generally rated average or above average.

A break down of the individual rating scales reveals that seven nurses or 22.6 per cent generally rated above average; of these, two nurses were rated above average on 100 per cent of the items. Both were 1959 graduates of diploma schools of nursing and neither had had any previous head nurse experience. Both had been in their present employment for approximately six months.

Twenty-three nurses or 74.2 per cent were rated average. One or 3 per cent was rated below average on the majority of items. She was

a 1959 diploma graduate with 4.4 years of previous experience; 1.4 years in present position and had had no previous head nurse experience.

The following is a more detailed description of head nurses rated in each of the four categories:

Above Average Group:

The following years of graduation were given

1956 - 2	1959 - 2
1958 - 2	1961 - 1

Six head nurses were diploma graduates and one was a degree graduate. They averaged 4.6 years of total experience; .9 years in present positions and 1.6 years as previous head nurse experience.

All head nurses in this category had had at least six months of nursing experience prior to accepting head nurse positions.

Average Group:

The following years of graduation were given:

1956 - 3	1960 - 2
1957 - 3	1961 - 3
1958 - 3	1962 - 4
1959 - 7	

Fourteen head nurses were diploma graduates and nine were degree graduates.

Average total number years of experience was 3.5 years or 1.1 years less than the above average group; length of time in the present position was 1.4 years or .7 years more than the above average group; and the amount of previous head nurse experience was 1.3 years or .3 years less than the above average group.

Of the average group, nine head nurses had had less than six months nursing experience prior to assuming a head nurse position.

In comparing the above average with the average head nurses, the data in this study reveal that the diploma head nurse averages slightly above the degree head nurse. Of the 31 head nurses in the study, 10 were degree graduates and 21 were diploma graduates. Of the head nurses rated above average, 6 of the 7 graduates were diploma nurses. The data also reveal that there was a slight relationship between the above average and the average head nurse. The above average head nurses averaged 1.1 years more experience; average head nurses .7 years more in length of time in present position; and the above average .3 years more in amount of previous head nurse experience.

II. Descriptive Data on the Cards

Table I shows that 100 per cent of the Directors of Nursing Service answered the request for participation in the study and indicates how many participated:

Table 1. Percentage of 35 Directors of Nursing Service Participating in the Study

Directors of Nursing Service Participating in the Study	Number of Directors Participating	Per Cent of Directors Participating
(1)	(2)	(3)
1. Directors of Nursing Service answering No	5	14.3
2. Directors of Nursing Service answering Yes but having no head nurses meeting the criteria	19	54.3
3. Directors of Nursing Service answering Yes and having head nurses meeting the criteria	<u>11</u>	<u>31.4</u>
Total	35	100.0

III. Head Nurse Graduates, 1955-1962 Compared to the Entire Head Nurse Staff

Of the 11 Directors of Nursing Service, 7 furnished information on head nurses who were not graduates of the classes 1955-1962. From the information obtained from the Directors of Nursing Service, it can be noted in Table 2 that the graduates from the classes of 1955-1962 make up 33 to 75 per cent of the head nurses in each hospital.

Table 2. Number and Per Cent of the Head Nurses Graduated Between 1955-1962 Compared to the Entire Staff of Head Nurses

Hospital	Number of Head Nurse Graduates Between 1955 - 1962	Number of Other Head Nurses on the Staff	Per Cent of 1955 - 1962 Graduates
(1)	(2)	(3)	(4)
1	12	15	75
2	3	10	30
3	3	6	60
4	3	Not reported	—
5	1	1	50
6	3	9	33
7	1	2	33
8	1	Not reported	—
9	3	Not reported	—
10	1	Not reported	—
11	1	4	25
Total:	31	47	

IV. Head Nurse Graduates 1955-1962 Compared with Population

It is interesting to note where those head nurses who graduated between 1955-1962 are in relation to the population of the cities of Oregon. As Table 3 indicates, the hospital located in the city with the largest population, 377,000 (1963 census Portland Chamber of Commerce), does not have more head nurses in this study than do the hospitals in smaller cities. Only one hospital employed a substantial number of young graduates as head nurses.

Table 3. Number of Head Nurse Graduates 1955-1962 According to Population of the Employing City

Employing Hospital	Number of Head Nurse Graduates Between 1955 - 1962	Population of City Where Hospital is Located *
(1)	(2)	(3)
1	12	25,633
2	3	10,533
3	3	9,441
4	3	9,441
5	1	6,000
6	3	8,151
7	1	377,000
8	1	33,000
9	3	12,516
10	1	55,529
11	1	55,529

* 1962 Approximate Census Portland Chamber of Commerce

Table 4 shows the population of the city in which the Directors of Nursing Service who participated in this study reside.

Table 4. Directors of Nursing Service Participating in Comparison to the Population of the City Where the Hospital Was Located

Directors of Nursing Service Participating	Population of City Where the Hospital is Located
(1)	(2)
1	2,500 - 4,999
4	5,000 - 9,999
3	10,000 - 24,999
2	25,000 - 50,000
1	100,000 - over
Total: 11	

V. Head Nurse Graduates Between 1955-1962 Compared with Hospital Capacity

Another area of general information elicited for this study had to do with the bed capacity of the employing institution. The findings are shown in Table 5. It will be noted that only one hospital employed more than three participants of this study.

Table 5. Number of Head Nurses, Graduated Between 1955-1962, According to Bed Capacity of Employing Hospital

Hospitals	Number Head Nurses Graduated Between 1955-1962	Bed Capacity of Hospital
(1)	(2)	(3)
1	12	132
2	3	81
3	3	60
4	3	70
5	1	81
6	3	52
7	1	114
8	1	53
9	3	74
10	1	117
11	1	137

VI. Comparing Head Nurses According to Year Graduation

Figure 1 represents the number of head nurses evaluated in the study compared with the year of their graduation. The graph indicates that more nurses graduated in 1959 than the other years. This study does not allow us to conjecture about causes but probable relevant factors are nursing experience, recent marriages, home responsibilities, and other.

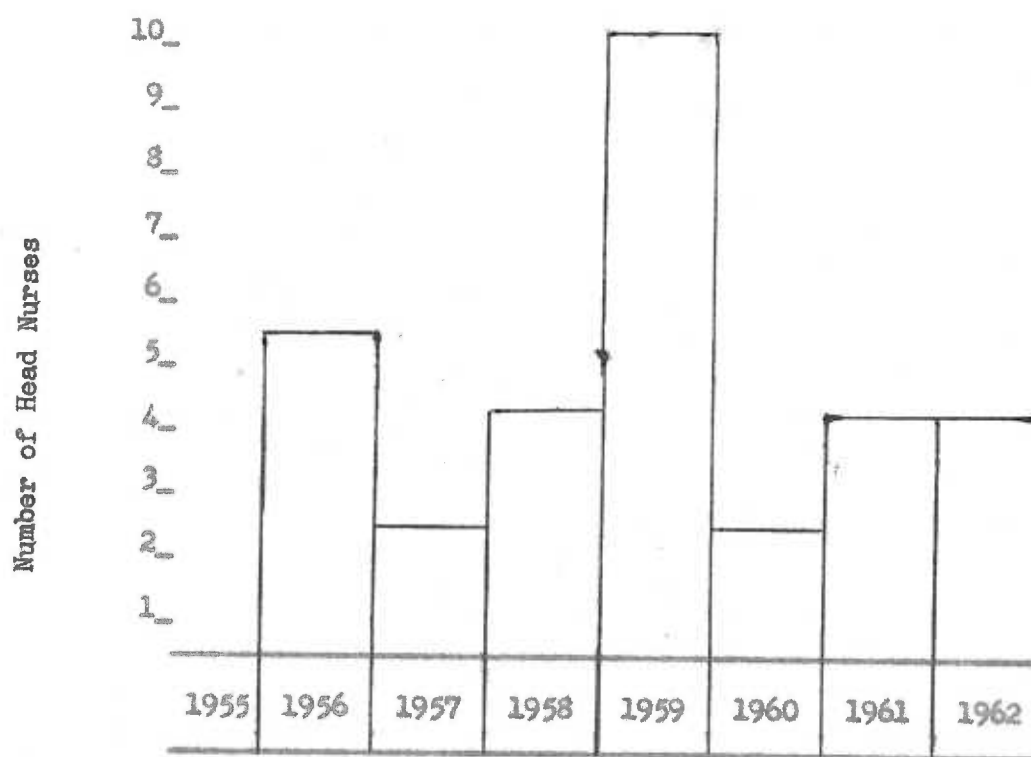


Figure 1. Number of Head Nurses in the Study According to the Year of Graduation

VII. Educational Qualifications of Head Nurses Graduated

Between 1955-1962

Of the 31 head nurses evaluated, 21 or 67.7 per cent were graduates of the diploma program and 10 or 32.3 per cent were graduates of the four-year program which results in a degree.

This differs somewhat from the national ratio as of October 15, 1961, when 86 per cent of the graduating nurses were from diploma schools and 4 per cent were from the four-year or degree-granting programs. However, in Oregon as of October 15, 1961, there were 148 diploma graduates or 71 per cent and 60 degree graduates or 29 per cent. (2)

It will be noted that the Oregon ratio of degree school graduates to diploma students exceeded the national figures for the time of this study. The small number of participants in the study does not lend itself to any state-wide or national comparison. It should be explained, however, that the sampling of the study was not purposive and that the ratio of one-third degree school graduates to two-thirds diploma school graduates was merely a coincidence. There was no attempt to ascertain the location of the school from which the participants had been graduated. It is plausible that all were not graduates of Oregon schools of nursing.

VIII. Years of Head Nurse Nursing Experience

The number of years of experience of 31 head nurses for the eight year period varies. For the master tabulation see Appendix H. As Table 6 indicates, the mean years of head nursing experience was 3.9 years and the range was from no experience to 7.2 years. The head nurses had remained at their present job for an average of 1.4 years and the range was from three months to four years. The amount of previous head nurse experience averaged 1.2 years and the range was from no previous experience to six years.

Table 6. Mean and Range of Total Years of Experience, Length of Time in Present Position, and Amount of Previous Head Nurse Experience of 31 Head Nurses Graduated Between 1955-1962

Items	Mean	Range
(1)	(2)	(3)
1. Total years of experience	3.9 years	0 - 7.2 years
2. Length of time in present position	1.4 years	3 months - 4 years
3. Amount of previous head nurse experience	1.2 years	0 - 6 years

Item Rating

One advantage of a rating scale is that it permits flexibility in the evaluation of the individual. Some qualities may be at either pole while others are in the middle. Therefore, it is difficult to describe an average nurse in comparison to the one who is above or below average. The raw data are presented in Appendix G.

The ratings of the above average and the below average items will be tabulated because their findings appeared most pertinent to this study. The only exception will be found in Item 0 where the not observed rating was abnormal. Below is a break down of the individual items in the rating scale:

I. Personal Professional Qualities

Item A. Performs competently in pressure situations.

<u>Above average</u>	21
Average	9
<u>Below average</u>	1

Of the above average head nurses, 14 were diploma graduates and 7 were degree graduates.

They averaged 4.1 years of total experience; length of time in present position 1.3 years; and amount of previous experience was 1.4 years.

They were graduates of the following years:

1956 - 4	1959 - 6	1962 - 2
1957 - 1	1960 - 2	
1958 - 4	1961 - 2	

The below average head nurse was a 1959 diploma graduate with 1.4 years previous experience, 1.4 years in present position but had no experience in previous head nurse work.

Item B. Has ability to adjust to new situations.

<u>Above average</u>	17
Average	13
<u>Below average</u>	1

Of the above average head nurses, 11 were diploma graduates and 7 were degree graduates.

They averaged 3.9 years of experience; length of time in present position 1.4 years; and amount of previous experience was 1.15 years.

They were graduates of the following years:

1956 - 3	1960 - 2
1958 - 4	1961 - 1
1959 - 4	1962 - 3

Item C. Is interested in further professional self-improvement.

<u>Above average</u>	16
Average	10
<u>Below average</u>	2
Not observed	3

Of the above head nurses, 9 were diploma graduates and 7 were degree graduates.

They averaged 3.2 years previous experience; length of time in present position was 1.4 years and

amount of previous head nurse experience was 9 months.

These head nurses graduated the following years:

1956 - 3	1960 - 2
1958 - 2	1961 - 3
1959 - 4	1962 - 2

One below average head nurse remains the same as in Item A. The second one is a 1959 graduate from a degree school with 5 years of experience and 1.2 years in her present position and no previous head nurse experience. She is reported as having "Terrific potential" but is deeply involved in marital problems. She has 5 items in below average; 11 items in average; and 5 items above average. Two items were not observed.

The comments of the Director of Nursing Service in this report bore out the fact that emotions play a heavy role in the development of head nurse capacities, and that emotions also affect personnel under her direction.

Two Directors of Nursing Service had not observed three of their head nurses in this item.

Item D. Demonstrates enthusiasm and inspires interest in her work.

<u>Above average</u>	12	<u>Below average</u>	2
Average	16	Not observed	1

Of the above head nurses, 9 were diploma

graduates and 3 were degree graduates.

They averaged 4.2 years of previous experience; length of time in present position was 1.9 years; and amount of previous head nurse experience was 1.3 years.

The following years were the dates of graduation:

1956 - 2	1960 - 2
1958 - 2	1961 - 1
1959 - 5	

The below average head nurses were the same individuals as in Item C.

One head nurse was not observed in this section.

Item E. Maintains good health, hygiene and professional appearance.

<u>Above average</u>	14
Average	16
<u>Below average</u>	1

There were 7 diploma graduates and 7 degree graduates in the above average observations.

One group averaged 1.5 years of experience; length of time in present position was 1.4 years; and amount of previous experience was 1.2 years.

The dates of graduation were the following:

1956 - 2	1960 - 2
1958 - 2	1961 - 2
1959 - 5	1962 - 1

In this case the below average head nurse was a 1956 graduate with 7.10 years of experience; 7 months in her present position and had only one month of previous head nurse experience. She was reported as having an emotional problem which may tend to put her in the below average category in this item. She has had no previous below average ratings.

Item F. Meets appointments regularly and on time with a minimum of special requests.

Above average 18

Average 11

Below average 2

In this above average item, 13 head nurses were diploma graduates and 5 were degree graduates.

They averaged 3.9 years of experience; length of time in present position was 1.4 years; and amount of previous experience was 1.6 years.

The years of graduation were:

1956 - 4	1959 - 6	1962 - 2
1957 - 1	1960 - 1	
1958 - 2	1961 - 2	

Of the below average head nurses, one is the same as in Item E and the other is a 1960 degree graduate with 2.6 years experience; 1.6 years in present position; and six months of previous head nurse experience. On the whole she rated above

average in 14 items, average in 5 items and below average in 4 items. Nothing more was reported about her.

Item G. Participates in professional organization activities.

<u>Above average</u>	4
Average	8
<u>Below average</u>	16
Not observed	3

The above average group consisted of 4 diploma graduates and the below average group, 10 diploma graduates and 6 degree graduates.

The above average head nurses averaged 3.8 years of experience; 5 months time spent in present position; and 1.5 years previous head nurse experience.

The below average group averaged 2.9 years of experience; 1.4 years in present head nurse position; and 2 months previous head nurse experience.

The above average head nurses graduated the following years:

1956 - 1	1959 - 1	1960 - 2
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The below average head nurses graduated in the following years:

1956 - 2	1960 - 2	1962 - 5
1959 - 5	1961 - 2	

When the degree school and diploma school

graduates were separated, the study showed some interesting findings.

Below average diploma group

Years of graduation:

1956 - 2	1961 - 1
1959 - 5	1962 - 2

Of the 1956 graduates, nothing is reported about the personal background of one; the other head nurse is reported as having home problems and as being emotionally upset.

Of the 1959 - 1962 group who are the most recent graduates, one 1959 graduate is reported as lacking enthusiasm and interest in professional activities. The Director of Nursing suggested that one join the American Nurses' Association, but this head nurse stated she did read professional literature, and it might be assumed that she felt no more was necessary. Nothing is reported regarding interests of the other three.

The Director of Nursing Service recommended to the 1961 graduate that she participate in professional organization activity; there is nothing to indicate if the recommendation had been effective.

No clues are given as to why the 1962 graduates did not participate in professional organizations.

Below Average Degree Group

Years of Graduation:

1958 - 1	1959 - 1	1960 - 2
1969 - 1	1962 - 2	

Nothing is reported regarding these graduates as to reasons why they are unable to participate except for a comment concerning a 1959 graduate who is growing professionally but consumes considerable time with transportation to work.

A 1960 graduate is reported as feeling above the diploma graduates and she tends to make things more important than people.

Ten of these head nurses are employed in one hospital which is located in an educational center. They may be wives of students, which may account for their location of employment. There were no explanations regarding their lack of activity in professional organizations affairs. Item G reveals that the majority of nurses in this study are rated as below average in professional organization activities. Since a head nurse holds a key position in nursing service, it appears significant that this group is so indifferent to professional affairs.

Item H. Assumes responsibility readily.

<u>Above average</u>	22	Average	7
<u>Below average</u>	2		

Diploma graduates were 15 and the degree graduates were 7 in the above average group.

The years of experience average 3.5; length of time in present positions were 1.3 years; and amount of previous head nurse experience was 1.2 years.

They graduated in the following years:

1956 - 3	1960 - 2
1958 - 4	1961 - 3
1959 - 7	1962 - 3

The two head nurses rating below average are those described in Items A and E.

Item I. Communicates effectively with doctors and other health team members.

<u>Above average</u>	12
Average	17
<u>Below average</u>	2

The number of diploma graduates were 12 and the degree graduates were 3 in the above average group.

Years of experience averaged were 3.9 years; length of time in present positions were 1.1 years; and amount of previous head nurse experience was 1.4 years.

The below average head nurses have already been described as in Item B and C.

These head nurses graduated the following years:

1956 - 2	1959 - 3
1957 - 1	1960 - 1
1958 - 3	1962 - 2

II. Patient-Centered Qualities

Item J. Cooperates well with personnel in other departments.

<u>Above average</u>	13
Average	16
<u>Below average</u>	2

There were 11 diploma graduates and 2 degree graduates in the above average group.

Average years of experience were 3.7; length of time in present position 1.4 years; and amount of previous head nurse experience was 1.8 years.

These head nurses graduated in the following years:

1956 - 3	1958 - 1	1961 - 1
1957 - 1	1959 - 5	1962 - 2

The two below average head nurses have previously been reported in Items A and F.

Item K. Is aware of changes in patient's condition.

<u>Above average</u>	20
Average	11

The diploma graduates were 13 and the degree graduates were 7 in the above average section.

Average years of experience were 4.2 years;

length of time in present position was 1.3 years;
and amount of previous head nurse experience was
1.2 years.

This group of head nurses graduated the following years:

1956 - 3	1959 - 6	1962 - 2
1957 - 1	1960 - 2	
1958 - 4	1961 - 2	

Item L. Is aware of patients' emotional needs.

<u>Above average</u>	14
Average	15
<u>Below Average</u>	1
Not observed	1

Diploma head nurses were 9 and degree graduates
were 5 in the above average section.

Average years of experience were 3.7 years;
length of time in present position was 1.4 years; and
amount of previous head nurse experience was 8 months.

The head nurses graduated in the following years:

1956 - 2	1959 - 4	1961 - 1
1958 - 3	1960 - 2	1962 - 2

The below average head nurse was a 1957 degree
graduate with 6.6 years total of experience; 8 months
in present position; and 4 years of previous head
nurse experience. She was not reported in any above
average items but was reported in 11 average items;

7 below average items; and not observed in 5 items.

The Director of Nursing Service reported she needed a course in public relations, ward management and teaching, and more practice in nursing techniques.

One head nurse was not reported in this item.

Item M. Detects special care needs for patients.

<u>Above average</u>	11
Average	19
<u>Below average</u>	1

Diploma head nurses were 7 and degree head nurses were 4 in the above average section.

Average years of experience were 4.1 years; length of time in present position was 1.5 years; and previous head nurse experience was 1.1 years.

The following years were given as graduation dates:

1956 - 2	1959 - 4	1962 - 1
1958 - 3	1960 - 1	

The below average head nurse was the same individual as was reported in Item L.

Item N. Cooperates in establishing new methods for patient care.

<u>Above average</u>	13
Average	15
<u>Below average</u>	3

In the above average section there were 8

diploma head nurses and 5 degree head nurses.

Average years of experience were 3.9 years;
length of time in present position was 1.5 years;
and amount of previous head nurse experience was
1.1 years.

The head nurses graduated in the following years:

1956 - 2	1959 - 4	1962 - 2
1958 - 4	1961 - 1	

Two of the below average head nurses have been reported in Items A and L. The third head nurse is a 1957 diploma graduate with 5 years of total experience; 3 months length of time in present position; and 5 years of previous head nurse experience. Eight items are reported as above average; 11 items average; 3 items below average; and 1 item not observed. The Director of Nursing Service suggested she take a course in ward teaching and management.

Item O. Initiates patient teaching.

<u>Above average</u>	8
Average	8
<u>Below average</u>	1
Not observed	14

There were 6 diploma head nurses and 2 degree head nurses reported in the above average section. Average years of experience were 5.4 years; length of time in present position was 1.4 years; and amount

of previous head nurse experience was 2.2 years.

The years of graduation were the following:

1956 - 2	1959 - 1	1962 - 3
1958 - 1	1960 - 1	

The below average head nurse was the same as was reported in Item N.

This item ranked highest in not being observed by the Directors of Nursing Service. Of those 14 head nurses not observed, one Director of Nursing Service rated 11 or 78.6 per cent of the head nurses in this category.

Item P. Shows skill in nursing care as a pattern for her nursing staff.

<u>Above average</u>	9
Average	20
<u>Below average</u>	2

The above average head nurses were 8 diploma graduates and 1 degree graduate.

They averaged 2.3 years of previous experience; length of time in present position was 1.3 years; and amount of previous head nurse experience was 1.9 years.

The following years were the dates of graduation:

1956 - 3	1959 - 3
1958 - 2	1961 - 1

The two below average head nurses have been reported in Items A and L.

Graduation years were reported as the following:

1956 - 2	1959 - 2	1961 - 1
1958 - 2	1960 - 1	

The below average head nurse was the same nurse as reported in Item F.

III. Ward Administrative Qualities

Item S. Makes assignments with recognition of patient's need and nurse's ability.

<u>Above average</u>	12
Average	17
<u>Below average</u>	1
Not reported	1

There were 7 diploma graduates and 5 degree graduates in the above average section.

They averaged 5.2 years of previous experience; length of time in present position was 1.3 years; and amount of previous head nurse experience was 1.8 years.

They graduated the following years:

1956 - 3	1959 - 3	1961 - 1
1958 - 3	1960 - 2	

The below average head nurse was reported in Item A.

One head nurse was not observed in this section.

Item T. Promotes smooth working relationship on her ward.

<u>Above average</u>	11	<u>Below average</u>	2
Average	18		

Eight diploma graduates and three degree graduates were in the above average section.

They averaged 2.8 years of previous experience; length of time in present position was 1.1 years; and amount of previous head nurse experience was 1.8 years.

They graduated the following years:

1956 - 2	1958 - 1	1961 - 1
1957 - 1	1959 - 4	1962 - 2

There were 2 below average head nurses of which one was reported in Item A. The other head nurse was a 1959 diploma graduate with 10 months of experience, 7 months in her present position; she had had no previous head nurse experience. No items were rated above average; 20 items were rated average; 2 items were rated below average; and 1 item was rated as not having been observed. No further information was reported regarding this head nurse.

Item U. Functions effectively in emergency without undue stress.

<u>Above average</u>	24
Average	5
<u>Below average</u>	2

There were 18 diploma graduates and 7 degree graduates reported in the above average section.

They averaged 3.7 years of previous experience;
length of time in present position was 1.4 years;
and amount of previous head nurse experience was
1.4 years.

The following dates were given for graduation:

1956 - 3	1959 - 8	1962 - 3
1957 - 1	1960 - 2	
1958 - 4	1961 - 3	

The 2 below average head nurses were reported
in Items A and I.

Item V. Seeks and profits by counsel from her supervisor.

<u>Above average</u>	10
Average	19
<u>Below average</u>	2

There were 7 diploma graduates and 3 degree
graduates reported in the above average group.

They averaged 4.4 years of previous experience;
length of time in present position was 1.6 years;
and amount of previous head nurse experience was
1.4 years.

They graduated the following years:

1956 - 2	1959 - 4	1961 - 1
1958 - 2	1960 - 1	

The 2 below average head nurses were previously
reported in Items A and I.

Item W. Sees that supplies are replenished and that equipment is maintained in good condition.

<u>Above average</u>	9
Average	20
<u>Below average</u>	2

There were 7 diploma graduates and 2 degree graduates in the above average section.

They averaged 4.2 years of previous experience; length of time in present position was 1.2 years; and amount of previous head nurse experience was 1.5 years.

The years of graduation were:

1956 - 2	1959 - 3	1961 - 1
1958 - 2	1960 - 1	

There were two below average head nurses reported of which one was described in Item N. The second head nurse was a 1959 diploma graduate with a total of 5 years experience with 4 years in present position and 1 year of previous head nurse experience. There were 16 items reported above average; 4 items plus 1 reported as "usually" in the average section; and 1 item plus 2 items reported as "sometimes" and "score subject" reported in the below average section. The "score subject" related to the manner in which the head nurse was reported in this item. The Director of Nurses reported the head nurse has a tendency to

try to run on a shoestring. More classes in ward management would undoubtedly help her. Because she is extremely conscious of the actual care of her patient she sometimes allows equipment to go unchecked and supplies to run short. She should join the A.N.A. or N.L.N.; however, she does read the American Journal of Nursing and other pertinent literature.

Open End Question Rating

What suggestions do you have for this head nurse that would help her to do her work more effectively?

No remarks were made for twelve head nurses.

The following suggestions were given by several Directors of Nursing Service:

- | | |
|---|---|
| 1. Needs experience with assistance and criticism | 2 Diploma graduates |
| 2. Needs more nursing techniques | 2 Degree graduates |
| 3. Should attend professional meetings | 1 Diploma graduate
2 Degree graduates |
| 4. Needs class in public relations | 1 Diploma graduate
2 Degree graduates |
| 5. Needs class in ward management | 2 Diploma graduates
2 Degree graduates |

Miscellaneous remarks:

1. 1959 diploma graduate, lacks enthusiasm and interest.
Needs to develop more pleasant attitude. (Former reference rates the same.)

2. 1956 diploma graduate, has home problem which causes strain. Absent because of emotional upset.
3. 1960 degree graduate, not trained to do "menial" chores in nursing. Refused to take patient off bed pan. Tardy. Gives impression her degree places her in higher social status. Things more important than patients.
4. 1959 diploma graduate, growing professionally, grasps new situations well. Drives 50 miles a day but not tardy.
5. 1956 diploma graduate, follows through beautifully. Going to school and receiving high G.P.A. Raising two small children alone.
6. 1959 degree graduate, terrific potential. Many personal problems.

SUMMARY

In the preceding pages a detailed analysis of the data from the rating scales has been shown. The following tables will give a summarization of the findings obtained in each section of the rating scale and how the nurses were rated as to above average, average, below average, or not observed.

Above Average Ratings:

Table 7 shows the number of head nurses rating above average in the majority of five or more items in Section I and II, and three items in Section III. Fourteen head nurses rated above average in Section I, Personal and Professional Qualities; ten rated above average in Section II, Patient-Centered Qualities; and twelve rated above average in Section III, Ward Administrative Qualities.

Table 7. Number of Head Nurses Rated Above Average in Sections I, II, and III of the Rating Scale

Sections of the Rating Scale	Head Nurses Rated Above Average in Each Section of the Rating Scale
(1)	(2)
I. Personal and Professional Qualities	N = 14
II. Patient-Centered Qualities	10
III. Ward Administrative Qualities	12

Average Ratings:

Table 8 shows the number of head nurses rating average in the majority of five or more items in Section I and II, and three items or more in Section III. Sixteen head nurses rated average in Section I, Personal and Professional Qualities; nineteen in Section II, Patient-Centered Qualities; and seventeen in Section III, Ward Administrative Qualities.

Table 8. Number of Head Nurses Rated Average in Sections I, II, and III of the Rating Scale

Sections of the Rating Scale	Head Nurses Rated Average in Each Section of the Rating Scale
(1)	(2)
I. Personal and Professional Qualities	N = 16
II. Patient-Centered Qualities	19
III. Ward Administrative Qualities	17

Below Average Ratings:

Table 9 shows the number of head nurses rating below average in the majority of five or more items in Section I and II, and three or more in Section III. One head nurse was rated below average in Section I, Personal and Professional Qualities; two were rated below average in Section II, Patient-Centered Qualities; and two in Section III, Ward Administrative Qualities.

Table 9. Number of Head Nurses Rated Average in Sections I, II, and III of the Rating Scale

Sections of the Rating Scale	Head Nurses Rated Below Average in Each Section of the Rating Scale
(1)	(2)
I. Personal and Professional Qualities	N = 1
II. Patient-Centered Qualities	2
III. Ward Administrative Qualities	2

Not Observed Ratings:

Directors of Nursing Service did not report observations on 24 head nurses in seven of the items in the rating scale. The items not observed can be seen in Table 10 as follows:

Table 10. Number of Items Not Observed in Head Nurses by Directors of Nursing Service

Number of Items Not Observed	Head Nurses Not Observed by Directors of Nursing Service
(1)	(2)
C. Is interested in further self-improvement.	N = 3
D. Demonstrates enthusiasm and inspires interest in her work.	1
G. Participates in professional organization activities.	3
L. Is aware of patients' emotional needs.	1
O. Initiates patient-teaching	14
S. Makes assignments with recognition of patient's needs and the nurse's ability.	1
V. Seeks and profits by counsel	1

The literature describes the functions, qualifications for practice and personal qualifications of the head nurse. The ratings in this study showed that the above average head nurses were fulfilling their positions very well as compared with the literature, with the exception of the very pertinent nursing responsibility for patient teaching. As reported by the Directors of Nursing Service, several of the average nurses are deficient in theory courses and techniques, which the literature stresses as a basis of preparing head nurses.

This study did reveal that many Directors of Nursing Service were unable to rate head nurses regarding initiating patient teaching. Reasons for this finding are not within the scope of this study.

Comparing this study with the studies reviewed, this study found the majority of head nurses were performing the duties expected of them, except in two areas already noted, namely, patient teaching and participating in professional affairs.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to ascertain how head nurses, graduated between 1955-1962, are evaluated by Directors of Nursing Services; how recent head nurse graduates are functioning personally, professionally and administratively in comparison to other head nurses with similar work.

After surveying other rating scales, reviewing the literature on the subject and obtaining suggestions from Directors of Nursing Service, the rating scale was constructed and validated for rating head nurses who had graduated between the years 1955-1962.

The State of Oregon was chosen as the field for the study because it seemed there were adequate hospitals within the state to supply the sampling desired for this study.

Thirty-five general hospitals of fifty or more beds were selected from Oregon's ninety hospitals. The Directors of Nursing Service in these hospitals were contacted by mail to elicit participation. The letter explained the study and requested them to return an enclosed post card, indicating whether or not they desired to participate; how many head nurses in their hospital, graduated between 1955-1962, were full-time employees and had been employed for at least six months; and also how many other head nurses were employed in their hospital.

Returns from the post cards revealed that 5 Directors of Nursing Service declined to participate, 19 were willing but had no head nurses within the limitations of the study.

Rating scales were sent to the 11 willing Directors of Nursing Service and 31 were returned. The data obtained from the rating scales showed 21 or 60 per cent of the evaluated head nurses were diploma school graduates and 10 or 30 per cent were degree school graduates. It also revealed approximately 7 head nurses or 22.6 per cent ranked above average in the item rating. Two of these nurses were rated above average in 100 per cent of the items. The above average group averaged 20 items out of 23 total items. Twenty-three nurses or 74.2 per cent ranked average. One head nurse or 3 per cent ranked below average. She was rated below average in 15 items out of the total 23 items.

Head nurses rated above average in sections as follows: Section I, Personal and Professional Qualities, 14; Section II, Patient-Centered Qualities, 101; and Section III, Ward Administrative Qualities, 12.

Average ratings on sections were as follows: Section I, Personal and Professional Qualities, 16; Section II, Patient-Centered Qualities, 19; and Section III, Ward Administrative Qualities, 17.

Head nurses rated below average as follows: Section I, Personal and Professional Qualities, 1; Section II, Patient-Centered Qualities, 2; and Section III, Ward Administrative Qualities, 2.

Two items which were skewed were the following: Item G, Participates in professional organisation activities, which rated 16 head nurses as below average; Item O, Initiates patient-teaching, with 14 head nurses reported as not observed. Ten of the later ratings were

made by one Director of Nursing Service.

Conclusions

The purpose of this study was fulfilled in that:

The findings revealed information concerning the head nurse as evaluated by Directors of Nursing Service. The size of the sample was such that no wide-spread generalizations can be drawn.

The data in this study revealed:

1. Diploma head nurses in this study were evaluated slightly higher by Directors of Nursing Service than the degree head nurses. However, there were twice as many head nurses who were graduates of diploma schools than the number who were degree school graduates. The tool failed to elicit information regarding the evaluator. It would be interesting to ascertain how many of the Directors of Nursing Service were themselves graduates of diploma schools.
2. The above average head nurses all had six months or more nursing experience prior to becoming head nurses. They also averaged 1.3 years more experience in nursing.
3. Nine head nurses in this study had six months or less nursing experience prior to accepting head nurse positions.
4. That recent graduates are not being put into head nurse positions as quickly as experienced nurses.

Directors of Nursing Service reported that it was not all education, professional schooling nor experience that makes head nurses:

1. Personal qualities must be considered.

2. Emotional stability rates high as one reason for inefficient work.
3. The ability to establish interpersonal rapport was mentioned as lacking in some head nurses.

Even though the study was primarily designed to obtain ratings on head nurses, Directors of Nursing Service somewhat rated themselves as was shown in the skew in Item G, Participates in professional organization activities, which rated 16 head nurses as below average. Although beyond the scope of this study, it would be valuable to know what the Directors of Nursing Service are doing themselves in terms of professional organization participation and also what they are doing to encourage more interest in professional affairs on the part of their personnel. The study did not elicit information that would reveal if only this particular group was lacking in identification with professional affairs or if this was a characteristic of the performance setting.

A skew was also reported in Item O, Initiates patient-teaching, with 14 head nurses as not observed. Ten of the later ratings were made by one Director of Nursing Service. The study did not ascertain how much patient-teaching was expected of the head nurse.

Recommendations

It is recommended that further study be given:

1. To part-time head nurses as well as full-time head nurses, using the other limitations of the study.
2. To the use of other rating devices in the evaluation of a

larger number of head nurses.

3. To unanswered questions "Would the head nurses in a hospital associated with a school of nursing be likely to rate differently than the head nurses in this study?" and "Would head nurses who graduated before or since the years of this study be rated differently than those in this study?" A study which would undertake to answer the above questions would be of value.
4. To a study which would compare a head nurse's self-evaluation with evaluations performed on her by the nursing group under her direction. Such a study developed in a variety of settings should prove to be of value.

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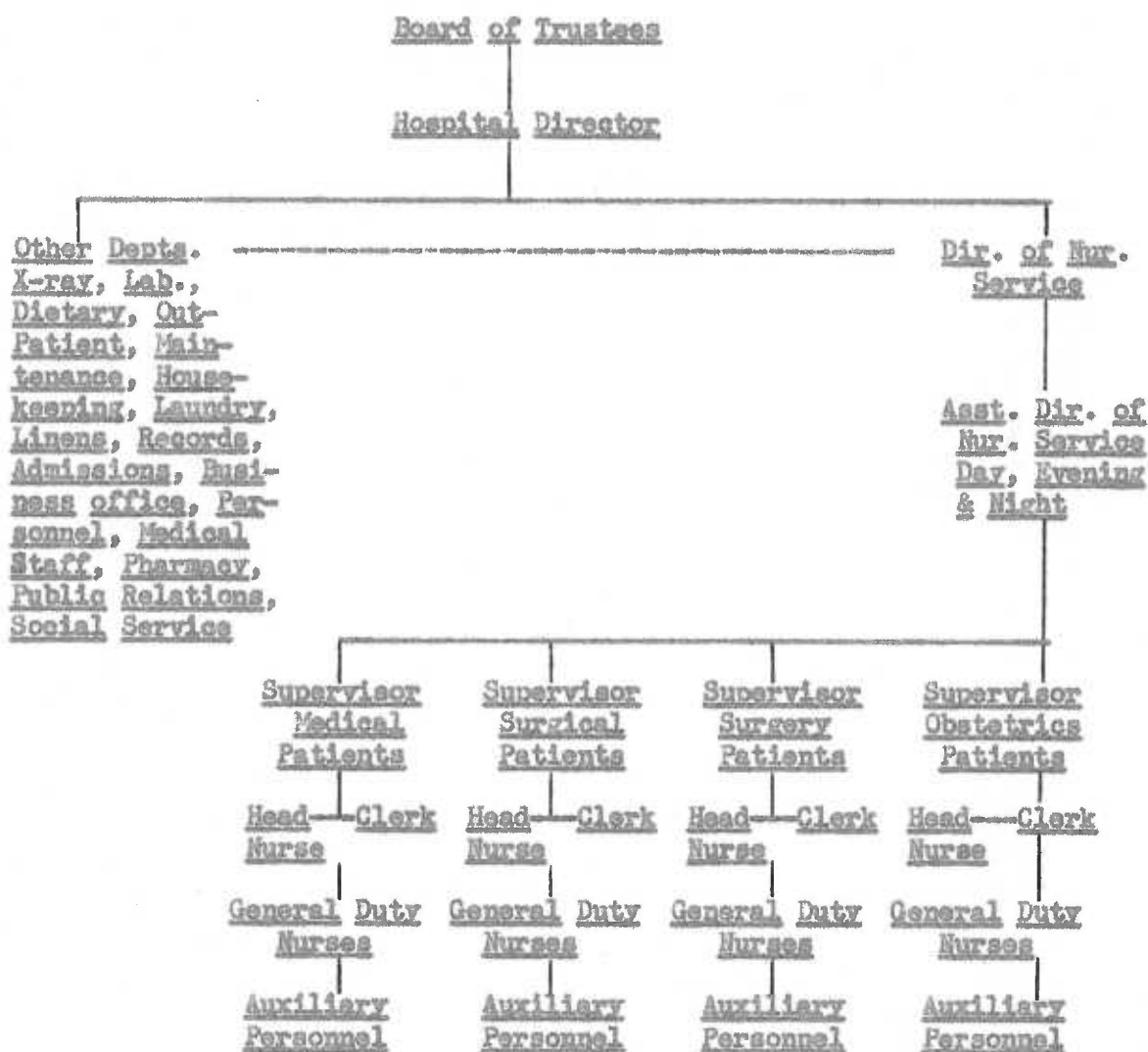
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APPENDICES

APPENDIX A

BASIC ORGANIZATIONAL CHART FOR A HOSPITAL NURSING DEPARTMENT *



Legend:

- Direct Responsibility
- Inter-departmental Responsibility

* National League for Nursing. The Head Nurse at Work.

APPENDIX B
COVER LETTER

1122 S. W. Gaines
Portland 1, Oregon
December 10, 1963

Dear Madam:

In partial completion of requirements for a Master of Science degree, I am undertaking a study involving the evaluation of head nurse performance. Participation in the study will consist in completing a short rating scale for each head nurse who has been graduated since 1955, who has been employed in your institution for at least six months and is a full-time employee now. Each rating scale can be completed in about seven minutes. I sincerely hope you will be willing to assist me in this study. A post card is enclosed for your convenience in indicating your willingness to participate.

No individuals or institutions will be identified in this study. The thesis will be placed on file in the University of Oregon Medical School library where it can be obtained by interlibrary loan.

Please accept in advance my gratitude for your cooperation.

Very sincerely yours,

Beverly Bunnell, R. N.

Miss Beverly Bunnell is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can give with this very timely study will be much appreciated.

Lucile Gregerson
Associate Professor
Thesis Adviser

APPENDIX C

RETURN POST CARD WHICH ACCOMPANIED THE COVER LETTER

Dear Miss Bunnell:

We are willing to participate in your study.

Yes_____

No_____

_____head nurses graduated between 1955 -
1962 who are full-time employees on our staff.Total number (excluding those named above)
head nurses on our staff _____.

Sincerely yours,

Director of Nursing
Service

(We would like a summary of your study. Yes__ No__)

APPENDIX D
LETTER ACCOMPANYING RATING SCALES

1122 S. W. Gaines
Portland 1, Oregon
January 3, 1964

Dear Madam:

Thank you for returning the post card and for the information supplied indicating your willingness to participate in a project evaluating the performances of head nurses graduated between 1955 - 1962, who have been employed by your institution for at least six months and are full time employees.

Enclosed are sufficient rating scales for the number of head nurses indicated on your card. Kindly complete one rating scale for each head nurse falling into the above category and return by _____. A self-addressed envelope is enclosed for your convenience.

Your cooperation and interest in research is sincerely appreciated.

Very sincerely yours,

Beverly Bunnell

APPENDIX E

RATING DEVICE FOR EVALUATING HEAD NURSES

NOTE: This rating scale is to be completed by Directors of Nursing Service for each head nurse on the staff who graduated between 1955 to 1962.

- | | |
|--------------------------------------|---|
| 1. Year graduated _____ | 4. Total years of experience Yrs. ____ Mos. ____ |
| 2. Diploma graduate Yes ____ No ____ | 5. Length of time in present position Yrs. ____ Mos. ____ |
| 3. Degree graduate Yes ____ No ____ | 6. Amount of previous head nurse experience Yrs. ____ Mos. ____ |

RATING SCALE KEY

- a. Somewhat above the other graduates with comparable work load.
- b. Usually the same as other graduates with comparable work load.
- c. Sometimes below other graduates with comparable work load.
- d. No opportunity to observe.

PLEASE MARK X UNDER THE DESIRED LETTER IN THE APPROPRIATE COLUMN

I. <u>Personal and Professional Qualities</u>	<u>a</u> Above Average	<u>b</u> Average	<u>c</u> Below Average	<u>d</u> Not Observed
A. Performs competently in pressure situations.	1 _____	2 _____	3 _____	4 _____
B. Has ability to adjust to new situations.	5 _____	6 _____	7 _____	8 _____
C. Is interested in further professional self-improvement.	9 _____	10 _____	11 _____	12 _____
D. Demonstrates enthusiasm and inspires interest in her work.	13 _____	14 _____	15 _____	16 _____

	a Above Average	b Average	c Below Average	d Not Observed
E. Maintains good health, hygiene and professional appearance.	17_____	18_____	19_____	20_____
F. Meets work appointments regularly and on time with a minimum of special requests.	21_____	22_____	23_____	24_____
G. Participates in professional organization activities.	25_____	26_____	27_____	28_____
H. Assumes responsibility readily.	29_____	30_____	31_____	32_____
I. Communicates effectively with doctors and other health-team members.	33_____	34_____	35_____	36_____

II. Patient-Centered Qualities

J. Cooperates well with personnel in other departments of the hospital.	37_____	38_____	39_____	40_____
K. Is aware of changes in patients' condition.	41_____	42_____	43_____	44_____
L. Is aware of patients' emotional needs.	45_____	46_____	47_____	48_____
M. Detects special care needs for patients.	49_____	50_____	51_____	52_____
N. Cooperates in establishing new methods for patient care.	53_____	54_____	55_____	56_____
O. Initiates patient-teaching.	57_____	58_____	59_____	60_____
P. Shows skill in nursing care as a pattern for her nursing staff.	61_____	62_____	63_____	64_____

	a Above Average	b Average	c Below Average	d Not Observed
Q. Is courteous to patients, relatives, friends or guests.	65_____	66_____	67_____	68_____
R. Economizes but not to extent of weakening nursing care.	69_____	70_____	71_____	72_____

III. Ward Administrative Qualities

S. Makes assignments with recognition of patient's needs and the nurse's ability.	73_____	74_____	75_____	76_____
T. Promotes smooth working relationships on her ward.	77_____	78_____	79_____	80_____
U. Functions effectively in an emergency without undue stress.	81_____	82_____	83_____	84_____
V. Seeks and profits by counsel from her supervisors.	85_____	86_____	87_____	88_____
W. Sees that supplies are replenished and that equipment is maintained in good condition.	89_____	90_____	91_____	92_____

What suggestions do you have for this head nurse that would help her to do her work more effectively? (The back side may be used for additional space.)

APPENDIX F
LETTER OF APPRECIATION

1122 S. W. Gaines
Portland 1, Oregon
January 27, 1964

Dear Madam:

Now that all of my rating scales have been received, I wish to sincerely thank you for your time and contribution to my thesis. I personally realize how busy a Director of Nursing Service can be and the additional burden of my study has added a bit more to a busy day.

A summary of the completed study will be sent to you very shortly.

May I thank you again for your much appreciated assistance, and success to you and your staff.

Very truly yours,

Beverly Bunnell, R. N.

APPENDIX G

MASTER RATING DEVICE FOR EVALUATING HEAD NURSES

1. Diploma graduate Yes 21 No 2. Degree graduate Yes 10 No RATING SCALE KEY

- a. Somewhat above the other graduates with comparable work load.
- b. Usually the same as other graduates with comparable work load.
- c. Sometimes below other graduates with comparable work load.
- d. No opportunity to observe.

PLEASE MARK X UNDER THE DESIRED LETTER IN THE APPROPRIATE COLUMN

I. <u>Personal and Professional Qualities</u>	a Above Average	b Average	c Below Average	d Not Observed
A. Performs competently in pressure situations.	<u>21</u>	<u>9</u>	<u>1</u>	<u>0</u>
B. Has ability to adjust to new situations.	<u>17</u>	<u>13</u>	<u>1</u>	<u>0</u>
C. Is interested in further professional self-improvement.	<u>16</u>	<u>10</u>	<u>2</u>	<u>3</u>
D. Demonstrates enthusiasm and inspires interest in her work.	<u>12</u>	<u>16</u>	<u>2</u>	<u>1</u>
E. Maintains good health, hygiene and professional appearance	<u>14</u>	<u>16</u>	<u>1</u>	<u>0</u>
F. Meets work appointments regularly and on time, with a minimum of special requests.	<u>18</u>	<u>11</u>	<u>2</u>	<u>0</u>

	a Above Average	b Average	c Below Average	d Not Observed
G. Participates in professional organization activities.	<u>4</u>	<u>8</u>	<u>16</u>	<u>3</u>
H. Assumes responsibility readily.	<u>22</u>	<u>7</u>	<u>2</u>	<u>0</u>
I. Communicates effectively with doctors and other health-team members.	<u>15</u>	<u>19</u>	<u>2</u>	<u>0</u>

II. Patient-Centered Qualities

J. Cooperates well with personnel in other departments of the hospital.	<u>13</u>	<u>16</u>	<u>2</u>	<u>0</u>
K. Is aware of changes in patients' condition.	<u>21</u>	<u>10</u>	<u>0</u>	<u>0</u>
L. Is aware of patients' emotional needs.	<u>14</u>	<u>15</u>	<u>1</u>	<u>1</u>
M. Detects special care needs for patients.	<u>11</u>	<u>19</u>	<u>1</u>	<u>0</u>
N. Cooperates in establishing new methods for patient care.	<u>13</u>	<u>15</u>	<u>3</u>	<u>0</u>
O. Initiates patient-teaching.	<u>8</u>	<u>8</u>	<u>1</u>	<u>14</u>
P. Shows skill in nursing care as a pattern for her nursing staff.	<u>9</u>	<u>20</u>	<u>2</u>	<u>0</u>
Q. Is courteous to patients, relatives, friends or guests.	<u>15</u>	<u>14</u>	<u>2</u>	<u>0</u>
R. Economizes but not to extent of weakening nursing care.	<u>8</u>	<u>22</u>	<u>1</u>	<u>0</u>

<u>a</u> Above Average	<u>b</u> Average	<u>c</u> Below Average	<u>d</u> Not Observed
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III. Ward Administrative Qualities

S. Makes assignments with recognition of patient's needs and the nurse's ability	<u>12</u>	<u>17</u>	<u>1</u>	<u>1</u>
T. Promotes smooth working relationships on her ward.	<u>10</u>	<u>18</u>	<u>3</u>	<u>0</u>
U. Functions effectively in an emergency without undue stress.	<u>24</u>	<u>5</u>	<u>2</u>	<u>0</u>
V. Seeks and profits by counsel from her supervisors.	<u>10</u>	<u>18</u>	<u>2</u>	<u>1</u>
W. Sees that supplies are replenished and that equipment is maintained in good condition.	<u>9</u>	<u>20</u>	<u>2</u>	<u>0</u>

APPENDIX H

COMPARISON OF HEAD NURSE EXPERIENCE

Head Nurse	Total Months of Experience	Length of Time in Present Position	Amount of Previous Head Nurse Experience
(1)	(2)	(3)	(4)
1	13 months	10 months	0 months
2	24	15	0
3	30	15	0
4	52	28	0
5	10	7	0
6	18	18	0
7	52	28	9
8	52	28	0
9	17	17	0
10	89	29	24
11	26	16	0
12	18	16	0
13	94	7	1
14	90	11	5
15	25	6	12
16	30	18	6
17	48	4	0
18	12	6	0
19	96	11	72
20	60	48	12
21	60	14	0
22	0	5	12
23	60	7	24
24	42	12	0
25	62	19	16
26	40	36	33
27	49	24	48
28	78	8	48
29	60	3	60
30	28	3	0
31	64	25	33
Total	1399 months	494 months	415 months
Mean	3.9 years	1.4 years	1.2 years
Range	0 - 7.2 years	3 months to 4 years	0 - 6 years

Typed by
Gwendolyn M. Dunning