

OPINIONS EXPRESSED BY TWENTY-FOUR  
REACTIVATED NURSES CONCERNING NEEDS IN REORIENTATION  
TO NURSING AND THE HELPFULNESS OF  
SELECTED SUBJECTS

by

Sandra Lyons Lewis, B.S.

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[Redacted]

(Associate Professor in Charge of Thesis)

[Redacted]

(Chairman, Graduate Council)

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CHAPTER I  
INTRODUCTION

INTRODUCTION TO THE PROBLEM

A large amount of literature has appeared concerning the unmet nursing needs of the nation and the problems of recruitment in nursing. Emphasis in many articles has focused on the possibilities and problems of recruiting inactive nurses to help meet these nursing needs. (6, 9, 20, 25)

There is increasing recognition that continued education in the form of inservice education and orientation programs are necessary to keep nursing and medical personnel abreast of current practice. The nurse who has become inactive has not had the benefit of such programs. The longer the period of inactivity or non-practice, the wider is the gap between what she knows and what she needs to know if she is to become active in nursing again.

It is generally agreed that the professional nurse, after five or more years of inactivity, needs to review her past knowledge and skills and obtain knowledge of newer aspects of nursing care. (11, 15) The "refresher course" has become a generally accepted term to indicate a method of assisting the inactive nurse to regain the necessary knowledge, skills, and confidence for returning to nursing practice. There is little agreement on what is necessary in a refresher course; the

literature amply documents that wide variation exists in length of time and content of present refresher courses. (5, 19, 22, 29, 34) Furthermore, refresher courses are not available to all inactive nurses who might wish to become active again.

#### STATEMENT OF THE PROBLEM

Inactive nurses who wish to return to nursing practice are apprehensive because they are unfamiliar with the advances in knowledge and practice which have occurred while they have been inactive. Refresher courses, offered to help them update their knowledge and skills, vary in content. Evaluations found in the reports consist mostly of general statements, for example, "Criticisms by nurses attending this course were very favorable: 'This has been a wonderful session'; 'The classes have been most informative.' " (31) No studies have been done to determine specifically what content in the courses was helpful to the nurses who took the course.

The purpose of this study is to obtain the opinions of reactivated nurses concerning needs in reorientation and the helpfulness of selected subjects, activities, and experiences in reorientation to nursing.

This study is concerned with two groups of reactivated nurses: one group who completed a selected refresher course and another group who returned to nursing practice after a period of professional inactivity without taking a refresher course.

#### JUSTIFICATION OF THE STUDY

The Annual Report of the Oregon State Board of Nursing for both

1964 and 1965 shows that 14 percent of the currently registered nurses residing within the State of Oregon are inactive. This does not include nurses who have allowed their licenses to lapse. In Oregon, more than twice as many licenses lapse as are reactivated each year. In 1964 and 1965 this amounted to about five percent of the total number of currently licensed nurses. (13, 14)

The literature contains many reports of successful refresher courses. A wide variation in content and sponsorship exists, although more similarities are evident in the more recent reports. (5, 11, 19, 20, 29, 34) There is little disclosure in the literature from the persons most directly involved, the reactivated nurses. Such literature is in fact conspicuously absent. (11) A study of what reactivated nurses deem needed and helpful in reorientation to nursing therefore seems indicated.

It is hoped that this study will yield information relative to what was helpful in reorientation to nursing by comparison of the two groups. The findings may suggest areas or means by which nurses unable to take a refresher course may help themselves to some extent.

#### LIMITATIONS

The study was limited to nurses living in the Portland area who had been inactive for a period of more than one year and had returned to nursing practice. The first group was limited to the nurses who completed the first two classes of the refresher course at St. Vincent Hospital in Portland during 1966. The second group was limited to nurses who had returned to nursing practice after a period of inactivity with-

out taking a refresher course. The latter group may or may not have had a period of "supervised practice" as designated by the Oregon State Board of Nursing. (15)

The study was further limited to participants who had been employed at least three months after the refresher course.

ASSUMPTIONS

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

- 1. A questionnaire is a reliable means of eliciting the information needed for this study.
- 2. A period of employment after completing a refresher course is needed for development of opinions about the helpfulness of the course and further needs. For the purposes of this study, three months was assumed to be a sufficient length of time for this development to occur.
- 3. Nurses who returned to work without taking a refresher course will have learned much in the areas covered by the refresher course through other means, i.e. orientation, inservice programs, on-the-job observation, reading, conferences, and the like. It is further assumed that if these learning experiences were not available, the nurses who did not take a refresher course would, by virtue of their employment experience, have opinions about what would have been helpful.

HYPOTHESIS

For the purposes of this study, it was hypothesized that there

would be no significant difference between the two groups of reactivated nurses in the subjects and activities considered to be needed or helpful in reorientation to nursing.

This hypothesis raised the following questions:

1. Are the two groups whose responses are being compared similar in ways that can be objectively compared, such as family characteristics, educational background, and professional experience?
2. Would certain of the above characteristics, i.e. husband's level of education and type of current job, or ages of children influence the likelihood of the nurse taking a refresher course?

It was not expected that responses to these questions could be tested statistically due to the small size of the sample. However portions of the questionnaire elicited this information for the purpose of providing a profile of the groups studied, and for making comparisons with nurses in studies of inactive nurses.

#### DEFINITION OF TERMS

For the purposes of this study, the following definitions were accepted:

1. Inservice education—activities provided by the employer to enable the continuously employed person to keep abreast of current developments in his field of knowledge.
2. Orientation—activities which introduce an individual to his new place and/or position of employment.
3. Reactivated nurse—a nurse who has returned to nursing practice after one year or more of professional inactivity.

4. Refresher course—a program designed to assist persons who have been inactive in their professions to review past knowledge and skills and to obtain the further knowledge and confidence necessary to return to work.

#### PROCEDURE FOR THE STUDY

##### Source of the data:

The primary data for this study consisted of responses from two groups of reactivated nurses to a mailed questionnaire.

Secondary data were obtained from a review of the literature and related studies.

##### Design for the study:

The steps whereby this study was developed are described as follows:

1. The literature was reviewed to determine the need for the study.
2. The purpose, hypothesis, limitations and assumptions of the study were formulated.
3. A three-section questionnaire was constructed with both open-end and closed-end questions. Each item of the questionnaire was designed to elicit information that would serve the purposes of the study. The same questionnaire was used for both groups of respondents. Where a specific question would not apply to both groups, a second related question was asked so that paired responses would result.

4. The questionnaire was tried out on a small scale to see if revisions were indicated. It was determined that no revisions were necessary.
5. The directors of nursing service of two selected private hospitals in the Portland area were called for an appointment to discuss the study and to obtain permission to conduct the pilot study and the main study.
6. Names and addresses of participants were obtained from the selected hospitals by personal contact with the nursing service directors.
7. A letter, explaining the purpose of the study and assuring the anonymity of the respondent, was sent with the questionnaire and a stamped, self-addressed envelope to the 29 nurses whose names were submitted.
8. Four of the 28 returned questionnaires were discarded. The collected data from 24 questionnaires were tabulated, tables were constructed, and findings were described.
9. The findings were summarized, conclusions were drawn, and recommendations were made for further study.

#### OVERVIEW OF THE STUDY

The remainder of the thesis has been organized into three chapters. Chapter II contains a survey of the literature and studies related to unmet nursing needs, inactive nurses, refresher courses, and orientation programs. Chapter III consists of the report of the study, tabulation of data, and description of the findings. A summary of the study, the

conclusions and recommendations for further study are described in Chapter IV.



## CHAPTER II

### REVIEW OF THE LITERATURE AND RELATED STUDIES

#### REVIEW OF THE LITERATURE

The literature was searched for information regarding unmet nursing needs, inactive nurses, refresher courses, and orientation activities pertinent to the purpose of this study.

The literature reveals that interest in the inactive nurse as a potential source of nurse power has stemmed from staffing problems in health care facilities and projected estimates of nursing needs. (11, 18, 22) Many inactive nurses wish to resume their nursing careers but are apprehensive about doing so. Sister Marie Rebecca stated:

The need for registered professional nurses simply is not being met by the present active nursing force. Many graduate nurses are lost to nursing through marriage and child-bearing. While they have been homemaking, nursing practice has advanced by leaps and bounds. Many graduates attempting to get back into nursing are overwhelmed by the advances in nursing and lose their confidence. (25)

Piepgras (18) stated that a graduate of ten or 20 years ago is not a good or safe nurse today if she has not kept herself abreast of advances in medical and nursing knowledge. She listed several ways to meet growing nursing needs: 1) increase the productivity of nurses currently employed; 2) keep supervisory and administrative personnel briefed on specialty areas; and 3) encourage personal study. She further suggested that personal study could be encouraged by tuition assist-

ance for University courses; inservice education classes; up-to-date nursing libraries; and encouraging attendance at professional meetings, workshops, and conventions. She regards refresher courses as the means upon which inactive nurses depend to bring them up to date.

David (3) discussed the increasing educational level and career choices available to women, and the dilemma of women whose education and/or professional participation were interrupted by marriage. Two experimental programs for continuing education of adult women were mentioned briefly. The mathematics refresher program at Rutgers University was an example of a refresher program in a field other than nursing. Problems of returning, according to David,

...are complicated by differing qualification requirements from state to state; by upward revision of qualifications during the years between completion of study and return to work; and by rapid advances in knowledge and techniques which make earlier training obsolete. (3)

David advocates programs to assist women to update their education without going through the total program required of a regular student.

Britain's Sir Eric Ashby, as quoted from his proposal to establish refresher courses for teachers in Great Britain, stated:

What a graduate from the University takes with him quickly becomes outdated—knowledge in every field is accumulating at a great rate. (28)

The longer the period of inactivity or non-practice, the greater is the gap between the individual's knowledge and the knowledge needed to become active in her profession.

Cooper (1) describes a program presented by the University of Wisconsin School of Nursing faculty in various parts of the state upon re-

quest from local hospitals. Some of the courses have been co-sponsored by a district nurses association and by state and local leagues of nursing. Local needs were ascertained in each instance. The courses were not entirely outlined in advance. Concentration was on changes in nursing functions in hospitals during the past ten to 20 years. Such topics as blood pressures, injections, catheterizations, intravenous therapy, new equipment, concept of patient teaching and teaching role of the nurse, early ambulation concept, encouragement of patient to do for himself, concepts of rehabilitation, and the use and supervision of nonprofessional personnel were included. No statements were made regarding evaluation of these courses. Several recommendations were given to assist others in planning courses: 1) start publicity early; 2) have objectives clearly stated and plan separate courses for groups presenting different needs, i.e. inactive nurses and practicing nurses who wish to brush up; 3) classes should be located in a hospital; 4) enrollment limited to 20 is better for discussion and arrangement of clinical practice; 5) frequency of classes, time of day and day of week should be planned according to participants; 6) two hours was found to be the best length of time for a class, or four hours with a half hour break; 7) a co-ordinator is essential for the program to provide continuity, especially if subject matter experts are utilized to present material; and 8) locally available and qualified people should be utilized in teaching the course. The opportunity to motivate nurses to keep up to date professionally by reading professional literature and joining and participating in nursing organizations was cited as one of the side accomplishments of the course.

Errickson (5) tells of a refresher course offered by the New Jersey State Nurses Association. The course consisted of 52 hours (28 hours class and 24 hours clinical practice) spaced over three weeks. A day in the program consisted typically of 1) nursing care plan conference, 2) supervised practice on wards (selected care and procedures in which the students felt least secure), 4) inclusion in long-term planning and referral to community agencies as available, and 5) seminar to share experiences and discuss problems. The specific class content was not mentioned. Statements of evaluation were: "Participants were especially enthusiastic over the fact that the clinical practice periods followed the classroom theory and they liked the seminar teaching method," and "More than 75 percent of the students returned to active practice." A "valuable by-product" was the decision of many of the nurses to join the state nurses association following the course.

Garrity (6) reports about a refresher course initiated as part of the inservice program at the University of Florida Teaching Hospital and Clinics. The course consisted of nine classes of three hours each. Mechanical equipment was "set up in booths, county-fair style." Use of sterile supplies, unit management, and team nursing concepts were discussed. Body mechanics, range of motion, discharge of patients, oxygen therapy, preparation of patients for procedures, and postoperative care were reviewed. Review of drugs, solutions, and administrative technique was done in a single class period. Demonstration of, and opportunity for practice with, mechanical equipment was provided (kind of equipment was not specified). A special evening session was offered for the nurses

who wished to review the taking of vital signs and the testing of gag reflex and pupillary reactions.

Questionnaires were sent three months after completion of the course. Fifty-seven of the 82 participants responded. Twenty-eight of the 29 nurses who had been inactive prior to taking the course were among the respondents. Five of those who had been inactive had returned to nursing practice, and five more planned to return. Reasons given for inactivity by thirteen of the nurses who indicated that they remained inactive were children, illness, and insecurity. Additional theory in medical-surgical nursing, obstetrics, and pediatrics was recommended. Some participants requested classes in the care of premature infants, cardiac patients, and preoperative and postoperative care of spinal, thoracic, and neurosurgical patients. The latter group was requested by the private duty nurses who took the course. (6)

Janney (7) described a refresher course planned by the Private Duty Nurses Section of the Wisconsin State Nurses Association with the Department of Nursing of the University of Wisconsin Extension Division. It was hoped that the roster of nurses available for private duty would be increased. Fifty-two nurses registered for the course, which "was designed to help the graduate professional nurse secure information on current trends in nursing practice....It included some hospital practice." The length of the course and specific content were not defined further. Questionnaires sent at the end of the refresher course revealed that 14 nurses had returned to active practice and eight more planned to return. District membership also increased following the course.

Powers (19) wrote about a refresher course initiated by a community

hospital in New York when hospital capacity was about to be doubled. The course consisted of classes for half days for a duration of six weeks. Content included nursing procedures, i.e. oxygen therapy, medications, tracheostomy care, and vital signs; recovery; intensive care; rehabilitation; thoracic and cranial surgery; orthopedic, obstetric, pediatric, urological, and medical-surgical conditions. One hundred and one nurses completed the first course. They had been inactive between 12 and 27 years. Thirteen of the students worked full-time, 47 worked per diem, and others worked in industry, school, public health, or private duty after completing the course. In evaluation, practical experience was considered to be most important as a part of a refresher course. An added benefit was that any staff member in the hospital could attend lectures which were of interest to her.

"Refresher Course for Registered Nurses" (22) told of a centrally controlled program in New Jersey sponsored by the Vocational Division of the State Department of Education and the State Division of Vocational Rehabilitation. The length and content of the course were not described. No evaluative comments were contained in the report. The primary purpose of the report was to demonstrate the usefulness of the Division of Vocational Rehabilitation in presenting such a course.

Harriet Smith (27) reports a course given by the University of Washington and the Washington State League for Nursing. Classes were given three days per week for four weeks. Supervised practice was arranged with local hospitals through the inservice departments. Student reactions to the course, both favorable and unfavorable, were considered to be "dependent upon the care with which their practice is planned and

supervised." Of the first class, "only four" did not return to work. This could not readily be interpreted since Smith did not state the number who completed with the class.

Stryker (29) described a refresher course which totalled 48 hours of class, including 16 hours of clinical practice in four hour sessions. The course concentrated on major changes since World War II and on the principles of nursing care. Specific procedures and policies were omitted because they were included in the orientation program of the hospital. The refresher course was considered to be "preparation for orientation to the hospital." The courses included pharmacology and dietary review; changes in nursing and allied fields; diagnostic tests and procedures, both x-ray and laboratory; and nursing care. Clinical experience consisted of "observation and some practice." The number and length of experiences was felt to be adequate. Thirty-nine nurses completed the first course. Sixteen of these were working; two had returned to school for further education.

Swansburg (31) outlined a five week course planned by the Alabama State Nurses Association. Content included new drugs, disposable items, oxygen therapy equipment, aseptic and sterile technique, and isolation technique. Swansburg reported that "Criticisms by nurses attending this course were very favorable: 'This has been a wonderful session'; 'The classes have been most informative.' "

Wallace (32) described a four week course offered by the West Tennessee League for Nursing. Bathing, bedmaking, nutrition, elimination, irrigations, sterile technique and isolation technique were included. Mathematics, pharmacology and drug administration, oxygen therapy, newer

equipment, and diagnostic tests were other topics presented. Physiology was reviewed by means of films. Half of the nurses felt that bedmaking, bathing, mouth and skin care were unnecessary. Care of patients having chest surgery or mental illness was desired by some. More practice in mathematics, determination of vital signs, oxygen therapy, suctioning, and catheterization was requested.

Wolski (34) described a course presented by the Sinai Hospital of Detroit. Eight classes were given. Topics included were charting, oxygen and parenteral therapy, drugs and newer methods of administration, use of catheters, orthopedics, diabetic care, new equipment, laboratory tests, obstetrics, physical medicine, and x-ray. Class reaction was reported as being very favorable: "Each member expressed renewed confidence." "The course achieved its objective—to recall inactive nurses to work."

Knowlson (8) suggests that files of inactive nurses be kept and that they be notified of refresher courses.

Rich and Rich (24) reported on a special kind of refresher course for teachers. The New York City Board of Education recruited southern teachers who had lost their jobs with the integration struggle, brought them to New York, and assisted them to qualify for licensure in New York State. The efforts were considered successful.

"Refresher Courses" (23) reported that Fife County, Britain planned to upgrade the knowledge of its teachers "by release and evening study under a planned program."

Culver (2) stated that "most teachers who leave the profession



do so within two to five years after beginning. Usually this can be traced to the initial experience in the profession. Orientation programs and inservice workshops were two of the methods he listed as important in combating this.

Grace Smith (26) also cited the importance of planned orientation and continuing inservice demonstrations and meetings for teachers.

Pearce (16) wrote about her experiences as a nurse who took a refresher course. After being inactive for 20 years, she took a hospital course under the auspices of the Chicago Council on Community Nursing. The six week course was comprised of 50 hours of lecture and 130 hours of clinical experience in medical-surgical, obstetrical, and pediatric areas. The lectures were given by physician specialists.

Pearce found that the basic skills, i.e. bedmaking, bathing, and TPR's were easily recalled. She was unfamiliar with nonprofessional and auxiliary personnel, total nursing care responsibilities, administrative functions relative to diagnostic tests and procedures and doctors' orders, and several medicines and treatments. The interested attitude of the staff and their concern to help her learn unfamiliar equipment, tools, and specialties of their ward were most helpful. She stated that she was never given more responsibility than she was ready for. (16)

#### REVIEW OF RELATED STUDIES

1. "Realities of Staffing," published in The American Journal of Nursing, 62:11:56-63, November 1962. (20)

The American Journal of Nursing staff conducted this questionnaire study to determine what staffing problems were prevalent in general, vol-

untary, short-term hospitals. The findings were based on 103 letters and 12 interviews with directors of nursing service in 38 states. These responses comprised only 20 percent return of the contacts made. Situations were found to differ widely from hospital to hospital and staffing problems were divided between hospitals with and without schools of nursing. Statistical analysis of the findings was not attempted. Major staffing needs were found to be evening and night shifts, weekends and summer months, general duty nurses and supervisory personnel, and staffing specialty units such as obstetrics, pediatrics, and operating room. The number of part-time nurses exceeded the number of full-time nurses in many instances, with resultant problems of paperwork and continuity of care. Pregnancy and marriage were the reasons most often given for resignations. The location of the hospital and nature of the surrounding community, and the local economic situation were cited as being a help in some instances and a hindrance in others. Proposed solutions were:

- 1) better utilization of skills, i.e. team leaders and ward secretaries;
- 2) inservice and refresher programs (much emphasis on this point);
- 3) proportional benefits for part-time personnel;
- and 4) weekend bonus.

Reference was further made to the intangibles related to job satisfaction.

(20)

2. Study of Professional Nurses Currently Registered and Inactive in Oregon, by the Division of Nursing, Public Health Service, United States Department of Nealth, Education, and Welfare, 1963. (unpublished) (30)

This survey of inactive nurses was done to determine the reasons for the inactivity of these nurses and their probability of returning to nursing practice in the future. The study was expected to show the extent

to which this group might be a potential resource of nurse power. (30)

Forty-seven percent of the 1004 respondents planned to return to work in the future, most on a part-time basis. Two thirds of those who planned to return indicated a desire for an orientation course. Nurses who had been inactive for a short period of time, as well as those whose inactivity was of longer duration, expressed an interest in orientation.

(30)

The findings indicated that the longer a nurse was inactive, the less likely she was to return to nursing practice. Those without children were also less likely to return. Primary reasons for inactivity, in order of response, were that a mother should be at home while her children are young, that husband preferred his wife not to work, and that suitable child care was not available. (30)

No conclusions were drawn and no recommendations were made. No follow-up study was located despite the fact that nearly half of the 1004 respondents in 1963 planned to return. It was not stated whether the respondents to the study were anonymous, therefore it could not be determined whether a follow-up study would be feasible.

3. Report of a Questionnaire Study of Registered Nurses in the State of Washington, by the Washington State League for Nursing, published by the State Board of Vocational Education, Olympia, Washington, 1961. (33)

The purpose of this survey was to determine how many nurses would like to resume their careers, whether further education would encourage more nurses to become reactivated, and what subjects would interest these nurses if courses were offered. (33)

Findings of the study were based on the responses to a mailed questionnaire returned from 5,150 inactive nurses. Of this number, 3,283, or approximately 60 percent, expressed interest in resuming their careers. Two thirds of this number, 2,625, indicated an interest in taking a refresher course. Major preferences for content of the course were surgical, medical, and obstetrical nursing. It was concluded that inactive nurses in Washington constituted a sizeable potential to be considered as active nurses in the future. (33)

4. "Refresher Courses and the Reactivation of Nurses," by Melody J. Marshall and John G. Bruhn, published in Nursing Outlook, 15:1: 59-61, January 1967. (9)

This is the report of a study to determine differences between inactive nurses who take a refresher course and return to active practice and other inactive nurses. Factors which were barriers to re-employment were also investigated. Findings were based on responses to a questionnaire mailed to two groups. The study group was comprised of 92 of 166 nurses who completed a refresher course in Oklahoma between April 1960 and July 1964. The comparison group consisted of 265 of 1343 nurses who indicated they were not employed at the time of 1964 licensure renewal. Questionnaires were returned by 72 percent of the first group and by 49 percent of the second group. (9)

The comparison groups did not differ in educational background, licensure, marital status, or number of children. Nurses in the study group were older and had been inactive longer than the nurses in the comparison group but had taken a refresher course and had returned to nursing practice. Marshall and Bruhn concluded that "Fewer of the younger

inactive nurses take refresher courses or, if they do, fewer return to active nursing." (9)

Major reasons given for inactivity were: family responsibility, professional disillusionment, inadequate salaries, and unsuitable hours. Reasons for re-employment were: financial need, "to keep informed," and "interest in nursing." Nurses' comments on the refresher courses indicated that more emphasis should be given to practical aspects and clinical practice. (9)

5. The Reactions of 42 Nurses Toward Supervised Practice as a Means of Reactivating Their Licenses. An unpublished Master's Thesis by Billie G. Miller, University of Oregon School of Nursing, Portland, Oregon, 1964. (11)

The purpose of this study was to determine whether supervised practice offered nurses opportunities to obtain knowledge and understanding of present day nursing functions. The findings of the study were based on recorded interviews with 42 registered professional nurses who had completed a period of supervised practice as designated by the Oregon State Board of Nursing during 1961 and 1962 for the purposes of obtaining, reactivating, or reinstating licensure. The participants had all been inactive for five years or more. The average period of inactivity was 15 years. Three fourths graduated between 1931 and 1945. Slightly more than half of the nurses had been licensed in Oregon prior to retirement. General duty and private duty were the most frequently mentioned areas of employment before retirement. Family responsibility was the primary reason for professional inactivity. About 90 percent of the participants welcomed the opportunity for supervised practice. Thirteen participated in an organized course of instruction and supervision; 24 worked alone

under supervision; and five worked with another nurse. Twenty were oriented on the first day by classroom discussion and conference, 11 by observation, and 11 with another staff member. Eighty-three percent were employed after completion of the supervised practice. (11)

The findings showed that feelings of insecurity or security, and ease or difficulty in performing assignments, were not related to year of graduation from nursing school, amount of professional experience, or length of retirement. More than half of the participants indicated that bedside care and "basic" procedures were the least difficult activities to perform. About one fourth of the participants stated that they had no difficulty in resuming nursing activities. The administration of medications and the use of positive pressure respirators were the activities most frequently mentioned as being difficult. (11)

One nurse thought practice under supervision was inadequate; two others felt that it was of no value. Sixty-nine percent cited the value of supervised practice as a means of regaining self-confidence. Forty-five percent suggested or implied that an organized course would be the best method of reorientation for inactive nurses. Nineteen percent belonged to professional organizations. Less than half read professional periodicals or had professional contact during the period of inactivity. Seventeen percent had education in nursing beyond the basic program. Twelve percent had education in other fields. (11)

Miller concluded that the majority of participating institutions offered adequate supervision and experience in nursing practice, but did not provide guidance and opportunities for study (80 percent did not have an organized course of instruction and supervision); that most of

the nurses received assignments to meet nursing service needs rather than their learning needs; that personal effort to maintain professional status during inactivity was minimal; and that acquiring or reinstating licensure and obtaining employment were the primary reasons for returning. Professional initiative was apparently lacking. (11)

6. A Study of Practices in Orienting Staff Nurses. A Master's Thesis by Myrtle O'Boyle, Graduate School, University of Washington, The League Exchange No. 15, published by the National League for Nursing, New York, New York, 1956. (12)

O'Boyle interviewed 55 staff nurses in ten Seattle hospitals to determine 1) the manner in which they were orientated, 2) their satisfaction or dissatisfaction with the orientation, and 3) areas of information they considered important in orientation. (12)

No uniformity was found in methods of orientation. Planned methods such as tours, handbooks, conferences, classes, and assignment to work with another nurse were favored. Haphazard means, i.e. trial and error, casual observation while working, and asking others were deemed unsatisfactory. Being given adequate preparation prior to being given responsibility, especially charge duty, was considered most important. O'Boyle drew no conclusions but listed several implications. Pertinent to this study is the implication that special attention to the difficulties of those who have been away from nursing for a period of time greater than five years is indicated because they experience greater insecurity in beginning new positions. (12)

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

The purpose of this study was to obtain information from directors of nursing service concerning existing orientation activities for general duty nurses in eight general hospitals in Oregon having bed capacity of more than one hundred patients. Further comparisons with the literature were made. (4)

The findings indicated that orientation activities varied and were largely unplanned. Criteria and tools for evaluation of orientation were lacking. Areas and activities used lagged considerably from those recommended in the literature and were the opposites of perceived values. Hospitals with nursing education programs were found to utilize more personnel and provide greater variety and depth in orientation activities. Hospitals without nursing education programs tended to emphasize their counselling and guidance facilities. (4)

8. A Study of the Practices in Orienting Staff Nurses as New Employees in Ten Selected General Hospitals. An unpublished Master's Thesis by Phyllis J. Michaelson, University of Oregon School of Nursing, Portland, Oregon, 1963. (10)

The purpose of this study was to obtain information about practices used in orienting staff nurses in ten general hospitals in Washington and Oregon. Data were obtained by a modification of the interview guide and rating scale used in the O'Boyle study. (10)

Over half the participants graduated since 1959. About two thirds indicated that their first assignment was with another nurse; others had no specific assignment, cared for a small group of patients, or worked



with another nurse and a small group of patients. Nearly 75 percent had adequate assistance with techniques and procedures. Those who did not indicated that they had learned all or part by trial and error. Over half had an orientation of a week or less. Two thirds of those assuming charge responsibilities felt prepared at the time they assumed them. Seventy-six percent received additional information needed to carry out their duties from administrative personnel. Other means were by asking questions of other staff, and by reading the ward policy manual, procedure book and reference books located on the ward. Orientation classes were noticeably lacking; conferences were few. (10)

Michaelson's findings supported the O'Boyle and Elhart studies. Lack of planning and lack of consistency were evident. Many items that were rated as significant were learned by means that were unplanned or partially planned. The length of orientation programs was in most instances short. Conferences and classes were lacking or poorly presented. Recent graduates and nurses assuming charge duty on evening and night shifts did not feel adequately prepared to assume the responsibilities which were given to them.

9. A Study to Determine the Relationship Between Orientation and Job Satisfaction of Staff Nurses. An unpublished Master's Thesis by Mary Juanita Pickard, University of Washington, Seattle, Washington, 1959. (17)

This study was done to determine the relationship between orientation and job satisfaction of newly employed staff nurses. The findings indicated that more than 19 percent of the job satisfaction of recently employed staff nurses was directly related to the orientation received.

(17)

10. "How Many Caps Went on Again?" by Dorothy E. Reese, D. Ann Sparmacher, and Arthur Testoff, published in Nursing Outlook, 10:8: 517-19, August 1962. (21)

This is the report of a follow-up study of 453 nurses who completed refresher courses in the Chicago area from 1957 to 1961. Respondents to the questionnaire totalled 353. Seventy-seven percent of these nurses had worked since taking the courses. The findings showed that about 57 percent were currently employed. Twenty-three percent had never worked, and 20 percent were not currently employed. Over half of those who had never worked and those not currently employed planned to obtain work. Twenty-three percent of those who began to work part-time later converted to full-time. Nearly all of the nurses had worked in a hospital. Private duty, doctor's office, industry, school, public health, and school of nursing were other areas of employment experience. About 80 percent of nurses currently employed held staff level positions. Ten percent held head nurse or supervisory positions. The remaining ten percent held miscellaneous positions. Reasons given for not working included: husband's preference, health, unsuitable arrangements for children, hours, and caring for sick and aged relatives. It was concluded that the refresher courses were effective in achieving their purpose. The attitude of hospital personnel and co-workers toward the returning nurse was cited as being very important.

#### SUMMARY

Increasing staffing needs, staffing shortages, and the large number of inactive members are not problems of the nursing profession alone,

but are occurring in several of the professions, especially those in which women are commonly engaged. (3) Marriage and family responsibilities are frequently regarded as a source of staffing problems and staffing losses. Likewise marriage and having young children are often given as reasons for women's professional inactivity.

Rapid advances in knowledge make women fearful of returning to practice once they have been inactive. Both in nursing and in other professions with similar problems, for instance teaching, a trend toward the use of orientation programs, refresher courses, and inservice programs is reported in the literature. Together these serve to keep employed persons abreast of current developments as well as to bring inactive persons up to date.

Studies of inactive nurses reveal that many are interested in returning to active practice and that most of these nurses would like to have a planned program of reorientation. Reasons most frequently given for inactivity were young children at home, husband's preference for wife not to work, and suitable child care not available. Illness, insecurity, inadequate salaries and professional disillusionment were also mentioned. Reasons for re-employment were: financial need, "to keep informed," and "interest in nursing." Most common areas of employment experience were hospitals, private duty, and physician's office. About half had experience in positions above staff level. One inactive nurse study determined that the longer a nurse was inactive, the less likely she was to return to nursing practice. Those without children were also found to be less likely to return. This is an interesting comment in view of the number who give responsibilities for child care

as the reason for not returning to nursing. In a comparative study of nurses who completed a refresher course and other inactive nurses, it was concluded that fewer younger nurses take refresher courses or return to active practice if they do take refresher courses.

The literature contains many reports of refresher courses considered to be successful. Length, content, and sponsorship vary. Some refresher courses consisted entirely of classroom teaching; others included clinical practice. Errickson (5), Powers (19), and Harriet Smith (27) considered clinical practice an essential part of a refresher course.

There is little disclosure in the literature from the reactivated nurses. An exception is Pearce (16) who wrote her impressions following a refresher course. She had been inactive for twenty years. She found the basic bedside skills unchanged. Auxiliary personnel, early ambulation, exchange transfusions, and many drugs and treatments were unfamiliar to her.

Most evaluative comments in the reports are very general statements. "The course was very good." (9) "Class reaction was very favorable. Each member expressed renewed confidence." (29) "Interviews with former students revealed that our program meets the students' immediate needs and is satisfying." (19)

No studies have been done to determine specifically what content in the courses was helpful to the nurses who took the courses. A few specific comments are available, however. Half the nurses in the course described by Wallace (32) considered the review of bathing, bedmaking and mouth and skin care unnecessary. Nurses in the same group wanted more practice in procedures and wanted to learn the care of patients

with chest surgery and the care of the mentally ill. Theory and practice in specialty areas appeared to be requested according to the individuals' interests.

The criteria of success of these refresher courses appear to be favorable comments by the students, if not specific, and a high rate of employment of the participants following the course.

Literature pertaining to orientation programs is considered pertinent to refresher courses since a refresher course is in a sense a super-orientation (or a special kind of orientation program), its purpose being to re-orient the inactive nurse to the practice of nursing.

Studies of supervised practice and orientation programs revealed variances in length, content, and methods of presentation. Planned classes and conferences were found to be few and poorly presented. Means for evaluation were lacking. The findings of the studies indicated that planned methods were deemed more satisfactory and that adequate preparation before being given responsibilities was considered most important by the participants.

Studies further show a high relationship between job satisfaction and orientation, both in nursing and in teaching. The importance of carefully planned practice and the reception of returning nurses by staff mentioned in the reports of some of the refresher courses by implication might be related to the satisfaction of returning nurses and their decisions to become or not to become active in nursing again.

It was expected that methods mentioned in the studies of orientation programs might be given by nurses in this study as means of learning other than from a refresher course and that characteristics of the nurses

in studies of inactive nurses could be compared with the nurses in this study.

The minimal evaluations of courses, and the minimal disclosures from reactivated nurses found in the literature, with the absence of directly related studies found were considered to be adequate justification for this study.

### CHAPTER III

#### REPORT OF THE STUDY

##### PROCEDURE OF THE STUDY

The stated purpose of this study was to obtain the opinions of two groups of reactivated nurses regarding needs in reorientation and the helpfulness of selected subjects, activities, and experiences in reorientation to nursing.

It was hypothesized that there would be no significant difference between the two groups of reactivated nurses in the subjects and activities which they considered to be needed or helpful in reorientation to nursing.

The literature was searched for characteristics of inactive nurses, components and evaluations of orientation programs, and reports and evaluations of refresher courses.

The participants included in the study were twenty-four reactivated nurses, thirteen of whom had completed the refresher course at St. Vincent Hospital in Portland, Oregon between January and June, 1966. The remaining eleven participants were nurses who had returned to nursing practice after one year or more of inactivity without taking a refresher course. The findings were based on a mailed questionnaire returned from the individuals whose names were provided by the nursing service directors of the hospitals participating in the study.

The questionnaire was developed in three parts. Part I, Family Profile, and Part II, Professional Profile, were included for the purpose of providing background information. Part III, The Return to Nursing, contains the crux of the study. It includes a checklist developed from the outline of the refresher course at St. Vincent Hospital (Appendix A). The checklist was designed with four columns so that the participant could indicate whether the listed subjects provided her were helpful new information, were helpful review, were not helpful, or were not available. Open-end questions following the checklist allowed indication of needs in the same or other areas than listed, means other than refresher course by which nursing knowledge or activities were learned, supervision received by the participant, and a general evaluation of the individual's experiences in reorientation.

Twenty-nine questionnaires were mailed, fifteen to nurses who had completed the refresher course and fourteen to nurses who did not have a refresher course. Twenty-eight questionnaires were returned, of which twenty-four were usable. One nurse had moved and could not be located. One questionnaire was returned blank with the explanation, "I did not work since graduation until the course, I have not worked since the course, and I do not plan to return to work, so I cannot give you the information you need." Two questionnaires from the second group were discarded because the respondents indicated that they had taken an extensive refresher course elsewhere.

#### FINDINGS, TABULATION AND INTERPRETATION OF DATA

Part I of the questionnaire consisted of five items concerning



marital status, number and ages of children, husband's level of education and present job, and family reaction to the participant's decision to return to nursing practice, plus space for other comments the respondent considered pertinent.

Item one sought information regarding the marital status of the nurses participating in the study. There were no single nurses in either group. The number of married nurses was approximately equal. Two nurses in each group were divorced. One nurse in the group who took the refresher course was widowed. Table 1 shows these findings.

Table 1. Marital Status of 24 Reactivated Nurses

Marital Status	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Single	0	0
Married	10	9
Widowed	1	0
Divorced or Separated	2	2

Item two asked the number and ages of children of the participants. It was found that nearly half of the nurses who completed the refresher course had no preschool or school age children at home. One had no children. By contrast, the nurses who did not have a refresher course all had preschool or school age children, except one who did not indicate her children's ages and two who had no children. The mean number of children in the first group was 2.8, in the second group 3.5. Table

2 summarizes the number and ages of children of both groups of participants.

Table 2. Number and Ages of Children of 24 Reactivated Nurses

Age Category	Number of Children of Nurses Reactivated By	
	Refresher Course	No Refresher Course
Preschool	2	5
School Age	20	22
Adult	14	8
Age Not Given	0	4
Totals	36	39
Mean	2.8	3.5

Educational and current job status were slightly higher for husbands of the nurses who did not take a refresher course. Almost half of the husbands of the nurses who took the refresher course had no education beyond high school. All of the husbands of the group who did not have a refresher course had education beyond high school, except one who did not complete high school. Five husbands in each group held jobs of a professional nature. This amounts to slightly more than one third of the husbands in the first group and just under one half of the husbands in the second group. One husband in the first group was retired. One husband in the second group was unemployed. One participant in each group did not indicate her husband's level of education or present job. These findings are shown in Table 3.

Table 3. Highest Level of Education and Type of Current Job of Husbands of 24 Reactivated Nurses

Highest Level of Education Type of Current Job	Husbands of Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Highest Level of Education		
Less than High School	0	1
High School	5	0
Some College	4	4
Completed College	0	3
Postgraduate	3	2
Not Given	1	1
Type of Current Job		
Unskilled	3	0
Skilled	3	4
Professional	5	5
Retired	1	0
Unemployed	0	1
Not Given	1	1

The next item elicited special information considered pertinent by the participants in the study. None of the nurses who took the refresher course gave any special information. Three of the nurses who did not have a refresher course had cared for elderly or invalid relatives at home. One nurse indicated that she was "living alone now." Table 4 shows this brief information.

Table 4. Special Information Considered Pertinent by 24 Reactivated Nurses

Special Information	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
None Given	13	7
Cared for Elderly or Invalid Relative at Home	0	3
"Living Alone Now"	0	1

Family attitudes towards the mother's returning to work were more positive for the nurses who took the refresher course. No negative reactions were indicated by the nurses who took the refresher course. One commented, "The children thought it great that mother also had homework to do." Three of the nurses who did not take the refresher course indicated negative family reactions. Two of these reported that the family reactions have since become more positive. The comments were: "They were dubious at first, but think it's O.K. now," and "They have become more cooperative since I returned." One participant who indicated that family reactions were ambivalent stated, "No objections to nursing—only to the limitations to family life that occur when any mother works." The other participants did not comment. The findings are shown in Table 5.

Table 5. Family Reactions to 24 Nurses' Decisions to Return to Nursing Practice

Family Reaction	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Negative	0	3
Ambivalent	3	2
Positive	10	6

Part II of the questionnaire consisted of fifteen items. Half of these elicited information about the educational background and professional experience of the two groups of nurses. Further information elicited was related to length of and reasons for inactivity, reasons for deciding to return to nursing, and reasons for taking or not taking a refresher course. The remaining items asked about membership in professional organizations, the reading of medical and nursing literature, and present working status of the participants in the study.

The nurses who took the refresher course graduated earlier than the other group. The median year of graduation for the second group (1947) was the latest year of graduation for the first group. The range of years of graduation for the first group was 1929 to 1947; for the second group the range was 1929 to 1960. More than half of both groups graduated from schools of nursing outside the State of Oregon. Refer to Table 6 for the year and state of graduation of the participants.

Table 6. Year and State of Graduation of 24 Reactivated Nurses

Year and State of Graduation	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Year of Graduation		
Prior to 1930	1	1
1931 to 1935	3	1
1936 to 1940	1	1
1941 to 1945	4	1
1946 to 1950	4	6
1951 to 1955	0	0
1956 to 1960	0	1
State of Graduation		
Oregon	4	4
Other	9	7

Nearly all of the nurses in both groups graduated from diploma programs. None had preparation in nursing beyond her basic program.

(See Table 7)

Table 7. Type of Basic Preparation Reported by 24 Reactivated Nurses

Type of Basic Preparation	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Diploma Program	11	8
Baccalaureate Program	2	3

As shown in Table 8, a few of the participants indicated that they had some general college work or education in another field.

Table 8. Education Beyond Nursing Reported by 24 Reactivated Nurses

Education Beyond Nursing	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Some College	2	2
Secretarial	1	0
Community Development	1	0
None	9	9

Item 10 asked if the participants had ever worked since graduation; it was learned that one nurse who took the refresher course and two nurses in the other group had never worked.

Item 11 provided space for indicating the area or areas of experience and the next item sought information related to the types of positions held. All participants had worked in a hospital. Private duty and doctor's office were the next most frequent responses, given by about half of the participants. All respondents had worked in the general duty capacity. Two of the thirteen nurses who had the refresher course had experience in leadership positions (head nurse or higher). Eight of the eleven nurses who did not have the refresher course had experience in similar positions. Table 9 shows the areas of professional experience and the types of positions held by the participants. The number of responses exceeds the number of respondents since several of the nurses have had experience in more than one area or type of position.

Table 9. Areas of Professional Experience and Types of Positions Held as Reported by 24 Reactivated Nurses

Areas of Professional Experience Types of Positions Held	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
<b>Areas of Experience*</b>		
Hospital	12	9
School of Nursing	1	0
Private Duty	5	6
Public Health	2	0
Doctor's Office	3	5
Other	4	4
Not Worked	1	2
<b>Types of Positions Held*</b>		
Administrator or Assistant	1	1
Supervisor or Assistant	0	2
Head Nurse or Assistant	1	5
General Duty	12	9
Other	3	1
Not Worked	1	2

\*More than one response by some participants

The period of inactivity of the nurses who took the refresher course ranged from five to twenty-five years. Inactivity of the nurses in the second group ranged from one and one half to twenty years. The median number of years of inactivity was eighteen years for the first group and eight years for the second group. Figure 1 shows the duration of inactivity of the participants in the study.



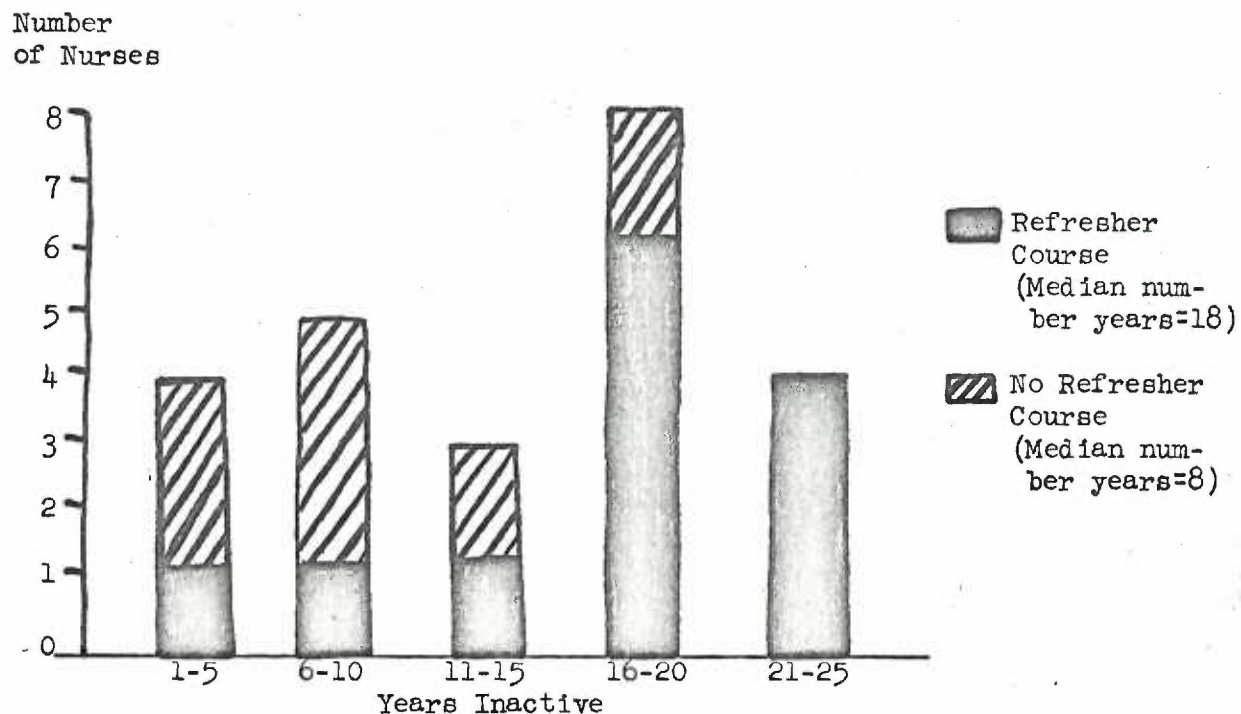


Figure 1. Duration of Inactivity of 24 Reactivated Nurses

Item 14 sought information regarding the reasons for inactivity of the participants. "At home with my children" was given by nearly all respondents in both groups. "Care of elderly or invalid relative" and "Tired of working" shared second place in frequency of response with three responses each. However both responses were given by nurses who did not take the refresher course. Reasons given by the nurses who took the refresher course include: "Family business," "Family crisis and abroad," "Distance from hospital," and "Job other than nursing. Table 10 shows this information.

Table 10. Reasons for Previous Inactivity of 24 Reactivated Nurses According to Frequency of Response\*

Reason for Previous Inactivity	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
At home with my children	11	8
Care of elderly or invalid relative	0	3
Tired of working	0	3
Family business	2	0
Family crisis and abroad	1	0
Distance from hospital	1	0
Job other than nursing	1	0

\*More than one response by some participants

Item 15 asked the factors which influenced the participants to return to nursing practice. "Reactivate my license," "Family finances," and "Children grown" ranked equally in both groups with five responses each. Three of the nurses who took the refresher course listed "Recruitment program" as a factor in their decision to return to nursing. One nurse who had been employed in a field other than nursing reported that she took the refresher course for another reason (to improve her medical terminology) but through the course became interested again in nursing and decided to stay in nursing rather than return to her other job. Other single reasons given included: "Moved to more convenient area," and "Didn't want to become too far behind." The findings are shown in Table 11.

Table 11. Factors Which Influenced 24 Reactivated Nurses to Return to Nursing Ranked According to Frequency of Response\*

Factor	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Reactivate License	5	5
Family Finances	5	5
Children Grown	5	5
Recruitment Program	3	0
Other Reason	2	3

\*More than one response by some participants

Items 16, 17, and 18 elicited information related to the reasons for taking or not taking a refresher course, and whether those who did not take a course were interested in taking such a course. Ten of the thirteen nurses who took the course indicated that they took the refresher course "To update my knowledge." Five responded "To reactivate my license," and three responded "To regain self-confidence." "Not available at the time" was the most frequent response by the second group for not taking a refresher course. About half gave this response, all of whom indicated that they were interested in taking a course had one been available. Tables 12 and 13 show the reasons of participants for taking or not taking a refresher course.

Table 12. Reasons Given by 13 Nurses for Taking a Refresher Course

Reason	Number
	N=13
To update my knowledge	10
To reactivate my license	5
To regain self-confidence	3
<u>*Second response also given by all participants who gave this reason</u>	

Table 13. Reasons Given by 11 Nurses for Not Taking a Refresher Course

Reason	Number
	N=11
Did not feel I needed it	2
Not available at the time	5
Unable to take during hours offered	2
Unable to take the time	1
No Response	1

Item 19 seeks information related to the participation of the nurses in professional organizations. Two in each group had never belonged to one of the professional organizations. About half of the group who took the refresher course and one fourth of the other group currently belong to one of the professional organizations. Table 14 depicts membership in the professional organizations.

Table 14. Membership in American Nurses' Association and/or the National League for Nursing as Reported by 24 Reactivated Nurses

Membership	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Presently	5	3
Previously	5	6
Never	2	2
"Can't Remember"	1	0

Item 20 sought information related to the reading activities of the participants. Two of the nurses who took the refresher course admitted to not being able to keep up with professional literature. Five of the refreshers stated that they kept up with the literature while inactive and another five stated that they started to read when they started taking the refresher course. Only one stated that she reads current literature now. Four of eleven nurses who did not take the refresher course indicated that they read current literature now. Table 15 presents the activities of the participants with regard to the reading of medical and nursing literature. One nurse in the second group commented that she felt current periodicals contained nothing of value.

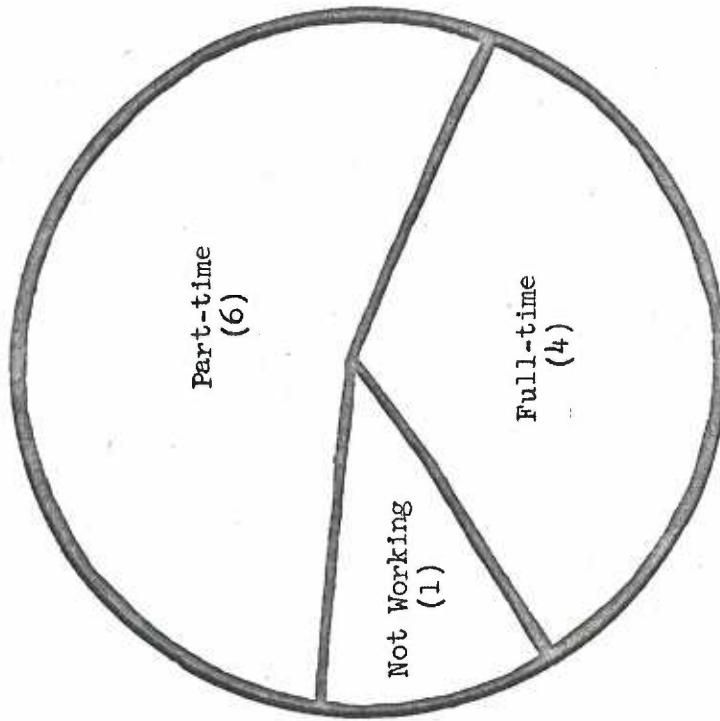
Table 15. Responses of 24 Reactivated Nurses Regarding Their Activities of Reading Medical and Nursing Literature

Reading Activity	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course* N=11
Kept up with the literature while inactive	5	3
Began reading when started refresher course or started work	5	2
Read current literature now	1	4
Never able to keep up with the literature	2	3

\*More than one response by some participants

The largest proportion of both groups is currently working part-time. Only one nurse in each group is not working. The reasons given for not working were: "Children's summer vacation," and "Leave of absence." Both indicated that they intend to return to work. Figure 2 depicts the current working status of the participants.

No Refresher Course  
N=11



Refresher Course  
N=13

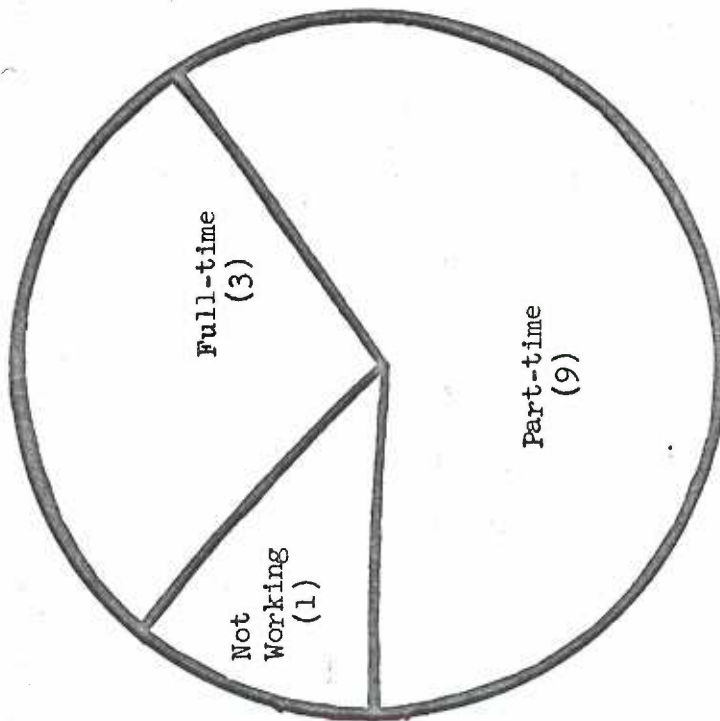


Figure 2. Current Working Status of 24 Nurse Participants

Part III of the questionnaire consisted of ten items. A table of subjects used in helping nurses prepare to return to nursing practice was the basis of a checklist having four columns: helpful new information, helpful review, not helpful, and not available. The first two columns could both be checked. Items following the checklist allowed indication of needs in the same or other areas than listed, means other than refresher course by which nursing knowledge and activities were learned, supervision received by the participant, and a general evaluation of the individual's experiences in reorientation.

Item 23 consisted of the checklist, as described above. Item 24 asked what subjects that were listed but not available would have been helpful. Item 25 asked what listed areas, if any, should have been given more emphasis. Since there were no responses to item 24 by the refreshers and no responses to item 25 by the group who did not have the course, these were tabulated as part of the table for the group which responded to each item. Since either one or both of the first two columns in the checklist could be marked, the responses had to be tabulated in three columns instead of the original two columns. There were no responses to J on the checklist, hence it was omitted from the table.

It was learned that nurses who took the refresher course received considerable new information as well as review in most of the subjects included in the checklist. Basic bedside technics and nutrition were the only subjects in which most of the information received was considered to be review. Medical-surgical nursing was about evenly divided between old and new information. Intensive care units were apparently new to all



but one of the nurses who took the course. Greater depth, both in equipment and procedures and in pharmacology, were desired by one half and one third of the participants, respectively.

There was a small proportion of "not helpful" responses, mostly in the subjects listed as basic sciences. Half of the respondents felt that microbiology was not helpful; one fourth considered the physics class not helpful. Two nurses commented that the physics class was difficult to understand. Chemistry and nutrition were each considered not helpful by one person. Negative responses outside the basic science subjects were in philosophy and trends in nursing, concepts of mental health, and ward management and supervision. Three subjects received single nonresponses. (See Table 16)

Table 16. Responses of 13 Reactivated Nurses Who Took a Refresher Course Regarding the Helpfulness of Selected Subjects in Reorientation to Nursing

Selected Subjects	Helpful New Information	Helpful New Information and Helpful Review	Helpful Review	Not Helpful	Not Available	No Response	More Depth Needed
Philosophy and Trends in Nursing	6	4	2	1			
Fundamentals of Nursing							
(1) Basic Bedside Technics	2	3	8				1
(2) Posture and Positioning	6	2	5				2
(3) Equipment and Procedures	7	5	1				6
Concepts of Mental Health; Meaning of Illness to Pts.	6	2	3	2			
Nurse-patient Communications and Relationships	3	5	5				
Basic Sciences							
(1) Anatomy and Physiology	4	3	5			1	
(2) Chemistry of the Body	5	4	3	1			
(3) Physics	3	5	1	3		1	
(4) Microbiology	3	2	1	3		1	
(5) Nutrition	2	4	6	1			
Pharmacology	7	4	2				4
Comprehensive Medical-Surgical Nursing	4	3	6				3
Introduction to Intensive Care Units	10	1			2		3
Ward Management and Supervision	9	2		1		1	2

By contrast with the first group, the nurses who did not take a refresher course received a higher proportion of review than new information. Again few "not helpful" responses were given, for about the same learning experiences. Additional subjects receiving negative responses were basic bedside technics and posture and positioning. Nearly 20 percent of the participants gave no responses to half of the listed subjects. Half or more of the respondents who indicated that subjects were "not available" further stated that the same subjects were "needed," except for philosophy and trends in nursing, anatomy and physiology, physics, and microbiology. (See Table 17)

Table 17. Responses of 11 Reactivated Nurses Who Did Not Take a Refresher Course Regarding Needs and the Helpfulness of Selected Subjects in Reorientation to Nursing

Selected Subjects	Helpful New Information	Helpful New Information and Helpful Review	Helpful Review	Not Helpful	Not Available	No Response	Needed
Philosophy and Trends in Nursing	1	3			6	1	
Fundamentals of Nursing							
(1) Basic Bedside Technics	1	1	3	2	4		2
(2) Posture and Positioning	1	1	4	1	3	1	2
(3) Equipment and Procedures	2	3	3		3		3
Concepts of Mental Health; Meaning of Illness to Pts.			6	1	4		2
Nurse-patient Communications and Relationships	1		2		6	2	5
Basic Sciences							
(1) Anatomy and Physiology	1		3		5	2	2
(2) Chemistry of the Body	2		3		4	2	2
(3) Physics	1		1	2	5	2	2
(4) Microbiology			3		6	2	1
(5) Nutrition		4	2	1	3	1	2
Pharmacology	2	1	3		5		5
Comprehensive Medical-Surgical Nursing		3	4		2	2	2
Introduction to Intensive Care Units	3		4		4		3
Ward Management and Supervision	2	1	2	2	3	1	3

The first three columns in Tables 16 and 17 were combined to obtain total positive responses. The "needed" column was added to this for the group who did not take a refresher course since the "needed" responses were considered to be positive responses given by the nurses to whom the subjects had not been available. Nonresponses were not tabulated since they could not arbitrarily be considered either positive or negative responses. The statistical tests were based on the total number of responses for each subject area and were therefore based on different total numbers.

The total positive and negative responses of the two groups were compared in each subject area. The value of Chi square for significance of difference was tabulated, using the formula:

$$\chi^2 \text{ four-fold contingency table} = \sum \frac{(|f_o - f_e| - .5)^2}{f_e}$$

The ratio of positive to negative responses was exactly the same (100 percent positive) for six of the listed subjects: equipment and procedures, nurse-patient communications and relationships, anatomy and physiology, chemistry of the body, pharmacology, medical-surgical nursing, and introduction to intensive care units. The largest differences between the two groups, as shown by the Chi squares, were for basic bedside technics and microbiology. The Chi squares were all very low for all subjects, including the two which showed the greatest difference. None was as large as the smallest significant number on the Chi square table. The hypothesis that there would be no significant difference

between the two groups of reactivated nurses in the subjects and activities which they considered to be needed or helpful in reorientation to nursing was therefore accepted. This must be accepted with reservation, however, since the number and distribution of responses was not adequate to provide an expected frequency of five or more in each test cell, a requirement for a good Chi square test. In addition, the proportion of nonresponses was high in the group which did not take a refresher course. Table 18 shows the comparison of the positive and negative responses of the two groups in each subject area and the values of the Chi square tests, calculated to four decimal places.

Table 18. Comparison of Positive and Negative Responses and Values of Chi Square for the Responses of 24 Reactivated Nurses Regarding Needs and the Helpfulness of Selected Subjects in Reorientation

Selected Subjects	Nurses Reactivated By				Chi <sup>2</sup>
	Refresher Course		No Refresher Course		
	Positive	Negative	Positive	Negative	
Philosophy and Trends in Nursing	12	1	4	0	.4137
Fundamentals of Nursing					
(1) Basic Bedside Technics	13	0	7	2	2.1747
(2) Posture and Positioning	13	0	7	1	.0626
(3) Equipment and Procedures	13	0	11	0	0
Concepts of Mental Health; Meaning of Illness to Pts.	11	2	6	1	.3489
Nurse-patient Communications and Relationships	13	0	8	0	0
Basic Sciences					
(1) Anatomy and Physiology	12	0	6	0	0
(2) Chemistry of the Body	12	1	6	0	.1254
(3) Physics	9	3	4	2	.0343
(4) Microbiology	6	6	4	0	1.5221
(5) Nutrition	12	1	8	1	.3299
Pharmacology	13	0	11	0	0
Comprehensive Medical-Surgical Nursing	13	0	9	0	0
Introduction to Intensive Care Units	11	0	6	0	0
Ward Management and Supervision	11	1	7	2	.0687

Only four respondents indicated additional areas in which courses might have been helpful. The responses were: "More realistic, less idealistic situations," "Team leadership," "How to cope with relatives of terminal cases," and "Would like to have inservice classes in areas listed." The last three of the above responses were given by nurses who did not take the refresher course.

All the nurses who took the refresher course, and most of the nurses who did not take a course, were supervised in the administration of medications. Most of the nurses in both groups were supervised in procedures and the use of equipment and in caring for medical-surgical patients. About half of the nurses who took the refresher course were supervised in intensive care. Only a few nurses received supervision in other areas, one or two nurses being the maximum per area. None of the participants worked in the operating room. One of the nurses who took the refresher course stated that she was supervised in "EKG and monitor reading; open heart surgery and open heart recovery." Table 19 summarizes the areas in which supervised practice was received by the participants in the study.



Table 19. Areas of Supervised Practice as Reported by 24 Reactivated Nurses\*

Area of Practice	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Medication Administration	13	9
Procedures and Use of Equipment	10	9
Nursing Care:		
Medical-Surgical Patients	12	8
Obstetric Patients	1	1
Pediatric Patients	1	1
Special:		
Operating Room	0	0
Intensive Care Unit	6	0
Recovery Room	2	2
IV Therapy	2	1
Other	1	0

\*More than one response given by most participants

About two thirds of the nurses who took the refresher course and three fourths of the nurses who did not take the refresher course stated that the supervision they received was "very helpful." Only one person, in the group that did not take the refresher course, stated that the supervision she received was not helpful. Two in the first group and one in the second group considered the supervision they received to be variable in helpfulness. (See Table 20)

Table 20. Responses of 24 Reactivated Nurses Regarding Supervision

Responses Regarding Supervision	Nurses Reactivated By	
	Refresher Course N=13	No Refresher Course N=11
Very Helpful	8	8
Somewhat Helpful	3	1
Not Helpful	0	1
Variable	2	1

Comments on supervision given by nurses who took the refresher course were: "Sometimes they were too busy to help," "No reflection on the supervision—they were too busy," "Quality of the supervision depends upon the caliber of the nurse assigned to work with you," and "Haphazard at times." One nurse who did not take the refresher course stated that she had requested experience in obstetrics and pediatrics but was refused. Another stated that, "I was lucky in having two good nurses orient me to medicines and charge duty."

Item 29 asked whether the nursing personnel were helpful, how they were helpful, and how they could have been more helpful. The helpfulness of the nursing personnel in the various departments to the returning nurses was found to have the same distribution as the helpfulness of the supervision received, as indicated in Table 20, except that "very helpful" and "somewhat helpful" were not differentiated. Therefore, a separate table was not constructed to show this. (Refer to Table 20)

Being patient and willing to help, answering questions, giving demonstrations, and giving encouragement were the ways in which personnel were helpful. Typical comments were: "They were interested in sharing their knowledge of nursing procedures on the units," "Some were priceless in help and understanding, others made no offers of help," and "They were very good about answering questions—didn't make me feel stupid for asking what to them were obvious questions." Suggestions of how the personnel could have been more helpful were by giving the participants more demonstrations and practice in doing procedures, more definite working assignments and less observation, and "making sure that we got experiences in areas we knew we were weak in."

Item 30 sought what the refresher course offered specifically to the individuals who took it. Renewed confidence was the most frequently stated value of the course. Insight into changes and new concepts in nursing care and procedures summarizes most of the other responses. One person stated that she felt the refresher course opened the door for her to continue self-education.

Item 31 elicited other means than a refresher course by which nursing knowledge and activities were learned by the group who did not have the course. As shown in Table 21, reading, asking questions, and observation and experience were each given by three of the nurses. Only two of the participants indicated that they learned through an orientation program; inservice was noticeably lacking as a means of learning other than a refresher course.

Table 21. Responses of 11 Reactivated Nurses Regarding Sources of Learning Other Than a Refresher Course

Source of Learning	Number of Nurses
Reading	3
Asking Questions	3
Observation and Experience	3
Orientation Program	2

The final item of the questionnaire allowed the participants to express special comments concerning their return to nursing. About half the participants stated they were glad to be back in nursing. Three of the participants indicated that they had difficulty adjusting to working with nonprofessional help. Three persons indicated that they felt nursing had deteriorated. The remainder of the responses consisted of miscellaneous comments, for example:

I always hoped that I would be able to return to my profession and the refresher course gave me the opportunity.

Nurses can take courses all their lives and still not be a good bedside nurse....Good teaching supervisors at the bedside is what we need to recapture my concept of nursing.

Responsibility is greater than in former years; it is still very hard, and I think practically nobody really likes it.

Units understaffed; too much 'clock pressure' to get a job done as well as it could be.

...I feel that because I did not take their refresher course I do not qualify to relieve the head nurse... who decides the qualifications?

## SUMMARY

Background and family characteristics of the participants in this study were similar as a total group with the characteristics of participants in studies of inactive nurses. Differences were found between the two subgroups in this study, however. The second group, which was younger (judged by date of graduation from nursing school), had been inactive for a shorter period of time, and had younger children, was probably less likely to take a refresher course than the first group. This supports the conclusion found in the study by Marshall and Bruhn (9) that fewer younger nurses take refresher courses.

Reasons given for inactivity and for returning to nursing were similar to those found in articles and studies. Most of the nurses who had been inactive a shorter period of time, particularly in the group who did not take a refresher course, expressed interest in taking such a course. This supports the findings of the study of inactive nurses done in Oregon. (30) Participation in professional organizations and effort to keep informed while inactive were higher than found in Miller's study. (11)

Nurses who took the refresher course learned a larger proportion of new information; nurses who did not take a refresher course received mostly review. No significant difference, as shown by the Chi square test, was found between the responses of the two groups in what they considered to be needed or helpful in reorientation to nursing. The null hypothesis was therefore accepted.

More supervised experience was received by nurses who took the refresher course. Supervision was for the most part considered helpful by the participants in both groups.

Inservice was noticeably absent and orientation programs were mentioned only twice as sources of learning by the nurses who did not have the refresher course. Only three other methods were mentioned. These were self-directed or unplanned methods which were deemed less satisfactory than planned methods in studies of orientation programs.

Comments about practice experiences and needs support the premise that both clinical experience and classes are needed in reorientation. Special comments were about half positive and half negative.

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER STUDY

#### SUMMARY

The purpose of this study was to obtain the opinions of two groups of reactivated nurses regarding needs in reorientation and the helpfulness of selected subjects, activities, and experiences in reorientation to nursing.

It was hypothesized that there would be no significant difference between the two groups of reactivated nurses in the subjects and activities which they considered to be needed or helpful in reorientation to nursing.

The participants in the study were twenty-four reactivated nurses, thirteen of whom had completed the refresher course at St. Vincent Hospital in Portland, Oregon between January and June, 1966. The remaining eleven participants were nurses who had returned to nursing practice after one year or more of inactivity without taking a refresher course. The findings were based on a mailed questionnaire returned from the individuals whose names were provided by the nursing service directors of the hospitals participating in the study.

The tool used in the study was a three-section questionnaire containing both open-end and closed-end questions. The same questionnaire was used for both groups of respondents. Where a specific question would

not apply to both groups, a second related question was asked so that paired responses would result.

No difference in marital status was found. The group of nurses who took the refresher course averaged 2.8 children as compared with an average of 3.5 children in the second group. The ages of the children in the second group were younger. Nurses who did not have the refresher course all had preschool children, except one who did not indicate her children's ages and two who had no children; half of the group who took the course had no preschool or school age children at home. One of the refreshers had no children.

Educational level and current job status were slightly higher for husbands of the nurses who did not take the refresher course. Initial family reactions to the participants' decisions to return to nursing were more favorable in the group who took the refresher course. It had been anticipated that a husband having a higher level of education or job status might be more encouraging to the wife in her pursuit of professional interests and more specifically in taking a refresher course. This did not prove to be true.

The nurses who took the refresher course graduated earlier and had been inactive longer than the nurses who did not take the course. Most of the first group graduated prior to 1945; over half the second group graduated since 1945. The median number of years of inactivity was 18 years and eight years respectively for the two groups.

Hospital, private duty, and doctor's office were the most frequent areas of experience. Over half the nurses who did not have the refresher course as compared with less than one fourth of the nurses



who took the course had experience above staff level positions.

Reasons given for inactivity and for returning to nursing were similar to those found in articles and studies. "At home with my children" was the reason most frequently given for inactivity. "Reactivate my license," "Family finances," and "Children grown" were reasons mentioned with equal frequency for returning to nursing. Most of the nurses who had been inactive a short period of time, particularly in the group who did not take a refresher course, expressed interest in taking such a course. This supports the findings of the study of inactive nurses done in Oregon. (14)

About half of the group who took the refresher course and one fourth of the group who did not take the course currently belong to one of the professional organizations. Only two in each group never belonged. The same proportion in each group had attempted to keep up with medical and nursing literature while inactive. This was higher than found in the study by Miller. (11)

Only one nurse in each group was not currently working. Both planned to return to work. The majority of the remainder of both groups were working part-time.

Nurses who took the refresher course learned considerable new information whereas nurses who did not have the refresher course indicated that information they obtained was mostly review. Their sources of learning were primarily self-directed or unplanned methods, which could partially account for this difference. Likely it also is a reflection of the earlier graduation and longer inactivity of the nurses.

No significant difference, as shown by the Chi square test, was found between the responses of the two groups in what they considered to be needed or helpful in reorientation to nursing. The null hypothesis was therefore accepted. It was recognized that the data did not really lend itself to intensive statistical analysis. Many of the items called for open-ended responses. Further the participants had been reactivated in nursing for a period of three months and the assumption that three months of employment was essential for development of opinions may not have been valid. Longer employment might have yielded different responses.

More supervised experience was received by nurses who took the refresher course. Supervision was for the most part considered helpful by the participants in both groups.

Inservice was noticeably absent and orientation programs were mentioned only twice as sources of learning by the nurses who did not have the refresher course. Only three other methods were mentioned. These were self-directed or unplanned methods which were deemed less satisfactory than planned methods in studies of orientation programs.

Comments about practice experiences and needs support the premise that both clinical experience and classes are needed in reorientation. Special comments were about half positive and half negative.

#### CONCLUSIONS

The findings of this study lead to the following conclusions:

1. The findings of this study were consistent with the findings of the Oregon inactive nurse study (30) regarding characteristics of

inactive nurses.

2. This study supports the conclusions of Errickson (5), Powers (19), and Harriet Smith (27) that clinical practice as well as classes are needed in refresher programs.

3. A refresher course consisting of the subjects and experiences outlined proved to be helpful; sources of learning other than refresher course for those who did not have such a course were found to be largely unplanned, which is consistent with the findings in the literature of orientation programs for newly employed nurses.

4. The amount and nature of supervision in the practice period was found to be variable.

5. Despite the opportunity to avail themselves of an organized refresher course, the number of nurses who returned to full-time employment in nursing was not significant. However, the refresher course did enable nurses to return to part-time employment which may have been the only employment possible for them at this time.

#### RECOMMENDATIONS FOR FURTHER STUDY

1. In view of the small number of participants in this study, it is recommended that further study be done of reactivated nurses; this study might well be considered as a pilot for further study. More definitive results might be obtained in a repeat study if the categories on the checklist were in terms of specific activities rather than general subject areas.

2. It is further recommended that all nurses who take a refresher course be involved in follow-up studies periodically to ascertain the nur-

ses who continue to be active in nursing, the progress they make professionally, and the nature of their employment.

3. A similar study might well be conducted using as a third comparison group older nurses who have been continuously employed and their opinions of what is needed for returning nurses from their experience of changes.

4. It is recommended that periodic surveys of inactive nurses be done which incorporate in their design methodology for follow-up.

5. It is recommended that nurses steadily employed be surveyed to determine those aspects or facets of nursing care about which they are most frequently questioned by returning nurses.

6. It is recommended that supervisors, head nurses, and team leaders be queried regarding the performance of reactivated nurses.

7. In view of the high frequency of response, both in this study and in studies of inactive nurses, of child care problems as a reason for inactivity, it is recommended that comparative investigation be done of reactivated nurses in places where child care is being provided by the employing institution and other reactivated nurses.

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**APPENDICES**



APPENDIX A  
OUTLINE OF REFRESHER COURSE

# REFRESHER COURSE OF GRADUATE NURSES

## COURSE DESCRIPTION

- I. Concepts of Modern Nursing
  - A. Introduction of para-medical and ancillary personnel
  - B. The role of the professional nurse
  - C. Use of the Nursing care kardex
  
- II. Fundamentals of Nursing
  - A. Basic bedside nursing technics
  - B. Posture and bed positioning
  - C. Use of equipment
  - D. Intubations
  
- III. Concepts of Mental Health--C. Markel and O. Keesling
  - A. Communications and Relationships--2 hours
  - B. Meaning of illness to the patient--2 hours
  - C. Care of patients with specific problems in a general hospital--  
Alcoholism and psychosomatic neuroses--2 hours
  - D. Day at the Oregon State Hospital--7 hours
  - E. Forum on alcoholism at Good Samaritan Hospital with Dr. Johnson,  
moderator
  - F. Movie on "Mrs. Reynolds Needs a Nurse"
  - G. Ethics by Fr. Gaffney
  
- IV. Review of Basic Sciences
  - A. Anatomy and Physiology--18 hours--M. Buofford
  - B. Basic Chemistry of the Body--10 hours--M. Skellinger
  - C. Physics--as applicable to nursing--5 hours--M. Skellinger
  - D. Microbiology--Dr. Oyama, E. Sharkey and staff
    1. Lab Procedures
    2. Radioisotopes
  - E. Nutrition--P. Rich--7 hours
    1. Normal
    2. Special
  
- V. Pharmacology
  
- VI. Comprehensive Medical-surgical Nursing including Peds, O.B. and GYN.  
L. Killam, M. Leach, L. Shepard, E. Taylor and Doctors
  
- VII. Intensive Care Units--introduction to:
  - A. Coronary Care Unit
  - B. Cardiac Recovery Unit
  - C. Open Heart Surgery
  - D. Post-anesthesia Recovery Room
  
- VIII. Ward Management
  - A. Team Nursing
  - B. Head Nursing
  - C. Supervision

Total Hours--391  
Theory--196  
Practice--195

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Portland, Oregon

APPENDIX B  
LETTER OF EXPLANATION

Mrs. Sandra Lewis  
4130 S. E. 39th Avenue  
Portland, Oregon 97202  
June 15, 1966

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study which will attempt to identify common problems encountered by nurses returning to active practice after a period of inactivity.

Questionnaires are being sent to two groups of nurses: the first two classes who have completed the new refresher course at St. Vincent Hospital in Portland, and a group of nurses who have returned to nursing practice without the refresher course. The latter may or may not have had a period of "supervised practice" as designated by the Oregon State Board of Nursing.

Would you participate in the study by answering the enclosed questionnaire and returning it to me in the self-addressed envelope provided? You will not be identified.

Copies of the completed study will be placed in the library of the University of Oregon Medical School and at St. Vincent Hospital.

Yours sincerely,

(Mrs.) Sandra Lewis

APPENDIX C  
QUESTIONNAIRE

## QUESTIONNAIRE

Directions: When a choice is offered, place an X in the box provided beside your answer; otherwise, write in the blank spaces provided after the question. Use the reverse side of the sheet if you need more space.

### I. FAMILY PROFILE

1. Marital status:  
 single     married     widowed     divorced or separated
  2. Number of children \_\_\_\_\_ ages \_\_\_\_\_
  3. Husband's highest education \_\_\_\_\_  
present job \_\_\_\_\_
  4. Other pertinent family information (i. e., invalid mother living with us) \_\_\_\_\_
  5. Family reaction to your decision to return to nursing practice:  
 unfavorable     no strong feelings either way     favorable
- Comments: \_\_\_\_\_

### II. PROFESSIONAL PROFILE

6. Year of graduation from nursing school \_\_\_\_\_ State \_\_\_\_\_
7. Type of basic program:  
 associate degree     diploma     baccalaureate or higher degree
8. Highest degree now held \_\_\_\_\_
9. Education in a field other than nursing \_\_\_\_\_
10. Have you ever worked in nursing since graduation?     yes     no
11. Area(s) of experience:  
 hospital or other institution  
 school of nursing  
 private duty  
 public health (other than school nurse)  
 school nurse  
 industrial nurse  
 office nurse (physician or dentist)  
 other (specify) \_\_\_\_\_

12. Type of position(s) held:

- administrator or assistant  
 consultant  
 supervisor or assistant  
 instructor  
 head nurse or assistant  
 general duty or staff  
 other (specify) \_\_\_\_\_

13. Length of time inactive \_\_\_\_\_

14. Reason(s) for inactivity \_\_\_\_\_

15. What factors influenced your decision to return to nursing practice?

- reactivate license  
 family finances  
 children grown  
 a recruitment program  
 other (specify) \_\_\_\_\_

16. What were your reasons for taking a refresher course? \_\_\_\_\_

17. If you did not take a refresher course, were you interested in taking such a course?  yes  no

18. If you did not take a refresher course, what were your reasons?

- did not feel I needed it  
 financially unable  
 heard from another nurse that refreshers were not helpful  
 not available at the time  
 other (specify) \_\_\_\_\_

19. Membership in professional organizations (ANA, NIN):

- presently  previously  never

20. Reading of medical and nursing literature:

- I kept up with literature while I was inactive  
 I began reading when I started the refresher course (or when I started back to work)  
 I read current literature now  
 I have never been able to keep up with the literature

Comments: \_\_\_\_\_

21. Present working status:

- full-time  part-time  not working

22. If you are not working at present, why? \_\_\_\_\_

III. THE RETURN TO NURSING

23. The following table consists of subjects used in helping nurses prepare to return to nursing practice.

Directions: Place an X in the column(s) of your choice following each subject listing. If you received helpful new information and helpful review in the same subject, mark both columns.

Subject Matter	I Helpful new information	II Helpful review	III Not helpful	IV Not available
A. Philosophy and Trends in Nursing				
B. Fundamentals of Nursing:				
(1) Basic Bedside Technics				
(2) Posture and Bed Positioning				
(3) Use of Equipment; Procedures				
C. Concepts of Mental Health; Meaning of Illness to Pts.				
D. Nurse-patient Communications and Relationships				
E. Basic Sciences:				
(1) Anatomy and Physiology				
(2) Chemistry of the Body				
(3) Physics as applicable to nursing				
(4) Microbiology				
(5) Nutrition				
F. Pharmacology				
G. Comprehensive Medical-Surgical Nursing				
H. Introduction to Intensive Care Units				
I. Ward Management and Supervision				
J. Other: (Specify)				
_____				
_____				
_____				



24. Which of the listed subjects that were not available to you would have been helpful? \_\_\_\_\_

25. Would you have liked more emphasis or depth in any of the listed areas? Please list, with comments \_\_\_\_\_

26. List additional areas in which courses might have been helpful \_\_\_\_\_

27. Indicate supervision you received:

- Administration of medications  
 Procedures and use of equipment

Nursing care:

- Medical-Surgical Patients  
 Obstetric Patients  
 Pediatric Patients

Special:

- Operating Room  
 Intensive Care Unit  
 Recovery Room  
 IV Therapy  
 Other (Specify) \_\_\_\_\_

28. Was the supervision you received

- very helpful     somewhat helpful     not helpful

Comments: \_\_\_\_\_

29. Were the nursing personnel in the various departments helpful? \_\_\_\_\_

How? \_\_\_\_\_

Suggestions how you might have been helped more \_\_\_\_\_

30. If you took a refresher course, what did the course offer for you? \_\_\_\_\_

31. By what means did you learn the subject matter if not a refresher course? \_\_\_\_\_

32. Special comments concerning your return to nursing \_\_\_\_\_

Thank you for your assistance  
 Please return to:

Mrs. Sandra Lewis  
 4130 S. E. 39th Avenue  
 Portland, Oregon 97202

APPENDIX D  
MASTER TABULATION

MASTER TABULATION

I. FAMILY PROFILE	<u>Refresher Course</u>	<u>No Refresher Course</u>
1. Marital status		
Single.....	0.....	0.....
Married.....	10.....	9.....
Widowed.....	1.....	0.....
Divorced or separated.....	2.....	2.....
	(13)	(11)
2. Number of children		
None.....	1.....	2.....
One.....	1.....	0.....
Two.....	6.....	2.....
Three.....	3.....	3.....
Four.....	1.....	1.....
Five.....	0.....	1.....
Eight.....	0.....	1.....
Nine.....	0.....	1.....
Ten.....	1.....	0.....
	(13)	(11)
Ages of children		
Not given.....	0.....	4.....
"Adult".....	2.....	0.....
33.....	0.....	1.....
32.....	0.....	1.....
29.....	1.....	0.....
28.....	0.....	1.....
27.....	2.....	1.....
25.....	0.....	1.....
24.....	1.....	1.....
22.....	1.....	0.....
21.....	3.....	0.....
19.....	1.....	1.....
18.....	1.....	0.....
17.....	2.....	1.....
Total adult children	(14)	(8)
16.....	3.....	5.....
15.....	1.....	1.....
14.....	2.....	2.....
13.....	3.....	2.....
12.....	1.....	3.....
11.....	1.....	0.....
10.....	3.....	2.....
9.....	3.....	3.....
Subtotals	(17)	(18)

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Subtotals.....	17.....	18.....
8.....	2.....	1.....
7.....	1.....	2.....
6.....	0.....	1.....
Total school age children	(20)	(22)
5.....	1.....	1.....
4.....	1.....	1.....
3.....	0.....	1.....
2.....	0.....	1.....
1.....	0.....	1.....
Total preschool children	(2)	(5)
Total number of children	(36)	(39)

## 3. Husband's highest education and present job

<u>Refresher Course</u>	<u>No Refresher Course</u>
College; M.D.	2 yr. business school;
3 yr. college; insurance sales	catering service
High school; R.R. conductor	B.S.; structural engineer
High school; retired	2 yr. college; manufacturing
2 yr. college; accountant	representative
M.A.; college teacher	B.A.; assistant treasurer for
M.D.; anesthesiologist	insurance company
High school; truck driver	3 yr. college; unemployed
High school; paperhanger	2 yr. college; equipment
High school; staff	supervisor
superintendent	College; Dr. of Optometry
High school and business	M.D.; physician
college; businessman	B.S.; State Board of Health
2 yr. college; glazier	8th grade, war combat; sheet
	metal journeyman

## 4. Other pertinent family information

None given by the nurses who took the refresher course

No Refresher Course

Elderly father living with us—age 86  
 Care of invalid mother  
 Partial care mother-in-law—age 84  
 Living alone now

## 5. Family reaction to your decision to return to nursing practice

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Unfavorable.....	0.....	3.....
No strong feelings		
either way.....	3.....	2.....
Favorable.....	10.....	6.....
	(13)	(11)

## Comments about family reaction (verbatim):

Refresher Course

The children thought it great that mother also had homework to do.

No Refresher Course

They were dubious at first, but think it's O.K. now.

They have become more co-operative since I returned.

No objections to nursing—only to the limitations to family life that occur when any mother works.

## II. PROFESSIONAL PROFILE

## 6. Year and state of graduation from nursing school

Refresher Course

1929; Montana  
1932; Oregon  
1933; Oregon  
1935; North Dakota  
1938; Oregon  
1941; Wisconsin  
1943; Pennsylvania  
1944; Washington  
1945; Illinois  
1946; Nebraska  
1946; North Dakota  
1947; Oregon  
1947; Illinois

No Refresher Course

1929; Montana  
1931; Pennsylvania  
1938; Minnesota  
1942; Oregon  
1947; Minnesota  
1947; Iowa  
1948; Oregon  
1949; Oregon  
1950; Michigan  
1950; Nebraska  
1960; Oregon

## 7. Type of basic program

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Associate Degree.....	0.....	0.....
Diploma.....	11.....	8.....
Baccalaureate.....	2.....	3.....
	(13)	(11)

## 8. Highest degree now held

R.N.....	11.....	8.....
B.S.....	2.....	3.....

## 9. Education other than nursing

Refresher Course

Community development  
Secretarial  
Semester of college  
Some general college

No Refresher Course

2 yr. college  
2 yr. junior college

## 10. Have you ever worked in nursing since graduation?

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Yes.....	12.....	9.....
No.....	1.....	2.....
	(13)	(11)

## 11. Area(s) of experience

Hospital or institution.....	12.....	9.....
School of nursing.....	1.....	0.....
Private duty.....	5.....	6.....
Public health.....	2.....	0.....
School nurse.....	0.....	0.....
Industrial nurse.....	0.....	0.....
Office nurse.....	3.....	5.....
Camp nurse.....	1.....	1.....
Army.....	1.....	0.....
Navy.....	0.....	2.....
Rural dispensary abroad.....	1.....	0.....
Red Cross blood bank.....	1.....	0.....
Administrator of nursing home.....	0.....	1.....
	(28)	(24)

## 12. Type(s) of position(s) held

Administrator or assistant.....	1.....	1.....
Supervisor or assistant.....	0.....	2.....
Instructor or assistant.....	0.....	0.....
Head Nurse or assistant.....	1.....	5.....
General duty or staff.....	12.....	9.....
Delivery room.....	1.....	0.....
Surgery.....	2.....	0.....
Rural dispensary abroad.....	1.....	0.....
Team leader.....	0.....	1.....
	(18)	(18)

## 13. Length of time inactive

<u>Refresher Course</u>	<u>No Refresher Course</u>
25 yrs. (2)	20 yrs. (2)
23 yrs. (2)	13 yrs. (2)
20 yrs.	8 yrs. (3)
18 yrs. (4)	7 yrs.
16 yrs.	5 yrs.
15 yrs.	4½ yrs.
10 yrs.	1½ yrs.
5 yrs.	

## 14. Reason(s) for inactivity

<u>Refresher Course</u>	<u>No Refresher Course</u>
At home with my children (11)	At home with my children (8)
Family business (2)	Tired of working (3)
Family crisis and time abroad	Care of invalid mother
Job other than nursing	Care of elderly parent (2)
Distance from hospital (40 miles)	

## 15. What factors influenced your decision to return to nursing?

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Reactivate license.....	5.....	5.....
Family finances.....	5.....	5.....
Children grown.....	5.....	5.....
Recruitment program.....	3.....	0.....
Moved to more convenient area.....	1.....	0.....
Didn't want to become too far behind.....	0.....	2.....
Love for nursing.....	0.....	1.....
Became interested in nursing again through refresher course.....	1.....	0.....
	(20)	(18)

## 16. What were your reasons for taking a refresher course?

To update my knowledge (10)  
To reactivate my license (5)  
To regain self-confidence (3)

## 17. If you did not take a refresher course, were you interested in taking such a course?

Yes (5) No (2) No Response (4)

## 18. If you did not take a refresher course, what were your reasons?

Did not feel I needed it (2)  
Not available at the time (5)  
Unable to take during hours offered (2)  
Unable to take the time (1)  
No Response (1)

## 19. Membership in professional organizations

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Presently.....	5.....	3.....
Previously.....	5.....	6.....
Never.....	2.....	2.....
Can't remember.....	1.....	0.....





24-25.

	<u>Refresher Course</u>	<u>No Refresher Course</u>
	More depth needed	Needed but not available
Basic bedside technics.....	1.....	2.....
Posture and positioning.....	2.....	2.....
Equipment and procedures.....	6.....	3.....
Concepts of mental health.....	0.....	2.....
Nurse-patient communications.....	0.....	5.....
Anatomy and physiology.....	0.....	2.....
Chemistry of the body.....	0.....	2.....
Physics.....	0.....	2.....
Microbiology.....	0.....	1.....
Nutrition.....	0.....	2.....
Pharmacology.....	4.....	5.....
Medical-surgical nursing.....	3.....	2.....
Intensive care units.....	3.....	3.....
Ward management.....	2.....	3.....

## Comment:

The physics class was quite hard to understand. (2)

## 26. Additional areas in which courses might have been helpful

<u>Refresher Course</u>	<u>No Refresher Course</u>
More realistic, less idealistic situations	Team leadership.
	How to cope with relatives of terminal cases.
	Would like to have inservice classes in areas listed.

## 27. Indicate the supervision you received

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Administration of medications.....	13.....	9.....
Procedures and use of equipment.....	10.....	9.....
Care of medical-surgical patients.....	12.....	8.....
Care of obstetric patients.....	1.....	1.....
Care of pediatric patients.....	1.....	1.....
Intensive care unit.....	6.....	0.....
Recovery room.....	2.....	2.....
IV therapy.....	2.....	1.....
EKG and monitor reading; open heart surgery and open heart recovery.....	1.....	0.....

## Comment:

I asked for experience in OB and Peds but was refused.

## 28. Supervision received was

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Very helpful.....	8.....	8.....
Somewhat helpful.....	3.....	1.....
Not helpful.....	0.....	1.....
Variable.....	2.....	1.....

## Comments:

Refresher Course

Sometimes they were too busy to help.

No reflection on the supervision—they were too busy.

Quality of the supervision depends upon the caliber of the nurse assigned to work with you.

Haphazard at times.

About 50—50.

No Refresher Course

I was lucky in having two good nurses orient me to medicines and charge duty.

## 29. Were nursing personnel in various departments helpful?

	<u>Refresher Course</u>	<u>No Refresher Course</u>
Yes.....	11.....	9.....
No.....	0.....	1.....
Variable.....	2.....	1.....

## How?

Refresher Course

Sympathetic and patient.

Helped in demonstration.

They were interested in sharing their knowledge of nursing procedures on the units.

Volunteering information and answering questions.

Some were priceless in help and understanding, others made no offers of help.

No Refresher Course

Patience and willingness to help.

Patient and eager to explain.

They were very good about answering questions—didn't make me feel stupid for asking what to them were obvious questions.

Helpful in answering questions and I had a lot. (2)

Encouragement. (2)

Suggestions how personnel could have been more helpful

<u>Refresher Course</u>	<u>No Refresher Course</u>
-------------------------	----------------------------

By being given more experience with treatments, packs, dressings, etc.

By making sure we got experience in areas we knew we were weak in.

More definite working assignments and less observation.

Prefer less accelerated and more detailed course.

More medical training and explanation.

More demonstrations on procedures.

Someone to actually review procedures.

30. What did the refresher course offer for you?

An insight to the drastic changes of the nursing profession.

A knowledge of the new concepts of nursing care, also a review.

Well-planned supervised training period.

Confidence to use my training.

New concepts of nursing and machine techniques.

It opened the door—now I feel equipped to continue self-education.

Self-confidence. (3)

Updating of information and reviewing old.

31. By what means did you learn the subject matter if not a refresher course?

Reading. (3)

By questioning and by doing.

Observation and experience.

Osmosis.

Asked a lot of questions. (2)

Orientation program. (2)

32. Special comments:  
Refresher Course

I always hoped that I would be able to return to my profession and the refresher course gave me the opportunity.

Responsibility is greater than in former years; it is still very hard, and I think practically nobody really likes it. Attitudes toward nursing could, I believe, constitute a study in itself, if one could get honest answers. Doctors' attitudes toward nursing would be very interesting too.

I enjoy it but still do not have enough experience to feel confident of myself.

I am happy to be nursing again. (2)

Occupational therapy.

Units understaffed; too much 'clock pressure' to get a job done as well as it could be.

I can keep with all the new developments in nursing and I enjoy feeling useful.

The hardest thing for me to adjust to is working with all this nonprofessional help.

I appreciate the program at St. Vincents.

I'm very happy to be back and hope to be able to take more courses.

Nurses can take courses all their lives and still not be a good bedside nurse. There is a 'far cry' from book reading and courses and actual nursing. Good teaching supervisors at the bedside is what we need to recapture my concept of nursing.

No Refresher Course

Enjoy it more than when I worked full-time.

I am happy to be back; feel that bedside nursing has deteriorated.

I certainly intend to continue on a part-time basis.

I enjoy coming back to nursing, it did not take long to get back to actual bedside nursing, but some of the equipment was new and of course the drugs.

Special comments (continued)

No Refresher Course

In my past and present two hospitals I find or feel that because I did not take their refresher course I do not qualify to relieve the head nurse during her illness or shortage, however I was head nurse in two previous hospitals; who decides the qualifications, etc.?



AN ABSTRACT OF THE THESIS OF

Sandra Lyons Lewis

for the Master of Science in Nursing Education

Date of receiving this degree: June 8, 1967

Title: Opinions Expressed by Twenty-four Reacti-  
vated Nurses Concerning Needs in Reorien-  
tation to Nursing and the Helpfulness of  
Selected Subjects

Approved:   
(Associate Professor in Charge of Thesis)

## THE PROBLEM

Rapid advances in knowledge and changes in medical therapy and nursing care have necessitated continuing education in the form of inservice and orientation programs to keep medical and nursing personnel abreast of current practice. Inactive nurses, who have not had the benefit of such programs, are apprehensive about returning to nursing practice. Refresher courses, offered to help them update their knowledge and skills, vary in content. Evaluations, found in the reports of courses considered to be successful, consist mostly of general comments. Specific comments by the reactivated nurses are infrequently available.

The purpose of this study was to obtain the opinions of two groups of reactivated nurses regarding needs in reorientation and the helpfulness of selected subjects, activities, and experiences in reorientation to nursing.

## DESCRIPTION OF PROCEDURE

The participants in the study were twenty-four reactivated nurses, thirteen of whom had completed a refresher course between January and June, 1966. The remaining eleven participants were nurses who had returned to nursing practice after one year or more of inactivity without taking a refresher course.

The tool used in the study was a three-section questionnaire containing both open-end and closed-end questions. The same questionnaire was used for both groups of respondents. Where a specific question would not apply to both groups, a second related question was asked so that paired responses would result.



Parts I and II of the questionnaire elicited background information such as family characteristics, education, professional experience, and factors related to inactivity of the participants. Part III contained a checklist of subjects frequently used to help inactive nurses prepare to return to nursing. The respondent was asked to indicate the availability and helpfulness of the subjects during her period of reorientation. Items following the checklist allowed indication of needs in the same or other areas than listed, means other than refresher course by which nursing knowledge and activities were learned, supervision received by the participant, and a general evaluation of the individual's experiences in reorientation.

Parts I and II were tabulated and compared with characteristics of inactive nurses found in the literature. The two subgroups in the study were likewise compared. No statistical analysis was attempted. The positive and negative responses of the two groups on the checklist were compared and tested with Chi squares for significance of difference. The remainder of the questionnaire was tabulated and compared but was not tested statistically.

#### SUMMARY OF RESULTS

Background and family characteristics of the participants in this study were similar as a total group with the characteristics of participants in studies of inactive nurses. Differences were found between the two subgroups in this study, however. The nurses who took the refresher course graduated earlier and had been inactive longer than the nurses who did not take the course. The second group, which was younger (judged by date of graduation from nursing school), had been inactive for a short-

er period of time, and had younger children, was probably less likely to take a refresher course than the first group.

Nurses who took the refresher course learned a larger proportion of new information; nurses who did not take a refresher course received mostly review. No significant difference, as shown by the Chi square test, was found between the responses of the two groups in what they considered to be needed or helpful in reorientation to nursing. The null hypothesis was therefore accepted.

More supervised experience was received by nurses who took the refresher course. Supervision was for the most part considered helpful by the participants in both groups.

Inservice was noticeably absent and orientation programs were mentioned only twice as sources of learning by the nurses who did not have the refresher course. Only three other methods were mentioned. These were self-directed or unplanned methods which were deemed less satisfactory than planned methods in studies of orientation programs.

Comments about practice experiences and needs support the premise that both clinical experience and classes are needed in reorientation. Special comments were about half positive and half negative.

#### CONCLUSIONS

1. The findings of this study were consistent with the findings of the Oregon inactive nurse study regarding characteristics of inactive nurses.

2. This study supports the conclusions of Erickson, Powers, and Harriet Smith that clinical practice as well as classes are needed in refresher programs.

3. A refresher course consisting of the subjects and experiences outlined proved to be helpful; sources of learning other than a refresher course for those who did not have such a course were found to be largely unplanned, which is consistent with the findings in the literature of orientation programs for newly employed nurses.

4. The amount and nature of supervision in the practice period was found to be variable.

5. Despite the opportunity to avail themselves of an organized refresher course, the number of nurses who returned to full-time employment in nursing was not significant. However, the refresher course did enable nurses to return to part-time employment which may have been the only employment possible for them at this time.

#### RECOMMENDATIONS FOR FURTHER STUDY

1. In view of the small number of participants in this study, it is recommended that further study be done of reactivated nurses; this study might well be considered as a pilot for further study. More definitive results might be obtained in a repeat study if the categories on the checklist were in terms of specific activities rather than general subject areas.

2. It is further recommended that all nurses who take a refresher course be involved in follow-up studies periodically to ascertain the nurses who continue to be active in nursing, the progress they make professionally, and the nature of their employment.

3. A similar study might well be conducted using as a third comparison group older nurses who have been continuously employed and their opinions of what is needed for returning nurses from their experience of

changes.

4. It is recommended that periodic surveys of inactive nurses be done which incorporate in their design methodology for follow-up.

5. It is recommended that nurses steadily employed be surveyed to determine those aspects or facets of nursing care about which they are most frequently questioned by returning nurses.

6. It is recommended that supervisors, head nurses, and team leaders be queried regarding the performance of reactivated nurses.

7. In view of the high frequency of response, both in this study and in studies of inactive nurses, of child care problems as a reason for inactivity, it is recommended that comparative investigation be done of reactivated nurses in places where child care is being provided by the employing institution and other reactivated nurses.