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Date March 4, 1970

A STUDY TO DETERMINE WHICH METHOD OF TEACHING IN THE INSERVICE EDUCATION SETTING PRODUCES THE MOST CHANGE IN THE NURSE AND PATIENT SATISFACTION

by 1141

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ABSTRACT

The problem undertaken in this study was: which method of teaching admission of patients to the nursing units produces the most change in behavior of the Registered Nurse and the Licensed Practical Nurse and the most patient satisfaction with the care he receives when admitted to the nursing unit.

The purposes were to compare three methods of communicating information in the inservice education setting to determine which method produces change in behavior in nursing personnel and patient satisfaction. The ultimate end of inservice education is to give better patient care and it is generally accepted that improved patient care can be had with an effective inservice education program.

Four groups of nurses were used in this study. There were three nurses in each of the following groups:

Group I - Movie and Lecture group
Group II - Role playing group
Group III - Tutorial group
Group IV - Control group

Each group was taught by the method indicated. After the instruction period, the nurses were asked to admit five patients each and give the names to the investigator. Each patient was then sent a questionnaire to determine patient satisfaction. The patient charts and patient nursing care plans were checked for evidence of change in behavior on behalf of the nurse.

When the instruction groups and the control group questionnaires were examined, it was found that there was little or no difference. The patients were as satisfied with the care given before the instruction as they were after the instruction. There seemed to be general, overall patient satisfaction with the care that they received when admitted to the nursing unit.

The amount of information the nurse charts or places in the nursing care plans did not seem to change after the instruction period.

CHAPTER I

INTRODUCTION, STATEMENT OF PROBLEM, PURPOSE AND REVIEW OF LITERATURE

If we look at today's hospitals, we find that great strides have been made toward providing the best possible care of our patients, but we must continue to improve. It is impossible to stay at one level, because we tend to fall back unless there is constant striving for improvement.

In this day of change occuring in all areas of life, it is necessary to look at the way things are being done in whatever area we find ourselves. This necessity is evident in nursing and nursing education.

The nurse finds herself in the midst of many challenges. These challenges result from research that produces vast amounts of new knowledge to assimilate and public knowledge of many research results. Many advanced types of medical wonders, such as heart transplants, involve change in nursing practice. The physical care has become more difficult because of the multitude of complicated machines and other equipment associated with such surgery. All of these devices call for a new type of involved nurse. This has been stated thus by two nurses writing on Intensive Care nursing:

> And can recall when the registered nurse was instructed <u>never</u>, <u>absolutely never</u> to suction a patient's tracheostomy beyond the depth of the mysterious silver cannula, and the era when only the physician's auditory skills were considered to be adequate for auscultation of the apical pulse? We believe that the modern

> nurse, like the modern physician, is the product of an evolutionary process. While her compassionate nature and empathy for human beings remain unchanged, she has grown into a new role so that she and the physician are truly able to provide what was once a largly legendary team approach to patient care.[1]

There are often problems resulting from living longer, high medical costs, family problems and other problems. All of these areas are comparatively new to the nurse, but she is expected to be able to deal with them and she must somehow advance her knowledge so she will know what to do.

In many areas of society the impetus to increase knowledge comes from the reward or punishment system. This is learned from the first day of school on through the school years and into the work areas. If the grades are good, we see it as a reward and if the grades are poor the idea of punishment comes into play. The learning may not be useful in life, but if the resulting grades are adequate there is satisfaction and tangible evidence of achievement. For teachers in public schools the rate of pay increase often depends on the number of credits earned during that particular year. Often these credits come from courses taken which are far removed from the courses the teacher is teaching. In industry promotion often depends on completion of some course.

In all of the above areas the reason for organized learning is

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[1]Donna Zschoche, and Lillian E. Brown, "Intensive Care Nursing: Specialism, Junior Doctoring, or Just Nursing?" American Journal of Nursing, 69:11:2374.

based on grades, pay increase or promotion, not merely because the person may want to learn in order to do a better job. In nursing this reward system is not as evident. If the nurse increases her knowledge it does not necessarily mean an increase in salary or promotion. It is expected that the nurse will do everything in her power to keep up with the changes. This can also come under the heading of being "professional," which the nursing community professes to be. In a profession it is expected that the members not be rewarded in a tangible way for further learning. This could perhaps be an argument against nursing being a "profession," but this point is not being discussed in this paper and the point at hand is how to increase the nurse's knowledge in the work situation.

There are courses offered in the medical centers, but this often means leaving family and added expenses. There are many good publications to be had, also, but few nurses seem to find time to do extensive reading. Hospital administrators feel a responsibility to promote the best care for the patients and at the same time see a correlation in good care and the need for nurses to increase their knowledge. Due to this thinking most hospitals provide some type of continuing or so called "inservice" education programs for the nursing personnel. Since it seems to be an accepted fact that the programs are provided, it is necessary to determine which method of teaching produces the most effective change.

Before starting an inservice education program it is necessary to set up the purposes for such a program. The following might be used:

1. To help keep the worker up to date in a changing society.
2. To help the worker develop his potential abilities.
3. To increase the worker's satisfaction.
4. To increase staff morale.
5. To improve service.

> Inservice education thus promotes the growth of the individual so he can participate fully as a group member and as a citizen of his community.[2]

If we accept the need for inservice education, then the next step is to look in the literature for ways to accomplish the fact. In the literature are found numerous articles confirming the belief in the need for programs, but there seems to be a lack of material on how this is to be accomplished. Evelyn M. Hamil seems to have pinpointed the need when she wrote:

> Inservice education programs are still perhaps the greatest potential vehicle for bringing into line concepts of good nursing care with today's concepts of health care and modern medical treatment. This is one means of bridging the gap for nurses who were prepared for direct patient care and have had forced upon them the additional responsibility for the administration, supervision and teaching of auxiliary personnel. Although there is growing interest in providing opportunities for continued growth for personnel with many different backgrounds of preparation, a great deal remains to be done in determining what characterizes the most effective staff development programs.
>
> The need for cooperative effort on the part of nursing educators as well as nursing service supervisors and administrators in

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[2]American Hospital Association, National League of Nursing Institute on Inservice Education, #58-4.

pinpointing specific functions of the beginning nurse continues.[3]

In 1963, Anna E. Ryle continued along the same line when she said:

> We are reminded that more needs to be done in the development of inservice training programs. There is a tendency to concentrate on technical advances rather than on human relationships, departmental relationships, and the understanding of the role of the other hospital departments which together, constitutes the hospital services for patients.[4]

Programmed instruction is another area that has found its way into the literature for use in inservice education programs. One article says, ..."this new method has hopeful implications for inservice education use within facilities and nursing service personnel."[5]

There are numerous articles on how the nurses must be made a part of the planning routine of the inservice education program, such as one concerning a Veterans Hospital where the participation in the inservice education programs was very poor until it was decided to involve the nurses themselves in the planning. At first the response was poor and several nurses had to be "asked" to serve on the committee. At the end of a year the enthusiasm was high and

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[3]Evelyn M. Hamil, "Annual Administrative Reviews; Nursing Service," Reprint from Hospitals, Journal of the American Hospital Association, 1961.

[4]Anna E. Ryle, "Nursing Service," Annual Administrative Reviews, Reprint from Hospitals, Journal of the American Hospital Association, 1963.

[5]Sister Marian Catherine, "Nursing Education," Annual Administrative Review, Reprints from Hospitals, 1962.

> through participation in the inservice program we have all learned to communicate, create, teach, plan, direct, and coordinate effectively and our self confidence has been strengthened. ....Most important of all, perhaps, is the fact that the knowledge we have acquired is certain to motivate us to render better care to our patients.[6]

At the Hartford Hospital, in Hartford Conn., in 1963 there was no full time Inservice Education Coordinator. The Staff Nurse Council was charged with the responsibility of the educational programs for the staff. This group believes that

> an effective inservice program is essential because of continuous introduction of new medical knowledge, techniques, and equipment, and the delegation of responsibilities from physicians to nurses are the most obvious, but not the only factors necessitating in-service education.
>
> By using the elected members of the Staff Nurses to plan the inservice education programs it becomes everyone's concern.[7]

All of these articles seem to indicate a great need for a strong inservice education program in every hospital, regardless of the size, but there seems to be little evidence that studies have been made to indicate the best way to accomplish the task.

The Problem

Which method of teaching admission of patients to the nursing

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[6]Mary A. Pettus, "Staff Nurses Plan Their Own Inservice Program," American Journal of Nursing, 63:82-4, June, 1963.

[7]Joan R. Fogt, "Inservice Concerns Everyone," American Journal of Nursing, 63:83-5, November, 1963.

unit produced the most change in behavior of the Registered Nurse and the Licensed Practical Nurse and the most satisfaction to the patient with the care he received when admitted to the nursing unit?

The Purposes

1. To compare three methods of communicating information in the Inservice Education setting.

2. To determine the most effective method in the inservice education situation that produces the most change in behavior of the nurse and satisfaction for the patient.

3. By increasing the effectiveness of the inservice education programs to be able to give better care and thereby have more patient satisfaction.

Assumptions Upon Which This Study Was Based

1. There is need for Inservice Education.

2. All Registered Nurses and Licensed Practical Nurses have a basic amount of education as evidenced by being licensed by the State in which they are working.

Null-Hypothesis

1. No change in behavior occurs when Inservice Education is employed.

2. There is no significant difference in change in behavior

when using three teaching methods. One is as effective as the other.

Alternative Hypothesis

1. The teaching method of one-to-one or tutorial will show greater change in behavior than the group methods.

Limitations

1. The small number of participants and the limited area of study.

2. The shortness of the time employed doing the study.

3. The ability of the evaluation tools of the nurse and the satisfaction of the patients.

In this study an attempt was made to determine the best method of teaching in the inservice education situation. Three methods of teaching were used: a movie with the lecture method; the role playing method, and the tutorial method. A control group received no instruction. Following the instruction period each nurse was asked to give the investigator a list of the names of the next five patients the nurse admitted to the nursing unit. These patients were sent a questionnaire in an effort to determine patient satisfaction with the care given during the admitting procedure. The nursing care plans and the charts were also examined for evidence of change in behavior of the nursing personnel as a result of the instruction.

Definition of Terms

Inservice Education: A planned educational experience provided in the job setting. Must help the person perform more effectively as a person and employee.

Tutorial or one-to-one basis: Talking to and discussing a subject with one person at a time. Giving that person the opportunity to ask questions or clarify any portion of the information being discussed.

Role playing: Taking a situation that occurs in everyday life and acting out the parts each person might play.

Registered Nurse: Licensed by the State in which she is working to perform those duties set down by the State as being the function of a Registered Nurse or R.N.

Licensed Practical Nurse: Licensed in the State in which working to perform those duties as set down by the State as being the function of a Licensed Practical Nurse or L.P.N.

CHAPTER II

METHODOLOGY

This chapter is devoted to a detailed description of the method of procedure used to carry out this study. The experimental method was used in this study. The nurses were assigned to the groups by random placing. One Registered Nurse and two Licensed Practical Nurses composed each of the following groups:

Group I was taught by movie and lecture.

Group II was taught by Role Playing.

Group III was taught by one-to-one or Tutorial.

Group IV was the control group. This control group was in two parts: Twelve questionnaires were sent out to patients who had recently been patients in the hospital, before any instruction had been given. The second control group was composed of one R.N. and two L.P.Ns who admitted five patients as did the instruction group.

After the groups were determined it was necessary to decide on the teaching situation to be included. The decision was made to use a kinescope from Wayne State University School of Nursing. This film was produced under the DENT Project of that University. The subject of the film was admission of the patient to the nursing unit. The basis of all of the instruction methods were determined from this film and the study guide furnished with the film.

Before actual instruction could take place it was necessary to set up the objectives of the admission procedure.

1. To put the patient at ease as soon as possible.

2. To obtain the necessary information from the patient without unduly upsetting him.

3. To observe the patient for signs or symptoms of physical distress.

4. To observe the patient for signs of emotional distress.

5. To have the patient state why he thinks he is coming to the hospital.

6. To explain and carry out the necessary initial procedures.

7. To give the patient a chance to ask questions.

8. To record the necessary information and to report the pertinent information to the proper person for further investigation.

The means used to evaluate the study was a patient questionnaire, to determine if the patient felt satisfied and at ease following the admission procedure. The charts and the nursing care plans were viewed to determine if the nurses recognized and gave evidence of the points listed in the purposes.

After the instruction was given to the nurses, they were asked to admit five patients, endeavoring to incorporate the points given in the presentation. The names of the patients were given to the investigator so the questionnaires could be sent to the patients.

The lectures were set up with the following objectives:

1. Each person is an individual of society who has rights, privileges, and immunities which should be respected.

2. Each person has fears and needs, which usually are exaggerated when there is a threat to his well being.

3. First and last impressions are not easily erased.

4. Patient needs determine patient care.[8]

5. All the above factors must be passed on to other nursing personnel so there can be continuity of care.

Lecture:

1. Call by name--introduce yourself.

2. Avoid categorizing patients into room number or ailments.

3. Fears:

   a. Hospitalization poses threats to well-being.
   b. May fear loss of job.
   c. Worried about cost of care.
   d. Fear of physical pain or discomfort.
   e. The unknown causes fear or anxiety.
   f. Fear of death.
   g. Fear of what family may do or suffer.
   h. Behavior may be quite different from usual or normal.[9]

4. Nurses' responsibilities in admitting patients to unit.

   a. Make sure the room is ready.

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[8] Lesson Plan from Wayne State University, DENT Project, Unit II, Basic Nursing Skills, p. 10b.

[9] Ibid., p. 10c.

b. Welcome patient--make him feel at home and welcome.
c. Instruct patient as to what you will do and what he can expect.
d. Answer questions--tell the patient if you do not know the answer.
e. Observe the patient for physical and/or emotional signs of distress.
f. Do the necessary routine procedures.
g. Chart pertinent observations and report them to the person in charge for further follow-up.
h. See that the visitors are admitted--make family feel welcome and put them at ease as well as the patient.[10]

Group Instructions:

Group I: Lecture and Film Instruction.

Film: Patient Admission To and Discharge From A Hospital
(Only the Admission to the Hospital was used.)

This film was obtained from the Wayne State University DENT Project in Detroit, Michigan.

Lecture: Based on the purposes and outline of lecture listed above.

Group II: Role playing: The role playing situation was based on the purposes and outline of the lecture listed above. One nurse played the part of a patient and another nurse played herself, using two situations.

First situation: Patient comes into the nursing unit and the Nurse acts as if she only vaguely knows the Patient is coming.

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[10] Ibid., pp. 10e, 10f, 10g.

The Nurse then tries to cover up, but it is obvious to the Patient. Already high, the level of anxiety of the Patient continues to rise. The Nurse ignores the Patient's pleas for help in that she (the patient) needs answers to questions and reassurance. The patient receives some reassurance and some questions are answered, but not enough to put her completely at ease.

Second situation: The Patient comes to the floor and is immediately put at ease and reassured, questions are answered by the Nurse. The level of anxiety at once goes down and the Patient seems very happy and at ease.

Discussion: Following the role playing session the group was asked to discuss the two situations and give their reasons for and against each one.

Group III: One-to-one or Tutorial: Based on the purposes and outline of lecture as above. As each point was approached it was discussed with each nurse. Several ideas were put forth by the nurses whereby better care could be given in this particular hospital. These will be pursued by the Inservice Director.

Group IV: Control Group: No instructions were given other than asking the Nurses to make a list of names of the next five patients they admitted to the unit.

Evaluation:

As a means of evaluating the effectiveness of the teaching methods, the nursing personnel were asked to record the names of the next five patients each admitted to the nursing unit so a questionnaire could be sent to those patients in an endeavor to determine patient satisfaction with care they received during the admitting procedure. The charts were also surveyed and nursing care plans examined for evidence of change in behavior on the part of the nursing personnel as to the amount of pertinent information they put down on these records.

The patient questionnaire endeavored to ask questions to explore whether the patient felt he was receiving the attention and care as outlined in the objectives for the admission process. The following questions were asked:

Obj.#3) 1. How did you feel when you came to the hospital?

a. Physical symptoms?

b. Were you helped or given relief?

c. If "yes," how and by whom?

Obj.#4) d. Mentally, how did you feel about coming to the hospital?

e. What or who helped you deal with or overcome any feelings you may have had that needed dealing with?

Obj.#1) 2. Did the nurses seem to <u>want</u> to help you?

Obj.#1)3. Was the nurse friendly

a. to you?

b. to your family?

Obj.#6)4. Did the nurse explain to you what she was going to do?

Obj.#7)5. Did the nurse answer the questions you asked of her?

Obj.#5)6. Why did you think your Doctor had you come to the hospital?

Obj.#1) & #2)7. Did you feel at ease and were you satisfied with the nursing care and the attention you received in the hospital by the end of the first day? Explain:

8. Are there any other points you would like to make about the care you received? Please feel free to do so.

The Obj. (objectives) listed before the questions refer to the objectives listed for admission of the patient to the nursing unit.

CHAPTER III

DATA AND ANALYSIS

The purpose of this chapter is to report the results of the data obtained from asking the question, which method of teaching admission of patients to the nursing unit produces the most change in behavior of the Registered Nurse and the Licensed Practical Nurse and the most satisfaction to the patient with the care he receives when admitted to the nursing unit?

Seventy-two (72) questionnaires were sent out to recent patients in a hundred (100) bed, general, acute hospital. The breakdown of the number is as follows:

There were two control groups, one, a set of twelve (12) questionnaires were sent to patients who had recently been in the hospital just prior to the time that the instructions were given. The second group was made up of fifteen (15) patients who had been admitted by the designated control group of nurses to whom no instruction was given.

There were three instruction groups, each resulting in fifteen (15) questionnaires being sent from each group or forty-five (45).

Therefore a total of seventy-two (72) questionnaires were sent out under the following group headings: Twenty-seven (27) in the control groups; fifteen (15) in the movie-lecture group; fifteen (15)

in the role-playing group and fifteen (15) for the tutorial group.

A total of forty-six (46) questionnaires were returned, a sixty-three (63) percent return. In each catagory the percentage is as follows:

Movie lecture group: Eleven (11) or seventy-three (73) percent.

Role playing: Ten (10) or sixty-six (66) percent.

Tutorial: Nine (9) or sixty (60) percent.

Control group: Patients in the hospital prior to the instruction period: Six (6) or fifty (50) percent. Second control group: Ten (10) or sixty-six (66) percent.

The general overall satisfaction of the patients seemed to be high.

The breakdown of the questions is as follows:

Question #1

How did you feel when you came to the hospital

a. Physical symptoms?

b. Were you helped or given relief?

c. If "yes," how and by whom?

This question comes from objective #3:

To observe the patient for signs or symptoms of physical distress.

All respondents in both the control and experimental groups state they had been helped by the nursing personnel. Some added, "by following my Doctor's orders."

d. Mentally, how did you feel about coming to the hospital?

e. What or who helped you deal with or overcome any feelings you may have had that needed dealing with?

These questions come from objective #4:

To observe the patient for signs of emotional distress.

The patients seemed to state that they had received help from either the nursing personnel or their Doctor. Some quotes from the questionnaires are as follows:

Group I: Movie-Lecture

I was fearful and was helped by all the nursing personnel.

I was reluctant to come to the hospital and was helped by the L.P.N. who admitted me.

I was frightened and was helped by the nurse (L.P.N.).

The nurse was so helpful, she let me tell her how scared I was. (R.N.)

I thought I was going to die, but my Doctor and the nurses told me "no."

Group II: Role playing

I was so afraid and was helped when the nurse went about helping me.

The Doctor explained the cause of my pain and then I wasn't as afraid.

Group III: Tutorial

The Nurse was a great help in helping me overcome my fears. (R.N.)

Group IV: Control Group

I was very depressed but no one helped overcome my fears. I guess they didn't realize I was afraid because I thought the care was the greatest.

I dreaded coming to the hospital, but everyone helped me so much that I soon forgot about it.

Question #2

Did the nurse seem to want to help you?

Question #3

Was the nurse friendly

a. to you?

b. to your family?

Both questions come from objective #1:

To put the patient at ease as soon as possible.

All answered "yes" and some added:

Urged them (family) to stay with me.

"Very" with exclamation marks following.

Both to me and my family and friends.

Couldn't do enough for any of us.

Yes, I was very pleased with all the nursing staff.

Everyone so pleasant and helpful.

Question #4

Did the nurse explain to you what she was going to do?

Comes from objective #6:

To explain and carry out the necessary initial procedures.

All answered "yes," except on one of the control questionnaires was added "when I asked her."

Question #5

Did the nurse answer the questions you asked her?

From objective #7:

To give the patient a chance to ask questions.

All answered "yes" with these additional comments:

As many as she could. (Movie-lecture, LPN)

I was full of questions, too. (Movie-lecture, LPN)

If she knew. (Movie-lecture, LPN)

When she could. (Control group)

Some of them. (Control group)

In a round about way.

Question #6

Why did you think your Doctor had you come to the hospital?

From objective #5:

To have the patient state why he thinks he is coming to the

hospital.

There seemed to be no discrepancy between the admitting diagnosis and why the patient thought he was coming to the hospital.

Question #7

Did you feel at ease and were you satisfied with the nursing care and attention you received in the hospital by the end of the first day? From objectives #1 and #2:

1. To put the patient at ease as soon as possible.

2. To obtain the necessary information from the patient without unduly upsetting him.

All answered "yes" with the following comments:

Had all the care possible.

I would like to thank everyone.

It couldn't have been better.

I couldn't have been happier.

The nurse was most helpful. (Group I, LPN)

It was excellent.

They helped me to recover from my illness.

I wasn't given anything to eat, but the nurse told me why.

I was very much at ease and had all the attention I wanted.

In an overall picture the patients seemed extremely satisfied with the care given. In breaking down the total into control and instruction groups, it is possible to see a little improvement in the

instruction groups. It is a very slight indication and very difficult to really know if there really is a trend in this area.

When the charts were reviewed, it was found that little or nothing was written on them in evidence that they were recognizing any type of problems in the patient's actions. Only routine admission information was recorded.

The nursing care plans showed little evidence of recognizing problems. There seemed to be little change in the manner of writing information on the nursing care plans. From the apparent patient satisfaction it would seem that nurses are doing a good job in caring for the patients, but apparently see no need for putting very much in writing. There is evidence that the nurses do see some psychological needs for the patients as evidenced by the few following notations:

Give TLC - lost wife recently.

Does not complain - offer pain medication.

Needs help due to weakness of arms.

Husband killed in Viet Nam.

Mutters but when deciphered is quite rational.

Deaf - wears hearing aid - very independent.

Answers to "Emil."

Very nervous - allow to walk or be out of bed as desires.

Needs reassuring.

This recognition seems to be about the same as before the instructions

were given.

In analyzing the data, it would seem that the patients were very satisfied with the care they received. This did not seem to change after the instructions were given, except in, perhaps, a very slight way. There is no evidence that there was improvement in the material put on the charts or nursing care plans. Both were very meager.

It seems that the null hypothesis should be accepted, in that there does not seem to be any change in behavior as a result of this study, which was done on an inservice education basis. The second null-hypothesis, also, should be accepted because there does not seem to be any difference in using the three different teaching methods. The alternative hypothesis of, the teaching method of one-to-one or tutorial will show greater change in behavior than the group methods, will have to be rejected because there did not seem to be any change in behavior.

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

The problem examined in this paper was: which method of teaching admission of patients to the nursing unit produces the most change in behavior of the Registered Nurse and the Licensed Practical Nurse and the most satisfaction to the patient with the care he receives when admitted to the nursing unit? The purpose was to compare three methods of communicating information in the inservice education setting in an endeavor to determine which is the most effective in producing change in the nurse and satisfaction for the patient.

The experimental method was used in this study. There were four groups of nurses used. Each group was composed of one Registered Nurse and two Licensed Practical Nurses. The following groups were used: Group I was taught by movie and lecture, Group II was taught by role playing, Group III was taught on a one-to-one or tutorial basis. Group IV was the control group. This group had two parts, one made up of twelve patients who had been recent patients in the hospital, prior to any instruction. These patients were sent a questionnaire. The other part of the control group consisted of the same composition as the instructional groups. They were given no instruction.

After the instruction period, each nurse was asked to give the names of the next five patients that the nurse admitted to the nursing

unit to the investigator. Each patient was then sent a questionnaire to determine patient satisfaction. The questionnaires were also sent to the patients the nurses in the control group admitted. The charts and nursing care plans were examined to determine if any change occured in this area.

There were a total of seventy-two (72) questionnaires sent out to patients. A total of forty-six (46) questionnaires were returned, which was a sixty-three (63) percent return.

The findings indicated that little change occured. That the patients were satisfied with the care they received. This was true in the control groups as well as the instruction groups. There was also little change in the amount of information or type of information put down on the charts or nursing care plans. Most of the charted information was of a routine nature.

Conclusions:

The conclusions, arrived at after viewing the data as presented in Chapter III, seem to indicate there was patient satisfaction even before any instruction was given. There is room for improvement in the material charted, both on the charts and the nursing care plans. The nurses are apparently giving the care, but they do not pass on the information they obtain from the patient. This information may be passed on by the nurses in an informal way, but it is not charted to

any great degree. There were isolated instances on the questionnaire that perhaps indicated the nurse could improve, but it seems the individual nurse should be consulted and an effort made to see where she can improve, rather than urging the entire staff to improve on some point they are already generally doing well.

The conclusion that the method of teaching apparently makes little difference in behavior of the nursing personnel goes along with the results of a recent study done from the University of Oregon. This study used ninety-one (91) studies done on the different methods employed in teaching in the College setting. They came to the following conclusion:

> For approximately four decades researchers have been attempting to compare and contrast face-to-face methods of teaching, experimentally, in college and university classrooms. The central problem for research has been defined as one of finding the method or methods of teaching which will maximize desired consequences among students. The most widely used measure of output from the teaching-learning situations has been a final examination covering course-related subject matter. The results of this research are clear and unequivocal--no particular method of teaching is measurably to be preferred over another when evaluated by student examination performance.[11]

Teaching in the hospital inservice education area may not approximate the classroom situation, in that examinations, as such, are not usually given and the information to be transmitted is of the work

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[11]Robert Dubin, and Thomas C. Taveggia, The Teaching-Learning Paradox (Salem: University of Oregon, 1968), p. 31.

situation type, but it would seem that learning in any situation must have comparable components. There must be people involved, pupil and teacher. It is desired that some information be transmitted between pupil and teacher. It is also desired that some change in behavior take place, as a result of the instruction given.

Therefore, it seems safe to say that the above conclusion can also be applied to the inservice education setting. That it does not make any difference which type of method is used to transmit the information. There must be some other factor that influences a person's desire to learn new information or reinforce old knowledge. If it does not make any difference what the teacher employs when teaching, then the factor must come from within the student himself. It must come from the student's desire to increase his knowledge. In this area there are no doubt many contributing factors that need to be studied.

Recommendations:

If this study were to be replicated, it would be recommended that the patient questionnaire be reconstructed. It would seem that the first question, in particular, could be constructed in such a way as to elicit from the patient more on the question as to whether the nurses really took care of more than the basic physical needs. There must have been more fears or feelings among this group of patients than was evidenced on the answers to the questions.

It would be recommended that more emphasis be placed on helping the nurses see the need to improve the quantity and, above all, the quality of charting. The recordings could improve both on the patient's chart and on the nursing care plan for the patient. This seems to be the greatest need at this time.

It would be recommended that a study be done to determine how much charting really is essential for the nurse to do so that the patient receives adequate nursing care. To determine what the relationship is between the two, charting and care.

It would be recommended that the use of tape recorders be investigated in an attempt to improve the charting and nursing care plans. The idea behind this being that the nurses do not remember some points that should be charted because they have too many things to keep in mind. The recording should be done between each patient, using a pocket type recorder so the nurse would have it at hand.

Since the patients seem to be satisfied with the care being given to them, it would be recommended that the inservice education be structured around the subject matter the nurses want to learn more about. Since the method of instruction does not seem to matter, the nurses could also indicate the type of instruction method they feel they learn the most from. An attempt should be made to use the method the nurses want and the subjects they wish discussed.

It would be recommended that an attempt be made to identify a

means of measuring what motivates a person to want to learn new material or be reinforced on some known subject. Since there is no difference in teaching methods, motivation may be the key to having a successful inservice education program in a hospital.

APPENDICES

APPENDIX A

PATIENT QUESTIONNAIRE

TO OUR PATIENTS

There is only one reason for the existence of a hospital. That "reason" is YOU--to help prevent illness or to help you back to health. In order that we can fulfill this role even better, we are asking your help. Would you think back to the first few hours you were in the hospital and answer these questions from that point of view. It is up to you if you want to sign your name.

1. How did you feel when you came to the hospital?
   a. Physical symptoms?
   b. Were you helped or given relief?
   c. If "yes", how and by whom?
   d. Mentally, how did you feel about coming to the hospital?
   e. What or who helped you deal with or overcome any feelings you may have had that needed dealing with?
2. Did the nurse seem to <u>want</u> to help you?
3. Was the nurse friendly
   a. To you?
   b. To your family?
4. Did the nurse explain to you what she was going to do?
5. Did the nurse answer the questions you asked of her?
6. Why did you think your doctor had you come to the hospital?
7. Did you feel at ease and were you satisfied with the nursing care and the attention you received in the hospital by the end of the first day?
   Explain!

8. Are there any other points you would like to make about the care you received? Please feel free to do so.

If you need more room, use the other side of the paper. We would appreciate it very much if you would answer these questions and return them as soon as possible. It is our desire to continue to improve the care we are giving and it is only with your help that this is possible.

Thank you very much.

APPENDIX B

August 20, 1969

Sister Mary Patrick Kintsel
St. Joseph's Hospital
Lewiston, Idaho 83501

Dear Sister Mary:

We were pleased to learn of your interest in previewing the kinescope on Patient Admission to and Discharge from Hospital which has been scheduled for viewing September 10-12, 1969.

With this letter, I am enclosing a study guide for the lesson. The DENT lessons and study guides are copyrighted and, therefore, cannot be duplicated.

If I may be of further assistance, please contact me.

Yours sincerely,

June M. Sangala
Assistant Professor
DENT Associate Project Director

JMS/jo
Enclosure

October 8, 1969

June M. Sangala, Assistant Professor
DENT Associate Project Director
Wayne State University
College of Nursing
Detroit, Michigan 48202

Dear Miss Sangala;

On September 10-12, 1969 I used your kinescope on Patient Admission to the Hospital for the project I am doing for the technical paper required as partial fulfillment for the Master in Nursing offered at Montana State University. Would it be possible for me to obtain permission to reproduce that portion of the Study Guide dealing with the admission of the patient, with proper acknowledgment, in my technical paper?

I would appreciate any assistance you can give me. Thank you very much.

Sincerely,

Sister Mary Patrick Kintsel
814 South Tracy Avenue
Bozeman, Montana 59715

Sister Mary Patrick Kintsel is enrolled in the Graduate Program at Montana State University School of Nursing. We would appreciate any help you can give to her. Thank you.

Mrs. Laura Walker, R.N., Ph.D.
Director, School of Nursing

October 28, 1969

Sister Mary Patrick Kintsel
814 South Tracy Avenue
Bozeman, Montana 59715

Dear Sister Mary:

Miss Sangala has referred your letter of October 9, to me for reply in which you requested permission to quote a portion of the study guide dealing with the admission of a patient. I first apologize for the delay in answering but there has been a strike of the maintenance employees and mail room employees for eleven days at the University and we are now just beginning to receive the mail.

If proper acknowledgement is given, I see no reason for you not being able to quote from the study guide. I would be interested in knowing how much and how you propose to reproduce the portion of the study guide. If this an example of a study guide? Is it the identification of behavioral objectives? Is your technical paper an essay or a thesis? I would appreciate having these questions answered prior to your using it. As you may know, any part or the total of the study guide is copyrighted so that this is to be taken into consideration when reproductions are used.

I would appreciate answers to the questions raised and look forward to hearing from you.

Sincerely,

(Mrs.) Rhoda Bowen
Associate Professor
DENT Project Director

RB/jo

814 South Tracy Ave.
Bozeman, Montana 59715
October 30, 1969

Mrs. Rhoda Bowen, Associate Professor
DENT Project Director
Wayne State University
College of Nursing
Detroit, Michigan 48202

Dear Mrs. Bowen;

Thank you for your reply to my request of using the study guide from your kinescope on Patient Admission to the Hospital.

The technical paper is a thesis for a Master in Nursing from Montana State University.

My problem is:

Which method of teaching admission of patients to the nursing unit produces the most change in behavior of the Registered Nurse and the Licensed Practical Nurse and the most satisfaction to the patient with the care he receives when admitted to the nursing unit.

I used three teaching methods:

1. Film and lecture.
2. Role playing.
3. One to one basis or tutorial.

Your film was used and the lecture was based on the points stressed in the study guide from the following sections:

1. Principles and Guides to Action-the four points given there.
2. Part IV-Principles related to hospitalization-Parts A and B.
3. Part VI-Dramatization of admission process-Part E-The nursing responsibilities.

These points were also used as the basis of the instruction in the role playing and tutorial.

Following the instruction, the members of each group-there were three groups, consisting of one R.N. and two L.P.N.s in each group-were asked to admit five patients each and attempt to put the ideas presented into action.

The evaluation is being done by a patient questionnaire and the nursing care plans and charts.

I sincerely hope this explanation gives you the answers you need. If they are not adequate, please, feel free to request more information.

I appreciate the extra work this request has put you to and do want to again say, thank you.

Sincerely,

Sister Mary Patrick Kintsel

November 5, 1969

Sister Mary Patrick Kintsel
814 South Tracy Avenue
Bozeman, Montana 59715

Dear Sister Mary Patrick:

Thank you for your letter giving more information relative to your thesis. I was interested to learn that you had used this with registered nurses and practical nurses as an inservice experience rather than with basic students.

I would be most interested and pleased if you would be willing to share the results of your finding with me when you have completed your study. It is the kind of investigation which you are doing in your thesis that will help to identify the role and/or contribution of television to learning experiences.

I will look forward to hearing from you.

Sincerely,

(Mrs.) Rhoda Bowen
Associate Professor
DENT Project Director

RB/jo

APPENDIX C

DENT STUDY GUIDE

UNIT II: BASIC NURSING SKILLS

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PRINCIPLES AND GUIDES TO ACTION

1. Each person is an individual of society who has rights, privileges and immunities which should be respected.

2. Each person has fears and needs, which usually are exaggerated when there is a threat to his well-being.

3. First and last impressions are not easily erased.

4. Patient needs determine patient care.

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IV. Principles related to hospitalization

A. A patient is a person and an individual of society who has rights, privileges and immunities which should be respected

1. Call by name

2. Avoid categorizing patient

B. Fears and needs are usually exaggerated when there is a threat to well-being

1. Hospitalization poses threat to well-being

2. May fear loss of job

3. Worried about cost of care

4. Fear of physical pain and discomfort

5. Fear of unknown causes anxiety

6. Behavior may be quite different from usual or normal behavior

C. Examples of factors influencing extent of fears and anxiety

1. Age

2. Occupation

3. Financial status

4. Family relationships

5. Educational background

6. Duration and seriousness of illness

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E. Nursing responsibilities in admitting patient to unit

1. Check room to be sure is ready for patient

2. Welcome patient and introduce self, stating role in his care

3. Notify resident physician

4. Instruct patient

a. Need for identification bracelet

b. Operation of signal cord

c. A few of the hospital routines

5. Take temperature, pulse, and respirations

6. Care for clothing and valuables

a. Assist patient to undress if needed

b. Instruct patient to put on hospital gown

c. Complete clothing list according to hospital policy and store clothing

d. Money and items of value placed in hospital safe or sent home with relatives

7. Familiarize patient with environment

   a. Where to place belongings

   b. How to operate bed

   c. Introduction to other patients in immediate vicinity

8. Make pertinent observations regarding patient's general mental and physical condition

9. Elaborate on hospital policies and routines

   a. Verbal

   b. Booklet, if available

10. Charting of admission

   a. Charting done by nurse who admits patient

   b. Recording includes:

      1) Temperature, pulse and respirations

      2) Blood pressure and weight, if taken

   c. Nurse's notes include:

      1) Date

      2) Time

      3) Method of arrival (walking, wheelchair, stretcher)

      4) Observations of general physical and mental condition

      5) Disposition of clothing and valuables

6) If patient wears dentures

7) Specimen obtained

8) Visits of physician

9) Medications and treatments given

11. Nursing care cards made and placed in kardex

12. Assist doctor as indicated with history and physical examination

13. Carry out orders written by doctor

a. Place pitcher of water and clean glass on bedside table, if permitted

14. Make patient comfortable and make room neat and well lighted

15. Allow visitors to return to patient's room

a. Explain pertinent hospital policies and routines

b. May stay as long as do not interfere with patient's care or as indicated by hospital policy

VII. Summary of admission

A. Physical and emotional welfare of patient should be maintained by each member of health team as they carry out their various responsibilities.

B. Nurse may not always do each step of patient admission to the hospital unit, but is responsible for all of admission procedure

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LITERATURE CITED

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American Hospital Association--National League of Nursing Institute on Inservice Education, #58-4.

Dubin, Robert, and Thomas C. Taveggia. The Teaching-Learning Paradox. Salem: University of Oregon, 1968.

Fogt, Joan R. "Inservice Concerns Everyone," American Journal of Nursing, November, 1963.

Hamil, Evelyn M. "Annual Administrative Reviews, Nursing Service," Reprints from Hospitals, Journal of the American Hospital Association, 1961.

Pettus, Mary A. "Staff Nurses Plan Their Own Inservice Program," American Journal of Nursing, June, 1963.

Ryle, Anna E. "Nursing Service," Annual Administrative Review, Reprint from Hospitals, Journal of the American Hospital Association, 1963.

Sister Mariam Catherine. "Nursing Education," Annual Administrative Reviews, Reprints from Hospitals, Journal of the American Hospital Association, 1962.

Zschoche, Donna, and Lillian E. Brown. "Intensive Care Nursing: Specialism, Junior Doctoring, or Just Nursing?" American Journal of Nursing, 69:11:2374.

LITERATURE CONSULTED

Lambertsen, Eleanor C. "Nurses Must Be Teachers and Must Know These Principles," Modern Hospital, CX, February, 1968, p. 126.

Levine, Eugene. "Nurse Manpower; Yesterday, Today and Tomorrow," American Journal of Nursing, LXIX, February, 1969, pp. 290-296.

Mussallem, Helen K. "The Changing Role of the Nurse," American Journal of Nursing, LXIX, March, 1969, pp. 514-517.

"The Surgeon General Looks at Nursing," American Journal of Nursing, LXVII, January, 1967, pp. 64-67.