

DESIRES OF NURSING PERSONNEL FOR AN ORIENTATION
PROGRAM IN A SELECTED HOSPITAL

by

HELEN HARRIS KIESLING

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Approved:

Anna Paul Sherrick, R.N., Ed.D.
Head, Major Department

Anna Paul Sherrick, R.N., Ed.D.
Chairman, Examining Committee

James D. Brown
Dean, Graduate Division

MONTANA STATE COLLEGE
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ABSTRACT

This study proposed to identify the desires and beliefs of nursing personnel, including registered nurses, licensed practical nurses and nurse's aides, for an orientation plan applicable to newly employed nursing personnel in a selected hospital. Group discussions were held with the writer, the Director of Nurses and her staff to determine the intent of the staff for an orientation plan and information considered necessary to include in the plan.

Data was obtained through the use of questionnaires which offered choices in the degree of helpfulness of various kinds and means of gaining orientation information and of sources for obtaining the kinds of information included in an orientation plan. All nursing personnel were surveyed. The results of the survey indicated that the majority of nursing personnel, regardless of category, agreed in the importance of orientation information. The personnel agreed to sources for obtaining the information for most of the items listed but there was some variance of opinion in a few of the items.

The study identified some data and basic information necessary in planning an orientation program for newly employed nursing personnel of the selected hospital.

CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

The numbers of articles in nursing literature dealing with studies about in-service and orientation programs have increased the past few years. Such programs are a means of ensuring more effective performance from employees and also of providing meaningful and satisfying experiences to personnel entering a new work situation.

With the advent of many auxiliary nursing personnel who are assuming more complex nursing duties, it has proven necessary to introduce the individual, through some sort of pre-planned events, to his duties and functions and to the setting within which he will be working. The extent of pre-planned orientation for the newly assigned or employed person has ranged widely from mere introductions of staff and co-workers to more detailed events which have included formal classes.

The major emphasis of nursing education in the past has been on the pre-service preparation of the nurse. However, with the rapid changes in medical care and technological advances, there is need for the development of programs which will help workers accept growing responsibilities.

In-service education has been considered a means of meeting personal idiosyncrasies and variance of backgrounds of nursing personnel and thus helping to assure administration that patients will receive

high quality nursing care.¹ Orientation is the beginning point of in-service education for situations new and different to the newly employed or assigned person.

There exist today many hospitals of varying sizes, which do not have a definite planned program for the introduction of newly employed personnel to the new job situation. And though it is recognized that each hospital and each job situation will differ in what is required of effective orientation, there are basic important aspects necessary for all orientation if it is to acquire successful employee adjustment and successful job production. Compiled from two main references and listed below is information considered essential and important to attain satisfactory adjustment for a new job:

1. A knowledge of the history, philosophy and purpose of the employing hospital in order that the new nurse might identify herself with it and understand her role in achieving the overall purpose.
2. Information concerning the general policies of the institution, legal aspects of nursing, accident and emergency procedures.
3. A clear statement of personnel policies including hours of work, holidays, leaves and vacations, classification of personnel, salary, retirement, health services, meals.

¹"Why In-Service Education?" Editorial, Nursing Outlook, VII, No. 3 (March, 1959), p. 6.

4. An opportunity to tour the total institution with emphasis on those departments with which the new nurse would be most closely associated.
5. A definition of functions, duties and responsibilities of co-workers as well as of the individual employee.
6. A knowledge of the organization and channels of communication to facilitate understanding of the lines of authority and the relationship between individuals and departments.
7. An understanding of the community, its people and resources so that the needs of patients will be adequately met.
8. Adequate opportunity to become acquainted with the particular unit to which assignment would be made.
9. Explanation and demonstration of any unfamiliar techniques of procedures the new employee would be expected to perform.
10. Information concerning the methods of obtaining equipment and supplies, the procedures for referrals and for the administration of medications.
11. A review of the types of records and reports to be used by the employee.
12. Information concerning educational opportunities such as in-service education programs and provision for attending conferences, institutes and professional meetings.

13. Information concerning educational responsibilities such as participating in the education of the students and auxiliary personnel.
14. Introduction to the recreational, social and cultural activities in the community.
15. An interpretation of the evaluation program and the role of the employee in self-evaluation.²

The above information, while ideally desirable, cannot in all probability be completely realized although there are items of information which can be established as goals to meet in planning orientation for the newly employed person.

For the hospitals without definite pre-planned orientation practices, there is a need to evaluate their unique and individual situations and approximately determine what they feel is desirable for effective orientation for nursing personnel which will assure for them the necessary employee adjustment and ultimately result in high quality, safe nursing service and care for all patients, the goal of all hospitals.

In planning orientation programs, the question is often raised: "Who is responsible for orientation?" Most literature states the responsibility of orientation rests with the administration though there are varied ways in which administration delegates the responsibility. Mary Annice from The National League for Nursing, states, in regard to

²Orientation, A Guide to Better Nursing (Ottawa, Canada: The Canadian Nurses Association, March 1956), pp. 2-3; and In-service Education for Hospital Nursing Personnel (New York: Department of Hospital Nursing, National League for Nursing, 1958), pp. 32-33.

orientation:

It is readily recognized that the responsibility rests with the administrative officer of an agency to pre-determine the preparedness of a nurse to fulfill the responsibilities that go with a designated position before assigning her to it, or if she is deemed not fully prepared, for revising, at least temporarily, the duties delegated so they will be in line with what she is competent to do. Responsibility rests also with the administration for determining whether the job specifications are permanently pared down to fit the skills of such a worker, or the worker provided an opportunity to groom herself for the requirements through on the job training or other aspects of the in-service education program.³

In the book, Nursing Service Administration Principles and Practice, the authors focus on the administration's attitudes which should be included in orientation:

It is important to recognize that a successful orientation program must be based on an approved administrative policy. This policy states in effect, that the hospital believes that patient care as well as employee morale profits by adequate time being spent in orienting new employees to their environment, and that a program to further that goal should be established.⁴

The length of time allocated for orientation will depend upon the policy of the individual agency or institution and the varied needs of the new personnel. The very first contact an individual makes with an employing agency starts the formation of attitudes about the agency which can have an effect upon the future rapport of the individual, co-workers and administration. The importance of

³M. Cordelia Cowan (ed.), Modern Yearbook of Nursing 1956, National League for Nursing (New York: G. P. Putnam's and Sons, 1956), p. 213.

⁴Edythe Alexander and others, Nursing Service Administration Principles and Practice (St. Louis: The C. B. Mosby Company, 1962), p. 187.

orientation begins with the first contact with the agency and continued throughout the period in which the agency strives to establish a working situation which will promote satisfactory adjustment, feeling of worth, and good interpersonal relationships for all concerned.

The Problem

The problem was to elucidate the beliefs of nursing personnel of Kennedy Deaconess Hospital regarding an orientation program applicable to new nursing employees on a selected hospital unit.

The Purposes

The purposes of the study were:

1. To determine what kinds of information nursing personnel wanted in the orientation program.
2. To determine, in the opinion of nursing personnel, the degree of helpfulness of various means of imparting orientation information.
3. To determine what the nursing personnel believe should be the sources for obtaining information included in the orientation program.

Definition of Terms

For the purposes of this paper and this study, the following definitions were used:

1. Orientation: To get in to the right relationship to things or persons concerning environment, persons, knowledge, experience and

principles related to one's new position.⁵

2. Program: An organized plan with respect to a known purpose of intent in relation to a specific organization offering it.⁶

3. In-service education: The process of helping to make nursing service employee's ability to carry out work functions commensurate with her service obligations to patients. This information is imparted to the employee during her work day at various times during her period of employment.

4. Nursing personnel: Those persons responsible for administering nursing care to patients. These are: the director of nurses, the supervisors of nurses, head nurses and other registered nurses, licensed practical nurses, and nurse's aides.

5. Registered Nurse: A professionally prepared nurse who has passed the state licensing examination allowing her to practice as a registered nurse.

6. Licensed Practical Nurse: One who works under the supervision of a registered nurse and has successfully completed requirements for state licensure for a practical nurse.

7. Nurse's aide: One who works under the direct supervision of a registered nurse and who has had a minimum of training in nursing skills or who has been trained on-the-job to enable her to do simple nursing care skills.

⁵Cowan, op. cit., p. 213.

⁶Ibid., p. 213.

8. Director of Nursing Service: A registered nurse functioning in the administrative capacities associated with the duties of guiding and directing nursing services for the hospital.

Methodology

The hospital selected for this study was chosen because of expressed wishes on the part of the Director of Nurses and her staff for securing some kind of an orientation program for newly employed personnel.

A group meeting was held with the Director of Nurses, her supervisory staff and this writer. It was decided, as a result of group discussion, to select one hospital unit as a beginning point for the plan. The unit decided upon was the medical unit which comprises most of the patient census and which entails more of the nursing personnel for staffing than any other unit. After the plan was well established, it could be used for new nursing personnel throughout the hospital. General discussion was carried on at the meeting regarding the need for an orientation plan and what should be included in the plan.

As a result of this meeting, the expressed ideas of the staff nurses for orientation programs as well as suggestions from literature were considered in constructing a questionnaire.

The survey method, employing the questionnaire as the data gathering tool, was considered the best method of securing the desired information from all of the nursing personnel of the hospital.

The questionnaire consisted of two parts. (See Appendix, pages 36 to 38.)

One listed the various items of information and means of receiving them, which might prove useful for orientation, and the other listed sources for obtaining the information. The respondent was given choices for checking the degree of importance to her, space to comment, and a choice of the sources from which she thought the information should come. The questionnaires were not identified by name in order to encourage free response and comments. Identifiable data was checked in regard to the category of personnel, hospital unit where employed, and shift on which employed.

Because of the possibility of misunderstanding due to ambiguities, the questionnaire was first presented to nurses in the Master of Nursing program on the Montana State College campus, which resulted in revision and re-wording of some of the questions. It was then presented to all nursing personnel of Kennedy Deaconess Hospital which included registered nurses, licensed practical nurses and nurse's aides.

The questionnaires were distributed by a selected nursing staff member who administered them in such a manner as to avoid discussion among the participants, hoping to obtain answers not influenced by fellow workers.

There were three basic assumptions made. They were:

1. The hospital administrator who wants good, safe nursing care for patients will want to know and would approve overall plans for implementation of a good orientation program.

2. A newly employed worker's interests and cooperation would be better served if a well planned and executed orientation were in effect.
3. A democratic group participation in planning a program would make the possibility of a successful program more assured.

Limitations

Time and distance between the writer and the participating hospital created certain limitations. It would have been desirable if the author of this paper could have spent several consecutive days at the hospital when the final planning stages through group participation were carried on. Although considerable work and pre-planning was done with the Director of Nurses and her staff, it was necessary to depend upon those people to communicate with each other and with the writer for later planning. There was the possibility of misinterpretation of some data because of written rather than oral communication. The actual group planning time with the nursing personnel was limited because of the time and distance factors.

Opinions of some of the staff would not be obtained if full return of the questionnaires were not realized.

Overview of the Remainder of this Study

The remainder of this study consists of Chapter II, A Review of Literature. Chapter III presents the results of the survey

questionnaire. Chapter IV includes a summary, conclusions, and recommendations for further study.

CHAPTER II

A REVIEW OF LITERATURE

There was very little in nursing literature directly related to this study dealing with surveys of personnel in planning for orientation. The literature reviewed pointed out many types of businesses, industrial and professional, which have and are utilizing employee orientation practices significant for each business but not generalized enough to meet the needs of every business. Therefore, no ready-made orientation programs are available. The experiences of one business or industrial or professional firm can be used as guides for others with similar situations.

Ideas of business and industry concerning new employee practices were described in a pamphlet, Personnel Policies Forum, in which representative personnel and industrial relations executives in all types of companies, large and small, in all branches of industry and in all sections of the country were asked to outline their policies and procedures on some important aspects of employment. In reference to orientation, the following was stated:

Orientation refers to those things that management may do to help new employees feel at home, provide them with the information they need about the company and its regulations, and fit them quickly and smoothly into their new surroundings. In length of time you think of orientation as lasting and, to a lesser degree, the point where you think of it as a beginning, depend mainly on what you mean by the term. One company might conceive of orientation as involving a whole staff of instructors, formalized classes, printed literature, and so on; in another, it might be limited to showing a man

where to hang his hat and telling him the foreman's name.⁷

Business, industry and professions have defined orientation for their own purposes.

Nursing literature revealed articles written about specific orientation plans put into effect in specific hospital settings but none had particular meaning for this study. Quoted in this chapter are excerpts from some authors well known in the nursing literature field who emphasize the needs for, and benefits derived from, orientation.

Amy Frances Brown states:

Since one cannot reasonably expect an increase in numbers of professional nurses proportionate to the health needs and expectations of the population, one must look to other solutions to meet the staffing problem. . . . There must be more judicious selection of all personnel who are appointed to hospital responsibilities and any assignment must be preceded by an extended period of careful orientation directed to the duties to be assigned.⁸

Mary Annice suggests that orientation is to get in the right relationship to things or persons about one and that it is a planned schedule of activities for the newly employed or assigned nurse through which she learns about her social and physical working environment, her functions in her specific job, and her role in relation to her immediate work unit, the agency: its policies, features, and purposes.⁹

⁷Survey No. 60 of B.N.A.'s Personnel Policies Forum, Orientation of New Employees (Washington, D. C.: The Bureau of National Affairs, Inc., 1231 - 24th St. N. W., April 1961), p. 2.

⁸Joseph Kartton Owen (ed.), Modern Concepts of Hospital Administration (Philadelphia and London: W. B. Saunder Company, 1962), p 368.

⁹Cowan (ed.), loc. cit.

The book, Nursing Service Administration, Principles and Practices, stated:

Psychologically a good orientation gives a sense of security to new employees, helps them to earn approval of their new co-workers more quickly, and gives meaning to the high sounding words of welcome with which they are often greeted.¹⁰

Writing for hospital administration, Robert Brueck says:

Orientation begins with the first contact, which generally is the personnel office. Even before the individual is selected for employment, he begins to develop attitudes about the hospital. . . . The initial interview should be brief, specific, firm and sympathetic. First contacts are important.¹¹

The foregoing quotes are related to definitions of and need for orientation. The following references give support to the educational philosophy behind an orientation program and basic principles involved.

The education of a nurse is an active process, one concerned with learning experiences which will enable her to practice the art and skills effectively in giving competent service to the individual, groups and community. The nurse must be well prepared to practice and she must maintain her knowledge and skill at a high level. These skills and this knowledge involve continual learning processes.

Ralph Tyler says:

Education involves the active efforts of the learner himself. In general, the learner learns only those things which he does. If the school situations deal with matters of interest to the learner he will actively participate in them and thus learn to deal effectively with these situations.¹²

¹⁰Alexander and others, loc. cit.

¹¹Robert Brueck, "Employee Orientation: A Channel for Good Will," Hospitals, XXXIII Part 1 (August 1, 1959), p. 46.

¹²Ralph W. Tyler, Basic Principles of Curriculum and Instruction (Chicago: University of Chicago Press, 1950), p. 8.

In a new situation such as orientation, the learner must participate in order to learn. Periods of activity interspersed with periods of conference with participating personnel should assure more rapid and successful adjustment on the part of the new person. The basic democratic value of the worth of every individual regardless of his race, national, social or economic status is an important value in education philosophy, and one which should be inherent in hospital orientation planning.

Because the educational background and work experience are so varied among nursing personnel, each one may require different measures for orientation to the new job. This should be determined through her past experience and records. Although the basic fundamentals of acquainting various kinds of personnel with the philosophy and aims of the hospital, the personnel policies, the administrative policies, and the physical plant are alike, the ideal situation for meeting the orientation needs of people with variance of experience and educational backgrounds is for each person to have a part in discussing with the administrative personnel his needs and possible ways of meeting them.

Bixler and Bixler set forth these principles of participation:

1. Persons who are to participate in the implementation of a policy or any other plan of action, or who are to be significantly affected by it, should have a voice in making it.
2. Those who participate should do so within their spheres of competence.
3. The optimum of available experience and intelligence should be utilized in making policies and other plans of action.¹³

¹³Roy W. and Genevieve Bixler, Administration for Nursing Education (New York: G. P. Putnam's and Sons, 1954), p. 57.

Benne and Muntyan state:

An individual accepts the new system of values and beliefs by accepting belongingness to a group. . . . The comfort and effectiveness of the newcomer to an organization depends to a considerable extent upon the ease with which he can adopt the established culture of his environment.¹⁴

Many authors are in agreement with the basic elements of good orientation, and admit that each program must be directed toward the needs of the agency and the needs of the new employee.

The most important point of emphasis for hospital orientation is to safeguard the patient through adequate preparation of the nurse employee.

¹⁴Benne, Kenneth D. and Bozidar Muntyan, Human Relations in Curriculum Change (New York: The Dryden Press, 1957), p. 44.

CHAPTER III

PRESENTATION OF FINDINGS

Responses to the questionnaires were tallied and totaled for each of the three categories of the respondents: registered nurses, licensed practical nurses and nurse's aides. The total was sixty-three.

Listed below are the categories of personnel, the total number contacted, the total responding and the percentage of response:

<u>Category</u>	<u>Number Contacted</u>	<u>Number Responding</u>	<u>Percentage of Response</u>
Registered Nurses	34	31	91+
Licensed Practical Nurses	11	9	81+
Nurse's Aides	<u>25</u>	<u>23</u>	92
Totals:	70	63	90

The personnel comprised all nursing services of the hospital including medical, surgical, pediatric, obstetrical and operating room. It also included one supervisor responsible for two services on night duty. All shifts of duty, including seven A. M. to three P.M., three P. M. to eleven P. M., and eleven P. M. to seven A. M., and a half-shift of four P. M. to seven P. M., were represented by the personnel. Therefore, the sampling of the personnel covered around-the-clock nursing service of the hospital, and all categories of nursing personnel.

The first page of the questionnaire consisted of fifteen items or means used to help a new employee become acquainted with the job. The respondent was asked to check what was considered the "degree of

helpfulness" of each item by circling a number ranging from five down to one, five being "most helpful" and one, "least helpful". Table I listing the total responses for each item of part one of the questionnaire as selected by each category of personnel is shown on pages 19 and 20.

The greatest number of responses by all personnel fell into the five and four range of "most helpful" which indicated the importance felt by the personnel for the items, and totaled from sixty-three to ninety-five per cent of personnel. Sporadic choices in the three, two and one range of "least helpful", were less than twenty-five per cent of the total responses with one exception. Twenty-six per cent of the responses were in the three range for Item 2. There were no responses to Item 15 which offered a chance to specify any item not listed and felt to be important to the respondent.

The items rated as "most helpful" (five and four range) by ninety per cent or more of the personnel were:

<u>Item</u>	<u>Per Cent</u>
1. Handbook of personnel policies	95
2. Tour of ward to which assigned	95
3. Conference with head nurse on ward assigned	92
11. Demonstration of unfamiliar techniques	93

The high percentage which included all categories of personnel was indicative of the importance placed upon those items for acquainting new employees with a new job.

TABLE I

MEANS USED TO HELP EMPLOYEES BECOME ACQUAINTED WITH THEIR NEW JOB
AS RANKED FOR HELPFULNESS BY NURSING PERSONNEL
OF KENNEDY DEACONESS HOSPITAL

Question	Nursing Personnel Queried	Most Helpful				Medium		Least Helpful	
		5	4	3	2	1			
1. Handbook for new employees with personnel policies	R. N. L.P.N. Aide	19 8 11	12 1 9	3					
2. Policy manual of administration's policies	R. N. L.P.N. Aide	14 4 4	14 3 14	6 3 8	2		1		
3. Hospital organizational chart	R. N. L.P.N. Aide	9 4 5	13 4 15	5 1 5	3		1	4	1
4. Tour of hospital to familiarize with layout and locations	R. N. L.P.N. Aide	25 7 20	4 2 3		2				
5. Tour of ward to which assigned	R. N. L.P.N. Aide	30 8 19	1 2 2	2					
6. Conference with head nurse on ward assigned	R. N. L.P.N. Aide	27 9 16	2 4 8	3					
7. Introduction to personnel	R. N. L.P.N. Aide	19 5 9	8 1 7	4 2 1	5 1				

TABLE I (Continued)

Question	Nursing Personnel Queried	Most Helpful			Medium Helpful			Least Helpful		
		5	4	3	2	1		2	1	
8. Observations of personnel on the job on ward assigned	R. N. L.P.N. Aide	13	5	6	5	1				
9. Classes for job function	R. N. L.P.N. Aide	3	4	2	3					
10. Assignment to work with staff member presently on ward for a day	R. N. L.P.N. Aide	9	7	4	3					
		15	4	8	2	2		2		
		14	2	2	2	1				
11. Demonstrations of techniques unfamiliar	R. N. L.P.N. Aide	24	2	2						
		4	2	2						
		15	1	2	1					
12. Current and up-to-date procedure manual	R. N. L.P.N. Aide	27	2	2						
		5	2	2						
		22	1	2						
13. Bulletin board on each floor	R. N. L.P.N. Aide	24	5	2						
		7	1	1						
		14	5	5						
14. Introduction to medical staff and their policies	R. N. L.P.N. Aide	21	5	5						
		5	3	1						
		13	1	7						
15. Other (specify)	R. N. L.P.N. Aide	18	8	4						
		5	1	2						
		10	4	7						

Table II, page 22, lists the numbers and per cent of total nursing personnel who indicated rankings in the five and four range of "most helpful" for group related items of orientation information.

Part two of the questionnaire contained sixteen items which dealt with sources of obtaining the means or items of orientation. The respondent was asked to check the source believed to be the best among the choices offered. Choices consisted of: Hospital Administrator, Director of Nurses, Head Nurse, a Prepared Booklet, an Employee Guide, or Not Necessary.

The results of this part of the questionnaire showed that nursing personnel thought the two sources most responsible for the information should be the Director of Nurses and the Head Nurse.

Table III, pages 23 and 24, presents the data of the second part of the questionnaire and lists total numbers of responses of each category of personnel for each item listed.

Items one and two dealing with administrative functions showed a few scattered choices in each source but with the hospital administrator and a prepared booklet, the two sources with the most choices, as shown here:

<u>Item</u>	<u>Hospital Administrator</u>		<u>Prepared Booklet</u>	
	<u>No.</u>	<u>Per Cent</u>	<u>No.</u>	<u>Per Cent</u>
1. Philosophy, history and aims of the hospital	19	30	20	31
2. Administrative policies, i.e. fire regulations, narcotic control	19	30	14	22

TABLE II

NUMBERS OF NURSING PERSONNEL AND PER CENT OF TOTAL WHO INDICATED
CHOICES IN THE FIVE AND FOUR RANKINGS OF "MOST HELPFUL" FOR
MEANS OF OBTAINING ORIENTATION INFORMATION

Items	Response	Per Cent of Total Response
<u>Administrative Items</u>		
1. Handbook for new employees with personnel policies.	60	95
2. Policy manual of administration's policies	53	84
3. Hospital organization chart	50	79
<u>Items to Familiarize With Physical Plant</u>		
4. Tour of hospital.	56	88
5. Tour of ward to which assigned	60	95
<u>Items Concerning Personnel Contact</u>		
6. Conference with head nurse on ward assigned	58	92
7. Introduction to personnel	49	77
8. Observation of personnel on the job	41	65
14. Introduction to medical staff and their policies	46	73
<u>Items Concerned with Job Function</u>		
9. Classes for job function.	40	63
10. Assignment to work with staff member for a day	48	76
11. Demonstrations of unfamiliar techniques	59	93
12. Current and up-to-date procedure manual	56	88
13. Bulletin Board on each floor	46	73

TABLE III

SOURCES FOR INFORMATION USED IN ORIENTATION FOR NEWLY EMPLOYED
PERSONS AS SELECTED BY NURSING PERSONNEL OF
KENNEDY DEACONESS HOSPITAL

Question	Nursing Personnel Queried	Hospital Admin.	Director of Nurses	Head Nurse	Prepared Booklet	Employee Guide	Not Necessary
1. Philosophy, history and aims of the hospital	R. N.	8	5	1	12	4	1
	L.P.N.	7		1	1		
	Aide	4	5	4	7	1	2
2. Administrative policies, i.e. Fire regulations, narcotic control	R. N.	11	7	3	7	3	
	L.P.N.	3	2	2			
	Aide	5		4	7	4	2
3. Personnel policies, i.e. salary, meals, holidays	R.N.	2	20		8	2	
	L.P.N.	4	4			1	
	Aide	4	8	1	5	5	
4. Physical plant orienta- tion, location of laundry, janitor, kitchen	R. N.	3	3	10	1	14	
	L.P.N.	2	1	1		3	
	Aide			8	2	9	2
5. Unit to which you would be assigned location, and introduction to staff	R. N.		14	16			
	L.P.N.		4	4			
	Aide		9	14			
6. A description of your job, responsibilities	R. N.		15	10	5		
	L.P.N.		6	2		1	
	Aide		5	15	2		1
7. Function of personnel with whom you work	R. N.		6	21	1	2	1
	L.P.N.		3	4			1
	Aide		5	13	1	1	3
8. Introduction to the medical staff and their policies	R. N.	1	7	20	1	1	1
	L.P.N.	3	4	2			
	Aide		9	7	4	1	1

TABLE III (Continued)

	Nursing Personnel Queried	Hospital Admin.	Director of Nurses	Head Nurse	Prepared Booklet	Employee Guide	Not Necessary
9. Channels of communication of staff	R. N. L.P.N. Aide	1 1 3	12 4 6	13 3 6	3 1 1	1 5	 1
10. Method of registering complaints, misunderstandings	R. N. L.P.N. Aide	1 1 2	13 4 6	12 4 1	3 2	1 3	
11. Records and reports	R. N. L.P.N. Aide	2 3 3	5 1	17 3 15	4 1 4	3 1 1	
12. Techniques unfamiliar to you	R. N. L.P.N. Aide	 1	2 2 1	23 4 17	8 3 5	1	
13. Equipment and supplies	R. N. L.P.N. Aide	2 3 2	19 3 12	4 1 4	6 2 5		
14. Educational opportunities, responsibilities	R. N. L.P.N. Aide	3 2 3	23 4 14	1 7	2 1 1	2 2 1	
15. Community facilities, religious, recreation, transportation	R. N. L.P.N. Aide	2 1 1	9 4 3	 1 4	10 1 3	6 1 3	2 1 8
16. Information about changes in policies, functions and others	R. N. L.P.N. Aide	2 3 4	16 3 10	5 1 5	8 2	 1 2	

<u>Item</u>	<u>Number</u>	<u>Per Cent of Total</u>
7. Functions of personnel	38	60
11. Records and reports	35	55
12. Techniques unfamiliar	44	69

Five items pointed to choices of the director of nurses and the head nurse as foremost:

<u>Item</u>	<u>Director of Nurses</u>		<u>Head Nurse</u>	
	<u>No.</u>	<u>Per Cent</u>	<u>No.</u>	<u>Per Cent</u>
5. Unit to which you would be assigned, location and introduction to staff	27	42	34	54
6. A description of your job and responsibilities	26	41	27	42
8. Introduction to medical staff and their policies	20	31	29	46
9. Channels of communication of staff	22	34	22	34
10. Methods of registering complaints, misunderstandings	23	36	17	26

In Item 15, community facilities, religious, recreation, and transportation, the sources checked were divided among all listed, and no one source predominated. The director of nurses showed sixteen or twenty-five per cent; the head nurse, fourteen or twenty-two per cent; an employee guide, ten or fifteen per cent; and considered unnecessary, eleven or seventeen per cent. This was the only item which more than ten per cent of the personnel considered not necessary.

The variance in choices of the personnel for sources of obtaining information for newly employed personnel indicated the need for further discussion and planning in the formulation of the orientation program to clarify the source of information for each suggested item or means selected. It was not the purpose of this study to interpret the differences in selection of source, but only to point out the choices of the personnel.

The questionnaire provided space for comments by the personnel and are of interest for this study. The following table shows the numbers and per cent of personnel, by category, who made comments:

<u>Category</u>	<u>Total Response</u>	<u>Commenting</u>	<u>Per Cent</u>
Registered Nurses	31	13	41+
Licensed Practical	9	1	11
Nurse's Aides	<u>23</u>	<u>8</u>	34+
Total	63	22	33

Thirty-four per cent of the total respondents made comments on the questionnaires.

Most of the registered nurses who commented, emphasized the tour of the hospital and the tour of the ward to which assigned as very important and stated that it would have made quite a difference in their personal feeling and adjustment to the new work situation.

Although only twenty-two nurses listed a hospital organizational chart as a helpful means, in the comments six felt that it should be taught to new employees and should be available for reference to all personnel.

Conference with the head nurse and demonstration of techniques and procedures unfamiliar to them was commented on by most as very essential, although one comment stated that any professional nurse should be expected to observe other personnel and should not have to have special demonstrations, stating that auxiliary personnel were more in need of that help.

The bulletin board was commented upon both favorably and unfavorably. Some said it was necessary; others said it became junky and did not remain strictly pertinent for the nursing staff. Of those commenting, all felt that working with an assigned person for a day or two was more beneficial than observation of personnel only.

Some felt that introduction to other nursing personnel was very helpful; others commented that it occurred automatically anyway, but did feel that introduction to medical personnel and an understanding of the medical staff's policies was necessary for good interpersonal relationships and helped the new nurse in her job functions.

There were two suggestions that communication should be both written and oral, and should not be strictly from top administration down but rather two-way with all personnel having a chance to express views.

There were two comments which did not pertain to the items on the questionnaire. One was a suggestion for a payroll envelope which could contain special information for the personnel. Another suggestion was for a lock-box with a key only for the director of

nurses, in which the personnel could drop complaints, suggestions, and ideas, with periodic question and answer sessions to air gripes and discuss views of the personnel.

Only one licensed practical nurse commented. She felt that the tours of the hospital and ward were most important. She also felt that classes for job function were essential because of frequent changes of shifts and ward assignments. Her comment regarding introduction to medical staff and policies was that it was a reciprocal and mutual help for both nurses and doctors. She further stated that because practicals and aides were doing most of the patient care, it was essential for them to know the doctors because it made it easier to care for the patient if one did know the attending physician.

The nurse's aides who commented expressed essentially the same information. The tours of the hospital and the ward were considered very important. Classes for job function and the opportunity to work with an assigned person when new was termed very necessary because, as they commented, aides were expected to perform many functions which they had not been taught originally in their preparation for the work.

Of particular interest to the writer was the comment made by several for some sort of evaluation of their progress and work. Since they were not students but were trained on-the-job primarily, there had been no way in which they could determine their progress other than word of mouth which they felt inaccurate, and tended to be critical rather than constructive. They stated that a form of written

evaluation would stimulate their interest and improvement in job function and would also be a basis for referral when references for another job were needed.

The data received from the questionnaires and the comments of the personnel were presented to the Director of Nurses and her staff.

It was the opinion of this writer that the answers given throughout the questionnaire, and the comments made, are useful information for the planning of the orientation program in the selected hospital of the study.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The problem of this study was to survey the nursing personnel of Kennedy Deaconess Hospital, Havre, Montana, to determine their beliefs for an orientation plan applicable to newly employed nursing personnel on a selected hospital unit.

The purposes of the study were: (1) to determine what kinds of information nursing personnel wanted included in the orientation program, (2) to determine, in the opinion of nursing personnel, the degree of helpfulness of various means of imparting orientation information, and (3) to determine what the nursing personnel believed should be the sources for obtaining the kinds of information included in an orientation program.

A survey method was selected for the investigation, and the questionnaire was used to collect the data. In preparation for the study, the writer and the Director of Nurses met with the nursing staff to determine the attitude of the staff regarding an orientation plan. All nursing personnel, registered nurses, licensed practical nurses, and nurse's aides were the recipients of questionnaires and thus had a chance to express their views in the survey regarding an orientation plan. Ninety per cent responded.

The findings led to the following conclusions:

1. All kinds of information presented and the means for obtaining

the information were considered helpful by the nursing personnel.

2. The kinds of information wanted and thought to be most helpful by nursing personnel were a handbook of personnel policies, tour of ward to which assigned, a conference with the head nurse, and demonstration of unfamiliar techniques.

3. The Director of Nurses and the Head Nurse were believed to be the chief sources for obtaining information for an orientation program.

4. The Hospital Administrator and a prepared booklet were among the chief sources for obtaining information of administrative policies and philosophy, history, and aims of the hospital.

The writer recommends further research in utilizing the findings of this survey. It would include development of an orientation plan, putting it into effect, and evaluating it on the basis of improved nursing care and satisfaction of personnel.

APPENDIX

APPENDIX A

LETTER TO DIRECTOR OF NURSING

MONTANA STATE COLLEGE
Bozeman
School of Nursing

March 7, 1963

Mrs. Hazel Brendgard, R. N.
Director of Nurses
Kennedy Deaconess Hospital
Havre, Montana

Dear Mrs. Brendgard:

As a graduate student at Montana State College School of Nursing and as partial fulfillment of the requirements for a Master of Nursing degree, I am planning a study of the feasibility of establishing an orientation program for newly employed nursing personnel at Kennedy Deaconess Hospital.

Difficulties encountered in trying to offer orientation to a variety of personnel are recognized as well as those difficulties confronting a part-time nurse trying to function within a situation of which she has little beforehand knowledge. The study is designed to determine what information is considered important to nursing personnel, and in what manner they think they should receive it. It is hoped that the data acquired might be valuable to those in administrative positions employing nurses and planning for their orientation.

In order to make such a study it will be necessary for me to have some personal interview time with you and the administrator and group conference time with head nurses and supervisors, as well as the names of all other nursing personnel presently employed so that I may request them to answer a questionnaire as a part of this study.

APPENDIX A (Continued)

I would deeply appreciate your assistance on this study and shall contact your office in the near future in the hope that I may have an appointment to discuss it with you.

Sincerely,

Helen Kiesling, R. N.

cc: Ronald Purdom,
Administrator

The Montana State College School of Nursing will appreciate any assistance you can give Mrs. Kiesling.

Dr. Anna Pearl Sherrick, R. N., Ed. D.
Montana State College School of Nursing

APPENDIX B

QUESTIONNAIRE TO ALL NURSING PERSONNEL AT KENNEDY DEACONESS HOSPITAL

Please put a check mark (✓) after the correct identification: R.N. _____
 L. P. N. _____ Nurse Aide _____; Unit on which presently working: Medical _____
 Surgical _____ O. B. _____ Pediatrics _____ Operating Room _____; the
 shift you are presently working: 7 to 3 _____ 3 to 11 _____ 11 to 7 _____.

Listed below are some of the means used to help employees become acquainted with their new job situation. Please indicate how helpful you think these would be by circling a number. The higher the number you circle, the more helpful you think it is.

	Most Helpful			Least Helpful
1. Handbook for new employees with personnel policies Comment:	5	4	3	2 1
2. Policy manual - Administration's policies Comment:	5	4	3	2 1
3. Hospital organization chart Comment:	5	4	3	2 1
4. Tour of hospital to familiarize with general layout and location of services Comment:	5	4	3	2 1
5. Tour of ward to which assigned to familiarize with facilities, supplies, etc. Comment:	5	4	3	2 1
6. Conference with head nurse on ward assigned Comment:	5	4	3	2 1
7. Introduction to personnel Comment:	5	4	3	2 1
8. Observation of personnel on job on ward assigned Comment:	5	4	3	2 1
9. Classes for job function Comment:	5	4	3	2 1

APPENDIX B (Continued)

	<u>Most Helpful</u>	<u>Least Helpful</u>
10. Assignment to work with staff member present on the ward for a day Comment:	5 4 3 2 1	
11. Demonstrations of unfamiliar procedures, techniques Comment:	5 4 3 2 1	
12. Current and up-to-date procedure manual available Comment:	5 4 3 2 1	
13. Bulletin Board on each floor Comment:	5 4 3 2 1	
14. Introduction to medical staff and their unique policies Comment:	5 4 3 2 1	
15. Other (specify) Comment:	5 4 3 2 1	

PLEASE USE THE BACK OF THIS SHEET FOR FURTHER COMMENTS IF DESIRES

QUESTIONNAIRE (Continued)

Please check (✓) the one answer you think would be the best source of obtaining information for newly employed nursing personnel. Add any comments you desire.

Information	Hospital Administ.	Director of Nurses	Head Nurse	Prepared Booklet	Employee Guide	Not Necessary	Comments
1. History, philosophy, aims of the hospital							
2. Administrative policies (fire regulations, narcotic control)							
3. Personnel policies (salary, holidays, meals)							
4. Physical plant (location of janitor, laundry)							
5. The unit to which you would be assigned							
6. A description of your job							
7. Functions of personnel with whom you work							
8. Introduction to medical staff, their policies							
9. Channels of communication of staff							
10. Method of registering complaints, mis- understandings							
11. Records and reports							
12. Techniques, procedures unfamiliar to you							
13. Equipment and supplies							
14. Educational opportunities, responsibilities							
15. Community facilities (recreational, trans- portation, religious)							
16. Information about changes in policies, nursing functions							

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