

THE RELATIVE IMPORTANCE OF COMMUNICATION AREAS AS RATED BY EVENING AND
NIGHT STAFF NURSES AND NURSING SUPERVISORS IN A FEDERAL HOSPITAL

by

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ABSTRACT

This study was an attempt to determine the difference between opinions of staff nurses and nursing supervisors working on evenings and nights as to: (1) how important certain communication areas are for a nursing supervisor to use and (2) whether differences in nurses' opinions have a relationship to: (a) length of time the nurses have been on evenings and nights, (b) the type school of nursing graduated from and (c) whether the nurses had any formal education in the use of communication skills.

The data was collected by the use of a mailed opinionnaire which was composed by the writer. The sample consisted of twenty-two staff nurses and four nursing supervisors working evenings and nights in a federal hospital in California. The respondents were asked to check rate a scale that indicated the degree of importance they perceived for twenty-nine statements about certain communication areas for a nursing supervisor to use.

The results of the study indicated some differences in opinions between staff nurses and nursing supervisors. However, the findings also show greater differences in opinions among staff nurses than are evident between staff nurses and supervisors. The staff nurses and nursing supervisors having a formal education in the use of communication skills rated the statements higher than those not having this background.

CHAPTER I

THE RELATIVE IMPORTANCE OF COMMUNICATION AREAS AS RATED BY EVENING AND NIGHT STAFF NURSES AND NURSING SUPERVISORS IN A FEDERAL HOSPITAL

SELECTION OF THE PROBLEM

Introduction and Review of Literature.

The ability to communicate effectively is a necessary skill all nurses recognize as being important in their planning of nursing care. Communication is found to be important, not only in the care of the patients, but also in the relationship between staff nurses and nursing supervisors. The staff nurses and nursing supervisors who find it necessary to work permanently on evenings and nights are constantly required to utilize these skills. In a study done by Grivest, she stated in her conclusions:

The head nurses with responsibilities for production indicated they are grossly uninformed about future planning and are not free to offer suggestions. This would imply, on the one hand, that lines of communications to and from management are open, but that, on the other hand, communications travel only to and from middle management level. Either this is intentional, or the supervisory group does not, or perhaps, cannot transmit the information necessary. The staff nurses' reaction closely parallels that of the head nurses. Good rapport is noted between the staff nurses and the head nurses, and the staff nurses feel that the head nurse supplies information necessary, but not the supervisory group.¹

A director of nursing in a Veteran's Administration hospital stated, "Evenings and nights have often been called the lost hours."² A study

¹Mary T. Grivest, "Inventory of Supervisors, Head Nurses and Staff Nurses in Selected Hospitals", Nursing Research, VII, (June, 1958), p.87.

²Stella Martin, "The Personal Touch in Nursing Staff Communications", Hospitals, XXXIII, (January 16, 1959), p. 60.

assessing job attitudes was done in Maryland and stated in their recommendations, "The area of being able to communicate with the nursing supervisor was unsatisfactory and was causing dissatisfaction."³ In another article by a hospital administrator in Ithaca, New York, he stressed, "The importance of each worker's attitudes toward his particular job is influenced by communications."⁴ In an unpublished master's paper at the Catholic University, a survey was done to improve channels of communication. The areas found needing the most improvements were among hospital nursing personnel.⁵

In their book, Burling, Lentz and Wilson stated:

The nursing department was one of the first in hospitals to feel the need for bringing people together on a face-to-face basis to talk things over, and to pool ideas about improving patient care. One way in which communications could be improved would be for all concerned to get their opinions and beliefs out in the open and to discuss the unrecognized mutual obligations that the different groups assume about one another.⁶

Edith Doane, in her article states:

The important element in communications is not what we say, but rather what others think we have said. A clear, concise and constructive approach is basic to the development of understanding. Effective communication involves more than the use of words. Take

³J. Richard Simon and Marion E. Olson, "Assessing Job Attitudes of Nursing Service Personnel," Nursing Outlook, VIII, (August, 1960), p.424.

⁴Temple Burling, "Aids and Bars to Communications," Hospitals, XXVII, (November, 1954), pp. 82-84.

⁵Mary Polka, "Structured Channels of Communications in Selected Psychiatric Hospitals," Nursing Research, VII, (February, 1958), p. 41.

⁶Temple Burling, Edith M. Lentz, and Robert N. Wilson, The Give and Take in Hospitals, (New York: G.P. Putnam's Sons, 1956).

the time to get the important facts before attempting to communicate the idea. All communications must have a proper sense of timing. Machinery must be set up for getting communications up, down and across. This includes keeping informal, as well as formal, channels open and functioning. Some of the factors in an organization affecting communications are the choice of media, such as word of mouth, bulletins, house organs, memos, timing, and the relationship between the sender and the receiver in terms of status position. The greatest factor in communications is the human element.⁷

The investigator, having worked on both evenings and nights as a staff nurse and nursing supervisor in large federal hospitals, was often confronted with the problem of inadequate communications. It was determined through this experience that barriers to communications need to be identified. One of the problems was establishing satisfactory lines of communications between the staff nurse and nursing supervisor. The nursing supervisor, who works on evenings and nights, is one of the most important links and contacts the staff nurse has between herself and nursing service administration.

The Problem.

Do staff nurses and nursing supervisors perceive the same or different communication areas as important for the nursing supervisor to use? If there is a difference in the opinions, what is the nature of this difference? Does the degree of this difference have any relationship to the length of time the nurses have been on evenings and nights, the type school of nursing the nurse graduated from, and whether the nurse has received any formal education in the use of communications?

⁷Edith H. Doane, "Making Communications Effective," Nursing Outlook, 11, (August, 1954), p. 440.

The Purposes of this Study were:

1. To determine the opinions of evening and night staff nurses and nursing supervisor as to the importance of certain communication areas that the nursing supervisor should use.
2. To determine the nature of the difference, if any, between the importance of the communication areas as perceived by the staff nurses and as perceived by the nursing supervisors.
3. To determine the nature of the difference, if any, as related to the respondents length of time on evenings and nights, type school of nursing the nurses graduated from and whether they have had any formal education in the use of communications.

Definition of Terms Used.

Staff nurse. Staff nurse in this study pertains to the professional registered nurse, who has been assigned to be in charge of a ward for an eight hour work period on evenings and nights.

Nursing supervisor. Nursing supervisor is the professional, registered nurse, assigned by the director of nursing service in the hospital, to supervise the nursing service for two or more wards on evenings and nights.

Evenings. Evenings refers to the shift or tour of duty, usually worked for eight hours, between two p.m. and twelve midnight.

Nights. Nights refers to the shift or tour of duty, usually worked eight hours, between eleven p.m. and eight a.m.

Certain communication areas. This term refers to factors affecting communication through writing and listening as applied to the nursing supervisors.

Hypotheses.

It was thought that there would be a definite relationship identified as to how important the staff nurses and nursing supervisors would rate the statements and the length of time they have been on evenings and nights, the type of schools of nursing from which graduated, and whether they have had any formal education in the use of communications. It was expected that the nursing supervisors would rate as "highly" important, more of the statements in relation to communication areas a supervisor should use, than would the staff nurses.

Procedure.

The descriptive survey method, employing the mailed opinionnaire as a tool, was used for this investigation. Forty-five opinionnaires were sent to the chief nurse in a large federal hospital to be distributed to each of the evening and night staff nurses and nursing supervisors.

The opinionnaire was formulated to determine the opinions of the nurses about certain communication areas which authors of articles about personnel and management considered important for a supervisor to utilize. The ratings completed by the staff nurses were compared to those of the nursing supervisors. The opinionnaires returned by the nurses then were analyzed and compared in relation to the length of time they had been on evenings and nights, the type school of nursing they had graduated from, and whether or not the nurses had any formal education in the use of communications.

Remainder of the Paper.

In Chapter II the methodology of the survey is presented. Chapter III contains the analysis and interpretations of the data. The findings are compared by use of tables. Chapter IV is the summary and conclusions of the study.

CHAPTER II

METHODOLOGY

Composing of Opinionnaire.

Due to the complexity of problems of communication and the difficulty in measuring a person's ability in communication, a descriptive survey method of studying the problem seemed to be useful. A rating scale opinionnaire was designed, using references that explained how to construct rating scales.⁸

A series of fifty statements about certain communication areas that a nursing supervisor should use was obtained from three personnel and management authors whose articles were published in the *Personnel Journal*.⁹ The statements were reworded to employ a scale in keeping with Parten's suggestions:

In the four point scale the informant is asked to choose among various degrees of opinions on a given statement. The number of degrees presented is largely a matter of judgment and depends on such general considerations as the purpose of the survey and the nature of the issue. It may vary from three to five point value as the tester believes the informant is capable of differentiating. The rating scale attempts to get a quantitative expression of responses that are supposedly at various steps on an attitude continuum. The particular words employed to express the degree of feelings, depends upon the phrasing as well as on the judgment of the person devising the scale.¹⁰

⁸Mildred Parten, Surveys, Polls and Samples for Practical Procedures, (New York: Harper and Brothers, 1950), p. 162.

Keith Davis, "How Supervisors Can Communicate Better," Personnel Journal, XXXI (April, 1953), pp. 417-420; Charles A. McKeand and Randolph Van Nostrand, "Employee Information from A to Z", Personnel Journal, XXVIII (December, 1949), pp. 255-261; John W. Hancock, "Why Workers Feel Insecure," Personnel Journal, XXVIII (October, 1949), pp. 177-179.

¹⁰Parten, op.cit., p. 209.

Each of the statements was phrased in terms which the writer believed would be understandable to nurses. A deliberate effort was made throughout the opinionnaire to avoid terms or expressions that would refer to any particular position and thus prevent unnecessary resistance, disagreement or misunderstanding on the part of the respondents. All the statements were areas of communications considered by the authors in the Personnel Journal as being highly important for a supervisor to use.¹¹

The tentative form of the opinionnaire was presented for discussion and appraisal to a graduate seminar. An amended form, incorporating the suggestions for rewording some statements and the inclusion of six identifying questions to aid in analyzing the data was later submitted to the seminar. The six questions were about the length of time the nurses had been in the same position, the length of time on evenings and nights, the type school of nursing graduated from and whether or not the nurses have had any formal education in the use of communication skills. The opinionnaire had thirty statements when ready for the pilot study. (See Appendix on page 35.)

The investigator, having been employed in a large federal hospital, considered this to be the ideal field to study the problem. The respondents were evening and night staff nurses and nursing supervisors. A pilot study was conducted in a federal hospital using the nurses on evenings and nights. The thirty statements were rated as to their degree of

¹¹Davis, loc. cit.

importance for a nursing supervisor to use. The degree of importance was identified to the respondents on the opinionnaire in four columns, each having a heading. The choice of the responses as to degree of importance were, "highly", "moderately", "minor", and "no" (See Appendix on page 35). The staff nurses and nursing supervisors were sent a cover letter and a self-addressed stamped envelope to permit a direct return to the investigator. One statement was omitted after completion of the pilot study because it was questioned by several respondents and by the graduate seminar participants.

The final form of the opinionnaire consisted of twenty-nine statements about certain communications a nursing supervisor uses. The statements were to be check marked (✓) as to degree of importance in the opinion of the respondents. Six questions were answerable by the respondents placing a check mark (✓) in the box that best described their present assignment: How long in that assignment, their present tour of duty or shift and how long on that tour, the type school of nursing graduated from, collegiate or hospital, and whether or not they had any formal education in the use of communication skills.

A letter was sent to the Chief, Nursing Service at the Veteran's Administration Hospital in Sepulveda, California requesting permission to survey the evening and night staff nurses and nursing supervisors employed there. A copy of this letter is in the Appendix on page 33. The permission was granted and the chief nurse consented to distribute the opinionnaires to the nurses. There were forty-five nurses on evenings

and nights. Each was mailed an opinionnaire with a cover letter and a self-addressed stamped envelope. (See Appendix on page 34.) At the end of six weeks there were twenty-six opinionnaires returned to the investigator (58 percent). A follow-up letter was sent but after eight weeks no further returns were received.

Limitations to the Study.

This study was conducted by means of a mailed opinionnaire which limited the reliability to the understanding of the respondents. The findings were based on the respondents attitudes and knowledge of what they considered to be the importance of the statements about communications a nursing supervisor should use. The respondents opinion of what is meant by degree of importance as stated in the opinionnaire cannot be measured; therefore, the findings are interpreted only according to the checked ratings given. The analysis of the problem was also limited by the number of returns received. Twenty-six opinionnaires (58 percent) of the forty-five sent were returned.

CHAPTER III

ANALYSIS AND INTERPRETATION OF DATA

Forty-five opinionnaires were sent out in this study. Of these forty-one were to staff nurses and four to the nursing supervisors on evenings and nights in a federal hospital at Sepulveda, California. There were twenty-six opinionnaires returned, twenty-two (54 percent) from the staff nurses and four (100 percent) from the nursing supervisors. The twenty-six opinionnaires were tabulated as to the respondent's present assignment; tour of duty working and length of time on that tour of duty; where their nursing education was received, in a hospital school of nursing or a collegiate school; and whether they had any formal education in the use of communication skills. Two of the nursing supervisors and ten staff nurses were on evenings. The other two nursing supervisors and twelve staff nurses were on nights. Eight of the staff nurses had been on evenings and nights less than one year, whereas, the four nursing supervisors and fourteen staff nurses had been on evenings and nights more than one year. One staff nurse had received her nursing education in a collegiate school; whereas, twenty-five staff nurses and the four nursing supervisors had graduated from hospital schools of nursing. Eleven staff nurses and the four nursing supervisors had a formal education in the use of communication skills, while eleven staff nurses answered they had not. These totals are presented in Table 1, page 12.

In order to make comparisons, the degrees of importance as checked by the respondents, were tabulated, Table II, pages 13 to 15, shows a comparison of staff nurses responses with nursing supervisors responses

TABLE I

RESPONSES OF STAFF NURSES AND NURSING SUPERVISORS AS TO THEIR PRESENT
ASSIGNMENT, SCHOOLS OF NURSING GRADUATED FROM,
AND EDUCATION IN COMMUNICATIONS

What is your present assignment?	<u>22</u> A. Staff nurses
	<u>4</u> B. Nursing supervisors
What is your present tour of duty?	<u>12</u> A. Evenings
	<u>14</u> B. Nights
How long on this tour of duty?	<u>8</u> A. Less than one year
	<u>18</u> B. More than one year
Was your nursing education received in:	<u>1</u> A. Collegiate school
	<u>25</u> B. Hospital school
Have you had any formal education in the use of communication skills?	<u>15</u> A. Yes
	<u>11</u> B. No

TABLE 11

COMPARISON OF TWENTY-TWO STAFF NURSES AND FOUR NURSING SUPERVISORS' RESPONSES TO DEGREE OF IMPORTANCE OF SELECTED COMMUNICATION AREAS FOR SUPERVISORS TO USE

Statements	Staff Nurses				Nursing Supervisors			
	DEGREE OF IMPORTANCE							
	High	Moderate	Minor	No	High	Moderate	Minor	No
1. The ability to give verbal orders effectively.	20	2			4			
2. Changes in assignments are explained on a face-to-face relationship.	12	10			4			
3. An expressed interest in the nurse as a person is shown.	14	8			4			
4. Good work is praised when observed.	16	4	2		3	1		
5. Verbal suggestions are accepted when offered by the staff nurse.	8	12	1	1	3	1		
6. Opinions are asked for.	11	9	1	1	3	1		
7. Some complaints are ignored.	4	9	5	2	1	2	1	
8. Staff nurses are given information from staff meetings.	19	3			4			
9. New policies and procedures are explained before they are started.	20	2			4			

TABLE II (Continued)

	Staff Nurses				Nursing Supervisors			
	DEGREE OF IMPORTANCE							
Statements	High	Moderate	Minor	No	High	Moderate	Minor	No
10. Current policies and procedures are periodically reviewed with staff nurses.	12	9		1	2	2		
11. Verbal explanations when given are easily understood.	21	1			4			
12. The staff nurses are told their work is important.	8	11	2	1	3	1		
13. Participation in changes are asked for.	13	9			3	1		
14. *								
15. Reasons for a change should always be given.	14	5	3		3	1		
16. The staff nurse is told how well her work is going.	13	5	3	1	3	1		
17. An advance notice of changes given.	18	3	1		3	1		
18. Snap judgments should be avoided.	19	3			4			
19. All the facts are obtained before a decision is made.	19	3			3	1		
20. The written procedures should be legible.	20	2			3	1		

TABLE II (Continued)

Statements	Staff Nurses			Nursing Supervisors				
	DEGREE OF IMPORTANCE							
	High	Moderate	Minor	No	High	Moderate	Minor	No
21. Information about ward work is sought from the staff nurses.	18	4			2	2		
22. A regular conference with staff nurses.	20	2			4			
23. Staff nurses receive all current published information.	13	9			4			
24. A bulletin board with written notices posted.	12	10			2	2		
25. The supervisor takes time to listen to the staff nurses.	20	2			4			
26. A written memo system for personal requests.	14	8			4			
27. A written suggestion policy.	11	9	2		2	2		
28. The staff nurses are made to feel at ease when talking to the supervisor.	17	5			4			
29. All criticism of work done in private.	20	2			4			
30. The staff nurses receive written rules and regulations.	16	6			3	1		

* # 14. Omitted from the opinionnaire before sent to respondents.

to each item in the opinionnaire. Although the differences between responses of staff nurses and that of supervisors did not appear to be great, the staff nurses checked a greater number of the statements as "moderately," and "minor" in importance than did the nursing supervisors. The statements that displayed the most differences in "degree of importance" are as follows:

<u>Statements</u>	<u>Staff Nurses</u>				<u>Nursing Supervisors</u>			
	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>
5. Verbal suggestions are accepted when offered by the staff nurses.	8	12	1	1	3	1		
10. Current policies and procedures are periodically reviewed with staff nurses.	12	9		1	2	2		
12. The staff nurses are told their work is important.	8	11	2	1	3	1		
13. Participation in changes are asked for.	13	9			3	1		
15. Reasons for a change should always be given.	14	5	3		3	1		
16. The staff nurse is told how well her work is going.	13	5	3	1	3	1		
21. Information about the ward work is sought from the staff nurses.	18	4			2	2		
23. Staff nurses receive all current published information.	13	9			4			

<u>Statements</u>	<u>Staff Nurses</u>				<u>Nursing Supervisors</u>			
	DEGREE OF IMPORTANCE				DEGREE OF IMPORTANCE			
	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>
26. A written memo system for personal requests.	14	8			4			
28. The staff nurses are made to feel at ease when talking to the supervisor.	17	5			4			
30. The staff nurses receive written rules and regulations.	16	6			3	1		

The total checks for each statement made by the staff nurses and nursing supervisors are presented in Table II, pages 13 to 15. The twenty-two staff nurses' total possible ratings of the twenty-nine statements was 638. Each nurse checked all the statements. They checked the "highly" important boxes 465 times (73 percent), the "moderately" important boxes 170 times (26 percent), the "minor" importance boxes thirty times (5 percent), and the "no" importance boxes five times. The nursing supervisors' total possible rating of the twenty-nine statements was 116. They checked the "highly" important boxes ninety-nine times (85 percent), 12 percentage points more than the staff nurses. The "moderately" important boxes were checked twenty-one times (18 percent), 8 percentage points less than the staff nurses and did not check any statements as having "minor" or "no" importance.

The second portion of the analysis was a comparison of the responses by nurses on evenings and nights more than one year with those on evenings and nights less than one year, see Table III, pages 19 to 21. The ratings

done by the twenty-two staff nurses and the four nursing supervisor respondents were not differentiated. The statements that indicated a degree of difference were:

<u>Statements</u>	<u>On Evenings and Nights</u>							
	<u>More Than One Year</u>				<u>Less Than One Year</u>			
	<u>DEGREE OF IMPORTANCE</u>							
	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>
5. Verbal suggestions are accepted when offered by staff nurses.	9	7	1	1	4	4		
12. The staff nurses are told their work is important.	10	7	1		3	3	1	1
13. Participation in changes are asked for.	14	4			3	5		
24. A bulletin board with written notices posted.	12	6			3	5		
26. A written memo system for personal requests.	11	2			3	5		
27. A written suggestion policy.	12	6			2	4	2	

The actual number of responses of nurses on evenings and nights more than one year compared with that of nurses who had been on evenings and nights less than one year is presented in Table III, pages 19 to 21. The total possible ratings to the twenty-nine statements completed by the eighteen staff nurses and nursing supervisors on evenings and nights more than one year was 522. They checked the "highly" important boxes 395 times (76 percent); the "moderately" important boxes 112 times (22

TABLE III

COMPARISON OF RESPONSES OF NURSES ON EVENINGS AND NIGHTS MORE THAN ONE YEAR AND LESS THAN ONE YEAR TO DEGREE OF IMPORTANCE OF SELECTED COMMUNICATION AREAS FOR SUPERVISORS TO USE

	More than one year				Less than one year			
	DEGREE OF IMPORTANCE							
Statements	High	Moderate	Minor	No	High	Moderate	Minor	No
1. The ability to give verbal orders effectively.	16	2			8			
2. Changes in assignments are explained on a face-to-face relationship.	11	7			5	3		
3. An expressed interest in the nurse as a person is shown.	14	4			5	3		
4. Good work is praised when observed.	13	4	1		6	1	1	
5. Verbal suggestions are accepted when offered by the staff nurse.	9	7	1	1	4	4		
6. Opinions are asked for.	9	7	1	1	6	2		
7. Some complaints are ignored.	6	8	1	1	1	5	1	1
8. Staff nurses are given information from staff meetings.	16	2			7	1		
9. New policies and procedures are explained before they are started.	16	2			8			

TABLE III (Continued)

	More than one year				Less than one year			
	DEGREE OF IMPORTANCE							
Statements	High	Moderate	Minor	No	High	Moderate	Minor	No
10. Current policies and procedures are periodically reviewed with staff nurses.	11	7			5	3		
11. Verbal explanations when given are easily understood.	17	1			8			
12. The staff nurses are told their work is important.	10	7	1		3	3	1	1
13. Participation in changes are asked for.	14	4			3	5		
14. *								
15. Reasons for a change should always be given.	12	5	1		4	1	2	1
16. The staff nurse is told how well her work is going.	11	5	2		6	1	1	
17. An advance notice of changes given.	15	2	1		6	2		
18. Snap judgments should be avoided.	17	1			6	2		
19. All the facts are obtained before a decision is made.	15	3			7	1		
20. The written procedures should be legible.	17	1			7	1		

TABLE III (Continued)

	More than one year			Less than one year				
	DEGREE OF IMPORTANCE							
Statements	High	Moderate	Minor	No	High	Moderate	Minor	No
21. Information about ward work is sought from the staff nurses.	14	4			7	1		
22. A regular conference with staff nurses.	18				7	1		
23. Staff nurses receive all current published information.	13	5			6	2		
24. A bulletin board with written notices posted.	12	6			3	5		
25. The supervisor takes time to listen to the staff nurses.	16	2			8			
26. A written memo system for personal requests.	16	2			3	5		
27. A written suggestion policy.	12	6			2	4	2	
28. The staff nurses are made to feel at ease when talking to the supervisor.	15	3			6	2		
29. All criticism of work done in private.	17	1			8			
30. The staff nurses receive written rules and regulations.	14	4			7	1		

* # 14. Omitted from the opinionnaire before sent to respondents.

percent), the "minor" importance boxes nine times and the "no" importance boxes three times. The total possible ratings for the eight staff nurses on evenings and nights less than one year was 232. They checked the twenty-nine statements in the "highly" important boxes 172 times (74 percent), 2 percentage points less than the nurses on evenings and nights over one year. In the "moderately" important boxes they checked fifty-nine times (25 percent), and 3 percentage points more than the other nurses. The "minor" importance boxes were checked eight times and the "no" importance boxes three times.

The statements as rated by the fifteen staff nurses and nursing supervisors who had a formal education in communication skills was compared with the ratings done by the eleven staff nurses who had not received education in communication skills. The statements showing a difference in how they rated were as follows:

<u>Statements</u>	<u>Formal Education in Communications</u>							
	<u>Yes</u>				<u>No</u>			
	<u>DEGREE OF IMPORTANCE</u>							
	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>
12. The staff nurses are told their work is important.	11	3	1		5	5		1
23. Staff nurses receive all current published information.	13	2			6	5		
24. A bulletin board with written notices posted.	13	2			5	6		
25. The supervisors take time to listen to the staff nurses.	14	1			4	6	1	

<u>Statements</u>	<u>Formal Education in Communications</u>							
	<u>Yes</u>				<u>No</u>			
	<u>DEGREE OF IMPORTANCE</u>							
	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>	<u>High</u>	<u>Moderate</u>	<u>Minor</u>	<u>No</u>
26. A written memo system for personal requests.	14	1			7	3	1	
27. A written suggestion policy.	14	1			4	6	1	

The actual number of responses of nurses with formal education in communications compared with that of nurses who did not have education in communications is presented in Table IV, pages 24 to 26. The fifteen staff nurses and nursing supervisors who had a formal education in communications checked the "highly" important boxes 334 times (77 percent) out of a possible 435 times. They checked "moderately" important eighty-nine times (20 percent), "minor" importance ten times and "no" importance two times. The total possible checks for the eleven staff nurses not having a formal education in the use of communication skills was 319. In the "highly" important boxes they checked 208 times (65 percent) or 12 percent less than the nurses with the education. In the "moderately" important boxes they checked 102 times (32 percent) or 12 percentage points more than the nurses with education in the use of communication skills. In the "minor" importance boxes seven checks were made, and in the "no" importance boxes one check was made.

Two statements were checked in very low areas of "degree of importance" by all respondents. These opinions showed no differences as to choice when classified as to the respondents' length of time on even-

TABLE IV

COMPARISON OF RESPONSES OF NURSES HAVING A FORMAL EDUCATION IN COMMUNICATIONS AND THOSE WHO HAVE NOT TO DEGREE OF IMPORTANCE OF SELECTED COMMUNICATION AREAS FOR SUPERVISORS TO USE

Statements	Formal Education				No Formal Education			
	DEGREE OF IMPORTANCE				DEGREE OF IMPORTANCE			
	High	Moderate	Minor	No	High	Moderate	Minor	No
1. The ability to give verbal orders effectively.	14	1			9	2		
2. Changes in assignments are explained on a face-to-face relationship.	11	4			6	5		
3. An expressed interest in the nurse as a person is shown.	11	4			8	3		
4. Good work is praised when observed.	12	2	1		7	3	1	
5. Verbal suggestions are accepted when offered by the staff nurse.	8	6	1		3	7		1
6. Opinions are asked for.	10	4	1		5	6		
7. Some complaints are ignored.	6	6	1	2	4	5	2	
8. Staff nurses are given information from staff meetings.	15				8	3		
9. New policies and procedures are explained before they are started.	14	1			9	2		

TABLE IV (Continued)

Statements	Formal Education				No Formal Education			
	DEGREE OF IMPORTANCE							
	High	Moderate	Minor	No	High	Moderate	Minor	No
10. Current policies and procedures are periodically reviewed with staff nurses.	14	1			5	6		
11. Verbal explanations when given are easily understood.	15				11			
12. The staff nurses are told their work is important.	11	3	1		5	5		1
13. Participation in changes are asked for.	12	2	1		6	5		
14. *								
15. Reasons for a change should always be given.	12	2	1		6	4		1
16. The staff nurse is told how well her work is going.	11	2	2		7	3		1
17. An advance notice of changes given.	11	3	1		10	1		
18. Snap judgments should be avoided.	13	2			9	2		
19. All the facts are obtained before a decision is made.	12	3			9	2		
20. The written procedures should be legible.	15				9	2		

TABLE IV (Continued)

Statements	Formal Education				No Formal Education			
	DEGREE OF IMPORTANCE				DEGREE OF IMPORTANCE			
	High	Moderate	Minor	No	High	Moderate	Minor	No
21. Information about ward work is sought from staff nurses.	13	2			8	3		
22. A regular conference with staff nurses.	15				9	2		
23. Staff nurses receive all current published information.	13	2			6	5		
24. A bulletin board with written notices posted.	13	2			5	6		
25. The supervisor takes time to listen to the staff nurses.	14	1			4	6	1	
26. A written memo system for personal requests.	14	1			7	4		
27. A written suggestion policy.	14	1			4	6	1	
28. The staff nurses are made to feel at ease when talking to the supervisor.	14	1			8	3		
29. All criticism of work done in private.	14	1			10	1		
30. The staff nurses receive written rules and regulations.	13	2			9	2		

* # 14. Omitted from the opinionnaire before sent to respondents.

ings and nights, type of school of nursing from which graduated, or formal education in the use of communication skills. This leads the investigator to ponder whether the statements were at fault or if some other variable which was unforeseen played a part in the responses given. The statements showing this lack of difference were" "(6) Opinions are asked for"; and "(7) Some complaints are ignored."

The differences in the nurses' opinions were compared as to the type school of nursing graduated from. Only one staff nurse respondent indicated she was a collegiate school of nursing graduate. This nurse's return had all the statements checked as "highly" important. No other respondent checked all the statements either high or low. The other staff nurses and nursing supervisors checked that they had graduated from hospital schools of nursing. No valid comparisons could be made because of the lack of an appropriate sample.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary and Conclusions.

The problem which was investigated in this study was stated in the form of two questions:

1. Do staff nurses and nursing supervisors perceive the same or different, certain communication areas, important for a nursing supervisor to use?
2. If there is a difference in opinions, what is the nature of this difference and does it have any relationship to the length of time the nurses have been on evenings and nights, the type school of nursing graduated from, and whether they have had any formal education in the use of communication skills?

Forty-five opinionnaires were sent to the nursing supervisors and staff nurses on evenings and nights in a federal hospital in California. These were distributed to the nurses by the chief of nursing service at the hospital. Twenty-six (58 percent) of the opinionnaires were returned to the investigator. There were forty-one staff nurses that could have responded, of this sample twenty-two returns were received. There were four nursing supervisors in the sample and they all responded.

The statements on the opinionnaire were about certain communication areas a nursing supervisor should use. The respondents were asked to check rate the statements as to how important they perceived them. The rating choices to be checked were, "highly," "moderately," "minor," and "no".

Definitive conclusions cannot be drawn from the findings of this study, however, there were some differences noted in the way the ratings were recorded. The supervisors tended to rate the communication areas "highly" important or "moderately" important. The staff nurses' ratings varied in some areas from "highly" to "no" importance. The hypothesis that staff nurses would rate the statements as being less important than would the nursing supervisors was only partly supported.

There was no relationship of the length of time the nurses had been on evenings and nights and the way they would rate the statements. There was a lack of a clear-cut degree of difference.

The differences in the nurses' opinions were compared as to the type school of nursing from which graduated. Only one staff nurse respondent indicated she was a collegiate school of nursing graduate. The other twenty-five staff nurses and nursing supervisors indicated they were graduates from hospital schools of nursing and no comparisons can be made.

There were degrees of differences in ratings done by staff nurses and nursing supervisors having a formal education in the use of communication skills. The returns revealed those staff nurses not having education in communications rated many statements as being less important. This finding leads one to wonder if the formal education in communications was the cause of perceiving certain communication areas for a supervisor to use as being important, and influenced the way the ratings were completed.

The purpose of this study was to determine the opinions of evening and night staff nurses and nursing supervisors as to the importance of communication areas that the nursing supervisor should use. A degree of difference was noted in ratings done by staff nurses and nursing supervisors. The findings revealed greater differences of opinions among the staff nurses than between staff nurses and nursing supervisors. There was a degree of difference noted in ratings done by staff nurses and nursing supervisors who had a formal education in the use of communications from those who had not. There were no differences indicated in the relationship of length of time the nurses had been on evenings and nights and the way they had rated. The sample was not appropriate to establish a relationship between nurses graduating from different schools of nursing, and the way they rated the opinionnaire.

Recommendations.

Due to the limited scope of this study and lack of clear-cut findings, it is felt by the author a more extensive investigation could be made to determine if there is an actual communication breakdown between nursing supervisors and staff nurses. The following areas of study are recommended for investigation:

1. A study be made to determine to what extent the formal education in the use of communication skills has on establishing better communications between staff nurses and nursing supervisors.
2. A study similar to this to determine if nurses working on days would have a difference in opinion as how important certain communication skills are for the nursing supervisor to use.

3. A study utilizing another type instrument to test what areas of communications may be perceived as important.

APPENDIX

Room #113 Pryor Hall
Montana State College
Bozeman, Montana

January 26, 1962

Miss Jane Ernst, R.N.
Chief, Nursing Service
Veteran's Administration Hospital
Sepulveda, California

Dear Miss Ernst:

As a student in the master's program in nursing at Montana State College I must write a technical paper as partial fulfillment of the requirements for a degree. I am endeavoring to make a comparison of certain communication areas as seen by nursing supervisors and staff nurses on evenings and nights.

I realize your schedule is full but the problem stated can only be investigated through your assistance. May I have your permission for you and your nursing staff to participate in this study. I would need to know for my survey the total number of staff nurses and nursing supervisors who are working on evenings and nights. With your permission I would send the questionnaires with stamped self-addressed envelopes to your department for distribution.

The questionnaires would be sent directly to me by the nurses. They will be kept anonymous. A final summary of the paper will be sent upon request. Thank you for your cooperation.

Sincerely,

Michael DeLia, R.N.

The faculty of Montana State College School of Nursing think this study should be valuable in evaluating certain communication areas of nursing administration. We appreciate your assistance.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

Room #113 Pryor Hall
Montana State College
Bozeman, Montana

Dear Respondent:

I am a student in a master's program in nursing at Montana State College and must write a technical paper as partial fulfillment of the requirements for a degree. I am endeavoring to make a comparison, through the use of a rating scale, of certain communication areas as seen by nursing supervisors and staff nurses.

May I please ask you to complete the attached questionnaire as directed. It is not necessary to sign it. All forms will be kept anonymous. A self-addressed stamped envelope is included. A summary of the findings will be sent you upon request.

Thank you for your cooperation.

Sincerely,

Michael DeLia

MD/blh
Enc.

OPINION SCALE REGARDING COMMUNICATIONS

The following statements are about certain areas of communications. They are concerned with speaking, writing and listening. Please check the box on the right to indicate how important you may feel each of these are for a supervisor to use.

	DEGREE OF IMPORTANCE			
	H I G H	M O D E R A T E	M I N O R	N O
1. The ability to give verbal orders effectively.				
2. Changes in assignments are explained on a face-to-face relationship.				
3. An expressed interest in the nurse as a person is shown.				
4. Good work is praised when observed.				
5. Verbal suggestions are accepted when offered by the staff nurse.				
6. Opinions are asked for.				
7. Some complaints are ignored.				
8. Staff nurses are given information from staff meetings.				
9. New policies and procedures are explained before they are started.				
10. Current policies and procedures are periodically reviewed with staff nurses.				
11. Verbal explanations when given are easily understood.				

	DEGREE OF IMPORTANCE			
	H I G H	M O D E R A T E	M I N O R	N O
12. The staff nurses are told their work is important.				
13. Participation in changes are asked for.				
14. ~~Reasons for a change need not always be given.~~	Omit			Omit
15. Reasons for a change should always be given.				
16. The staff nurse is told how well her work is going.				
17. An advance notice of changes is given.				
18. Snap judgments should be avoided.				
19. All the facts are obtained before a decision is made.				
20. The written procedures should be legible.				
21. Information about the ward work is sought from the staff nurses.				
22. A regular conference with staff nurses.				
23. Staff nurses receive all current published information.				
24. A bulletin board with written notices posted.				
25. The supervisor takes time to listen to the staff nurses.				

	DEGREE OF IMPORTANCE			
	H I G H	M O D E R A T E	M I N O R	N O
26. A written memo system for personal requests.				
27. A written suggestion policy.				
28. The staff nurses are made to feel at ease when talking to the supervisor.				
29. All criticism of work is done in private.				
30. The staff nurses receive written rules and regulations.				

31. List any other areas of communications concerned with speaking, writing and listening you may feel needs to be rated highly important for the nursing supervisor to use.

The following information is necessary for analysis of the data. It will not be used in any other way. The questionnaires are anonymous, please do not sign them.

Please place a check mark in the appropriate box.

1. What is your present assignment?
 - ☐ A. Staff nurse
 - ☐ B. Nursing supervisor
 - ☐ C. Other
2. How long in this assignment?
 - ☐ A. Less than one year
 - ☐ B. More than one year
3. What is your present tour of duty?
 - ☐ A. Days
 - ☐ B. Evenings
 - ☐ C. Nights

4. How long on this tour of duty? ☐ A. Less than one year
☐ B. More than one year
5. Was your nursing education received in: ☐ A. Collegiate school of nursing
☐ B. Hospital school of nursing
6. Have you had any formal education in the use of communication skills? ☐ A. Yes
☐ B. No

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