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DATA REGARDING THE GRADUATES OF THE CALIFORNIA ASSOCIATE DEGREE NURSING PROGRAM FROM THE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION SIX-YEAR EVALUATION PROJECT.

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TO GATHER INFORMATION FOR EVALUATION OF THE ASSOCIATE DEGREE NURSING PROGRAM, THE CLASSES GRADUATING IN 1959 AND 1960 FROM CALIFORNIA JUNIOR COLLEGES WERE STUDIED BY QUESTIONNAIRE. OF STUDENTS ENROLLED IN THESE CLASSES, 43 PERCENT HAD OTHER EDUCATION BEYOND HIGH SCHOOL, AND 14 PERCENT HAD SOME PREVIOUS TRAINING, BUT 86 PERCENT FELT THIS PROGRAM BEST SUITED TO THEIR NEEDS. OF 216 GRADUATES RESPONDING TO THE LATER SURVEY, 200 WERE EMPLOYED AS NURSES. SEVENTY-ONE FELT INADEQUATELY PREPARED IN CERTAIN PHASES OF THEIR DUTIES, AND SOME FELT THAT EMPLOYERS PUSHED THEM TOO FAST INTO POSITIONS OF LEADERSHIP AND RESPONSIBILITY FOR WHICH THEY WERE UNPREPARED. AFTER 6 MONTHS OF EMPLOYMENT, THESE NURSES WERE RATED EQUAL TO OR ABOVE NURSES OF EQUIVALENT EXPERIENCE IN 80 PERCENT OF THE SKILLS, CHARACTERISTICS. OR ABILITIES RATED TO NURSING EFFECTIVENESS. ONE YEAR AFTER GRADUATION, THIS PERCENTAGE WAS 84. TABLES, DISCUSSION OF DETAILS, AND INDIVIDUAL COMMENTS ARE PRESENTED.
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PART I

INTRODUCTION

This project represents the combined efforts of two California agencies-- the State Department of Professional and Vocational Standards, Board of Nursing Education and Nurse Registration, and the State Department of Education, Bureau of Junior College Education.

In 1957, when the California Legislature enacted Section 2736.5 of the Nursing Practice Act which allowed the Board to approve the "basic two years' course of professional nursing education,"¹ it also adopted the following declaration of intention:

"The Legislature finds that there is a serious shortage of professional nurses prepared to do bedside nursing; that to meet the expanding demand for these professional nurses, it is necessary to closely examine the education of the nurse from the points of view of programs, curricula, teaching methods, and the length of time necessary to prepare nurses for service.

"Because of these factors, it is the intent of the Legislature to establish pilot programs by authorizing the Board of Nurse Examiners, for a provisional period, to accredit and maintain a continuing evaluation of not less than two-year courses in professional nursing education."²

This "continuing evaluation" led to the establishment of the six-year project conducted by the Board of Nursing Education and Nurse Registration. Data was collected through three different questionnaires: Student Biographical Data, Employer's Evaluation, and Employment Experience Evaluation. These three questionnaires allowed the Board to collect information about the student, about the graduate, and about the work situation. Information was obtained from six classes, but the only complete set of information involved the first two classes because the findings had to be reported to the California Legislature in 1962. This was done, and the "basic two years' course' became a permanent part of the Nursing Practice Act on May 8, 1963, when California's Governor signed Senate Bill 82 into law.

During this same period, the W. K. Kellogg Foundation provided funds for the California Associate in Arts Nursing Project, which was given to assist California to develop solutions to its shortage of nursing personnel. On March 25, 1959, a grant of \$209,654 for the five fiscal years was approved, and the California Associate in Arts Nursing Project was established. Part II of the Project was granted to the California State Department of Education for services of a nursing education consultant and for other related services. Much of the data obtained by the Board of Nursing Education and Nurse Registration was reported in the annual reports of the California Associate in Arts Nursing Project. However, there has never been an analysis of the Employment Experience Evaluation.

¹ Board of Nursing Education and Nurse Registration (Rosemary T. Hovorka, R.N., Executive Secretary). Laws and Regulations Relating to Nursing Education - Licensure - Practice. Sacramento, California, January, 1963, p. 23.

² Ibid, p. 23

One of the final projects provided for by the Kellogg Foundation funds is this report. It is meant to present the data provided by the graduates of the associate degree nursing programs on the Board of Nursing Education and Nurse Registration questionnaires. This has been done through a question-by-question analysis of the Employment Experience Evaluation with reference to interesting and significant findings. As the data from the other questionnaires has been presented previously, a brief summary of the major findings appear with the questionnaires in the Appendix. Thus, this report brings to you the data collected by the Board of Nursing Education and Nurse Registration during the six-year evaluation project.

Appreciation goes to many people, particularly those in the two state agencies: Miss Rosemary Hovorka, R.N., Executive Secretary, Board of Nursing Education and Nurse Registration; Miss Wilma Hiatt, R.N., Consultant, California Associate in Arts Nursing Project; Dr. Virginia Z. Barham, R.N., Nursing Education Consultant, Board of Nursing Education and Nurse Registration; and many others. A special "thank you" is due Mrs. Helen D. Bowman, R.N., who has diligently worked to complete this report for us. May it serve the purposes for which it was intended.

Emil O. Toews, Chief
Bureau of Junior College Education

APPROACH

As explained in the Introduction, continuous evaluation of the associate degree nursing programs was an officially designated responsibility to be assumed by nursing's official state agency, the Board of Nursing Education and Nurse Registration.

Discharging its responsibility, the BNENR sent a student Biographical Data questionnaire¹ to each of the students who would be graduating in 1959 and 1960. The questionnaires reached them shortly after their 1957 and 1958 enrollments, respectively.

Following the graduates' successful completion of the state licensing examinations and subsequent registration, the BNENR contacted these individuals a second time seeking identification of their employers. Upon receipt of that information the Employer's Evaluation questionnaire² was sent to each employing agency.

In 1959, 101 students graduated from associate degree programs in nursing conducted by the five California junior colleges originally initiating such programs: Bakersfield College, Chaffey College, East Los Angeles College, Pasadena City College, and Riverside City College. These colleges first admitted students to the new programs in 1957.

Two hundred and thirty-four students graduated in 1960 from associate degree programs in nursing conducted by 12 junior colleges. The 12 colleges included the aforementioned five and, in addition, Contra Costa College, Fullerton Junior College, Los Angeles City College, Mt. San Antonio College, Orange Coast College, Pacific Union College, and Sacramento City College. The 234 students entered nursing classes in 1958.

A total of 335 graduated from the associate degree programs in nursing in California in 1959 and 1960.

State Board licensing examinations were taken by the 1959 and 1960 graduates in June, August, September, or November, the successful graduates realizing California licensure. The second questionnaire was mailed to employers of the successful graduates at the end of six months' employment. The same (second) questionnaire was sent to all known employers of the same graduates at the end of twelve months' employment.

Finally, a third questionnaire, the Employer's Experience Information questionnaire³, was mailed to those registered nurses known to the BNENR as being employed as nurses in California and those who reasonably could be expected to remain actively engaged in nursing, whose whereabouts were known to the Board.

¹ See Appendix B, page 35

² See Appendix C, page 41

³ See Appendix A, page 31

Employment Experience Information questionnaires were returned to the Board by 216 registered nurses and are the basis for this report.

Findings from the first and second questionnaires have been reported on periodically in the annual California Associate in Arts Nursing Project, Part II, reports and the California Nurses' Association Bulletins. This is the first time a report has been made on the findings from the third questionnaire.

PART II

EMPLOYMENT EXPERIENCE INFORMATION FORM

Two hundred and sixteen registered nurses in California completed and returned Employment Evaluation Information forms as requested by the Board of Nursing Education and Nurse Registration. The 216 respondents, 1959 and 1960 graduates of Associate in Arts degree programs in nursing, represent 12 California junior colleges.¹ This report is a review of the findings resulting from the survey of the responses made by 216 cooperating nurses.

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QUESTION I - PRESENT STATUS OF EMPLOYMENT

Present occupation or activity:	a. Full Time	b. Part Time	Total
1. employed as a nurse	180	20	200
2. homemaker	29	15	44
3. continuing education	8	29	37
4. other	<u>2</u>	<u>2</u>	<u>4</u>
(please state)			
	219	66	285

The 216 respondents made 285 responses to Question I, indicating that more than one activity occupied more than one individual. That a nurse can play several roles, and not infrequently concurrently, was clearly shown in Question I. In one instance a respondent indicated full-time nursing employment, full-time homemaker responsibility, and education commitments.

Of import was the finding that of the 216 respondents 180 (83.3 per cent) were employed at nursing full time and 20 (9.3 per cent) part time a significant contribution toward relief of the nursing shortage.

¹See Approach, page 3

Other responses indicated that well over three times as many persons were continuing education part-time than were doing so full-time (29 to 8). Responses to Question XII, discussed later in this report, reflected notable interest in continuing education. If the interest expressed there proves of major significance in the respondents' future plans, a marked and steady increase in the 17.3 per cent (full or part time) attending school at time of response to Question I is a certainty.

There were four responses to Question I, part 5 (other):

- vocational nurse instructor (F.T.)
- dental hygienist (F.T.)
- "unemployed"
- helps in husband's business

- - - - -

QUESTION II - HISTORY OF EMPLOYMENT

Positions since graduation:

	a. First			b. Second			c. Latest			Total
	day	p.m.	nite	day	p.m.	nite	day	p.m.	nite	
1. hospital staff nurse	117	59	32	22	16	11	21	17	8	303
2. hospital team leader	31	20	4	9	10	1	12	7	0	94
3. assistant head nurse	5	16	3	5	11	2	3	10	0	55
4. hospital charge nurse	6	18	13	2	8	8	4	9	9	77
5. nurse in doctor's office	5	0	0	6	1	0	9	2	0	23
6. other (please state)	<u>13</u>	<u>6</u>	<u>2</u>	<u>5</u>	<u>1</u>	<u>2</u>	<u>7</u>	<u>1</u>	<u>2</u>	<u>39</u>
	177	119	54	49	47	24	56	46	19	591

Nursing is marked by overlapping and inner-job role changes which appeared to make it almost impossible to designate positions by single checks. Respondents frequently checked, therefore, not only one identification as a major duty but also those which described their other roles and duties. (One, not a typical respondent, checked several times to cover her "sometimes" T.L., Charge Nurse, assistant relief, medication, and staff nurse roles.) This response in the recording of complex job realities then resulted in inaccuracy in the shift-related response. The response, therefore, can be said to be only generally meaningful. However, a brief review of the Question II response found in Appendix A will show that hospital staff-nursing engages by far the largest number of R.N.'s and on the day shift.

Noted: Assuming a degree of accuracy in the figures, 23 respondents were working in doctors' offices. This type of employment seemed to be more frequent in positions subsequent to the first position.

To Question II-6, which sought identification of positions held other than the five listed above, 39 responses were made. A list of 34 follows:

- surgical nurse 6¹
- private duty 6
- school nurse 2
- relief supervisor 2
- junior P.H.N.
- dental office nurse
- H.N. on p.m. shift
- O.R. scrub and medical nurse
- O.P.D.
- "all relief"
- medical nurse (interpreted as meaning medication nurse)
- "medical nurse and p.t. charge of Nursing Office"
- research
- rotating shifts
- H.N. Relief in E.Rm.
- Relief Charge
- Assistant Supervisor
- Director of Nurses
- Emergency p.m. Supervisor
- clinical nurse (?)
- instructor
- O.B. supervisor

34²

Of interest in the replies to part 6 of Question II was the apparent failure to identify such positions as Relief Supervisor and O.B. Supervisor with hospital charge nurse or surgical nurse with hospital staff nurse. Inescapable was the fact that nomenclature did not hold the same meaning for everyone.

QUESTION III (Not analyzed for this report.)

Information about agency or agencies you are or have been employed by:

	Size of a. Agency	Type of b. Agency	Name and c. Location	Date of d. App't
1. first position	_____	_____	_____	_____
2. second position	_____	_____	_____	_____
3. latest position	_____	_____	_____	_____

- 1 Surgical Nurse is to be interpreted as including "Operating," "O.R.," "scrub," etc.
- 2 Occasionally a private duty nurse checked more than one private duty assignment as a position which explains the total response of 39.

QUESTION IV - PERIODS OF SERVICE

Length of time in above position(s) in months:

	a. Less than 1	b. 1-3	c. 3-6	d. 6-9	e. 9-12	f. more than 12	Total
1. first	10	28	28	24	71	24	185
2. second	10	14	15	19	7	1	66
3. latest	<u>10</u>	<u>13</u>	<u>9</u>	<u>12</u>	<u>17</u>	<u>6</u>	<u>67</u>
	30	55	52	55	95	31	318

As in Question II, the response to Question IV proved difficult to assess and for much the same reason. It must be acknowledged as having less significance than was hoped.

Although not explicitly stating it, the questionnaire sought R.N. employment data. This point appeared to be overlooked occasionally and like responses did not always reflect the same thing. For example, from other data on the questionnaire it seemed likely that respondent(s) having been employed as aide(s), L.V.N.(s), or "graduate(s)" included such employment in summing up length of total time with one agency.

There was also some evidence that responses duplicated information. For example, respondents whose second positions were also their "latest" positions sometimes responded to 1, 2, and 3 in apparent misunderstanding or earnest interest to cooperate fully.

Granting the results to be skewed, a response or two must still be noted. First, it appears evident that the R.N.s moved about. Also responses (71) seem to indicate that first-position respondents remained most frequently for 9 to 12 months on the job, while second-position respondents stayed for shorter periods. The 24 responses (only 12 per cent of the 185 responses to Question IV-1-f) could reflect job satisfaction.

QUESTION V (Not analyzed for this report.)

Salary received in first position after receipt of license as R.N.:

- | | Amount |
|--|----------|
| 1. same as any beginning R.N. in that position | \$ _____ |
| 2. other _____
(state classification or reason) | \$ _____ |

Much information in the replies is of value to some future salary study (span; influence of geographic differences; historical interest, etc.).

QUESTION VI - JOB ORIENTATION

Orientation received in position since graduation:

a. Amount	1st	2nd	3rd	Total	b. Quality	1st	2nd	3rd	Total
1. none	20	8	7	35	1. poor	10	8	4	22
2. not enough	24	12	9	45	2. fair	59	18	12	89
3. adequate	<u>161</u>	<u>49</u>	<u>29</u>	<u>239</u>	3. good	<u>110</u>	<u>39</u>	<u>24</u>	<u>173</u>
	205	69	45	319		179	65	40	284

No common definitions of amount and quality were contained in Question VI. Therefore, it is necessary to recognize that respondents replied according to their individual interpretations of the meaning of the words.

Three hundred and nineteen responses were made to Question VI-a-1, 2, 3 (i.e., amount of orientation) and 284 to Question VI-b-1, 2, 3 (i.e., quality of orientation). A clear inference was obtainable from the responses.

A total of 239 responses (74.5 per cent) indicated that the amount of orientation was adequate (first, second, and third positions), and 173 responses (60.9 per cent) indicated that the quality of orientation was good (first, second and third). Understandably, the greatest number of responses to both Question VI-a and -b fell in the first columns.

Of interest were occasional comments by way of explanation of failure to respond at all or to check the none response to Question VI-a-1. The comments advised that no orientation was needed, the respondents already being acquainted with the employing agencies (student laboratory experience, previous aide, L.V.N., or other employment, etc.). Such advisement tended to dilute the strength of the already not-too-heavy none response.

QUESTION VII - IN-SERVICE TRAINING

In-service program in positions since graduation excluding orientation:

a. Amount	1st	2nd	3rd	Total	b. Quality	1st	2nd	3rd	Total
1. none	48	25	16	89	1. poor	16	6	2	24
2. not enough	51	8	9	68	2. fair	54	13	14	81
3. adequate	<u>97</u>	<u>22</u>	<u>18</u>	<u>137</u>	3. good	<u>63</u>	<u>16</u>	<u>15</u>	<u>94</u>
	196	55	43	294		133	35	31	199

Two hundred and ninety-four responses were made to Question VII-a-1, 2, 3 (i.e., amount of in-service) and 199 responses to Question VII-b-1, 2, 3. In supplying information regarding the total amount of in-service, 137 (46.5 per cent) indicated that the education was adequate (1st, 2nd, and 3rd positions). Of the total quality responses, 94 (47.2 per cent) indicated the quality of education was good.

Unlike responses to Question VI which appeared to reflect more opinion agreement (although sharper disagreement where it existed), responses to Question VII showed less opinion agreement.

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QUESTION VIII - SUPERVISION

Supervision received in positions since graduation (by team leader, head nurse, supervisor, or other):

	First				Second				Latest				Total
	T.L.	H.N.	Sup.	O.	T.L.	H.N.	Sup.	O.	T.L.	H.N.	Sup.	O.	
1. none	26	20	18	16	5	4	2	4	7	6	3	5	116
2. infrequent	10	15	26	5	0	3	3	1	2	2	4	0	71
3. available	25	44	62	10	5	13	25	3	3	16	24	2	232
4. periodic	7	20	19	6	1	4	5	2	0	1	9	3	77
5. regular	26	38	17	7	4	7	8	0	0	5	5	5	122
6. constant	<u>5</u>	<u>14</u>	<u>9</u>	<u>1</u>	<u>0</u>	<u>7</u>	<u>5</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>3</u>	<u>3</u>	<u>51</u>
	99	151	151	45	15	38	48	12	12	32	48	18	669

The significant finding in Question VIII was that the responses showed supervisor as being the chief source of supervision; H.N., second; T.L., third; other, fourth. Responses to the question as related to possible order were:

	Sup.	H.N.	T.L.	Other
First	151	151	99	45
Second	48	38	15	12
Latest	48	32	12	18

Also of significance was the response which indicated that the least supervision was realized from the T.L. (As in Question IV, respondents occasionally replied more than once.)

A question in view of response to Question II might be raised as to the identification of the supervisor. Identification of other might be a fruitful future study in relation to personnel supervision.

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QUESTION IX¹ - POSITIONS OR RESPONSIBILITIES REFUSED

Have you been offered positions or expected to assume responsibilities which you have refused?

1. Yes 37 If yes, state nature of offer(s) and reason for refusal(s) and in which position (first, second, or latest) they occurred.
2. No 178

A listing of the 37 individual responses follows. It will be noted that the respondents frequently did not cite the occurrence by position (first, second, etc.) and in some instances responses were not altogether clarified. However, it is safe to assume that while unwelcome situations occurred in second and later positions, they did occur most frequently and with greatest impact during the first employment experience. The responses in their entirety to this and other questions, plus other pertinent data on the questionnaire would, it is believed, bear out the assumption.

¹ See Appendix D, page 47 for further information.

TABLE 1

Incidence of stated factors in the explanations of the YES responses to Question IX involving the reasons for refusing offered positions and/or to assume responsibilities

1. Limiting personal responsibilities	1
2. Satisfaction in on-going position (2 remaining to work directly with patients)	6
3. Dissatisfaction with position offered (hours, pay, location, etc.)	5 + $\frac{1}{2}$
4. Prematurity of position offer in terms of preparatory employment experience	16 + $\frac{1}{2}$
5. Lack of basic education preparation	4
6. Lack in orientation to position	1
7. Other	<u>3</u>
	37

- "too soon after graduation expected to be in charge of a floor at night alone; when I balked....was told I was injuring the two-year program"; remaining in on-going position (second)
- H.N. position; to remain in on-going position
- Charge Nurse; because did not wish to assume care of critically ill patients without further experience
- position of sole R.N. on pediatrics at night
- refused until orientation was adequate
- "Charge Nurse, labor and delivery, on first job....knew it wasn't fair to patients or doctors"
- "only nurse in charge of floor....refused as I had not had enough experience"
- refused (because satisfied with on-going position) position of Head of Nursing Service in geriatrics (60 bed convalescent hospital); refused another time (because felt insufficiently experienced) a position as Night Supervisor (30 bed hospital)
- pediatric post; wanted to stay in O.R.

- H.N. of Women's Unit; no experience in that area (first)
- O.R. nurse, not interested; office nurse, not interested
- H.N. in Nursery or Delivery; "too much same thing"
- go into Surgery--not ready for a specialization; Charge Nurse in O.B. on p.m. shift--prefer days (second)
- "refused evening charge when first asked; didn't feel I'd had enough experience to be responsible for the patients"
- I.C.U.: just graduated; needed more experience
- O.B. nurse; not enough experience; office nurse; hours undesirable
- Assistant H.N.; no supervision; offered before lapse of 6 months in employment
- attempted Relief Surgical Nurse but left it for bedside nursing
- pediatric area; "to shut a child up in a dark room because he cried" and "sneak up" on a sleeping child to give a shot
- rejected responsibility for 20-30 patients "except in emergency"
- nurse in doctor's office; satisfied with on-going position
- charge Newborn Nursery; no previous experience with prematures' care
- "staff, head; not living in area"
- O.R. scrub nurse; inadequately prepared
- Charge Nurse, Surgical Floor, 11-7 (first)
- H.N. in O.B. in a 300-bed hospital; felt unprepared
- "Dr.'s office position; not enough time"
- instructor in a Medical Assistants Program (in a junior college); felt unprepared
- "---to stay home with my family"
- H.N. position; salary not commensurate with responsibility
- H.N. on floor (p.m.'s); not enough experience following graduation to make final decisions (first and only)
- night H.N. in small hospital; lack of experience and supervision
- assistant H.N.: preferred working directly with patients for the moment
- start I.V.'s (first and second)

- O.R. supervise; unqualified (first)
- refused to run a floor alone; unqualified (first)
- scrub nurse; not enough in basic program (first)

In this instance the picture is clear, with approximately 45 per cent of the responses indicating refusals of positions of leadership and responsibility resulted from the timing of the openings. Registered nurses were offered, assigned to, or forced into positions without appropriate basic academic experience and/or sufficient work experience. The ability of the A.D.N.P. graduate to assume, in time and with employment experience, such roles appears to be acknowledged (Assistant H.N., T.L., H.N., etc.). However, the respondents appeared to know they were graduates of a basic nursing education program preparing for first-level nursing functions, and they seemed to be saying little other than that.

Noted are the four "lack of preparation" responses. One respondent lacked I.V. instruction/experience.¹ Another felt a basic program had not prepared her for an instructor's position. Two responses reflected need for more basic O.R. experience.

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QUESTION X² - ADEQUACY OF PREPARATION

Have you been expected to perform duties as a graduate nurse which you felt were reasonable, yet which you felt unprepared to do.

Yes 71 If yes, please name and state in which position (first, second, or latest) they occurred?
 No 140

As indicated elsewhere in this report, respondents frequently omitted identification of experiences as to position (first, second, third) thus making analysis difficult. A summary breakdown follows in Table 2, and the 71 individual responses are listed.

1. See Appendix D, page 47, for 1961 graduates' comments regarding I.V. procedure.
2. See Appendix D, page 49, for further information.

TABLE 2

Survey of 71 YES Response
 Explanations Made by ADNPs Graduates, 1959-1960

1. Non-definitive responses	11
2. Responses involving procedures and equipment per se	25
3. Responses involving (<u>reasonable</u>) charge responsibilities (other than No.6 below)	8 ¹
4. Responses involving T.L. function	5
5. Responses involving non-charge duties	6
.	
6. Responses involving charge responsibility (<u>unreasonable</u>)	13 ²
7. Responses involving non-nursing functions (anesthesia, Record Room, X ray, etc.)	3

A brief glance at the individual response listing will identify category 1, Table 2, which accounts for a loss to the sample of 11 responses (15.5 per cent). However, 25 responses (35.2 per cent) relating to a feeling of lack of preparation in category 2 were readily identifiable. The question of I.V.'s frankly accounted for 14 of the 25 responses.

It is possible that I.V. responses are hidden in such statements by respondents as:

"....in each service (there) have been one or two procedures which I was unfamiliar with....missed them in training or were new."

And it is more than likely that some are hidden in the non-definitive comments (category 1).

¹ The writer's arbitrary decision assumed readiness for tasks could have been realized through basic preparation, job orientation, and/or in-service education.
² The writer's arbitrary decision assumed that requests were made at times of first employment, although only four stipulated "first." (Responses were probably more appropriate as replies to Question IX.)

It could be said that response to Question X appeared to make a strong plea for I.V. preparation. However, only under clearly stipulated conditions may nurses in California legally administer I.V.'s.¹ The response, therefore, did not fail to raise a question as to what really is required of nurses on the job which demands that so many respondents have I.V. skills.

Lack of familiarity with the Levine tube ranks second to I.V.'s in category 2, accounting for four responses. Responses in the category included: tube feeding, rectal examinations in labor, use of incubator and O₂, male catheterization, and colonic flush.

Examples of responses in category 3 were:

- uncertainty about surgical night nurse position regarding preparation
- had not learned hospital routine

Several statements in this category seemed to indicate that independently initiated action, natural curiosity, and (in some instances) employment sophistication (not first position) could have made for reasonableness of assignment.

In category 4, five respondents expressed concern with lack of readiness for T.L. functions and three felt unprepared in areas not considered here as nursing responsibilities.²

The six responses included in category 5 (non-charge duties) reflected unease with assignments involving the following: neuro-psychiatric nursing, scrub nursing, PAP. smear, proctoscopy instrument setup, and the unexplained statement which read, "...certain treatments that I was not prepared to do through lack of experience."

Category 6 would appear to be more pertinent to Question IX than to Question X. Thirteen of the 71 replies in this category (18.4 per cent) lent support to the findings in Question IX. They appear to bolster the cry of the registered nurse that she is prematurely offered or expected to assume charge positions which she is basically unprepared to assume upon graduation and with no more than the briefest of work experience.

Individual responses to this question are as follows:

- male catheterizations
- use of equipment such as incubator, O₂, I.V. setups, etc.
- asked to take charge of floor in first week of work

¹ For implications for basic nursing program curricula, see California Nurses' Association Bulletin, November, 1961, pp. 179-180: "A Joint Statement on Administration of Fluids Intravenously by Nurses."

² A check of 1964 ADPN graduates might disclose a familiarity with the T.L. role reflecting a not uncommonly changing philosophy which sees team leadership as a function of the R.N.

- starting I.V.'s
- charge of labor and delivery; inexperienced in this department (first)
- pass Levine tube (first)
- administration of anesthetics to O.B. and patients with minor injuries
- rectal examinations during labor
- Relief Charge Nurse in I.C.U.; but with experience felt able (first)
- set up instruments for proctoscopy
- dietary patient teaching (first and latest)
- asked to take charge on first position
- certain treatments that I was not prepared to do through lack of experience
- T.L. in new areas that need extra help
- Charge Nurse, 3-11 shift
- "first position"
- "in complete charge of hospital--however, am used to it now--have been doing it for seven months--"
- no explanation of "Yes"
- start I.V.'s (first)
- insert Levine
- charge of diabetic service
- expected to run delivery room sans help or orientation
- I.V. administration, lab testing, and X-ray examinations
- tube feeding
- Record Room as a staff nurse (first)
- "first job" (no reasons given by graduate)
- start I.V.'s
- lack of experience in special field (not identified)
- give I.V.'s
- assume Relief H.N. without preparation....

- uncertainty about surgical night nurse position regarding preparation for O.R. schedules
- insert Levine tube (first)
- start I.V.'s
- need more clinical experience
- "Operating Room" (no qualifying explanation)
- had to be oriented upon job changes (delivery room, charting, etc.)
- unprepared for neuro-psychiatric nursing; second position
- no I.V. preparation; latest position
- "start I.V.'s" (no qualifying statement)
- not prepared to take charge of Newborn Nursery
- Relief Charge Nursing; no preparation for; first position
- "introducing I.V. under doctor's supervision"
- "start I.V.'s; first"
- I.V.'s; lacking experience (first)
- T.L. after two weeks on job (first)
- I.V.'s and medication
- Charge nurse of 50-bed men's rehabilitation ward; no supervisory experience
- "yes (and no)"; first position; O.R. nurse
- "first position" (no qualifying statement made)
- "first" (no qualifying statement made)
- "second position on p.m. shift as float nurse"
- acted as substitute H.N. for two weeks; not sufficient administrative experience; might have done better if a B.S. graduate
- "in first position" (no qualifying explanation)
- "responsibility of taking charge"
- "first" (no qualifying explanation)
- R.N. is charge nurse at night; no preparation as H.N.
- Levine tube insertion; first position

- had not learned hospital routine (thus unprepared)
- T.L. and H.N. responsibilities
- few procedures which had not (done) as a student such as colonic flush
- T.L.; first job
- take X-rays and....lab work (first)
- Team Leader
- "a few procedures"
- "first" (unexplained)
- "in each service....have been 1 or 2 procedures which I was unfamiliar with....missed them in training or they were new"
- assist with Pap. smear
- to accept chg. nurse (relief). "You feel unprepared till you do it."
- immediate P.O. care of thoracic pts. (first)
- scrub nurse

- - - - -

QUESTION XI - ADDITIONAL TRAINING NEEDED

In the question above, if you answered "yes", where do you think the preparation you needed should have been provided?

1. In your basic program before graduation	39
2. By an orientation program after employment	23
3. By an in-service program following employment	15
4. By continued education in a college program	3
5. Other _____ (Please state)	<u>6</u>

66

Eighty-six responses were made to this question to develop the 71 Yes responses to Question X. Respondents frequently checked more than one answer (1, 2, 3, etc.) accounting for the numerical difference in totals.

Any sharp dissatisfaction with basic preparation rarely was expressed even though Question XI-1 was checked 39 times for a 45.3 per cent total response. However, the response to Question X, which reflected the lack of preparation for I.V. administration, must be recalled here. Then it is not unreasonable, perhaps, to assume that a large per cent of the 39 responses reflected the respondents' belief that their basic education should have prepared them to administer I.V.'s.

Twenty-three responses (26.7 per cent of the total responses) indicated that orientation should have met preparation needs, while 15 (17.4 per cent) said they should have been provided by an in-service program following employment. It was interesting to note that the combined response to the orientation and in-service questions totaled only one less than the responses to Question XI-1.

Frequently respondents checked 1, 2, and 3, thus indicating they saw job preparation as a shared responsibility.

Three responses (3.4 per cent) were made to XI-4. (A respondent to Question X commented that she had acted as substitute H.N. for two weeks without sufficient administration experience. She indicated she "might have done better if (had been) a B.S. graduate.")

Two respondents summed up the essence of Question XI-6 responses (6.9 per cent) with the following philosophical comments:

- "preparation can't be provided for everything"
- "experience"

- - - - -

QUESTION XII- FUTURE PLANS

What are your future plans related to nursing?

Two hundred and nine persons responded to this question. Several of the respondents referred, in a single response, to more than one of the factors entered in Table 3. Following the table is a listing of the 209 individual responses. In some instances these are condensed while in others the full quote appears.

TABLE 3

Incidence of Some Factors Found Within the 209
Responses to Question XII

1. 139 responses contained expressions of intent to nurse (short or long term; full or part time.)
2. 109 responses contained references to continuing education
3. 23 responses contained references to public health (education for nursing or other; employment in nursing or other)
4. 20 responses contained references to present unemployment or intent to leave nursing within three years
5. 12 responses contained expressions of intent to do doctors' office work
6. 7 responses contained identification of the respondents as students
7. 5 responses contained expressions of intent to do part-time nursing only
-
8. 12 responses indicated no definite future plans

Of major significance, 109 references (in approximately 52 per cent of the responses) were made to continuing education. Fifty-one of these referred to the realization of degrees, with 45 specific references to the bachelor's degree. (Four of the latter were planned in non-nursing majors.)

Seven respondents (in 3.3 per cent of the responses) were readily identifiable as pursuing degree full or part time. There must have been, however, others not identifiable by their replies, in view of the 37 responses made in reference to continuing education in Question I.

The great majority of registered nurses planning academic progression appeared to expect to do so while working full or part time concurrently with or following interludes of study.

Interest was shown in missionary work (three respondents), industrial nursing (one), school nursing (eight), and travel (three). Twelve respondents showed definite uncertainty as to future nursing related plans.

The most cursory glance at Table 3 and the 209 responses will suffice to show that the majority of respondents plan to nurse. With or without further education, full time or part time, concurrently or not with other activities (family responsibilities, school, travel, etc.), they plan to practice nursing. It seems apparent that hospitals will continue to claim the services of the largest number of respondents.

Of possible significance, especially to the observer of employment trends, were the references to public health (education for or employment in public health nursing or other public health activities). Twenty-three in number, they were present in 11 per cent of the responses. Frequently, as might be expected, the references coincided with the expressions of the respondents involving their educational ambitions.

The 12 references (in 5.7 per cent of the responses) to employment, full or part time, in doctors' offices could indicate the attraction to be found in regular, no weekend employment, no shift rotation, no inappropriately placed responsibility, and with (perhaps) assurance of direct patient contact outside the hospitals' less flexible patterns. (A follow-up check might be of interest to learn if this sampling represents a trend having implications for hospital staffing.)

Twenty respondents (in 9.6 per cent of the responses) were identifiable as being unemployed or planning on being so within three years from the time of response. The reasons, as may be seen, pertain to family life for the most part. When considered in conjunction with the five references (in 2.4 per cent of the responses) to the wish to do part-time nursing only, the comments make for pause.

Individual responses were as follows:

- taking a correspondence course in psych. nursing (UCLA); go on for B.S.
- uncertain
- work one year more than on for B.S.
- do part-time staff nursing and relieve occasionally in a doctor's office while children are small
- to continue education at night school and continue to nurse as priv. duty or staff
- continue as p.h.n. trainee until requirements are met for completion of PHN program
- continue private duty
- work at nsg. for 3 more years
- work one more year in another community after forthcoming marriage, then will devote time to raising a family

- do staff nsg. and occasional Chg. Nsg. if need be
- continue as staff nurse
- no plans; happy as is doing Team Nsg.
- work as long as able
- staff nsg. one more year; travel, then go for B.S. in Nsg.
- staff nsg., improving through Inservice and outside school work to qualify for H.N.
- raise son; nurse when he's older
- do staff nsg. unless husband goes into Armed Services; then possibly take PHN
- may return to school; undecided
- staff nsg. now; hope for B.S. degree and then do general nsg. or O.R.
- am working now for a B.S. degree and public health certificate
- marrying; will work part-time as a staff nurse
- work
- continue in nursery area; later Charge Nurse on PM's
- continue education (Fresno); possibly to teach nsg. or do phn work
- plan to cont. ed. in Fall (LBSC)
- post-grad. work in OB
- considering cont'g. ed.
- hoping to find satisfying work which pays a good salary and allows time with family (supports family)
- doctor's office work
- staff nsg. or doctor's office
- more schooling; cont. hosp. nsg.
- undecided
- eventually get a B.S. degree
- undecided; possibly medicine
- cont. nsg. and go to school nights; interested in field of medical illustration

- stay in nursing; moving to Cornell Medical Center because of educational opportunities while employed
- cont. in nsg.; may take a course at night in surgical nursing or further work in OR supervision
- work and return to school in a year or so
- returning in the Fall to finish B.S. in Nsg.
- keep up with what's new in nursing; do volunteer work for Red Cross (unemployed)
- must discontinue nsg.
- obtain B.S. in Education
- office nsg.
- PHN major in the Fall (U.C.): later hopes to work overseas or in public health
- work in husband's dental office and add some part-time nsg.
- cont. in Peds. as H.N.
- staff nsg. until husband completes college; then raise a family
- missionary work
- work toward school nsg. or p.h.n.
- do nsg. ed.; part-time nsg. while going to school if time allows
- cont. ed.; can't advance without it
- want a B.S. and a PHN certificate and eventually do school nsg.
- will be a school nurse in the Fall and planning to obtain PHN certificate
- staff nsg. or visiting nsg.; later missionary work
- office or clinic nsg.
- general nsg. for at least four years
- planning on college for a B.S.
- eventually get a B.S. in nsg. education or public health
- public health nsg. or industrial nsg. overseas
- plan on school in the Fall to get B.S. with school nursing a goal

- will work after an October marriage
- indefinite
- work in Labor and Delivery while picking up B.S. degree credits
- to cont. as hospital Charge Nurse
- pediatric office nurse, then school for a degree, then school nsg.
- continue to work in doctor's office
- to nurse when family is raised
- plans to do part-time nsg. for 6 months; plans to resume ed. on part-time basis; has four-months-old baby
- do nursing
- teach in a school of nsg. or in inservice
- nurse; perhaps later cont. ed.
- cont. studies if chance presents itself
- continue in doctor's office
- nurse in several services for increased experience
- uncertain
- hopes to cont. for B.S. on part-time basis
- go on for a degree in nsg.
- OR nurse
- work PM shift at County Hospital
- work full-time for 2 or 3 years
- will attend night courses in the Fall (Sacramento City College) thereby continuing ed. on a part-time basis
- wants to continue ed.
- do private duty
- staff nsg.
- nurse; will cont. ed. if not marrying
- wants surgical nsg.; plans on a B.S.
- attending college (SSC) toward B.S.: Goal, chemical research or pub. health nsg.

- work in a small hospital; wants a B.S.
- staff nsg.; would like more education
- bedside nsg.
- sometime obtain a degree
- nurse as long as family responsibilities permit
- staff nsg.
- staff nsg. for awhile; then consider college preparation for a nsg. ed. position
- planning to obtain a B.S. in nsg. ed.
- OR nsg. then office or psychiatric nsg. later
- plan to take BSN (U. of Colorado) and work there
- not employed; will resume nsg., however
- 3-11 Charge duty
- attending Bible School; uncertain what follows after that
- eventually will obtain B.S. and go into public health
- is working for a B.S.: goal, work with emotionally disturbed children
- work as necessary, full or part time occasionally to keep in practice
- wants employment on a steamship line; otherwise hospital nsg.
- working on B.S. now
- moved to Alaska; wants government service with Indians and Eskimos
- continue on in doctor's office and work Sundays in hospital; hopes to cont. ed. gradually
- plans to nurse 2 or 3 years until family starts
- staff nsg. now; later aim for a more responsible level
- work until husband finishes medical school
- is in school working on B.S. now
- staff nsg. even following forthcoming marriage
- obtain B.S. and PHN certificate; pursuing school nsg. goal
- undecided

- pediatric area; cont. B.S. ed.
- will try to return to school after B.S. and PH degree
- to remain employed until marriage
- wants to get into psychiatric nsg.; also wants B.S. in the not too distant future
- nurse four years while husband finishes school
- planning on continuing school (after 1960) for B.S.
- unemployed now; plan to do part-time nsg. in hospital or full-time in doctor's office
- eventually, office work
- return to college; work summers as an R.N.
- obtain a B.S. and enter public health
- continue at Veterans'; begin college work toward a degree
- husband wants her to discontinue working; will comply
- cont. hospital nsg.; T.L. and H.N. positions later
- necessity requires hospital nsg.; really wants office or sch. nsg.
- doing staff nsg.; wants college work but no college is available to undertake study
- cont. with school part time and work in a doctor's office
- cont. general staff nsg.
- may try to obtain a B.S. or stay on present nsg. job
- hospital staff nsg.; after marriage, office nsg.
- complete additional 2 yrs. of college, acquiring a B.S. in Nsg. and a teaching credential
- stay in staff nsg.; later take a clinic job and start evening B.S. degree courses
- stay in surgical nsg. and work up to be surgical supervisor
- undecided
- cont. to pursue a degree
- cont. nsg. ed.

- further education; get B.S. and PHN
- stay in orthopedic rehabilitation; cont. ed.
- hopes to go for a B.S. (LBSC) in '61; work full time
- work as a staff nurse after pressing debts have been met
- work at Veterans' and take some classes for credit
- qualify to start I.V.'s; complete a B.S. and PHN (LASC)
- B.A. in Education is goal
- B.S. in Nsg.
- expand skill and knowledge in OR; possible transfer to N.Y. for work where hospital affiliates with B.S. programs
- wishes to further ed.
- work full time and take concurrent class work
- nurse and prepare to teach in a school of nursing
- eventually have a B.S. in Nsg. and a PHN certificate
- keep practicing nursing; eventually return to school then teach
- hospital nsg.; get Bachelor's and PHN not too distantly in the future
- get Bachelor's and Master's; become a nsg. instructor
- get into OB area after her medical-surgical experience
- cont. in psychiatric nsg. until pregnancy retirement
- raise a family; part-time nsg. if any at all
- now working toward a B.S.; goal, Doctor of Public Health; use skills in mental health programs
- work 1 year then return to college for B.S. and PHN; do public health in WHO
- pregnant; to return to college in 1961 to work on degree
- staff nsg.; specialize in OB
- work one year, then raise a family
- return to college to major in OB or anesthesia
- obtain a degree in public health

- cont. toward a B.S.
- am studying now for a B.S. (LASC); do school nsg. or public health
- sometime return to school for B.S. in Nsg.
- cont. nsg. and further ed.
- stay in nsg. and attend night classes concurrently
- cont. to do psychiatric nsg. and cont. on with B.S. study
- missionary nsg.
- aim is to get a B.S. in Nsg. Ed. and PHN
- remain in nsg. as a T.L. or HN
- moving to Oregon; will practice there; cont. on for B.S.
- uncertain
- full-time Charge Nurse of a 50-bed hospital
- indefinite plans
- cont. nsg. as at present until B.S. is realized; then H.N. in rehabilitation
- may be made a supervisor where employed; if not will go to Veterans' out of state
- wants employment in a small hospital; do I.V.'s
- spread out and learn more than the area of mental retardation only; return to school when children are grown
- to return to school for a degree in child psychology; supervision position later
- would like to go on for a B.S.
- remain on in Emergency as Charge
- at end of pregnancy will do part-time work in hospital nsg.
- when family increases will become solely a housewife
- work as a psychiatric nurse but in medical-surgical areas in order to keep up basic nursing skills
- do OR and emergency and clinic work
- work in doctor's office, teach Red Cross Home Nursing and possibly attend school

- to stay in OR; may need more ed. to qualify
- become a school nurse if finances allow; get a "PHN degree"
- cont. ed.; B.S. in occupational therapy, not nsg.
- "perhaps take some more college courses to better prepare myself"
- work full-time until family increases; school; school nsg.
- cont. in nsg. for awhile, then back for B.S.; into public health
- post graduate nsg. possibly to get B.S.
- industrial nsg.
- remain on as Director of nursing and possibly continue college work
- further ed. in the future
- get at least a B.S. in Nsg. Ed.; teach
- none
- cont. in surg. nsg. and further ed. with Surgical Supervisor as goal
- AB in Social Sciences; specialize in psychiatric nsg.
- one and a half years to realize B.S. and PHN certificate; no plans after that
- cont. on as T.L.
- work for PHN certificate and meanwhile cont. in psychiatric nsg.
- continue in OR until first child arrives, then retire
- cont. to nurse; go to college (LBSC)

APPENDIX A

APPENDIX A

STATE OF CALIFORNIA
DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF NURSE EXAMINERS

EMPLOYMENT EXPERIENCE INFORMATION FORM

DIRECTIONS: Please fill in spaces or check as indicated.

1. Present occupation or activity: a. Full Time b. Part Time

- | | | |
|----------------------------------|--------------------------|--------------------------|
| 1. employed as a nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. homemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. continuing education | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. other _____
(please state) | <input type="checkbox"/> | <input type="checkbox"/> |

2. Positions since graduation:

	a. First			b. Second			c. Latest		
	day	p.m.	nite	day	p.m.	nite	day	p.m.	nite
1. hospital staff nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. hospital team leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. assistant head nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. hospital charge nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. nurse in doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. other _____ (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Information about agency or agencies you are or have been employed by:

	Size of a. Agency	Type of b. Agency	Name and c. Location	Date of d. App't
1. first position	_____	_____	_____	_____
2. second position	_____	_____	_____	_____
3. latest position	_____	_____	_____	_____

4. Length of time in above position(s) in months:

	a. Less than 1	b. 1 to 3	c. 3 to 6	d. 6 to 9	e. 9 to 12	f. more than 12
1. first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. second	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. latest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Salary received in first position after receipt of license as R.N.

1. same as any beginning R.N. in that position Amount
\$ _____
2. other _____ \$ _____
(state classification or reason)

6. Orientation received in position since graduation:

a. Amount	1st	2nd	3rd	b. Quality	1st	2nd	3rd
1. none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. not enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In-service program in positions since graduation excluding orientation:

a. Amount	1st	2nd	3rd	b. Quality	1st	2nd	3rd
1. none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. not enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Supervision received in positions since graduation (by team leader, head nurse, supervisor or other):

	T.L.	H.N.	Sup.	O.	T.L.	H.N.	Sup.	O.	T.L.	H.N.	Sup.	O.
1. none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. infrequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. periodic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. regular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. constant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you been offered positions or expected to assume responsibilities which you have refused?

1. Yes _____ If yes, state nature of offer(s) and reason for refusal(3) and in which position (first, second, or latest) they occurred.
2. No _____

10. Have you been expected to perform duties as a graduate nurse which you felt were reasonable, yet which you felt unprepared to do.

1. Yes _____ If yes, please name and state in which position (first, second, or latest) they occurred.

2. No _____

11. In the question above, if you answered "yes", where do you think the preparation you needed should have been provided?

1. In your basic program before graduation

2. By an orientation program after employment

3. By an in-service program following employment

4. By continued education in a college program

5. Other _____
(please state)

12. What are your future plans related to nursing? _____

13. Age _____ Sex _____ Marital status _____

14. Name of School of Nursing _____

15. Date of graduation _____

16. Date of filling in this report _____

(signature, if you so desire)

APPENDIX B

STUDENT BIOGRAPHICAL DATA FORM

In 1958, there were five associate degree nursing programs with 516 students; in 1959, there were twelve programs with 720 students.

The students ranged in age from 17 to 57 years of age; the various age groups follow:

	Percentage
17 to 21 years of age.	62.6
22 to 35 years of age.	21.4
36 to 49 years of age.	11.2
50 years and over.	4.8

5.2 per cent of the first-year students were males.

28 per cent of the students were married, and another 6 per cent had been married before entering the program.

28 per cent of the students reported their mates were working. The occupations as stated follow:

	Percentage
Craftsmen or foremen.	22
Professional-technical.	18
Service workers	16
Operatives.	12
Managers, proprietors	10
- Sales	8
Other	14

80 per cent of these students reported that they had children; of this group, 63 per cent were of preschool age.

42 per cent of these students were at least partially self-supporting. In addition, 7 per cent reported that they would be expected to contribute to the support of someone else while in school.

86 per cent of these students stated that they would have chosen the junior college program as best suited to their personal and educational needs even if a diploma or baccalaureate degree program had been equally available to them. The major reasons given for this choice follow:

	Percentage
Time length of program	74
Cost of program.	56
Collegiate setting	9
Home and/or family responsibility. .	14
Type and quality of program.	63
Convenience of location.	29
Freedom to live out of residence . .	9
Age.	12
Other.	2

70 per cent of these students were graduates of California high schools; 28 per cent had high school education out of state; the remaining 2 per cent had high school education in another country.

43 per cent of these students had additional education beyond high school; the majority of these had one year of college. 4 per cent had experience in vocational nursing.

14 per cent had previously attended some other school of professional nursing; they indicated that the length of time ranged from one to 33 months, but the average was 12 months. When asked, "How long ago did you withdraw," they listed the following:

	Percentage
Less than three years .	38
Three to six years. . .	11
Six to ten years. . . .	7
Over ten years.	44

The majority of reasons for leaving were scholastic, marriage, and family problems.

88 per cent of these students expected to work at nursing following graduation. 60 per cent indicated that this would be full time, while 28 per cent indicated that this would be part time. 53 per cent expected to continue their education.

STATE OF CALIFORNIA
CALIFORNIA ASSOCIATE IN ARTS NURSING PROJECT

DEPARTMENT OF PROFESSIONAL
AND VOCATIONAL STANDARDS

Board of Nurse Examiners

DEPARTMENT OF EDUCATION
DIVISION OF INSTRUCTION

Bureau of Junior Colleges

STUDENT BIOGRAPHICAL DATA FORM

Directions: Complete form by filling in spaces or checking squares.

1. College in which enrolled _____
2. Date of entering the program. . . _____ / _____ / _____
month date year
3. Your name _____
last first middle
4. Legal residence or permanent address 1. California

Street City 2. Other State
3. Other Country
5. a. Year of birth _____ month _____ day _____; age last birthday _____
b. Sex: 1. male 2. female
c. Marital status: 1. Single 2. Married 3. Divorced
Widowed Separated
6. Name or describe occupation of mate or parent
If single, give occupation of parent _____
If married, give occupation of mate _____
7. If you have children, record the number you have in each age group:
1. up through five years of age _____
2. six through thirteen years _____
3. fourteen through seventeen _____
4. over seventeen years of age _____

8. How do you expect to be financially supported while in school?

- | | a. Total | b. Partial |
|-------------------------------------|--------------------------|--------------------------|
| 1. Support from relatives | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Live on your savings | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Work to earn your living | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Support from loan or scholarship | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you expect to contribute to the support of anyone else while in school?

- | | | | |
|--------|--------------------------|-------|--------------------------|
| 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
|--------|--------------------------|-------|--------------------------|

10. Had all three types of programs in nursing education been equally available to you, which one would you have chosen?

- | | |
|---|--------------------------|
| 1. Two year (junior college - associate degree) | <input type="checkbox"/> |
| 2. Three year (hospital - diploma) | <input type="checkbox"/> |
| 3. Four or Five year (college or university - baccalaureate degree) | <input type="checkbox"/> |

11. Check the major reason(s) for your choice of the program in which you are now enrolled:

- | | | | |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. time length of program | <input type="checkbox"/> | 6. convenience of location | <input type="checkbox"/> |
| 2. cost of program | <input type="checkbox"/> | 7. freedom to live out of residence | <input type="checkbox"/> |
| 3. collegiate setting | <input type="checkbox"/> | 8. age | <input type="checkbox"/> |
| 4. home and/or family responsibility | <input type="checkbox"/> | 9. other (state) | <input type="checkbox"/> |
| 5. type and quality of program | <input type="checkbox"/> | | |

12. High school education
- | | |
|-------------------|--------------------------|
| 1. California | <input type="checkbox"/> |
| 2. Out of State | <input type="checkbox"/> |
| 3. Out of Country | <input type="checkbox"/> |

13. If you have attended school beyond high school:

- | | | |
|---|----------------------|--------------------------|
| a. Where did you do your major work
(do not include present program or professional nursing program) | 1. Junior college | <input type="checkbox"/> |
| | 2. Four year college | <input type="checkbox"/> |
| | 3. Technical school | <input type="checkbox"/> |
| b. Total number of academic credits earned _____ | 1. Semester units | <input type="checkbox"/> |
| | 2. Quarter units | <input type="checkbox"/> |

c. What was the field of your major study?
(for professional nursing, answer #14)

- 1. pre-nursing
- 2. related health field
- 3. vocational nursing
- 4. other field _____
state

d. academic degree earned, if graduated:

- 1. associate degree
- 2. baccalaureate degree
- 3. master's degree
- 4. other (state)

14. If you have previously attended some other school of professional nursing:

a. state length of time enrolled in months _____

- b. how long ago did you withdraw
- 1. less than three years
 - 2. three to six years
 - 3. six to ten years
 - 4. over ten years

c. Reason for leaving:

- 1. scholastic
- 2. marriage
- 3. pregnancy
- 4. financial
- 5. health
- 6. family problems
- 7. dislike
- 8. other

_____ state

15. What is your present idea of what you will do after graduation?

- | | a. Part Time | b. Full Time |
|-----------------------|--------------------------|--------------------------|
| 1. Work as a nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Homemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Continue education | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
- state

16. Date of filling in this form _____
month day year

EVALUATION FORM

The Evaluation Form was sent to employers of all graduates of associate degree nursing programs who were licensed and employed six months and twelve months after graduation.

At the end of six months following graduation, a total of 226 graduates of two-year programs in 1959 and 1960 were employed and evaluated. An analysis of the responses showed that 3,976 or 80 per cent of the skills, abilities, or characteristics related to the effectiveness of a nurse were rated about the same as or somewhat above most graduates of equal work experience. Of the 11 per cent of skills, abilities, or characteristics related to the effectiveness of a nurse which were somewhat below that expected of a graduate nurse with equal work experience, the ability to operate special equipment, the ability to talk to doctors with ease, the characteristic of seeking opportunities to assist in the upkeep of the wards, and the characteristics of assisting auxiliary workers were predominant.

At the end of twelve months following graduation, a total of 187 graduates of two-year programs in 1959 and 1960 were employed and evaluated. An analysis of these responses showed 3,620 or 84 per cent of the skills, abilities, or characteristics were rated about the same as or somewhat above most graduates of equal work experience. The 10 per cent rated somewhat below were limited to those concerned with ward upkeep and working with auxiliary personnel.

In addition to the rating of abilities, skills, and characteristics, qualitative statements were given by many of the employers. The qualitative statements by the rater indicated that the two-year program in nursing education produces graduates who are interested in nursing, ask questions when they are not certain, and lack confidence when they first begin nursing. However, they were found to develop rapidly with experience and they were particularly strong in giving patient care and in patient relationships.

Many statements indicated that many of the raters were conscious of the new programs in nursing and in some cases the program, rather than the individual graduates, was rated. In some instances personality characteristics rather than qualities related to nursing abilities were used to rate the graduate.

In summary, the ratings of the graduates of the two-year programs illustrate that the graduates of the pilot programs perform the functions of a Registered Nurse as well as expected of any graduate of equal work experience and apparently the shorter period of time is sufficient to prepare nurses adequately for service to the public.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF NURSE EXAMINERS

EVALUATION FORM*

Introduction:

The effectiveness of any educational program can be evaluated only in terms of how well the graduates of that program perform in the job for which they have been prepared. In order to obtain an indication of how effective the nursing education programs are, we are asking you to rate the graduates that you supervise.

We have identified 23 nursing behaviors that are related to the effectiveness of a nurse. We do not assume that these 23 areas cover all of the skills or attributes of a good nurse. We have included these 23 areas because they represent behaviors that can be observed and rated and they represent some of the objectives that we are trying to achieve in our nursing education programs.

We are asking you to evaluate the graduate nurse by giving us your opinion of how well she compares with graduate nurses of equal experience. As you make your comparisons, keep in mind nurses whom you have supervised and who have approximately the same length of experience as this nurse.

It is realized that it may not be possible to know graduates who have exactly the same length of experience as this graduate. Therefore, for the purposes of this evaluation you may allow a leeway of two months experience. For example, suppose this graduate has had six months experience as a graduate nurse. For comparison you may use other graduates who have had four to eight months experience as a graduate nurse if you do not have any with exactly six months experience.

Instructions for Completing Evaluation Form

General:

Think of all the times that you have observed the nurse whose name appears on the blank and other graduates of approximately equal experience in situations where they have been giving general nursing care. For each of the skills, abilities, or characteristics listed on the form please check the answer that, in your judgment, best describes this nurse when she is compared with other graduate nurses who have had approximately the same length of experience.

Evaluation Form - Cont'd

Specific:

1. Fill in the Background Information.

2. Read each item and check in the column according to the following schedule:

Check in column under A - if you have not had the opportunity to observe this nurse carrying out the activity described.

Check in column under B - if you think that this nurse performs somewhat below most graduate nurses of equal experience.

Check in column under C - if you think that this nurse performs about the same as most graduate nurses of equal experience.

Check in column under D - if you think that this nurse performs somewhat above most graduate nurses of equal experience.

3. A space for comments has been left at the right of the answer choices. It would be helpful if you would give specific examples of behaviors that would help us to interpret the ratings that you assign.

4. In Item 24 please give your overall evaluation of the nurse as a practitioner of nursing. Indicate your evaluation of the overall nursing ability of this nurse by assigning her a rank in the total group of graduate nurses with about the same length of experience whom you supervise.

Example: Suppose you are rating Jane Doe. You have six graduate nurses, including Jane Doe, who have been working as graduate nurses about the same length of time. You think that Jane Doe is about the third best in group in her overall ability to give nursing care. Then you would indicate your judgment in this way. Rank of 3 in a group of 6.

5. In Item 25 a space has been left for you to comment on any aspect of the graduate that has not been covered in previous items, or if the effectiveness of the nurse in your agency cannot be rated according to any of the attributes listed.

6. Please fill in the information requested at the end of the form.

Before sending back the questionnaire would you please tear off these first two pages.

Thank you for helping us to evaluate our programs.

*This evaluation form is used with the permission of Mildred Montag and is a revision of the form used by the Cooperative Research Project in Junior and Community College Education for Nurses.

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DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF NURSE EXAMINERS

NURSING EDUCATION EVALUATION PROJECT

Background Information:

1. Name of Nurse: _____
Last Name
First
Middle

2. Length of time worked as a graduate nurse in your agency _____
months

3. Total length of time worked as a graduate nurse (including time worked in your agency) _____
months

4. Please list the number of graduate nurses that you now have on your staff and who have been working as graduate nurses for approximately the same length of time as the nurse named in Item 1

5. If you have no graduates with approximately the same length of experience, check here

EVALUATION FORM

The statements of skills, abilities or characteristics related to the effectiveness of a nurse are listed in the left-hand column below. Please check the appropriate column to the right of each statement according to the following key:

- COLUMN A - No opportunity to observe.
- COLUMN B - Somewhat below most graduates of equal work experience.
- COLUMN C - About the same as most graduates of equal work experience.
- COLUMN D - Somewhat above most graduates of equal work experience.

	A	B	C	D	COMMENTS
1. Carries out nursing techniques-- baths, enemas, medications, etc.					
2. Makes patients comfortable, skillful in lifting and turning patients, getting patients up, etc.					
3. Operates special equipment-- oxygen, suction, irrigation equipment, etc.					
4. Plans care of patient as an individual, not as a series of jobs.					

Evaluation Form - Con'd

	A	B	C	D	COMMENTS
5. Reports observations to nurse in charge--signs, symptoms, or changes in patient's condition.					
6. Makes accurate notations on patient's record.					
7. Seeks opportunities to give direct care to patients.					
8. Uses opportunities to talk with patient but does not talk too much.					
9. Is able to explain procedures, diagnoses or treatments in terms that can be understood by the patient or by his family.					T
10. Adjusts her approach both in general conversation and in specialized explanation to the kind and type of patient.					
11. Puts patient's family and relatives at ease by being courteous and keeping them informed about the patient.					
12. Requests supervision when she is not sure of procedures, techniques, etc.					
13. Uses suggestions from other personnel to improve nursing techniques and procedures.					
14. Uses opportunities to increase knowledge by asking questions, requesting explanations, and observing unusual or unfamiliar treatments, procedures, etc.					
15. Talks with doctors and social workers with ease.					
16. Shows some consideration and courtesy for all co-workers.					
17. Displays conduct appropriate to situations; for example uses well modulated tone of voice in speaking, enters room quietly, etc.					

Evaluation Form -- Cont'd

	A	B	C	D	COMMENTS
18. Has a good personal appearance; for example, make-up that is appropriate, etc.					
19. Is sought by auxiliary workers when they need advice or instruction.					
20. Organizes her own activities so that her patients receive their medications and treatments at correct intervals.					
21. Organizes her own activities and the activities of auxiliary workers so that her patients receive the nursing care warranted by their condition.					
22. Keeps patients' records, such as charts, kardex, diet lists, etc., so that they are organized and orderly.					
23. Seeks opportunities to assist with the upkeep of the agency.					

24. Among all graduate nurses with about the same length of experience as graduate nurses whom you supervise, where would you rank this nurse according to her overall ability to give nursing care? (See Item 4 in directions for filling out this sheet.)

Rank of _____

in a group of _____

25. General Comment (Describe here any of the strengths or weaknesses of the nurse whom you are rating, that would help us to evaluate the effectiveness of our educational program).

Your Position: _____

Length of time you have supervised this nurse: mos.

Title or position of nurse being evaluated: _____

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APPENDIX D

Because of the relevancy of the response to the identical Questions IX and X as made by a random sampling of 40 1961 associate degree program nursing graduates, Appendix D is offered by way of additional interest. The 1961 respondents frequently failed to designate the position held (first, second, etc.), and this was true also with the 1959 and 1960 responses.

- - - - -

QUESTION IX

Have you been offered positions or expected to assume responsibilities which you have refused? If yes, state nature of offer(s) and reason for refusal(s) and in which position (first, second, or latest) they occurred.

TABLE 4

Incidence of Some Factors Involved in Positions/Responsibilities Rejected (1961 Graduates of the Associate in Arts Degree Program)

1. Other (4 unclear as stated)	9
2. Limiting personal responsibilities	1 + $\frac{1}{2}$ ¹
3. Satisfaction in on-going position	5
4. Dissatisfaction with position offered (hours, pay, location, etc.)	2 + $\frac{1}{2}$ ¹
5. Prematurity of position offer in terms of preparatory employment experience	11 + $\frac{1}{2}$ ²
6. Lack of basic education preparation for offer	9 ³
7. Lack in orientation to position	$\frac{1}{2}$ + $\frac{1}{2}$ ²
	40

¹ Both answers checked by one respondent

² Both answers checked by one respondent

³ 2/3 of this number involves I.V.

RESPONSES:

- "did not wish to start I.V.'s"
- ward charge; insufficient experience
- start I.V.'s and give; "not covered legally" (second)
- p.m. Charge Nurse, O.B., post-partum, delivery; one aide or L.V.N. to assist; maximum patient load up to 40; resigned: questioned capability to handle job and give good patient care
- C.R.; to remain on surgical floor
- Yes (no clarifying explanation)
- full-time employment refused because of home responsibility
- H.N. surgical floor; needed staff experience first (first)
- private duty; needed more supervision at that time than provided by a private physician (early)
- "just after graduation was offered H.N. position"
- Floor Charge; lacked self-confidence; limited experience (latest)
- "--to take E.R. along with floor"; need for E.R. experience and for knowledge of legal aspects involved
- part-time employment because of distance and health factors
- M.D.'s office; preference: hospital on-going employment
- "--in all positions asked to start I.V.'s"
- doctor's office; satisfied with on-going employment
- "charge nurse at night on wing"
- "starting I.V.'s"
- permanent shift position; desired rotation experience
- "I have been asked by doctors to assume responsibilities which I felt no nurse should be asked to assume"
- "--asked several times to suture scalp wounds which I refused (to do)"
- "expected to start I.V.'s and blood transfusions without instruction--"
- Charge Nurse, medical-surgical floor; not enough experience
- Charge Nurse position; not enough experience (first)
- "surgical nurse and O.R. supervision--not interested in taking call"

- "~~was~~ hired to operate the heart lung pump (not scrub)~~---not~~ adept and happy doing"
- "work p.m. and nights (only R.N. on duty) after....only three months. Request was reasonable, however, because of illnesses."
- Assistant H.N. after 8 months of employment; refused pediatric I.V.
- work in Surgery; insufficient experience in basic program
- H.N. medical floor; personal attitudes toward personnel in floor involved
- office positions; refused because of felt need for more hospital experience
- I.V. administration
- offer to supervise; 6 weeks after employment; too inexperienced (first)
- I.C.U. (first); chest specialist's office refused because of location and salary factors (third)
- "staff nurse" (second)
- "needed more experience in doing many things" (first)
- no I.C.U. preparation
- insufficient E.R. orientation
- "male catheterization" (first)
- "certain procedures"; first position and the same position

- - - - -

The responses to Question X, as made by the sampling of 40 1961 associate degree nursing program graduates, follow. No attempt was made to summarize these responses.

QUESTION X

Have you been expected to perform duties as a graduate nurse which you felt were reasonable, yet which you felt unprepared to do. If yes, please name and state in which position (first, second, or latest) they occurred.

- "only R.N. in Delivery Room sans proper orientation and experience--first position"
- "One learns by experience"

- Expected to know desk work after two days on floor without orientation
- "—first" (no qualifying explanation)
- starting I.V.'s
- "to assume duties of delivery room nurse without orientation or supervision. Perhaps not entirely reasonable but expected of any R.N. in this hospital.... (need) training in doing the various treatments and procedures that are expected of an R.N."
- start I.V.'s; first and second positions
- "unable to start I.V.'s"
- "as head nurse"
- needed postgraduation experience as a surgical scrub, to do an efficient job in first position
- only nurse on post-partum; was expected to be O.B. Charge Nurse on nights
- put in charge of a ward at night; unprepared for assignment; first position
- (some) procedures only observed; if possible provide their practice in basic program
- "first. Assigning work and following attendants around....learn (how) by experience only"
- I.V. procedures; first position
- surgery preparation; second position
- "some in O.B."
- start I.V.'s
- "O.R. staff nurse--scrub for major surgeries such as cardiac, thoracic, craniotomy"
- second position; Medical Group Doctor's Office; physical therapy and work with machines without instruction
- procedures having changed, felt unsure; first position
- "being placed as the only R.N. on a ward without previous experience or orientation--"
- "First--starting I.V.'s"
- short on preparation for team functioning, ward operation, etc.
- "that of telling other people what they should do, when they should know already (first); that of making out performance reports (latest job)

- "--so very little time in O.R."
- "ordering drug supplies for ward"
- staff nurse
- lack of student responsibility and experience....(first)
- assistant head nurse
- worked as psychiatric nurse; not prepared in basic program for this
- "all"
- "various procedures such as Wagensteens; first"
- "staff nurse; second"
- "needed more experience in doing many things; first position"
- "certain procedures"....(first, which is also present position)
- "male catheterization--first"
- "not enough orientation in Emergency Room"
- no I.C.U. preparation
- expected to (be) T.L. with no orientation; later was told she was unqualified when a more experienced nurse was available
- H.N.
- supervision or H.N.
- help organize new I.C.U.
- "in first position was assigned brain surgeries to prepare for; worked in O.R.--many surgeries new to me"
- "do feel I should have been taught to start I.V.'s"
- Charge Nurse duties in nursery and delivery room; first position
- "first" (no qualifying statement)
- administering treatments involving some machines; tracheostomy care; first position
- as Charge Nurse was expected to start I.V.'s
- one Yes not explained
- Pediatric Ward procedures and cut downs, spinal taps, I.V.'s and application of traction; first position

- Charge Nurse on p.m. shift; latest position
- charge of 34 Gyn and 40 O.B. patient floor, 1 aide, no orientation to night work, first position; second position: charge of Labor and Delivery without knowledge of I.V.'s, rectals
- "Emergency Room"
- not taught rectals in first position
- Charge Nurse nights; uninformed as to duties and responsibilities
- "--first position as Charge at night"
- as p.m. Charge Nurse; latest position
- supervision of auxiliary personnel; first position
- start I.V.'s and use chair lift; first position
- "first--starting I.V.'s"

APPENDIX E

Abbreviations Used in This Report

A.D.P.N.	:	associate degree program nursing
BNENR	:	Board of Nursing Education and Nurse Registration
Chg. N.	:	charge nurse
del.	:	delivery
E.R.	:	emergency room
E.Rm.	:	emergency room
exp.	:	experience
F.T.	:	full time
grad.	:	graduate
H.N.	:	head nurse
hosp.	:	hospital
I.C.U.	:	intensive care unit
I.V.	:	intravenous (injections)
L & D	:	labor and delivery room
L.V.N.	:	licensed vocational nurse
M.D.	:	doctor, physician
med.	:	medical
nsg.	:	nursing
O.	:	other
O ₂	:	oxygen
O.B.	:	obstetrics
O.R.	:	operating room
peds.	:	pediatrics
prem.	:	premature
pts.	:	patients
R.N.	:	registered nurse
Sup.	:	supervisor
surg.	:	surgical
T.B.	:	tuberculosis
T.L.	:	team leader