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ABSTRACT
        The objectives of this study were to determine: (1)
the number of nursing students and educators in the institutions in
southeastern Michigan, (2) where nursing students get clinical
experience, (3) all the institutions involved in training nursing
students, and (4) the library service available at these
institutions. An interview schedule was designed to gather study
data. It was found that there are over 3,000 nursing students and
faculty in southeastern Michigan and, according to the data
collected, these nurses are being denied full access to the scholarly
record. In addition, there are thousands of working nurses who have
even less opportunity to avail themselves of this potentially useful
information. If nurses need this information, and if they are
fulfilling this need, they are utilizing sources other than those
discussed in this study. It was concluded that before there can be
more and better resources, nursing educators must know what kind of
materials they would like to have available. In order to make
decisions on library access and information needs of educators and
students, data should be gathered on: (1) the means for making the
scholarly record available to nurses, (2) the quality and quantity of
materials now available to nurses in southeastern Michigan, (3) the
use nurses now make of libraries open to them, and (4) the place of
the library in the organizational structure of the institution.
(Author/JB)

REPORT

No. 55

Nursing Libraries,

A Survey of Nursing Education Programs

and

Library Service in Southeastern Michigan*

**WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE
Library and Biomedical
Information Service Center
Detroit, Michigan**

Nursing Libraries,
A Survey of Nursing Education Programs
and
Library Service in Southeastern Michigan*

by

Judy Labovitz

Detroit
February 1970

INTRODUCTION

The nursing profession today is challenged by both the nursing educators and by the paraprofessional and professional groups with which it works. The status relationship of the physician to the nurse has not changed over the years, despite important changes which have occurred in her attitude and educational background.

> ...the physician must accept a change in relationship with nurses, exemplified by the minimal requirement - increased sharing of information and intent with nurses. (1)

Increasingly, the nursing profession has adopted an academic approach to education; however, physicians have taken little note of this fact.

> Real continuity of patient care requires a frank and profound dialogue between medicine and nursing. It requires acceptance and expansion of the current trend in collegiate nursing of providing additional depth and scope in the education of nursing practitioners in order to get them to accept greater responsibility and to communicate more effectively with the physician. (2)

Physicians, registered nurses, practical nurses, and nurses' aides characteristically have conflicting ideas about their respective areas of responsibility. The biomedical community at large has been reluctant to admit that nursing is really a "profession". Nurses themselves are not fully in agreement in regard to this question. As Glaser has noted:

> The professional model had seemed inappropriate to nursing because of the absence of a scientific and written body of nursing knowledge, but advocates of the new approach began to write text books and articles, and they developed lecture and seminar methods of teaching nursing knowledge. (3)

The nurse's failure to gain access to the scholarly record further reflects her ambiguous position in the biomedical community. Glaser has related this failure to her inability to enhance her professional image:

> A profession is structured around a distinctive body of scientific knowledge, and the leaders of American professional nursing have urged development of a core of nursing science. But every profession depends on the knowledge accumulated through research and writing, and in this respect, the basis of American professional nursing has been stunted. (4)

Katz agrees that access to information is necessary:

> Look at how nurses fare in a context in which know-
> ledge is systematically harnessed for solving
> problems but is also a weapon for giving or depriv-
> ing people of distinctive social statuses.... In an
> age of high regard for science, hospitals harness
> both scientific and nonscientific resources for the
> care and treatment of patients. They do this chiefly
> by admitting the nonscientific, care-minded nurse
> into the hospital. In return for the right to
> practice nonscientific, nurturent [sic] care that has
> no clear place in the medical textbooks, the nurse
> accepts a low place in the hospital's status hier-
> archy. (5)

Little investigative work has been done on the actual or
potential access to the scholarly record for nurses. Smith states:

> The nursing profession has experienced several kinds
> of library service, some far from good. Sometimes,
> apparently out of deference to the hierarchial
> structure of hospital society, a separate library,
> usually with inadequate financial support, has been
> provided for nurses and nursing students. Nurses
> have fared better when the hospital provided an
> "integrated" library where the literature of nurs-
> ing is housed with biomedical literature and the nurse
> shares access to it with the physician. Thus bio-
> medical literature may be available to the nurse
> at Hospital A, while to her colleague at Hospital B
> in the same city it is, if not a closed book, at least
> an out of bounds library. As an unfortunate corollary,
> since the nurses' institution is her access point to
> the library network, if it does not accept the responsi-
> bility for her literature needs, she lacks access to the
> resources of the community. (6)

The problem is not indigenous to the United States. In Great
Britain, Marpurgo has noted that:

> ...we can state with certainty that nursing schools
> are consistently and drastically under-supplied with
> one of their most important tools: the books and
> journals that should support this as any other edu-
> cational effort. The experienced opinion of tutors,
> comparison with other and not dissimilar forms of
> education, and investigation of what existing
> financial allocations can buy, contrasted with the
> supply that is required even by the least demanding --
> all point to the same conclusion: near starvation.(7)

This report is concerned with the availability of informational resources to the nursing profession. Specifically, this paper is concerned with nursing educator's and student's access to libraries in southeastern Michigan. Wayne State University Medical Library as the administrative unit for the Kentucky, Ohio, Michigan Regional Medical Library program, is especially concerned with providing increased access to the scholarly record and better library service to the biomedical community. However, before there can be increased access and better service, there must be knowledge of existing resources and services. This report is one of several in progress on library accessibility and service to various biomedical groups in southeastern Michigan.

OBJECTIVES

The objectives of this study are (i) to determine the number of nursing students and educators in the institutions in southeastern Michigan, (ii) to determine where nursing students get clinical experience, (8) (iii) to identify all the institutions involved in training nursing students, and (iv) to describe the library service available at all institutions involved in nursing education.

METHODOLOGY

An interview schedule was designed to gather data relating to the objectives of the study. Since the search of the literature produced no study in which the interview technique had been used to obtain information on library services for nurses, the validity and reliability of the interview schedule needed to be examined critically. (See Appendix II)

The interview schedule was tested at two schools which grant diplomas. (See Appendix I) Although it was evident that there were problems with the questionnaire, the decision was made to complete all interviews with the schedule as designed. A letter was sent by the Director of the Kentucky, Ohio, Michigan Regional Medical Library introducing the interviewer to the director of the nursing school and asking for cooperation in providing data which would aid the Regional Medical Library in planning services for nurses. (9) When the interviewer made the appointment with the director, an appointment was also arranged with the head of the nursing library. The interviews were conducted from February through April, 1969, and the data collected for each school covered the period from January to June, 1969.

FINDINGS AND DISCUSSION

Nursing Institutions. In the United States in 1967, there were 218 Associate Degree, 120 Baccalaureate, 797 Diploma, and 1,147 Practical Nurse programs (accredited and non-accredited). Michigan has 13 Associate Degree, seven Baccalaureate, 20 Diploma, and 31 Practical Nurse programs. This study covers 20 of the 77, or 28 percent of the Michigan nursing programs. (10)

Associate Degree Programs. A detailed analysis of a survey of the 218 officially recognized United States Associate Degree programs was conducted in 1966 by Sylvia Lande for the National League for Nursing. (11) The data collection techniques used in the present study are sufficiently different from those used in the national study to make comparisons difficult. The programs for southeastern Michigan are, on the average, newer, have higher enrollments, and have more faculty with Masters degrees than the average for the nation. (Tables 1 and 2.) All Associate Degree programs were affiliated with hospitals for their clinical preparation. The number of these affiliate hospital institutions varied from three to seven. Table 3 compares statistics on the number of students and affiliate institutions in southeastern Michigan Associate Degree programs with those for the nation as a whole. It should be noted that because of the size of the sample for southeastern Michigan, no percentages were calculated for that part of the table.

Of particular concern to this study are the agreements about library service which have been negotiated between affiliate institutions and the nursing schools. These typically extend borrowing privileges to student nurses who are undergoing clinical training at the institution in question. Three-fourths of the affiliate institutions have some kind of agreement for library service; however, while this figure may appear impressive, it does not reflect the quality of the library or the kind of library service available to nurses. (Table 4)

Baccalaureate Programs. Thirty-four percent of all nursing students are in Baccalaureate programs, but these programs produce only 12% of the graduates. At the present time, there are far fewer Baccalaureate graduates than any other kind; however, the trend, according to Figure 1, points to a future increase in the number of Baccalaureate and Associate Degree graduates and a decrease in the number of Practical Nurse and Diploma graduates.

Of the 22 affiliate institutions, only 27% have agreements for library service. This is an indication that academically oriented educators often show a lack of concern when it comes to providing access to the scholarly record for students. (Table 4)

Diploma Programs. The Diploma program is the major source of registered nurses. This may not be the case in the future if the trend toward academic nursing training continues. The majority of the faculty in Diploma programs have Bachelors rather than Masters degrees, whereas the reverse is true for faculty in Associate Degree and Baccalaureate programs. (Table 1)

Diploma programs affiliate with fewer institutions for clinical experience than do either Baccalaureate or Associate Degree programs. (Table 1) This may be a reflection of the fact that Diploma programs are hospital based.

Practical Nurse Programs. The six Practical Nurse programs graduate more students than all the 14 Registered Nurse programs together; however, the number of Practical Nurse graduates has been decreasing since 1965. (Figure 1) The length of Practical Nurse programs is approximately one-third that of the other programs, the faculty generally do not have Bachelors or Masters degrees, and there are fewer affiliate institutions involved than for the other programs. (Table 1) The small number of affiliate institutions may be due to the shortness of the program - one year. There are agreements for library service at 12 out of the 13 affiliate institutions. The apparent willingness to negotiate agreements in allowing increased library use for Practical Nurse students, may reflect the lack of adequate library resources at the Practical Nursing institutions.

Varying Educational Environments of Students and Faculty in Southeastern Michigan. The 20 nursing programs included in this study are located in 10 colleges, eight hospitals and two high schools in southeastern Michigan. Two-thousand, nine hundred and fifty-four (2,954) students and 381 faculty members were involved. The 20 schools have agreements with 40 institutions for clinical work. Figure 2 lists 18 of the affiliates most commonly used by the programs.

Library Service at Home Institutions. Some indicators of the quality of library service were examined in this study. According to the data collected, those programs with integrated libraries fare better in terms of number of staff, number of hours open, size (number of chairs and floor space), number of monographs added per year, and serials currently held than those programs with separate nursing libraries. (12) (Table 5)

Since the Associate Degree and Baccalaureate students all have access to integrated libraries, their potential for quality library service is superior to that of the Diploma and Practical Nurse students. The number of nursing monographs added per year and the number of nursing related serials currently held reflect the responsiveness of the library to the needs of the nurses. The borrowing privileges extended to nurses offer a further indication of the quality of service. Interlibrary loan service is especially important for increasing the availability of resources to graduate nurses and faculty. Only 33% of the libraries available to nurses in the Diploma and Practical Nurse programs provide interlibrary loan, while 67% of the libraries available to nurses in the Baccalaureate and Associate Degree programs provide interlibrary loan services. (Table 6)

Generally, separate nursing libraries are physically smaller, give less service and have fewer materials available to nurses. Since most of the Practical Nurse and Diploma nursing students have separate nursing libraries, they are not receiving the same quality service as are Baccalaureate and Associate Degree nursing students.

<u>Library Service at Affiliate Institutions</u>. Affiliate institutions
have a variety of arrangements for library service. In some instances
the same affiliate institution may have a formal agreement with one
program and no agreement with another. There is a formal agreement for
library service at five out of the 13 (45%) affiliate institutions as-
sociated with Practical Nurse programs, while the corresponding percent-
ages for the three Registered Nurse programs are 20% for Associate Degree
programs, 12% for Diploma programs and 6% for Baccalaureate programs.
The low percentage for Baccalaureate programs and the high percentage for
Practical Nurse programs are at variance with the expected results based
on other data presented in this paper. It would be expected that since the
academically oriented Associate Degree and Baccalaureate students spend
almost half their time in clinical institutions, their programs would
provide for library access while in clinical training. (Table 4)

Figure 2 shows circulation privileges available, whether or not
there is a separate nursing library, and the programs associated with the
18 most commonly used affiliate institutions. Thirty-three percent (6/18)
of the hospital affiliates allow use of materials only within the library,
while 61% allow full library privileges. Although library privileges for
the most part are liberal, the quality of resources available is generally
poor.

SUMMARY

There are over 3,000 nursing students and faculty in southeastern
Michigan. According to the data collected, these nurses are being denied
full access to the scholarly record. In addition, there are thousands of
working nurses who have even less opportunity to avail themselves of this
potentially useful information. Perhaps nurses really do not have a need
for such information. If they do, however, and if they are fulfilling this
need, they are utilizing sources other than those discussed in this study.

RECOMMENDATIONS

If nurses intend to remain academically oriented, they are going
to have to crystalize their position with respect to the importance of
knowledge. Libraries can only respond to stated needs, they cannot antici-
pate needs of users or command nurses to use the library.

If nursing educators are interested in increased access, there
are several ways in which they can get institutions to respond.

1. Nursing educators who have a common educational experience in
    Baccalaureate programs comprise a peer group that can
    demand better services irrespective of the type of program
    they teach.

    a. However, before there can be more and better services,
        there must be more and better resources, and

    b. There must be a dependable administrative structure to
        maintain and service these resources.

2. Before there can be more and better resources, nursing educators must know what kind of materials they would like to have available, for example:

a. What are the different kinds of materials or information educators would use if they were available and easy to locate?

b. What are the different information needs for class and clinical work, if any?

c. What are nursing educator's expectations of graduating students in terms of writing scholarly papers, knowing the literature, finding information on a particular subject, or knowing how to research a problem or write a case report.

3. Data should be gathered that can be used in making decisions concerning library access and information needs of educators and students.

a. What are the means for making the scholarly record available to nurses, including

1) surveys of communities and nursing organizations that have dealt with the problem,

2) alternative means of achieving this end in southeastern Michigan, and

3) the role of the Federal government in aiding this kind of problem.

b. Studies of the quality as well as quantity of materials now available to nurses in southeastern Michigan, including

1) a checklist of books and journals matched against library holdings, and

2) a list of all libraries in southeastern Michigan that are open to particular groups of nurses.

c. Studies of the use nurses now make of libraries open to them, including

1) how often particular groups of nurses use the library,

2) what kinds of materials nurses use, and

3) what kinds of library use are required by instructors at the present time, and what kinds of library use would be required in the future if nurses had more access to better resources.

d. Studies of the place of the library in the organi-
    zational structure of the institution, including

    1) how library committees relate to the library,

    2) what the common sources of library budgets are,
        and

    3) the relationship of the head librarian to the
        administration.

ACKNOWLEDGEMENTS

Table 1

Comparison of Four Types of Nursing Programs

in

Southeastern Michigan, 1969

Type of Program	Length of Program (months)	Current Enroll-ment (spr.69)	Number Graduating 65	66	67	68	69	No. Prof. Staff (spr.69)	Degrees Held RN	BS	MS	Non	Ph.D.	Total Number Class hrs.	Total Clinical Hours	Number Affil. inst.
Associate Degree																
1	19.5	120	-	-	20	32	32	11	-	4	7	-	-	624	1344	3
2	19.5	112	51	47	53	66	59	23	-	7	16	-	-	822	768	7
3	19.5	80	-	-	16	13	18	10	-	3	7	-	-	840	952	5
4	19.5	55	-	-	29	38	27	9	-	4	5	-	-	468	1092	6
5	19.5	54	-	-	-	-	-	6	-	2	4	-	-	504	1188	4
Diploma Program																
1	34	240	53	56	46	85	85	20	3	14	3	-	-	1494	1568	3
2	33	202	86	112	87	92	75	31	7	15	8	1	-	1440	2330	2
3	22	165	74	80	87	144	69	25	6	9	8	2	-	1056	1344	3
4	20	160	-	-	72	49	65	24	1	8	15	-	-	D.K.	D.K.	2
5	24	131	48	54	62	80	61	27	2	20	7	-	1	929	1785	5
6	33	63	23	21	13	15	18	9	3	3	3	-	-	1086	2081	2
Baccalaureate																
1	36	665	52	29	44	33	50	94	-	8	79	-	7	D.K.	D.K.	13
2	36	232	32	41	40	57	62	17	-	2	15	-	-	1295	1000	4
3	48	108	-	7	23	17	21	9	-	3	6	-	-	1050	1475	5
Practical Nurse																
1	11	190	157	147	145	151	155	24	24	-	-	-	-	850	1070	3
2	12	110	111	82	85	80	89	3	-	-	3	-	-	700	1030	3
3	12	91	80	81	63	69	77	11	2	7	2	-	-	898	1016	-
4	12	81	65	89	72	61	60	9	5	2	2	-	-	896	1024	5
5	12	70	63	54	53	52	22	13	6	6	-	1	-	626	856	-
6	11	25	23	16	14	25	16	3	-	2	-	-	-	399	741	2

Table 2

Highest Earned Credential of Full and Part-time
Nursing Faculty Members in Various Nursing Programs, 1969*

Full and Part-time Faculty			Type of Program							
			Bacca. or Higher		Associate Degree		Diploma		Practical Nurse	
Highest Credential Earned		Total	No.	%	No.	%	No.	%	No.	%
Ph.D.	Nation	306	258	5.3	11	0.6	31	0.3	1	.02
	Detroit	8	7	5.8	-	-	1	0.6	-	-
Masters	Nation	7737	3764	78.3	1076	59.1	2088	19.5	365	9.1
	Detroit	209	100	83.3	39	66.1	60	33.7	8	12.9
Bacca-	Nation	9606	775	16.1	672	36.9	5619	52.6	1695	42.1
laureate	Detroi·	143	13	10.8	20	33.8	93	52.2	17	27.4
AD or	Nation	5982	12	1.2	59	3.2	2944	27.6	1961	48.8
DI	Detroit	61	-	-	-	-	24	13.5	37	59.7
Total	Nation	24631	4809		1818		10682		4022	
	Detroit	419	120		59		178		62	

* Source of national data: American Nurses' Association. Nursing
Information Bureau. Facts About Nursing, New York, 1968, pp.89,108,165.

Table 3

Associate Degree Programs Reporting Number
Of Affiliate Institutions Utilized
By Student Enrollment in Southeastern Michigan and the Nation, 1969*

Detroit Student Enrollment	Number of Affiliate Institutions				
	-6	6-11	12-17	18+	Total
-20					0
20-39					0
40-59	1	1			2
60-79					0
80-99	1				1
100-119		1			1
120+	—	1			1
Total	2	3			5

Nation Student Enrollment	Number and Percent of Affiliate Institutions									
	-6		6-11		12-17		18+		Total	
	#	%	#	%	#	%	#	%	#	%
-20	7	11	4	5	1	3	1	7	13	7
20-39	19	29	19	23	6	19	3	20	47	24
40-59	15	23	24	29	7	23	3	20	49	25
60-79	13	20	14	17	5	16	5	13	37	19
80-99	5	8	9	11	5	16	1	7	20	10
100-119	5	8	4	5	4	13	2	13	15	8
120+	1	1	9	11	3	10	—	—	13	7
Total	65		83		31		15		194	

* Source of national data: Sylvia Lande. A National Survey of Associate Degree Nursing Programs, 1967. New York, National League for Nursing, Department of Associate Degree Programs, 1969, p. 64

Table 4

Institutional Agreement for Library Service
For 20 Nursing Programs in Southeastern Michigan

Type of Program	No. of Institutions	Institutional Agreement											
		Formal		Informal		Discouraged		No Library		Don't Know		None	
		#	%	#	%	#	%	#	%	#	%	#	%
Assoc. Degree	25	5	20	14	56	1	2	2	4	1	2	2	4
Diploma	17	2	12	8	47	2	12	-	-	2	12	3	17
Baccalaureate	22	6	27	-	-	-	-	1	5	15	68	-	-
Practical Nurse *	13	5	45	7	45	-	-	1	-	-	-	-	-
Total	77	18		29		3		4		18		5	

* Two of the schools do not have any affiliations

Table 5

Description of Libraries Available to Nursing Progress
in Southeastern Michigan

Type of Program	Type of Nursing Lib.	Prof. Staff full time	Prof. Staff part time	Open Hours/Week	Total hrs. Service Week	Total Sq/ft.	No. of Chairs	No. of Monographs added/year	No. of Serials
Associate Degree									
1	Integrated[a]	2	1	280	61	4,000	119	3,202	290
2	Integrated[a]	5	2	485	81	D.K.	D.K.	5,053	763
3	Integrated[a]	6	-	450	68	68,000	500	6,000	538
4	Integrated[a]	3	-	380	61	6,661	64	2,332	500
5	Integrated[a]	2	-	220	70	2,400	124	4,500	180
Diploma									
1	Separate	1	-	-	37.5	1,800	48	294	62
2	Separate	1	-	8	50.5	1,232	47	199	44
3	Separate	1	-	60	72.5	900	23	94	64
4	Separate	1	-	20	62.5	1,790	49	193	41
5	Integrated[b]	2	1	190	88.5	3,980	65	650	730
6	Integrated[b]	1	-	-	40	940	22	152	125
Baccalaureate									
1-d	Integrated[b]	5	-	395	87	35,000	442	5,948	2,250
2	Integrated[b]	3	-	230	73.5	6,394	101	5,500	550
3-e	Integrated[a]	1	-	74	71	D.K.	186	4,726	382
4	Integrated[b]	1	-	20	70	264	11	75	47
Practical Nurse									
1	Separate	-	-	D.K.	45	108	15	-	10
2	Separate	-	-	-	37.5	96	11	11	9
3	Integrated[a]	2	-	112	54.5	5,670	80	544	339
4	Separate[c]	-	-	20	40	300	24	24	10
5	Separate[a]	1	-	-	42.5	D.K.	D.K.	112	62
6	Integrated[a]	6	-	450	68	68,000	500	6,000	538

a   Integrated with Community College campus library, b Integrated with medical library in a hospital
c   Separate collection stored in Medical Library, d Figures for division of a larger university library
e   Nurses have access to two libraries

Table 6

Number of Libraries Associated with the 20 Nursing Programs in Southeastern Michigan giving Specific Service According to Category of User

Library Service	Associate Degree & Baccalaureate Programs				Practical Nurse and Diploma Programs						
	Category of User				Category of User						
	Students of Institution	Faculty or Staff of Institution	Administrative Staff	Outsiders	Nursing Students	Medical Students	Interns and Residents	Staff Doctors	Staff Nurses	Faculty Nurses	Administrative Staff
Circulation											
Books											
Circulate	9	9	3	1	10	2	2	4	2	7	4
Limited Circulation	–	–	–	–	–	–	2	–	–	–	–
Not circulated	–	–	–	5	–	–	–	–	–	1	–
Journals											
Circulate	1	4	–	6	4	1	2	3	–	4	1
Limited Circulation	2	–	–	–	4	–	–	–	–	2	2
Not circulated	7	1	–	1	4[a]	–	–	–	1	2	1
Interlibrary Loan											
Yes	3	7	2	1	8	1	2	4	2	5	4
Occasionally	1	–	–	–	–	–	–	–	–	–	–
No	5	2	1	5	5	–	–	–	–	3	–
Citation Services											
Yes	2	6	3	5	5	1	2	4	1	4	4
Occasionally	1	1	–	–	2	–	–	–	–	–	–
Guidance only	2	–	–	1	5	1	–	–	–	1	–
No	4	2	–	–	–	–	–	–	–	3	–
Information Services											
Yes	1	2	2	–	3[a]	–	–	3	2	4	4
Occasionally	–	2	–	–	1	–	2	–	–	1	–
Guidance only	5	2	1	1	3	1	–	–	–	3	–
No	3	3	–	5	5	1	1	–	–	4	–

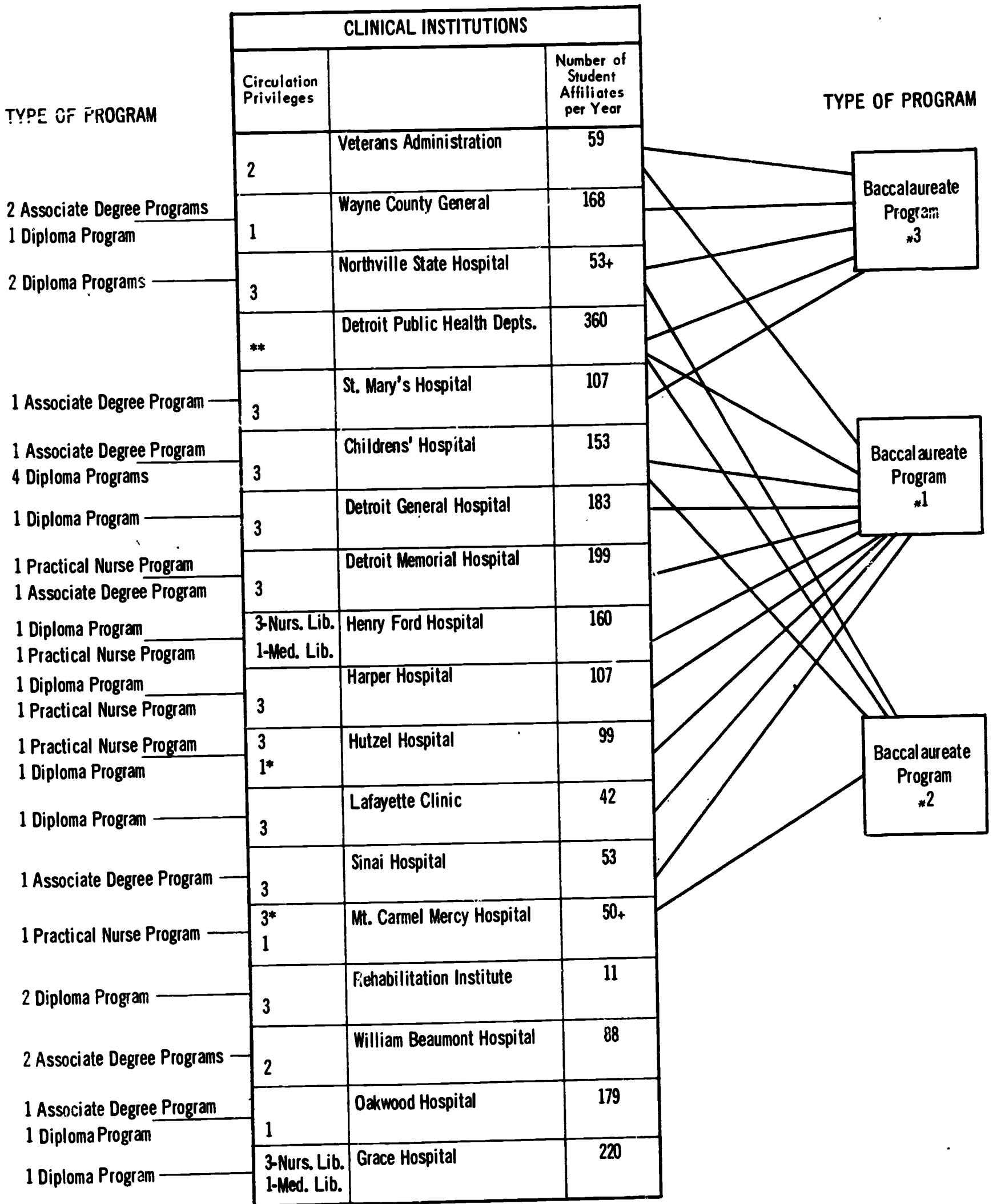a Graduate student nurses only

FIGURE I. CHANGES IN NURSE GRADUATIONS IN SOUTH EASTERN MICHIGAN, JAN. 1965-JUNE 1969
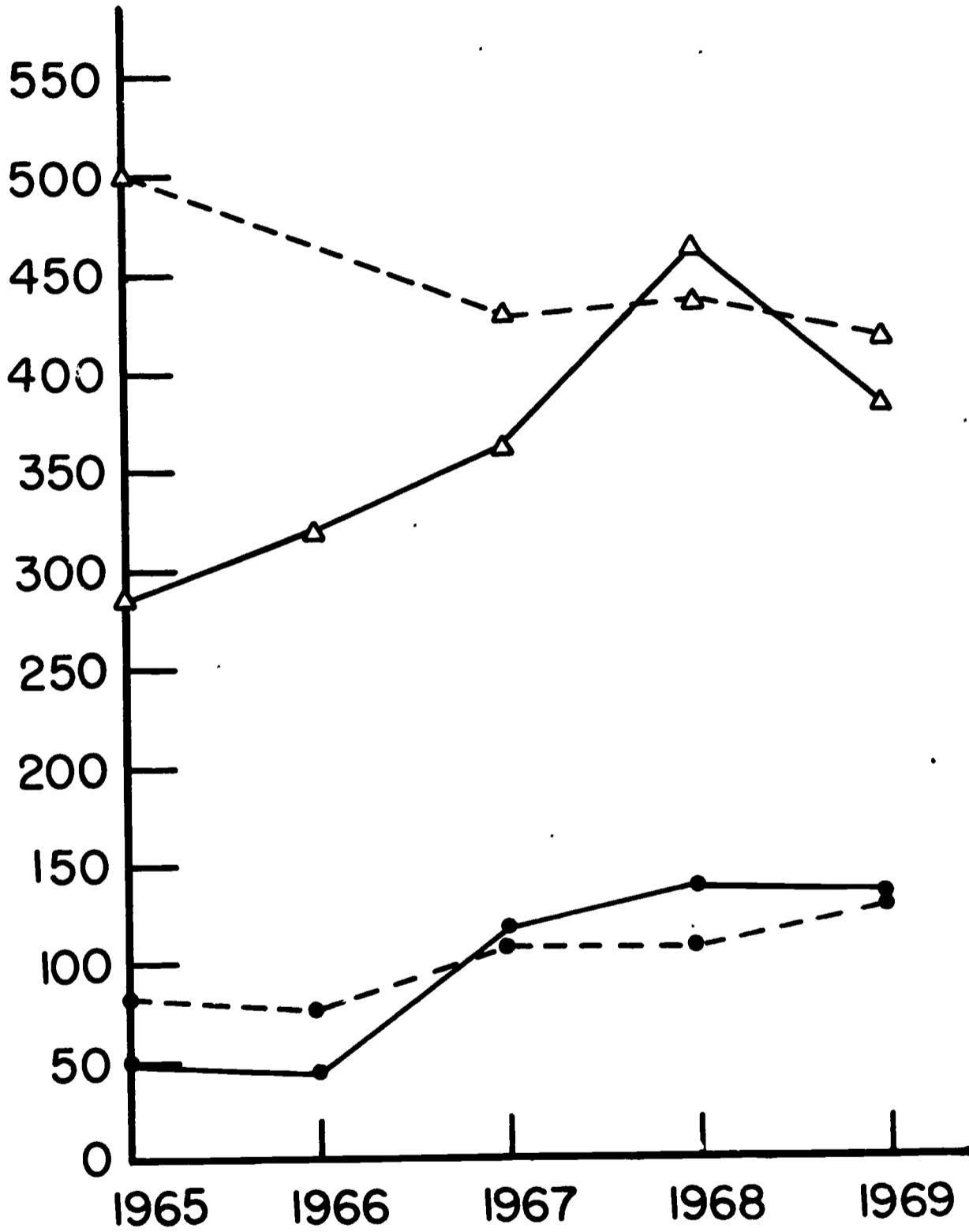
●——— ASSOCIATE DEGREE PROGRAMS   △——— DIPLOMA PROGRAMS

●--- BACCAULAUREATE PROGRAMS   △--- PRACTICAL NURSE PROGRAMS

FIGURE 2

Relationship of educational nursing programs in
18 clinical institutions in South Eastern Michigan.

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3. William Glaser. "Nursing Leadership and Policy; Some Cross-National Comparisons". In, The Nursing Profession; Five Sociological Essays, edided by Fred Davis. New York, Wiley, 1966, p.13.

4. Ibid. p.26.

5. Fred E. Katz. "Nurses". In, The Semi-Professions and Their Organization - Teachers, Nurses, Social Workers, edited by Amitai Etzioni. New York, Free Press, 1969, pp. 55-56.

6. Joan M.B. Smith. Health Services Libraries as a Community Resource for Health Personnel. Presented at the National League for Nursing Convention, Cobo Hall, Detroit, May 19-23, 1969, p.5.

7. J. E. Morpurgo. Books and Journal Services for Doctors and Nurses, an Interim Report on a National Book League Investigation. London, White-friars Press, 1966, p. 29.

8. For purposes of this paper, institutions providing clinical education will be called affiliate institutions regardless of the type of administrative arrangement or name given to them by the nursing school.

9. The nursing schools were selected from: National League for Nursing. State-approved Schools of Nursing - RN Meeting Minimum Requirements set by law and board rules in the various jurisdictions, 1968. New York, 1967 and National League for Nursing. State-Approved Schools of Nursing-LPN/LVN Meeting Minimum Requirements Set by Law and Board Rules in the Various Jurisdictions, 1968. New York, 1967. For a description of the nursing schools see Appendix I.

10. American Nurses' Association. Nursing Information Bureau. Facts About Nursing, New York, 1968, pp. 89, 108, 165.

11. Sylvia Lande. A National Survey of Associate Degree Nursing Programs, 1967. New York, National League for Nursing. Department of Associate Degree Programs, 1969.

12. Libraries in which various subject collections are housed together as one unit are integrated libraries. Those specifically for one subject or one group of people; for example, a library for nursing materials only, is a separate library.

APPENDIX I

Description of Nursing Education Programs in Southeastern Michigan, Spring 1969

School Description

Type of Program	Name	Bed Capacity	Nursing Faculty*	Nursing Students	Established
Diploma[1]	Mercy School of Nursing of Detroit	269	25	165	1934
	Evangelical Deaconess Hospital, School of Nursing	198	9	63	1920
	Providence Hospital, School of Nursing	403	24	160	1910
	Harper Hospital, School of Nursing	683	27	131	1883
	Henry Ford Hospital, School of Nursing	1043	31	202	1925
	Grace Hospital, School of Nursing	871	20	240	1889
Practical[2] Nurse	Oakland Community College Practical Nurse Program		9	81	
	Shapero School of Nursing Practical Nurse Program	390	11	91	1957
	Schoolcraft College Practical Nurse Program		3	25	
	Detroit Practical Nurse Center		3	110	
	MTDA Practical Nurse Program		24	190	
	St.Joseph School of Practical Nursing. (Mt.Clemens)	310	13	70	1948

APPENDIX I (Cont'd)

School Description

Type of Program	Name	Faculty	Students	Nursing Faculty	Nursing Students	Nursing Dept. Established
Associate Degree	Highland Park College	129	4,000	11	120	1965
	Henry Ford Community College	213	11,500	23	112	1953
	Schoolcraft College	135	1,667	10	80	1966
	Oakland Community College Highland Lake Campus	59	856	9	55	1965
	Macomb County College, Center Campus	40	1,600	6	54	1968
Bacca- laureate	Wayne State University School of Nursing	2,124	32,000	94	665	1930
	Madonna College, Dept of Nursing	64	576	9	107	
	Mercy College of Detroit	107	D.K.	25	165	1945

1. These three programs prepare students for licensure as a registered nurse. The difference in these three programs is in the type of training received. Baccalaureate students attend regular 4 year colleges and, upon graduation, receive Bachelor degrees from the college. Associate Degree students attend 2 year junior colleges and receive an Associate Degree from the junior college. Diploma students participate in an educational program that is hospital based.

2. Programs preparing students for licensure as a practical or vocational nurse.

* Part and full time faculty

APPENDIX II

<u>ANALYSIS OF QUESTIONNAIRE</u>

One of the tasks of this study was a critical look at the questionnaire itself. The effectiveness of the questions in terms of conceptualizations that are meaningful to both respondents and interviewer was examined. The majority of the problems were in the first half of the questionnaire, that part given to nursing directors. It is reasonable to assume that this was due to the author's unfamiliarity with the workings of a nursing school.

Each question was examined in detail on the following points: 1) the problems in communicating the meaning of the question, 2) the reasons for lack of response or unreliability of response, and 3) alternative means of getting at the desired information. Each question where the interviewer had doubts about the comparability and reproducibility of the data are discussed below.

<u>Length of nursing program</u>. (Question 3) This question did not account for: 1) whether or not vacation time was to be included in the figure, and 2) the method of dividing the course of the program used by different schools. Some schools are on the semester system and others on the quarter system; still others divide the program in terms of weeks, months, or years. These factors can be handled by specifying length of program in a particular unit of time, excluding or including vacation, although some directors had a difficult time in figuring out how much time was allocated to vacations.

<u>Professional staff</u>. (Question 4) Originally it did not appear that a distinction between full and part-time or administrative and teaching staff was necessary, but as data were collected it was obvious that it was becoming an important variable in determining the number of staff involved in nursing education. Without specifying exactly who is to be included in this question, directors are not consistent in whom they include in professional staff.

Total number of hours in class and clinical work (Question 6 A,B) Most directors 1) do not conceptualize their programs in terms of total class and clinical hours required for the program. They are more likely to look at the program in terms of number of courses or subject matter covered, 2) do not know the number of class or clinical hours since this varies from instructor to instructor, and 3) change their programs from time to time, thus changing the number of clinical hours required for a particular subject.

The definition of class and clinical work also presented a problem. Where laboratory work and clinical seminars fit into the dichotomy is a matter of how the individual director defines these terms. It appears that class and clinical hours were not commonly defined nor could the author illicit enough information to determine how often or to what extent

this has happened. This question is highly unreliable and the data may be taken as no more than an indication of the total number of class and clinical hours. Perhaps the distinction is artificial in terms of the curricula, however, some structure (definition) is necessary in planning for information services.

One way data on number and type of class hours could be gathered is to ask the question by semester or time unit used and separately for each class (e.g., freshman, junior, first year, second year student) or separately for each course offered. The resultant question would be lengthy and involved but it might be the only way to determine the data.

Total number of case reports required. (Question 6 C) The types of reports or papers required differed from school to school and from teacher to teacher. Some teachers require case reports, others nursing care studies; some require brief papers, others extensive ones. The number of reports is at best an indication of the information needs of the students. An examination of a sample of class assignment would be necessary to determine information needs of students. Several reports were collected in the course of the study but for this paper no analysis was done. After the data were collected on number of case reports required there was no convenient way to analyze it, therefore the question was omitted entirely from the analysis.

School affiliation. (Question 7 A,D) The purpose of this question was to determine the number of students at each affiliate institution during the course of a year and the type of training while at each institution. In general, the desired information could not be determined from the question.

Training received at each institution. (Question 7 B) Most schools used similar terminology for type of training in the major areas as obstetrics, psychiatry, or rehabilitation nursing. However, some schools combined types of training or used varied terminology especially when dealing with basic clinical courses. If particular information needs of students while at an institution is important, it is necessary to take into account that the same educational experience may have several descriptors.

Number of hours spent at each institution. (Question 7 C) A reliable number was hard to ascertain for the following reasons:

1. Some conference or class hours are held at the hospital. Respondents would sometimes include them in the number of clinical hours and sometimes in the number of class hours.

2. The number of clinical hours vary with the level of the course being taught. That is, a first level course in pediatrics may require a different number of clinical hours than a second level course. In addition, a student may take a first level course at a different hospital than the second level course.

3. The number of hours may vary with instructor or change as policy on hours required changes.

<u>Number of students at each institution</u>. (Question 7 D) Asking the director the number of students at each of the affiliate institutions does not give the total number of students at that affiliate at one time. It also does not indicate the affiliate's informational responsibility to its nursing student and faculty population.

In order to observe the flow pattern of student nurses around the three county area and their information needs at each affiliating institution a more detailed probe would have to be done. The information for each hospital should include:

1. Number of courses offered over a period of time.

2. A description of each course including time spent in conference and actual clinical practice.

3. The average number of students over a period of time.

4. A sample of the assignments required of students at the hospital.

5. A survey among the nursing students themselves as to where they actually get their information and why they use that particular source.

6. An interview with the educational director and librarian at each affiliate institution.

<u>Users of the library</u>. (Question 9 G) This was left as an open ended question. However, from the librarians' awareness of users it would be easier to use a pre-established list from which librarians could chose their categories of user.

<u>Administrative structure</u>. (Question 9 I,L) These questions take some amount of probing. Either the librarians were unwilling to give the information or are not really sure of the answers. To facilitate identifying the place of the library in the organization structure, a look at the organization chart and a talk with administrative officials might provide a clearer picture.

QUESTIONNAIRE TO NURSING INSTITUTIONS

Name of respondent_____

Position_____Date_____

1. NAME OF NURSING INSTITUTION:

_____

2. TYPE OF PROGRAM: (Check appropriate category(s))

   (If more than one program fill out 3,5,6, and 7 for each program)

   Associate degree   _____

   Diploma   _____

   Baccalaureate   _____

   Vocational
     or Practical   _____

   Post graduate
     courses   _____

   Post graduate
     degree   _____

3. LENGTH OF PROGRAM   _____

4. PROFESSIONAL STAFF. (List name and degree held)

_____

_____

_____

_____

_____

_____

5. NUMBER OF GRADUATES:

    A. Graduation, 1965 _____

    B. Graduation, 1966 _____

    C. Graduation, 1967 _____

    D. Graduation, 1968 _____

    E. Graduation, 1969 _____

    F. Number of students in your institution at any one time

       _____

    G. Number of students in affiliate institutions at any one time

       _____

6. COURSE WORK:

    A. Number of class hours per year (or unit).

       _____

    B. Number of clinical hours per year (or unit)

       _____

    C. Number of case reports required throughout the course of study

       _____

7. SCHOOL AFFILIATION: (List name, for what training, length of time spent at affiliation, number of students at each affiliation, and agreements, if any, with affiliates to provide library service for your nurses)

A. Name	B. Training	C. Number of hours	D. Number of Students	E. Agreements for library service

7. F. None--all work taken at hospital where the nursing school is located

_____

8. IS THERE A SEPARATE NURSING LIBRARY AT YOUR INSTITUTION?

   A. Yes_____ (Skip to #9

   B. No _____

      If No, is there a separate nursing collection?

         Yes_____ Where located_____ (Skip
                                                                         to #10)
         No _____ If No, is it an integrated part of another

                              library (Specify) _____ (Skip
                                                                       to #9)
      None at all _____ If none, where do students obtain

      material needed for class work _____

                                    _____

                                    _____

9. FOR THOSE SCHOOLS WITH SEPARATE NURSING LIBRARIES: (or for integrated col-
                                                         lections)

   A. Library staff:

      Number of full-time (Professional) _____

      Number part-time (Professional) _____

      Non Professional:

         Number: Part time _____Full time _____

                  Hours _____

   B. Hours of service

      _____

   C. Size of library in square feet _____

   D. Study space available:

         At library   _____

         Elsewhere   _____

9. E. Number of monographs added per year (or budget)

_____

F. Number of serials received the past year

_____

G. Users: (List major groups of users in your library)

_____

_____

_____

H. Services provided to each of the above groups:

Users

Services

Documents:

Circulation

    Books

    Journals

Library use only

    Books

    Journals

Interlibrary Loan

Citation Services

Information Services

Other (specify)

I. Who does the head librarian report to?_____

J. Who delects materials for purchase?_____

K. Where do the operating funds come from? _____

L. Is there a library committee?_____

    If Yes, is it administrative or advisory?_____

10. FOR THOSE SCHOOLS WITH SEPARATE NURSING COLLECTIONS:

A. Library staff: (devoted to nursing collection)

    Number full-time professional _____

    Number part-time professional_____

    Nonprofessional:

            Part-time_____
     Number: Hours_____
            Full-time_____

B. Library staff: (In the library as a whole):

    Number full-time professional _____

    Number part-time professional _____

    Nonprofessional:

            Part-time_____
     Number: Hours_____
            Full-time_____

C. Hours of service:

    _____

D. Number of monographs added last year _____

E. Number of sereals received last year _____

F. Number of shelves devoted to nursing collection_____
    (or proportionate amount of space)

G. Users: (List major groups of users in your library)

    _____

    _____

I.   Who does the head librarian report to?_____

J.   Who selects materials for purchase (Nursing materials)_____

_____

K.   Where do the operating funds for the nursing collection come from?

_____

L.   Is there a library committee?_____

   If Yes, is it administrative or advisory?_____

   If Yes, is there a separate library committee for the nursing

   collection?_____

M.   Is there a nurse on the library committee?_____