

THE ROLE OF NURSING INSERVICE EDUCATORS
IN ACUTE CARE GENERAL HOSPITALS IN
SOUTHWESTERN BRITISH COLUMBIA

by

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ABSTRACT

The purpose of this study was to investigate and describe actual and ideal activity profiles of inservice educators in hospitals, establishing time and frequency for each activity. The study also examined some socioeconomic factors that described the population in relation to activity time and frequency scores. The factors included characteristics of the educators and their job settings.

The instrument developed for data collection was assessed by a panel of judges with expertise in health and education and then revised. Twenty-four inservice educators employed in acute care general hospitals of varying size in Greater Vancouver and Victoria were surveyed using the revised interview schedule. The data was analyzed and described using appropriate computer programs, non-parametric tests and other calculations.

Socioeconomic data obtained described the population in terms of age, marital status and educational involvement. Most respondents were single and without dependents. Most had some formal training beyond a nursing diploma, many had a Bachelor's degree, and they were actively involved in their own continuing education.

The actual activity profile for the group showed that instructional activities claimed the most hours in the

educators' present jobs. Supervision took up the next highest number of hours, with program planning, miscellaneous and policy decision making activities ranking third to fifth.

The ideal activity profile differed from the actual. Respondents wanted to spend the most amount of time in program planning activities, followed by instruction, supervision, policy decision making and miscellaneous activities.

Comparison of actual and ideal profiles suggested that the educators felt some measure of dissatisfaction with their present activities. They wanted to spend a substantially greater number of hours per year involved in program planning than was possible under present circumstances. Conversely, they wanted a reduction of involvement in all other categories of activity.

Socioeconomic data such as age, hospital size, amount of time employed in present job, and in involvement in continuing education were tested for correlation with activity scores. No strong relationships were found, although there were a few statistically significant correlations.

Difficulties presented by the data, such broad ranges of responses and noticeable differences in mode and mean response, made it necessary to state conclusions in the study as suggestive rather than definitive. Nevertheless, it was felt that actual and ideal profiles could be at least indicated

and then used as a starting point for more definitive studies of nursing inservice educators.

It was pointed out that steps could be taken to clarify the inservice educator's role through standard job description and elimination of non-educational activities.

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CHAPTER I

INTRODUCTION

Few nursing studies have focused directly on attempts to establish an activity profile for the inservice educator functioning in a hospital setting. The literature emphasized general areas concerning inservice education as a topic, but little of it deals with the role and activities performed by the educators themselves. The main purpose of this study was to describe the inservice educators' role, as perceived by the educators themselves.

Background of the Study

As Nakamoto and Verner indicated (52:17), inservice education in the hospital setting is one of the oldest and

most prevalent forms of continuing education in nursing. Post-graduate nursing courses in hospitals, the precursor of today's inservice education programs, appeared as early as 1905, according to Pfefferkorn's historical review (52:17). There is a plethora of articles concerning the general subject of inservice education, especially from 1950 to the present. However, very few of these articles or studies focus directly upon the inservice educator's perception of the activities she performs, nor the time elements involved in each activity. Many of the articles tend to focus on such matters as "How we plan our program" (52:17) and evaluation tools ("We felt that the training program was very successful") -- with little or no substantive data to support the author's conclusions (52:17). Other articles concern themselves with teaching techniques often sandwiched in between discussions of participant satisfaction with particular programs (3,8,28,36). Again, much of what these articles discuss seem unsubstantiated by objective evidence.

Some articles and studies appearing from 1966 to the present provide indicators with respect to the inservice educators' activities. For example, Magner's discussion of a job description at Miscorderia Hospital in New York outlined some general activity areas for the educator (18:38): planning and presenting instruction, maintaining instructional equipment, directing new personnel and participation in

formulating inservice budgets. Magner also suggested that inservice educators may have performed many activities unrelated to inservice education. Included in her sample job description, for instance, was the statement that the inservice educator "assumes the responsibility of administrative supervisor when the need arises (e.g. week-ends, vacation relief, evenings and nights)" (18:39). In addition, May Shiga Hornback conducted a study revealing that many inservice educators identified their primary responsibilities as other than inservice education (45).

Isil indicated that this phenomenon of the inservice educator's involvement in other activities may have been more evident in smaller hospitals(13:16). She implied that the "wearing of many hats" (ie. administrator, supervisor, bedside nurse -- and educator) at one and the same time, may have occurred for several other reasons as well: 1) poor staffing 2) resistance to inservice education by nursing staff as well as nursing administration 3) inadequate financial support and/or other resources 4) poor preparation of the educator herself. The implication here, for large or small hospitals, was that an individual may have been hired as an inservice educator based upon a premise other than a perceived need for staff education, such as meeting inservice standards required for hospital accreditation. In effect, the agency, not sensing the need for an educator per se, shunted her activity into non-inservice areas.

Meaningful information available on the activities of inservice educators in hospitals is somewhat scarce and widely scattered. In few cases are there discussions of time allotments involved. Only one study systematically listed statements of functions performed by directors of education in hospitals, but this study did not investigate the time-frequency dimensions. (Hole). A few other studies in the nursing field focused on nursing activities of practical nurses and registered nurses (Goldsmith, Tomlinson), but only one ranked activities according to frequency, with no inclusion of the time element (Goldsmith).

Some useful activity studies have appeared in other fields. Several studies done in agricultural economics, for example, have focused on job activities and the time involved in those activities (46,49,51). However, these studies did not express the time element in terms of hours and minutes. Rather, the researchers used verbal rating scale, such as "Do you spend 1) much 2) some 3) little 4) no time on "x" or "y" activity"? (51). Morehouse dealt specifically with the agricultural extension agents' perception of the actual activities performed with time involved in each: this he defined as role behavior such as "what the agent actually does, regardless of what he thinks he ought to be doing" (51: 12-15). Morehouse also asked the agent for an ideal

activity profile in terms of "what he thinks he ought to be doing" calling this role perception (51:12). Job's study revealed actual activity patterns, showing which activities absorbed the most time and effort on the part of the respondent (46:ii). The amount of time the respondent devoted to each activity indicated role performance, according to Job. In addition, Job asked agents to rank these activities in order of importance, indicating the agent's desired, or ideal, activity pattern (46:ii). This ideal activity pattern revealed the agent's perception of his role definition, that is, what he thought ought to be his role (46:7).

Few studies in the nursing field have investigated activity profiles of inservice educators. Some studies have focused on activities involved in nursing occupations other than inservice education and occupations in other, non-health related fields. No study has specifically listed, categorized and validated the inservice educator's job activities nor established time and frequency elements. Activities that appear to the nursing literature or inservice education seem to fall into five major categories:

- 1) program planning
- 2) instruction
- 3) supervision
- 4) policy decision-making
- 5) miscellaneous such as clerical and custodial.

These five categories formed the basic structure for this study generally, and, more

specifically, for the review of the literature which follows.

Purpose of the Study

As indicated earlier, few nursing studies have focused on attempts to establish an activity profile for the inservice educator who functions within a hospital setting. In fact, Hornback stated in 1970 that the emphasis on inservice in the nursing literature has been on aspects of programming, rather than on teaching personnel involved (45:28). Much of Hornback's literature review focused on learning needs of nurses, not the inservice educator's role (45: 10-24).

Inservice education in hospitals has expanded rapidly, with little or no purposeful direction. It has been only one part of the total spectrum of continuing education. However, it is crucial in helping to maintain competence of nursing personnel and consequently the quality of patient care delivered. The efficacy of inservice education in a given hospital depends largely upon the person responsible for its dissemination-- the inservice educator.

In view of the importance of inservice education in the hospital setting, the purpose of this study was to investigate and describe the actual and ideal activity profiles of nursing inservice educators, establishing time

and frequency for each activity.

Limitations and Scope

This study focused on the activities of inservice educators in general acute care hospitals of varying sizes located in metropolitan Vancouver and Victoria. Chronic care and specialty hospitals were eliminated to restrict the number of variables with respect to hospital type and to maintain some consistency in data collection. With a total available population of less than fifty, including inservice educators in chronic specialty, and acute hospitals, the addition of more than one hospital type would have presented a number difficulties. For example, only five of the total hospitals employing inservice educators were specialty hospitals, six were chronic care, and the remainder were acute care. This unequal distribution of hospital types could have produced skewed time and frequency results, as well as complicated attempts at comparison of the inservice educator's activities in the three types of hospitals.

The major aim of this study was not to compare the three types but rather to determine an activity profile for a specific group of inservice educators and, to begin development of an instrument that other researchers could use in subservient studies. Another researcher, for example,

could apply such an instrument to a larger population and include a wider range of variables.

The study, then, focused primarily on the actual and ideal activity profiles of selected inservice educators as they perceived them. It did not however, emphasize curriculum or programming which appeared only as one of the many activities as inservice educator may have performed. Neither did the study focus on types of inservice programming. The study dealt with this question only as an aspect of the inservice educator's instructional and planning activity. Also, the study did not centre upon the inservice educator's socioeconomic profile. Questions on socioeconomic background were used only to determine if such variables were related to actual activity profiles.

Definition of Terms

The definition of terms to follow should serve to further clarify the scope and limitations of this study.

acute care hospital: an institution delivering health care to persons requiring constant professional nursing care for illnesses requiring immediate intervention, special diagnostic procedurer and/or a planned controlled therapeutic or educational program of comparatively short duration.

continuing education: includes any planned, educational activity directed towards meeting the learning needs of the nurse following her basic nursing program. The categories of

continuing education include: a) inservice education
b) postbasic education (degree-granting, institution-based full-time formal study following a basic nursing program) and c) extramural education (community-based continuing education directed at job-related needs of nurses and other personnel) (36:2).

chronic (extended) care hospital: a facility delivering health care to persons with illnesses requiring professional nursing supervision and daily nursing care over a comparatively extended time period regularly scheduled examination by a physician and specialized services and equipment available through occupational therapy and physiotherapy departments.

device: aid or adjunct used to enhance the effectiveness of a technique, thereby assisting in the learner's acquisition of knowledge and subsequent transfer of learning.

head nurse committee: a committee composed of all the head nurses in charge of nursing units in a given hospital. This committee focuses on such matters as: standards of nursing care on specific units, application of new policies and procedures on each nursing unit, individual unit staffing patterns, as well as relationships between each unit and other hospital departments.

inservice education: education activities provided to employees by the employing agency (hospital) designed to

a) improve on-the-job practices of the nurse and other employed personnel b) to meet job-related learning needs of the nurse and other personnel (36:2)

inservice educator: a registered professional nurse responsible for organizing, implementing and evaluating inservice programs in a hospital.

method: manner of organizing learners into a learning situation.

nursing service executive committee: refers to a committee representing those involved in a hospital nursing service. This committee focuses its attention on such items as standards of nursing care, staffing patterns, interrelationships involving nursing service and other hospital departments, as well as the over-all philosophy of the nursing service. The Director of Nursing, the nursing supervisors, and (if applicable) the Director of the School of Nursing would be members of such a committee.

nursing procedure committee: refers to a committee representing those involved in a hospital nursing service which focuses its attention on specific policies and procedures governing such areas as: administration of medications, treatment procedures, and procedures associated with diagnostic tests.

preliminary and ultimate criterion behavior:

When no opportunity exists for observing ultimate use of

information provided in a program, the educator determines what the learner must be able to do at one time (preliminary criterion) to be able to perform some specific activity at a later time (ultimate criterion).

For example: a patient is unable to continue his own nursing care at home. Thus, the nurse must determine a substitute plan for the patient, accounting for his resources and limitations (ultimate criterion). The preliminary criterion demands that the nurse be able to determine substitute plans using sample situations in an instructional setting.

specialty/clinical area: refers to an area of study, actual practice, and health care delivery dealing with a specific disease or disease groups, body systems or age groups. For example, pediatrics as a specialty or clinical area focuses on health-care delivery to and for children. Urology focuses on health care delivery to those persons experiencing diseases of the urinary system.

shift: refers, in this study, to the division of working hours for employees of a hospital nursing service. For example, general duty nurses tend to work in one (or more) of the following hourly schedules: 0700 - 1500 hours, 1500 - 2300 hours, 2300 - 0700 hours.

techniques: manner of transmitting knowledge, behaviour used by the instructor to facilitate acquisition of knowledge by

the learner.

Procedure

The procedure for the study followed three major steps. The first was an extensive review of relevant literature on the general thesis topic. The second step was the formulation of research problems and ancillary sub-questions. The third step included procedures associated with data collection, tabulation, and analysis.

Review of the literature began with a search into material containing information on inservice educators in hospitals, dating from 1960 to 1975. This initial review included a careful perusal of an analysis of continuing nursing education literature by Nakamoto and Verner. This perusal eliminated those articles and books not directly relevant to this study. A review of journal articles followed, beginning with the most recent, as well as an examination of some doctoral theses on inservice education programming. From this initial review, the general topic area emerged. Further research into areas outside of nursing inservice education clarified the central theme the study, that is, the activities of inservice educators in acute care general hospitals. Role studies in agricultural economics, for example, were helpful in identifying types of activity not discussed in the nursing literature. At this point, with the

major theme of the study established, a review began of masters' and doctoral theses, as well as other studies, which were more specific to role performance in various nursing professions other than inservice education. Other aspects of the literature review included an extensive E.R.I.C. search, and a perusal of the Canadian Nurses Association Bibliographies, with relevant sources listed therein reviewed via microfilm.

The formulation of the research problems then followed. This formulation occurred in several stages. In the beginning, the basic research problem included not only the inservice educator's perception of her activities, but the perceptions of those working with her as well, such as the Director of Nursing and assorted head nurses. This initial problem statement proved to be too broad for the purposes of a single study. The final formulation eliminated all respondents except the inservice educator. It included the main research problem with ancillary sub-questions to assist in answering the main questions. Notes from the literature review aided in organizing a list of potential inservice education activities into six categories. The final problem formulation included the inservice educator's perception of her ideal as well as actual activity profile. This ideal profile served to indicate job satisfaction, as well as specific changes respondents wished to make in the actual

activity profile.

Identification of the population for the study was the next task. This required use of listings from the B.C. Directory of Hospitals to locate agencies in which potential respondents might be employed. Eliminated from the population were those hospitals not in the category of acute care general institutions. The final study population included inservice nurse educators employed by acute care general hospitals in the Greater Vancouver and Victoria metropolitan areas.

Development of a plan for the collection and analysis of data followed. This included the design of an instrument for data collection. A panel of six judges examined the instrument, and made suggestions for revisions. The result was a revised final draft of the interview schedule. Introduction letters to potential respondents facilitated data gathering. Follow-up telephone calls to potential respondents were made to set up interview appointment times. The interviews took approximately four to six weeks to complete. The respondents completed Part I of the interview schedule prior to the appointment time with Part II completed during the actual interview. The collected data was then recorded on Fortran coding forms and key-punched. Appropriate statistical tests were identified to analyze and interpret the data and to answer the research questions. Computer programs available through the University

of British Columbia facilitated data analysis.

CHAPTER II

REVIEW OF THE LITERATURE

Inservice education in hospital settings is one of the oldest and most prevalent forms of continuing education in nursing. Precursors of today's inservice education programs appeared early in this century, and since then, there has been an outpouring of books, studies and articles on the subject. An initial literature review revealed that very few of these articles or studies focused directly upon the inservice educator's perception of activities she performed, nor the time and frequency elements involved in each activity. A later, more extensive review substantiated this lack. However, taken as a whole, this literature review provided some

indicators with respect to the inservice educator's activities, the inservice educator herself and the methodology used in activity studies involving other nursing, and non-nursing roles.

The review of the literature to follow centered upon three major areas. The first area of discussion concerned the inservice educator: her characteristics, educational background, involvement in continuing education and the job setting in which she functioned. The second section delineated some of the activities performed by inservice educators. These activities fell into five main categories: 1) program planning 2) instruction 3) supervisory activities 4) policy decision-making and 5) miscellaneous. The final section described some of the methodology and analysis of activity studies in other fields.

Demographic Characteristics

The literature review revealed little concerning age, marital status and number of dependents. However, some studies did document such data on inservice educators. One study done in Wisconsin with 68 inservice educators, revealed the following about the respondents (46:66): that the mean age was 41 to 45 years, that 66.2% were married and the average number of dependents was two to three children. Several studies did not correlate or draw any conclusions

concerning their findings, although a few studies that looked at other nursing occupations did so (42,44,53).

Educational Background and Continuing Education

Most studies reviewed that dealt with the inservice educator herself seemed to focus on educational preparation and involvement in continuing education. In terms of basic educational preparation, most studies showed that the majority of respondents were graduates of a hospital school of nursing, with fewer respondents possessing advanced or university degrees. In one study, less than 42% of respondents had a B.S. or A.B. degree and only 10% possessed M.A. degrees (33:38). The study did not specify in what field the respondents earned these degrees. In another survey, less than 20% of the respondents had M.A. degrees and less than 30% had B.A.'s, but more than 50% had a diploma from a hospital school (1:91). Hornback's study showed most respondents to be hospital diploma graduates; few had earned Bachelor's degree, although many had taken university courses (46:66); none of the studies reviewed indicated inservice educators with doctorates. It was of interest to note that a study conducted by the American Nurses Association stated that potential employers found it desirable for inservice educators to have an M.A., preferably in nursing education (40:40). At least one hospital,

mentioned in another article, required a minimum of a Bachelor of Science Degree (19:39). It appeared that a gap existed between the present level of educational preparation and that which was desired.

Several studies disclosed a lack of preparation in areas such as philosophy of adult education, tests and measurements, program planning and teaching techniques. In one survey of five hundred hospitals 75% of the respondents had little or no preparation in education and teaching skills (1:91). Those respondents were aware of this inadequacy, stating that they required additional background. Another study indicated that most respondents had little or no background in Adult Education (46:133). To assess the learning base in certain areas with a group of 36 students (one-half of whom were currently employed as full-time inservice educators) enrolled in a two semester course entitled "Inservice Education in Nursing", del Bueno conducted a small survey (4:11). She asked learners to state whether or not they had taken courses in the following areas:

<u>Subject Areas</u>	<u>Number who had not taken the subject</u>
Educational Psychology	15
Principles of Teaching/Learning	21
Curriculum Development	27
Tests and Measurements	24
Basic Statistics	25
Educational Philosophy	25
Principles of Adult Education	30
Group Dynamics	25
Audio-Visual Materials	29

The results showed the respondent's lack of background in almost all of the subject areas listed, most particularly in principles of adult education. Authors of articles in nursing journals stated what they felt was desirable preparation. These authors felt inservice educators required 1) advanced preparation in teaching techniques, 2) adult education principles and 3) program planning (40:40) and (33:35). Some authors also remarked that the educator needed to know how to write behavioural objectives and evaluate the effectiveness of programs (25:31) (47:22). Other authors noted that leadership and communication skills were necessary (18:39). One author suggested that administrative background in hospitals should be a requirement for inservice educators (27:35).

In the area of the inservice educators' involvement in continuing education, several journal articles pointed out the need for nurses in general to become more involved in their own continuing education (6,22,18,56). But few studies located for this review statistically documented a lack of participation in this area by inservice educators. One study showed, in its profile of the inservice educator in one state, that the respondents as a whole did not read research journals and did not belong to a professional organization other than the state Registered Nurse Association (46:133). The study did discuss such items as hours per week spent on continuing

education, and participation in short courses.

The Job Setting of the Inservice Educator

Studies and articles indicated that two elements in the job setting affecting the inservice educators' functioning were the size of the hospital and the budget provided for inservice education. Hospital size seemed to have a profound effect in the following areas: 1) whether or not inservice constituted a separate department, or blended with other departments in the hospital 2) whether or not the inservice educator functioned as a full - or part-time worker and 3) the inservice educator's involvement in non-educational activities. Morgan for instance stated that a great many hospitals with less than 200 beds had inservice education as a part of the personnel and/or nursing service departments (27:35). Regarding the inservice educator's full - or part-time status, the National Academy for Health Inservice Education Study found that full-time directors of inservice education were increasingly the rule in hospitals with 200 or more beds (1:90). However, regardless of hospital size, most hospitals had at least one full-time educator on staff. In one study of 500 inservice - educators, 91% of whom were from hospitals, 72% of the inservice programs used at least one full-time staff member, several used three, and the maximum was eleven full-time inservice instructors.

(33:38). The problem in hospitals of 200 beds or less, was that often the inservice educator, while she may have been officially designated as a full-time inservice educator, often had to perform many functions (13:16). Isil pointed out that, in effect, the so-called full-time inservice educator became a "part-time", filling in at different times in other roles such as an administrator or bedside nurse (13:16).

Isil indicated that the multiple functions syndrome existing in small hospitals, because of limited staff members and resources, was part of the cause for the inservice educator's involvement in non-inservice activities (13:16, 26:543).

— Handling of the budget allotted to inservice education activities also effected the functioning of the inservice educator. In the National Academy for Health Inservice Education, Kerr found that administrators would not give hospital inservice departments sufficient money to plan and establish programs (1:94). As Kerr stated: "I've talked to administrators who wouldn't think of providing \$20,000 for inservice education, but who spend ten times that much on a public relations program that doesn't accomplish anything"(1:90). As she reiterated, hospitals were often woefully underbudgeted for inservice education. In addition, Kerr found in her study of five hundred

hospitals that 75% of all inservice programs were under the umbrella of the nursing department (1:90), which suggested that inservice in these cases came under the nursing service budget, rather than having its own separate budget. The lack of sufficient funds could have inhibited and restricted the inservice educator's latitude in planning and implementing needed programs. The lack of a separate budget could have implied less contact and communication with those responsible for allocating the original funds thereby, less control over budgetary allocation. The educator then must have depended on the director of nursing services to include moneys for inservice taken from the nursing service budget. Unfortunately the actual amount was variable, depending on the needs of the total nursing service.

Activities of the Inservice Educator

Review of the literature on activity profiles focused on material available describing types of activities performed by inservice educators. In addition, those studies that dealt with activity profiles of roles other than the inservice were reviewed for information concerning methodology and analysis of job profiles. Activities reported in the literature fell into five major categories: program planning, instruction, supervision, policy decision making and miscellaneous activities.

Program Planning

In terms of the activities involved in the program planning process, Nakamoto and Verner reported that a review of the literature from 1929-1970 on inservice education "shows an emphasis on techniques of program planning", but no precise indication of the inservice educator's activities in this area (53:17). Literature from 1970 to the present seemed to show little change. Systematic program planning tended to be inadequate, if not altogether lacking. Cantor stated that nurses justified this lack by arguing that any educational experience, no matter how poorly planned and assessed, automatically resulted in learning (6:50). In actuality, any learning resulting from such an experience was purely an accident. Condon, one of the few nurse-authors to suggest a workable program planning model, structured it in five segments: 1) assessment of the staffs' learning needs 2) planning by behavioural objectives 2) implementation 4) evaluation 5) recycling (8:38).

Some nurse educators suggested several activities necessary for the inservice educators to achieve successful assessment of learning needs. Medearis and Popiel recommended direct observation of personnel job performance as a starting point, focusing on such items as: 1) the patient's reaction to nursing care he received (direct patient feed-

back) 2) staff's coordination of the nursing care 3) resources used or not used on a nursing unit (25:33).

Other authors supported the use of direct observation as an assessment tool. Marshall and Nusinoff in their roles as inservice educators both directly observed staffs' coordination of nursing care on the wards (20:43, 31:22). Another inservice educator visited geriatric wards in her hospital, and observed that patients had consistently poor posture and speech impediments (12:250). By this observation of patients' response to nursing care, the educator recognized that staff required the learning of more adequate intervention techniques to meet patient needs (12:250). Luciano further suggested review of nursing care plans to determine personnel's adaption of nursing care to the individual patient (17:78). Other assessment activity suggestions included: 1) examination of incident reports 2) survey of employee performance evaluations 3) discussions with administration and nursing colleagues to validate the inservice educator's perceptions of the staffs' learning needs (25:34). Cantor suggested that, in addition, the inservice educator may need to spend time conferring with content specialists on the particulars of a given program (6:52). Educators in other fields engaged in this activity: Morehouse, in his study on agricultural extension agents, listed "seeking information from specialists" as an activity area (52:14). Finally, most in-

service educators in the literature mentioned meeting with and surveying the target staff as a valuable activity in assessing desired learning opportunities (15:78, 27:41, 32:100, 31:21, 12:254, 38:943, 10:13). Nusinoff mentioned the use of a questionnaire as a tool that she employed in place of a group conference to help. Nurses determine learning needs (31:21). Morgan, however, recommended revolve-ment of the target group in conferences and questionnaires to determine learning needs for the staff (27:40). Toben viewed meetings with nurses to determine learning needs as one way of helping the staff learn about the patients and increase problem-solving skills (38:943). Morgan also suggested the educator's use of job descriptions as an assessment tool. With a description in hand, the inservice educator interviewed the employee and reviewed the job description with him or her and compared this with what the employee knew. The difference, said Morgan, represented his or her learning needs (27:40). In one survey of five hundred inservice educators, nearly one-third stated that in their hospitals, decisions about learning needs and what to teach became a committee function, with such committees as inservice, planning and programing. In only twelve per cent of hospitals were nursing staff directly involved in assessment and planning (34:5). In nine per cent of the hospitals, other non-nursing individuals such as

administrators were the ultimate decision-makers as to what inservice instructors would teach (34:5).

Based upon a learning needs assessment the literature reviewed suggested that the inservice educator then spent time in formulating a statement of objectives for the programs by describing the intended outcomes. This occurred prior to selection of content, procedure, methods, and techniques (3:6). However few inservice educators actually wrote objectives. Wood stated that lack of planning in general, much less the use of objectives, was widespread in inservice education (40:39). This state of affairs seemingly existed in the United States despite the Joint Council on Accreditation of Hospitals requirement that, at the very least, objectives for orientation programs be provided in writing (33:34). Furthermore, Chamberlain pointed out that many inservice educators identified content even before assessing learning needs, resulting in irrelevancy of the program (7:11). A possible explanation for Chamberlain's observation may originate in the fact that many inservice educators lack a background in planning and teaching skills (1,5,19). A few authors did allude to establishing objectives as a planning step in their inservice programs; but only one of them actually stated that her objectives were written out (24:61, 31:21).

Implementation involved a consideration of methods, techniques, devices and procedures (55:20). The literature

abounded in such discussions, (3:7, 17:80, 48:171). But, much of the literature showed a lack of distinction among these various processes. For example, Magner grouped "field trips, exhibits, seminars and films" under the single heading of methods (19:40). Such confusion in definitions lead many inservice educators to build their programs around a device, such as a film or programmed text (6:52), under the belief that these devices constituted methods of instruction. Often, in lieu of assessing her target groups learning needs and establishing objectives, the inservice educator allowed availability of these packaged programs to determine course content (6:52), rather than recognizing such items as devices to augment a program. Finally, literature reviewed indicated that the inservice educator could utilize a certain amount of time focusing on procedural aspects of implementation. The literature suggested that one of the most time-consuming activities for the educator was organizing her programs around tight staffing schedules (33:35, 35:34). Rudnick and Bolte stated that this procedure involved (35:34) 1) arranging workshifts so that there was overlap between shifts going off duty and coming on duty 2) arranging for relief by part-time personnel 3) arranging for night shift involvement in programs. Experts recommended that inservice educators spend time consulting with Head Nurses and Supervisors during the program planning stage - perferably as a committee to

jointly plan scheduling (33:35); thus all had more of a vested interest in encouraging staff to attend. In Rockwell's survey involving a large number of hospitals, only seven per cent made no scheduling efforts for inservice programs (33:5). However, this survey did not indicate time spent by the inservice educator herself on this task.

Systematic evaluation procedures in the program planning process seemed absent, according to some authors. Hornback stated there was a "paucity of reports on evaluation" from inservice educators which "may be a reflection of a lack of stated program objectives, criterion measures of desired behaviour, or inadequate attention to or knowledge of the evaluation process " (46:36). Dorothy Kerr stated in her study that most evaluation procedures used for inservice programs ".... are often meaningless: it usually transpires that the nurses who take the treatment (program) are asked to tell 'what it has meant' to them. Answers are vague and suspect" (1:92). Cantor pointed out that evaluations based on the number of people attending or the opinions of nurses attending a program on how good it was "does not provide assurance of learning having taken place, nor the patient subsequently benefitting by improved care" (6:53). It was suggested that inservice educators may not have spent much time, if any at all, in evaluation activities. However,

some authors did reveal an awareness of evaluation procedures when they suggested, for example, observation of the learner during instruction and in the clinical area after instruction. The evaluation was based upon observable behavioural changes in the learner and the extent to which patient care improved as a result (14:340, 17:81, 23:5). In addition to evaluating actual care delivered, Marshall spent time in 1) making rounds with the ward supervisor 2) checking kardexes (a card delineating patient's individual nursing care plan) for quality of nursing care plans 3) checking patient's charts for recorded observations made by staff (20:44). Also Cantor noted that time must be spent in validating the efficacy of outcomes when preliminary and ultimate criterion behaviours are used in evaluation (6:53). Preliminary criteria needed to be checked initially against ultimate criteria in order to establish the correlation between the two. Once accomplished through observation of learner behaviour in instructional and clinical settings, preliminary criteria became reliable and valid, and thus an integral part of the recycling process in establishing subsequent programs.

To ensure that criteria were met, evaluation according to objectives was essential. A few authors recognized this (27,31); one of them also sought out contacts and sources consulted during the assessment phase to help her

determine if objectives were met in a given program (31:26). Other nurse educators in the literature spoke of using planned question and answer periods, written tests and return demonstrations of procedures as evaluation tools (24:62). Reynolds and Drake recommended meeting regularly with supervisory personnel, especially head nurses, who had the closest staff contact and so could best observe staff performance (32:100). Tabin stated that the educator must take time to meet with the individual learner to evaluate the learner's performance; Hollingworth shared this view (12:254, 38:943). Rockwell's study of five hundred inservice educators, quoted earlier in this review, indicated that about 50% of the respondents stated their learners turn in a written evaluation of a program; but the study did not state of what these evaluations consisted nor their basis (34:40). In general, the literature indicated awareness of evaluation, but little indication of the educator's performance of evaluation activities, and with no statement of frequency or time-allotment for such activities.

In terms of long-range program planning, the literature indicated that the bulk of the inservice educator's activities in this area had been limited to ad hoc "crash planning" (36:45). In this short-term approach, the five phases of program planning were, at best minimally utilized, and at worst, neglected entirely (36:45). Only one inservice

educator mentioned in the literature actually progressed from an ad hoc selection of miscellaneous items to an organized plan of learning in a large psychiatric hospital (31:26). It appeared that little long-range planning occurred (30:344, 35:31). Hornback substantiated this in her study, stating that most inservice education programs in her sample were planned less than three months in advance (28:87).

Instructional Activities

The inservice educator's personal involvement in instructional activities depended partially upon the degree to which she utilized centralized or decentralized inservice programs. In centralized programs (those confined to one health agency, involving all levels of personnel, in which programs were agency-wide), the educator tended to spend more time in actual instruction than in decentralized programs. In the decentralized approach, the inservice educator assisted personnel on a given unit within the agency to design their own programs, leaving the major responsibility for instruction to the nurse-supervisor and her personnel (2:716). Here the educator might have spent some time assisting the specific unit's head nurse or supervisor with instructional activities (15-97), and perhaps supervising actual instruction but she acted primarily as a resource person (15:97).

The centralization/decentralization phenomenon also determined who the inservice educator taught and the amount of time spent with persons in each job classification. In small hospitals, where programs tended to be centralized (13), the inservice educator instructed those with a variety of job classifications: registered nurses, practical nurses (L.P.N.'s and L.V.N.'s), aides, housekeeping, dietary and clerical staff. However, the literature suggested that in large hospitals with large decentralized inservice departments, each inservice educator could be responsible for one job classification at Veteran's Hospital in Washington, each of four inservice educators was responsible for one job classification (10:9). In addition, with large decentralized inservice education departments, decentralization could occur according to specialty areas. At Michael Reese Hospital, where the department employed seven instructors, each was assigned permanently to the unit of her specialty. (11:91) and the instructor spent the bulk of her instructional time in activities associated with her specialty. Tabin favoured the decentralized approach in such settings enabled nursing personnel to focus on the specific patient population to whom they gave care (38:942).

The literature gave little indication regarding the amount of time spent and frequency of instruction in specific content areas. However, there is some indication that inservice educators involved themselves largely with instructional

activities concerning orientation and skill training (53:56-59). Rudnick and Bolte mentioned an example of a study revealing this emphasis. Of 143 hospitals surveyed in the Ohio Valley Region, the bulk of program planning centered on orientation and initial skill training, with only a few including ongoing inservice programs (35:31). The high turnover rate of nursing personnel in many hospitals may have contributed to this state of affairs. In support of such a concept, Nakamoto and Verner quoted one inservice educator who said: "Because of a rapid turnover of personnel, our audience is a parade." (53:13).

Rockwell's survey of five hundred inservice educators revealed that 87% of them focused on orientation, while only seven per cent had any ongoing continuing education programs (33:6). A few authors mentioned their inservice involvement as inservice educators in some other content areas: 1) leadership and management 2) new drugs and equipment 3) specific nursing techniques (26,20:39,21:299). There was slight mention of miscellaneous areas such as fire prevention and drills, disaster operations and general safety (26,38:942) but no indications as to amount of time the educators spent planning and instructing such programs.

Supervisory Activities

The literature included scattered references to supervisory activities performed by inservice educators

(13,18,53). One reference stated that "confusion arises between administrative and educational functions" (51:13) and went on to list some supervisory activities (51:13-14) often performed by inservice educators. Indications were that inservice educators in small hospitals performed more of these activities than those in larger hospitals (13:16).

Participation in Policy Making and Decision-Making Activities

There was little in the literature to indicate amount of time spent in policy making and decision making activities by inservice educators. Some activities that could suggest involvement in policy decisions were as follows:

- 1) Meeting with the nursing service executive committee to establish nursing policy and philosophy
- 2) Meeting with nursing procedure committee
- 3) Meeting with the head nurse committee (51)
- 4) Meeting with the hospital advisory committee (46).

As an active member of the first committee, the educator became an information giver, as well as voter, and thus became an active participant in changing hospital philosophy and policy. The same applied to membership in the nursing procedure committee. As a member of the third committee, the inservice educator became an information transmitter and participated in implementation of new policy. Finally, as a

member of the fourth committee, ususally composed of representatives from all departments of the hospital, the educator kept current on the learning needs and goals of other hospital departments.

Other activities involved in policy decision-making concerned establishment of the budget for inservice education (51). Some of these activities could have included: 1) meetings with the Director of Nursing and hospital administrator to discuss budgetary problems 2) organizing and planning utilization of budget.

Miscellaneous Activities

The literature made little or no mention of the various miscellany of the inservice educator's day. These activities included such items as drafting memos, reading and answering mail, and telephone activities. In addition, the literature reviewed did not suggest frequencies or time allotments for such activities.

Methodology and Other Activity and Role Studies

A review of activity and role studies in areas other than the nurse as inservice educator revealed some variety in methodology. Goldsmith's study concerned task analysis of nursing functions of registered nurses, licensed vocational nurses and nurses aides, organized into categories, such as

diversional activities, safety and protection of the patient, personal hygiene for the patient and meeting patient's nutrition and elimination needs (44:3). The study used a panel of 48 hospitals and drawn from that panel was a population representative of all the aforementioned occupational groups. The instrument included a frequency scale but no time allotment appeared. Activities were ranked in the analysis according to frequency (44:100) with some correlations made to demographic data obtained such as type and size of hospital, area of patient care, age, sex, marital status, education and experience (44).

Crotin's study focused on the nursing supervisor's perception of her functions and activities (42). Sample size was small, at a total of eighteen.

The researcher drew her respondents from six general acute care hospitals varying in size from 301 beds to 600 beds (42). Activities divided into four activity categories from which were derived 37 statements of function. Crotin used a structured "fixed-alternative" question in which the respondent was limited to stated alternatives such as: 1) "yes" or "no" 2) varying degrees of approval or agreement 3) a series of replies, of which the respondent picked one as being closest to his or her position (42:20). Item #6 in Crotin's questionnaire asked for the first two types of fixed alternatives:

Item #6 Acquire special equipment, supplies and drugs
for a patient unit as needed periodically

- | | | |
|--|----------------|---------|
| a. Do you do this? | Yes _____ | |
| | No _____ | |
| b. Do you think you should
do this? | Disagree _____ | |
| | Agree _____ | |
| | Unsure _____ | (42:63) |

Crotin found that the nursing supervisors could not agree upon ideal functions, and that no clear definition of function emerged (42:47-50). No frequency scales or time allotments appeared in the questionnaire.

Tomlinson developed 99 statements of nursing function to provide a representative sample of activities that licensed practical nurses (LPNs) might perform (54:178). In personal interview, 688 LPNs sorted out these statements of activities or functions according to degree of responsibility required and their importance. Statements divided into four categories: "I perform this function (activity) 1) independently 2) with shared responsibility 3) under direct supervision or 4) I never perform this function" (54:178). The LPNs then ranked activities according to importance. High, positive and significant correlations existed between level of responsibility and importance ranking (54:182). Thus, although the study concerns an activity profile, again, no time allotment or frequency scale appears.

A number of other studies focusing on activities of a given occupational group appeared in the literature.

Wood's study listed activities for the purpose of helping to establish behavioural objectives for the basic nursing curriculum at U.C.L.A. Wood verified this list by asking registered nurses in a national survey to rank them in order of frequency (57:3-24). However, she did not utilize time allotments. Cullen's study, while it listed activities of pharmacy technicians in the appendix focused largely on procedures used by the pharmacies in general, not upon the specific activities of the pharmacy technicians (43). Hole's study on directors of hospital education involved 81 respondents who ranked 49 statements of function according to importance, however, the instrument did not use time allotments or frequency scales (45). McLean's activity study focused on several categories of nursing personnel such as supervisors, head nurses, staff nurses, LPNs and orderlies (49:4). Data was obtained by observation of each subject during a working day. Exact statements of time and frequency did not appear in this study. However, timing of the observation period was recorded. In the coding process, the actual time was "weighted", reducing it to one hour of observation time for each member of the nursing staff. Thus, one hour became equal to 100% (49:1). In Allen's study of head nurse activities, he also used direct observation for one specific eight-hour shift (41). Time for each activity was recorded in minutes and transposed into percentages of the eight-hour period. The major objective was to determine the

head nurses' activities which divided into: 1) direct patient care 2) personnel activities 3) unit management 4) student education 5) indirect care (41:8). Respondents were asked to report socioeconomic data such as marital status educational preparation, and experience: Allen used this information to ascertain if such socioeconomic information had any bearing on amount of time the head nurse spent in direct patient care (41:16-17). Of all the activity studies reviewed Allen's study most closely approximated the methodology used in this study. The common factors were: a) the major objective, that is to determine the activity profile of the occupational group being studied b) division of activities into categories c) using a time allotment in minutes d) use of socioeconomic data for correlation. However, divergent elements included a) use of observation to obtain activity data (not used in this study) b) Allen's lack of frequency scale. Hornback's study focused on nursing inservice program not the inservice educator per se (46). She did ask a few questions concerning time and frequency of inservice programs; use of resource persons, and one general question regarding the hours per week devoted to inservice activities in general. (46:91)

Conclusions

In general, this review revealed that very few articles or studies in the field of inservice education:

focused directly upon the inservice educator's perception of activities she performs, nor the time and frequency elements involved in each activity. However, the literature did provide some indicators. With regard to the inservice educator herself, the information available on socioeconomic and demographic data was rather sparse, with somewhat more available on her educational background. Some studies and articles also spoke at some length about the nature of the inservice educator's job setting. Much more appeared in the literature on activities performed by the inservice educator.

A rough approximation of a profile thus emerged. The literature indicated that the inservice educator was female, 41 to 45 years of age, was married and had two to three dependents. She was a graduate of a hospital school of nursing and was unlikely to have had a university degree. She probably had little or no preparation in such areas as adult education, statistics and educational psychology. Regarding involvement in continuing education, the literature was not specific except to remark that the inservice instructor was not likely to read research journals or belong to a professional organization other than her local nursing association. In her job setting, the size of the hospital in which she worked and the handling of the inservice education budget influenced her functioning. If she worked in a small hospital, she was likely to be performing a lot

of non-inservice related tasks.

In large hospitals she worked full-time as an inservice educator. If her budget came under another department, she found her allocations varying, not according to the inservice department's needs, but according to the larger department such as nursing service under which she functioned. In terms of activities, she probably did not spend as much time as needed on systematic program planning although a definite awareness of the need to perform these activities existed. The time spent in instructional activities varied according to whether or not centralized or decentralized programming existed. If the educator worked in a large hospital, decentralization tended to be the rule. Also if the inservice educator worked in a large hospital, she performed fewer supervisory activities than those in smaller hospitals. Finally, the literature reviewed gave little or no indication of policy-making or decision-making and miscellaneous activities performed by the inservice educator.

The final section in this review on methodology of other activity and role studies revealed considerable variation. Several employed frequency scales and importance rankings. Another used a "fixed alternative" method for the instrument. Still another used ranking according to degree of responsibility required in performing the activity. Only one study obtained precise data regarding amount of time spent on various activities. Studies reviewed did not employ both

time and frequency scales to determine activity profiles in any occupational grouping. No study was located on the inservice educator's activity profile, described in terms of time in minutes and frequency. Thus, since so few articles or studies dealt directly with the inservice educator's activity profile in terms of time and frequency, it was concluded that a study with such a focus would be of some value.

CHAPTER III

METHODOLOGY

After a determination of the main purpose of the study, which was to describe the inservice educator's actual and ideal activity profile, a statement of research problems was formulated. This was followed by a process of instrument development. A population of inservice educators was chosen for study, data was collected and then analyzed.

Statement of Problems

The study attempted to answer the following two research questions:

A. What was the inservice educator's perception of her present activity profile in terms of 1) type activity and 2) the time frequency elements involved in each activity?

This question asked for the frequency with which the educator performed given activities and amount of time spent on those activities.

B. What was the inservice educator's perception of her ideal activity profile in terms of 1) type of activity and 2) the time/frequency elements involved?

The purpose for including question B in this study was to:

1) ascertain the respondent's satisfaction with their actual activity profile and 2) determine the specific changes respondents would make to create an ideal activity profile for the inservice educator.

The study also attempted to answer the following auxiliary questions centering upon factors that could describe the population and might correlate with responses to the main research questions:

A. What were the characteristic of the agency in which the inservice educator functioned, including bed capacity, size of the inservice education department, existence of a school of nursing, and length of time inservice education has existed in the respondent's hospital?

B. What were the socioeconomic characteristics of the inservice educator, including age, marital status, number of dependents, educational background and length of time employed in the present

job position.

- C. In what continuing education activities did the inservice educator participate? These included short and long courses less than 30 hours and more than 30 hours respectively, professional meetings, reading of professional journals and the respondent's own plan for continuing education.

Instrument Development

The literature review indicated that no study specifically listed and categorized the inservice educator's job activities, nor established time and frequency for those activities. However, the review was useful for deriving activity categories as follows: 1) program planning 2) instruction 3) supervision 4) policy and decision-making and 5) miscellaneous activities. These categories formed the basic structure of the initial instrument. A panel of judges then assessed the initial instrument as part of the process involved in producing a more concise questionnaire.

The major objective during the period of instrument development was to derive an appropriate layout for the questionnaire that would maximize accuracy of data obtained. It was further hoped that the resulting instrument would be of some use as a guide for subsequent researchers. The use

of a judging panel to review the initial instrument seemed to be the most appropriate method of assessing layout and content in the interest of increased accuracy of the questionnaire in obtaining desired data. The resulting questionnaire was designed so that the two main research questions and the auxiliary sub-questions could be answered.

A panel of judges was chosen to assess the original instrument (see Appendix C). Each panel member chosen had expertise in one or more of the following areas: 1) basic nursing education 2) continuing education 3) inservice education. Several panel members had considerable previous experience in inservice education in hospital settings. The judges included a hospital association education director, a college nursing department chairman and executive assistant in health sciences instruction, two assistant directors of education services in the provincial registered nurses' association, and a curriculum coordinator in a college nursing department. The initial questionnaire was discussed during a personal interview with each judge after a discussion of research questions to be answered. Judges were not asked to respond with statistical data, but rather to assess the layout and content with respect to the research questions. Assessments, criticisms, and suggestions were noted, collected and appropriate alterations made.

The draft instrument, according to the judges, re-

quired several changes, deletions and addition to increase its clarity and accuracy (see Appendix A and B). Judges felt there were a number of redundancies. For example, in Part I, Questions 14 to 22 included a section asking the respondent to indicate feelings about her job. Judges felt this could be more adequately dealt with by analyzing responses to the ideal activity profile in Part II, indicating the respondents' satisfaction or dissatisfaction with actual activity profile. In another instance, deletion was required when judges noted that one section concerning frequency of certain methods, techniques and devices seemed unrelated to the main research questions. Judges pointed out that the study's focus was on activity profiles, not methods and techniques.

Judges suggested a number of important changes for the activity profile section. For instance, the frequency scale was altered to add "two times per week" between "once per week" and "daily". They noted that some of the educator's activities would occur more frequently than once a week but less often than daily. The panel also advised that the activity profile section should not separate into sections or categories. Removal of these activity headings was seen as being less confusing and prejudicial for the respondent. For example, some respondents might feel uneasy if they place a high value on being a decision-maker, but find they spend more time in miscellaneous activities, and so could

unintentionally bias their responses. It was suggested that the headings appear on the researcher's own coding key for organizational purpose in tabulating data. To ensure accuracy of time intervals and editorial change was made so that the term "minutes" appeared next to the "time" heading under actual and ideal job headings.

Judges felt that the entire activity profile section required rewording, some reorganization and deletions. In addition, the panel pointed out problems with double-barrelled questions, such as one item referring to "securing and maintaining instructional material and references". In such questions, it was almost impossible to discern which part of the question received response.

In general, changes advised by the panel included rewording, more precise definitions and deletions of items not relevant to the study's research questions. The panel's responses were noted and incorporated into the revised instrument, which was then used for data collection.

Population

The population surveyed was comprised of twenty-four inservice educators from eleven acute care general hospitals of varying size in the Greater Vancouver and Greater Victoria areas. Ten of the respondents came from one large teaching hospital, and fourteen respondents came from ten other

hospitals. Thus, this study was not useful in generalizing to populations other than the small one specifically investigated here. However, it was hoped that the investigation would serve a useful function as an exploratory study, establishing a possible activity profile that could be tested on larger populations.

Data Collection

The twenty-four inservice educator respondents were surveyed with an interview schedule between July and September, 1974 (see Appendix B-1, E-1 and E-2). The educators were interviewed in their employing hospitals. None refused to participate as respondents in this study. The rationale for use of the interview was twofold: 1) reduction in amount of time required on the part of the respondent and 2) assurance and accuracy of return, as the allowable attrition with such a small population was almost negligible.

Data Analysis

The interview schedule included nominal, ordinal and interval data. This information was analyzed on an Olivetti-Underwood Programua 101 Computer. A program was used to calculate means standard deviations, standard error and modes where applicable. Data was transferred to the Texas Instrument Calculator TI-30 to perform non-parametric tests and other applicable calculations.

CHAPTER IV

DATA ANALYSIS

Analysis of data obtained for this study focused on two major research questions. The first question concerned the inservice educators' perception of their actual activity profiles in terms of the type of activity, and the time as well as frequency factors involved in each activity. The second major question concerned the educators' perception of their ideal profile in terms of the type of activity, and the time as well as frequency, factors involved. Other socio-economic data was also included in the analysis.

The findings are reported in sections. The initial section examined the characteristics of the inservice educators

and their job settings. These characteristics included age, marital status, number of dependents, educational background and involvement, and length of time in present job position. Aspects of the job setting included bed capacity, size of the inservice education department, and the length of time inservice education was in existence at the respondent's hospital.

The section following dealt with the inservice educators' perception of their actual and ideal activity profiles, based on time and frequency values they assigned to activities listed in the questionnaire. All activities were divided into the five major categories of program planning, instruction, supervision, policy decision making and miscellaneous. The section concerning actual activity profiles first ranked activities within their assigned categories, according to mean amount of time spent on each category as a whole. Then, the activities were ranked according to mean frequency, again with assigned categories, to determine the level of frequency for each activity and for each category as a whole. Finally, activities within each category were ranked according to total hours per year. It was felt that since total hours per year for each activity took into account both time and frequency, a more complete view of activity ranks could be obtained. The section devoted to ideal profiles used the same description process

with the actual profiles, ranking activities according to mean time, mean frequency and total hours per year.

In the section comparing actual and ideal profiles, the total hours per year were examined and discrepancy scores obtained to determine those activities in which educators wished to see a redistribution of time. The activities were then ranked in categories according to amount of discrepancy between actual and ideal hours per year.

The last section examined socioeconomic factors associated with actual activity profiles to determine correlations. These factors included age, hospital size, continuing education and time employed in present job.

Characteristics of the Inservice Educator

The mean age of this group of female inservice educators was 40, and approximately 58% were between 30 and 44 years of age. The majority were single, with only 17% separated, widowed or divorced. Over 79% had no dependents and only one respondent had three.

All respondents had a basic nursing diploma and in addition 29% also had non-nursing diplomas. Of those who had earned a Bachelor of Science in Nursing, only three respondents out of the total eleven had a basic degree. The others had taken their degree as a post-basic program, following a nursing diploma program. The major course of study varied,

with the respondents majoring in one of five areas: education, administration, teaching, psychiatry or maternal-child health. In only two instances was there a minor, in medical-surgical nursing. The length of program varied from one to four years. Those with a non-nursing diploma received it in one of five areas: nursing with administration, teaching and supervision, operating room technique, administration of hospital nursing units and public health. Only two respondents had Masters' degrees and there were none with doctorates. In all, twenty-one respondents had some kind of formal education beyond a basic nursing diploma. In addition, three respondents had only a nursing diploma.

More additional courses taken by this group of educators were less than 30 contact hours, with the highest percentage in both short and longer courses being taken in the subject category entitled "other". The respondents included in this category: English, interpersonal relations, industrial first aid, patient education, continuing education conferences, nursing audit, quality care assurance and coronary and critical care. Eight respondents of the total — 24, approximately 33%, took courses only in the category entitled "other" and in none of the subjects specifically listed. However, all but one respondent had at some point taken a short or extended course in one or more of the subjects listed in Table IV. In addition to the last category

TABLE 1
Age Distribution of Respondents

=====		
Age Group	No.	%
<hr/>		
Less than 25	0	0
25 - 29	3	13
30 - 34	4	17
35 - 39	5	21
40 - 44	5	21
45 - 49	1	4
50 - 55	5	21
More than 55	1	4
Total	<hr/> 24	<hr/> 100

TABLE 2
Marital Status of Respondents

=====		
Status	No.	%
<hr/>		
Single	13	54
Married	7	29
Other (separated, widowed, divorced)	4	17
Total	<hr/> 34	<hr/> 100

TABLE 3
Number of Dependents

=====		
Dependents per Respondent	No.	%
<hr/>		
0	19	79
1	2	8
2	2	8
3	1	4
	<hr/>	<hr/>
Total	24	100

TABLE 4
Number of Short and Extended Courses
Taken by Respondents

Subject Area	More than 30 contact hours	%	Less than 30 contact hours	%
Educational Psychology			3	5
Principles of Teaching and Learning			9	14
Tests and Measurements			1	2
Philosophy of Education			2	3
Group Dynamics			3	5
Audio Visual Materials	1	9	9	14
Philosophy and History of Adult Education	1	9	1	2
Program Planning	2	18	6	10
Teaching Techniques in Adult Education	2	18	10	16
Other courses	5	45	19	30
Total	11	100	63	100
\bar{X} (courses/ respondent)	.45		2.62	

appearing on the table, the other three subjects in which a higher percentage of courses were taken included principles of teaching and learning, audiovisual materials and teaching techniques in adult education.

The highest percentage of this group spent one to 2.5 hours per week on their own continuing education, with the mean for the group being 4.9 hours per week. Approximately 39% spent three to 4.5 hours per week reading professional literature, with the mean for the whole group at 3.8 hours per week. Most respondents, about 88%, did not have a written plan for their own continuing education, but twelve per cent stated they did have such a plan.

About 62% of the group indicated that they had participated in a research study in the previous year. Some 58% stated that they belonged to a professional organization in addition to their required membership in the local Registered Nurses Association. These additional professional organizations included such groups as: British Columbia Continuing Nursing Education Group, Critical Care Group, Cardiovascular Care Group, B.C. Hospital Association, Instructional Media Association and Extended Care Nursing Group.

In terms of length of time employed in their present jobs, the highest percentage of the group were employed between twelve to 36 months. The mean was about 43 months or three and one-half years. There was a wide range here, from twelve weeks to ten years employed in their present inservice education

TABLE 5

Hours Spent on Continuing Education

=====		
Hours per week	No.	%
<hr/>		
1 - 2.5	9	39
3 - 4.5	5	22
5 - 6.5	5	22
7 - 8.5	2	9
9 - 11.0	2	9
<hr/>		
Total	23 (1 N.R.)	100

TABLE 6

Hours Spent on Reading Professional Literature

=====		
Hours per week	No.	%
1 - 2.5	8	35
3 - 4.5	9	39
5 - 6.5	3	13
7 - 8.0	3	13
	<hr/>	<hr/>
Total	23 (1 N.R.)	100

jobs.

Characteristics of the Job Setting

The average bed capacity of hospitals employing respondents was 958. However, it was noted that ten of the respondents came from one large teaching hospital with a bed capacity of 1640. Hospital size ranged from 154 to 1640 beds. In addition, 71% of the hospitals employing respondents had a school of nursing, which had an average of 372 students. The range of population in these hospital schools was wide from 150 to 500 students. It was also noted that ten respondents came from hospitals with a student population of 500.

The inservice departments had been in existence an average of thirteen years. Ten respondents came from one very large teaching hospital in which such a department had existed for twenty years, but 46% came from hospitals in which the department was between six to ten years old, and one came from a department that had existed for fifteen years.

With respect to the number of persons employed in the inservice education department, over half had only one person, themselves employed in the department. In three cases in which the respondents were essentially performing two functions, that of Director of Nursing and inservice educator, they listed themselves as half-time employees in the inservice department. Four respondents, about seventeen percent had full-time clerical assistance and four had half-time help.

TABLE 7

Length of Time Employed in Present Position

=====		
Months	No.	%
<hr/>		
Less than 12	5	21
12 - 36	9	38
37 - 61	3	13
62 - 86	4	17
More than 87	3	13
	<hr/>	<hr/>
Total	24	100
<hr/>		

\bar{X} = 3.5 yr. (42.75 mon.)

Range = 12 wks - 10 yrs.

S.D. = 9.11

TABLE 8
Hospital Bed Capacity

=====		
Beds	No.	%
Less than 200	1	4
200 - 400	4	17
401 - 600	6	25
601 - 800	2	8
801 - 1000	1	4
1001 - 2000	10	42
	<hr/>	<hr/>
Total	24	100

Only two respondents out of 24 had one full-time audio-visual technician to assist them. Eighteen respondents indicated they were in a directing position in their department; only 25% were not in such a role. Job titles varied somewhat, but 46% referred to themselves as inservice instructors. Seven respondents bore the title of Director of Inservice, three were Director-Instructors and three were Directors of Nursing also functioning in an inservice educators' role.

Actual Activities

Actual activities of respondents were ranked according to time, frequency, and total hours per year within categories. The means and totals of categories were also examined, as shown in Tables nine to eleven. In terms of the mean number of minutes spent on an activity each time it was performed, instruction ranked highest of the five categories at 110 minutes. This suggested that respondents spent the most number of minutes in that category. Program planning ranked last, at 32.55 minutes, indicating the least mean number of minutes spent here.

Frequency rankings of categories showed that the highest mean frequency occurred in the miscellaneous activity area. Respondents performed such activities on an average of 65.8 times per year. But policy decision making activities ranked lowest, and were performed less than 21 times per year.

TABLE 9

Actual Time by Category
(Minutes per Instance Performed)

=====	
Category	\bar{X} Minutes
<hr/>	
Instruction	110.00
Supervision	105.00
Policy Decision Making	63.64
Miscellaneous	36.24
Program Planning	32.55

TABLE 10
Actual Frequency By Category
(Times per Year)

=====	
Category	\bar{X} Frequency
Miscellaneous	65.8
Instruction	41.3
Supervision	38.5
Program Planning	24.8
Policy Decision Making	20.3

TABLE 11

Actual Total Hours per Year by Category

=====	
Category	Total Hours
<hr/>	
Instruction	1177.86
Supervision	871.95
Program Planning	732.43
Miscellaneous	418.92
Policy Decision Making	258.00

Actual activities were also ranked according to total number of hours per year, a figure which combined both time and frequency. These rankings suggested that respondents spent the bulk of their time on instructional activities. They spent substantially less time program planning, and the least amount of time involved in policy decision making activities.

Program Planning: Activities occupying the highest rankings in this category in terms of mean number of minutes included: 1) selecting content for learning programs 2) writing out objectives for programs and 3) conferring with content specialists to gain background information for given programs. The mean number of minutes for each were 222, 162.7, and 130.4 respectively. The activity ranking fourth, reviewing job descriptions, showed a rather substantial drop in time to a mean of 67 minutes. Those activities with lowest rankings included: 1) conferences with other non-nursing departments, 2) examination of incident reports to assess learning needs, 3) as well as conferences and interviews with non-nursing personnel. These rankings were viewed very cautiously however, for two reasons. First, the great majority of those activities showed a mode of zero minutes, with a few exceptions, which included some bi-modal responses. In addition, the range of responses appeared to be quite wide: for instance, the two most highly ranked activities had a range of 2400 minutes each.

It was also noted that, in terms of mean number of minutes, many of the evaluative and assessment activities involving nursing staff as learners occupied middle or lower middle rankings. These included 1) conferences with learning groups to develop program objectives 2) interviews with departing employees to seek suggestions for future inservice and 3) reviewing evaluation of a program with the learning group. The over-all mean minutes spent in this category was 32.55. This mean was treated with due caution, as the range of mean scores was broad: the uppermost rank was a mean of 222 minutes, and the lowest ranking activity showed a mean of zero minutes.

In terms of frequency, the highest rankings included: 1) direct observation of staff performance in delivering nursing care 2) direct observation of non-nursing staff in performance of duties 3) incidental conferences with nursing supervisors to discuss staff learning needs and 4) incidental conferences with general duty staff to discuss learning needs. Conferences with non-nursing personnel and observational activities occupied middle rankings. Involvement with non-nursing staff occupied the lowest rankings. The over-all mean times per year for performance of these activities was 24.8. Again this mean was viewed cautiously: rankings had a wide range, from a top score of 113.9 times per year to zero category and most activities had a wide range of responses.

In ranking program planning activities according to hours per year, the two highest ranking activities were 1) selecting content for learning programs and 2) direct observation of staff performance in delivering nursing care. Conferring with content specialists, writing objectives, observational activities and bedside audit to assess nursing care standards also had a fairly high ranking. Those activities in which the respondents seemed to spend the fewest hours per year included involvement with non-nursing personnel, other departments and review of evaluation with the learning group of a program. The total hours per year spent on the entire category of program planning was 732.43 hours. It was noted however, that since these total hours were based on mean number of minutes and mean frequencies for each activity, the hour rankings were to be interpreted with caution.

In summary, in terms of time, frequency and total hours per year, there were some variations in rankings. But generally activities involving observation, selection of learning material and conferring with content specialists occupied top rankings suggesting that respondents spend more time in these areas. Activities in programming involving non-nursing personnel, as well as utilization of hiring and termination interviews with employees to assess and evaluate learning needs ranked the lowest. These rankings are, however, suggestive rather than definitive because of the modal response and wide range of responses.

TABLE 12

Actual Time Spent in Program Planning Activities

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Selecting content for learning programs	222.0	484.00	60	2400
Writing out objectives for programs	162.7	482.00	0	2400
Conferring with content specialists to gain background information for given programs	130.4	403.00	30	2000
Reviewing job descriptions (lists of duties)	67.0	146.3	0	720
Direct observation of staff performance in delivering nursing care	62.5	95.4	0 120	360
Keeping records of implemented programs	57.7	103.0	none	480
Writing evaluation reports of learning programs	38.5	50.3	0	150
Direct observation of non-nursing staff in performance of duties	36.2	92.0	0	360
Meeting with nursing supervisory personnel to discuss staff learning needs - planned meetings	34.3	39.9	0	120
Hiring interview participation to establish employee learning needs - nursing	31.6	121.9	0	600
Meeting with supervisors of departments other than nursing to discuss staff learning needs - planned meetings	30.0	38.0	0	120

TABLE 12 (cont'd)

Activity	\bar{X}	S.D.	Mode	Range
Direct observation of nursing staff performance after a program	29.5	77.9	0	360
Conferences with other in-service educators to develop program plans	29.3	35.5	0	120
Conferences with general duty nursing staff to discuss learning needs - planned meetings	28.3	26.9	0 30	90
Terminal interviews with employees to seek suggestions for inservice education programs (nursing)	28.1	122.1	0	600
Conferences with target staff (the learning group for a given program) to develop program objectives for given learning programs (nursing)	27.5	40.5	0	120
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	27.2	73.4	0	360
Participation in medical rounds to assess learning needs	25.0	38.2	0	120
Co-ordination of program planning activities initiated by nursing staff	23.4	21.4	0 30	60
Meeting with nursing supervisory personnel to discuss staff learning needs (incidental conferences)	22.5	25.3	15	120
Reviewing evaluation of a program with supervisory personnel	21.0	20.7	0 30	60

TABLE 12 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Reviewing evaluation of a program with the learning group	20.4	39.7	0	180
Examination of employee performance evaluations	18.9	38.7	0	150
Observation of unit nursing care conferences to assess learning needs	18.1	25.4	0	90
Conferences with other departments to identify mutual learning needs (planned group conferences)	18.1	21.7	0	60
Conferences with general duty nursing staff to discuss learning needs (planned group conferences)	18.0	12.9	15 20	45
Discussing evaluation of given inservice programs with other inservice educators in your agency	17.9	23.0	0	60
Review of charting on nursing units (chart audit)	16.8	19.9	0	60
Conferences with other departments to identify mutual learning needs (incidental individual conferences)	15.0	15.0	0 15 30	60
Conferences with general duty nursing staff to discuss learning needs (planned individual conferences)	14.5	15.8	0	60
Conferences with other departments to identify mutual learning needs (planned individual conferences)	13.7	20.0	0	60

TABLE 12 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Conferences with general duty nursing staff to discuss learning needs (incidental group conferences)	13.3	16.2	0	60
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (incidental conferences)	11.2	14.5	0	60
Co-ordination of program planning activities initiated by staff in non-nursing departments	9.1	16.3	0	60
Bedside audit after an inservice program to evaluate effectiveness of instruction	8.7	19.5	0	60
Review of termination reports for suggestions on inservice education programs	8.3	26.9	0	120
Conferences with other departments to identify mutual learning needs (ie, medical staff, clerical, housekeeping, dietary, etc.) (incidental group conferences)	8.1	14.7	0	60
Direct observation of staff performance after a program (follow-up) (non-nursing staff)	8.1	30.9	0	150
Participation in nursing rounds to assess learning needs	7.7	15.4	0	60
Examination of incident reports	5.6	8.2	0	30
Conferences with target staff (learning group for a given program) to develop program objectives (non-nursing)	5.0	14.5	0	60

TABLE 12 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Participation in hiring interviews to establish the potential employee's learning needs (non- nursing)	0	0	0	0
Terminal interviews with employees to seek sug- gestions for inservice education programs (non-nursing)	0	0	0	0
	<hr/>			
Over-all \bar{X}	32.55			

TABLE 13

Actual Frequency of Program Planning Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Direct observation of staff performance in delivering nursing care	113.9	117.3	0 260	260
Direct observation of non-nursing staff in performance of duties	101.8	116.2	0	260
Meetings with nursing supervisory personnel to discuss staff learning needs (incidental conferences)	101.8	95.3	none	260
Conferences with general duty nursing staff to discuss learning needs (incidental individual conferences)	81.1	85.3	52	260
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	67.6	105.3	0	260
Review of charting on nursing units (chart audit)	51.3	80.5	0	260
Selecting content for learning programs	47.9	75.3	none	260
Keeping records of implemented programs	46.0	71.2	52	260
Direct observation of staff performance after a program (nursing staff)	41.5	87.8	0	260
Observation of unit nursing care conferences to assess learning needs	39.6	71.4	0	260

TABLE 13 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	36.0	73.5	0	260
Examination of incident reports	34.0	74.2	0	260
Conferences with other departments to identify mutual learning needs (incidental individual meetings)	27.5	56.1	none	260
Conferences with other in-service educators to develop program plans	25.3	60.2	0	260
Meeting with supervisors of non-nursing departments to discuss staff learning needs (incidental meetings)	23.5	59.9	0	260
Conferring with content specialists to gain background information for given programs	20.6	37.1	12	156
Co-ordination of program planning activities initiated by nursing staff	18.7	19.4	12	52
Meeting with nursing supervisory personnel to discuss staff learning needs (planned meetings)	18.3	21.3	0	52
Participation in nursing rounds to assess learning needs	16.8	44.3	0	156
Writing out objectives for programs	16.0	53.1	0 2	260
Conferences with general duty nursing staff to discuss learning needs (incidental group meetings)	15.4	32.5	0	156

TABLE 13 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Direct observation of staff performance after a program (follow-up) (non-nursing personnel)	14.0	53.5	0	260
Participation in medical rounds to assess learning needs	13.0	26.1	0	104
Participation in hiring interviews to establish the potential employees' learning needs (nursing staff)	10.9	33.0	0	156
Conferences with general duty nursing staff to discuss learning needs (planned group conferences)	10.6	14.6	0 12	52
Reviewing evaluation of a program with supervisory personnel	7.8	12.1	none	52
Discussing evaluation of given inservice programs with other inservice educators in your agency	7.4	14.9	0	52
Examination of employee performance evaluations	7.3	14.5	0	52
Bedside audit after an inservice program to evaluate effectiveness of instruction	6.7	17.4	0	52
Co-ordination of program planning activities initiated by staff in other departments	6.0	14.7	0	52
Conferences with target staff (learning group for a given program) to develop program objectives (nursing staff)	5.5	14.5	0	52
Reviewing evaluation of a program with the learning group	4.9	11.4	0	52

TABLE 13 (cont'd)

Activity	\bar{X}	S.D.	Mode	Range
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned meetings)	4.9	10.9	0	52
Conferences with other departments to identify mutual learning needs (incidental group conferences)	4.8	12.0	0	52
Reviewing job descriptions (lists of duties)	4.7	10.7	none	52
Conferences with other departments to identify mutual learning needs (planned group meetings)	4.2	7.2	0	24
Conferences with other departments to identify mutual learning needs (planned individual conferences)	4.0	10.5	0	52
Writing evaluation reports of learning programs	3.1	5.9	0	24
Terminal interviews with employees to seek suggestions for inservice education programs (nursing personnel)	0.4	1.0	0	4
Review of termination reports for suggestions on inservice education programs	0.4	1.1	0	4
Conferences with target staff (the learning group for a given program) to develop program objectives for given learning programs (non-nursing staff)	0.2	0.6	0	2

TABLE 13 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Terminal interviews with employees to seek sug- gestions for inservice education programs (non- nursing personnel)	0	0	0	0
Participation in hiring interviews to establish the potential employee's learning needs (non- nursing personnel)	0	0	0	0
<hr/>				
Over-all \bar{X}	24.8			

TABLE 14

Actual Total Hours per Year Spent on Program Planning

=====	
Activity	Hours/Year
<hr/>	
Selecting content for learning programs	177.21
Direct observation of staff performance in delivering nursing care	118.64
Direct observation of non-nursing staff in performance of duties	61.41
Conferring with content specialists to gain background information for given programs	44.77
Keeping records of implemented programs	44.24
Writing out objectives for programs	43.38
Meeting with nursing supervisory personnel to discuss staff learning needs (planned meetings)	38.17
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	30.64
Conferences with general duty nurses to discuss learning needs (incidental individual meetings)	24.33
Direct observation of staff performing after a program (nursing staff)	20.40
Review of charting on nursing units (chart audit)	14.36
Conferences with other inservice educators to develop program plans	12.35

TABLE 14 (cont'd)

Activity	Hours/Year
Observation of unit nursing care conferences to assess learning needs	11.94
Meeting with nursing supervisory personnel to discuss staff learning needs (incidental meetings)	10.46
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	8.70
Co-ordination of program planning activities initiated by nursing staff	7.29
Conferences with other departments to identify mutual learning needs (incidental individual meetings)	6.87
Participation in hiring interviews to establish potential employee's learning needs (nursing)	5.74
Participation in medical rounds to assess learning needs	5.41
Reviewing job descriptions (lists of duties)	5.24
Conferences with general duty nursing staff to discuss learning needs (planned group conferences)	4.99
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (incidental meetings)	4.38
Conferences with general duty nursing staff to discuss learning needs (incidental group conferences)	3.41
Examination of incident reports	3.17
Reviewing evaluation of a program with supervisory personnel	2.73

TABLE 14 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Conferences with target staff to develop program objectives for learning programs (nursing staff)	2.52
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned meetings)	2.45
Examination of employee performance evalu- ations	2.29
Discussing evaluation of given inservice programs with other inservice educators in your agency	2.20
Participation in nursing rounds to assess learning needs	2.15
Writing evaluation reports of learning programs	1.98
Direct observation of staff performance after a program (follow-up) (non-nursing staff)	1.89
Reviewing evaluation of a program with the learning group	1.66
Conferences with other departments to identify mutual learning needs (planned group meetings)	1.26
Bedside audit after an inservice program to evaluate effectiveness of instruction	0.97
Conferences with other departments to identify mutual learning needs (planned individual meetings)	0.913
Co-ordination of program planning activities initiated by non-nursing staff	0.910
Conferences with other departments to identify mutual learning needs (ie. medical staff, clerical, housekeeping, dietary, etc.) (incidental group conferences)	0.646

TABLE 14 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Terminal interviews with employees to seek suggestions for inservice education programs (nursing personnel)	0.186
Review of termination reports for suggestions on inservice education programs	0.055
Conferences with target staff (the learning group for a given program) to develop program objectives for given learning programs (non-nursing staff)	0.016
Participation in hiring interviews to establish the potential employee's learning needs (non-nursing staff)	0
Terminal interviews with employees to seek suggestions for inservice education programs (non-nursing staff)	0
	<hr/>
Total hours	732.43

Instruction: Instructional activities ranking highest in terms of mean time included 1) utilization of eight hour programs 2) use of four hour workshops 3) assisting another staff member in teaching nursing personnel and 4) direct instruction of registered nurses. The mean minutes for these activities were 480, 240, 240, 174.20 respectively. The respondents ranked experimentation with new teachings techniques seventh at 87.0 minutes. Lowest in rank were 1) coordinating instructional activities of other inservice educators 2) advising staff in obtaining resource materials and 3) use of pilot programs. Over-all mean number of minutes for this category was 110. The modal response in some instances was more consistent with the mean; but most modes bore little relationship to the mean. In addition, the range of responses varied widely.

Frequency rankings indicated that the two activities performed most often were 1) advising staff in obtaining resource materials, which appeared amongst the lowest in time rankings and 2) direct instruction of registered nurses. As opposed to the time rankings, use of eight hour programs, half-day workshops and experimentation with new teaching techniques ranked lowest in frequency. Again, modes seemed unrelated to mean scores, and the range of scores was very wide. Mean score for this category was 41.3 per year.

Rankings of activities according to total hours per year suggests that educators spent the most time on 1) direct instruction of registered nurses 2) assisting another staff member in teaching nursing staff and 3) utilizing short programs. They spent the least amount of time using pilot programs to test instructional techniques and coordinating instructional activities of other educators. The total hours for this category was 1177.86.

In summary, these educators, according to mean scores ranked direct instructional activities the highest, along with use of short workshops. This suggested that the respondent spent the greater amount of time in these activities. Coordination of instructional activities of others and use of pilot programs occupied the lowest rankings, indicating areas in which the least amount of time was spent. However, once again, these mean scores were merely suggestive, since modes were mostly in relation to mean scores and the range of responses was wide.

Supervision: The supervisory activity ranking highest

TABLE 15

Actual Time Spent on Instructional Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Use of 8 hour programs	480.0	0	480	0
Use of half-day workshop programs (4 hours in length)	240.0	0	240	0
Assisting another staff member (ie. head nurse) in teaching nursing personnel	240.0	239.7	0 30	4980
Direct instruction of registered nurses	174.20	202.5	none	720
Use of programs 1 to 2 hours in length	120.0	0	120	0
Selecting instructional resources (equipment, people, etc.)	109.3	242.9	60	1200
Experimentation with new teaching techniques	87.9	239.9	0 60	1200
Use of content specialists to help teach (under "time" state how long they spend in actual teaching)	87.0	331.0	30	510
Direct instruction of nurses aides	85.7	158.6	0	600
Direct instruction of non-nursing personnel	78.7	246.8	0	1200
Direct instruction of practical nurses	74.5	151.2	0	600
Direct instruction of student nurses	45.0	82.8	0	240

TABLE 15 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Use of "mini-programs" (15 to 45 minutes in length)	30.0	0	30	0
Assisting another staff member (ie. head nurse) in teaching (non-nursing)	25.0	59.7	0	240
Consultation with staff to determine appropriate re- scheduling required to cover wards during an in- service program	24.1	48.0	15	240
Use of pilot programs to "test out" an instructional technique before using in a formal program	22.5	41.9	0	180
Advising staff in obtaining resource materials	20.1	13.8	15	60
Co-ordinating instructional activities of other inser- vice educators	5.5	110.7	0	32
<hr/>				
Over - all \bar{X}	110.0			

TABLE 16
Actual Frequency of Instructional Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Advising staff in obtaining resource materials	112.0	100.0	260	260
Direct instruction of registered nurses	105.6	105.1	260	260
Use of "mini-programs" (15 to 45 minutes in length)	71.7	86.8	52	260
Direct instruction of nurses aides	67.3	101.5	0	260
Use of programs 1 to 2 hours in length	59.2	82.4	12	260
Selecting instructional resources (equipment, people, etc.)	56.3	94.3	12	260
Direct instruction of practical nurses	54.0	85.2	0	260
Use of content specialists to help teach	49.6	75.9	none	260
Consultation with staff to determine appropriate re-scheduling required to cover wards during an inservice program	35.0	58.6	none	260
Assisting another staff member (ie. head nurse) in teaching nursing personnel	33.3	72.3	0	260
Co-ordinating instructional activities of other inservice educators	22.0	57.0	0	260
Direct instruction of non-nursing personnel	19.1	60.2	0	260

TABLE 16 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Use of half-day workshop programs (4 hours in length)	16.0	53.3	0	260
Direct instruction of student nurses	15.5	53.5	0	260
Use of 8 hour programs	9.4	29.2	0	104
Experimentation with new teaching techniques	8.9	21.4	0	104
Assisting another staff member (ie. head nurse) in teaching	5.2	14.6	0	52
Use of pilot programs to "test out" an instruction- al technique before using it in a formal program	4.0	10.9	0	52
<hr/>				
Over-all \bar{X}	41.3			

TABLE 17
Actual Total Hours per Year Spent
on Instructional Activities

=====	
Activity	Hours/Year
<hr/>	
Direct instruction of registered nurses	306.59
Assisting another staff member (ie. head nurse) in teaching nursing staff	133.20
Use of programs 1 to 2 hours in length	118.40
Selecting instructional resources (equipment, people, etc.)	102.55
Direct instruction of nurses' aides	96.12
Use of 8 hour programs	75.20
Use of content specialists to help teach	71.92
Direct instruction of practical nurses	67.05
Use of half-day workshop programs (4 hours in length)	64.00
Advising staff in obtaining resource materials	37.52
Use of "mini-programs" 15 to 45 minutes in length	35.85
Direct instruction of non-nursing personnel	25.05
Consultation with staff to determine appropriate rescheduling required to cover wards during an inservice program	14.05
Experimentation with new teaching techniques	13.03
Direct instruction of student nurses	11.62
Assisting another staff member (ie. head nurse) in teaching	2.16

TABLE 17 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Co-ordinating instructional activities of other inservice educators	2.01
Use of pilot programs to "test out" an instructional technique before using in a formal program	1.50
	<hr/>
Total hours	1177.86

according to mean number of minutes was assisting with supervision in clinical areas. A substantial drop was evident in the second most highly ranked activity, that of participation in administrative meetings: 39.3 mean minutes as opposed to 629.3 mean minutes. The least number of minutes was spent in performing patient and drug census. The over-all mean score here was 105 minutes. Most of the modes were unrelated to mean scores and the range of responses was very wide, especially in the case of supervision in clinical areas where range was 10,800 minutes.

Frequency rankings were somewhat similar to time rankings, the highest being in assisting with supervision and the lowest, performing patient and drug census. There were variations, however: for example correcting and disciplining personnel occupied second place for frequency but fourth place for time.. These variations in time and frequency rankings for the same activities were due simply to the fact that some activities were performed relatively few times per year but required a high number of minutes to complete on each occasion that they were performed. Conversely, certain activities were performed several times per year but required relatively few minutes to complete on each occasion. Modal response was uniformly zero and all but two activities showed a range of 260 times per year again unrelated to mean scores. The over-all mean frequency was

TABLE 18

Actual Time Spent on Supervisory Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Assisting with supervision in clinical areas	629.3	222.60	0	10800
Participating in adminis- trative meetings	39.3	41.90	0 60	150
Performance evaluations to determine promotion or termination of an employee	29.1	48.40	0	180
Correcting and disciplining personnel	15.7	20.40	0	60
Assigning nursing personnel (unit assignments)	8.9	15.80	0	60
Hiring nursing personnel	1.2	6.12	0	30
Performing patient and drug census	0.4	2.00	0	10
<hr/>				
Over-all \bar{X}	105.00			

TABLE 19

Actual Frequency of Supervisory Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Assisting with supervision in clinical areas	77.4	113.7	0	260
Correcting and disciplining personnel	75.1	111.3	0	260
Assigning nursing personnel (unit assignments)	56.8	100.1	0	260
Participating in adminis- trative meetings	47.0	77.9	0	260
Hiring nursing personnel	10.8	53.0	0	260
Performance evaluations to determine promotion or termination of an employee	2.2	3.9	0	260
Performing patient and drug census	2.1	10.6	0	260
<hr/>				
Over-all \bar{X}	38.5			

TABLE 20

Actual Total Hours per Year Spent
on Supervisory Activities

=====	
Activity	Hours/Year
<hr/>	
Assisting with supervisor in clinical areas	811.79
Participating in administrative meetings	30.78
Correcting and disciplining personnel	19.65
Assigning nursing personnel (unit assignments)	8.42
Performance evaluations to determine promotion or termination of an employee	1.06
Hiring nursing personnel	0.215
Performing patient and drug census	0.013
	<hr/>
Total hours	871.95

38.5 times per year for supervisory activities.

Rankings utilizing total hours per year bore several similarities to time and frequency rankings. Again, the substantial drop in hours from assisting with supervision in clinical areas to participating in administrative meetings was noteworthy from 811.79 hours per year to 30.78. The respondents also seemed to make little use of performance evaluation as a tool for promotion or termination of employees: they ranked it fifth on the list, spending only 1.06 hours per year. Evaluative activities assured higher ranks in the program planning area. Total hours per year for this category were 871.95.

In summary, assisting with supervision occupied much of the educator's time according to mean score rankings whereas performing patient and drug census involved a negligible amount of time. Once again, these rankings could only be suggestive and viewed in the light of apparently unrelated modal responses and wide range of scores.

Policy Decision Making Activities: Time rankings in this category showed that respondents spent the most number of mean minutes in assisting with revision of nursing procedures and working in the inservice education budget. Bottom rankings included meeting with the director of nurses and hospital administrators. Mean scores varied widely from 247.5 minutes to ten minutes. Most of the modes were at zero, with some

bi-modal responses. The range was wide and reached 4800 minutes for the highest ranking activity. Also noteworthy was the rather substantial drop in mean score from the highest (247.5) to the second highest ranking (113.3). The over-all mean score was 63.64 minutes.

The highest frequency scores also showed revision of nursing procedures as ranking near the top, as well as interpretation of hospital policy in the second highest rank. Meeting with hospital administrators along with working on the inservice education budget ranked the lowest in frequency. Mean scores again varied widely, from 80.7 times per year to one time per year. In five instances, most particularly low ranking activities, modes seemed related to mean scores, but the others differed widely from the means. Range of scores was wide, differing again from the means. Mean frequency was 20.3.

Total hours per year for this category showed that revision of nursing procedures and interpretation of hospital policy occupied the greatest number of hours per year. Working on the inservice budget and meeting with the hospital administrator each consumed less than two hours per year. The total hours per year for this category was 258.

In summary, time, frequency and hours per year rankings seemed quite similar in this category, with some variations. Modes, with some exceptions, differed greatly from mean

TABLE 21

Actual time Spent on Policy Decision Making Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Assisting in revision of nursing procedures	247.5	970.4	60	4800
Working on inservice education budget	113.3	232.1	0	1040
Meeting with nursing education committee	78.7	46.6	60	240
Meeting with the head nurse committee	58.3	550.1	0 60	180
Meeting with the nursing service executive committee	52.5	55.4	0	150
Meeting with the safety and disaster committee	51.8	30.9	60	120
Meeting with nursing standards and practice committees	42.5	42.3	0 60	150
Meeting with the nursing procedure committee	31.2	36.9	0 60	120
Meeting with the nursing audit committee	28.5	440.3	0	120
Interpretation of hospital policy to employees	28.4	47.8	none	240
Meeting with the Director of Nurses	21.0	31.5	0	90
Meeting with the hospital administrator	10.0	19.6	0	60
<hr/>				
Over-all \bar{X}	63.64			

TABLE 22

Actual Frequency of Policy Decision Making Activities
(Times per Year)

Activity	\bar{X}	S.D.	Mode	Range
Interpretation of hospital policy to employees	80.7	100.8	none	260
Assisting in revision of nursing procedures	26.8	59.6	0 12	260
Meeting with the nursing service executive committee	24.5	5531.1	0	260
Meeting with the Director of Nurses	22.8	56.1	0	260
Meeting with the head nurse committee	22.5	22.6	0 522	52
Meeting with nursing education committee	18.4	14.9	12	52
Meeting with nursing audit committee	12.6	10.5	12	52
Meeting with safety and disaster committee	12.6	11.3	12	52
Meeting with nursing standards and practice committee	11.8	12.7	12	52
Meeting with the nursing procedure committee	10.1	41.6	0	52
Meeting with the hospital administrator	9.0	33.0	0	156
Working on inservice education budget	1.0	2.4	0 1	12
Over-all \bar{X}	20.3			

TABLE 23

Actual Total Hours per Year Spent on
Policy Decision Making Activities

=====	
Activity	Hours/Year
<hr/>	
Assisting in revision of nursing procedures	110.55
Interpretation of hospital policy to employees	38.19
Meeting with nursing education committee	24.13
Meeting with the nursing service executive committee	21.86
Meeting with the head nurse committee	21.43
Meeting with safety and disaster committee	10.87
Meeting with nursing standards and practice committees	8.35
Meeting with the Director of Nurses	7.98
Meeting with the nursing audit committee	5.98
Meeting with the nursing procedure committee	5.25
Working on inservice education budget	1.88
Meeting with the hospital administrator	1.50
	<hr/>
Total hours	258

scores, and range of scores was wide.

Miscellaneous Activities: Activities with highest time ranks were: 1) performing clerical tasks associated with preparing and duplicating handouts 2) securing instructional resources, and 3) buying and testing audio-visual equipment. Lowest rankings were occupied by activities involving maintenance of audio-visual equipment and writing memos and involvement with nursing students. Modes were varied and range of scores was wide. The over-all mean was 36.24 minutes. Clerical tasks, such as answering the telephone and reading mail, ranked high in frequency. Assisting in coordination of learning experiences for students and employees from other institutions showed low rankings. Mean scores varied from activity to activity: the highest was 251.3 times per year and the lowest, 1.5 times per year. In some instances the mean and mode were similar but others were not. Range of scores was varied and wide. The over-all mean was 65.8.

Rankings involving total hours per year were quite similar to frequency score rankings. The total hours per year for this category was 418.92.

In summary, clerical tasks seemed to occupy the most time and had the highest frequency in this category, whereas coordination of learning experience for students and other nursing personnel not employed by the respondents hospital

TABLE 24

Actual Time Spent on Miscellaneous Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Performing clerical tasks associated with preparing and duplicating hand-outs	53.5	55.5	none	240
Securing instructional resources (other than audio-visual aids)	53.1	55.4	none	240
Buying and testing audio-visual equipment	52.0	98.7	0 600	480
Assisting in coordination of learning experiences for nursing students from schools outside your hospital	45.2	93.0	0	360
Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	41.8	34.3	none	120
Planning and implementing tours for nursing interest groups and other interested individuals	41.3	41.4	0 60	120
Telephone calls (in and outgoing)	34.0	18.2	none 15	53
Reading/answering mail	31.5	31.2	30	120
Assisting in coordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	30.6	50.8	0	160

TABLE 24 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Maintaining instructional resources (other than audio-visual aids)	28.1	32.3	0	120
Assisting in coordination of learning experiences for nursing students in your hospital's school of nursing	20.0	54.2	0	240
Maintaining audio-visual equipment	20.0	25.6	0 60	60
Writing memos	18.6	12.5	15	60
	<hr/>			
Over-all \bar{X}	36.24			

TABLE 25

Actual Frequency of Miscellaneous Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Telephone calls (in and outgoings)	251.3	42.5	260	208
Reading/answering mail	218.6	94.4	260	260
Writing memos	194.3	94.5	260	260
Performing clerical tasks associated with preparing and duplicating hand-outs	48.2	63.9	52	260
Maintaining audio-visual equipment	34.7	77.0	0	260
Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	31.8	19.6	52	52
Securing instructional resources (other than audio-visual aids)	28.0	59.2	12	260
Maintaining instructional resources (other than audio-visual aids)	25.1	44.3	0	156
Buying and testing audio-visual equipment	6.8	21.0	0	104
Planning and implementing tours for nursing interest groups and other interested individuals	6.1	11.9	0	52
Assisting in coordination of learning experiences for nursing students from schools outside your hospital	5.8	21.0	0	104

TABLE 25 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Assisting in coordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	3.1	10.5	0	52
Assisting in coordination of learning experiences for nursing students in your hospital's school of nurs- ing	1.5	4.9	0	24
<hr/>				
Over-all \bar{X}	65.8			

TABLE 26

Actual Total Hours Per Year Spent on
Miscellaneous Activities

=====	
Activity	Hours/Year
<hr/>	
Telephone calls (in and outgoing)	142.20
Reading/answering mail	114.76
Writing memos	60.23
Performing clerical tasks associated with preparing and duplicating hand-outs	42.97
Securing instructional resources (other than audio-visual aids)	24.78
Writing advance briefings to staff on up- coming inservice programs (e.g. for posting on bulletin boards, etc.)	22.15
Maintaining instructional resources (other than audio-visual aids)	11.75
Maintaining audio-visual equipment	11.56
Buying and testing audio-visual equipment	5.89
Assisting in coordination of learning experi- ences for nursing students from schools outside your hospital	4.36
Planning and implementing tours for nursing interest groups and other interested indi- viduals	4.19
Assisting in coordination of learning experi- ences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	1.58
Assisting in coordination of learning experi- ences for nursing students in your hospital's school of nursing	0.5
Total hours	<hr/> 418.92

took the least amount of time and had the lowest frequencies.

Summary: Actual activities of respondents were examined with respect to the mean number of minutes, frequency and total hours per year. In terms of mean time, instructional activities ranked highest, while program plannings ranked as the lowest category. Frequency rankings showed that the miscellaneous category had the highest frequency, while policy decision making activities were performed the fewest times per year. Total number of hours, when ranked, indicated that the respondents spent most of their time on instructional activities, and the least amount of time in policy decision making activities.

In general, results were viewed with caution since in the majority of cases mean time and frequency for each activity differed noticeably from the mode response. In addition, in most instances the range of scores for each activity was rather wide and varied. Thus scores obtained were considered suggestive rather than definitive in expressing the inservice educators perception of their actual activity profiles.

Ideal Activities

Ideal activities, as perceived by respondents were ranked according to mean numbers of minutes, frequency of performance, and total hours per year, within categories.

TABLE 27

Ideal Time by Category
(Minutes per Instance Performed)

=====	
Category	\bar{X} Minutes
<hr/>	
Instruction	96.90
Policy Decision Making	49.50
Program Planning	47.03
Supervision	44.70
Miscellaneous	28.04

TABLE 28

Ideal Frequency by Category

=====	
Category	\bar{X} Frequency
<hr/>	
Miscellaneous	54.6
Instruction	51.1
Program Planning	38.49
Supervision	38.40
Policy Decision Making	15.70

TABLE 29

Ideal Total Hours per Year by Category

=====	
Category	Total Hours
<hr/>	
Program Planning	1504.43
Instruction	945.11
Supervision	305.79
Miscellaneous	302.02
Policy Decision Making	117.21

Categories themselves were then ranked as shown in tables 27 to 29. In terms of number of mean minutes, the instruction category ranked highest at 96.9 minutes per instance of activity performance, while miscellaneous activities ranked lowest at 28.04 minutes. Frequency scores showed miscellaneous activities ranking highest at 54.6 times per year, while policy decision making ranked lowest with a frequency of 15.7 times per year. In terms of total hours per year, respondents saw themselves ideally spending the largest number of hours on program planning, with the total for this category at 1504.43 hours per year. In contrast, respondents wanted to spend 117.21 hours per year on policy decision making activities, the lowest ranking.

Program Planning: Activities in the program planning category, when ranked according to mean time, showed that 1) selection of content for learning programs 2) conferring with content specialists and 3) writing objectives for programs ranked highest. Respondents indicated that they spent the least time in such areas as hiring interviews and termination interviews. Evaluative and observational activities involved in learning assessment ranked in the middle range of mean scores from 68.5 minutes to 40.8 minutes. The highest rank score in mean number of minutes was 185.9, while the lowest was 2.1, indicating a rather wide range of mean scores. as a whole, modes varied in this category, there were a number modal responses and others in which no mode existed.

In most cases, modes differed from mean minutes. The range of scores was rather broad and in most instances differed considerably from the means. The over-all mean number of minutes for this category was 47.03.

Frequency scores indicated that 1) direct observation of staff performance in delivering nursing care 2) bedside audit to assess the standard of patient care and 3) direct observation of non-nursing staff in performance of duties all ranked among the highest. Those activities involving employees in other departments and non-nursing personnel ranked among the lowest in frequency. Modes were variable, with a number of modes in fairly close proximity to mean scores and others differing widely. In at least thirteen cases, modes could not be assigned as responses were quite scattered. Over half the activities had the top frequency range, 260, which, in most instances differed rather substantially from the means and modes.

Direct observation of nursing and non-nursing staff in performance of their duties and selecting content for learning programs ranked highest in terms of total hours per year. Desire for involvement with non-nursing staff, with other departments and participation in hiring interviews seemed to be at a minimum for these respondents. The total number of hours for this category was 1504.43 per year.

In summary, ideal time rankings were highest in the areas of selection of program content, writing objectives

TABLE 30

Ideal Time Spent in Program Planning Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Selecting content for learning programs	185.9	215.2	none	930
Conferring with content specialists to gain background information for given programs (e.g. conferring with an inhalation therapist for background on a program in respiratory insufficiency)	171.5	441.9	30 60	2000
Writing out objectives for programs	145.2	251.8	60 120	2000
Direct observation of staff performance in delivering nursing care	119.0	198.3	none	900
Reviewing job descriptions (lists of duties)	84.2	164.6	60	360
Direct observation of non-nursing staff in performance of duties	72.8	205.0	0	900
Direct observation of staff performance after a program (nursing staff)	68.5	120.8	none	450
Writing evaluation reports of learning programs	66.5	40.0	60	150
Conferences with other in-service educators to develop program plans	60.0	56.1	60	240
Keeping records of implemented programs	60.0	105.7	none	480

TABLE 30 (cont'd)

Activity	\bar{X}	S.D.	Mode	Range
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned conferences)	49.5	32.6	60	120
Bedside audit after an inservice program to evaluate effectiveness of instruction	49.2	97.4	30	450
Meeting with nursing supervisory personnel to discuss staff learning needs (planned meetings)	47.8	28.3	60	120
Co-ordination of program planning activities initiated by nursing staff	46.2	37.7	60	180
Conferences with target group (staff) to develop program objectives for given learning programs (nursing staff)	45.7	35.0	60	120
Discussing evaluation of given inservice programs with other inservice educators in your agency	44.0	28.8	60	120
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	43.5	75.4	30	360
Review of charting on nursing units (chart audit)	40.8	51.2	60	240
Conferences with other departments to identify mutual learning needs (planned group meetings)	38.5	30.7	60	120
Conferences with general duty nursing staff to discuss learning needs (planned group meetings)	38.3	26.1	30	120

TABLE 30 (cont'd)

Activity	\bar{X}	S.D.	Mode	Range
Examination of employee performance evaluations	37.0	35.3	none	120
Direct observation of staff performance after a program (follow-up) (non-nursing staff)	36.7	103.5	0	450
Participation in medical rounds to assess learning needs	36.4	33.7	0 60	120
Reviewing evaluation of a program with supervisory personnel	35.2	20.4	30 60	60
Review of termination reports for suggestions on inservice education programs	34.0	44.4	0 30	180
Participation in nursing rounds to assess learning needs	33.0	24.3	60	60
Reviewing evaluation of a program with the learning group	33.0	22.2	30 60	60
Observation of unit nursing care conferences to assess learning needs	32.0	23.6	30	90
Conferences with target staff (the learning group for a given program) to develop program objectives for given learning programs (non-nursing staff)	24.9	33.6	0	120
Conferences with other departments to identify mutual learning needs (planned individual meetings)	23.8	22.6	none	60
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	22.8	14.4	30	60

TABLE 30 (cont'd)

Activity	\bar{X}	S.D.	Mode	Range
Meeting with nursing supervisory personnel to discuss staff learning needs (incidental conferences)	22.8	22.1	15	90
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (incidental conferences)	21.9	28.7	none	120
Terminal interviews with employees to seek suggestions for inservice education programs (nursing staff)	19.5	22.5	0 30	90
Examination of incident reports	19.2	18.2	30	60
Conferences with general duty nursing staff to discuss learning needs (incidental individual meetings)	19.0	14.3	none	60
Conferences with other departments to identify mutual learning needs (incidental group conferences)	18.9	21.1	0	60
Co-ordination of program planning activities initiated by staff in other departments	17.2	24.4	0	60
Conferences with other departments to identify mutual learning needs (i.e. medical, staff, clerical, housekeeping, dietary, etc. (incidental individual meetings)	16.5	18.5	none	60
Conferences with general duty nursing staff to discuss learning needs (incidental group meetings)	16.4	13.0	30	30

TABLE 30 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Participation in hiring inter- views to establish potential employee's learning needs (nursing staff)	14.7	21.7	0	60
Terminal interviews with em- ployees to seek suggestions for inservice education pro- grams	2.8	5.6	0	15
Participation in hiring inter- views to establish the poten- tial employee's learning needs (non-nursing staff)	2.1	77.1	0	30
<hr/>				
Over-all \bar{X}	47.03			

TABLE 31
Ideal Frequency of Program Planning Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Direct observation of staff performance in delivering nursing care	157.7	123.0	260	260
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	113.3	113.6	260	260
Direct observation of non-nursing staff in performance of duties	104.1	121.7	0	260
Conferences with general duty nursing staff to discuss learning needs (incidental group conferences)	100.5	109.6	none	260
Meeting with nursing supervisory personnel to discuss staff learning needs (incidental conferences)	86.6	100.6	24 52	260
Observation of unit nursing care conferences to assess learning needs	80.9	99.0	none	260
Direct observation of staff performance after a program (nursing staff)	69.7	96.9	52	260
Examination of employee performance evaluations	67.4	99.0	none	260
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	63.2	89.2	none	260

TABLE 31 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Participation in nursing rounds to assess learning needs	57.3	79.0	none	260
Keeping records of implemented programs	55.9	90.2	52	260
Selecting content for learning programs	51.9	79.0	12	260
Co-ordination of program planning activities initiated by staff in nursing	45.0	56.7	12 52	260
Conferences with other in-service educators to develop program plans	44.8	68.1	12	260
Bedside audit after an in-service program to evaluate effectiveness of instruction	43.2	75.2	none	260
Examination of incident reports	37.7	56.0	52	260
Conferences with general duty nursing staff to discuss learning needs (incidental group meetings)	34.5	62.8	0 12	260
Discussing evaluation of given inservice programs with other inservice educators in your agency	32.0	57.9	52	260
Participation in medical rounds to assess learning needs	28.7	38.0	0	104
Reviewing evaluation of a program with the learning group	28.5	56.1	52	260
Meeting with nursing supervisory personnel to discuss staff learning needs (planned conferences)	25.7	21.4	12 52	52
Conferences with other departments to identify mutual learning needs (incidental individual conferences)	23.6	57.7	0 12	260

TABLE 31 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Meeting with supervisory personnel of non-nursing departments to discuss staff learning needs (incidental conferences)	23.0	56.7	none	260
Writing out objectives for programs	22.8	57.8	none	260
Conferring with content specialists to gain background information for given programs (e.g. conferring with an inhalation therapist for background on a program in respiratory insufficiency)	22.4	31.6	none	104
Conferences with general duty nursing staff to discuss learning needs (planned group conferences)	21.7	20.3	12	52
Reviewing job descriptions (lists of duties)	20.0	12.2	12 52	52
Co-ordination of program planning activities initiated by staff in other departments	19.7	58.7	0	260
Direct observation of staff performance after a program (follow-up) (non-nursing personnel)	19.2	57.3	0	260
Terminal interviews with employees to seek suggestions for inservice education (nursing staff)	18.7	27.5	0 12	104
Reviewing evaluation of a program with supervisory personnel	17.5	17.9	12	52

TABLE 31 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Writing evaluation reports of learning programs	14.6	17.0	12	52
Review of termination reports for suggestions on inservice education programs	13.9	17.4	none	52
Participation in hiring interviews to establish potential employee's learning needs for nursing personnel	12.9	20.3	0	52
Terminal interviews with employees to seek suggestions for inservice education programs (non-nursing staff)	10.6	26.4	0	104
Conferences with other departments to identify mutual learning needs (planned individual meetings)	10.3	15.9	none	52
Conferences with other departments to identify mutual learning needs (incidental group conferences)	10.1	16.5	0	52
Conferences with target staff to develop program objectives for given programs (nursing staff)	10.1	15.2	none	52
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned meetings)	9.7	14.7	none	52
Conferences with other departments to identify mutual learning needs (ie. medical staff, clerical, housekeeping, dietary, etc.) (planned group conferences)	7.5	7.5	12	24
Review of charting on nursing units (chart audit)	4.0	4.7	12	12

TABLE 31 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Participation in hiring inter- views to establish the poten- tial employee's learning needs (non nursing personnel)	1.7	5.7	0	24
Conferences with target staff (the learning group for a given program) to develop program objectives for given learning programs (non-nurs- ing personnel)	1.4	1.8	0	4
	<hr/>			
Over-all \bar{X}	38.49			

TABLE 32

Ideal Total Hours per Year Spent on Program Planning

=====	
Activity	Hours/Year
<hr/>	
Direct observation of staff performance in delivering nursing care	312.77
Selecting content for learning programs	160.80
Direct observation of non-nursing staff in performance of duties	126.30
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	82.14
Direct observation of staff performance after a program (nursing staff)	79.57
Conferring with content specialists to gain background information for given programs (e.g. conferring with an inhalation therapist for background on a program in respiratory insufficiency)	64.02
Keeping records of implemented programs	55.90
Writing out objectives for programs	55.17
Conferences with other inservice educators to develop program plans	44.80
Observation of unit nursing care conferences to assess learning needs	43.14
Examination of employee performance evaluations	41.56
Bedside audit after an inservice program to evaluate effectiveness of instruction	35.42
Co-ordination of program planning activities initiated by staff in nursing	34.65
Meeting with nursing supervisory personnel to discuss staff learning needs (planned con- ferences)	32.90

TABLE 32 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Conferences with general duty nursing staff to discuss learning needs (incidental individual conferences)	31.82
Participation in nursing rounds to assess learning needs	31.51
Reviewing job descriptions (lists of duties)	28.06
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	24.01
Discussing evaluation of given inservice programs with other inservice educators in your agency	23.46
Meeting with nursing supervisory personnel to discuss staff learning needs (planned conferences)	20.47
Participation in medical rounds to assess learning needs	17.41
Writing evaluation reports of learning programs	16.18
Reviewing evaluation of a program with the learning group	15.67
Conferences with general duty nursing staff to discuss learning needs (planned group meetings)	13.85
Examination of incident reports	12.06
Direct observation of staff performance after a program (follow-up) (non-nursing staff)	11.74
Reviewing evaluation of a program with supervisory personnel	10.26
Conferences with general duty nursing staff to discuss learning needs (incidental group meetings)	9.43
Meeting with supervisory personnel of non-nursing departments to discuss staff learning needs (incidental conferences)	8.39

TABLE 32 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned conferences)	8.00
Review of termination reports for suggestions on inservice education programs	7.87
Conferences with target staff to develop program objectives for given learning programs (nursing staff)	7.69
Conferences with other departments to identify mutual learning needs (incidental individual meetings)	6.49
Terminal interviews with employees to seek suggestions for inservice education programs (nursing personnel)	6.07
Co-ordination of program planning activities initiated by staff in other departments	5.64
Conferences with other departments to identify mutual learning needs (planned group meetings)	4.81
Conferences with other departments to identify mutual learning needs (planned individual meetings)	4.08
Conferences with other departments to identify mutual learning needs (incidental group conferences)	3.18
Participation in hiring interviews to establish potential employee's learning needs (nursing personnel)	3.16
Review of charting on nursing units (chart audit)	2.72
Conferences with target staff to develop program objectives for given learning programs (non-nursing staff)	0.58
Terminal interviews with employees to seek suggestions for inservice education programs (non-nursing staff)	0.49

TABLE 32 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Participation in hiring interviews to establish the potential employee's learning needs (non- nursing staff)	0.058
	<hr/>
Total hours	1504.43

and conferring with content specialists. Lowest rankings were in areas of hiring and termination interviews. Frequency scores were highest in observational activities, whereas activities involving non-nursing personnel ranked the lowest. Similar rankings resulted when total hours per year were used. Modes in general were variable and range of scores was fairly broad. Thus, mean score rankings were considered as suggestive rather than definitive.

Instruction: Instructional activities with the highest time rankings included 1) use of eight hour programs 2) use of half day workshops 3) direct instruction of registered nurses 4) selecting instructional resources. Respondents indicated that they wished to spend the least amount of time on coordinating instructional activities of other inservice education and on consulting with staff to determine scheduling required to adequately staff the wards during inservice programs. Mean scores varied widely, the highest being 480 minutes, and the lowest, 13.3 minutes. In many instances modes were in close range to the mean scores, but the range of response was very broad. The over-all mean time for this category was 96.9 minutes.

Frequency rankings disclosed that respondents wished ideally for highest frequencies in 1) advising staff in obtaining resource materials, 2) using short "mini" programs and in 3) direct instruction of registered nurses.

Lowest frequencies scores appeared in use of eight hour programs and pilot programs to test out instructional techniques. Modes seemed unrelated to mean scores and the range was fairly broad. Mean scores varied widely, with the highest at 162.2 times per year and the lowest, 2.8. The over-all score was 51.1 timer per year.

Based on rankings of total hours per year, respondents wished to spend the greatest number of hours per year directly instructing registered nurses and utilizing one to two hour programs. Lowest rankings were occupied by use of pilot programs to test out instructional techniques and assist other staff members in teaching nursing personnel. Total hours varied widely, with the highest at 260.81 and the lowest at 5.34.

In summary, respondents indicated that they wished to spend the most time on eight and four hour programs and on direct instruction, and the least in coordinating instructional activities of others, as well as consulting with staff to determine scheduling of programs. Highest frequency scores appeared in advising staff regarding resource material and direct instruction as well as use of "mini" programs, while lowest frequencies appeared in use of eight hour programs and pilot programs. The greatest number of other hours per year as an ideal was occupied by direct instruction and use of one to two hour programs. Respondents wished to spend the least number of hours on assisting others with instruction and use

TABLE 33

Ideal Time Spent in Instructional Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Use of 8 hour programs	480.0	0	480	0
Use of half-day workshop programs (4 hours in length)	240.0	0	240	0
Direct instruction of registered nurses	143.7	246.1	30 60	1100
Selecting instructional resources (equipment, people, etc.)	124.5	258.4	60	1190
Use of programs 1 to 2 hours in length	120.0	0	120	0
Direct instruction of non-nursing personnel	78.0	269.6	0	1200
Experimentation with new teaching techniques	59.0	41.4	60	120
Use of pilot programs to "test out" an instructional technique before using in a formal program	50.2	41.6	60	180
Use of content specialists to help teach	48.9	21.6	30	120
Assisting another staff member (ie. head nurse) in teaching nursing personnel	43.7	51.5	30 60	240
Direct instruction of nurses' aides	43.2	77.2	0	240
Direct instruction of practical nurses	40.2	60.6	0 30	240

TABLE 33 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Direct instruction of student nurses	32.5	68.1	0	240
Use of "mini-programs" (15 to 45 minutes in length)	30.0	0	30	0
Advising staff in obtaining resource materials	22.5	12.4	15	45
Assisting another staff member (ie. head nurse) in teaching (non-nursing personnel)	22.1	56.4	0	240
Co-ordinating instructional activities of other inservice educators	20.3	24.0	0	60
Consultation with staff to determine appropriate re-scheduling required to cover wards during an inservice program	13.3	15.5	0	60
Over-all \bar{X}	96.9			

TABLE 34

Ideal Frequency of Instructional Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Advising staff in obtaining resource materials	162.0	107.3	260	260
Use of "mini-programs" (15 to 45 minutes in length)	122.4	98.7	52 260	260
Direct instruction of registered nurses	108.9	111.1	12 260	260
Use of content specialists to help teach	73.3	87.0	52	260
Use of programs 1 to 2 hours in length	66.7	101.6	none	260
Direct instruction of practical nurses	62.0	94.0	0	260
Direct instruction of nurses'aides	57.2	96.2	0	260
Selecting instructional resources (equipment, people, etc.)	49.2	76.2	12	260
Assisting another staff member (ie. head nurse) in teaching nursing personnel	48.1	82.8	none	260
Co-ordinating instructional activities of other inservice educators	36.3	76.5	0	260
Consultation with staff to determine appropriate re-scheduling required to cover wards during an inservice program	32.9	58.6	0	260

TABLE 34 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Direct instruction of non-nursing personnel	27.8	79.5	0	260
Direct instruction of student nurses	14.9	57.8	0	260
Experimentation with new teaching techniques	14.8	25.8	none	104
Assisting another staff member (ie. head nurse) in teaching non-nursing personnel	14.5	37.9	0	156
Use of half-day workshop programs (4 hours in length)	9.3	12.6	none	52
Use of pilot programs to "test out" an instructional technique before using in a formal program	7.2	8.3	none	24
Use of 8 hour programs	2.8	4.5	$\begin{matrix} 0 \\ 1 \end{matrix}$	12
<hr/>				
Over-all \bar{X}	51.1			

TABLE 35

Ideal Total Hours per Year Spent on
Instructional Activities

=====	
Activity	Hours/Year
<hr/>	
Direct instruction of registered nurses	260.81
Use of programs 1 to 2 hours in length	133.40
Selecting instructional resources (equipment, people, etc.)	102.09
Use of "mini-programs" (15 to 45 minutes in length)	61.20
Advising staff in obtaining resource materials	60.82
Use of content specialists to help teach	59.73
Direct instruction of practical nurses	41.54
Direct instruction of nurses' aides	41.18
Use of half-day workshop programs (4 hours in length)	37.20
Direct instruction of non-nursing personnel	36.14
Assisting another staff member (ie. head nurse) in teaching non-nursing personnel	35.03
Use of 8 hour programs	22.40
Experimentation with new teaching techniques	14.55
Co-ordinating instructional activities of other inservice educators	12.28
Direct instruction of student nurses	8.07
Consultation with staff to determine appropriate rescheduling required to cover wards during an inservice program	7.29

TABLE 35 (cont'd)

=====	
Activity	Hours/Year
<hr/>	
Assisting another staff member (ie. head nurse) in teaching nursing personnel	6.02
Use of pilot programs to "test out" an instructional technique before using in a formal program	5.34
	<hr/>
Total hours	945.11

of pilot programs. In general, modes tended to vary and differ from mean scores (except in mean time scores) and the range of mean scores and responses was fairly broad. Thus, as with other categories, results in this category were regarded with due caution.

Supervision: Ideal time rankings for supervision showed assisting with supervision in clinical areas occupying a top position, and performing patient and drug census at the bottom. Mean scores varied sharply, from 208.5 minutes to 0.4 minutes. Most modes were at zero, with one bi-modal response. Range of responses was quite broad. The over-all mean for the category was 44.7 minutes.

Frequency rankings showed correcting and discipline personnel at the top, and performing drug and patient census at the bottom. Mean scores again showed a broad range, from 82.1 times per year to 2.4 times per year. Range of responses for each activity was also broad. Modes seemed unrelated to mean scores, differing rather widely. The over-all mean frequency was 38.4 times per year.

In terms of total hours per year, respondents indicated that they wished the greatest number of hours to be spent on assisting with supervision in clinical areas, and an almost negligible amount on patient and drug census. The range of total hours was quite broad, with the highest at 262.01 hours per year and the lowest at 0.015. Total hours per year were

305.79. In summary, ideal time and total hour rankings were quite similar, showing distinct emphasis on supervision in clinical areas as an activity deserving of the most time. Frequency rankings specified correcting and disciplining of personnel as the highest ranking item. Modes differed from means rather noticeably and there was a fairly broad range in both mean scores and responses for each activity.

Policy Decision Making: Educators ranked working on the inservice education budget as top priority in terms of time. Meeting with various committees also ranked fairly high, although there was a gap between top score and the other items; the top score was 161.5 minutes, while the next in rank was 71.4. Interpretation of hospital policy and meeting with hospital administrators ranked the lowest. Modal responses differed from mean scores in most instances and ranges of both mean scores and responses were fairly broad. The over-all mean for the category was 49.5 minutes.

Frequency rankings placed interpretation of hospital policy at the top and working on the inservice education budget at bottom. Committee meetings occupied middle rankings. Modes differed from mean scores and ranges of both mean scores and responses to each activity were broad. Mean scores ranged from 52.6 times per year to 1.4 times per year. The over-all mean was 15.7 times per year.

Respondents indicated that ideally they wished to

TABLE 36

Ideal Time Spent on Supervisory Activities
(in Minutes per Instance Performed)

=====				
Activities	\bar{X}	S.D.	Mode	Range
<hr/>				
Assisting with supervision in clinical areas	208.5	559.7	0	2400
Participating in administra- tive meetings	43.7	45.9	0 60	150
Performance evaluations to determine promotion or termination of an employee	32.8	48.0	0	180
Correcting and disciplining personnel	13.8	18.6	0	60
Assigning nursing personnel (unit assignments)	10.5	19.5	0	60
Hiring nursing personnel	6.0	18.4	0	60
Performing patient and drug census	0.4	2.1	0	10
<hr/>				
Over-all \bar{X}	44.7			

TABLE 37

Ideal Frequency of Supervisory Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Correcting and disciplining personnel	82.1	120.0	0 260	260
Assisting with supervision in clinical areas	75.4	113.7	0	260
Assigning nursing personnel (unit assignments)	67.6	114.5	0	260
Participating in administrative meetings	37.8	64.8	0 52	260
Performance evaluations to determine promotion or termination of an employee	4.0	11.3	0	52
Hiring nursing personnel	3.2	25.7	0	52
Performing patient and drug census	2.4	11.3	0	52
<hr/>				
Over-all \bar{X}	38.4			

TABLE 38

Ideal Total Hours per Year Spend on Supervisory Activities

=====

Activity	Hours/Year
Assisting with supervision in clinical areas	262.01
Participating in administrative meetings	27.53
Assigning nursing personnel (unit assignments)	11.83
Performance evaluations to determine promotion or termination of an employee	2.18
Correcting and disciplining personnel	1.89
Hiring nursing personnel	0.32
Performing patient and drug census	0.015
	<hr/>
Total Hours	305.79

TABLE 39

Ideal Time Spent on Policy Decision Making Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Working on inservice education budget	161.5	191.9	0	600
Meeting with the nursing education committee	71.4	67.4	60	240
Meeting with the head nurse committee	65.2	42.8	60	180
Assisting in revision of nursing procedures	49.5	36.7	60	120
Meeting with the nursing service executive committee	48.0	52.7	0 60	150
Meeting with the safety and disaster committee	35.0	31.9	0 60	90
Meeting with nursing standards and practice committees	34.2	40.5	0	120
Meeting with nursing audit committee	33.5	40.2	0	120
Meeting with the nursing procedure committee	32.8	32.7	0 60	90
Meeting with the Director of Nurses	31.7	34.6	0	120
Interpretation of hospital policy to employees	21.0	29.0	0	120
Meeting with the hospital administrator	14.2	19.1	0	60
Over-all \bar{X}	49.5			

TABLE 40

Ideal Frequency of Policy Decision Making Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Interpretation of hospital policy to employees	52.6	91.5	0	260
Meeting with the Director of Nurses	26.2	58.5	0	260
Meeting with the head nurse committee	22.5	20.3	none	52
Meeting with the nursing service executive committee	16.4	20.5	0	52
Meeting with the hospital administrator	14.3	57.9	0	260
Meeting with nursing education committee	13.8	14.9	12	52
Meeting with safety and disaster committee	10.0	15.4	0	52
Meeting with the nursing procedure committee	9.4	15.6	0	52
Assisting in revision of nursing procedures	8.8	12.1	none	52
Meeting with nursing standards and practice committee	5.5	6.9	0	24
Meeting with the nursing audit committee	4.4	5.4	0	12
Working on inservice education budget	1.4	2.6	0 1	12
<hr/>				
Over-all \bar{X}	15.7			

TABLE 41

Ideal Total Hours per Year Spent on Policy
Decision Making Activities

=====	
Activity	Hours/Year
Meeting with the head nurse committee	24.45
Interpretation of hospital policy to employees	18.41
Meeting with nursing education committee	16.42
Meeting with the Director of Nurses	13.84
Meeting with the nursing service executive committee	13.12
Assisting in revision of nursing procedures	7.26
Meeting with safety and disaster committee	5.83
Meeting with the nursing procedure committee	5.13
Working on inservice education budget	3.76
Meeting with the hospital administrator	3.38
Meeting with nursing standards and practice committee	3.13
Meeting with nursing audit committee	2.45
<hr/>	
Total hours	117.21

spend the greatest number of hours per year in this category meeting with the head nurse committee and interpreting hospital policy to employees. The fewest number of hours per year were to be spent meeting with nursing audit, standards and practice committee. The total number of hours per year for this category was 117.21.

In summary, time rankings were highest on budgetary activities and lowest on interpreting hospital policy to employees. Rankings were reversed for frequency. Rankings for total hours per year showed meeting with the head nurse committee as the highest priority while meeting with a variety of other committees ranked the lowest. Mean scores could only be viewed as suggestive since modes differed rather noticeably from mean scores and range of responses was broad.

Miscellaneous: Time rankings in this category specified securing of instructional resources as the highest rank. Respondents ranked as the next highest assisting in coordination of learning experiences for registered nurses and students not employed by the respondent's hospital. Audio-visual equipment maintenance was the least favoured. Modes, for the most part, differed from mean scores, and the range of mean scores, as well as responses to each activity, were noticeably broad. The over-all mean for this category was 28.04 minutes.

TABLE 42

Ideal Time Spent on Miscellaneous Activities
(in Minutes per Instance Performed)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Securing instructional resources (other than audio-visual aids)	53.8	56.6	60	240
Assisting in coordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	49.5	116.6	0	120
Assisting in coordination of learning experiences for nursing students from schools outside your hospital	45.5	112.6	0	480
Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	34.0	36.4	none	120
Planning and implementing tours for nursing interest groups and other interested individuals	27.4	40.1	0	120
Telephone calls (in and outgoing)	27.2	15.7	30	60
Buying and testing audio-visual equipment	26.6	35.4	0 15	120
Reading/answering mail	25.2	15.3	30	60
Maintaining instructional resources (other than audio-visual aids)	22.8	34.7	0	120

TABLE 42

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Performing clerical tasks associated with preparing and duplicating hand-outs	20.7	31.9	0	105
Writing memos	17.5	13.9	15	30
Assisting in coordination of learning experiences for nursing students in your hospital's school of nursing	10.5	22.3	0	60
Maintaining audio-visual equipment	2.8	7.6	0	30
<hr/>				
Over-all \bar{X}	28.04			

TABLE 43

Ideal Frequency of Miscellaneous Activities
(Times per Year)

=====				
Activity	\bar{X}	S.D.	Mode	Range
Telephone calls (in and out-going)	236.6	72.5	260	260
Reading/answering mail	210.4	101.8	260	260
Writing memos	165.6	113.4	260	260
Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	29.3	22.8	52	52
Performing clerical tasks associated with preparing and duplicating hand-outs	24.0	57.7	0	260
Maintaining instructional resources (other than audio-visual aids)	20.9	56.8	0	440
Securing instructional resources (other than audio-visual aids)	17.2	33.2	12	156
Buying and testing audio-visual equipment	7.8	22.8	0	104
Maintaining audio-visual equipment	5.5	15.6	0	52
Planning and implementing tours for nursing interest groups and other interested individuals	5.2	12.2	0	52
Assisting in coordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	3.9	11.5	0	52

TABLE 43 (cont'd)

=====				
Activity	\bar{X}	S.D.	Mode	Range
<hr/>				
Assisting in coordination of learning experiences for nursing students in your hospital's school of nur- sing	3.1	11.2	0	52
Assisting in coordination of learning experiences for nursing students from schools outside your hospital	2.1	2.8	0 4	12
<hr/>				
Over-all \bar{X}	51.1			

TABLE 44

Ideal Total Hours per Year Spent
on Miscellaneous Activities

=====	
Activity	Hours/Year
<hr/>	
Telephone calls (in and outgoing)	107.25
Reading/answering mail	88.36
Writing memos	48.30
Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	16.60
Securing instructional resources (other than audio-visual aids)	15.42
Performing clerical tasks associated with preparing and duplicating hand-outs	8.28
Maintaining instructional resources (other than audio-visual aids)	7.94
Buying and testing audio-visual equipment	3.45
Planning and implementing tours for nursing interest groups and other interested individuals	2.37
Assisting in coordination of learning experiences for nursing students from schools outside your hospital	2.35
Assisting in coordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college refresher courses)	1.73
Assisting in coordination of learning experiences for nursing students in your hospital's school of nursing	0.68
Maintaining audio-visual equipment	0.25
Total hours	<hr/> 303.02

Telephone calls ranked highest in frequency followed by reading and answering mail and writing memos. The succeeding ranks drop substantially in mean scores from 165.6 times per year for writing memos to 29.3 times per year for writing advance program briefings. Assisting in coordination of learning groups other than nursing staff ranked lowest in frequency. Modal responses differed from mean scores, and the range of mean scores as well as range of responses for each activity were broad.

Total hours per year for this category disclosed rankings similar to frequency rankings, except that the lowest ranking activity was maintenance of audiovisual equipment. Total hours per year for each activity varied greatly in this category, ranging from 107.25 hours per year to 0.25. The total for the category was 303.02 per year.

In summary, time rankings for this category showed securing of instructional resources as the area in which educators wanted to spend the most number of minutes, and coordination of learning experiences of other than nursing staff as lowest. In both frequency and total hour rankings telephone calls were the top priority. Audiovisual equipment maintenance was among the least favoured. Generally modes differed from mean scores and ranges of mean scores and responses for each activity were fairly broad.

Summary: Ideal activity times, frequencies and total hours per year were ranked within categories. Then,

the categories were ranked in relation to one another.. In terms of mean number of minutes, the instruction category ranked highest, while miscellaneous activities were viewed as the lowest priority. Frequency rankings placed miscellaneous activities as highest in priority compared to other categories, while policy decision making ranked lowest. Finally, rankings of total hours per year for each category disclosed that respondents saw themselves spending the greatest number of hours on program planning, and the least on policy decision making.

In general most of the mean scores were treated with caution, since modes differed substantially from the means, and range of scores was quite broad. It was also noted since the ideal rankings were by definition, suggestive of how the respondents wished to function as opposed to how they actually function, these rankings could imply the relative importance of the activities and categories involved. Thus, for example program planning, with the highest ranking in total hours per year, of the five major categories could be seen as the most important to these respondents. This importance implication seemed most applicable to rankings involving total hours per year, since it combined the mean frequency and mean time for each activity within a category.

Comparison of Actual and Ideal Activities

To determine those categories and specific activi--

ties for which the inservice educators wished to see a redistribution of time, it was necessary to compare total hours per year for each activity and note the difference between ideal and actual hours. Activities were noted in which educators desired to increase hours per year and in which they wished a decrease. Activities were then ranked according to the greatest decrease desired to the least.

For the program planning category in general, an over-all increase was indicated by the respondents. The totals for the category suggest that educators felt they were not spending enough time program planning, and given the choice, would increase the amount of time spent in the area. They indicated that the top time priority existed in observation activities of nursing care delivery (to 1) help determine staff learning needs, and 2) as an evaluative tool after a learning program. On the other hand the largest reduction of time commitment was desired in incidental conferences with supervisory personnel and in selecting content for learning programs.

For the instruction category as a whole, respondents indicated that in their ideal activity profile they would reduce their time in instruction. The specific activities where highest reduction was desired included involvement in direct instruction of most learners. They did however, indicate they would increase time devoted to short programs

and involve themselves more in helping staff to obtain resource materials. In addition, respondents wanted to increase time spent instructing non-nurse learners, in contrast to their desire to reduce direct instruction to all other learners.

In the supervision category, respondents specified that their ideal activity profile would include far less involvement in supervision than existed in their present jobs. The sharp decrease in hours shown on the ideal profile for assisting in clinical area supervision indicated their wish to move away from such supervisory functions.

The policy decision making category showed a decrease of hours in the ideal profile. Respondents particularly wanted to spend far less time revising nursing procedures and manuals. There was some indication, however that more time meeting with the Director of Nurses would be desirable, perhaps to discuss and participate in the decision making process regarding nursing procedures.

In almost all of the activities in the miscellaneous area, respondents wanted reduction of time commitment, with the greatest reduction in time spent on telephone calls and other clerical tasks.

In general, all areas except program planning required a reduction in time commitments as far as the respondents were concerned. In terms of categories in which a reduction was indicated. They seemed least satisfied with their

TABLE 45

Comparison of Actual and Ideal Hours per Year
Spent on Program Planning

Activity	Actual hours	Ideal hours	Differ- ence
Direct observation of staff performance in delivering nursing care	118.64	312.77	194.13
Direct observation of non-nursing staff in performance of duties	61.41	126.30	64.89
Direct observation of staff performance after a program (nursing staff)	20.40	79.57	59.17
Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	30.64	82.14	51.50
Examination of employee performance evaluations	2.29	41.56	39.27
Bedside audit after an inservice program to evaluate effectiveness of instruction	0.97	35.42	34.45
Conferences with other inservice educators to develop program plans	12.35	44.80	32.45
Observation of unit nursing care conferences to assess learning needs	11.94	43.14	31.20
Participation in nursing rounds to assess learning needs	2.15	31.51	29.36
Coordination of program planning activities initiated by nursing staff	7.29	34.65	27.36

TABLE 45 (cont'd)

Activity	Actual hours	Ideal hours	Differ- ence
Reviewing job descriptions (lists of duties)	5.24	28.06	22.82
Discussing evaluation of given inservice programs with other inservice edu- cators in your agency	2.20	23.46	21.26
Conferring with content speci- alists to gain background information for given pro- grams	44.77	64.02	19.25
Conferences with general duty nursing staff to discuss learning needs (planned individual meetings)	8.70	24.01	15.31
Writing evaluation reports of learning programs	1.98	16.18	14.20
Reviewing evaluation of a program with the learning group	1.66	15.67	14.01
Participation in medical rounds to assess learning needs	5.41	17.41	12.00
Writing out objectives for programs	43.38	55.17	11.79
Keeping records of implemented programs	44.24	55.90	11.66
Meeting with nursing supervisory personnel to discuss staff learning needs (planned con- ferences)	10.46	20.47	10.01
Direct observation of staff performance after a program (follow-up) (non-nursing personnel)	1.89	11.74	9.85
Examination of incident reports	3.17	12.06	8.89

TABLE 45 (cont'd)

Activity	Actual hours	Ideal hours	Differ- ence
Conferences with general duty nursing staff to discuss learning needs (planned group conferences)	4.99	13.85	8.86
Review of termination reports for suggestions on inservice education programs	0.055	7.87	7.81
Reviewing evaluation of a program with supervisory personnel	2.73	10.26	7.53
Conferences with general duty nursing staff to discuss learning needs (incidental individual meetings)	24.33	31.82	7.49
Conferences with general duty nursing staff to discuss learning needs (incidental group conferences)	3.41	9.43	6.02
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (planned conferences)	2.45	8.00	5.55
Conferences with target staff to develop program objectives for given learning programs (nursing personnel)	2.52	7.69	5.17
Co-ordination of program planning activities initiated by staff in other departments	0.910	5.64	4.73
Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs (incidental conferences)	4.38	8.39	4.01
Conferences with other departments to identify mutual learning needs (planned group conferences)	1.26	4.81	3.55

TABLE 45 (cont'd)

Activity	Actual hours	Ideäl hours	Differ- ence
Conferences with other depart- ments to identify mutual learning needs (planned individual meetings)	0.913	4.08	3.16
Conferences with other depart- ments to identify mutual learning needs (ie. medical staff, clerical, housekeeping, dietary, etc.) (incidental group conferences)	0.646	3.18	2.53
Conferences with target staff to develop program objectives for given learning programs (non-nursing personnel)	0.016	0.58	0.56
Terminal interviews with em- ployees to seek suggestions for inservice education pro- grams (non-nursing personnel)	0	0.49	0.49
Terminal interviews with emplo- yees to seek suggestions for inservice education programs (nursing personnel)	0.186	0.49	0.30
Participation in hiring inter- views to establish the poten- tial employee's learning needs (non-nursing personnel)	0	0.05	0.05
Meeting with nursing supervisory personnel to discuss staff learning needs (incidental conferences)	38.17	8.39	-29.78 *
Selecting content for learning programs	177.21	160.80	-16.41 *

* reduction

TABLE 45 (cont'd)

Activity	Actual hours	Ideal hours	Differ- ence
Review of charting on nursing units (chart audit)	14.36	2.72	-11.64 *
Participation in hiring inter- views to establish potential employee's learning needs (nursing personnel)	5.75	0.05	- 5.69 *
Conferences with other depart- ments to identify mutual learning needs (incidental individual conferences)	6.87	6.49	- 0.38 *
Total hours	732.43	1504.3	771.00

* reduction

TABLE 46

Comparison of Actual and Ideal Total
Hours per Year Spent on Instructional Activities

Activity	Actual hours	Ideal hours	Differ- ence
Use of "mini-programs" (15 to 45 minutes in length)	35.85	61.20	25.35
Advising staff in obtaining resource materials	37.52	60.82	23.30
Use of programs 1 to 2 hours in length	118.40	133.40	15.00
Direct instruction of non- nursing personnel	25.05	36.14	11.09
Co-ordinating instructional activities of other inser- vice educators	2.01	12.28	10.27
Use of pilot programs to "test out" an instructional technique before using in a formal program	1.50	6.02	4.52
Assisting another staff member (ie. head nurse) in teaching non-nursing personnel	2.16	5.34	3.18
Experimentation with new teaching techniques	13.03	14.55	1.52
Assisting another staff member (ie. head nurse) in teaching nursing personnel	133.20	35.03	-98.17 *
Direct instruction of nurses' aides	96.12	41.18	-54.94 *

* reduction

TABLE 46 (cont'd)

Activity	Actual hours	Ideal hours	Differ- ence
Use of 8 hour programs	75.20	22.40	-52.80 *
Direct instruction of registered nurses	306.59	260.81	-45.78 *
Use of half-day workshop programs (4 hours in length)	64.00	37.20	-26.80 *
Direct instruction of practical nurses	67.05	41.34	-25.51 *
Use of content specialists to help teach	71.92	59.73	-12.19 *
Consultation with staff to determine appropriate re- scheduling required to cover wards during an inservice program	14.05	7.29	- 6.79 *
Direct instruction of student nurses	11.62	8.07	- 3.55 *
Selecting instructional re- sources (equipment, people, etc.)	102.55	102.09	- 0.46 *
Total hours	1177.86	945.11	-232.75 *

* reduction

TABLE 47

Comparison of Actual and Ideal Total
Hours per Year Spent on Supervisory Activities

Activity	Actual hours	Ideal hours	Differ- ence
Assigning nursing personnel (unit assignments)	8.42	11.83	3.41
Performance evaluations to determine promotion or termination of an employee	1.06	2.18	1.12
Hiring nursing personnel	0.215	0.32	0.10
Performing patient and drug census	0.013	0.015	0.002
Assisting with supervision in clinical areas	811.79	262.01	-549.78 *
Correcting and disciplining personnel	19.65	1.89	- 17.76 *
Participating in adminis- trative meetings	30.78	27.53	- 3.35 *
Total hours	871.95	305.79	- 566.16 *

* reduction

TABLE 48

Comparison of Actual and Ideal Total Hours per Year
Spent on Policy Decision Making Activities

Activity	Actual hours	Ideal hours	Differ- ence
Meeting with the Director of Nurses	7.98	13.84	5.86
Meeting with the head nurse committee	21.86	24.45	2.59
Working on inservice edu- cation budget	1.88	3.76	1.88
Meeting with the hospital administrator	1.50	3.38	1.88
Assisting in revision of nursing procedures	110.55	7.26	-103.29 *
Interpretation of hospital policy to employees	38.19	18.41	- 19.78 *
Meeting with the nursing service executive committee	21.43	13.12	- 8.31 *
Meeting with nursing education committee	24.13	16.42	- 7.71 *
Meeting with nursing standards and practice committees	8.35	3.13	- 5.22 *
Meeting with safety and disaster committee	10.87	5.83	- 5.04 *
Meeting with nursing audit committee	5.98	2.45	- 3.53 *
Meeting with the nursing procedure committee	5.25	5.13	- 0.12 *
Total hours	258.00	117.21	-140.79 *

* reduction

TABLE 49

Comparison of Actual and Ideal Total Hours
per Year Spent on Miscellaneous Activities

Activity	Actual hours	Ideal hours	Differ- ence
Assisting in co-ordination of learning experiences for nursing students in your hospital's school of nur- sing	0.50	0.68	0.18
Assisting in co-ordination of learning experiences for registered nurses who are not hospital employees (e.g. from community college re- fresher courses)	1.58	1.73	0.15
Telephone calls (in and out- going)	142.40	107.25	-35.15 *
Performing clerical tasks associated with preparing and duplicating hand-outs	42.97	8.28	-34.69 *
Reading/answering mail	114.76	88.36	-26.40 *
Writing memos	60.23	48.30	-11.93 *
Maintaining audio-visual equipment	11.56	0.25	-11.31 *
Securing instructional resources (other than audio-visual aids)	24.78	15.42	- 9.36 *
Writing advance briefings to staff on upcoming in- service programs (e.g. for posting on bulletin boards, etc.)	22.15	16.60	- 5.55 *

* reduction

TABLE 49 (cont'd)

Activity	Actual hours	Ideal hours	Differ- ence
Maintaining instructional resources (other than audio-visual aids)	11.75	7.94	- 3.81 *
Buying and testing audio- visual equipment	5.89	3.45	- 2.44 *
Assisting in co-ordination of learning experiences for nursing students from schools outside your hos- pital	4.36	2.35	- 2.01 *
Planning and implementing tours for nursing interest groups and other interested individuals	4.19	2.37	- 1.87 *
Total hours	418.92	302.02	-116.90 *

* reduction

present profile in supervision, indicating a desired reduction of 566.16 hour per year. Instructional activities were the next highest in number of hours to be reduced: 232.75. Policy decision making activities ranked third in reduction of hours, the total reduction being 140.79 hours per year. Finally, respondents wanted miscellaneous hours per year reduced by 116.9 hours per year. Program planning was the one category in which an increase in amount of time spent per year was desired, and this increase was substantial: 771 hours per year. This suggests a distinct dissatisfaction with present involvement in program planning activities.

Factors Associated with Actual Activities

Certain socioeconomic data were correlated with the five major categories of program planning, instruction, supervision, policy decision making and miscellaneous activities. The factors correlated with these categories were age, hours per week respondents devoted to continuing education, amount of time employed in their present job and hospital size. Using the Spearman Rank test, most of the correlation coefficients were found to be very low, indicating little if any correlation.

However, there were four exceptions to this pattern. For one, the amount of time that educators were employed in their present jobs and policy decision making activities showed some correlation. The longer the respondent was employed

in the job, the more time she spent in policy decision making activities. Perhaps this correlation reflected the longer term employee's familiarity with hospital policy and procedure, thus tending to increased participation in decision-making processes.

Another correlation involved age and policy decision making activities. The older the respondent, the more time was spent in policy decision making endeavours. It was speculated that this correlation could have been based on the older employee's broader experience with working in a hospital setting and in coping with institutional hierarchies.

In addition, time employed in present job and instructional activities showed some correlation. The larger term employee spent more time on instructional activities than those employed for a shorter time. This correlation may have been based simply on the long term employees' deeper involvement in implementation of programs.

Finally, hospital size and instructional activities demonstrated some correlation. Inservice educators in larger hospitals spent more time on instructional activities than educators in the smaller hospitals. Generally, respondents in larger hospitals would have had a commensurately larger area to cover in terms of the number of staff who constituted her learners, requiring more hours of instructional time. This would have been especially true in those larger sized hospitals

TABLE 50

Correlation Coefficients of Factors Associated with Actual Activities
Using the Spearman Rank Correlation

	Program Planning	Instruction	Supervision	Policy Decision Making	Miscellaneous
Age	$r_s = .0239$ $p > .05$	$r_s = .176$ $p > .05$	$r_s = -.0824$ $p > .05$	$r_s = .595$ $p < .01$	$r_s = .260$ $p > .05$
Hospital Size	$r_s = .144$ $p > .05$	$r_s = .370$ $p < .05$ $p > .01$	$r_s = .078$ $p > .05$	$r_s = -.219$ $p > .05$	$r_s = .160$ $p > .05$
Continuing Education	$r_s = .283$ $p > .05$	$r_s = .039$ $p > .05$	$r_s = .096$ $p > .05$	$r_s = -.169$ $p > .05$	$r_s = .141$ $p > .05$
Time in Present Job	$r_s = -.0403$ $p > .05$	$r_s = .357$ $p < .05$ $p > .01$	$r_s = -.193$ $p > .05$	$r_s = .394$ $p < .05$	$r_s = .292$ $p > .05$

in which the respondent was the sole employee in the inservice department.

Summary

Analysis of the data obtained for the study focused on describing how the respondents saw themselves functioning in their present job settings and how they would prefer to function ideally as inservice educators. By obtaining additional socioeconomic data, it was possible to describe characteristics of the group whose role perceptions were being analyzed.

Using means and percentage obtained, a general description of the inservice educators' characteristics. As a whole the group was middle-aged, single and with no dependents. They were a reasonably well-educated group, and indicated at least some involvement in continuing education endeavours, such as reading professional literature, belonging to professional organizations and taking additional short and extended courses.

Characteristics of the respondents' job setting were also examined. Most respondents were in a directing position in their department, and over half had employed one person in the department; that one person was the respondent. Inservice departments had been in existence for an average of thirteen years. Most of the employing hospitals had a school of nursing, and average hospital bed capacity was fairly large at 958 beds.

By reviewing and summarizing mean number of minutes, frequencies and total hours per year, it was possible to suggest a general profile of what the inservice educators in this group did in their work settings. They spent the greatest amount of their working year on instructional activities. Supervision took up a substantial amount of time, and program activities ranked third. Miscellaneous activities ranked fourth, and finally, policy decision making emerged as an area in which educators stated that they spent the least amount of time.

The ideal job profile, again based on mean number of minutes, mean frequencies and total hours per year, seemed to differ markedly from the actual profile. Respondents wanted to spend the greatest amount of time on program planning. Instruction ranked second, supervision third, with policy decision making and miscellaneous categories occupying bottom ranks. Since by definition the term ideal suggested a statement of what the inservice educators wished their roles to be, it could be said that the ideal rankings were also suggested of relative importance. Thus, for example, educators perhaps attached highest value to performing program planning activities and lower importance to miscellaneous activities.

Comparison of actual and ideal profiles in terms of total hours per year suggested that respondents felt some measure of dissatisfaction with their present jobs. They felt that not enough time was devoted to program planning and that

given the choice, would spend the bulk of their working hours involved in such activities. In addition, a wish to see a reduction in total hours per year in the other four activity categories.

When socioeconomic data and scores of actual activities were tested using the Spearman Rank Correlation, four correlations were found. The amount of time respondents were employed in their present jobs was correlated with the instructional and policy decision making categories. Age was also correlated with policy decision making and finally, hospital size and instructional activities demonstrated some correlation.

Statements derived from the data obtained were considered primarily suggestive rather than definitive because mode response often differed noticeably from mean scores. In addition, the range of responses for each activity was fairly broad, thereby skewing the results.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

Review of the literature indicated that few nursing studies have dealt with the role and activities performed by inservice educators. It was thus the purpose of this study to investigate and describe actual and ideal activity profiles of inservice educators, establishing time and frequency for each activity. Socioeconomic factors that describe the population in relation to actual activity profiles were included. Data analysis yielded a description of actual and ideal activity profiles. These were compared to disclose the types of changes respondents wished to see in time and frequency distributions. Finally, some socioeconomic factors were found to be correlated with certain activity categories.

Summary

This exploratory study attempted to answer two main research questions or problems: 1) the inservice educators' perception of their present activity profiles in terms of type of activity, and time and frequency elements involved and 2) the inservice educators' perception of their ideal activity profiles in terms of type of activity, and time and frequency elements involved. The study also used socioeconomic factors that could describe the population and correlate with responses to main research questions. These socioeconomic factors included a number of items. For one, characteristics of the agency in which the educator functioned were examined. These were bed capacity, size of inservice education department, existence of a school of nursing and length of time inservice education had existed in the respondents' hospital. Characteristics of the educators themselves were also examined, and these included age, marital status, number of dependents, educational background, length of time employed in present job position, and involvement in continuing education.

An appropriate instrument was developed for the purposes of data collection. A panel of judges, which included individuals with expertise in education and health, assessed the initial instrument. A number of alterations were made as a consequence, resulting in a more concise revised questionnaire to maximize the accuracy of data obtained.

The population was comprised of twenty-four inservice educators from acute care general hospitals of varying size in metropolitan Vancouver and Victoria. These educators were interviewed using the revised questionnaire. Data obtained included nominal, ordinal and interval data. This data was analyzed by computer and calculator; where applicable, appropriate non-parametric tests were utilized, chiefly the Spearman Rank Correlation. Other applicable calculations were made to describe the data.

Using means and percentages obtained, the inservice educators' characteristics were described. The average age of the educators was approximately 40. Most were single and the majority had no dependents. As a whole, they were a reasonably well-educated group. All had nursing diplomas, nearly half had Bachelor's degrees in nursing or non-nursing fields, and nearly all had some kind of formal training beyond a basic nursing diploma. However, only two had advanced degrees in any field.

The majority of the group seemed to take an interest in their own continuing education. All but one respondent had taken short or extended courses in areas ranging from adult education techniques to the use of audiovisual materials. The group means for hours spent on their own continuing education and reading professional literature were 4.9 and 3.8 hours per week respectively. However, most did not have a stated

personal plan for continuing their own education. Most belonged to professional organizations other than the local nurses association, and at least half had participated in research studies, other than this one, during the previous year.

Finally, although the ranges for length of employment in the present job were varied, the mean of 3.5 years suggested that these educators were fairly stable, settled employees. Respondents worked in hospitals with a fairly large average bed capacity and which there was a school of nursing. They worked in inservice departments that had been in existence an average of thirteen years, in which they were the sole employee and were designated as directors of inservice education.

By reviewing and summarizing mean minutes, frequencies and total hours per year, it was possible to suggest a general profile of what the inservice educators in this group did in their working settings. They spent the greatest amount of their working year on instructional activities, establishing in directly instructing learning groups. Supervision also took up a substantial amount of time, especially with respect to supervision in clinical areas. Apparently, the educators were frequently borrowed by Nursing Service to fill in as head nurses or supervisors. Program planning as a category ranked third, miscellaneous fourth, and finally, policy decision making, an area in which educators indicated they spent the least amount of time.

The ideal job profile, again based on mean number of minutes, mean frequencies and total hours per year, seemed to differ rather markedly from the actual profile. Respondents wanted to spend the bulk of their time on program planning, as opposed to instruction, which here ranked second, and supervision. They placed particular emphasis on observation of nursing staff to help assess and evaluate learning needs. Instruction ranked as second and supervision third, with policy decision making and miscellaneous categories at the bottom. Since by definition the term ideal suggested a statement of what the inservice educators wished their roles to be, the ideal rankings indicated the relative importance of various activities. Thus, educators attached a higher value and importance to performing more program planning activities in their jobs and a lower importance to miscellaneous and policy decision making activities.

Comparison of actual and ideal profiles in terms of total hours per year suggested that educators felt some measure of dissatisfaction with their present jobs. These educators felt they were not spending enough time engaged in program planning activities, and that given the choice, they would devote the bulk of their working hours to activities in that category. But in the four other categories, educators wanted to spend less time than they did in their present jobs. In short, educators indicated a wish to alter their present job

profiles in a number of areas.

When socioeconomic data and actual activities scores were tested using the Spearman Rank Correlation, most items were found to be unrelated. However, there were four exceptions. The amount of time that educators were employed in their present jobs and policy decision making were correlated: the longer the respondent was employed, the more time was spent in policy decision making. In addition, the older the respondent, the more time was spent in policy making decision making activities. Also, time in present job and instructional activities were correlated: the longer term employee spent more time on instruction. Hospital size also seemed to influence time spent on instruction, as respondents in larger hospitals spent more time on instructional activities than those in smaller hospitals.

Conclusions

A number of conclusions were drawn from comparison of actual and ideal activity profiles and correlations of socioeconomic data with actual activity categories. In addition, certain difficulties encountered with the data were considered.

Comparison of actual and ideal profiles suggested that the respondents felt some measure of dissatisfaction with their present jobs. Chiefly, scores reflected the view that they were not spending sufficient time in assessing and

evaluating learners, and in performing other functions necessary for adequate planning of educational programs. They expressed a distinct dissatisfaction with being used as clinical area supervisors, suggesting that for them such an activity ought to be at a minimum.

Policy decision making activities showed some correlation with age of respondents and length of time they were employed in their present jobs. Older respondents spent more time in policy decision making. This correlation was perhaps based on the older respondents' broader experience with working in a hospital setting and coping with institutional hierarchies. In addition, longer term employees also spent more time in policy decision making. This might have reflected the long term worker's familiarity with hospital policy and procedure, thus increased participation in decision making processes.

Instructional activities demonstrated correlation with time in present job and hospital size. Longer term employees spent more time on instruction probably because of their deeper involvement in program implementation. Finally, respondents in larger hospitals spent more time on instruction than those in smaller ones, mainly caused by a problem in logistics. That is, respondents in larger hospitals had a commensurately larger area to cover in terms of number of staff as learners and size of the physical plant.

Statements and conclusions in this study were considered primarily suggestive rather than definitive because of certain difficulties presented by the data. First, mode responses often differed noticeably from mean scores, and secondly, the range of response to each activity tended to be fairly broad, thereby skewing mean results. A larger respondent group would have eliminated some of this difficulty. Thus, mean scores were viewed with due caution. In addition, the educators expressed some discomfort with their responses. Some felt, as one respondent stated, that "the complexities of my present job description" made it difficult to isolate one activity from another in order to assign time and frequency. In fact, many commented that to state time and frequency was difficult due to a lack of a clear-cut job description. In a number of cases the educators were in hospitals that were in the midst of administrative upheaval and organizational change. As one educator put it: "we are in the process of change with no clear-cut role differentiation, therefore my accuracy is questionable." This situation also affected some responses to the ideal job description. As one respondent wrote: "Due to administrative changes in effect at this time I am unable to project how I would plan my time."

Finally, it was kept in mind that the data expressed the educators' perception of what activities were performed at given frequencies and amounts of time. Without observing

respondents directly in performance of their jobs, validity of the data could not be assured. However, despite these cautionary notes and reservations, it was felt that profiles, as perceived by the educators themselves, could at least be suggested as a starting point for more definitive studies in this area.

Implications

Results of this study suggested that the respondents were distinctly dissatisfied with present job profiles. A number of steps could be taken to clarify and resolve the problems involved in the roles of the inservice educators in this group. To begin with, all health professionals and hospital administrators need to recognize the importance of the inservice educator. It is this educator, after all, who is responsible for organizing and disseminating educational information to both nursing and non-nursing personnel. This group of educators felt that they did not have enough time to plan programs to present this information. If they were allowed this time to more adequately assess plan and evaluate programs, their learners would be more likely to acquire and retain the information. Increased program planning time for these educators could lead to improved patient care.

In addition, this group of educators involved themselves in a number of activities that were essentially irrelevant to inservice education. Respondents wanted to reduce greatly

their involvement in supervision as well as in clerical and maintenance tasks, which detracted from activities in which they perhaps should have been more involved. These educators were being inadequately utilized: if they could focus on educational areas, including instruction and program planning, staff would be knowledgeable and more effective with resulting improved patient care. For this situation to exist, the educator would need some regular assistance with clerical and audiovisual maintenance tasks. The majority of this group did not have such regular assistance, and in some instances they themselves were assuming dual roles of directors of nursing and inservice. To be effective at all, the inservice department of any size hospital needs, at the very least, one full-time qualified inservice educator.

The educators properly placed their priorities in educationally centered activities. But the rather sharp increase desired in program planning coupled with a desired decrease in instructional activities indicated some imbalance. It is obviously pointless to plan programs, and then inadequately implement them. Perhaps a greater equalization of time spent in these two very important areas would be more desirable.

Another step towards clarifying the inservice educator's position in a hospital setting would be a clear definition of her role. The educators themselves could, with initiative, form an interest group to express goals and develop

a standard job description as a guide-line. At least one respondent felt a written job description of the inservice educator was sadly lacking. She requested a copy of the questionnaire developed for this study to use as a basis for her own job description.

In addition, it might be helpful for the Labour Relations Division of the Registered Nurses' Association of British Columbia to define the inservice educator as a category in their contracts with hospitals. Currently, there is no such category, and inservice educators are customarily paid at the supervisor's level. If hospital administrators found themselves faced with a distinct wage category, they might be more likely to seek a clear definition of the role and responsibilities of the inservice educators.

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APPENDIX A. INITIAL QUESTIONNAIRE

PART 1Background Data

1. What is the bed capacity of this hospital?
2. What is the hospital type?
 - a. general _____
 - b. psychiatric _____
 - c. pediatric _____
 - d. obstetric _____
3. Does this hospital maintain its own school of nursing?
 - a. Yes _____
 - b. No. _____
4. If the hospital has its own school of nursing, what is the student population? _____
5. What is the annual percentage of turnover for each of the following job categories?
 - a. Registered Nurses _____ %
 - b. Licensed Practical Nurses _____ %
 - c. Nurses' Aides _____ %
6. How many persons are employed in the inservice education department? _____
7. Does the inservice education have a separate budget?
 - a. Yes _____
 - B. No. _____

If the budget is separate, what is the annual allocation?
\$ _____
8. How long has inservice education been in existence as an identifiable entity in this hospital? _____
9. How many inservice programs have been carried out in the last twelve months? _____
10. How many participants were there in inservice programs for the last twelve months, in total? _____

In this next section of the interview, I would like to obtain some information on your background:

1. What is your age? _____

2. What is your marital status?
- single _____
 - married _____
 - widowed _____
 - divorced _____
 - separated _____
3. How many children do you have?
4. What is your educational background?
- Nursing diploma _____
 - Diploma in a field other than nursing _____
(state field)
 - Bachelor of Science in nursing _____
 - Bachelor's degree in a field other than nursing _____
(state field)
 - Master's degree in nursing _____
 - Master's degree in a field other than nursing _____
(state field)
 - Doctorate in nursing _____
 - Doctorate in a field other than nursing _____
(state field)
5. Please place a check-mark by any of the following subjects in which you have taken a college/university course or a short course (e.g. workshop):

	<u>University/ College</u>	<u>Short Course</u>
Educational Psychology	_____	_____
Principles of Teaching/Learning	_____	_____
Curriculum Development	_____	_____
Tests and Measurements	_____	_____
Basic Statistics	_____	_____
Educational Philosophy	_____	_____
Group Dynamics	_____	_____
Audio-Visual Materials	_____	_____
Foundations of Adult Education	_____	_____
Program Planning	_____	_____
Methods in Adult Education	_____	_____

6. Are you a member of any of the following committees in your hospital (check which)?
- nursing service executive committee _____
 - nursing procedure committee _____
 - head nurse committee _____
 - hospital advisory committee _____

7. Are you the director/co-ordinator of the inservice education department?
 - a. Yes _____
 - b. No _____
8. How many hours per week do you spend on your own continuing education? _____
9. Are you participating, or have you participated, in any research studies in the last twelve months?
 - a. Yes _____
 - b. No _____
10. Do you have a written plan for continuing your own education?
 - a. Yes _____
 - b. No _____
11. Are you a member of any professional organizations?
 - a. Yes _____
 - b. No _____

If "yes" state which _____

12. How many hours per week do you spend reading professional journals? _____
13. What is the approximate number of short courses (i.e. workshops) that you have attended in the last twelve months? _____

In the next section, I would like to find out how you feel about your job. Please reply to each statement using the number corresponding to one of the following five phrases:

- 1 - strongly agree
- 2 - agree
- 3 - undecided
- 4 - disagree
- 5 - strongly disagree

14. My job is like a hobby to me. _____
15. It seems my friends are more interested in their jobs than I am. _____
16. I enjoy my work more than my leisure time. _____
17. I am often bored with my job. _____
18. I feel fairly well satisfied with my job. _____
19. I feel my job is no more interesting than others I could get. _____
20. I definitely dislike my work. _____
21. Each day of my work seems like it will never end. _____
22. I find real enjoyment in my work. _____

PART 11

This part of the interview will focus on the activities in which you are engaged during your working hours.

A. Hours of Work

1. Please estimate the total number of hours you work each week (include overtime). _____ hrs./week
2. How many days out of a working week do you work "across shifts" ie. hours other than those established by your agency for general duty nursing staff:

0 _____
 1 _____
 2 _____
 3 _____
 4 _____
 5 _____

3. Out of the total number of hours you work per week, please estimate the number of hours you actually spend in each of the following areas; then estimate the number of hours you would like to spend (Interviewer will state examples of each here). The totals in each column below should add up to the "hours per week" stated in question #1.

<u>Area</u>	<u>Actual Hours</u>	<u>Ideal Hours</u>
Program Planning Activities	_____	_____
Instructional Activities	_____	_____
Supervisory Activities	_____	_____
Policy Decision-making Activities	_____	_____
Miscellaneous Activities	_____	_____
TOTAL	_____	_____

B. Content Areas: Program Planning

Using 100% to encompass the total amount of time you spend planning programs in all of the following areas, show what percentage of time you actually spend planning in each area and ideally would prefer to spend planning in each area.

<u>Subject Area</u>	<u>Actual %</u>	<u>Ideal %</u>
1. Orientation of new employees	_____	_____
2. Skill training	_____	_____
3. Specialty Areas	_____	_____
State areas _____		

4. Programs of general interest	_____	_____
5. Fire prevention	_____	_____
6. Disaster/Safety	_____	_____
7. Leadership/Management (ie. Team leading)	_____	_____
	100%	100%

C. Content Areas: Instruction

Using 100% to encompass the total amount of time you spend instructing in all of the following areas, show what percentage of time you actually spend instructing in each; then, show what percentage you would ideally prefer to spend.

<u>Subject Area</u>	<u>Actual %</u>	<u>Ideal %</u>
8. Orientation of new employees	_____	_____
9. Skill training	_____	_____
10. Specialty Areas	_____	_____
State areas _____		

11. Programs of general interest	_____	_____
12. Fire prevention	_____	_____
13. Disaster/Safety	_____	_____
14. Leadership/Management (ie. Team leading)	_____	_____
	<u>100%</u>	<u>100%</u>

- D. In the following section, please state how frequently you use ~~the~~ following methods, techniques and devices in implementing inservice programs, using the following scale:

5 - very frequently
 4 - frequently
 3 - sometimes
 2 - infrequently
 1 - rarely
 0 - not at all

- | | |
|--|-------|
| 1. Directed individual instruction of a single staff member. | _____ |
| 2. Programmed instruction | _____ |
| 3. Classes | _____ |
| 4. Discussion Groups | _____ |
| 5. Workshop | _____ |
| 6. Seminar | _____ |
| 7. Lecturing | _____ |
| 8. Panel discussion | _____ |
| 9. "Buzz" groups | _____ |
| 10. Role play | _____ |
| 11. Demonstration | _____ |
| 12. Practice | _____ |
| 13. Group discussion | _____ |
| 14. Photos | _____ |
| 15. Posters | _____ |
| 16. Slides | _____ |
| 17. Films | _____ |
| 18. Film-strips | _____ |
| 19. Chalk-board | _____ |
| 20. Use of radio-TV closed circuit | _____ |
| 21. Use of cassettes | _____ |
| 22. Use of actual equipment utilized on wards | _____ |

In the following section please use the following scale in stating "frequency":

- 0 - Never
- 1 - Once a year
- 2 - Every 6 months
- 3 - Every 3 months
- 4 - Every month
- 5 - Every week
- 6 - Twice a week
- 7 - Daily

PROGRAM PLANNING

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
1. Conferences with staff to discuss learning needs	_____	_____	_____	_____
2. Review of nursing care plans.	_____	_____	_____	_____
3. Meeting with supervisory personnel to discuss staff learning needs	_____	_____	_____	_____
4. Direct observation of staff performance in delivering nursing care	_____	_____	_____	_____
5. Bedside audit (unit visits to patients to determine the extent to which patient care standards are being met)	_____	_____	_____	_____
6. Examination of incident reports	_____	_____	_____	_____
7. Examination of employee evaluation forms	_____	_____	_____	_____
8. Conferring with content specialists	_____	_____	_____	_____
9. Reviewing job descriptions/lists of duties	_____	_____	_____	_____
10. Review of charting procedures on nursing units	_____	_____	_____	_____
11. Observation of unit nursing care conferences	_____	_____	_____	_____
12. Participation in initial (hiring) employee interviews (to establish learning needs)	_____	_____	_____	_____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
13. Terminal interviews with employees to seek suggestions for inservice programs	_____	_____	_____	_____
14. Conferences with other departments to identify mutual learning needs (ie. medical staff)	_____	_____	_____	_____
15. Participation in medical rounds	_____	_____	_____	_____
16. Participation in nursing rounds (to assess learning needs)	_____	_____	_____	_____
17. Conferences with individual staff members to identify personal learning needs	_____	_____	_____	_____
18. Conferences with staff to discuss program objectives	_____	_____	_____	_____
19. Writing our objectives for programs	_____	_____	_____	_____
19a. Do you write out objectives prior to selecting content:				
Yes _____				
No _____				
20. Direct observation of staff performance <u>after</u> a program (follow-up)	_____	_____	_____	_____
21. Bedside audit <u>after</u> an inservice program to evaluate effectiveness of instruction	_____	_____	_____	_____
22. Writing evaluation reports	_____	_____	_____	_____
23. Recording accounts of program plans	_____	_____	_____	_____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
24. Experimenting with new teaching techniques (with a small group)	_____	_____	_____	_____
25. Testing learners (staff) on material learned	_____	_____	_____	_____
26. Consultation with staff to determine timing and rescheduling of staff to cover units during an in-service program	_____	_____	_____	_____
27. Use of half-day workshop programs (4 hours in length)	_____	_____	_____	_____
28. Use of 8-hour programs	_____	_____	_____	_____
29. Use of "mini-programs" (ie. 15 minutes - 45 minutes)	_____	_____	_____	_____
30. Co-ordination of the program planning activities of others	_____	_____	_____	_____
<u>INSTRUCTIONAL ACTIVITIES</u>				
31. Instruction of RNs	_____	_____	_____	_____
32. Instruction of LPNs	_____	_____	_____	_____
33. Instruction of nursing aides/orderlies	_____	_____	_____	_____
34. Instruction of house-keeping staff	_____	_____	_____	_____
35. Instruction of clerical staff	_____	_____	_____	_____
36. Instruction of new employees in all categories	_____	_____	_____	_____
37. Instruction of student nurses	_____	_____	_____	_____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
38. Instruction of dietary staff	_____	_____	_____	_____
39. Assisting another staff member (ie. head nurse) who is performing instructional activities	_____	_____	_____	_____
40. Instructing staff in obtaining resource materials	_____	_____	_____	_____
41. Co-ordinating instructional activities of other in-service educators	_____	_____	_____	_____
<u>SUPERVISORY ACTIVITIES</u>				
42. Assisting with supervision in clinical areas	_____	_____	_____	_____
43. Hiring new personnel	_____	_____	_____	_____
44. Assigning personnel (unit assignments)	_____	_____	_____	_____
45. Correcting and disciplining personnel	_____	_____	_____	_____
46. Performance evaluations to determine promotion or termination of an employee	_____	_____	_____	_____
47. Conducting administrative meetings	_____	_____	_____	_____
<u>POLICY DECISION-MAKING ACTIVITIES</u>				
48. Meeting with the nursing service executive committee	_____	_____	_____	_____
49. Meeting with the nursing procedure committee	_____	_____	_____	_____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
50. Meeting with the head nurse committee	_____	_____	_____	_____
51. Meeting with the hospital advisory committee	_____	_____	_____	_____
52. Meeting with the Director of Nurses	_____	_____	_____	_____
52a. Please state who initiates meetings (you or Director)	_____	_____	_____	_____
53. Meeting with the hospital administrator	_____	_____	_____	_____
53a. Please state who initiates meetings (you or administrator)	_____	_____	_____	_____
54. Assisting in revision of nursing procedures	_____	_____	_____	_____
55. Working on budget	_____	_____	_____	_____
56. Interpretation of hospital policy to employees	_____	_____	_____	_____
<u>MISCELLANEOUS ACTIVITIES</u>				
57. Reading/answering mail	_____	_____	_____	_____
58. Telephone calls	_____	_____	_____	_____
59. Writing memos	_____	_____	_____	_____
60. Maintaining A-V equipment	_____	_____	_____	_____
61. Writing advance briefings to staff on upcoming programs	_____	_____	_____	_____
62. Buying and testing A-V equipment	_____	_____	_____	_____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
63. Ordering and distributing hospital supplies	_____	_____	_____	_____
64. Planning and implementing tours for nursing interest groups or other individuals visiting your agency	_____	_____	_____	_____
65. Assisting in co-ordination of learning experiences for affiliating nursing students from schools outside your hospital	_____	_____	_____	_____
66. Assisting in co-ordination of learning experiences for students in the hospital's school of nursing	_____	_____	_____	_____
67. Securing and maintaining instructional materials and references	_____	_____	_____	_____

APPENDIX B. REVISED QUESTIONNAIRE

I - 1

Respondent _____

Hospital _____

PART I - A

Background Data

(Obtained from the hospital's annual report)

1. What is the bed capacity of this hospital? _____
2. Does the hospital maintain its own school of nursing?
 - a. Yes _____
 - b. No _____
3. If the hospital has its own school of nursing, what is the student population? _____
4. Does the inservice education department have a separate budget? _____
 - a. Yes _____
 - b. No _____

If the budget is separate, what is the annual allocation? _____
5. How long has inservice education been in existence at an identifiable entity in this hospital? _____

Respondent _____

Hospital _____

PART I - BBackground Information

In this section, I would like to obtain some information about your background and a bit about your inservice education department:

1. What is your age? _____
2. What is your marital status?
 - a. single _____
 - b. married _____
 - c. other (e.g. widowed, divorced, separated) _____
3. How many dependents do you have? _____
4. What is your educational background? (please check all that are applicable)
 - a. Nursing diploma _____
 - b. Diploma in a field other than nursing _____
(state field)
 - c. Bachelor of Science in nursing (as a basic degree) _____
 - d. Bachelor of Science in nursing (as a post-basic degree) _____
state major _____
state minor _____
length of program _____
 - e. Bachelor's degree in a field other than nursing _____
(state field)
 - f. Master's degree in nursing _____
 - g. Master's degree in a field other than nursing _____
(state field)
 - h. Doctorate in nursing _____
 - i. Doctorate in a field other than nursing _____
(state field)

I - 3

Respondent _____

Hospital _____

5. Please place a check-mark by any of the following subjects in which you have taken a college/university course or a short course (e.g. workshop) within the last two years:

	University/College or more than 30 contact hours	Short Course or less than 30 contact hours
Educational Psychology	_____	_____
Principles of Teaching/Learning	_____	_____
Tests and Measurements	_____	_____
Philosophy of Education	_____	_____
Group Dynamics (Leadership)	_____	_____
Audio-Visual Materials	_____	_____
Philosophy and History of Adult Education	_____	_____
Program Planning	_____	_____
Teaching Techniques (Methods) in Adult Education	_____	_____
<u>Other courses related to education:</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. How many hours per week do you spend on your own continuing education? _____ hrs.
7. Do you have a written plan for continuing your own education?
- a. Yes _____
- b. No. _____
8. How many hours per week do you spend reading professional journals and books? _____ hrs.

II - 1

Respondent _____

Hospital _____

PART II

This section will focus on the activities in which you are engaged during your "on the job" working hours.

A. Hours of Work

1. Please estimate the total number of hours you work each week (include overtime). _____ hrs./week.
2. How many days out of a working week do you work "across shifts" ie. hours other than those established by your agency for general duty nursing staff:

0 _____
 1 _____
 2 _____
 3 _____
 4 _____
 5 _____

3. Please note that this question has two parts: Out of the total number of hours you work per week, a) please estimate the number of hours you actually spend in each of the following areas; b) then estimate the number of hours you would like to spend. The totals in each column below should add up to the "hours per week" stated in question #1.

<u>Area</u>	<u>Actual Hours</u>	<u>Ideal Hours</u>
Program Planning Activities	_____	_____
Instructional Activities	_____	_____
Supervisory Activities (e.g. assigning personnel, doing employee performance evaluations, etc.)	_____	_____
Policy Decision-making Activities (e.g. committee meetings, revising nursing procedures, etc)	_____	_____
Miscellaneous Activities (e.g. clerical, A-V maintenance, telephoning, etc)	_____	_____
TOTAL	_____	_____

II - 2

Respondent _____

Hospital _____

B. Content Areas: Program Planning

Please note that this question has two parts. Using 100% to encompass the total amount of time you spend planning programs in all of the following areas, a) show what percentage of time you actually spend planning in each area and then b) the percentage of time you would ideally prefer to spend planning in each area.

<u>Subject Area</u>	<u>Actual %</u>	<u>Ideal %</u>
1. Skill training (manipulative as well as specific verbal skills)	_____	_____
2. Specialty Areas (clinical areas e.g. pediatrics, surgery, obstetrics, urology, etc)	_____	_____
State areas	_____	_____
_____	_____	_____
3. Programs of general interest (e.g. general procedures or topics such as charting, or communication workshops)	_____	_____
4. Fire prevention	_____	_____
5. Safety	_____	_____
6. Leadership/Management (ie. team leading)	_____	_____
7. Disaster	_____	_____
8. Orientation of new employees (in all areas of #1 to #7 inclusive)	_____	_____
	100%	100%

ongoing inservice programs

II - 3

Respondent _____

Hospital _____

C. Content Areas: Instruction

Please note that this question has two parts. Using 100% to encompass the total amount of time you spend on direct instruction in all of the following areas, a) show what percentage of time you actually spend instructing in each b) then, show what percentage you would ideally prefer to spend.

<u>Subject Area</u>	<u>Actual %</u>	<u>Ideal %</u>
1. Skill training (Manipulative as well as specific verbal skills)	_____	_____
2. Specialty Areas (clinical areas e.g. pediatrics, surgery, obstetrics, urology, etc)	_____	_____
State areas	_____	_____
	_____	_____
	_____	_____
3. Programs of general interest (e.g. general procedures or topics such as charting, or communication workshops)	_____	_____
4. Fire prevention	_____	_____
5. Safety	_____	_____
6. Leadership/Management (ie. team leading)	_____	_____
7. Disaster	_____	_____
8. Orientation of new employees (in all areas #1 to #7 inclusive)	_____	_____
	100%	100%

ongoing inservice programs

I - 4

Respondent _____

Hospital _____

9. What is the approximate number of short courses (i.e. workshops) that you have attended in the last twelve months? _____
10. Are you participating, or have you participated, in any research studies in the last twelve months (other than this study)?
a. Yes _____
b. No _____
11. Are you a member of any professional organizations (other than the R.N.A.B.C.)?
a. Yes _____
b. No _____

If "yes," state which ones _____

12. Are you in a directing/co-ordinating position in your inservice education department?
a. Yes _____
b. No _____
13. What is your job title? _____
14. How long have you been employed in your present position _____
15. Are you a member of any of the following committees in your hospital? (check which ones)
a. nursing procedure committee _____
b. nursing service executive committee _____
c. head nurse committee _____
d. other committees (please state):

I - 5

Respondent _____

Hospital _____

16. How many persons are employed in your inservice education department? _____
Of those, how many are:
- a. inservice educators _____
 - b. clerical personnel _____
 - c. audio-visual technicians _____
 - d. Others not listed above: _____

17. How many planned, organized inservice programs have been carried out in the last twelve months, approximately? _____

18. How many participants were there in planned, organized inservice programs for the last twelve months? _____

III - 1

Respondent ____

Hospital ____

Instructions for Part III

1. Please state "time" in terms of minutes. If less than 60 minutes, round off the figure to the nearest quarter hour (e.g. 15 minutes, 30 minutes, 45 minutes).
2. Please use the following scale in stating "frequency":
 - 0 - Never
 - 1 - Once a year
 - 2 - Every 6 months
 - 3 - Every 3 months
 - 4 - Every month
 - 5 - Every 2 weeks
 - 6 - Every week
 - 7 - Two times per week
 - 8 - Three times per week
 - 9 - Daily

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
1. Conferences with general duty nursing staff to discuss learning needs:				
a. Planned group conferences	_____	_____	_____	_____
b. Planned individual conferences (with an individual staff member)	_____	_____	_____	_____
c. Incidental group conferences	_____	_____	_____	_____
d. Incidental individual conferences	_____	_____	_____	_____
2. Conferences with other departments to identify mutual learning needs (ie. medical staff, clerical housekeeping, dietary, etc.):				
a. Planned group conferences	_____	_____	_____	_____
b. Planned individual conferences	_____	_____	_____	_____
c. Incidental individual conferences	_____	_____	_____	_____
d. Incidental individual conferences	_____	_____	_____	_____
3. Meeting with nursing supervisory personnel to discuss staff learning needs:				
a. Planned conferences	_____	_____	_____	_____
b. Incidental conferences	_____	_____	_____	_____
4. Meeting with supervisory personnel of departments other than nursing to discuss staff learning needs:				
a. Planned conferences	_____	_____	_____	_____
b. Incidental conferences	_____	_____	_____	_____
5. Direct observation of staff performance in delivering nursing care	_____	_____	_____	_____
6. Direct observation of non-nursing staff in performance of duties	_____	_____	_____	_____

III - 2

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
7. Bedside audit (unit visits to patients to determine the extend to which patient care standards are being met)	_____	_____	_____	_____
8. Examination of incident reports	_____	_____	_____	_____
9. Examination of employee performance evaluations	_____	_____	_____	_____

III - 3

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
10. Reviewing job descriptions (lists of duties)	_____	_____	_____	_____
11. Review of charting on nursing units (chart audit)	_____	_____	_____	_____
12. observation of unit nursing care conferences to assess learning needs	_____	_____	_____	_____
13. Participation in hiring interviews to establish the potential employee's learning needs:				
a. Nursing personnel	_____	_____	_____	_____
b. Non-nursing personnel	_____	_____	_____	_____
14. Terminal interviews with employees to seek suggestions for inservice education programs:				
a. Nursing	_____	_____	_____	_____
b. Non-nursing	_____	_____	_____	_____
15. Review of termination reports for suggestions on inservice education programs	_____	_____	_____	_____
16. Participation in medical rounds to assess learning needs	_____	_____	_____	_____
17. Participation in nursing rounds to assess learning needs	_____	_____	_____	_____
18. Conferences with target staff (the learning group for a given program) to develop program ob- jectives for given learning programs:				
a. Nursing	_____	_____	_____	_____
b. Non-nursing	_____	_____	_____	_____

III - 3

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
19. Conferences with other inservice educators to develop program plans	_____	_____	_____	_____
20. Writing out objectives for programs	_____	_____	_____	_____
21. Selecting content for learning programs	_____	_____	_____	_____

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Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
22. Conferring with content specialists to gain background information for given programs (e.g. conferring with an inhalation therapist for background on a program in respiratory insufficiency)	_____	_____	_____	_____
23. Selecting instructional resources (equipment, people, etc.)	_____	_____	_____	_____
24. Experimentation with new teaching techniques	_____	_____	_____	_____
25. Consultation with staff to determine appropriate rescheduling required to cover wards during an inservice program	_____	_____	_____	_____
26. Use of half-day workshop programs (4 hours in length)	_____	_____	_____	_____
27. Use of 8 hour programs	_____	_____	_____	_____
28. Use of "mini-programs" (15 to 45 minutes in length)	_____	_____	_____	_____
29. Use of programs 1 to 2 hours in length	_____	_____	_____	_____
30. Use of pilot programs to "test out" an instructional technique before using in a formal program	_____	_____	_____	_____

III - 4

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual</u>	<u>Job</u>	<u>Ideal</u>	<u>Job</u>
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
31. Direct observation of staff performance <u>after</u> a program (follow-up):				
a. Nursing staff	_____	_____	_____	_____
b. Non-nursing personnel	_____	_____	_____	_____
32. Bedside audit after an inservice program to evaluate effectiveness of instruction	_____	_____	_____	_____
33. Writing evaluation reports of learning programs	_____	_____	_____	_____
34. Discussing evaluation of given inservice programs with other inservice educators in your agency	_____	_____	_____	_____

III - 5

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual</u> <u>Frequency</u>	<u>Job</u> <u>Time</u> (min.)	<u>Ideal</u> <u>Frequency</u>	<u>Job</u> <u>Time</u> (min.)
35. Reviewing evaluation of a program with the learning group	_____	_____	_____	_____
36. Reviewing evaluation of a program with supervisory personnel	_____	_____	_____	_____
37. Keeping records of implemented programs	_____	_____	_____	_____
38. Co-ordination of program planning activities initiated by: a. Staff in nursing b. Staff in other departments	_____	_____	_____	_____
39. Direct instruction of: a. Registered Nurses b. Practical Nurses c. Nurses aides d. Student Nurses e. Non-nursing personnel	_____	_____	_____	_____
40. Use of content specialists to help teach (under "time" state how long they spend in actual teaching)	_____	_____	_____	_____
41. Assisting another staff member (ie. head nurse) in teaching: a. Nursing personnel b. Non-nursing	_____	_____	_____	_____
42. Advising staff in obtaining resource materials	_____	_____	_____	_____

III - 5

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
43. Co-ordinating instructional activities of other inservice educators	_____	_____	_____	_____
44. Assisting with supervision in clinical areas	_____	_____	_____	_____
45. Hiring nursing personnel	_____	_____	_____	_____
46. Assigning nursing personnel (unit assignments)	_____	_____	_____	_____
47. Correcting and disciplining personnel	_____	_____	_____	_____

III - 6

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
48. Performance evaluations to determine promotion or termination of an employee	_____	_____	_____	_____
49. Participating in administrative meetings	_____	_____	_____	_____
50. Performing patient and drug census	_____	_____	_____	_____
51. Meeting with the nursing service executive committee	_____	_____	_____	_____
52. Meeting with the nursing procedure committee	_____	_____	_____	_____
53. Meeting with the head nurse	_____	_____	_____	_____
54. Other committees (please state)				
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
55. Meeting with the Director of Nurses	_____	_____	_____	_____
56. Meeting with the hospital administrator	_____	_____	_____	_____
57. Assisting in revision of nursing procedures	_____	_____	_____	_____
58. Working on inservice education budget	_____	_____	_____	_____
59. Interpretation of hospital policy to employees	_____	_____	_____	_____

III - 6

Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Job</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u> (min.)	<u>Frequency</u>	<u>Time</u> (min.)
60. Reading/answering mail	_____	_____	_____	_____
61. Telephone calls (in and outgoing)	_____	_____	_____	_____
62. Writing memos	_____	_____	_____	_____
63. Buying and testing audio- visual equipment	_____	_____	_____	_____

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Respondent _____

Hospital _____

<u>Activity</u>	<u>Actual Joy</u>		<u>Ideal Job</u>	
	<u>Frequency</u>	<u>Time</u>	<u>Frequency</u>	<u>Time</u>
64. Maintaining audio-visual equipment	_____	_____	_____	_____
65. Securing instructional resources (other than audio-visual aids)	_____	_____	_____	_____
66. Maintaining instructional resources (other than audio--visual aids)	_____	_____	_____	_____
67. Performing clerical tasks associated with preparing and duplicating hand-outs	_____	_____	_____	_____
68. Writing advance briefings to staff on upcoming inservice programs (e.g. for posting on bulletin boards, etc.)	_____	_____	_____	_____
69. Planning and implementing tours for nursing interest groups and other interested individuals	_____	_____	_____	_____
70. Assisting in co-ordination of learning experiences for:				
a. nursing students from schools outside your hospital	_____	_____	_____	_____
b. nursing students in your hospital's school of nursing	_____	_____	_____	_____
c. registered nurses who are not hospital employees (e.g. from community college refresher courses)	_____	_____	_____	_____

APPENDIX C. JUDGING PANEL FOR
INSTRUMENT DEVELOPMENT

Mrs. Kathleen Clark, RN
Continuing Nursing Education, Interim Director
University of British Columbia
School of Nursing

Ms. Jean Cranstoun, RN
Chairman, Nursing Department
Vancouver Community College

Mrs. Pat Cutshall, RN
Assistant Director of Education Services
Registered Nurses Association of B.C.

Joan McCullough, RN
Assistant Director of Education Services
Registered Nurses Association of B.C.

Dr. Lee Strylslecki
Education Director
British Columbia Hospital Association

Mrs. Judy White, RN
Curriculum Coordinator, Nursing Department
Vancouver Community College

APPENDIX D. HOSPITALS EMPLOYING RESPONDENTS

1. Burnaby General Hospital
3800 Ingleton Avenue
Burnaby, B.C.
2. Lions' Gate Bridge
230 East 13th Street
North Vancouver, B.C.
3. Mt. St. Joseph Hospital
3080 Prince Edward Street
Vancouver, B.C.
4. Queen Victoria Hospital
841 Collinson Street
Victoria, B.C.
5. Richmond General Hospital
700 Westminster Highway
Richmond, B.C.
6. Royal Columbian Hospital
330 East Columbia Street
New Westminster, B.C.
7. St. Mary's Hospital
220 Royal Avenue
New Westminster, B.C.
8. St. Paul's Hospital
1081 Burrard Street
Vancouver, B.C.
9. St. Vincents' Hospital
749 West 33rd Street
Vancouver, B.C.
10. Royal Jubilee Hospital
1900 Fort Street
Victoria, B.C.
11. Vancouver General Hospital
855 - 12th Avenue
Vancouver, B.C.

APPENDIX E-1.

Introductory Letter

(Form sent to inservice educators not known personally by the researcher)

July 31, 1974

Dear Miss/Mrs. _____:

I am a registered nurse and a graduate student in the Faculty of Education at the University of British Columbia. At present, I am in the process of doing a study on nursing inservice education for my Master's thesis in Adult Education.

In my study, I will be looking at the job functions of inservice educators in acute care general hospital settings in the Greater Vancouver and Victoria areas. Potentially, there are about twenty inservice educators who could be included in the study.

I would be very pleased if you could participate in this study. I would need around 45 minutes of your time for the interview itself, with an additional 40 minute section to be completed at your leisure.

To my knowledge, a study of this kind has not yet been done in B.C., and if successful, could yield some useful information about inservice education.

I would very much appreciate your consideration of this matter. In about a week, I will be contacting you by telephone to discuss your involvement in the study. Please feel free to contact me at _____, should you wish to do so.

I look forward to talking with you.

Thank you,

Miss Andrea Bass

APPENDIX E-2.

Introductory Letter

(Form sent to inservice educators known personally by the researcher)

July 31, 1974

Dear _____:

As I may have mentioned to you at some point in the past, I'm in the process of doing a study on nursing inservice educators in hospitals for my Master's thesis.

In the study, I'll be looking at the job functions of inservice educators in acute care general hospital settings in the Greater Vancouver and Victoria areas. Potentially, there are about twenty inservice educators who could be included in the study.

I'd be very pleased if you would participate in the study. I would need around 45 minutes of your time for the interview itself, with an additional 40 minute section to be completed at your leisure.

To my knowledge, a study of this kind has not yet been done in B.C., and if successful, could yield some useful information about inservice education in Vancouver and Victoria acute care general hospitals.

I'd really appreciate your consideration of this matter. In about a week, I will be contacting you by telephone to discuss your involvement in the study and to set up an appointment time convenient to you. Please don't hesitate to call me at _____ should you wish to do so.

I'm looking forward to talking with you and seeing you again!

Many thanks,

Andrea Bass