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THE UTILIZATION OF ASSOCIATE DEGREE NURSING GRADUATES IN GENERAL HOSPITALS

by

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THE UTILIZATION OF ASSOCIATE DEGREE NURSING GRADUATES IN GENERAL HOSPITALS

A Study Submitted at Teachers College, Columbia University, In Partial Fulfillment of the Requirements for the Degree of Doctor of Education

by

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The League Exchange was instituted as one means for the sharing of ideas and opinions. Many other means are, of course, available—notably, biennial conventions, national and regional conferences, and meetings of state and local leagues for nursing. Further opportunities for the exchange of knowledge and information are afforded in Nursing Outlook, the official magazine of the National League for Nursing, and in other professional periodicals.

It is recognized, however, that the time available at meetings and the pages of professional magazines are limited. Meanwhile, the projects in which NLN members are engaged and which they should be sharing with others are increasing in number and scope. Many of them should be reported in detail; yet, such a reporting would frequently exceed the limits of other media of communication. The League Exchange has been instituted to provide a means for making available useful materials on nursing that would otherwise not be widely available.

It should be emphasized that the National League for Nursing is merely the distributor of materials selected for distribution through the League Exchange. The views expressed in League Exchange publications do not represent the official views of the organization. In fact, it is entirely possible that opposing opinions may be expressed in different articles in this series. Moreover, the League assumes responsibility for only minor editorial corrections.

It is hoped that NLN members will find the League Exchange useful in two ways: first, that they will derive benefit from the experience of others as reported in this series, and second, that they will find it a stimulus to the dissemination of their own ideas and information. There are undoubtedly many useful reports that are as yet unwritten because of the lack of suitable publication media. NLN members are urged to write these reports and submit them for consideration for publication as a League Exchange item.

To the extent that all NLN members draw from, and contribute to, the well of nursing experience and knowledge, we will all move forward together toward our common goal—better nursing care for the public through the improvement of organized nursing services and education for nursing.
ACKNOWLEDGMENTS

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B.L.F.
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CHAPTER I. INTRODUCTION

One of the major issues confronting the nursing profession is the need to meet the growing demand for nursing services. The almost revolutionary changes in the health field, the rapid increase in population, and the rising expectations of our increasingly sophisticated citizenry for the benefits of the advances in medical science and technology are among the factors underlying the need not only for more nurses but for nurses who are better prepared.

To meet the nation's anticipated needs for nursing service, numerical goals have been projected for 1970. The goal stated in the Surgeon General's report is an increase in the number of nurses in practice from 550,000 in 1962 to 680,000 by 1970. Quantitative needs, however, cannot be considered apart from the quality of performance and, in turn, of the services to be rendered. There are now more employed nurses than ever before, yet the quality of nursing care continues to deteriorate at an alarming rate. It has become apparent that the problem of providing safe and adequate nursing service will not be met merely by increasing the number of nursing personnel.

As a result of the scientific advances in medicine and the changing social and economic conditions in our society, nursing has become a very complex service. Differentiation of function and of preparation is a necessary and desirable corollary of the complexity. Therefore, if improvement in nursing care is to be achieved, competent nurses must be well prepared for different levels of function and must be given opportunities to practice on these different levels. As Montag has emphasized, "Quality nursing care can never be obtained by purely quantitative measures. Nursing leaders must look at the kind of workers needed, how they shall be prepared, and how they shall be used."1

Within the past decade, a relatively new worker has entered the occupation of nursing. This worker, the nursing technician, is a product of the associate degree nursing program and is academically prepared for the technical, or semiprofessional, functions of nursing.2 The associate degree nursing program was developed to prepare nurses more effectively and more economically for the functions commonly associated with the registered nurse.3 The success of the program in preparing its graduates for satisfactory performance has been clearly demonstrated.4 But the ultimate aim of the program will be achieved only through the proper utilization of its graduates.

STATEMENT OF THE PROBLEM

Therefore this study was undertaken to ascertain whether associate degree graduates in nursing employed in general hospitals in New York City were performing the functions for which they had been prepared in their preservice educational programs.

NEED FOR THE STUDY

The quantitative and qualitative needs in nursing make imperative the proper utilization of all nursing personnel, based upon their preparation for defined functions. A
recent report by the Surgeon General's Consultant Group on Nursing has stated that there is a "serious wastage of nursing skills" and a widespread inefficient use of nursing personnel. The group recommended that an effort be made to improve the nursing care in hospitals and other agencies through better use of available personnel in nursing.

The nurses who are prepared in associate degree nursing programs are qualified, by virtue of their academic preparation, for the technical, or semiprofessional, level of nursing practice. If these workers are to take their place in the occupation of nursing and make their maximum contribution toward meeting the needs of society for nursing care, they should be used in accordance with their educational preparation.

Evaluative studies of associate degree nursing graduates have been reported, and articles relating to specific aspects of curriculum and teaching in individual associate degree nursing programs have recently appeared. But there is little current information in the literature concerning the utilization of these graduates in relation to their academic qualifications.

Of the evaluative studies, the most complete is the comprehensive evaluation of the graduates of pilot programs participating in the Cooperative Research Project in Junior and Community College Education for Nursing. The results of this study indicated that associate degree nursing graduates were satisfactorily prepared for practice as registered nurses. The list of nursing behaviors included in the evaluation instrument provided useful information concerning the functions for which these nurses were prepared. The report of the study strongly suggested that a degree of discrepancy existed between the preparation of nurses in the pilot programs and current nursing practice. The data indicated that some of the pilot program graduates performed managerial or supervisory functions for which they had not been prepared.

In 1959, Gips reported a study of the graduates of the first three classes of the associate degree nursing program at Rutgers University. This study showed that the graduates performed satisfactorily as hospital staff nurses. The criticism of these graduates most frequently mentioned by their supervisors was that they lacked executive ability. The most consistent finding was their ability to form satisfying relationships with their patients.

Queens College conducted a study of the graduates of its associate degree nursing program from 1957 to 1960. The study reported that the graduates performed satisfactorily as hospital staff nurses and met the objectives of their program. Another finding was that the graduates enjoyed giving direct nursing care to patients, a function for which their program had prepared them. The graduates were dissatisfied with those aspects of their employment that required them to perform administrative or managerial functions for which they had not received preparation.

In 1961, the National League for Nursing published its Report on Associate Degree Programs in Nursing. One of the findings of this survey was that two-thirds of the 1,045 graduates of 21 associate degree programs were employed as general duty nurses in hospitals. It was concluded that these individuals "were in positions for which they were educationally qualified." Since the inception of associate degree nursing education in 1952, the number of programs has steadily increased. In February, 1965, there were 130 programs in operation, with more in the planning stage. In view of the anticipated continued increase in the number of associate degree nursing graduates and the urgent need to use nursing
manpower effectively, it would seem essential that information be obtained to ascertain whether the skills of these nursing technicians are being used properly.

The present study aims to provide information about the current utilization of the graduates of associate degree nursing programs. This information should be helpful to nurse educators. The study also aims to provide information about the preparation of associate degree nursing graduates. Such information should be helpful to directors of nursing services who are concerned with the effective utilization of these nursing practitioners.

DEFINITION OF TERMS

Technician: One who works in a supporting role to increase the quantity and the quality of output in the major fields of endeavor. The technician works in close cooperation with professionally prepared personnel and is frequently a member of a research or production team. He assists professional workers and scientists in the research, the planning, the development, and the evaluation activities of an enterprise, carrying out procedures based on routine skills and specified rules for performance. The work requires the ability to apply scientific principles and technical knowledge to immediate practical problems. Thus, the technician is prepared at the semiprofessional level in a formally organized postsecondary educational program of at least two academic years leading to the associate degree, in which general education for personal and civic competence is combined with technical education for occupational competence. (Several attempts have been made by educators to define the term "technician." See Appendix A for some of the acceptable definitions.)

Nursing Technician: One who assists and works in support of the professional nurse in the planning, the implementation, and the evaluation of nursing care. (See pages 6-7 and 9 for statements of functions performed by the professional nurse.) Under the general direction of the professional nurse, and often as a member of a nursing team, the nursing technician carries out techniques that are essential in the direct nursing care of patients. The performance of these tasks requires a theoretical knowledge of applied scientific principles and nursing, and skill in the application of this knowledge to the immediate nursing care needs of patients. The nursing technician is prepared for these semiprofessional activities in an associate degree nursing program.

Function: "A nucleus of activities, responsibilities, duties or tasks so homogeneous in character as to fall logically into a unit for purposes of execution." 15

Activities: The duties or responsibilities that are comprised in a function.

LIMITATIONS OF THE STUDY

This study was limited to the following associate degree nursing graduates:
1. Graduates employed in New York City in voluntary and governmental general hospitals accredited by the Joint Commission on the Accreditation of Hospitals.
2. Graduates employed in a particular institution for a minimum of three months.
3. Graduates with no further formal academic preparation beyond their preservice nursing programs. This limitation was considered necessary in order to obtain homogeneity among the graduates in terms of their educational preparation for defined functions.
PROCEDURES

The pertinent literature was reviewed to delineate the functions of the technically prepared nurse. From this material, a questionnaire was designed to verify that the functions of nursing technicians as set forth in the literature were the functions for which graduates of associate degree nursing programs were being prepared. This questionnaire was then sent to the chairmen of 64 associate degree nursing programs listed by the National League for Nursing; 16 responded. On the basis of the functions of nursing technicians as drawn from the literature and as verified by associate degree nurse educators, a questionnaire was developed and administered to associate degree nursing graduates. An interview guide was prepared for the employers of these graduates, directors of nursing services. These two instruments were used to collect data in 16 general hospitals in New York City. Besides the functions and major categories of activities identified in the chairmen's questionnaire, the graduates' questionnaire included a section on biographical data. The guide was used in interviews with the directors concerning the factors influencing the placement and utilization of the associate degree nursing graduates.

The information secured from the graduates was analyzed to find out whether they were performing the functions for which they had been prepared and to identify other activities they performed in their work. The data provided by the directors were analyzed to ascertain the basis for the current utilization of the graduates. Conclusions were drawn from the data and implications were identified for nursing education and for nursing service.

ORGANIZATION OF THE REPORT

Following this introduction to the study, Chapter II presents an overview of the education of associate degree nursing graduates and the functions of nursing technicians as identified from a review of the literature. In Chapter III, the methodology of the study is described, including the verification of the functions of the technically prepared nurse by the associate degree nurse educators, the development of the data-gathering instruments, the selection of the sample and the collection of data, and the plan of data analysis. Chapter IV reports the findings from the data obtained from the graduates, and Chapter V the data provided by the directors of nursing service. Chapter VI presents the summary and the conclusions drawn from the data and identifies some implications for nursing education and for nursing service.

References

5. Ibid., p. 101.
6. Ibid.
7. Ibid., p. 102.
14. Data from the Department of Diploma and Associate Degree Programs of the National League for Nursing, Feb. 1965.
CHAPTER II. IDENTIFICATION OF THE FUNCTIONS OF ASSOCIATE DEGREE NURSING GRADUATES AS DELINEATED IN THE LITERATURE

In this chapter a brief outline is presented of the associate degree nursing program--its purpose, rationale, and general characteristics. This is followed by a description of the functions of associate degree nursing graduates as indicated in the literature.

OVERVIEW OF THE ASSOCIATE DEGREE NURSING PROGRAM

The associate degree nursing program, though a recent development, has become firmly established within our system of nursing education. Since 1952, when the first programs were initiated under the auspices of the Cooperative Research Project in Junior and Community College Education for Nursing at Teachers College, Columbia University, the number of programs has increased rapidly. Presently, there are 130 associate degree nursing programs located primarily in junior or community colleges or in the lower division of senior colleges. Although many of the programs are too new to have graduated any students, about 5 percent of all students graduated each year from preservice nursing programs are prepared in associate degree nursing programs. The number of graduates now totals approximately 6,000 and is expected to continue to increase at a rapid rate as the programs grow in number and in enrollment.

Purpose

The associate degree nursing program represents a new concept in education for nursing. Based on Montag’s proposals for the education of the semiprofessional, or technical, worker in nursing within the framework of technical education, the program is designed to prepare individuals for those functions commonly associated with the registered nurse. The product of the program—the “bedside” or “patient-side” nurse—is therefore qualified to give direct nursing care to patients.

The placement of the nursing program within the junior college is significant. As an integral part of the college, the program shares its aims and goals: preparation of the student as a citizen and as a person and as a worker in a specific field. Tead has poetically defined the objectives of the junior college as qualifying the student “to be a worker, a family person, a responsible citizen, one who can use and not waste leisure time, and a human soul in its aloneness touched with mystery and divinity.” This three-dimensional goal is consonant with the concept of the associate degree nursing program as stated by Montag: "The general purpose of programs for nursing technicians is to provide an educational program for young men and women which will prepare them to carry on certain of the technics of nursing in the hospital and in the home, and to live effectively as persons and as citizens of the community.”

Rationale

Technical education in nursing is based on the premise that the occupation of nursing includes a wide range of functions. At the upper end of the range are complex functions that require a strong theoretical base. The fulfillment of these functions demands the exercise of a high degree of skill and judgment based upon sound and varied knowledge.
These complex functions are professional in nature and require a professional level of education.

At the lower end of the range are functions that are more circumscribed and less complex. These functions, too, require a theoretical base, but the base is narrower since the functions are carried out in essentially structured or routine situations. While the performance of these functions also requires judgment, judgments will be made within prescribed limits and under the supervision of individuals with professional preparation. These, then, are technical, or semiprofessional, functions requiring a technical type of preparation.9 "It should be noted that at some point along the range of functions the semiprofessional or technical meets the professional. This means that for certain functions the two groups of workers are indeed close together in their operations."10

The differentiation of function inherent in the nursing occupation therefore requires different levels of preparation.11 It is no longer possible for the whole of nursing to be performed by one person, if this ever was possible.12 Thus, programs preparing workers must be differentiated in order that the two levels of functions can be carried out. The logic of the foregoing is emphasized in the following statement by Montag. "It is uneconomical as well as impractical to expect one kind of program to prepare for both technical and professional functions. It is even more absurd to have several kinds, lengths, and types of programs all purporting to prepare the same kind of worker. This obviously cannot be done."13

Since there are different levels of workers in nursing, it seems logical that a plan should be devised to enable them to work together. According to Sister Charles Marie, the unification of diverse activities in nursing is necessary if the goal of quality nursing is to be achieved.14 Gleazer notes that in other fields combining the skills of trained personnel in a team relationship has been found to enhance the usefulness and productivity of each individual.15 The nursing team is advocated as the logical way for the two types of nursing personnel, the professional nurse and the nursing technician, to maximize their contribution and to derive the greatest amount of satisfaction from giving nursing care to patients.16 The professional nurse is prepared to be the leader of the team, and the nursing technician is qualified to be a member of the team.

Characteristics

Each associate degree nursing program is different from the others, depending upon the philosophy and practice of the institution in which it has been developed. There are, however, identifiable characteristics that are applicable to all the programs. These will be briefly described to provide a sketch of the educational experience of the graduates of these programs.

The setting. Associate degree nursing programs are, for the most part, found in community junior colleges. These institutions offer college-parallel transfer programs, semiprofessional or technical terminal programs, short-term continuing education courses for adults, and educational or cultural services designed to meet the needs of various groups in the community.17 They have been described as a "20th century phenomenon in American Education . . . a result of man's inventive genius in devising ways to meet society's increasing demand for accessible and appropriate education beyond the high school."18 They have undergone a very rapid growth in both numbers and enrollments in the last two decades, and reports indicate that enrollments are increasing at
a pace greater than that of other post-high-school institutions. In this setting the nursing program shares the major advantage of a two-year college—an offering of general education and technical courses and accessibility to a wide range of potential semiprofessional workers.

Organization and administration. The nursing program is organized, administered, and financed by the college in the same way as all other programs in the institution. The nursing faculty and students are subject to the same rights, privileges, and obligations as the other faculties and students. The nursing faculty is responsible for all teaching in the nursing courses, both in the college classroom and in the community agencies used for learning experience.

Curriculum. The nursing curriculum is two years (academic or calendar) in length and leads to the associate degree. Designed to prepare the student for immediate employment, the program is complete in itself, in the manner of all semiprofessional programs.

As stated earlier, the nursing program is concerned with preparing the student for living as well as for earning a living. To achieve this aim, approximately half of the courses are in general education and half are devoted to nursing. This pattern is typical of technical curriculums, as noted by Littlefield:

A characteristic of the junior college that makes it distinctive from other post-secondary institutions that aim to provide a part of the reservoir of technicians and skilled workers is its stress upon general and liberal education as an essential part of the total educational experience. Thus, there is included in these programs an emphasis upon acquiring basic understandings, developing the inquiring mind, and making intelligent choices. The more people we can have with specialized skills, who also have these earmarks of the broadly educated, the better it augurs for our future.

The program, therefore, is designed as technical education rather than technical training, and is in all respects a "rigorous, college-level program." Hillway has emphasized that technical preparation in the junior college is not for the student who has less ability than the average college freshman, but rather for the student whose interests are specialized and who wishes to prepare for a career at a relatively early stage. This is true also for students who enter the nursing program in the junior college. (See Appendix B for information and examples of curriculums.)

Nursing courses. The broad-fields approach to curriculum planning has generally been followed in the nursing program, and the content is frequently grouped into four or five courses. The course sequence is organized to begin with the normal and proceed to the abnormal and to develop from the simple to the complex.

In the nursing courses, emphasis is placed on the fundamental concepts, understandings, and skills needed to care for patients with common nursing problems. In a discussion of a proposed program of evaluation for a hypothetical associate degree nursing program, Rines notes that four elements pervade the objectives of all the nursing courses: "nursing skills and techniques, judgment, communication skills, and interpersonal relations."

It has been demonstrated in the associate degree program that much less time is needed to learn the practice of nursing when learning experiences are carefully selected and organized and when the teacher and the student can concentrate on teaching and learning. Learning experiences that require practice in real situations are organized
as laboratory periods. Thus, the clinical laboratory is used to learn from practice rather than solely to practice what has been learned. 28

THE FUNCTIONS OF ASSOCIATE DEGREE NURSING GRADUATES

The technical worker in nursing, as in other fields, works in a capacity supportive to the professional person, thus augmenting the work of the latter. 29 Rogers emphatically states that the quality of the contribution that can be made by the nursing technician is dependent upon, and will be maximized by, the extent to which professional nurse direction is available. 30

The differences between the functions of the two workers should be understood if the functions of nursing technicians are to be viewed in proper perspective. The functions of the professional nurse have been characterized by McManus as: (1) identification of the nursing problem; (2) decision upon a course of nursing action; (3) development, with the assistance of others on the nursing and health teams, of a plan of nursing care--including therapeutic, preventive, and rehabilitative measures, and treatment for which the physician has delegated responsibility; (4) direction of the nursing plan and performance of those aspects that require her skill and judgment; and (5) continuous evaluation and revision of the plan. 31 Lambertsen states that these are also the functions of the nursing team leader. 32 Preparation for these functions is obtained in a professional program leading to the baccalaureate degree. 33

In contrast to these broad functions, the functions of the nursing technician have been identified by Montag as (1) assisting in the planning of nursing care for patients; (2) giving general nursing care with supervision; and (3) assisting in the evaluation of the nursing care given. 34 These can also be said to be the functions of a nursing team member. Preparation for these functions is obtained in a technical program leading to the associate degree. The following pages describe the functions in some detail.

Assist in the Planning of Nursing Care

Provision of nursing care of high quality requires a coordinated regimen of nursing care that is planned for the individual patient. The plan encompasses both immediate and long-term objectives and is continually subjected to revision as the needs of the patient change or as new needs are identified. 35

Assessment of the total situation is necessary in planning nursing care. 36 Nelson has outlined the steps inherent in the assessment and planning of nursing care focused on the patient. These include ascertaining the medical problem and the physician's plan of therapy; instituting nursing measures appropriate to the medical plan of care; considering future developments that might be anticipated, then deciding upon a course of action in light of these possible events; considering the family circumstances, the economic situation, and, finally, the broad sociological aspects of the health problem. 37 All these activities are the major responsibility of the professional nurse. The competencies required are those ascribed to the professionally prepared nurse. 38

The plan for nursing care consists of two essential parts: those aspects of nursing that are concerned with the patient's basic needs for comfort, rest, hygiene, and the like, and those aspects concerned with the therapeutic needs of the patient. 39 Although the professional nurse retains ultimate responsibility for the course of nursing action,
the activities necessary for the implementation of the nursing care plan may be delegated to the nursing technician. 40

The nursing technician, then, is responsible for planning the nursing activities for individual patients assigned to her. This planning is directly concerned with meeting the patient's more immediate nursing care needs. It is narrower in scope than the over-all regimen of nursing care designed by the professional nurse.

In organizing her tasks around the needs of the patient, the nursing technician is aware that the major factor in nursing care is the patient as a person. 41 Thus, the nursing technician is "a truly patient centered nurse instead of a task centered nurse." 42 In planning nursing activities, the nursing technician seeks information about the patient as a person and about his nursing care needs from a variety of sources, including the professional nurse, other health service personnel, and the patient himself. Consideration is given to the special needs of the patient as well as to the importance of administering care in a logical, coordinated manner "to keep the individual's day as normal as possible." 43

The nursing technician assists in the planning of nursing care by helping the patient to participate in his own care. According to Lambertsen, "In a therapeutic educative relationship, nursing assists the individual and/or family to achieve their potential for self-direction for health." 44 The nursing technician is in an advantageous position to assist, within a more limited scope, with this broad function. Rines notes that the associate degree nursing graduate is prepared to give information to the patient that will help him care for himself and prevent recurrence or complications. 45 Thus, the bedside nurse tells the patient how to follow his prescribed therapy, shows the patient how to carry out routine hygienic care, or helps the patient in various ways to develop skill in carrying out measures previously taught him by the professional nurse.

Give General Nursing Care

Nursing is concerned with the care of the individual, physically, mentally, and spiritually— to assist him to maintain or regain his health. 46 The one function unique to nursing among all the health professions is ministering to the basic needs of the patient. 47

Traditionally, the role of the nurse has been geared to giving bedside care to hospitalized patients and, to a lesser extent, to patients nursed at home. Bedside care has consisted of providing for comfort, giving medications, carrying out technical procedures, assisting the physician, encouraging and supporting the patient, and teaching the patient how to care for himself. 48

In recent years, advances in medical care—such as the increase of delicate surgery on the vital organs of the body, the use of highly potent medications and radiation, and the advent of medical electronics and automation—have added new dimensions to the curative process 49 that serve to intensify the need for the ministrations of the nurse. But nurses have become more involved in activities that take them away from the patient's side. 50 This has been the source of public and professional dissatisfaction with nursing; it has been described as 'neglect of the core of nursing practice—personal, individualized, direct nursing care of patients." 51

Montag has clearly stated that the patient's need for the services of a qualified, knowledgeable nurse is unmistakable. 52 The emphasis in the associate degree program is on giving direct nursing care to the patient, and this is the chief function of the nursing
The nursing technician is prepared "to give patient care, is interested in giving patient care, and enjoys giving patient care." The basic ministrations in nursing care have been defined as the comforting measures that contribute to the sense of well-being—"being there and seeing him, bathing, feeding, toileting, dressing, listening to him, moving and sheltering him, and feeling his feelings." (It should be noted that the last measure would seem to be beyond the realm of what is feasible if interpreted literally.) The kind and the degree of assistance needed by the patient is determined primarily by the kind and the degree of physical and psychological dependence exhibited by the patient and may or may not be related to the medical diagnosis or the medical plan of therapy. These basic ministrations are common to the nursing care of all patients and are within the province of the nursing technician.

Another component of nursing care is concerned with nursing ministrations that are more akin to cure than to care. However, ministrations are care when directed to "assisting the patient through the experiences." Activities are primarily focused on carrying out tasks essential to the patient's medical plan of therapy and/or his diagnostic needs. The administering of medicines, tests, and treatments are the nursing measures within this component. A consistent process throughout the performance of these activities is observing and recording and reporting observations. The nurse may be described as the eyes and ears of the physician, for it is she who spends long periods of time with the patient and comes to know him as an individual. Accurate observation and recording of the patient's behavior is of particular value in providing clues to his underlying needs. The nursing technician is prepared to perform in this area.

Assist in the Evaluation of the Nursing Care Given

The concept of the nursing care plan as a dynamic, continually evolving regime designed specifically to meet the patient's individual needs makes mandatory the evaluation of the patient's responses to the plan. Through the process of evaluation, problems are identified, or diagnosed, and analyzed, and the plan of care is further developed. Evaluation then becomes a continuous process, with the patient's responses being the determining factor in evaluating the effectiveness of the nursing care.

Responsibility for the development of the nursing care plan is inherent in the functions of the professionally prepared nursing practitioner. The nursing technician assists the professional nurse by reporting observations of the patient's responses to therapy and to nursing activities. As Darley notes, it is the task of the technician to accumulate data and information; the professional judges their validity. In team nursing, the technician reports her observations at a team conference. If team nursing is not practiced, the technician reports directly to the nurse in charge.

Through personal contact with the patient, the technician gains impressions of the needs of the patient. In giving general nursing care, the nursing technician is able to observe the patient's varied responses, to talk with the patient and his family members, and to note the reactions and the comments or questions of the patient and his family.

The technician reports and discusses the patient's responses and any additional information gained through contact with him or his family. This communication is of much value in the evaluation and the further planning of nursing care for the patient.
The three functions of associate degree nursing graduates (nursing technicians) and the major categories of activities that comprise the functions have been described in the preceding pages and can be summarized as follows:

1. Assist in the Planning of Nursing Care.
   Plan nursing activities for individual patients.
   Assist patients to participate in their own care.

2. Give General Nursing Care.
   Give hygienic care to patients.
   Use measures to promote patients' comfort.
   Assist patients in maintaining normal body functions.
   Perform procedures in carrying out physician's plan of therapy.
   Perform procedures to facilitate diagnostic tests.
   Observe signs, symptoms, and changes in condition.
   Record and report signs, symptoms, and changes in condition.

3. Assist in the Evaluation of Nursing Care Given.
   Report observations of patients' response to therapy and to nursing activities to nurse in charge.

SUMMARY

The associate degree nursing program is designed, within the framework of technical education, to prepare the semiprofessional or technical nurse. The program is a two-year, college-level curriculum in which general education and nursing education are combined. The program is located, for the most part, in the community junior college and is controlled, financed, and administered by the college.

The nursing courses are broad-field courses, and the content is organized to lead from the simple to the complex, from the normal to the abnormal. The nursing faculty teach all aspects of the nursing courses and are responsible for selecting learning experiences to meet the students' learning needs. Learning experiences in the clinical situation are developed and organized as laboratory experiences.

The associate degree nursing graduates are prepared to perform the nursing functions commonly associated with the registered, or bedside, nurse. Technical functions are less complex and more limited or circumscribed than are professional functions.

The three functions of the graduates of associate degree nursing programs are: to assist in the planning of nursing care; to give general nursing care; and to assist in the evaluation of the nursing care given.

References

33. Ibid., p. 87.
37. Ibid., pp. 23-25.
56. Ibid.
60. Ibid., p. 25.
61. Ibid., p. 35.
CHAPTER III. METHOD OF THE STUDY

This chapter describes the steps undertaken in this investigation of the utilization of associate degree nursing graduates. The first part of the chapter is concerned with the preliminary procedures that were necessary to identify the functions for which graduates of associate degree nursing programs were prepared. The remainder of the chapter is concerned with a description of the procedures followed and the instruments used in collecting the data for the study.

IDENTIFICATION OF THE FUNCTIONS OF NURSING TECHNICIANS

A review of the literature pertinent to the preparation and utilization of associate degree nursing graduates was the first step undertaken in this study. From this review, the functions of nursing technicians were identified and made explicit. A questionnaire was then developed for chairmen of associate degree nursing programs as a means of verifying these functions as those for which the graduates of associate degree nursing programs were prepared. This instrument was pretested for clarity and content with five staff members of the Department of Nursing Education at Teachers College, Columbia University, who were engaged in the preparation of teachers of nursing for associate degree nursing programs, and with two doctoral students majoring in this area. Four of these individuals had been directors of associate degree nursing programs and two had been instructors in such programs.

The questionnaire was mailed to the chairmen of the 64 associate degree programs in existence in the fall of 1961, as listed by the National League for Nursing. The programs selected were those believed to be in current operation. (The questionnaire and the accompanying letter are included in Appendix C.)

The chairmen of 60 programs returned completed questionnaires. Of the 4 chairmen who did not participate, one indicated that the associate degree program at her institution had closed; another stated that the program she directed was not a "two-year program"; and the third declined to participate. A repeated request brought no response from the remaining chairman. Thus, almost 97 percent of the 62 associate degree programs believed to be in operation in the fall of 1961 supplied information required for validation of the functions of nursing technicians.

The questionnaire consisted of two parts. The first incorporated a checklist of the major categories of activities that are included in the three functions of nursing technicians as delineated in the literature. The respondents were asked to indicate whether their graduates were prepared to perform these activities:

A. Assist in the planning of nursing care.
   1. Plan nursing activities for individual patients assigned to them.
   2. Assist patients to participate in their own care.

B. Give general nursing care.
   1. Give hygienic care to patients.
   2. Make patients comfortable.
   3. Assist patients in maintaining normal body functions.
   4. Observe signs, symptoms, and changes in condition.
   5. Perform procedures in meeting patients' needs for therapy.
   6. Perform procedures in meeting patients' needs for diagnosis.
   7. Report signs, symptoms, and changes in condition.

C. Assist in the evaluation of the nursing care given.
   Report observations of patients' responses to therapy and to nursing activities to nurse in charge.
A tabulation of the replies revealed that each of the 60 respondents replied affirmatively to every question. Thus, 100 percent of the chairmen affirmed that the functions for which their associate degree nursing programs prepared students were the same as those set forth in the literature.

The second part of the questionnaire consisted of an open-ended question designed to ascertain whether the graduates of these programs were prepared to perform other nursing functions. Respondents were asked to list additional functions or activities for which their students received preparation. Of the 60 respondents, 23, or 38 percent, replied to this question. Fourteen of the 23 respondents identified more than one item.

A content analysis of the responses to the open-ended question was made, and codes were developed for categorizing the responses. The items were then coded independently by the investigator and by a doctoral student majoring in nursing education. In a few instances where there was disagreement between the two coders, a third person, also a doctoral student in nursing, coded the responses and thus made the final determination. The responses given by the 23 chairmen were classified under eight categories, which are presented in Table 1.

Table 1. Categories of Additional Information Given by 23 Chairmen

<table>
<thead>
<tr>
<th>Category of Information</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Specific procedures and tasks</td>
<td>9</td>
</tr>
<tr>
<td>2. Patient-teaching</td>
<td>8</td>
</tr>
<tr>
<td>3. Objectives of program or of courses</td>
<td>4</td>
</tr>
<tr>
<td>4. Descriptive data concerning specific programs</td>
<td>4</td>
</tr>
<tr>
<td>5. Participation in community and other organizations</td>
<td>3</td>
</tr>
<tr>
<td>6. Work cooperatively with other personnel</td>
<td>5</td>
</tr>
<tr>
<td>7. Team member</td>
<td>3</td>
</tr>
<tr>
<td>8. Team leader</td>
<td>11</td>
</tr>
</tbody>
</table>

In category 1, "Specific procedures and tasks," were included such items as catheterizations; rotating tourniquets; operate Bird Respirator; use special orthopedic equipment, nursery techniques; preparation of formulas.

Eight respondents included information categorized as "Patient-teaching." The following is an illustration:

Teach patients good health practices--e.g., reinforcement of dietary instruction, administration of insulin, dressings, etc.

The responses classified as "Objectives of program or of courses" included such items as the following.

Use aseptic technique.

Develop an awareness of self as an interacting individual with the goal of developing a more responsible nurse, co-worker, and citizen.

She will be able to give emotional support to patients and families.

Four respondents listed items that were categorized as "Descriptive data concerning specific programs." Two examples follow.

First aid is correlated with medical-surgical nursing.
The student follows the patient from pre-operative phase to and through the post-operative phase. Gives care before operation and in the O.R. and the recovery room.

Several replies stressed the importance of "Participation in community and other organizations." For example:

Join civil defense groups and help with community projects such as administration of polio vaccine.

Help improve professional organizations, especially nursing, by financial support and participation.

It can be seen from the foregoing illustrations that the responses of the chairmen were either further examples of tasks included in the original checklist or descriptive data concerning the nature of the specific programs or the qualities that the graduates might be expected to exhibit.

The last three categories of responses involved working with other personnel. Under "Work cooperatively with other personnel" were classified items such as the following.

Work cooperatively with vocational nurses and auxiliary personnel and with other individuals.

The responses classified under "Team member" included, for example, the following:

Work with other persons as a member of the nursing team.

Although items included in the two preceding categories were not specifically listed in the original checklist of major categories of activities comprised in the functions of nursing technicians, the essence of such responses was implied. The nursing technician as a team member is expected to work with other persons in a cooperative relationship. The functions of assisting in the planning and in the evaluation of nursing care imply that the nursing technician is working with others. As Lambertsen says, "A nurse, whether on a team or not, never works alone." Thus, these responses were not interpreted as additional activities for which the associate degree graduate was being prepared.

The category "Team leader," which had the largest number of responses, contained items that were interpreted as additional activities of graduates of associate degree nursing programs. These data were listed by the chairmen of 11 programs in one section of the country, and all but 2 of these programs were located in one state. These responses may therefore reflect a regional difference.

This last category represents a discrepancy between the functions of nursing technicians as delineated in the literature and the functions for which 11 chairmen said their programs prepared the student. Evidence in the literature indicates that the nursing technician is not qualified as a leader of the nursing team, but is prepared to give direct nursing care to patients as a member of the team. It may be recalled that the definition of the term "technician" implies that he is one who works with the professionally prepared individual in a supporting capacity. Lambertsen indicates that leadership in the practice of nursing requires a professional rather than a technical education. In discussing the role of the nursing team leader, she says:

Experimentation in team nursing strengthened the assumption that competency in this role requires education of a professional rather than technical nature. Basic education for the functions of nursing team leadership should be provided in senior colleges or universities through an integrated pro-
gram that includes general and special education and that leads to a baccalaureate degree. Several of the 11 chairmen made comments that appear to support this concept. For example:

We try to prepare them for team leading. Our objective is to prepare them for the duties of the graduate nurse at staff level and this means they may be the charge nurse on p.m.'s and nights. We do not think they are prepared for so much responsibility, but most of them are getting favorable reports in employment.

While we do not feel that our graduates are qualified team leaders, the need in our community requires that basic managerial skills be introduced in the curriculum.

We offer content in team nursing, although our graduates receive no clinical experience. Even though we do not think they should be prepared as team leaders, they will be required to do so in employment. The majority of them do team nursing very soon after graduation, and perform very well.

Although only 11 (18.3 percent) of the chairmen identified preparation for nursing team leadership, and although they also affirmed the technical functions of nursing as outlined in the questionnaire, a question concerning team leadership was considered for inclusion in the questionnaire for the graduates.

In summary, it can be said that the questionnaire sent to the chairmen of associate degree nursing programs (1) verified the functions of nursing technicians as delineated in the literature, and (2) elicited no substantive data concerning additional functions for which associate degree graduates were prepared. It did, however, provide some indication that a minority of the programs included some preparation for leadership of the nursing team.

DEVELOPMENT OF THE INSTRUMENTS

The technical functions of nursing as delineated in the literature and verified by the associate degree program chairmen served as a basis for developing a questionnaire for associate degree graduates. Data were sought to find out if the graduates performed the technical nursing functions and if these functions formed the major responsibility of their positions. Questions were also included to find out if other activities that had not been included in their preparation were performed by the graduates.

The questionnaire was divided into two parts. Items in the first part related to personal characteristics, nursing experience, and current employment status of the graduates. These questions were included to obtain data that could be examined for possible differences between the respondents in staff nurse positions and the respondents in positions above the staff nurse level, according to age, marital status, or length of experience in nursing, as well as to obtain background information for descriptive purposes. This part of the questionnaire was completed by all the associate degree graduates.

The second part of the questionnaire consisted of a checklist of the functions of nursing technicians, with provision for the respondents to indicate which of the several aspects of the functions were performed regularly and how much of the total working time was devoted to these functions. In addition, questions were formulated to identify any other major activities performed by the respondents. The respondents were also
asked if they felt they had been prepared for the functions and activities they were performing. Only those graduates employed in staff nurse positions were asked to complete this part of the questionnaire, because the nursing literature indicates that technically prepared nurses are prepared for staff nursing or "bedside" or "patient-side" nursing. Further, it became obvious during the pretesting of the questionnaire that questions designed to ascertain if graduates were performing the functions of nursing technicians would not be pertinent for persons in head nurse positions.

The final format of the questionnaire was developed after pretesting with several groups of associate degree nursing program graduates employed in New York City in an accredited hospital for the treatment of cancer and allied diseases. (The questionnaire is included in Appendix D.)

An interview guide was developed for use with the directors of nursing or their assistants who were responsible for the employment and placement of nurses. The purpose was to ascertain the basis for the current placement and utilization of associate degree nursing program graduates in their hospitals. The interview guide contained eight questions. After the questions were pretested with two assistant directors of nursing in hospitals not included in the sample for this study, the order of two questions was reversed; and the final guide for interviewing was developed. (The guide is included in Appendix E.)

SELECTION OF THE SAMPLE

The investigation was confined to associate degree nursing program graduates employed in accredited general hospitals in New York City. The 79 hospitals meeting these criteria were identified from the listing in the August, 1963, issue of Hospitals. To locate the graduates, letters were written to the directors of nursing in these hospitals, requesting that they indicate whether associate degree graduates with a minimum of three months' employment in the institution were currently employed, and if so, also requesting the directors' participation in the study. A self-addressed postcard was included to facilitate replies. (The letter is included in Appendix E.)

Seventy-one (89.9 percent) of the 79 directors of nursing responded. Twenty directors indicated that associate degree graduates meeting the criterion of three months' employment were currently employed and that they were willing to participate in the study. Forty-three reported that they had no associate degree graduates who met the criterion of three months' employment, and 7 reported that since they employed only one associate degree graduate, they did not think their participation would be of value to the study. One declined to participate. A second request with another self-addressed postcard brought no response from the remaining 8 institutions.

Four of the 20 hospitals who were willing to cooperate were subsequently eliminated for these reasons: The associate degree graduates employed in 2 of the hospitals had had further formal academic education. The only associate degree graduate in one hospital was a member of the intravenous therapy team and was not employed by the nursing department. No graduates of associate degree nursing programs were found to be employed in one hospital.

The 16 hospitals included in the study varied in size and type of control. Six contained fewer than 400 beds; the remaining 10 contained 500 or more beds. Two of the hospitals were under federal control; 4 were under municipal control; and 10 were voluntary, non-profit institutions.
A total of 145 graduates were identified by the 16 hospitals as associate degree nursing graduates. Only 64 graduates, however, were finally included in the study. The 81 nonparticipating graduates were excluded for these reasons: 21 had had less than three months' service in their respective institutions; 46 had had formal academic education beyond the associate degree program; 14 were not available at the time the data were collected (8 were on leave of absence, 3 were on vacation, and 3 were ill or absent during the investigator's repeated visits to the institutions).

Of the 64 graduates included in the study, 51 were employed in staff or general duty nurse positions, and 13 were in positions above the staff nurse level.

COLLECTION OF THE DATA

During the formative period of the study, it was decided that the questionnaires would be personally administered to the respondents. This method was selected because the presence of the investigator might be useful in explaining the meaning of the questions and in ensuring a 100 percent return of the questionnaires.

The directors of nursing service or their designees were contacted by telephone to arrange for administering the questionnaires and scheduling the interviews. These individuals were most cooperative in ascertaining the "on-duty" schedules of the graduates and in planning dates, times, and places for administering the questionnaire.

The graduates were met either in groups or individually in unoccupied offices of the nursing department, in conference rooms, in classrooms, in reception rooms, in executive boardrooms, and, in a few instances, in ward nurses' stations. These meetings were scheduled, for the most part, during the respondents' working time. The time taken to complete a questionnaire ranged from 10 to 40 minutes and averaged approximately 20 minutes. During the two and one-half months of data collection, the investigator made numerous visits to the hospitals. Seldom was it possible to meet with all the respondents at one time or on one day. The graduates were working on all three tours, and even on any one tour their days at work rarely coincided.

In almost every instance, the interview with the director of nursing was held after all the associate degree graduates had completed the questionnaire. Thus, although an interview guide was followed, it was possible to seek clarification on particular points, and the interviewees were given an opportunity to express their thoughts and opinions concerning the particular topics under discussion.

The interviews were brief—ranging from 10 to 25 minutes and averaging about 15 minutes. With the permission of the interviewees, all the interviews were tape-recorded. Later, the interviews were transcribed for purposes of analysis. This method had a considerable advantage in eliminating note-taking and thus avoiding the problems of recall and selective interpretation that may have resulted had the interviews not been taped. The interviewees expressed no unwillingness to have their answers recorded, nor did they appear to be uncomfortable during the interviews.

PLAN FOR ANALYSIS OF THE DATA

The responses to the structured questions on the questionnaires were assigned a numerical code, then transcribed on tabulation sheets and tabulated by hand. Frequency counts and percentages were computed for each item. A content analysis was made of
the responses to the open-ended questions, and codes were developed for categorizing
the responses. The replies were coded independently by the investigator and by a doc-
toral student in nursing. In those instances in which the two coders did not agree,
another doctoral student coded the data in question and thus made the final decision.
(The code used for content analysis appears in Appendix F.) The replies to the inter­
view questions were assigned a numerical code and then transcribed on separate sheets
for tabulation.

The frequency of responses to the items on the questionnaire obtained from the en­
tire group of associate degree graduate staff nurse respondents were compared with
the technical nursing functions as delineated in the literature and verified by associate
degree nurse educators. Since a number of respondents were in head nurse positions,
it was possible to identify discernible differences in age, marital status, or length of
nursing experience between this group and the staff nurses.

The responses to the interview questions provided data on the reasons for placement
and utilization of the associate degree graduates in the nursing service and indicated
the nursing service administrators' knowledge of the preparation of the associate de­
gree nursing graduates.

References

1. National League for Nursing. College-Controlled Programs in Nurse Education
   Leading to an Associate Degree. New York, the League, Mar. 1963.
2. Eleanor C. Lambertsen. Nursing Team Organization and Functioning. New York,
CHAPTER IV. THE FUNCTIONS AND ACTIVITIES PERFORMED BY GRADUATES OF ASSOCIATE DEGREE NURSING PROGRAMS

The 64 graduates of associate degree nursing programs who met the criteria for participating in this study were employed in 16 accredited general hospitals in New York City. Fifty-one were in staff nurse positions, and 13 were in a head nurse position—11 as head nurses and 2 as assistant head nurses. For the purposes of this study, the latter were considered as head nurses. Personal and experiential information was collected from the total group of graduates. These data are presented in the first section of this chapter. The remainder of the chapter discusses the data provided by the 51 staff nurses in their responses to the second part of the questionnaire on their functions and activities. (See Appendix D for questionnaire.) The head nurses were not asked to fill out this part of the questionnaire.

PERSONAL AND EXPERIENTIAL INFORMATION

The main reason for obtaining biographical data from both the staff nurses and the head nurses was to find out what differences, if any, existed in age, marital status, and nursing experience of the two groups.

Age, Sex, and Marital Status

Three (4.7 percent) of the 64 associate degree graduates were males. This percentage is somewhat higher than the most recent national figure of 1 percent, as reported in Facts About Nursing. All 3 males were employed as staff nurses; therefore, no further separate analysis of the sex factor is considered in comparing the staff nurses and head nurses according to age, marital status, and length of experience in nursing.

Table 2 presents the data on age, marital status, and position of the 64 participants. As the table shows, these associate degree nursing graduates were relatively young, more than 50 percent (33) being under 26 years of age. Compared with recent national statistics, they were younger than the average, for only 25 percent of all employed nurses in the nation are less than 30 years of age. The relative youthfulness of the respondents can probably be accounted for by the fact that about 60 percent of them (38) had completed their nursing programs within the 18-month period preceding the collection of the data.

A comparison of the ages of the staff nurses and the head nurses shows that 29, or over 56 percent, of the staff nurses were under age 26, but only 4, or fewer than one-third, of the head nurses were in this age group. As a group, the head nurses were somewhat older than the staff nurses.

Of the 64 respondents, 40, or 62.5 percent, were single. This percentage differs from the national figure, for the most recent data indicate that 61 percent of all employed nurses in the nation are married. Fewer than one-third (16) of the staff nurses were married or had been married, whereas 8, or 61.5 percent, of the 13 head nurses were married or had been married. The older age of the head nurses may account for the fact that more of these women were married.
Table 2. Age, Marital Status, and Position Of 64 Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Age</th>
<th>Single Staff Nurse</th>
<th>Single Head Nurse</th>
<th>Married Staff Nurse</th>
<th>Married Head Nurse</th>
<th>Separated, Divorced, or Widowed Staff Nurse</th>
<th>Separated, Divorced, or Widowed Head Nurse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 21</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>21-25</td>
<td>19</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>26-30</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>31-35</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>36-40</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>41-45</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>46-50</td>
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<td>0</td>
<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>51-55</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>56-60</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>5</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>64</td>
</tr>
</tbody>
</table>

Year of Graduation and Length of Nursing Experience

The graduates came from 18 associate degree nursing programs located in 10 states in various geographic areas of the country and representative of the various types of curriculum patterns. The majority were recent graduates. This is to be expected, since the earlier associate degree nursing programs were few in number and had small enrollments. As Table 3 shows, 25 of the graduates completed their programs in 1963. The respondents who graduated in 1963 and 1964 together compose more than half of the entire group.

The majority of the graduates who were in staff nurse positions had been graduated more recently than the graduates in head nurse positions: 46, or 90.2 percent, of the staff nurses had completed their programs after 1961; 8, or 61.5 percent, of the head nurses had been graduated prior to 1961.

The majority (38) of the 64 graduates had had from three months to less than two years of nursing experience at the time the data were collected. Of these, 36 were in staff nurse positions and 2 were head nurses. Of the total number, 56, or 87.5 percent, had been employed in nursing less than five years. The group with more than five years' experience comprised 6 head nurses and 2 staff nurses.

In comparing the head nurses' length of experience in nursing with the length of time they had been head nurses, it was found that the majority (8) had had more than four years of experience but that only 2 had been in their present positions four or more years.
Table 3. Year of Graduation and Position in Hospital of 64 Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Year of Graduation</th>
<th>Number of Graduates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Nurse</td>
<td>Head Nurse</td>
</tr>
<tr>
<td>1964</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>1963</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>1962</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>1961</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1960</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1959</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1958</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1957</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1956</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

All the head nurses had held other positions in their current places of employment prior to promotion to their present positions. The length of employment in prior positions ranged from one year to three and one-half years.

Current Employment

The graduates worked on all types of services—general medical and surgical, pediatric, obstetric, psychiatric, as well as such specialized units as neurosurgery, chest and cardiac surgery, the premature nursery, the recovery room, and the intensive care unit. Practically every type of service was represented.

Table 4 shows the tours of duty regularly worked by the graduates. Of the staff nurses, approximately one-half worked permanently on the day tour of duty; the remainder either worked permanently on the evening or night tours of duty or rotated on all three tours. As might be expected, the great majority of the head nurses worked permanently on the day tour. At the time data were collected for this study, 22, or 34.4 percent, of the 64 associate degree nursing graduates were working on the evening or night tour of duty; the remainder of the graduates were working on the day tour.
Table 4. Tours of Duty Regularly Worked by 64 Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Tour</th>
<th>Staff Nurse</th>
<th>Head Nurse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>27</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Evening</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Night</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Rotating</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>13</td>
<td>64</td>
</tr>
</tbody>
</table>

In summary, the 64 participants in this study, employed in 16 accredited general hospitals, had been prepared in 18 associate degree nursing programs. Of these graduates, 61 were female. Most, or 51, were in staff nurse positions, and 13 in head nurse positions. A comparison of the staff nurses and the head nurses reveals that the staff nurses were younger, more were single, and they had had less nursing experience than the head nurses. The graduates were employed on a wide variety of clinical services and worked on all three tours of duty.

THE FUNCTIONS AND ACTIVITIES OF THE GRADUATES

The 51 associate degree graduates employed as staff or general duty nurses supplied the data upon which the remainder of this chapter is based.

The Technical Nursing Functions

To find out whether the graduates were performing the functions of nursing technicians, they were requested to indicate on the checklist in the second part of the questionnaire the activities that made up their daily technical nursing functions.

Table 5 shows that each activity in the checklist was performed by almost two-thirds (62.7 percent) of the respondents. Forty-five of the graduates (88.2 percent) performed a major activity under the function "Assist in Planning Nursing Care." Fifty (98.0 percent) performed the following activities under the function "Give General Nursing Care": (1) observe signs, symptoms, and changes in condition; (2) record and report signs, symptoms, and changes in condition; and (3) perform therapeutic treatments in carrying out physician's plan of therapy. Forty-six (90.2 percent) performed the activity under the function "Assist in Evaluation of Nursing Care."

Thus, according to their responses, these associate degree graduates were performing the functions of nursing technicians. The graduates were also asked if they had been prepared for these functions in their nursing programs. All 51 replied in the affirmative. They were then asked whether these technical functions constituted the major portion of their responsibilities. Forty-six (90.2 percent) indicated that more than half of their total time was spent in performing these activities, and of these, 25 (49.0 percent) reported spending more than three-quarters of their time in this work. Only 5 (9.8 percent) reported that less than half of their time was taken up with these activities.
Proportion of Time Spent in Technical Functions

<table>
<thead>
<tr>
<th>Function</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 3/4</td>
<td>25 (49.0%)</td>
</tr>
<tr>
<td>Between 1/2 and 3/4</td>
<td>21 (41.2%)</td>
</tr>
<tr>
<td>Between 1/4 and 1/2</td>
<td>3 (5.9%)</td>
</tr>
<tr>
<td>Less than 1/4</td>
<td>2 (3.9%)</td>
</tr>
</tbody>
</table>

Table 5. Technical Nursing Functions Performed by 51 Associate Degree Nursing Graduates in Staff Nurse Positions

<table>
<thead>
<tr>
<th>Function</th>
<th>Graduates Performing Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Assist in planning nursing care</td>
<td>45</td>
</tr>
<tr>
<td>Plan nursing activities for individual patients as assigned</td>
<td>36</td>
</tr>
<tr>
<td>Assist patients to participate in their own care</td>
<td>33</td>
</tr>
<tr>
<td>Give general nursing care</td>
<td>45</td>
</tr>
<tr>
<td>Give hygienic care to patients</td>
<td>32</td>
</tr>
<tr>
<td>Use measures to promote patients' comfort</td>
<td>50</td>
</tr>
<tr>
<td>Assist patients in maintaining normal body functions</td>
<td>44</td>
</tr>
<tr>
<td>Observe signs, symptoms, and changes in condition</td>
<td>50</td>
</tr>
<tr>
<td>Perform therapeutic treatments in carrying out physician's plan of therapy</td>
<td>50</td>
</tr>
<tr>
<td>Perform procedures to facilitate diagnostic tests</td>
<td>44</td>
</tr>
<tr>
<td>Record and report signs, symptoms, and changes in condition</td>
<td>50</td>
</tr>
<tr>
<td>Assist in evaluation of nursing care</td>
<td>46</td>
</tr>
<tr>
<td>Report observations of patient's responses to therapy and nursing activities to nurse in charge</td>
<td>46</td>
</tr>
</tbody>
</table>

The respondents were then asked whether their major function was the giving of general nursing care to patients. It was expected that those who devoted more than one-half of their time to the technical functions of nursing would reply in the affirmative. However, 10 of the graduates answered No to this question, 6 indicating that administrative or managerial functions were their major responsibilities. However, 5 of the latter added qualifying statements, and the qualifying statements implied that those respondents may have misinterpreted "giving general nursing care," as the following responses illustrate.
Doing treatments and giving medications. The major function is administrative. The general nursing care is being done by nursing attendants. Assisting the head nurse in organizing the ward activities. I usually give medications and take care of the critically ill patients. Administration, particularly relieving the head nurse. I usually give the meds and when I can I help out with the patient care. The staff of practical nurses and nurses' aides give most of the physical care.

Since technical nursing functions, as delineated in the literature, include the above activities, it may be assumed that 5 of the 10 respondents who answered No should be included with the 41 who answered Yes.

The remaining four respondents who replied negatively to the question concerning their major function supplied the following information. One worked in the operating room and said that her major function was "scrubbing and circulating"; another was a member of the intravenous therapy team, and her major function consisted of activities concerned with the administration and collection of intravenous fluids; the third worked in the recovery room but indicated that her assignment to the "i.v. team" took most of her time; and the fourth indicated that clerical work was her major function.

It is apparent that the large majority of the graduates were performing the technical or semiprofessional nursing functions. Fewer than 10 percent said they devoted less than half of their time to carrying out the major aspects of these functions. The majority saw the giving of general nursing care as their major function. All of the graduates indicated that they were prepared to perform the technical nursing functions.

Additional Activities Identified by the Graduates

The data reported thus far show that for the most part the graduates were carrying out the functions of nursing technicians. To ascertain whether they were performing other activities, several questions were included in the questionnaire to identify these activities. The graduates were also asked whether they had been prepared for these activities in their preservice nursing programs.

An open-ended question designed to identify additional activities carried out in their work brought forth many responses. Of the 51 respondents, 43 (84.3 percent) listed such activities. The responses ranged widely and varied considerably in their specificity. The responses were categorized into seven major groups of activities, which are shown in Table 6. More than one category was included by 29 of the 43 respondents, and more than one specific activity within a given category was listed by several of them.

The largest number of responses were classified as clerical activities. This category consisted of tasks that did not relate directly to the immediate nursing care of patients, but rather to the paper work and routines associated with institutional management. For example, the majority of the responses in this category specified tasks concerned with writing out requisitions for supplies and equipment and for medical tests and treatment, with making appointments and scheduling medical tests for patients, and with making out charges for patients. Eight responses indicated that the graduates ordered such supplies as drugs, stationery, and sterile equipment. Four mentioned taking inventory of supplies. An activity mentioned by 6 respondents was transcribing or, in the words of several of them, "picking up" physicians' orders. In most instances, this activity involved transferring orders from order books to requisitions, medicine
Table 6. Categories of Additional Activities Reported By 43 Associate Degree Nursing Graduates*

<table>
<thead>
<tr>
<th>Category of Activities</th>
<th>Number of Responses in Category**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical</td>
<td>24</td>
</tr>
<tr>
<td>Managerial</td>
<td>15</td>
</tr>
<tr>
<td>Nursing</td>
<td>10</td>
</tr>
<tr>
<td>Role</td>
<td>9</td>
</tr>
<tr>
<td>Cleaning</td>
<td>9</td>
</tr>
<tr>
<td>Medical-technical</td>
<td>5</td>
</tr>
<tr>
<td>Unclassifiable</td>
<td>3</td>
</tr>
</tbody>
</table>

*More than one category was included in 29 of the questionnaires. **Several respondents listed more than one specific activity within a category.

tickets, and various lists. Other specific activities mentioned included filling out labels, slips, tags, and the like. The following response is typical.

Clerical work--involves a lot of time.
Fill out slips, tags, stickers.
Make out lab slips, get blood work ready for morning, label tubes, etc.
Make out charges--patient, pharmacy, special nurses.

In answer to the question concerning their preparation for the activities categorized as clerical, all but one of the graduates indicated that such preparation had not been included in the associate degree nursing program. The one respondent who said she had been prepared mentioned a specific task: "pick up doctor's orders and carry them out."

Fifteen responses were classified as managerial activities. The activities in this category consisted primarily of the assignment of duties to other personnel and the supervision of work of others. Nine respondents specifically listed giving assignments to other workers, four stating that the other workers were auxiliary personnel such as aides, practical nurses, and nursing assistants. The other five respondents did not identify the other personnel, saying, for example: "Make out assignments and work lists." "Assign duties." Supervisory activities were listed by six respondents. The workers supervised were, for the most part, identified as auxiliary personnel. Two respondents said they supervised students. From observations made during the administering of the questionnaires it was evident that in one instance the students supervised were practical nursing students.

The data do not show whether the graduates performed managerial activities as a regular part of their work or how much of their time was taken up with these activities. There is some evidence, however, indicating that when the activities were being car-
ried out, the graduates were relieving the head nurse. The following reply is illustrative: "Acting as head nurse when need arises, give assignments to aides and L.P.N.'s."

There is no evidence indicating whether the graduates who listed supervisory activities were charged with the entire responsibility for the work of auxiliary personnel or merely worked with these individuals in a one-to-one relationship. Later in this chapter this matter is taken up more fully in a discussion of the responses to a specific question concerning the overseeing of the work of others. None of the graduates replied affirmatively to the question of whether they had been prepared for the managerial activities that they listed.

The category "Nursing" included 10 responses that could readily be classified under the major categories of the functions of nursing technicians. Most of the responses identified very specific tasks. Possibly the respondents did not realize that the activities in the checklist to which they had responded earlier encompassed these tasks. The following replies are illustrative.

Talking with patients.
Teach patient care of newborn baby.
Talk to patients and put them at ease.
Give report to evening supervisor and talk over some of the problems.

It is apparent that the activities listed by the graduates and categorized as nursing activities were among those for which they had been prepared. The responses of the graduates to the question concerning their preparation were further evidence that this was so.

Nine responses were categorized under "Role." The respondents identified the role of the graduate but did not specify the activities that were performed. Following are some examples of the responses.

Acting as charge nurse and taking responsibility that goes with this.
Team leader, acting as nurse in charge (head nurse is ill).
Management of floor when head nurse is off.

The graduates indicated that preparation for these activities had not been included in their nursing programs. This is to be expected, since the activities that may be performed by head nurses are not among those that are comprised in the technical functions of nursing.

The nine responses classified under the category "Cleaning" concerned the care of equipment and supplies, including the sterilizing of equipment as well as the cleaning of work areas and general maintenance of the unit. Two respondents listed the cleaning and wrapping of instruments for autoclaving, and three said they autoclaved "all" their supplies. Four of the respondents listed activities specifically concerned with the cleaning and maintenance of the work area or work unit. One said she made empty beds, filled stock supplies, and cleaned the dressing cart. The remaining three said they were assigned to cleaning specific areas, such as "utility room" and "medicine cabinet." Two of the latter were employed in the same hospital, and both indicated that all graduates were given a daily cleaning assignment. None of the graduates indicated that they had been prepared for cleaning activities in their preservice nursing programs.

Five of the graduates gave replies that were categorized as "Medical-technical." These were all concerned with collection or administration of intravenous fluids. One
of the respondents had previously indicated that she was a member of the intravenous therapy team. Thus, although she was employed by the nursing department, her work consisted of the technical duties concerned with venipunctures. Another respondent was assigned to the recovery room, but said that she was one of a group of four nurses who constituted the hospital's intravenous therapy team. The respondent also indicated that she was assigned to these tasks on alternate days:

Starting i.v.'s--drawing bloods in entire hospital (team of four) from 7 a.m. to 9 a.m. and all day every two days (on call).

One of the other three respondents said that she was assigned to the blood bank for three half-days and that her activity was to "draw bloods in blood bank." The other two respondents collected specimens of blood for analysis. None of the respondents indicated that preparation for these activities had been offered in their nursing programs.

In summary, 43 graduates responded to the open-ended question concerning additional activities. The activities listed by the graduates were categorized as clerical, managerial, nursing, role, cleaning, and medical-technical. A few responses could not be classified. With the exception of the activities categorized as nursing, the graduates indicated that they had not received preparation for performing these activities in their associate degree nursing programs.

It is not known whether the additional activities reported by the 43 respondents occupied a significant proportion of their working time, nor is it known whether these activities were performed regularly. Furthermore, whether similar activities were performed by all the graduates participating in this study is not known, since the specific question was not included in the questionnaire.

Major activities performed in the nursing team. The review of the literature revealed that nursing technicians are prepared to be members rather than leaders of a nursing team. It will be recalled that a small number of the associate degree nursing program chairmen who participated in this study indicated that some type of preparation for nursing team leadership was offered in their programs (see Chapter III). It therefore seemed desirable to ascertain whether the graduates in this study were in fact acting as team members or as team leaders. Questions to obtain this information were included in the questionnaire.

The respondents were first asked whether team nursing was practiced in their unit or place of work and if so, what role they had on the nursing team. Eighteen (35.3 percent) of the respondents replied that team nursing was in effect in their units, and 9 of the 18 said that they were members of the team, 3 that they acted as team leaders, and 6 that they alternated as team members and team leaders.

The replies to the question concerning conditions under which the respondents acted as team leaders revealed that the three who said they were team leaders were in fact acting as charge nurses. Two of these respondents said they were team leaders during the absence of their head nurses, one saying, "Acting head nurse for three months--charge nurse is on leave of absence." The third said, "Team leader--in charge on evening shift."

Five of the six respondents who said they were sometimes team leaders checked multiple responses to the question about the occasions when they functioned in this role. Table 7 summarizes the replies of the six respondents.

Five of the six respondents gave replies that seemed to indicate that they were equating team leadership with being in charge of a unit. Only one respondent checked but
Table 7. Occasions of Team Leadership Reported by Six Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Number of Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>On team leader's day or days off</td>
<td>4</td>
</tr>
<tr>
<td>During team leader's vacation</td>
<td>2</td>
</tr>
<tr>
<td>Alternating with another staff nurse</td>
<td>4</td>
</tr>
<tr>
<td>Daily</td>
<td>4</td>
</tr>
<tr>
<td>When on evening or night duty</td>
<td>3</td>
</tr>
<tr>
<td>During head nurse's leave of absence</td>
<td>1</td>
</tr>
<tr>
<td>When acting as charge nurse</td>
<td>1</td>
</tr>
</tbody>
</table>

*Five respondents checked multiple responses.

one response: "Alternating with another staff nurse." This reply does not rule out the possibility that this respondent was equating team leadership with charge nurse duties.

The evidence obtained from the graduates' questionnaires and the information obtained during the interviews with the directors of nursing service point to the probability that the graduates' interpretation of team nursing differs from that generally found in the nursing literature. It will be recalled that 18 graduates indicated that team nursing was practiced in their respective units. These respondents were employed in five of the hospitals participating in this study. The directors of nursing in all but one of these five institutions stated that team nursing was not in effect in their hospitals.

The 51 graduates were asked whether preparation for team membership or team leadership had been included in their nursing programs. Table 8 summarizes their answers.

Table 8. Preparation for Team Nursing Reported By 51 Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Type of Preparation</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prepared</td>
</tr>
<tr>
<td>Nursing team membership</td>
<td>42</td>
</tr>
<tr>
<td>Nursing team leadership</td>
<td>3</td>
</tr>
</tbody>
</table>

Forty-two respondents (82.4 percent) indicated that they had been prepared to be members of the nursing team, and 3 (5.9 percent) reported that they had been prepared to be leaders of the nursing team. The latter were graduates of three different nursing programs. Other graduates of two of these programs in the same year replied No to
the question concerning preparation for team leadership. This lack of agreement may indicate that the three respondents misunderstood the question or had a view of team leadership different from that of their classmates.

In summary, 9 (17.6 percent) of the 51 graduates stated that they had acted as team leaders at some time during their employment as staff nurses. It is possible that some of these graduates were equating team leadership with charge nursing. Three (5.9 percent) of the graduates stated that they had been prepared to be team leaders. It is also possible that these respondents misinterpreted the meaning of team leadership.

Charge nursing. The graduates were asked if and when they were in charge of their respective units. Since multiple answers were given by 44 graduates, it is difficult to present a meaningful analysis of the responses. But several observations can be made. Of the 51 respondents, 7 checked "not at all" and 8 checked "for part of a day," 5 of the latter checking no other answer. It appears, therefore, that 12 (24 percent) of these graduates had not been in charge of their units for any length of time. Table 9 summarizes the graduates' reports on the occasions when they were in charge of their respective units.

The response checked by the largest number of respondents was "on head nurse's day or days off." It might be expected that staff nurses would relieve the head nurse at such times unless an assistant is employed for that purpose. In at least 7 of the 16 hospitals in this study, assistant head nurses were employed in some units.

Several respondents cited occasions other than those listed in the questionnaire. The majority of these responses, however, could have been included in the checklist part of the questionnaire. One graduate answered "almost daily," stating that her hospital was "so short" that on days when her head nurse was on duty, she was usually sent to "cover another ward where there was no registered nurse." Of the 12 respondents who checked "daily," 10 were working on the evening or night tour. Nine additional respondents reported, "When on evening or nights."

Table 9. Occasions When in Charge of Unit
Reported by 51 Associate Degree Nursing Graduates

<table>
<thead>
<tr>
<th>Occasion</th>
<th>Number of Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>7</td>
</tr>
<tr>
<td>For part of a day</td>
<td>8</td>
</tr>
<tr>
<td>On head nurse's day or days off</td>
<td>22</td>
</tr>
<tr>
<td>On head nurse's vacation</td>
<td>16</td>
</tr>
<tr>
<td>Daily</td>
<td>12</td>
</tr>
<tr>
<td>Acting charge nurse</td>
<td>1</td>
</tr>
<tr>
<td>Evenings or nights</td>
<td>9</td>
</tr>
<tr>
<td>Almost daily</td>
<td>1</td>
</tr>
<tr>
<td>When sent to another ward</td>
<td>4</td>
</tr>
<tr>
<td>If regular personnel fail to come in</td>
<td>1</td>
</tr>
</tbody>
</table>

*Forty-four graduates checked multiple responses.

As several of the directors of nursing service pointed out, the graduates on evening and night tours were essentially responsible for the ongoing nursing care of the patients
and were under the supervision of the evening and night supervisors. Several directors emphasized that the head nurse's responsibilities extended over the 24 hours of the day for seven days a week. She was therefore ultimately responsible for her unit whether she was physically present or not.

In summary, approximately three-fourths of the graduates were in charge of their units at some time. It would appear, however, that they were most often in charge when relieving the head nurse on her days off and when working on evening or night tours of duty.

To the question asking if their nursing programs had prepared them to take charge of a unit, 45 respondents answered No, 3 answered Yes, and 3 did not reply. Thus, with the few exceptions just cited, it is apparent that the graduates had not been prepared for the duties of a charge nurse or a head nurse. This conclusion agrees with the evidence obtained from the literature and the associate degree nurse educators.

Responsibility for the work of others. The graduates were asked whether they oversaw the work of other personnel. Forty said Yes, 9 No, and 2 did not reply. Only 32 explained the circumstances and specific ways in which they did their "overseeing." Several respondents gave multiple responses. Also, several of the responses were ambiguous and could not be categorized. Table 10 summarizes the graduates' responsibility for the work of others in terms of circumstances and specific ways.

Earlier in this chapter it was pointed out that there was no evidence to indicate in what ways the graduates "supervised" the work of other personnel. The responses to the question concerning supervision provided little definitive data. However, some of the replies did bring out two facts: (1) When in charge of a unit, the graduates assigned work to auxiliary personnel. In only a few instances, however, was it clear from the responses that the graduates had some responsibility for the work of the auxiliaries. To quote one response as an example: "Give work assignments--check to see that work is done--intake and output charted, equipment replaced, linen, etc., organized." (2) There were evidently times when the graduates worked with the aides in a one-to-one relationship. In these instances, the graduates were overseeing the work of others only as the latter helped them in caring for their patients. For example: "When doing my work I often ask the aide to help get my patient up, etc. Show her how to hold the patient."

In response to the question of whether or not they had been taught in their nursing programs how to oversee the work of others, 7 graduates answered Yes, 38 No, and 6 did not reply.

In summary, some of the graduates did oversee the work of others, but their responses did not make clear the nature of the "overseeing." The majority (75 percent) indicated that they had not received preparation for these activities.

The graduates were invited to add comments concerning their nursing preparation and their current work. Twenty-two (43.1 percent) replied. Over half the comments (12) indicated the graduates' satisfaction with the preparation they had received. Representative responses follow.

In my school they taught us the "whys," not just the "hows." Now I am learning how to apply what I learned.

We learned to consider the patient as an individual and to meet his needs.

I think my preparation was very good.
Table 10. Circumstances and Ways in Which Associate Degree Nursing Graduates Oversaw Work of Others

<table>
<thead>
<tr>
<th>Circumstances and Specific Ways</th>
<th>Number of Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumstances</td>
<td></td>
</tr>
<tr>
<td>When in charge</td>
<td>10</td>
</tr>
<tr>
<td>When team leader</td>
<td>7</td>
</tr>
<tr>
<td>When on night duty</td>
<td>5</td>
</tr>
<tr>
<td>When on evening duty</td>
<td>8</td>
</tr>
<tr>
<td>During routine day</td>
<td>6</td>
</tr>
<tr>
<td>Daily</td>
<td>5</td>
</tr>
<tr>
<td>When specifically assigned to do so</td>
<td>4</td>
</tr>
<tr>
<td>Not specified</td>
<td>8</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
</tr>
<tr>
<td>Specific ways</td>
<td></td>
</tr>
<tr>
<td>Give assignments</td>
<td>10</td>
</tr>
<tr>
<td>Assign duties to auxiliary personnel</td>
<td>9</td>
</tr>
<tr>
<td>Check up on aides and attendants to see if work is done</td>
<td>8</td>
</tr>
<tr>
<td>Explain duties</td>
<td>8</td>
</tr>
<tr>
<td>Assist if needed</td>
<td>7</td>
</tr>
<tr>
<td>Point out principles</td>
<td>9</td>
</tr>
</tbody>
</table>

*Several respondents gave multiple responses.

Seven comments referred to specific preparation that should have been included in the program. For example:

I feel I was adequately prepared. However, a specific course in nursing management would help a great deal.

I feel that the concept advocated by my school was that of a technical nurse, but here I have a great deal of supervision to attend to also. I feel that along with teaching the technical side of nursing they should try to include some supervision of auxiliary personnel.

I honestly feel that my program prepared me to give good patient care, but I think we should have had more practice and at least one eight-hour day.

These responses give some insight into what is expected of these graduates in their current work situations.

Three comments were more directly critical of the work situation:

Secretarial work takes up valuable time that could be spent in giving nursing care. The associate degree program did not prepare me for each individual task such as putting new charts together, making out x-ray requisitions, etc.

I would like to be able to spend more time with my patients—I like giving bedside care.
I was taught that a nurse should be with her patient and was trained accordingly. Clerical work would be taken care of by others. I learned very quickly that this was a rather unrealistic attitude.

Several graduates verbalized their satisfaction with their programs and with their jobs. In several instances when the graduates were completing the questionnaire, they commented that they were happy to be working in their current employment settings.

SUMMARY

Information about their personal characteristics and their employment experience was supplied by 64 associate degree nursing graduates, of whom 51 were staff nurses and 13 were head nurses.

Although all the graduates were relatively young, the head nurses were somewhat older than the staff nurses. More head nurses than staff nurses were married or had been married. As a group, the head nurses had been employed in nursing longer than the staff nurses.

The 51 associate degree staff nurses indicated that they were performing the functions of nursing technicians and that they had been prepared to perform these functions. Fifty percent reported that they spent more than three-quarters of their time performing the technical nursing functions. Fewer than 10 percent reportedly devoted less than half their time to these activities.

The graduates also performed additional activities in their work. These activities are classified, in the order of the frequency of their response, as clerical, managerial, role, cleaning, and medical-technical. A few responses were unclassifiable. The graduates said that preparation for these additional activities had not been given in their nursing programs.

Nine (17.6 percent) of the graduates stated that they acted as nursing team leaders at some time. There is some evidence to support the belief that team leadership was equated by these graduates with being in charge of a unit in the absence of a head nurse. Three (5.8 percent) of the graduates said that they were prepared to be team leaders. However, the overwhelming majority of the graduates said they were not prepared for this activity.

Over three-quarters of the graduates had been in charge of their units at some time—most often on occasions when the head nurse was off duty, or when the graduates were on evening or night tours of duty. The vast majority of the graduates (95.8 percent) who responded to the question said that they had not received preparation in their nursing programs for taking charge of a unit.

Forty respondents stated that they oversaw the work of others, but only 32 explained the circumstances and specific ways. The replies for the most part were not definitive. There is, however, some evidence to indicate that the graduates did oversee the work of others. The majority (84.4 percent) of the graduates, however, said that they had not been prepared to oversee the work of others.

Twenty-two of the graduates added comments about their preparation and/or their current position. For the most part, they indicated satisfaction with both preparation and job.
References

2. Ibid.
3. Ibid.
CHAPTER V. THE UTILIZATION OF GRADUATES OF ASSOCIATE DEGREE NURSING PROGRAMS

The preceding chapter reported the functions and major activities currently being performed by associate degree nursing graduates employed in accredited general hospitals in New York City. This chapter is concerned with the reasons for the specific placement and utilization of the graduates as reported by their employers, the directors or assistant directors of nursing in the hospitals in which the graduates were employed.

The data in this chapter come from sixteen interviews held with the directors or assistant directors of nursing responsible for the employment and placement of nurses in the hospitals participating in this study. Eight questions were asked to find out the basis for the current utilization of the associate degree nursing graduates employed in the respective hospitals and to identify the nursing service directors' knowledge of the functions for which associate degree nursing graduates were prepared. (See Appendix E for interview guide.) The responses to the individual questions were examined and tabulated in an attempt to find varying and/or concurring replies among all 16 interviewees.

THE QUESTIONS AND THE RESPONSES

1. When you employ graduates of associate degree nursing programs, what factors do you consider in assigning them to a particular unit?

Every director indicated that the assignment of graduates was based upon several factors. The factors mentioned most often were, in order of frequency, the preference of the individual graduate, a vacancy in a particular unit, the graduate's previous experience, and the educational preparation of the graduate.

More than two-thirds (11) of the interviewees stated that the graduate's preference was considered in the assignment process. Nine of these directors indicated that priority was given to the employee's choice of service or unit. Following are representative responses:

Our first consideration is the individual's preference. . . . We feel that a satisfied worker is a happy worker, and they are given their initial request until such time as they have been oriented to that service and would like a change from that service.

Well, we do consider their personal interests. We feel that if they are assigned to an area that they express interest in, they will make a better adjustment and, of course, function more effectively.

According to 10 interviewees, although the individual nurse's preference was the prime consideration, it could not take precedence over or be separated from the need for nursing service on a particular unit of the hospital. For example:

*Interview No. 8. Taped. (All responses quoted in this chapter are taken from transcriptions of tape-recorded interviews held with the 16 nursing service administrators in the hospitals participating in this study.)
Two factors. First, individual choice, and, of course, vacancy in the area.

Our first consideration is the individual's preference. Any service where there is a vacancy. There are some services that are heavily staffed, and we would not want to put someone there when another service is short of nurses.

We try to give them a preference that, hopefully, will be where we need them.

Ten directors indicated that the previous experience of the graduates would also be considered in deciding upon their particular assignment. In discussing the assignment of graduates with nursing experience, nine interviewees stated that the graduates would be assigned to any unit they wished provided that a vacancy existed and no other special preparation was required. Public health nursing experience or preparation was identified as an example of special preparation desirable for nurses assigned to the outpatient department. The tenth director felt that the graduate's learning needs should be considered in the assignment process. She said:

If they tell me they have only worked in an operating room since their graduation, and they prefer to work in the operating room, I try to discourage them. Because I feel that learning to be an operating room nurse is a technical thing and you don't necessarily have to have a nursing background. And I feel that a nurse can work in any area, but if she works in an O.R., she's limited when she has to take care of a sick patient. I'd like to get the nurse back to the bedside.

Eight directors indicated that the initial assignment they would give would differ for the inexperienced graduates. They also emphasized that the same factors were considered in the placement of new graduates of any type of nursing program. Six stated that certain services or units were preferable because of their relative lack of complexity. Two stated that certain units were preferable because of the existence of a good orientation program. Following are some representative responses.

I feel that they should go on medical-surgical units first, especially if they are new graduates of any program and once they learn that, they can apply it to any unit.

We would not assign a new graduate--and this is not only the associate degree but new graduates of any program--immediately to the emergency room or the OPD.

We prefer putting all new graduates on a unit where we know we do have a very good orientation program.

In contrast, eight directors indicated that lack of experience would not exclude the associate degree graduate from assignment to any service. As one director said:

I don't think we have any units that they could not be put on and learn as well as any other units, depending on where they felt the most secure. . . . If they feel that they would like the operating room, we would put them up in the operating room. If they feel they wanted a recovery room and we had an opening, they would go to the recovery room.

A little more than one-third of the directors (six) indicated that the graduate's educational preparation would be a factor in assigning them to a particular unit. Two
stated that they would assign the graduates to general medical-surgical units prior to assigning them to specialized areas such as the intensive care unit. Two directors stated that they would assign the graduates to units where there were good inservice programs or where there were head nurses who liked to teach and supervise. One of these interviewees felt that a particular specialized service in her institution had the best inservice program; if possible, new associate degree graduates were therefore assigned to that service.

For instance, on _______ which is a rather unique nursing situation, they have an awfully good orientation and inservice program. . . . From the theory of education, when the new graduates come here, they should get medical-surgical, plain medical-surgical, but our best program is over in ________ .

One director stated that she would assign the graduates to units where there was "adequate professional staffing," since "they need a bit of time before they are left alone on a unit."

The sixth director offered a different reason for considering the educational preparation of the graduates in their initial assignments, saying:

Well, we try to spread graduates of different kinds of programs on units so that we don't have all of one type in a particular unit. We have, say, three-year and four-year, as well as two-year graduates. In other words, we try to keep the kind of preparation a mixture on different units.

This director did not elaborate on this statement. However, later in the interview, she stated that she believed that graduates of different types of programs were better prepared for different aspects of nursing. To quote:

I think the three-year graduate is more apt to be the one to step in, organize the work, get the essentials done, and so on. If I had a situation where we had a very difficult patient whose needs were more psychological than physical, perhaps, and where we needed somebody who was skilled in interpersonal relationships and psychological insight, I would have to take the two- or the four-year person to deal in that area.

This director was the only interviewee who specifically noted that there might be a difference between graduates of different types of nursing programs. As noted earlier, six directors stated that they would assign new associate degree graduates differently upon initial employment only.

Six directors specifically stated that no distinctions were made in assigning associate degree graduates to units in the hospital. For example:

I don't usually make any distinction between the associate degree people and any others. If they are an R.N. and they have a license and they are qualified, I don't make any distinction in employing them.

In summary, the factors considered in assigning graduates of associate degree programs to units in the hospital were the graduates' preference, the hospitals' need for nursing service, and the previous experience and educational preparation of the graduates. According to the majority of the directors (62.5 percent) the graduates would be assigned on the same basis as would the graduates of any other nursing program. Six directors indicated that associate degree graduates would probably not be initially as-
signed to such specialized units as the operating room, the recovery room, or the intensive care unit. There was no indication that experienced associate degree graduates would not be assigned to any unit in the hospital.

2. Do you consider the same factors in assigning graduates of other kinds of nursing programs?

Although this question was answered by some interviewees in their replies to the first question, the specific inquiry was addressed to all.

In view of the responses to the initial question, it had been expected that some of the answers would be negative. A tabulation of the replies, however, revealed that all 16 directors replied affirmatively. Of these, 10 directors answered Yes unequivocally. For example:

Yes, we do.

The same factors, yes. We make no distinction.

Exactly—we do not differentiate at all.

Six directors were less positive in their assertions. For example:

Well, I think the answer is Yes. However, they might not be assigned to the O.R. if the O.R. supervisor tells us that at that particular time he cannot orient new personnel. These graduates, as well as some graduates of other programs, usually need a more complete orientation to the structure of the operating room.

Well, ordinarily, these are the factors I use in any assignment. But I do think that these graduates should—I mean the associate degree program people—should get some solid nursing experience before branching out to places like the recovery room.

When the responses to the first two questions are considered together, it is apparent that the majority of the directors used the same criteria in assigning any registered nurse. At least six of the interviewees, however, would differentiate in assigning new graduates of associate degree programs. In these instances, assignments would be made to less complex or specialized units, to units on which relieving the head nurse or working evening and night tours of duty might not be an immediate expectation, or to units in which a good orientation program was to be found.

3. Is giving direct nursing care to patients the chief function of the staff nurse?

Thirteen of the directors replied affirmatively, three negatively. Of those who replied Yes, seven made qualifying remarks indicating that the staff nurse also had other duties. Some illustrative responses are:

Yes, I think it's the chief one, but there are other duties. I think we do have a lot of clerical work that is done by the staff, administrative detail, and so forth. . . . I think we have less clerical coverage than many institutions. It has to be done somehow, so it is done by the nursing staff largely.

Well, theoretically, yes. Practically, yes and no. Practically, if we are very short of R.N.'s, we have to ask them to act as assistant head
nurses and to relieve the head nurse at times. Theoretically, we want them to be the nurse at the bedside.

The three directors who replied negatively evidently interpreted "direct nursing care" as the intimate physical care of patients. In each instance, they indicated that staff nurses were primarily concerned with carrying out procedures in implementing the medical care plan. For example:

Unfortunately, if I'm frank, I would say no . . . Because I know that on the ward unit we have such a short supply of professional staff that of necessity most times they are carrying out functional assignments in relation to medications and treatment.

We would like it to be . . . I would say the greater portion of her time is spent currently in medications, treatments, more than in direct patient care.

Thus, the responses of the three individuals should probably be interpreted as Yes rather than No, since performing therapeutic treatments in carrying out the physician's plan of therapy is one aspect of giving direct nursing care. If this interpretation is correct, then all of the interviewees indicated that the chief function of the staff nurse was giving direct nursing care to patients.

The directors did, however, indicate that the staff nurse also had other responsibilities. According to nine interviewees, the staff nurse was expected to relieve the head nurse on the latter's days off. Most of these directors indicated that the newly employed staff nurse would not be expected to assume this additional responsibility immediately. The other seven directors said that assistant head nurses were employed in some or all of their hospitals' units, and therefore staff nurses were seldom required to take charge of a unit.

Eight directors indicated that staff nurses were expected to rotate on evening and night duty and would therefore in most instances be in charge of their units. In a few instances, permanent evening or night charge nurses were employed. Five of the eight directors specifically stated that the responsibilities of the nurse in charge of the unit during these tours differed from the responsibilities of the head nurse. Their comments indicated that ongoing patient care was the major responsibility of the staff nurse and that the head nurse was ultimately charged with planning for nursing care and evaluation of the work of the personnel over the 24-hour period. Several directors mentioned that the evening or night nurse had access to supervision during these tours.

Three directors indicated that the staff nurse might have other managerial duties. Two of these stated that the staff nurse "guided" or "supervised" the auxiliary personnel. For example:

They are expected to guide the practical nurses and aides. We do have licensed practicals, aides, orderlies, technical workers, and so on. The head nurse makes out their assignment, but they are free to go to any staff nurse for guidance.

They supervise others—under the supervision of the head nurse and the supervisor.

The third interviewee discussed the ideal situation that might exist if team nursing could be utilized. However, it was apparent from her further discussion that in practice, the staff nurses in her hospital were primarily given functional assignments.
but now we don't have enough R.N.'s to carry this out. The R.N.'s usually give medicines to all patients--on our large medical wards of 50 to 60 patients, this is usually an all-day proposition. They are only assigned to patient care if the medication load is not heavy. If they can, they might help the aides finish their assignments.

Two respondents indicated that the staff nurses had to do clerical work, since ward clerks or secretaries were not employed.

In summary, the respondents indicated that the chief function of the staff nurse was giving direct nursing care to patients. All except one director made clear that the staff nurse also had other responsibilities. In speaking of these responsibilities managerial duties were mentioned by the majority of the respondents, and these consisted primarily of relieving the head nurse on her days off. Clerical duties were mentioned by two interviewees. The responses of the directors corroborated the replies of the associate degree graduates when they were asked to identify their functions and responsibilities.

4. What factors do you consider in promoting staff nurses to head nurse or equivalent positions?

The 16 interviewees gave multiple responses to this question. Every director indicated that promotion was based upon a combination of several factors. All the directors emphasized that no one factor was considered to the exclusion of all others. The factors mentioned most frequently were leadership skills and/or quality of performance, personality or attitude, education, length of experience, tenure in the employing institution, and expertness in administering nursing care. Graduation from the school conducted by the employing institution was mentioned by two interviewees. The interviewees' comments in relation to education and experience were more explicit than their remarks about the other factors mentioned, and these are discussed in the following section.

Twelve directors gave advanced education as an important factor in considering individuals for promotion. The directors all agreed, however, that graduates with advanced preparation were not always available for promotion. All the directors also agreed that advanced preparation was not the only criterion for promotion. They noted that persons with advanced preparation would not necessarily be promoted over individuals without it, unless the presence of other positive factors had been demonstrated.

Following is an illustrative reply.

Again, I think that personal fitness and the depth and breadth of professional experience are the two most vital factors in the promotion consideration. It doesn't matter if the girl has six degrees--if she simply doesn't know how to put that knowledge to work in the care of patients under the direction of other people, she's no good for a leadership role.

Two directors indicated, however, that inexperienced graduates with baccalaureate degrees could be promoted within a few days or initially appointed to head nurse positions if evaluation and/or school references were favorable.

Ten directors stated that graduates promoted to head nurse positions were urged to continue with or to begin their college education. Five directors stated that promotion was contingent upon the graduate's "promise" to continue her education. Nine directors mentioned the liberal tuition aid available to the nurses employed in their hospitals. For example:
At each promotion that we make of someone who is not educationally prepared, her willingness to go to school is discussed with her and we back this up with a liberal scholarship policy. We provide the money, but she must go to school.

We have an excellent scholarship policy. So really, there's no reason, money-wise, for anyone not to go.

In discussing the desirability of advanced education, two interviewees indicated that they realized that not all nurses would continue their formal education. One of them stated:

However, there are some who have no intention of going to school, and yet they do a fine job. I have several nurses who have no educational preparation beyond their nursing school and years of experience. If they do not have further education, it won't hold them back. I prefer it; it is desirable, but I don't demand it.

Ten interviewees gave length of experience in nursing as a consideration for promotion. Several mentioned tenure in the particular institution in which the graduates were employed. Half the interviewees stated that no specific length of time in nursing was required prior to promotion. Three interviewees indicated that one year's experience in staff nursing was a desirable minimum. Two felt that two years' experience was preferable but indicated that graduates with less experience might well be promoted to head nurse. Three interviewees indicated that graduates who happened to be working on a unit where a vacancy occurred could be promoted even though other nurses in the hospital might be more qualified and gave reasons similar to this:

Sometimes, I'm afraid, it's who is in the place at the time the head nurse leaves. Partly, I think it's unavoidable. ... If you're only depending upon service, and it's hard to say that you don't think you're the one for it. At least we like to give them the chance, rather than pull someone from another unit.

5. Are associate degree nursing graduates considered for promotion on the same basis as graduates of other kinds of nursing programs?

Fourteen directors replied affirmatively, and 2 were uncertain. The responses of 10 of those responding affirmatively left no doubt as to their conviction. For example:

Yes. In this hospital, they all have this opportunity. Our rating system here is the same for all levels of nursing, so that her school preparation would not outweigh the evaluation of her work.

The same basis entirely. Actually, this is implied when I said that previous education is not a condition for promotion.

Yes. They are. Regardless of past experience. I mean we use the same criteria.

Three of the directors indicated that the associate degree graduates might be promoted before the diploma graduates because the former had college credits. In the institutions represented by these directors, 30 college credits plus one year's experience are the criteria considered desirable for promotion. One director said:

So she would actually meet the requirement for the head nurse's job of thirty college credits. In addition to her diploma.
graduate had no earned college credit, then the associate degree person would be the one that would be considered first.

The 13 associate degree nursing graduates in this study who were in head nurse positions were employed in six hospitals. In each case, their directors were asked about the circumstances under which these head nurses had been promoted. All indicated that the ability of the graduates had been the deciding factor. Two directors specifically mentioned that the age and maturity of the graduates might also have been considered.

The mother of five children: capable, mature, and very knowledgeable about labor and delivery--interested in it from her own personal standpoint, and interested in the philosophy of labor.

They were graduates of the first class at College. This class had used our hospital exclusively as their clinical laboratory. And I think that several of them were older girls and had a certain degree of maturity, and adjusted very nicely.

Four directors elaborated upon the ability factor. For example:

It is entirely possible that a girl with ability would be selected for that position.

It is possible for an associate degree graduate or diploma program graduate to show more leadership than a graduate of a baccalaureate program.

In summarizing the responses to questions 4 and 5, concerning the factors considered in the promotion of nurses and the promotion of associate degree graduates, it was noted that promotion to the head nurse position was based upon several factors. The education and experience of the nurse were major factors, but both were tempered by the quality of performance and personal characteristics. The majority of the directors (14) indicated that associate degree graduates were considered for promotion on the same basis as graduates of other kinds of nursing programs. In three institutions, associate degree graduates were more likely to be promoted than diploma graduates, other qualifications being equal; the deciding factor would be the fact that the associate degree graduates possessed college credit.

6. Do you think that associate degree nursing graduates are prepared for head nurse positions?

The preponderance of replies to this question were in the negative. Two directors, however, said they did not know, and two were uncertain but believed that the answer should be No.

Of the 12 directors who gave negative replies, 10 did not think that the graduates of any type of preservice nursing program were prepared for anything beyond the "first-level," or staff nurse, position. They went on to say that experience and inservice education were required. An illustrative response follows.

I don't think it prepares them to be head nurses. But I think with adequate experience following graduation, with some experience in a hospital, that they can be geared for head nursing just as easily as the graduates of any other programs. I do not think they're ready the day they graduate, but then I do not think the graduates of any program are ready the day they graduate.
Two of these directors thought it was possible that the associate degree graduates might be better prepared to become head nurses than graduates of other nursing programs. For example, one stated:

I think we are coming to feel that they might through their program be as well prepared certainly, or perhaps better prepared, because of their concentration on the direct patient care and their concept of this that we're trying to get into our nursing activities to a far greater degree than we have been able to.

The two directors who indicated that they did not know whether associate degree graduates were prepared to be head nurses and the two who were uncertain stated that they were not familiar with the curriculum. They knew that the graduates had had college courses, but they were not acquainted with the content. All four, however, expressed some doubt as to whether the graduates were prepared to be head nurses without some graduate nursing experience. For example:

Truthfully, I don't know what--I know what the program consists of, but I don't know how much of the program consists of head nurse background. I really don't know whether it would prepare them outright or not. Immediately, they would need additional experience--I really think so.

7. Do you think that associate degree graduates are prepared for relieving the head nurse on her days off?

The replies to this question were virtually unanimous. Every director stated that the graduates would not be prepared to assume this responsibility immediately upon graduation. All the directors indicated that some amount of experience and orientation and inservice education, either formal or informal, was required before the nurse could be expected to function adequately in such a situation. A few interviewees added that at times the graduates were asked to relieve the head nurse without an adequate period of orientation, but they stressed that this was necessary because of the short supply of nurses in their hospitals. Following are two examples.

But again, being very realistic, if you have one nurse on the floor and if she's it, she would relieve whether she was ready or not.

We must use them many times even though our better judgment tells us it would be better not to... But the situation of staffing causes us more or less to use them.

Three directors thought that the graduates would be able to relieve within a very short time after employment. It was their belief that this type of relieving was merely a matter of following directions left by the head nurse. They also indicated that the graduates would be closely supervised by the supervisors. For example:

... there is a checklist. I see no reason this person cannot carry on, and adequately so, to relieve the head nurse on her days off--with instruction and with the guidance of the supervisor. The supervisor is never too far away when the head nurse is off. There is always someone to fall back on.

I think it depends on what you consider as relieving. The ongoing activities and responsibilities for a day--I think that they are mature enough to adjust to this. If you consider the total responsibilities of the head nurse in our organization, I don't think the new graduate is ready for this.
8. Do you think that graduates of associate degree nursing programs should be prepared for head nurse positions?

The majority (12) replied negatively; 4 replied affirmatively. Of the latter, 2 made qualifying comments that could be interpreted as negating their initially affirmative replies. Of the 12 who said No, 7 indicated that they believed the associate degree graduates were prepared to be the staff, or "bedside," nurses and that this was as it should be. The following responses are illustrative.

No, I don't think so. We can't have all chiefs and no Indians. We need bedside nurses.

Not unless they change the philosophy of this program. If the program, as I understand it--I understand it as hearsay, not study--is to prepare the bedside nurse as an adjunct to the professional nurse, then No.

Two of the 12 said that at the present time they would not advocate a change in the program, but both indicated that much would depend upon what happens in nursing in the future. Their replies follow.

No--not according to my philosophy. But I don't know--that is, I can't be so positive--about the staff nurse remaining at the bedside.

I think head nursing can wait on other education. . . . I have no reason to believe that today's practices are going to be the practices in the immediate future. A lot of things are going to be automated. . . . It may be that the balance--that the ratio in the table of organization of R.N.'s to P.N.'s may tip in favor of the R.N.'s. You may not need this ability to supervise the attendants and the practical nurses.

Two other interviewees indicated that preparation for head nursing should come after completion of the basic program--with additional academic preparation and in-service education.

One interviewee stated that there should be a change in the salary schedule, which is currently based upon promotion. She felt that a horizontal salary plan should be effected.

Two of the four interviewees who responded affirmatively said, in effect, that this is what the graduate will be expected to do, and therefore this is what she should be prepared to do. For example:

I don't see any reason why they shouldn't be, because I imagine this will become more and more the role of the R.N., and eventually they will be prepared for head nurse titles. And I think this should probably be a part of their basic program.

The director quoted above had also replied earlier that she did not differentiate in the assignment of graduates and had indicated that she did not know whether associate degree graduates were prepared to be head nurses, since she was unfamiliar with the specifics of the program.

The other two interviewees who responded affirmatively did not say Yes unequivocally.

Well, it would be more realistic to prepare them for what is. After all, they are given the same salary and therefore are expected to do the same work as graduates of other programs. Perhaps it would be better to give
them an idea of what they will be required to do. They can be told that assignments are made to personnel according to the level of their preparation. But every institution has different policies and practices—they can easily learn how to order supplies and so on in the hospital. I don’t mean they should have a course in headnurseship, per se.

Well, perhaps they can be given some experience in nursing groups of patients—say fifteen, or twenty, or thirty. This as I see it would be an intermediate preparation on the way to head nursing—that is, the direction of the care of a group of patients on a unit.

The latter interviewee suggested that this added preparation could be given in the summer sessions, and thus the total length of the program would not need to be extended. The additional remarks of the respondent indicated that this further preparation might not be necessary if she continued to “get nurses in such wonderfully large numbers, and then perhaps fewer auxiliaries would be needed.”

SUMMARY

Interviews conducted with 16 directors of nursing service in the hospitals employing the associate degree graduates included in this study revealed that:

The factors considered in assigning associate degree nursing graduates to units in the 16 hospitals were the same as those considered in assigning other nurses. These were: the graduates’ preference, the hospitals’ need for nursing service, the previous experience of the graduates, and the educational preparation of the graduates. According to 6 interviewees, inexperienced associate degree graduates would initially be assigned to less complex units or to units which had a good orientation program. There was no indication that experienced associate degree graduates would not be assigned to any unit in the hospital.

The chief function of the staff nurse was giving direct nursing care to patients. However, according to these directors, the staff nurse had other responsibilities: relieving the head nurse on the latter’s days off, taking charge of the unit on the evening or night tours of duty, assuming other managerial duties, and performing clerical work. Several directors emphasized that relieving the head nurse on her days off and taking charge of the unit in the evening or at night differed from “head nursing” in that the head nurse retained over-all responsibility for the unit.

The promotion of staff nurses to head nurse positions was based upon several factors. Seventy-five percent of the directors indicated that while advanced educational preparation is an important factor, nurses with no additional education may be promoted. The majority of the directors indicated that associate degree graduates were considered for promotion on the same basis as other nurses. Three directors indicated that since associate degree graduates have college credits, they might be promoted before diploma graduates, other things being equal. Apparently, the 13 associate degree graduates in head nurse positions had been promoted on the basis of their ability.

The majority of the directors did not think that associate degree graduates were prepared for head nurse positions. But they did not think that any graduates were so prepared by virtue of their preservice educational programs. The directors indicated that the associate degree graduates required experience and inservice education in order to
be prepared for head nursing. Four directors indicated that they were unfamiliar with the content of the associate degree program.

According to the directors, associate degree graduates were not prepared for relieving the head nurse on her days off. Preparation for this activity could be gained through orientation and inservice education.

The majority of the directors did not think that associate degree graduates should be prepared for head nurse positions. They indicated that there is a need for the bedside nurse. However, some interviewees questioned whether the registered nurse of the future will do more or less bedside nursing. A few of the directors felt that the graduates should be prepared for the needs of hospitals today—in essence, the need for people able to direct the work of the auxiliary personnel who are giving care to patients.
CHAPTER VI. SUMMARY, CONCLUSIONS, AND IMPLICATIONS

SUMMARY

To meet the growing demand for nursing services, nurses must be prepared for different levels of nursing practice and then be utilized to perform in differentiated ways. The associate degree nursing program was developed to prepare nurses for the technical level of nursing practice. To make their maximum contribution toward meeting the needs of the people for nursing care, nursing technicians should be utilized in accordance with their preparation. The present study was undertaken to find out whether graduates of associate degree nursing programs were performing the functions for which they had been prepared. It was thought that information concerning the preparation and subsequent utilization of these graduates would be useful to nurse educators and nursing service administrators.

Problem

This study was an attempt to learn whether associate degree nursing graduates employed in general hospitals in New York City were performing the functions for which they had been prepared in their preservice nursing programs.

Procedure

The data on the utilization of associate degree nursing graduates were collected from graduates of associate degree nursing programs and from nursing service directors in 16 accredited general hospitals in New York City; 64 associate degree nursing graduates who had not had further formal academic preparation and who had been employed in the respective hospitals for at least three months—51 in staff nurse positions and 13 in head nurse positions—supplied personal and experiential information. The 51 graduates who were employed in staff nurse positions provided data concerning their current functions and activities and their preparation for these activities. The directors of nursing service or their assistants provided information concerning the placement and utilization of the graduates.

The functions and activities identified by the graduates were analyzed to ascertain whether they were performing the functions for which they had been prepared and also whether they were performing additional activities. The responses of the nursing service directors were analyzed to find out the reasons for the current utilization of the graduates and to ascertain the directors' knowledge of the functions for which associate degree graduates were prepared.

FINDINGS

1. Forty-six (90.2 percent) of the 51 graduates who were employed in staff nurse positions reported that they spent more than one-half of their working time in performing
the technical functions of nursing. Over 90 percent of the staff nurses reported that their chief function was giving general nursing care to patients.

2. One hundred percent of the staff nurses reported that they had been prepared to perform the technical functions of nursing.

3. The majority of the staff nurses identified other activities that they performed. The categories of these activities, in order of frequency of mention, were clerical, managerial, cleaning, and medical-technical. The respondents stated that they had not been prepared for these activities.

4. The majority of these staff nurses also reported that they took charge of their units in the absence of the head nurse or when working on the evening or night tour of duty. Another type of activity identified was that of overseeing the work of other personnel. The graduates indicated that they had not been prepared for these two activities.

5. The nursing service directors indicated that the chief function of the staff nurse in their hospitals was to give direct nursing care to patients. They also indicated that the staff nurse had other responsibilities. These responsibilities included relieving the head nurse on her days off, taking charge of the unit on the evening or night tour, and performing managerial and clerical tasks.

6. The nursing service directors stated that they did not believe associate degree nursing graduates had been prepared to relieve the head nurse on her days off and that inservice education was necessary if the graduates were to assume relief charge nurse duties.

7. Associate degree graduates were considered for promotion on the same basis as other nurses. Leadership ability and/or quality of performance, education beyond the preservice nursing program, length of nursing experience, and tenure in the institution were reported as some of the major factors entering into a decision to promote.

8. As a group, the associate degree nursing graduates in head nurse positions were older than the staff nurses, had a longer period of experience in nursing, and more of them were married. Two employers of associate degree head nurses indicated that the factors of age, maturity, experience in nursing, and ability had entered into their decision to promote.

9. Four of the nursing service directors were uncertain whether associate degree graduates had received preparation for head nursing in their preservice nursing programs. However, three directors reported that associate degree graduates would be considered for promotion before graduates of diploma programs, since the former had a minimum of 30 college credits.

10. The majority of the directors did not believe that preparation for head nursing should be included in the associate degree nursing program. Several directors emphasized that there is a need for the bedside nurse. However, a few indicated that preparation for head nursing should be included in all types of nursing programs, since this is what is expected of the graduates now or will be expected in the future.

CONCLUSIONS

Certain conclusions can be drawn from the findings of this study of associate degree nursing graduates employed in a specific geographical area. These conclusions may be generalized only insofar as they hold true in other geographical areas.
1. From the finding that 80 percent of the associate degree nursing graduates were employed as staff nurses and that at least two-thirds of these performed all of the activities that technical nursing functions comprise, it may be concluded that the graduates were performing the technical functions of nursing. It may also be concluded on the basis of the findings that they believed they were prepared to perform these functions.

2. The majority (90 percent) of the graduates who were in staff nurse positions reported that their major function was to give general nursing care to patients, which was corroborated by the nursing service directors. This finding, along with the fact that the associate degree nursing program prepares students for this function, leads to the conclusion that this objective of the associate degree nursing program is realistic.

3. The finding that the majority of the graduates reported that they performed activities other than those for which they believed they had been prepared may lead to the conclusion that associate degree graduates were not being utilized exclusively for the nursing functions for which associate degree programs prepare students.

4. On the basis of the responses of the nursing service administrators, it may be concluded that in making decisions concerning the promotion of staff nurses to head nurse positions, little or no consideration is given to the objectives of the various types of nursing programs and to the preservice preparation of the graduates of these programs.

5. The responses of the directors of nursing service regarding promotion to head nurse positions and the expectations of the associate degree nursing graduates lead to the conclusion that not all nursing service personnel are well informed of the objectives of the associate degree nursing program.

RECOMMENDATIONS

It is recommended:

1. That improved communication between those who prepare and those who utilize the graduates of associate degree nursing programs be planned on a continuing basis. An unending process of exchanging information and sharing ideas and problems is required to promote the effective utilization of these nursing practitioners. The expectations held for the graduates can be guided by what is known and understood about the educational program.

2. That continued effort be made toward utilizing associate degree nursing graduates to perform the functions for which they have been prepared. The removal of barriers to the performance of technical nursing functions is required to permit more of these nursing technicians to work at the highest level of their ability at all times. It is suggested that each institution employing associate degree graduates assess the utilization of these graduates in relation to the functions for which they have been prepared, in an effort to maximize the potential contribution of these practitioners.

3. That provision be made for improved inservice education and supervision in settings where associate degree graduates are required by the situation to undertake charge nurse responsibilities.

4. That study of the objectives and the content of the associate degree nursing program be included in graduate schools preparing nursing service administrators. Knowledge of the purposes and content of the associate degree nursing program is needed by those who will be responsible for the employment, direction, and supervision of the graduates of these programs.
The findings of this study have implications for both nursing education and nursing service.

The most important finding of the study was that the associate degree nursing graduates were performing the functions for which they had been prepared. This finding is significant for several reasons. First, to the extent that the skills of these graduates are being properly used, the patient is receiving the services of a qualified nurse. This is particularly important in view of today's problems in nursing and the urgent need for improvement in the quality of nursing services rendered to patients. Second, to the extent that the graduates are expected and permitted to perform at their highest level of skill, job satisfaction will result. This fact assumes added importance in view of the high rate of turnover among hospital nurses. Third, the existence of the associate degree nursing program is given further justification. The fact that the graduates of these programs are needed and are being utilized to give direct nursing care to patients is further evidence that the associate degree nursing program is fulfilling its purpose.

It is encouraging that the majority of the associate degree graduates were performing the nursing functions for which they had been prepared. But it is discouraging that their skills were being diverted in the performance of activities that required no nursing preparation and, conversely, in performing activities that required a depth of preparation not provided in a technical nursing program. Is it necessary that nurses who are specifically prepared to give direct nursing care to patients perform cleaning chores, clerical tasks, medical-technical activities, and managerial duties? Do finance-minded hospital administrators realize that scarce nursing skills are being used in this manner?

In view of the patient's need for nursing and the current inadequacies in nursing supply, means should be found to permit the nurse to devote her full time to giving nursing care. As Ginzberg notes in his discussion of the wise use of manpower, it is a waste of time for a college professor to write letters by hand or "hunt and peck" on the typewriter or check bibliographical references when clerical or research assistants could be employed for these duties. An analogous statement can be made about nursing. Surely some of our unskilled unemployed could be employed and trained by the hospitals to wash and sterilize instruments and to clean utility rooms and to perform the cleaning activities to which the participants in this study said they were assigned. Similarly, clerical personnel could be employed to perform the clerical and secretarial duties.

The problem of the continual addition of medical-technical activities to the nurse's duties must be faced by the nursing profession. Is it realistic to expect the nurse to continue to take on the tasks discarded by the physician? Is there any question that the administration of intravenous fluids, as described by several of the associate degree graduates participating in this study, is not "giving general nursing care to patients"? Who will give nursing care to the patients if the nurse is occupied with other activities?

The expectation that associate degree nursing graduates must perform managerial duties raises other questions. These graduates are prepared for the technical functions of nursing—for bedside nursing. The technician has not been prepared to assign, direct, or supervise the work of others. Several of the graduates participating in this study indicated that they were expected to direct the work of auxiliary personnel. To the extent that associate degree graduates must perform these managerial duties, they are not
being utilized to give nursing care to patients. What can be done to enable the nursing technician to do that for which she is prepared?

Evidence obtained from the data gathered for the purpose of this study and observations made during the course of the investigation lead to the conclusion that the proper utilization of associate degree nursing graduates will help to improve the quantity and quality of nursing care.

The majority of the nursing service administrators indicated that associate degree nursing graduates were treated in much the same manner as graduates of other nursing programs with respect to orientation and work assignments. The fact that associate degree graduates require no special or preferential treatment is significant, for it indicates that the associate degree nursing program produces nurses for the technical or bedside nursing functions in a shorter period of time and at no additional expense to the hospital in terms of preservice or inservice education.

The promotion of associate degree graduates to head nurse positions raises several questions. The majority of the nursing service directors said that associate degree graduates are considered for promotion on the same basis as graduates of other programs. Is this because there are no differences among the graduates of different types of nursing programs? There was an implication in the remarks of the directors that there was a greater difference between individuals than between graduates of different types of programs in nursing. Are there differences among the graduates of different types of programs that are not recognized by nursing service administrators? What expectation is held for the head nurse role? Is the head nurse a manager? If so, does this explain the reason for the promotion of associate degree graduates? That is, are these graduates promoted because the ability to organize or to manage is inherent within the individual and not something to be achieved only through formal preparation?

If the associate degree graduate is promoted on the basis of ability, experience, tenure, and the like, can other means be found to reward this nursing practitioner that will not remove her from the patient's side? Perhaps the vertical system of promotion is a necessary function of our status-conscious society, but the question must be answered if we are to keep the qualified nurse at the bedside.

Our present-day needs for nursing service require that qualified, knowledgeable nurses be prepared and then utilized in accordance with their preparation. The associate degree graduates are prepared to give direct nursing care to patients. It is to be hoped that constant effort will be directed toward promoting their effective utilization.

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UNPUBLISHED MATERIALS
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APPENDIX A. DEFINITIONS OF "TECHNICIAN"

Three examples of acceptable definitions of the term "technician" follow.

1. A general term applied to an individual who assists with technical details in a trade or profession. Uses tools, instruments, and/or special devices to design, illustrate, fabricate, maintain, operate, and test objects, materials, or equipment. Performs mathematical and scientific operations reporting on and/or carrying out a prescribed action in relation to them. Examines and evaluates plans, designs, and data; determines action to be taken on the basis of analysis; assists in determining or interpreting work procedures and maintaining harmonious relations among groups of workers.¹

2. The technician is a person who works at a job which requires applied technical knowledge and applied technical skill. His work, in this respect, is somewhat akin to that of the engineer, but usually the scope is narrower. His job also requires some manipulative skills—those necessary to handle properly the tools and instruments needed to perform the technical tasks.

In his special field he has considerable technical knowledge of industrial processes, and in this field he knows how to apply the necessary principles of the physical sciences and of mathematics. In general, he uses instruments, in contrast with tools. His contribution is mainly through mental effort, in contrast with muscular exertion.

The job of the technician is not easy to define. On the one hand, it has many of the characteristics of engineering; on the other, many of the qualities associated with the skilled trades. Some technician jobs lean toward the engineering type, jobs which consist mainly of drafting, computations, and laboratory testing. Others border on the skilled crafts, such as those which deal with repair of mechanical or electrical equipment where much technical "know-how" is demanded but which also require considerable manual skill. It hardly seems practical to set up clearly defined boundaries within which lie all technician jobs.

The kinds of technical ability found in the various technician jobs are of considerable variety. Some jobs emphasize analysis and diagnosis. Some require visualization of drawings, or a flair for creative design. Some demand a high degree of applied mathematical ability. Some require a knowledge of the practices in the skilled trades, but not the ability to perform the skilled tasks. Some require extensive understanding of industrial equipment and processes. Sometimes the job involves supervisory responsibilities, and combines skill in handling people with skill in dealing with technological matters.²

3. The scientific or engineering technician usually works in one of these broad fields:
Research, design or development—where he generally acts in direct support of an engineer or scientist.
Production, operation or control—where the technician usually follows a course laid out by the engineer or scientist, though he may not work under close direction.
Installation, maintenance or sales—where he frequently performs tasks that would otherwise be done by an engineer or scientist.

In performing these functions, the technician thinks out problems for himself. He uses college-level mathematics and the principles of physical and
natural science. He takes over more routine engineering functions. He ef-
fectively communicates scientific or engineering ideas mathematically, graph-
ically and linguistically. 3

References


3. National Committee for the Development of Scientists and Engineers (now President's Committee on Scientists and Engineers). Answer Your Engineering Manpower Problems. Washington, D.C., the Committee, 1956.
APPENDIX B. THE ASSOCIATE DEGREE NURSING CURRICULUM

The associate degree nursing program is organized as a two-year, college-level curriculum in which general education and specialized technical (nursing) education have been combined. Within this general pattern, individual associate degree nursing programs vary in length, in the number and the distribution of credits, and in the organization and the sequences of courses.

The length of the programs ranges from two academic years to two academic years plus one or two summer sessions. The number of credits ranges from 60 to 80, and generally, the credits are about equally distributed between the specialized nursing courses and the courses in general education. In individual programs, however, the nursing courses may constitute from one-third to two-thirds of the curriculum.

Although the general education requirements vary, similarities are apparent. All programs require content in communication skills (6-17 credits), in social sciences (6-18 credits), in natural sciences (6-17 credits); the majority allow for content in the humanities (2-8 credits) and/or electives (3-6 credits). In addition, many programs also have requirements in mathematics and physical education.

The curriculums on the following pages illustrate some of the similarities and differences among associate degree nursing programs.
CURRICULUM PLAN FOR 1964-1965
DUTCHESS COMMUNITY COLLEGE

First Year

<table>
<thead>
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<th>First Semester</th>
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<th>Credits</th>
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Second Year

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<td>Principles of Medical Science III</td>
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<td>Advanced Health Problems II</td>
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**CURRICULUM PLAN FOR 1964-1965**

**VERMONT COLLEGE**

**First Year**

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<td>Maternal and Child Health</td>
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<td>Dynamics of Human Behavior</td>
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**Summer Session (3 weeks)**

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**Second Year**

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<td>Interpersonal Relations</td>
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<td>Deviate Patterns of Behavior</td>
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<td>Nursing Seminar</td>
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<td><strong>Total</strong></td>
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APPENDIX C. LETTER AND QUESTIONNAIRE SENT TO CHAIRMEN OF ASSOCIATE DEGREE NURSING PROGRAMS

TEXT OF LETTER

As part of my doctoral work at Teachers College, Columbia University, I am undertaking a study that will focus on the utilization of associate degree graduates in general hospitals in relation to their educational preparation. Hopefully, this may serve to facilitate increased understanding of the qualifications of these graduates on the part of employers and thereby promote their effective utilization.

To secure data for one phase of my project, I am requesting the cooperation of the chairmen of all associate degree nursing programs in existence in the fall of 1961 in filling out a questionnaire. The purpose of the questionnaire is to obtain beliefs concerning the functions for which the graduates are prepared. All information will be confidential, and no school or individual will be identified in the report. A summary of the findings will be sent to the participating schools upon request.

I hope that you will assist me in gathering these data by completing the enclosed questionnaire and returning it to me as soon as possible. A stamped, self-addressed envelope is enclosed.

Thank you for your interest and assistance.

Sincerely yours,

Betty L. Forest
I. Functions Identified from the Literature.

Listed below are the functions that, according to the literature, the graduates of associate degree nursing programs are prepared to perform. This questionnaire is designed to obtain verification of these functions. Under each function, activities are listed and examples are given. The examples are illustrative and are meant to be neither exhaustive nor mutually exclusive.

Please indicate whether you believe that associate degree nursing graduates of your program are prepared to perform the activities listed by checking "Yes" or "No" in the appropriate column.

A. Assist in the Planning of Nursing Care.

1. Plan Nursing Activities for Individual Patients Assigned to Them.
   Example: organize assigned tasks; consider special needs of patient; use suggestions from other personnel; discuss plan with nurse in charge.
   Yes No

2. Assist Patients to Participate in Their Own Care.
   Example: show patient method of performing simple hygienic procedure (e.g., brush teeth); tell patient how to apply dressing, soaks, etc.; tell patient method of taking prescribed medication (e.g., with straw, milk, etc.).
   Yes No

B. Give General Nursing Care.

1. Give Hygienic Care to Patients.
   Example: bathe; care for skin; give mouth care.
   Yes No

2. Make Patients Comfortable.
   Example: turn, position, assist in getting up; talk with and listen to patients; arrange for or provide diversional activities; adjust room lighting or ventilation.
   Yes No

3. Assist Patients in Maintaining Normal Body Functions.
   Example: feed or assist with eating; assist with elimination--provide bedpan, take to bathroom.
   Yes No

   Example: take vital signs; observe physical condition and behavior; measure intake and output.
   Yes No
5. Perform Procedures in Meeting Patients' Needs for Therapy.
   Example: give medications; perform irrigations; apply dressings; operate suction and oxygen equipment.

6. Perform Procedures in Meeting Patients' Needs for Diagnosis.
   Example: collect specimens of excretions; position patients for tests and examinations.

   Example: record vital signs and observations of physical condition and behavior on patient's record; report unusual or sudden change in condition to nurse in charge or to physician.

C. Assist in the Evaluation of the Nursing Care Given.

1. Report Observations of Patient's Response to Therapy and to Nursing Activities to Nurse in Charge.
   Example: report observations of patient's response to nursing procedures; report information obtained from and questions of patient and family; report patient's behavior; make suggestion for change in nursing approach to particular patient.

II. Additional Functions.

If there are other functions and/or activities for which graduates of your associate degree nursing program are prepared, please list them below. Please give examples for illustrative purposes.

Thank you for your assistance

_________________________________________  __________________________________________
Your name                                               Title

_________________________________________
College
INTRODUCTION

A study of the graduates of associate degree nursing programs is being conducted in general hospitals throughout New York City. The purpose of the study is to find out what functions you are performing. It is anticipated that this information will be useful to those concerned with the education and employment of associate degree nursing graduates. Your cooperation in this study will be most sincerely appreciated.

The questions you are asked to answer relate to the activities you carry out in your particular job. The intent is to find out what you are doing, and there will be no attempt to evaluate your performance. Therefore, there are no "right" or "wrong" answers. The value of this study will be enhanced if you answer the questions as directed and if you answer all the questions.

Please do not put your name on this questionnaire. The information you give will be considered confidential. You may feel free to answer the questions as completely and as sincerely as possible.

Please follow the directions carefully. The majority of the questions can be answered by placing a check mark in the appropriate space. In those instances where you are requested to write out your answer, please be brief and specific.

PART A. BIOGRAPHICAL DATA

Please check or fill in the appropriate answer as indicated.

Personal Data

1. What is your age? (check one)
   - under 21
   - 21-25
   - 26-30
   - 31-35
   - 36-40
   - 41-45
   - 46-50
   - 51-55
   - 56-60
   - over 60

2. Your sex? Female____ Male____

3. Marital Status: (check one)
   - Single
   - Married
   - Separated, Divorced, Widowed

Education

4. From what nursing program did you graduate?

   ______ Name of College
   ______ State
5. What year did you graduate? 19____

6. Have you taken any college courses since graduation? Yes____ No____

Experience

7. Total length of nursing experience since graduation: _______ years _______ months

8. Length of time employed in this hospital as a graduate nurse: _______ years _______ months _______ weeks

9. What is the title of your present position? (check one)
   ___ Staff Nurse
   ___ Ass't. Head Nurse
   ___ Supervisor
   ___ Head Nurse
   ___ other: (specify) _______

10. Length of time employed in present position: _______ years _______ months _______ weeks

11. On what clinical service do you regularly work? __________________________

12. If you work in a particular unit or division of that service, please specify. ________________________________________________________________

13. On what tour are you regularly assigned? (check one)
   ___ Day
   ___ Evening
   ___ Night
   ___ Rotating
   ___ other (please specify) ____________________________________________

14. Do you work full-time____ or part-time____?

If you are a head nurse, assistant head nurse, supervisor, or assistant supervisor, you need not complete the remainder of this questionnaire. Thank you very much for your cooperation.

PART B, NURSING FUNCTIONS

Listed are the major categories of nursing activities that have been classified under three nursing functions. Please indicate those activities which you perform as a regular part of your job by placing a check mark in the space provided.
1. Function I: Assist in the Planning of Nursing Care.
   a. Plan Nursing Activities for Individual Patients Assigned to You.
      E.g.: organize assigned tasks; consider special needs of patient;
            use suggestions from other personnel; discuss plans with
            nurse in charge.
   b. Assist Patients to Participate in Their Own Care.
      E.g.: show patient how to perform simple hygienic care; tell pa-
            tient how to apply dressing; how to take prescribed medication.

2. Function II: Give General Nursing Care.
   a. Give Hygienic Care to Patients.
      E.g.: bathe; care for skin; give mouth care.
   b. Use Measures to Promote Patients' Comfort.
      E.g.: turn; position, assist in getting up; talk with and listen
            to patients; provide for diversional activities.
   c. Assist Patients in Maintaining Normal Body Functions.
      E.g.: feed or assist with eating; assist with elimination--provide
            bedpan, etc.
   d. Observe Signs, Symptoms, and Changes in Condition.
      E.g.: take vital signs, observe physical condition and behavior;
            measure intake and output.
   e. Perform Therapeutic Treatments in Carrying Out Physician's Plan of
      Therapy.
      E.g.: give medications; perform irrigations; apply dressings;
            operate suction and oxygen equipment.
   f. Perform Procedures to Facilitate Diagnostic Tests.
      E.g.: position patients for tests and examinations; collect speci-
            mens of excretions.
   g. Record and Report Signs, Symptoms, and Changes in Condition.
      E.g.: chart vital signs and/or observations of condition; report
            unusual or sudden change in condition to nurse in charge or
            to physician.

   a. Report Observations of Patients' Response to Therapy and to Nursing
      Activities to Nurse in Charge.
      E.g.: report observations of patient's response to nursing proce-
            dures; report information obtained from and questions of
            patient and family; make suggestions for change in nursing
            approach to particular patient.

The following questions may be answered by placing a check in the blank provided
or by writing your reply as indicated.
4. Please indicate how much of your time, in your work, is devoted to performing the activities you have checked in the preceding list:

a. more than 3/4.
b. between 1/2 and 3/4.
c. between 1/4 and 1/2.
d. less than 1/4.

5. Were you prepared in your nursing program to perform the activities in the preceding list? Yes ___ No ___

If NO, please list by number and letter those activities for which you were not prepared.

Your additional comments:

6. Is giving general nursing care to patients your major function in this hospital? Yes ___ No ___

If NO, what is your major function? Please explain.

7. Please list below any other activities that you carry out in your work. Please be specific and give examples for illustration.

Please place a check mark in the column provided if preparation for performing these activities was included in your nursing program.

<table>
<thead>
<tr>
<th>Activity Performed</th>
<th>Preparation Included in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
</tbody>
</table>

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8. Is team nursing practiced in the unit in which you work? Yes____ No____

If YES,

a. Are you: (check one)
   (1) ______ a member of the nursing team?
   (2) ______ a leader of the nursing team?
   (3) ______ sometimes a member, sometimes a leader of the nursing team?

b. When are you a leader of the nursing team? (check all that apply)
   (1) ______ not at all.
   (2) ______ on team leader's day or days off.
   (3) ______ during team leader's vacation.
   (4) ______ alternating with another staff nurse.
   (5) ______ daily.
   (6) ______ other: (please specify)

9. In your nursing program, was specific instruction given in how to be:
   a. a member of the nursing team? Yes____ No____
   b. a leader of the nursing team? Yes____ No____

10. When are you in charge of your unit? (check all that apply)
    a. ______ not at all.
    b. ______ for part of a day.
    c. ______ on head nurse's day or days off.
    d. ______ on head nurse's vacation.
    e. ______ daily.
    f. ______ other (please specify)

11. In your nursing program, was specific instruction given in how to be in charge of a unit? Yes____ No____

12. Do you oversee the work of others in your job here? Yes____ No____

    If YES, please explain:
    a. under what circumstances:
    b. in what specific ways:

13. In your nursing program, were you taught how to oversee the work of others? Yes____ No____

14. Please make any additional comments you wish concerning your present job functions and responsibilities in relation to the preparation you received in your nursing program.

Thank you very much for your cooperation.
The utilization of nursing personnel to the best advantage is a topic of considerable interest in nursing. As part of my doctoral program at Teachers College, Columbia University, I am undertaking a study of the utilization of graduates of associate degree nursing programs who are employed in accredited general hospitals in New York City. Associate degree nursing graduates with at least three months' service in the institutions will be included.

To carry out this study, I am seeking the cooperation of the hospitals employing these nurses. It is my plan to administer a relatively brief questionnaire to these graduates, preferably in groups, if feasible, or to individuals. I also wish to discuss aspects of their present employment with the nursing service person responsible for the employment and placement of nurses in the hospital. All information will be kept confidential, and no individual or hospital will be identified in my report.

Will you let me know if associate degree nursing graduates are currently in your employ; and, if so, whether you will help with this study? A self-addressed postal card is enclosed. If you agree to participate, I will then contact the person whom you designate in order to make definitive plans for conducting the study.

A summary of the findings will be made available to the participating hospitals upon request.

Thank you for your interest and assistance. Your early reply will be appreciated.

Sincerely yours,

Betty L. Forest
GUIDE FOR INTERVIEWING DIRECTORS OF NURSING SERVICE

1. When you employ graduates of associate degree nursing programs, what factors do you consider in assigning them to a particular unit?
   a. Do you consider their educational preparation?
   b. Do you consider their previous experience?

2. Do you consider the same factors in assigning graduates of other kinds of nursing programs?

3. Is giving direct nursing care to patients the chief function of the staff nurse?
   a. Does the staff nurse have responsibility for duties other than giving direct nursing care?
   b. Is relieving the head nurse on her days off a regular responsibility of the staff nurse?

4. What factors do you consider in promoting staff nurses to head nurse or equivalent positions?
   a. Is educational preparation a factor?
   b. Is experience a factor?

5. Are associate degree nursing graduates considered for promotion on the same basis as graduates of other kinds of nursing programs?

6. Do you think that associate degree nursing graduates are prepared for head nurse positions?

7. Do you think that associate degree nursing graduates are prepared for relieving the head nurse on her days off?

8. Do you think that graduates of associate degree nursing programs should be prepared for head nurse positions?
APPENDIX F. SYSTEM OF CODING ADDITIONAL ACTIVITIES
IDENTIFIED BY ASSOCIATE DEGREE GRADUATE STAFF NURSES

1. Clerical.
   1.1 Requisition: supplies and equipment.
   1.2 Fill out requisitions: medical tests and treatments.
   1.3 Schedule appointments: consultations, medical tests and treatments.
   1.4 Write patient charges.
   1.5 Transcribe orders.
   1.6 Write assorted labels, tags.
   1.7 Paper work--nonspecific.

2. Managerial.
   2.1 Assign personnel.
      2.11 Personnel--general.
      2.12 Personnel--specific.
   2.2 Supervise personnel.
      2.21 Personnel--general.
      2.22 Personnel--specific.

3. Nursing.
   3.1 Plan nursing activities.
   3.2 Assist patient (family) participate in care.
   3.3 Comfort, hygiene, body functions.
   3.4 Therapeutic procedures and tests.
   3.5 Observe, record, report.

4. Role.
   4.1 Charge nurse--unit.
   4.2 Team leader.
4.3 Management--unit.

5. Cleaning.

5.1 Maintain equipment and supplies.
   5.11 Clean instruments.
   5.12 Sterilize instruments.
   5.13 Clean equipment.
   5.14 Stock supplies.

5.2 Clean, or maintain work unit.
   5.21 Clean specific work area.
   5.22 Maintain specific work area.


6.1 Intravenous Therapy.
   6.11 General.
   6.12 Administer intravenous fluids.
   6.13 Collect blood.
Appendix F. Systems: Caring Additional Activities

Interdisciplinary Group for Systems: Caring Additional Activities

1. Medical

2. Equipment and supplies

3. Home care

4. Physical therapy

5. Rehabilitation

6. Speech therapy

7. Stoma therapy

8. Social work

9. Administrative services

10. Research

11. Marketing

12. Finance

13. Human resources

14. Support services

15. Public relations

16. Communications

17. Training

18. Education

19. Volunteer services

20. Development

21. Public relations

22. Marketing

23. Business services

24. Fiscal services

25. Human resources

26. Support services

27. Research

28. Administration

29. Finance

30. Operations

31. Professional services

32. Clinical services

33. Administration

34. Finance

35. Human resources

36. Support services

37. Research

38. Administration

39. Finance

40. Human resources

41. Support services

42. Research

43. Administration

44. Finance

45. Human resources

46. Support services

47. Research

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91. Support services

92. Research

93. Administration

94. Finance

95. Human resources

96. Support services

97. Research

98. Administration

99. Finance

100. Human resources

101. Support services

102. Research