PERFORMANCE OF WARD ADMINISTRATIVE AND PATIENT TEACHING FUNCTIONS BY PRACTICAL NURSES IN FOUR SELECTED HOSPITALS IN ONE METROPOLITAN AREA IN KANSAS

by

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A Thesis submitted to the Faculty of the Graduate School of the University of Colorado in partial fulfillment of the requirements for the Degree Master of Science

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Performance of Ward Administrative and Patient Teaching Functions by

Practical Nurses in Four Selected Hospitals in One Metropolitan

Area in Kansas

Thesis directed by Assistant Professor Patricia A. VanderLeest

The purposes of the study were: (1) to determine if practical nurses were performing the functions of patient teaching and ward administration in four selected Kansas hospitals, and (2) to determine the frequency of performance of these functions by the practical nurses.

The research method used was descriptive-survey with a closed-response questionnaire as the data-gathering technique. Questions related to twenty-one patient teaching activities and thirty-three ward administrative activities, identified from the review of literature, were included in the questionnaire.

Data consisted of questionnaire responses from ninety-eight practical nurses. The findings were: (1) 80 per cent of both ward administrative and patient teaching activities had been performed, either frequently or occasionally, by the majority of the ninety-eight respondents, and (2) the remaining activities had been performed by only a small minority of respondents. The mean percentages and the ranges by per cent of all respondents performing the activities under investigation, by frequency of performance categories, were: (1) patient teaching activities—frequently performed, mean 26, range 4-68; occasionally performed, mean 44, range 13-65; never performed, mean 29, range 2-77; frequency of performance not indicated, 1 per cent; (2) ward administrative activities—frequently performed, mean 33, range 1-91; occasionally
performed, mean 41, range 8-72; never performed, mean 24, range 0-38; frequency of performance not indicated, 2 per cent.

Conclusions of the study were: (1) that the majority of the ninety-eight practical nurse respondents were performing patient teaching and ward administrative functions, and (2) that no reliable estimate could be made as to how frequently these practical nurses performed the functions. The frequency of performance varied widely from activity to activity and appeared to depend entirely upon the nature of specific activities.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed

[Signature]

Instructor in charge of thesis
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This increase in sheer numbers of practical nurses engendered an increased concern about the appropriate functions of the practical nurse. In the past decade numerous studies of the functions of both professional nurses and practical nurses were sponsored by the American Nurses' Association culminating in the issuance of statements of functions for both groups.  


2. Ibid.


"Practical nurses, considered as a temporary expedient in the early days of World War II, are now generally accepted as integral members of the nursing-service team."1 Not only have their responsibilities been enlarged significantly, but also their opportunities for employment have expanded2 so greatly that from 1949 to 1959 the number of practical nurses employed in hospitals alone increased by 140 per cent from 33,2723 to 79,515.4

This increase in sheer numbers of practical nurses engendered an increased concern about the appropriate functions of the practical nurse. In the past decade numerous studies of the functions of both professional nurses and practical nurses were sponsored by the American Nurses' Association culminating in the issuance of statements of functions for both groups.5

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2Ibid.
Undoubtedly, the publication of these statements did clarify to some degree the respective roles, responsibilities, and functions of the professional and of the practical nurse. However, since both professional nurses and practical nurses were concerned inevitably with patient care, a comparison of these statements revealed a partial overlap of the functions of the professional nurse and the practical nurse in the area of direct patient care. Despite this overlapping, there were other functions that appeared to be clearly the prerogative of the professional nurse. Two such functions were teaching and administration. In the American Nurses' Association Statements of Functions, Standards, and Qualifications for head nurses, teaching and administrative functions at the hospital-unit level numbered fifteen or more. No comparable functions were stated for the practical nurse in the Statement of Functions of the Licensed Practical Nurse.

Yet in actual practice it appeared that practical nurses in hospitals were sharing in patient teaching and ward administrative functions as they shared in the function of direct patient care. For the purposes of this study, the comparison made was between the functions of practical nurses and the functions of general duty professional and head nurses only.


"Intra, pp. 9-11, for a discussion of findings in nursing literature that tended to confirm this contention.

I. THE PROBLEM

Statement of the problem. The problem of the study was to determine whether or not a selected group of practical nurses were performing patient teaching and ward administrative functions.

Purposes of the study. The purposes of the study were: (1) to determine if a selected group of practical nurses were performing the functions of patient teaching and ward administration in four Kansas hospitals and (2) to determine the frequency that these functions were performed by these practical nurses.

Need for the study. The National Advisory Committee on Practical Nurse Education has recommended "... a continuing analysis of the practical nurse occupation." This seemed most necessary when the findings of Hughes et al. were considered. In summarizing the results of over twenty nursing function studies, they reported that "the work of the practical nurse is undergoing continued change and appears to be the most erratic and unstandardized of any in the hospital." They added that boundaries between the work of all ranks of nursing personnel are constantly shifting.

All down the line, this constant and often unrecognized movement toward re-alignment and reallocation of functions is having unforeseen effects. For one thing, it enters into the nurse's legal position. ... it seems generally true that her work is outgrowing the legal definition of it. For its own protection, the profession might consider an inquiry into the disparity between actual and


permitted practice. 12

These authors also related the findings about the activities and functions of practical nurses in hospitals to the issue of the education of the practical nurse and its appropriateness to her eventual work. To judge what she should be taught calls for a survey of what she does. . . . 13 They concluded that "it is only a slight exaggeration . . . to say that both professional nurses and practical nurses are doing the same things, and many of these things are not nursing." 14

In light of these findings and recommendations, periodic studies of the current activities and functions of practical nurses should be fostered and undertaken by the nursing profession. A study to determine the patient teaching and ward administrative functions of practical nurses would be, it was believed, a contribution to this end.

Scope and limitations of the study. The study was conducted in four general hospitals in one metropolitan area in Kansas. Three of the hospitals had bed capacities of 150-250 and the fourth, a bed capacity of over 525. One hundred and thirty-six, or all practical nurses employed by these hospitals at the time of the study, constituted the population for the study.

The limitations of the study were: (1) only those hospitals approved by the American Hospital Association within the metropolitan area selected were included in the study, (2) the administrative and patient teaching activities investigated were limited to those customarily performed on hospital wards, and (3) the determination of the performance of these activities by practical nurses was accomplished by a

mail questionnaire. It was realized that had direct observation of the work of the practical nurses been the data-gathering technique, different and more varied data might have been obtained.

II. DEFINITIONS OF TERMS USED

For the purposes of this study the following definitions were used:

Professional nurse. A graduate of an approved school of professional nursing, and licensed as a registered nurse by a State to practice professional nursing which is the performance of those services in the care of the sick, in the prevention of disease, or in the conservation of health requiring: (1) the application of the principles of nursing based on biological, physical, and social sciences, (2) nursing skills in the observation and reporting of symptoms and reactions and the administration of treatments and medications prescribed by licensed physicians, and (3) the exercise of judgment to a discerning degree in the execution of these services.

Practical nurse. Because practical nursing is a relatively new occupation with required educational training and mandatory licensure only recently adopted in most states, there are two possible definitions of the practical nurse: (1) "A trained practical nurse is a person prepared by an approved educational program to share in the care of the sick and the prevention of disease in the field of practical nursing, and is licensed by a State to practice practical nursing which is the performance of those nursing activities which require a degree of technical knowledge and skill, but which are of such a nature that a discerning degree of judgment is necessary in the execution of these services.

15 Laws Relating to Registration of Nurses and Nursing Education (Topeka, Kansas: Kansas State Board of Nursing Registration and Education, 1958), p. 1.

sick, in rehabilitation and in the prevention of illness, always under
the supervision of a licensed physician and/or registered professional
(2) A practical nurse also may be a person who has had no
formal educational program in practical nursing but has acquired
licensure by virtue of her practical working experience in care of the
sick and by passing a written examination. Both categories of prac­
tical nurses may practice practical nursing which is usually defined as
the performance of those nursing activities which require a degree of
technical knowledge and skill, but which are of such a nature that a
wide safety range exists for the exercise of judgment in their execu­
tion.

Patient teaching function. A broad area of professional nursing
responsibility that entails those nursing activities directed towards
increasing the knowledge, skill, and understanding of the hospitalized
patient in the area of health guidance, nursing care, disease condition,
or therapy as pertinent to the individual patient.

Ward administrative function. A broad area of professional
nursing responsibility that entails those activities that contribute
to the operation of a patient care unit in a hospital including direct­
ing, planning, supervising, evaluating, delegating, co-ordinating, and
organizing activities.

17 National Association for Practical Nurse Education, Policies
for Accreditation of Practical Nursing Programs, revised edition (New
York: The Association, 1956), cited by Carmen Frank Ross, "Preparation
18 Laws Relating to Registration of Nurses and Nursing Education,
op. cit., pp. 3-4.
19 New York University, op. cit., p. 5.
III. PREVIEW OF THE REMAINDER OF THE THESIS

Chapter II contains a review of literature related to studies of practical nurse functions and job activities and to nursing activities that constitute patient teaching and ward administration. The method of research and the data-gathering technique are discussed in Chapter III. Presentation and analysis of the data collected comprise Chapter IV. The summary, conclusions, and recommendations are presented in Chapter V.

Selected literature was reviewed for the purposes of: (1) determining what studies had been done relative to practical nurse functions and activities, (2) identifying nursing activities that constituted patient teaching, and (3) identifying nursing activities that contributed to hospital ward administration. A review of professional nursing, practical nursing, and hospital administration literature was made.

Included in the review of literature were several reports of nursing function studies, pamphlets, texts, and books on practical and professional nursing, selected hospital periodicals for the period of 1950-1960, and The American Journal of Nursing, 1950 to 1960; Nursing Outlook, 1953 to 1960; Practical Nursing, 1958 to 1960; and Practical Nurses' Digest, 1957 to 1960.

I. STUDIES OF PRACTICAL NURSE FUNCTIONS AND ACTIVITIES

In the report of twenty studies of nursing functions sponsored by the American Nurses' Association, the change in the role of the practical nurse was described vividly:

It is now more than two decades since the practical and the professional nurse have been sharing the care of the sick in hospitals. At first, the practical nurses took over the menial and routinized. They filled hot water bottles, bathed the patients, carried trays. To put it brutally, they worked where they could do least harm because their education was minimal. But, with time, more and more duties have been passed over to them as the pressure on nursing heightened with the increase and the aging of the population, with
CHAPTER II

REVIEW OF THE LITERATURE

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the growing disposition to go to the hospital when ill and with the progress of medical techniques.

Thus, task by task, often by default or almost by accident, practical nurses are finding themselves doing more and more. Their sphere is expanding, accumulating heritages one by one from the professional nurses.

The practical nurse, in effect, is repeating the history of the R.N., building up her career by the piecemeal accretion of activities which someone higher up has no time for; and once she has undertaken a task, she is likely to think that it is hers, and from that, to think that she ought to do it and that it is expected of her, while the R.N. continues to claim it as her own. The practical nurse is certainly right in asserting that the professional nurse no longer monopolizes the highly responsible jobs, though the latter may think she does.

Thus in a period of less than twenty years the practical nurse has advanced from a position of the relatively uneducated helper of the professional nurse to her present status in which she has assumed many of the skilled and responsible tasks of the professional nurse. It is the general rule now for her to complete a year-long training program.

But just how extensive has been the acquisition by the practical nurse of those functions traditionally considered the exclusive domain of the professional nurse? Some hint has been given in the aforementioned and other studies of nursing activities and functions. The New York University study claimed that practical nurses in twelve New York hospitals spent 16.8 per cent of their total working time on "professional level functions." In the realm of teaching and administrative functions,

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2 Ibid., p. 135.
3 Ibid., pp. 117-118.
4 New York University, A Study of Nursing Functions In Twelve Hospitals in the State of New York (Department of Nurse Education, School of Education, New York University, 1952), p. 68.
which were the chief concern of this study, the findings confirmed that at least a few practical nurses in scattered localities had performed certain such activities, usually considered the responsibility of the professional nurse. Perhaps the strongest confirmation appeared in a study of vocational nursing in California published in 1959. This study divulged that 4 per cent of the reporting 760 licensed vocational (practical) nurses frequently "supervised nursing care given by professional-nurse students"; 16 per cent frequently "supervised nursing care given by vocational-nurse students"; 6 per cent frequently "planned daily or weekly time schedules for nursing personnel assigned to unit"; 15 per cent frequently "made patient assignments to other nursing personnel assigned to unit or team"; 4 per cent frequently "conducted orientation or in-service programs"; and 3 per cent frequently "prepared evaluation reports about performance of nursing personnel."5 Another California study found that some practical nurses "taught patient special procedures," gave "special instruction" to other employees, and "supervised staff assignments."6 In the state of Washington, a study of nursing functions noted that 2.6 per cent of the working time of practical nurses in one Seattle hospital was devoted to "supervision and instruction."7 Similarly, a study of nursing functions in Minnesota hospitals reported that practical

5 University of California, A Study of Vocational Nursing in California (Los Angeles: Division of Vocational Education, University of California, 1959), p. 208.


nurses spent about 3 per cent of their time on activities classified as teaching and supervision. The New York study found that administrative activities claimed 10.4 per cent of the practical nurses' time while teaching activities claimed 1.3 per cent.

Elsewhere, Vera Hansel—then chief of the Practical Nurse Education Section of the United States Office of Education—asserted that some schools of practical nursing had incorporated such subjects as the principles of ward management into the basic curriculum. Bradshaw, in a 1957 article in Practical Nurses' Digest, urged that the practical nurse receive additional preparation whenever she was required, as she was increasingly, according to this source, to carry such added responsibilities as "... charge duty on a nursing unit." This appeared to indicate that not only were practical nurses sometimes performing ward administrative duties, but also they were actually being prepared to do so in some schools of practical nursing.

The above findings, though rather meager, tended to support the contention that some practical nurses had invaded even the sacrosanct professional nurse spheres of administration and teaching. However, it should be emphasized that of all the studies reviewed none dealt exclusively nor in detail with any teaching or administrative activities of professional nurses.

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9 New York University, op. cit., p. 59.
practical nurses.

II. NURSING ACTIVITIES RELATED TO PATIENT TEACHING

During the past decade the nursing profession repeatedly emphasized the importance of teaching the patient. However, precisely what he should be taught and by whom remained somewhat in dispute. Perhaps this was inevitable because those nurses close to the bedside, being ill-prepared by and large to teach patients, resisted the idea.\(^\text{12}\) Also a certain "touchiness" prevailed among some physicians in regard to nurses teaching patients—especially if symptoms, disease condition, or therapy were mentioned—and there seemed to be a question as to whether the physician could legally delegate any teaching in these areas to the nurse.\(^\text{13}\) Nevertheless by the late 1950's such delegation, at least in part, appeared to be a \textit{fait accompli}.

In general, the articles, texts, and studies reviewed agreed that professional nurses in hospitals were responsible for the health-teaching of patients which included, in the words of Streeter, "the prevention of disease, the promotion of health, and helping people adjust to the limitations imposed by disease."\(^\text{14}\) Furthermore, as the delegated agent of the physician—and therefore in consultation with him—the professional nurse might teach the patient about his disease, significance


\(^{14}\) Streeter, \textit{op. cit.}, p. 818.
of symptoms, probability of recovery, and prescribed therapeutic measures.  

Hence, broadly speaking and according to the needs of the individual patient, the wishes of his physician, and the teaching done by other members of the health team, the patient-teaching activities of professional nurses in hospitals appeared to cover the gamut of imparting knowledge, skill, and understanding in three main areas. These areas were: disease condition, therapy, and the nursing care including health guidance and care at home after dismissal. Refined further these areas involved an endless list of teaching requirements for the individual patient, a synthesis of which is presented below. In the area of disease condition, the nurse might teach the patient about the general nature of his illness—symptoms, etiology, prevention, prognosis, complications, limitations, anatomy and physiology, and medical terminology. In the area of therapy, the nurse might teach the patient about drugs, treatments and diet, diagnostic tests, operative procedures, and rehabilitative measures. In the area of nursing care and health guidance, the nurse might teach the patient about personal hygiene, rest and activity, food and fluid intake, availability of other services and resources for his care, hospital and ward routines affecting him, and self care in hospital and home.  

In the American Nurses' Association Statement of Functions, Standards, and Qualifications for head nurses, two broad general functions of the professional nurse pertaining to patient teaching were  

listed: (1) promotes and participates in patient education and rehabilitation, and (2) interprets community resources available for continuity of patient care.

IV. NURSING ACTIVITIES RELATED TO WARD ADMINISTRATION

Administration has been defined as "... the selection, provision, and employment of resources for a purpose the fulfillment of which is desirable or compulsory. Care of the patient sets the purpose of nursing service administration, and the hospital situation as the provider of its potentialities."

Webster's definition, "the managing or conduct of an office or employment," is perhaps more explicit.

Finer intimated that administration, a broad function, has many components. Included in his discussion of the term were: planning, organizing, directing, controlling, evaluating, and co-ordinating activities.

In the literature reviewed, administration at the ward level was more often termed ward management or supervision, but the same elements as those above were identifiable. Barrett's epitome of the essentials of ward administration was representative of most of the works on the subject. She enumerated ten essential activities contributing to ward administration. These were: (1) assigning duties and responsibilities,
(2) planning time, (3) establishing good relationships, (4) giving and receiving reports, (5) keeping records, (6) delegating responsibility, (7) utilizing effectively non-professional workers in patient care, (8) providing supplies and equipment, (9) maintaining the physical environment, and (10) receiving, transmitting, and giving orders. Gipe and Sellew, in listing ward administrative activities, added cost accounting and evaluation and development of personnel. The Hospital Nursing Service Manual in a section devoted to the administration of the nursing unit discussed essentially the same material.

However, the most comprehensive coverage of ward administrative functions was provided in the American Nurses' Association Statements of Functions, Standards, and Qualifications for head nurses. In summary, these were:

1. Plans to meet total nursing needs of patients, allocates the type and amount of care to meet the individual needs of patients, and supervises all nursing activities related directly and indirectly to patient care.

2. Evaluates the effectiveness and promotes the improvement of patient care and of nursing service on the unit.

3. Is responsible for the execution of doctor's orders and for the accurate reporting and recording of patient's symptoms, reactions, and progress.

4. Plans for an environment that is conducive to the physical, spiritual, and emotional well being of patients and personnel.

5. Participates in formulating, interpreting, and implementing

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objectives and policies of nursing service.

6. Promotes good interpersonal relationships.

7. Plans for and participates in the continuous learning experiences of nursing personnel, and promotes personal growth and development of personnel. In the literature reviewed, the consensus was that the professional head nurse was the person responsible for the administration of the hospital ward.

V. SUMMARY

A review of the studies dealing with the activities and functions of practical nurses substantiated the contention that practical nurses in a few scattered localities had, in fact, been performing the traditional professional nurse functions of patient teaching and ward administration. However, no studies were found that dealt exclusively and in detail with the performance by practical nurses of either of these functions.

The review of the literature on patient teaching revealed that the professional nurse herself was considered responsible for the health-teaching of patients in hospitals and, as the delegated agent of the physician, for certain teaching of patients in regard to their disease condition and therapy.

The literature reviewed on ward administration indicated that the professional head nurse was responsible for the administration of the hospital ward. This included, it was generally agreed, assigning duties and responsibilities, giving and receiving reports and orders, keeping

records, delegating responsibility, utilizing personnel effectively in patient care, providing supplies and equipment, maintaining the environment, and evaluating and developing personnel.

From the review of the literature it was concluded that, in hospitals, patient teaching and ward administration were functions of the professional nurse. However, since there was also some indication that practical nurses in a few localities were sharing in the performance of these functions, the need for further study of practical nurses' activities in these areas was demonstrated.

The method of research and the data-gathering technique selected for use in the study are presented in the following chapter.

"It is axiomatic that problems and methods of research must be mutually adapted to each other."\(^1\) The method of research should be selected by the researcher "... on a positive basis; because the problem he desires to work on can best be treated in this manner."\(^2\)

Descriptive-survey was the method of research selected for use in the study. Good delineated the characteristic features of this method:

Descriptive studies may include present facts or current conditions concerning the nature of a group of persons, a number of objects, or a class of events, and may involve the procedures of induction, analysis, classification, enumeration, or measurement. The terms survey and status suggest the gathering of evidence relating to current conditions.\(^3\)

Briefly, one of the uses of the descriptive-survey method may be

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\(^2\) Ibid., p. 261.

CHAPTER III

METHODOLOGY

The problem of the study was to determine whether or not practical nurses were performing the functions of patient teaching and ward administration.

I. METHOD

"It is axiomatic that problems and methods of research must be mutually adapted to each other." ¹ The method of research should be selected by the researcher "... on a positive basis: because the problem he desires to work on can best be treated in this manner..." ²

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Briefly, one of the uses of the descriptive-survey method may be

²Ibid., p. 261.
to secure evidence concerning the existing situation or current condition. Because the problem to be investigated was the current activities of practical nurses, descriptive-survey appeared to be the most applicable method of research for use in the study.

II. TECHNIQUE

Within the framework of the research method, the research worker must select or devise a technique of gathering data which is appropriate to the sources from which the data may be gathered. There are numerous possible techniques for collecting data in a descriptive-survey study, but the three that appeared most appropriate for this study were observation, interview, or the questionnaire. Good and Scates indicated that the interview "... explores what people think and do by what they express in conversation with the interviewer," while "observation seeks to ascertain the overt behavior of persons (and what it may reveal) by watching them as they express themselves in a variety of situations ..." Both, of course, require the proximity of the investigator to the individuals selected for study. These two techniques were rejected as inadvisable because of the distant location of the population. The time required to interview or observe the selected population of 136 practical nurses also precluded the use of

1Ibid.
3Good and Scates, op. cit., pp. 61-67.
4Ibid., p. 61-7.
these techniques.

The questionnaire as the data-gathering tool. In view of the size and location of the population to be studied, a questionnaire appeared to be the most feasible and effective technique for collecting the data needed. If certain stipulations are observed, the questionnaire is a reliable means of gathering data as Barr, Davis, and Johnson noted:

"Questionnaires, when carefully planned in the light of the objectives of an investigation, the kinds of data needed, and with due consideration of the ability and willingness of potential respondents to supply data, are capable of yielding reasonably accurate results."

"The term 'questionnaire' generally refers to a systematic compilation of questions that are submitted to a . . . population from which information is desired." Logically, use of the questionnaire is limited to those situations in which the information or facts sought are known to the individuals answering the questionnaire. It was believed that practical nurses themselves would be the most knowledgeable source of information concerning the activities performed by them. Tangible and very practical advantages of the questionnaire, according to the aforementioned authors, are that franker responses are usually obtained and more respondents can be contacted in less time and with less expense than by either observation or interview.

The type of data required for the study lent itself to use of the closed-response form of questionnaire. In the closed-response

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8 Barr, Davis, and Johnson, op. cit., p. 108. 9 Ibid., p. 65.
questionnaire, a number of answers or responses are provided to individual questions and the respondent has merely to check the response appropriate to his situation. Such a questionnaire greatly expedites tabulation and summarization of the data, facilitates the respondent's task, and decreases the demand on his time.\textsuperscript{12}

\textbf{III. CONSTRUCTION OF THE QUESTIONNAIRE}

The purpose of the questionnaire was to secure relevant data concerning the performance by practical nurses of patient teaching and ward administrative activities. Nursing literature from 1949 to 1960 was surveyed to establish criteria for content of the questionnaire.\textsuperscript{13}

Criteria for construction of the questionnaire were adopted from educational research sources.\textsuperscript{14}

\begin{quote}
Criteria for construction of questionnaire. Many factors must be considered in questionnaire construction. Good, as well as Rummel, West, Good and Scates, and Barr, Davis, and Johnson,\textsuperscript{15} stressed consideration of these criteria:

\begin{itemize}
  \item Motivation of the respondent, significance of questions, simplicity of responses, avoidance of unnecessary specification or detail, pertinence of the situation to the respondent, clarity of purpose and questions, and phrasing of items to facilitate summarization of responses . . .\textsuperscript{16}
\end{itemize}
\end{quote}

Particularly important is the criterion that responses must be valid,

\begin{itemize}
  \item Motivation of the respondent, significance of questions, simplicity of responses, avoidance of unnecessary specification or detail, pertinence of the situation to the respondent, clarity of purpose and questions, and phrasing of items to facilitate summarization of responses . . .\textsuperscript{16}
\end{itemize}

\begin{itemize}
  \item Motivation of the respondent, significance of questions, simplicity of responses, avoidance of unnecessary specification or detail, pertinence of the situation to the respondent, clarity of purpose and questions, and phrasing of items to facilitate summarization of responses . . .\textsuperscript{16}
\end{itemize}

\textsuperscript{12}Good and Scates, op. cit., p. 613.
\textsuperscript{13}Supra, pp. 12-16.
\textsuperscript{15}Ibid.
\textsuperscript{16}Good, op. cit., p. 197.
and "the entire body of data taken as a whole must answer the basic question for which the questionnaire was designed."\(^{17}\) Good and Scates emphasized that a realistic balance must be struck in questionnaire design between the need for comprehensive data and consideration for the respondent, his ability and psychological willingness to supply the data.\(^{18}\)

Pitfalls and errors to be guarded against in questionnaire construction were also discussed by Good, who enumerated the following five as the most common:

1. Irrelevance of the research problem to respondents.
2. Irrelevance or insufficiency of questionnaire items for the variable being investigated.
3. Ambiguous or inappropriate wording.
4. Inadequate categories for responses.
5. Inappropriate item sequence.

Validity and reliability. Two of the standards that must be met by any data-gathering instrument are validity and reliability.\(^{20}\) Barr, Davis, and Johnson stated that "methods of determining reliability and validity of a questionnaire are often unwieldy and unsatisfactory,"\(^{21}\) but one procedure for increasing validity is to exercise extreme care, patience, and effort in construction of the questionnaire.\(^{22}\) Good was more specific. He stated:

The validity of a questionnaire and of its parts may be judged by the following types of evidence:

1. Is the question on the subject?

\(^{17}\) Ibid., p. 199.  
\(^{18}\) Good and Scates, op. cit., p. 608.  
\(^{19}\) Good, op. cit., pp. 199-200.  
\(^{20}\) Barr, Davis, and Johnson, op. cit., p. 91.  
\(^{21}\) Ibid., p. 67.  
\(^{22}\) Ibid., p. 108.
2. Is the question perfectly clear and unambiguous?

3. Does the question get at something stable, which is typical of the individual or of the situation?

4. Does the question pull or have extractive power? Will it be answered by a large enough proportion of respondents to have validity?

5. Do the responses show a reasonable range of variation?

6. Is the information consistent, in agreement with what is known, and in agreement with expectancy?

7. Is the item sufficiently inclusive?

8. Is there a possibility of obtaining an external criterion to evaluate the questionnaire?

Another means of establishing the validity of a questionnaire is by a pretest or pilot study. Good and Scates wrote that "questionnaires and related instruments for gathering data ... need validation in terms of practical use ..." that is, by a preliminary tryout. These authors advocated the use of a pilot study to determine, among other things, the acceptability and intelligibility of the questions and directions to the respondent, the return rates, and the possible ways of handling and analyzing the data obtained.

The questionnaire for the study. As previously discussed, nursing literature and educational research sources were reviewed to establish criteria for content and construction.

Guiding the formulation of the content of the questionnaire were the seventeen statements of patient teaching functions and of ward

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25. Ibid., pp. 622-23.
administrative functions listed in the American Nurses' Association Statements of Functions, Standards, and Qualifications for head nurses. For each of these seventeen functions a number of specific concrete nursing activities identified as being components of or contributing to these functions were derived from the literature. Fifty-four questions about the performance of these activities were then formulated. For each question three responses were provided in a check list form. The respondent had only to check the appropriate column to indicate whether she frequently, occasionally, or never performed a given activity.

In addition, nineteen distractors—that is, questions concerning the usual functions of the practical nurse according to the Statement of Functions of the Licensed Practical Nurse—were interspersed throughout the questionnaire. Five questions about the respondent's education, licensure, and experience formed the introductory portion of the questionnaire. These questions were included to obtain descriptive data about the population. Thus, the questionnaire contained a total of seventy-eight questions—fifty-four questions pertaining to ward administrative and patient teaching activities, nineteen distractor questions, and five questions seeking information about the characteristics of the population. A cover letter for the questionnaire and a follow-up postal card were also composed.

Copies of the questionnaire, the cover letter, and the follow-up postal card are found in Appendix A.


IV. SETTING OF THE STUDY

The study was conducted in four general hospitals in one metropolitan area in Kansas. Three of the hospitals had bed capacities of 150-250 and the fourth, a bed capacity of over 525. All hospitals were accredited by the American Hospital Association.

V. POPULATION OF THE STUDY

All of the practical nurses employed at the time of the study by the four accredited hospitals situated in the selected metropolitan area in Kansas comprised the population for the study. The total number of practical nurses was 136.

VI. APPROVAL TO CONDUCT THE STUDY

A formal letter requesting permission to conduct the study, and also requesting the names and addresses of the practical nurses employed by the four hospitals was written to each of the directors of nursing service in the four hospitals. A copy of this letter is found in Appendix B.

Letters granting approval for the study were received from each of the directors of nursing service as well as lists of the practical nurse employees. Copies of these letters are found in Appendix C.

VII. THE PILOT STUDY

Use of the pilot study as a means of appraising the practical validity of a data-gathering instrument has been discussed in a previous

section of this chapter. A pilot study was utilized to assess the questionnaire for the study in terms of the acceptability and intelligibility of the questions and directions to the respondent, the time required for completion, the return rate, and the possible ways of tabulating and analyzing the data secured.

The questionnaire and cover letter devised for use in the study were sent airmail to a group of fourteen practical nurses selected at random from the total population of 136. Eleven of the fourteen questionnaires were returned within five days. At that time a follow-up postal card, thanking the respondents for their participation and requesting return of any questionnaires not yet remitted, was sent to each respondent. Two additional questionnaires were received, bringing the total returned to thirteen, of which twelve were usable. The one questionnaire was not usable because an entire page had not been completed by the respondent.

The returns indicated that to the majority of respondents the questions and directions were clear, the time estimated for completion was reasonable, and the data obtained were amenable to analysis. No revisions in the questionnaire appeared necessary. Therefore, the questionnaire was then approved for use, and the data from the pilot study were included in the larger study.

VIII. THE LARGER STUDY

The approved questionnaire and cover letter were sent to the 122 practical nurses remaining in the population. In an attempt to encourage rapid responses and a greater percentage of returns, questionnaires were addressed to individuals, sent airmail, and airmail return envelopes
Sixty-two questionnaires, or approximately 50 per cent, were returned within one week. Follow-up postal cards thanking the respondents for their participation and requesting return of any questionnaires not yet remitted were then sent to each practical nurse. Thirty-six additional questionnaires were thus elicited by the cut-off date which had been set at two weeks from the date of the mailing of the questionnaires.

Of the 122 questionnaires mailed ninety-eight or 80 per cent were returned by the cut-off date, and eighty-six of this number were usable. The questionnaires considered not usable included two returned undelivered because the addressee had moved, eight questionnaires returned with an entire page unanswered, and two questionnaires returned totally blank.

The returns from the pilot study were incorporated into the larger study. Thus, a total of 136 questionnaires were mailed for the entire study. Of these 136 questionnaires, one hundred and eleven or 82 per cent were returned by the cut-off date, and ninety-eight or 72 per cent were usable. Therefore the data for the study consisted of responses to the questionnaire by a total of ninety-eight practical nurses.

IX. METHOD OF ANALYSIS OF THE DATA COLLECTED

In a discussion of the general methods of analysis of data, Rummel stated:

The design of almost any study requires that consideration be given to the general methods of analysis prior to collecting the data upon which the study is to be based. . . . Analysis is usually made by one or more of the following: tabulations or frequency . . .
distributions, tables and graphs, and statistical calculations. Analysis of data for the study was accomplished by tabulation, categorization, and use of tables. These procedures are considered a part of descriptive statistics. According to Hirsch, "descriptive statistics is concerned with collecting, tabulating, analyzing, interpreting, and presenting numerical data." Descriptive statistics is not concerned with the mathematical theory of probability nor with sampling and estimates of the universe based on the sample; these belong to the branch of inductive statistics.

Although tabulation and categorization are relatively simple procedures, Rummel cautioned that:

A haphazard tabulation of data is not desirable, nor is it effective, since one can get very little assistance in analyzing them unless there is some order or form whereby overall or general characteristics are revealed. In particular reference to the use of tables, Rummel maintained that:

When work on a research study involves the collection of a large quantity of data, it will usually be necessary to organize these data into tables to analyze them effectively and to see overall characteristics that would be difficult to see in their raw state as given by observation reports, interview records, and questionnaires.

Tables should possess unity; that is, the sorts of data which they present should each be of one type and character. Tables may be grouped in two types: (a) those which contain the complete original gross data on which the study is based, and (b) those which summarize and interpret these data, bringing out their significant features.

In the textual presentation of the analysis of the data, Campbell

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31 Ibid. 32 Rummel, op. cit., p. 132. 33 Ibid., pp. 132-33.
admonished that long strings of numbers in the body of the thesis should be avoided because these tend to confuse the reader and thus obscure rather than clarify the results reported.\textsuperscript{34} He added that:

Although complete data should be provided at some place in the thesis, for the benefit of those who want full details, the text should contain the findings, or conclusions, stated in comprehensive terms, and it should not be clogged with masses of statistical minutiae.\textsuperscript{35}

In summary, the method of analysis of the data collected for the study was descriptive statistics which, in essence, is tabulating and categorizing numerical data.

X. SUMMARY

The method of research used in the study was the descriptive-survey, selected on the basis of its appropriateness and adaptability to the problem of the study. Use of a closed-response questionnaire as the data-gathering technique was justified as the most feasible and effective technique in view of the size and location of the population and the type of data needed. Analysis of data for the study was accomplished by tabulation and categorization, techniques of descriptive statistics.

Criteria guiding the construction and the formulation of the content of the questionnaire were described. Criteria for construction were obtained from educational research sources and included consideration of such factors as respondent motivation, simplicity and clarity of questions, and phrasing of items to facilitate tabulation and summarization.


\textsuperscript{35} Ibid.
Nursing literature was reviewed to establish criteria content of the questionnaire. The American Nurses' Association Statement of Functions, Standards, and Qualifications for Head Nurses guided the formulation of the content of the questionnaire. For each of the seventeen functions pertaining to patient teaching and ward administration derived from this source a number of specific nursing activities were identified from the literature as being components of or contributing to these functions. Fifty-four questions about the performance of these activities were then formulated, and these comprised the main part of the questionnaire. Three responses—never, occasionally, and frequently—were provided for the questions in a check-list form. Nineteen distracters were interspersed throughout the questionnaire, making a total of seventy-three questions in the main part of the questionnaire. Five introductory questions were devised to secure information about the training, licensure, and experience of the respondents. Thus, the questionnaire contained a total of seventy-eight questions.

The setting of the study was four general hospitals in one metropolitan area in Kansas. The population for the study was composed of 136 practical nurses or all practical nurses employed by the four hospitals at the time of the study. A formal letter requesting approval for conduct of the study and requesting the names and addresses of practical nurse employees was written to each director of nursing service; approval was granted by each and lists of practical nurse employees were remitted.

The pilot study, as a method of appraising the practical validity of the questionnaire, was discussed. Results of the pilot study indicated that to the majority of respondents the questions and directions
were clear, and the data were amenable to analysis. The questionnaire required no revisions and was approved for use in the larger study.

The conduct and returns of the larger study were described in detail including the procedure for follow-up by postal card. The returns from the pilot study were incorporated into the larger study. Thus a total of 136 questionnaires were mailed, one hundred and eleven or 82 per cent were returned at the time of the cut-off date, and ninety-eight or 72 per cent of the 136 questionnaires were usable. The questionnaires termed not usable were those returned either totally blank or with one page unanswered.

The following chapter presents an analysis by tabulation and categorization of the data obtained from the ninety-eight questionnaires.
The data presented in this chapter were collected by means of a closed-response questionnaire. The purposes of the questionnaire were to determine whether or not practical nurses in four Kansas hospitals were performing ward administrative and patient teaching activities and to determine the frequency of performance of these activities.

The questionnaire was sent to 136 practical nurses or all of the practical nurses employed in the four hospitals at the time of the study. Seventy-two per cent or ninety-eight of the 136 practical nurses returned usable questionnaires; these ninety-eight questionnaires provided the data for the study. Since random sampling was not employed in the study, no generalizations were made about the remaining thirty-eight practical nurses who either did not return the questionnaire or returned it in an unusable condition. The ensuing discussion and tables are based on data supplied by the ninety-eight respondents.

The data consisted of the responses of ninety-eight practical nurses to a total of fifty-nine questions of which: (1) thirty-three questions pertained to their performance of ward administrative activities, (2) twenty-one questions pertained to their performance of patient teaching activities, and (3) five questions pertained to their education, experience, and licensure. The responses to the nineteen distractor questions interspersed throughout the questionnaire were not tabulated.
or analyzed because they were not relevant to the purposes of the study.

As discussed more fully in the previous chapter, the data were analyzed by a method of descriptive statistics, namely by tabulating and categorizing the responses of the ninety-eight practical nurse respondents to the fifty-nine relevant questions. The data pertaining to performance of patient teaching activities and of ward administrative activities are presented in Tables I and II, respectively.

For clarity of presentation this chapter is divided into three sections: (1) characteristics of the ninety-eight practical nurse respondents, (2) performance of patient teaching activities by the ninety-eight practical nurse respondents, and (3) performance of ward administrative activities by the ninety-eight practical nurse respondents.

I. CHARACTERISTICS OF THE NINETY-EIGHT PRACTICAL NURSE RESPONDENTS

Questions one through five in the questionnaire sought information about the training, the experience, and the licensure status of the ninety-eight practical nurse respondents. Although the total population for the study consisted of 136 practical nurses, only ninety-eight or 72 per cent of the practical nurses returned usable questionnaires. Therefore, the data presented hereafter are based on the responses to the questionnaire by ninety-eight practical nurses.

Question one: Check where you work: A. On a hospital ward or B. In a special department (delivery room, operating room, emergency room, central supply, out-patient, etc.). Of the ninety-eight respondents, seventy-one or 72 per cent stated they worked on a hospital ward while the remaining twenty-seven or 28 per cent said they worked in a
special department.

Question two: Did you graduate from a School of Practical Nursing? Of the ninety-eight respondents, eighty-six or 88 per cent answered that they had graduated from a school of practical nursing while the remaining twelve or 12 per cent answered they had not graduated from such a school.

Question three: Are you a licensed practical nurse? Of the ninety-eight respondents, ninety-seven or 99 per cent answered that they were licensed while the remaining one or 1 per cent stated she was not licensed. This respondent stated she had taken the required state board examination for licensure but had not yet been notified of the results.

Question four: How long have you been employed at the hospital where you are presently working? Of the ninety-eight respondents, twenty-three or 23 per cent indicated length of present employment as one year or less; forty-six or 47 per cent reported length of present employment as ranging from two to five years, while the remaining twenty-nine or 30 per cent had worked for five years or longer in their present employment.

Question five: Have you had any postgraduate courses, special classes, or special on-the-job training connected with nursing? Of the ninety-eight respondents, eighty-three or 85 per cent answered affirmatively while the remaining fifteen or 15 per cent stated that they had had no special postgraduate courses or training.

II. PERFORMANCE OF PATIENT TEACHING ACTIVITIES BY THE NINETY-EIGHT PRACTICAL NURSE RESPONDENTS

The data presented in this section are based on the responses of
ninety-eight practical nurses to twenty-one questions pertaining to their performance of patient teaching activities.

Table I, pages h1-h3, shows the distribution, by frequency of performance categories, and the mean percentage of the responses of the ninety-eight practical nurse respondents to questions pertaining to patient teaching activities. The responses to each question were tabulated under the three frequency of performance categories: (1) never performed the activity, (2) occasionally performed the activity, and (3) frequently performed the activity. For every question the total responses were expressed both by per cent and by number within each frequency category, thereby indicating how many and what per cent of the respondents never performed, occasionally performed, and frequently performed each activity.

An examination of the data revealed no consistent pattern of frequency of performance of these activities by the ninety-eight respondents in the study. From question to question, the number of respondents checking frequently varied widely, from as few as four to as many as sixty-seven, depending on the activity. The same wide variation prevailed in the number of respondents checking occasionally and the number of respondents checking never. As few as thirteen to as many as sixty-eight respondents checked occasionally, depending on the activity. Similarly, as few as two of the respondents to as many as seventy-five checked never, again depending on the particular activity. The mean percentage of respondents frequently performing patient teaching activities was twenty-six, the mean percentage occasionally performing these activities was forty-four, and the mean percentage of the respondents that never performed patient teaching activities was twenty-nine.
For fourteen out of twenty-one of the questions, a majority (50 per cent or more) of the responses fell within one frequency category. Therefore, it was possible to ascertain that two patient teaching activities were frequently performed by a majority of the respondents, eight activities were occasionally performed by a majority of the respondents, and four activities were never performed by a majority of the respondents. For the remaining seven questions, no majority of the responses fell within any one of the frequency of performance categories. The responses to these questions were more or less evenly distributed among two out of three or three out of three of the frequencies—never performed, occasionally performed, and frequently performed.

In order to present the data in a more comprehensible manner, fourteen of the twenty-one questions related to patient teaching activities are presented in three sections, according to the majority responses indicated above. In a fourth section, the seven remaining questions are discussed. The responses to these were distributed among the three frequency categories so that there was no majority of the responses in any one frequency category.

Questions concerning patient teaching activities that a majority of the respondents indicated they performed frequently. The two questions concerning patient teaching activities that a majority of the ninety-eight practical nurse respondents checked as frequently performed are listed below by question number and with the number and per cent of responses to each:

13. "Do you ever explain orders, treatments, or hospital routines to a patient?"

The responses to this question indicated that the activity was frequently
performed by sixty-one or 62 per cent of the ninety-eight respondents.

62. "Do you ever explain to a patient the importance of personal hygiene, rest, food and fluid intake, etc.?"]

The responses to this question indicated that the activity was frequently performed by sixty-seven or 68 per cent of the respondents.

Questions concerning patient teaching activities that a majority of the respondents indicated they performed occasionally. The eight questions concerning patient teaching activities that a majority of the ninety-eight practical nurse respondents checked as occasionally performed are listed below by question number and with the number and per cent of responses to each:

26. "Do you ever inform a patient or family where to obtain supplies or equipment needed in his home care?"

The responses to this question indicated that the activity was occasionally performed by fifty-seven or 58 per cent of the respondents.

35. "Do you ever tell a patient what symptoms or danger signals he should be alert for and report?"

The responses to this question indicated that the activity was occasionally performed by forty-nine or 50 per cent of the respondents.

39. "Do you ever 'translate' what a doctor has told a patient into words the patient could understand?"

The responses to this question indicated that the activity was occasionally performed by fifty or 51 per cent of the respondents.

40. "Do you ever explain to a patient simple facts about anatomy and physiology (his body structure and functioning)?"

The responses to this question indicated that the activity was occasionally performed by sixty-four or 65 per cent of the respondents.

50. "Do you ever explain to patient or family how to prevent the spread of 'staph' infections, T.B., communicable disease, etc., by using certain isolation procedures (gown and mask, hand-washing, etc.)?"
The responses to this question indicated that the activity was occasionally performed by fifty-two or 53 per cent of the respondents.

60. "Do you ever explain to a patient the purpose of certain equipment or apparatus and/or show him how to operate it?"

The responses to this question indicated that the activity was occasionally performed by fifty-eight or 59 per cent of the respondents.

62. "Do you ever explain a special diet and/or its preparation to a patient or his family?"

The responses to this question indicated that the activity was performed occasionally by fifty-one or 52 per cent of the respondents.

73. "Do you ever teach a family to give care to the patient (for example: any nursing care, treatments, medications, etc.)?"

The responses to this question indicated that the activity was performed occasionally by forty-nine or 50 per cent of the respondents.

Questions concerning patient teaching activities that a majority of the respondents indicated they never performed. The four questions concerning patient teaching activities that a majority of the ninety-eight practical nurse respondents checked as never performed are listed below by question number and with the number and per cent of responses to each:

8. "Do you ever contact the social worker for a patient or family?"

The responses to this question indicated that the activity was never performed by sixty-two or 63 per cent of the respondents.

9. "Do you ever assist a patient to arrange for home visits by a public health or visiting nurse?"

The responses to this question indicated that the activity was never performed by seventy-five or 77 per cent of the respondents.

34. "Do you ever explain the general nature of his illness to a patient?"
The responses to this question indicated that the activity was never performed by fifty-five or 56 per cent of the respondents.

11. "Do you ever explain to a patient how long he might have to remain in the hospital?"

The responses to this question indicated that the activity was never performed by forty-nine or 50 per cent of the respondents.

Questions concerning patient teaching activities with no majority of responses in any frequency category. The seven remaining questions concerning patient teaching activities were without a majority of responses in any frequency category. These questions are listed below by question number and with the number and per cent of responses to each:

11. "Do you ever explain hospital procedures or routines to patient's family?"

The responses to this question indicated that twelve or 12 per cent of the respondents never performed the activity, forty-two or 42 per cent occasionally performed it, and forty-four or 44 per cent frequently performed the activity.

19. "Do you ever teach a patient self-care (for example, doing own treatments or administration of own medications, etc.)?"

The responses to this question indicated that seventeen or 17 per cent of the respondents never performed the activity, forty or 40 per cent occasionally performed it, forty-two or 42 per cent frequently performed the activity, and the remaining 1 per cent did not answer the question.

20. "Do you ever explain to a patient what his medications are, and/or what action or results to expect from them?"

The responses to this question indicated that forty-five or 45 per cent of the respondents never performed the activity, thirty-four or 35 per cent occasionally performed it, eighteen or 18 per cent frequently performed it, and the remaining 1 per cent did not answer the question.
performed the activity, and the remaining 1 per cent did not answer the question.

25. "Do you ever inform a patient or his family about community organizations that could assist him (for example: Cancer Society, Polio Foundation, Clinics, Heart Association, etc.)?"

The responses to this question indicated that forty-four or 45 per cent of the respondents never performed the activity, forty-one or 42 per cent occasionally performed it, ten or 10 per cent frequently performed the activity, and the remaining 3 per cent did not answer the question.

51. "Do you ever explain to a patient having X-Ray or Lab tests the reasons for the tests and what to expect?"

The responses to this question indicated that twenty-nine or 30 per cent of the respondents never performed the activity, forty-one or 42 per cent occasionally performed it, twenty-seven or 27 per cent frequently performed the activity, and the remaining 1 per cent did not answer the question.

59. "Do you ever answer patient’s questions about his operation?"

The responses to this question indicated that thirty-eight or 39 per cent of the respondents never performed the activity, thirty-seven or 38 per cent occasionally performed it, twenty or 20 per cent frequently performed the activity, and the remaining 3 per cent did not answer the question.

66. "Do you ever explain to a patient about restrictions in his activity?"

The responses to this question indicated that five or 5 per cent of the respondents never performed the activity, forty-eight or 49 per cent occasionally performed it, and the remaining forty-five or 46 per cent frequently performed it.
### TABLE I

NUMBER AND PER CENT OF RESPONSES OF NINETY-EIGHT PRACTICAL NURSES TO QUESTIONS CONCERNING FREQUENCY OF PERFORMANCE OF PATIENT TEACHING ACTIVITIES

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Questions Concerning Patient Teaching Activities</th>
<th>Number and Per Cent of Responses According to Frequency of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>8.</td>
<td>Contact the social worker for a patient or family?</td>
<td>62</td>
</tr>
<tr>
<td>9.</td>
<td>Assist a patient to arrange for home visits by a public health or visiting nurse?</td>
<td>75</td>
</tr>
<tr>
<td>13.</td>
<td>Explain orders, treatments or hospital routines to a patient?</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>Explain hospital procedures or routines to patient's family?</td>
<td>12</td>
</tr>
<tr>
<td>19.</td>
<td>Teach a patient self-care? (For example: Doing own treatments or administration of own medications.)</td>
<td>17</td>
</tr>
<tr>
<td>20.</td>
<td>Explain to a patient what his medications are, and/or what action or results to expect from them?</td>
<td>45</td>
</tr>
<tr>
<td>25.</td>
<td>Inform a patient or his family about community organizations that could assist him? (For example: Cancer Society, Polio Foundation, Clinics, Heart Association, etc.)</td>
<td>44</td>
</tr>
<tr>
<td>26.</td>
<td>Inform a patient or family where to obtain supplies or equipment needed in his home care?</td>
<td>28</td>
</tr>
<tr>
<td>Question Number</td>
<td>Questions Concerning Patient Teaching Activities</td>
<td>Number and Per Cent of Responses According to Frequency of Performance</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>In your present employment, do you ever:</td>
<td></td>
<td></td>
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<tr>
<td>34. Explain the general nature of his illness to a patient?</td>
<td>55 56</td>
<td>34 35</td>
</tr>
<tr>
<td>35. Tell a patient what symptoms or danger signals he should be alert for and report?</td>
<td>33 34</td>
<td>49 50</td>
</tr>
<tr>
<td>39. &quot;Translate&quot; what a doctor has told a patient into words the patient could understand?</td>
<td>22 22</td>
<td>50 51</td>
</tr>
<tr>
<td>40. Explain to a patient simple facts about anatomy and physiology? (His body structure and functioning)</td>
<td>17 18</td>
<td>64 65</td>
</tr>
<tr>
<td>41. Explain to a patient how long he might have to remain in the hospital?</td>
<td>49 50</td>
<td>34 35</td>
</tr>
<tr>
<td>50. Explain to patient or family how to prevent the spread of &quot;staph&quot; infections, T.B., communicable diseases, etc., by using certain isolation procedures. (Gown and mask, hand-washing, etc.)</td>
<td>8 8</td>
<td>52 53</td>
</tr>
<tr>
<td>51. Explain to a patient having X-ray or Lab tests the reasons for the tests and what to expect?</td>
<td>29 30</td>
<td>41 42</td>
</tr>
<tr>
<td>59. Answer patient's questions about his operation?</td>
<td>38 39</td>
<td>37 38</td>
</tr>
<tr>
<td>60. Explain to a patient the purpose of certain equipment or apparatus and/or show him how to operate it?</td>
<td>12 12</td>
<td>58 59</td>
</tr>
<tr>
<td>Question Number</td>
<td>Questions Concerning Patient Teaching Activities</td>
<td>Number and Per Cent of Responses According to Frequency of Performance</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>62.</td>
<td>Explain a special diet and/or its preparation to a patient or his family?</td>
<td>22 22 51 52 24 25 1 1</td>
</tr>
<tr>
<td>66.</td>
<td>Explain to a patient about restrictions in his activity?</td>
<td>5 5 48 49 45 46 -- --</td>
</tr>
<tr>
<td>72.</td>
<td>Explain to a patient the importance of personal hygiene, rest, food and fluid intake, etc.?</td>
<td>2 2 29 30 67 68 -- --</td>
</tr>
<tr>
<td>73.</td>
<td>Teach the family to give care to the patient? (For example: Any nursing care, treatments, medications, etc.)</td>
<td>24 25 49 50 20 20 5 5</td>
</tr>
</tbody>
</table>

Mean percentage

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>14</td>
<td>26</td>
<td>1</td>
</tr>
</tbody>
</table>
III. PERFORMANCE OF WARD ADMINISTRATIVE ACTIVITIES BY NINETY-EIGHT PRACTICAL NURSE RESPONDENTS

The data presented in this section are based on the responses of ninety-eight practical nurses to thirty-three questions pertaining to their performance of ward administrative activities. Table II, pages 52-56, shows the distribution, by frequency of performance categories, and the mean percentage of the responses of the ninety-eight practical nurse respondents to questions pertaining to ward administrative activities. The responses to each question were tabulated under the three frequency of performance categories: (1) never performed the activity, (2) occasionally performed the activity, and (3) frequently performed the activity. For every question the total responses were expressed both by per cent and by number within each frequency category, thereby indicating how many and what per cent of the respondents never performed, occasionally performed, and frequently performed the activity.

As with the patient teaching activities, an examination of the data revealed no consistent pattern of frequency of performance of ward administrative activities by the ninety-eight practical nurse respondents in the study. From question to question, the number of respondents checking frequently varied widely, from as few as one to as many as ninety-one, depending on the activity. The same wide variation prevailed in the number of respondents checking occasionally and the number of respondents checking never. As few as eight to as many as seventy respondents checked occasionally, depending on the activity. Similarly, as few as none of the respondents to as many as eighty-six checked never, again depending on the particular activity. The mean percentage
of respondents never performing ward administrative activities was twenty-nine, the mean percentage occasionally performing these activities was forty-one, and the mean percentage of the respondents that frequently performed ward administrative activities was thirty-three.

For twenty-four out of the thirty-three questions concerning ward administrative activities, a majority (50 per cent or more) of the responses fell within one frequency category. Therefore, it was possible to ascertain that five activities were frequently performed by a majority of respondents, thirteen activities were occasionally performed by a majority of respondents, and six activities were never performed by a majority of respondents. A final group of nine activities showed no majority of responses in any frequency category—the distribution of responses being evenly distributed among two out of three or three out of three of the frequencies, never, occasionally, or frequently performed.

In order to present the data in a more comprehensible manner, twenty-four of the thirty-three questions concerning ward administrative activities are presented in three sections, according to the majority responses indicated above. In a fourth section, the nine remaining questions are discussed. The responses for these were distributed among the three frequency categories so that there was no majority of the responses in any one frequency category.

Questions concerning ward administrative activities that a majority of the ninety-eight practical nurse respondents checked as frequently performed are listed below by question number and with the number and per cent of responses to each:
15. "Do you ever order drugs and/or supplies for the ward?"

The responses to this question indicated that the activity was frequently performed by fifty-nine or 60 per cent of the respondents.

16. "Do you ever fill out records, reports, requisitions, or charge slips?"

The responses to this question indicated that the activity was frequently performed by seventy-two or 72 per cent of the respondents.

29. "Do you ever share with other personnel information you have obtained about drugs, treatments, or nursing procedures?"

The responses to this question indicated that the activity was frequently performed by sixty-one or 62 per cent of the respondents.

32. "Do you ever report to the charge nurse or other personnel any suggestions or directions the doctor has given to you about the care or treatment of patients?"

The responses to this question indicated that the activity was frequently performed by sixty or 61 per cent of the respondents.

49. "Do you ever give a 'helping-hand' to other personnel in their work?"

The responses to this question indicated that the activity was frequently performed by eighty-nine or 91 per cent of the respondents.

Questions concerning ward administrative activities that a majority of the respondents indicated they performed occasionally. The thirteen questions concerning ward administrative activities that a majority of the ninety-eight practical nurse respondents checked as occasionally performed are listed below by question number and with the number and per cent of responses to each:

23. "Do you ever observe and report to the charge nurse inadequate or poor nursing care given patients?"

The responses to this question indicated that the activity was performed occasionally by sixty-two or 62 per cent of the respondents.
37. "Do you ever discover and take steps to correct errors made by personnel on the unit (charting or medication errors, forgotten treatments, etc.)?"

The responses to this question indicated that the activity was performed occasionally by sixty-eight or 70 per cent of the respondents.

61. "Do you ever report unsafe conditions or broken equipment on the unit?"

The responses to this question indicated that the activity was performed occasionally by forty-nine or 50 per cent of the respondents.

48. "Do you ever help other personnel understand the problems of a 'difficult' or 'uncooperative' patient?"

The responses to this question indicated that the activity was performed occasionally by fifty-six or 57 per cent of the respondents.

53. "Do you ever suggest a change or improvement in the way something is done on the unit?"

The responses to this question indicated that the activity was performed occasionally by sixty-five or 66 per cent of the respondents.

54. "Do you ever work out an easier, safer, or quicker way of doing something for a patient and share this idea with others?"

The responses to this question indicated that the activity was performed occasionally by fifty-nine or 60 per cent of the respondents.

55. "Do you ever note and report work left undone by another shift?"

The responses to this question indicated that the activity was performed occasionally by sixty-two or 63 per cent of the respondents.

57. "Do you ever relay to the charge nurse incidents or ward routines that are distressing to a patient?"

The responses to this question indicated that the activity was performed occasionally by sixty-four or 65 per cent of the respondents.
occasionally by seventy or 72 per cent of the respondents.

67. "Do you ever orient a new employee to the unit (show her around the unit, where to find supplies, explain unit routines, etc.)?"

The responses to this question indicated that the activity was performed occasionally by fifty-one or 52 per cent of the respondents.

68. "Do you ever have a new nurse aide assigned to work with you until she learns her job?"

The responses to this question indicated that the activity was performed occasionally by fifty-three or 54 per cent of the respondents.

70. "Do you ever show other personnel how to operate a piece of unfamiliar equipment or apparatus?"

The responses to this question indicated that the activity was performed occasionally by fifty-nine or 60 per cent of the respondents.

71. "Do you ever show other personnel how to do any nursing care or treatments for a patient?"

The responses to this question indicated that the activity was performed occasionally by sixty-five or 66 per cent of the respondents.

Questions concerning ward administrative activities that a majority of the respondents indicated they never performed. The six questions concerning ward administrative activities that a majority of the ninety-eight practical nurse respondents checked as never performed are listed below by question number and with the number and per cent of responses to each:

3. "Do you ever prepare or assist in preparing evaluation reports?"

The responses to this question indicated that thirty-two or 33 per cent of the respondents never performed the activity.

5. "Do you ever make out work assignments or patient assignments for other personnel on the unit?"

The responses to this question indicated that the activity was never performed by fifty-seven or 58 per cent of the respondents.

6. "Do you ever plan daily or weekly time schedules for personnel on the unit?"
The responses to this question indicated that the activity was never performed by eighty-one or 83 per cent of the respondents.

10. "Do you ever act as Team Leader on the unit?"

The responses to this question indicated that the activity was never performed by fifty or 51 per cent of the respondents.

45. "Do you ever serve on any hospital or nursing service committee?"

The responses to this question indicated that the activity was never performed by sixty-four or 65 per cent of the respondents.

47. "Do you ever take part in planning any 'in-service' program?"

The responses to this question indicated that the activity was never performed by sixty-five or 66 per cent of the respondents.

63. "Do you ever prepare or assist in preparing evaluation reports about performance of nursing personnel?"

The responses to this question indicated that the activity was never performed by eighty-six or 88 per cent of the respondents.

Questions concerning ward administrative activities with no majority of responses in any frequency category. The nine remaining questions concerning ward administrative activities were without a majority of responses in any frequency category. These questions are listed below by question number and with the number and per cent of responses to each:

3. "Do you ever prepare or assist in preparing the nursing-care plan cards for the Kardex?"

The responses to this question indicated that thirty-two or 33 per cent of the respondents never performed the activity, twenty-one or 21 per cent occasionally performed it, and forty-five or 46 per cent frequently performed the activity.
10. "Do you ever participate in team nursing conferences on the unit or any other conferences in which patients and their care are discussed and planned for?"

The responses to this question indicated that twenty or 20 per cent of the respondents never performed the activity, thirty-seven or 38 per cent occasionally performed it, forty or 41 per cent frequently performed the activity, and the remaining 1 per cent did not answer the question.

11. "Do you ever act as Charge Nurse on the unit?"

The responses to this question indicated that thirty-six or 37 per cent of the respondents never performed the activity, twenty-six or 26 per cent occasionally performed it, thirty-three or 34 per cent frequently performed the activity, and the remaining 3 per cent did not answer the question.

18. "Do you ever contact other departments about appointments or tests on patients?"

The responses to this question indicated that twenty-six or 26 per cent of the respondents never performed the activity, thirty or 31 per cent occasionally performed it, thirty-nine or 40 per cent frequently performed the activity, and the remaining 3 per cent did not answer the question.

21. "Do you ever make patient rounds with the doctor?"

The responses to this question indicated that thirty-one or 32 per cent of the respondents never performed the activity, forty-two or 43 per cent occasionally performed it, and twenty-three or 23 per cent frequently performed the activity, and the remaining 2 per cent did not answer the question.

28. "Do you ever obtain information from a patient's family that helped you give better care to the patient?"

The responses to this question indicated that thirteen or 13 per cent of
the respondents never performed the activity, forty-seven or 48 per cent occasionally performed it, thirty-six or 37 per cent frequently performed the activity, and the remaining 2 per cent did not answer the question.

31. "Do you ever take care of the Doctor's Order Book (transcribe orders, make out medicine cards, etc.)?"

The responses to this question indicated that thirty-three or 33 per cent of the respondents never performed the activity, twenty-one or 21 per cent occasionally performed it, forty-three or 43 per cent frequently performed the activity, and the remaining 1 per cent did not answer the question.

36. "Do you ever give oral reports to the doctor or discuss the patient's condition with the doctor?"

The responses to this question indicated that fourteen or 14 per cent of the respondents never performed the activity, forty-six or 46 per cent occasionally performed it, thirty-six or 36 per cent frequently performed the activity, and the remaining 2 per cent did not answer the question.

43. "Do you ever contact priest, minister, or rabbi for patients and/or prepare patient or room for religious service at bedside?"

The responses to this question indicated that twenty-nine or 30 per cent of the respondents never performed the activity, forty-eight or 48 per cent occasionally performed it, and twenty-one or 21 per cent frequently performed the activity.

IV. SUMMARY

The data presented in this chapter were collected by means of a closed-response questionnaire sent to 136 practical nurses in four Kansas hospitals. Ninety-eight usable questionnaires were returned and the
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Questions Concerning Ward Administrative Activities</th>
<th>Number and Per Cent of Responses According to Frequency of Performance</th>
<th>No.</th>
<th>%</th>
<th>Never</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Prepare or assist in preparing the nursing-care plan cards for the Kardex?</td>
<td></td>
<td>32</td>
<td>33</td>
<td>21</td>
<td>21</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>Participate in team-nursing conferences on the unit in which patients and their care are discussed and planned for?</td>
<td>13</td>
<td>13</td>
<td>47</td>
<td>48</td>
<td>36</td>
<td>37</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Make out work assignments or patient assignments for other personnel on the unit?</td>
<td>20</td>
<td>20</td>
<td>37</td>
<td>38</td>
<td>40</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Plan daily or weekly time schedules for personnel on the unit?</td>
<td>57</td>
<td>58</td>
<td>25</td>
<td>26</td>
<td>13</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Act as Team Leader on the unit?</td>
<td>81</td>
<td>83</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>Act as Charge Nurse on the unit?</td>
<td>50</td>
<td>51</td>
<td>16</td>
<td>16</td>
<td>27</td>
<td>28</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>Order drugs and/or supplies for the ward?</td>
<td>36</td>
<td>37</td>
<td>26</td>
<td>26</td>
<td>33</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>Fill out records, reports, requisitions, or charge slips?</td>
<td>15</td>
<td>15</td>
<td>22</td>
<td>23</td>
<td>59</td>
<td>60</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>Contact other departments about appointments or tests on patients?</td>
<td>6</td>
<td>6</td>
<td>19</td>
<td>19</td>
<td>72</td>
<td>74</td>
<td>1</td>
</tr>
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<td>Question Number</td>
<td>Questions Concerning Ward Administrative Activities</td>
<td>Number and Per Cent of Responses According to Frequency of Performance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21.</td>
<td>Make patient rounds with the doctor?</td>
<td>31 32 42 43 23 23 2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Observe and report to the charge nurse inadequate or poor nursing care given patients?</td>
<td>29 30 48 49 21 21 -- --</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Obtain information from a patient's family that helped you give better care to the patient?</td>
<td>12 12 62 63 23 23 2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Share with other personnel information you have obtained about drugs, treatments, or nursing procedures?</td>
<td>64 65 27 27 5 5 5 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Take care of the Doctor's Order Book? (Transcribe orders, make out medicine cards, etc.)</td>
<td>3 3 32 33 61 62 2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Report to the charge nurse or other personnel any suggestions or directions the doctor has given to you about the care or treatment of patients?</td>
<td>6 6 31 32 60 61 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Give oral reports to the doctor or discuss the patient's condition with the doctor?</td>
<td>14 14 46 47 36 37 2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Discover and take steps to correct errors made by personnel on the unit? (Charting or medication errors, forgotten treatments, etc.)</td>
<td>9 9 68 70 19 19 2 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In your present employment, do you ever:

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Questions Concerning Ward Administrative Activities</th>
<th>Number and Per Cent of Responses According to Frequency of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>43.</td>
<td>Contact priest, minister, or rabbi for patients, and/or prepare patient or room for religious service at bedside?</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Report unsafe conditions or broken equipment on the unit?</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Serve on any hospital or nursing service committee?</td>
<td>64</td>
</tr>
<tr>
<td>47.</td>
<td>Take part in planning any &quot;in-service&quot; program?</td>
<td>65</td>
</tr>
<tr>
<td>48.</td>
<td>Help other personnel understand the problems of a &quot;difficult&quot; or &quot;uncooperative&quot; patient?</td>
<td>5</td>
</tr>
<tr>
<td>49.</td>
<td>Give a &quot;helping-hand&quot; to other personnel in their work?</td>
<td>17</td>
</tr>
<tr>
<td>53.</td>
<td>Suggest a change or improvement in the way something is done on the unit?</td>
<td>11</td>
</tr>
<tr>
<td>54.</td>
<td>Work out an easier, safer, or quicker way of doing something for a patient and sharing this idea with others?</td>
<td>6</td>
</tr>
<tr>
<td>55.</td>
<td>Note and report work left undone by another shift?</td>
<td>26</td>
</tr>
<tr>
<td>Question Number</td>
<td>Questions Concerning Ward Administrative Activities</td>
<td>Number and Per Cent of Responses According to Frequency of Performance</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>57.</td>
<td>Relay to the charge nurse incidents or ward routines that are distressing to a patient?</td>
<td>7</td>
</tr>
<tr>
<td>63.</td>
<td>Prepare or assist in preparing evaluation reports about performance of nursing personnel?</td>
<td>86</td>
</tr>
<tr>
<td>64.</td>
<td>Show other personnel the right way to do something that they are doing the wrong way?</td>
<td>9</td>
</tr>
<tr>
<td>67.</td>
<td>Orient a new employee to the unit? (Show her around the unit, where to find supplies, explain unit routines, etc.)</td>
<td>5</td>
</tr>
<tr>
<td>68.</td>
<td>Have a new nurse aide assigned to work with you until she learns her job?</td>
<td>17</td>
</tr>
<tr>
<td>70.</td>
<td>Show other personnel how to operate a piece of equipment or unfamiliar apparatus?</td>
<td>4</td>
</tr>
<tr>
<td>71.</td>
<td>Show other personnel how to do any nursing care or treatment for a patient?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mean percentage</td>
<td>24</td>
</tr>
</tbody>
</table>
The data were analyzed by tabulating and categorizing the responses of the ninety-eight practical nurse respondents to fifty-nine questions: thirty-three questions pertained to their performance of ward administrative activities, twenty-one questions pertained to their performance of patient teaching activities, and five questions pertained to their education, experience and licensure.

The data indicated that 88 per cent of the practical nurse respondents had graduated from a school of practical nursing; 85 per cent of the respondents had had postgraduate courses or training; 99 per cent were licensed; 70 per cent had been employed in their present position for less than five years, and 30 per cent had been employed for five years or longer in their present job; 72 per cent worked on hospital wards while 28 per cent worked in special departments.

In regard to performance of patient teaching activities by the ninety-eight practical nurse respondents, the data revealed that all patient teaching activities were frequently performed by at least a part of the respondent group. However, the per cent of the respondents frequently performing each activity varied widely depending on the activity. The per cent varied from as low as 1 per cent to as high as 68 per cent. Similarly the range of responses for occasionally performed varied from 13 to 65 per cent, and the range for never performed varied from 2 to 77 per cent. The mean percentage of respondents frequently performing patient teaching activities was twenty-six, the mean percentage occasionally performing these activities was forty-four, and the mean percentage of the respondents that never performed patient teaching activities was twenty-nine.
responses to these constituted the data for the study. The data were analyzed by tabulating and categorizing the responses of the ninety-eight practical nurse respondents to fifty-nine questions: thirty-three questions pertained to their performance of ward administrative activities, twenty-one questions pertained to their performance of patient teaching activities, and five questions pertained to their education, experience and licensure.

The data indicated that 88 per cent of the practical nurse respondents had graduated from a school of practical nursing; 85 per cent of the respondents had had postgraduate courses or training; 99 per cent were licensed; 70 per cent had been employed in their present position for less than five years, and 30 per cent had been employed for five years or longer in their present job; 72 per cent worked on hospital wards while 28 per cent worked in special departments.

In regard to performance of patient teaching activities by the ninety-eight practical nurse respondents, the data revealed that all patient teaching activities were frequently performed by at least a part of the respondent group. However, the per cent of the respondents frequently performing each activity varied widely depending on the activity. The per cent varied from as low as 14 per cent to as high as 68 per cent. Similarly the range of responses for occasionally performed varied from 13 to 65 per cent, and the range for never performed varied from 2 to 77 per cent. The mean percentage of respondents frequently performing patient teaching activities was twenty-six, the mean percentage occasionally performing these activities was forty-four, and the mean percentage of the respondents that never performed patient teaching activities was twenty-nine.
In regard to performance of ward administrative activities by the ninety-eight practical nurse respondents, the data revealed that all ward administrative activities were frequently performed by at least a part of the respondent group. However, the per cent of the respondents frequently performing each activity varied widely depending on the activity; the per cent varied from as low as 1 per cent to as high as 91 per cent. Similarly the range of responses for occasionally performed varied from 8 to 72 per cent, and the range for never performed varied from 0 per cent to 88 per cent. The mean percentage of respondents frequently performing ward administrative activities was thirty-three, the mean percentage occasionally performing these activities was forty-one, and the mean percentage of the respondents that never performed patient teaching activities was twenty-four.

In the following chapter the summary, conclusions, and recommendations are presented.

Selected literature was reviewed for the purposes of: (1) determining what studies had been done relative to practical nurse functions and activities, (2) identifying nursing activities that constituted patient teaching, and (3) identifying nursing activities that contributed to hospital ward administration. It was established from the literature reviewed that the functions of patient teaching and ward administration were generally considered to be functions of the professional nurse.

The method of research used in the study was the descriptive-survey; the data-gathering technique was a closed-response questionnaire; and the method of analysis of the data was descriptive statistics. The study was conducted in four general hospitals in one metropolitan area.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The problem of the study was to determine whether or not practical nurses were performing patient teaching and ward administrative functions.

The purposes of the study were: (1) to determine if a selected group of practical nurses were performing the functions of patient teaching and ward administration in four Kansas hospitals and (2) to determine the frequency that these functions were performed by these practical nurses.

Selected literature was reviewed for the purposes of: (1) determining what studies had been done relative to practical nurse functions and activities, (2) identifying nursing activities that constituted patient teaching, and (3) identifying nursing activities that contributed to hospital ward administration. It was established from the literature reviewed that the functions of patient teaching and ward administration were generally considered to be functions of the professional nurse.

The method of research used in the study was the descriptive-survey; the data-gathering technique was a closed-response questionnaire; and the method of analysis of the data was descriptive statistics. The study was conducted in four general hospitals in one metropolitan area.
in Kansas; the population for the study consisted of 136 practical nurses or all practical nurses employed by the four hospitals at the time of the study.

The data for the study were based on the responses to the questionnaire of ninety-eight practical nurses, or 72 per cent of the total population of 136 practical nurses. Since random sampling was not employed in the study, no generalizations were made about the thirty-eight practical nurses who either did not return the questionnaire or returned it in an unusable condition. The data consisted of the responses of the ninety-eight practical nurses to a total of seventy-eight questions: thirty-three questions pertained to their performance of ward administrative activities; twenty-one questions pertained to their performance of patient teaching activities; five questions pertained to their education, experience, and licensure; and the remaining nineteen questions pertained to the accepted functions of the practical nurse, were used as distractor questions, and were not analyzed.

Analysis of the data revealed that 88 per cent of the practical nurse respondents had graduated from a school of practical nursing; 85 per cent had had postgraduate courses or training; 99 per cent were licensed; 23 per cent had worked one year or less in their present position, 47 per cent had worked two to five years in their present position, and the remaining 30 per cent had been employed in their present job for five years or longer; 72 per cent worked on hospital wards while 28 per cent worked in special departments.

Analysis of the data pertaining to performance of patient teaching activities by the ninety-eight practical nurse respondents revealed that all patient teaching activities were performed frequently by at
least a part of the respondent group. However, the per cent of the respondents frequently performing each activity varied widely depending on the activity; the per cent varied from as low as 1 per cent to as high as 68 per cent. There was not a single patient teaching activity that was frequently or occasionally performed by 100 per cent of the respondents but neither was there a single activity that 100 per cent of the respondents had never performed. The range and the mean per cent of all respondents performing patient teaching activities, by frequency of performance categories, were: frequently performed, mean per cent 26, range 1 to 68 per cent; occasionally performed, mean per cent 14, range 13 to 65 per cent; never performed, mean per cent 29, range 2 to 77 per cent. Stated somewhat differently, approximately one-fourth of the respondents frequently performed patient teaching activities, less than one-half occasionally performed these activities, and a little more than one-fourth never performed these activities, on the average.

Analysis of the data pertaining to performance of ward administrative activities by the ninety-eight practical nurse respondents revealed essentially the same pattern of responses as for performance of patient teaching activities. All ward administrative activities were performed frequently by at least a part of the respondent group. However, the per cent of the respondents frequently performing each activity varied widely depending on the activity; the per cent varied from as low as 1 per cent to as high as 91 per cent. There was not a single ward administrative activity that was frequently or occasionally performed by 100 per cent of the respondents, but neither was there a single activity that 100 per cent of the respondents had never performed. The range and the mean per cent of all respondents performing ward administrative
activities, by frequency of performance categories, were: frequently performed, mean per cent 33, range 1 to 91 per cent; occasionally performed, mean per cent 41, range 8 to 72 per cent; never performed, mean per cent 21, range 0 to 88 per cent. Stated somewhat differently, one-third of the respondents frequently performed ward administrative activities, two-fifths occasionally performed these activities, and about one-fourth never performed these activities, on the average.

Further findings were that seventeen out of the total twenty-one patient teaching activities had been performed by 50 per cent or more of the respondents. The other four patient teaching activities had been performed by at least 17 per cent of the respondents.

For the ward administrative activities, the findings were that twenty-seven out of the total thirty-three activities had been performed by at least 50 per cent or more of the respondents. The remaining six activities had been performed by at least 9 per cent of the respondents.

II. CONCLUSIONS

Based on the data collected for the study, the conclusions were:

1. That the majority of the practical nurses in the study were performing the function of patient teaching.

2. That the majority of the practical nurses in the study were performing the function of ward administration.

3. That in view of the wide ranges of the responses within each frequency of performance category—never performed, occasionally performed, and frequently performed—and the lack of any consistent patternning of the responses, no general statement can be reliably made as to how frequently these practical nurses perform patient teaching.
activities and ward administrative activities. The frequency of performance appeared to depend entirely upon the specific activity, varying widely from activity to activity. Therefore, the mean percentages computed for each frequency of performance category must always be viewed within the restricting condition of the wide range of the responses from which the means were computed.

III. RECOMMENDATIONS

As a result of the findings of this study, it is recommended that:

1. Further studies be made in other localities and preferably by direct observation to investigate more exhaustively the patient teaching done by practical nurses and the ward administrative activities performed by them.
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Sister M. Rosalie. "Practical Nurse: Is She the Answer to the Crisis in Nursing Service?" Hospital Progress, 34:61-3, September, 1953.


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E. UNPUBLISHED MATERIALS


Dear Practical Nurse:

As a graduate student in nursing at the University of Colorado, I am conducting a research study in four hospitals in
This study concerns Practical Nurses and their on-the-job activities.

Would you be willing to take part in the study? Your participation would involve filling out the attached questionnaire, which will take about twenty minutes of your time, and returning it to me in the enclosed airmail envelope by March 28.

The questionnaire is being APPENDIX A over 125 Practical Nurses, and the returns will be absolutely confidential. Please do not sign your name or the name of your hospital to the questionnaire.

Perhaps you are wondering how I obtained your name and address? It was sent to me by the Director of Nursing at the hospital where you work. She has given permission for the study. However, the decision to participate is entirely up to you.

As you know, Practical Nursing is growing fast. In just five years, the number of Practical Nurses employed in hospitals has increased by almost 50%! One of the aims of this study is to increase recognition of the many and varied contributions Practical Nurses are making to patient care in hospitals.

Your help in completing this questionnaire will be greatly appreciated. Thank you for your assistance.

Sincerely,

Virginia L. Hockens, R.N.

NOTE: If for any reason you do not wish to take part in this study, would you return the blank questionnaire to me? Thank you.
Dear Practical Nurse:

As a graduate student in nursing at the University of Colorado, I am conducting a research study in four hospitals in .

This study concerns Practical Nurses and their on-the-job activities.

Would you be willing to take part in the study? Your participation would involve filling out the attached questionnaire, which will take about twenty minutes of your time, and returning it to me in the enclosed airmail envelope by March 28.

The questionnaire is being sent to over 125 Practical Nurses, and the returns will be absolutely confidential. Please do not sign your name or the name of your hospital to the questionnaire.

Perhaps you are wondering how I obtained your name and address? It was sent me by the Director of Nursing at the hospital where you work. She has given permission for the study. However, the decision to participate is entirely up to you.

As you know, Practical Nursing is growing fast. In just five years, the number of Practical Nurses employed in hospitals has increased by almost 50%! One of the aims of this study is to increase recognition of the many and varied contributions Practical Nurses are making to patient care in hospitals.

Your help in completing this questionnaire will be greatly appreciated. Thank you for your assistance.

Sincerely,

Virginia L. Hockens, R.N.
1. Please check where you work:
   A. On a hospital ward.
   or
   B. In a special department. (Delivery Room, O.R., Emergency Room,
      Central Supply, Out-Patient, etc.).

2. Did you graduate from a School of Practical Nursing?  Yes   No

3. Are you a licensed Practical Nurse?  Yes   No

4. How long have you been employed at the hospital where you are presently
   working?  __________ Number of years.

5. Have you had any postgraduate courses, special classes, or special on-
   the-job training connected with nursing?  (Do not include graduation
   from your School of Practical Nursing.)  Yes   No

---

DIRECTIONS: Please check in the column to the right how often you do each of
the activities listed below.

IN YOUR PRESENT EMPLOYMENT, DO YOU EVER

1. Assist the doctor with treatments or procedures?

2. Chart nursing notes on patients?

3. Prepare or assist in preparing the nursing-care
   plan cards for the Kardex?

4. Participate in team-nursing conferences or any
   conferences on the unit in which patients and
   their care are discussed and planned for?

5. Make out work assignments or patient assignments
   for other personnel on the unit?

6. Plan daily or weekly time schedules for personnel
   on the unit?

7. Give oral medications?

8. Contact the social worker for a patient or
   family?

   Assist a patient to arrange for home visits by a
   public health or visiting nurse?

9. As Team Leader on the unit?

10. Act as Charge Nurse on the unit?
12. Attend "in-service" education programs?

13. Explain orders, treatments or hospital routines to a patient?

14. Explain hospital procedures or routines to patient's family?

15. Order drugs and/or supplies for the ward?

16. Fill out records, reports, requisitions, or charge slips?

17. Answer the telephone, direct visitors, etc.?

18. Contact other departments about appointments or tests on patient?

19. Teach a patient self-care? (For example: Doing own treatments or administration of own medications.)

20. Explain to a patient what his medications are, and/or what action or results to expect from them?

21. Make patient rounds with the doctor?

22. Observe a nursing procedure to learn about it or how to do it?

23. Observe and report to the charge nurse inadequate or poor nursing care given to patients?

24. Give nursing care to the moderately ill patient?

25. Inform a patient or his family about community organizations that could assist him? (For example: Cancer Society, Polio Foundation, Clinics, Heart Association, etc.)

26. Inform a patient or family where to obtain supplies or equipment needed in his home care?

27. Clean equipment and instruments?
28. Obtain information from a patient's family that helped you give better care to the patient?  

29. Share with other personnel information you have obtained about drugs, treatments, or nursing procedures?  

30. Read the doctor's notes on the patient's chart?  

31. Take care of the Doctor's Order Book? (Transcribe orders, make out medicine cards, etc.)  

32. Report to the charge nurse or other personnel any suggestions or directions the doctor has given to you about the care or treatment of patients?  

33. Sterilize equipment, instruments, or supplies?  

34. Explain the general nature of his illness to a patient?  

35. Tell a patient what symptoms or danger signals he should be alert for and report?  

36. Give oral reports to the doctor or discuss the patient's condition with the doctor?  

37. Discover and take steps to correct errors made by personnel on the unit? (Charting or medication errors, forgotten treatments, etc.)  

38. Start oxygen on a patient by any method?  

39. "Translate" what a doctor has told a patient into words the patient could understand?  

40. Explain to a patient simple facts about anatomy and physiology? (His body structure and functioning)  

41. Explain to a patient how long he might have to remain in the hospital?  

42. Give nursing care to patients in isolation?  

43. Contact priest, minister, or rabbi for patients, and/or prepare patient or room for religious service at bedside?  

44. Report unsafe conditions or broken equipment on the unit?
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<tr>
<th></th>
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<th>Occasionally</th>
<th>Frequently</th>
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<tr>
<td>45.</td>
<td>Serve on any hospital or nursing service committee?</td>
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<td>46.</td>
<td>Check patient's valuables and/or clothing?</td>
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<td>47.</td>
<td>Take part in planning any &quot;in-service&quot; program?</td>
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<td>48.</td>
<td>Help other personnel understand the problems of a &quot;difficult&quot; or &quot;uncooperative&quot; patient?</td>
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<td>49.</td>
<td>Give a &quot;helping-hand&quot; to other personnel in their work?</td>
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<td>50.</td>
<td>Explain to patient or family how to prevent the spread of &quot;staph&quot; infections, T.B., communicable diseases, etc., by using certain isolation procedures. (Gown and mask, hand-washing, etc.)</td>
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<td>51.</td>
<td>Explain to a patient having X-ray or Lab tests the reasons for the tests and what to expect?</td>
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<td>52.</td>
<td>Do treatments or tests on patients?</td>
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<td>53.</td>
<td>Suggest a change or improvement in the way something is done on the unit?</td>
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<td>54.</td>
<td>Work out an easier, safer, or quicker way of doing something for a patient and sharing this idea with others?</td>
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<td>55.</td>
<td>Note and report work left undone by another shift?</td>
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<td>56.</td>
<td>Give &quot;I.M.&quot; medications?</td>
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<td>57.</td>
<td>Relay to the charge nurse incidents or ward routines that are distressing to a patient?</td>
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<td>58.</td>
<td>Apply sterile dressings, bandages, or soaks?</td>
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<td>59.</td>
<td>Answer patient's questions about his operation?</td>
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<td>60.</td>
<td>Explain to a patient the purpose of certain equipment or apparatus and/or show him how to operate it?</td>
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<td>61.</td>
<td>Observe and report change in patient's condition?</td>
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<td>62.</td>
<td>Explain a special diet and/or its preparation to a patient or his family?</td>
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<td></td>
<td>63. Prepare or assist in preparing evaluation reports about performance of nursing personnel?</td>
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<td>64. Show other personnel the right way to do something that they are doing the wrong way?</td>
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<td>65. Care for body after death?</td>
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<td>66. Explain to a patient about restrictions in his activity?</td>
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<td>67. Orient a new employee to the unit? (Show her around the unit, where to find supplies, explain unit routines, etc.)</td>
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<td>68. Have a new nurse aide assigned to work with you until she learns her job?</td>
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<td>69. Assist in starting an &quot;I.V.&quot; or discontinuing it?</td>
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<td>70. Show other personnel how to operate a piece of equipment or unfamiliar apparatus?</td>
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<td>71. Show other personnel how to do any nursing care or treatments for a patient?</td>
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<td>72. Explain to a patient the importance of personal hygiene, rest, food and fluid intake, etc.?</td>
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<td></td>
<td>73. Teach the family to give care to the patient? (For example: Any nursing care, treatments, medications, etc.)</td>
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Thank you very much for your participation.
Dear Practical Nurse:

Many of you have already returned the questionnaire concerning your job activities that I sent you last week. To each of you who has I would like to express my sincere thanks and appreciation for your assistance in this research study.

Sincerely,

If you have not already returned the questionnaire, but are planning to, would you do so soon? Thank you.

FOLLOW-UP POSTAL CARD
Dear [Name]

As a graduate student at the University of Colorado, Department of Nursing, I am planning a study concerning practical nurses. In your position as administrator, you are undoubtedly well aware that the number of practical nurses employed in hospitals is increasing rapidly—a 17% increase nationally in the past five years. I believe it is important for the nursing profession to be cognizant of the varied ways this large group of nursing workers might be utilized, particularly in view of the shortage of professional nurses. For a thesis problem I am planning a study to determine what activities related to informal patient teaching and ward management are performed by practical nurses in selected hospitals in one metropolitan area.

May I ask for your written permission to conduct this study among the practical nurses at your hospital? This would involve the practical nurses completing a short mail questionnaire.

May I also ask your assistance in providing me a list of the names and home addresses of these practical nurses? The questionnaire could then be mailed to each practical nurse at her home so that she might complete it on "off duty" time. Participation in the study would be, of course, the decision of the individual practical nurse.

Appreciating the many demands on your time, I will be very grateful for your assistance in this study. All correspondence and questionnaire responses will be regarded as confidential, and neither Hospital nor any practical nurse will be identified in the study. I should be happy to send you a summary of the findings of the study if you are interested.

May I hear from you as to your decision about granting permission for this study? If your answer is affirmative, would you include the list of names and home addresses of the practical nurses in your employ? I have enclosed a stamped envelope for your convenience.
Dear ____________:

As a graduate student at the University of Colorado, Department of Nursing, I am planning a study concerning practical nurses.

In your position of nursing service administrator, you are undoubtedly well aware that the number of practical nurses employed in hospitals is increasing rapidly—a 17% increase nationally in the past five years. I believe it is important for the nursing profession to be cognizant of the varied ways this large group of nursing workers might be utilized, particularly in view of the shortage of professional nurses. For a thesis problem I am planning a study to determine what activities related to informal patient teaching and ward management are performed by practical nurses in selected hospitals in one metropolitan area, ____________.

May I ask for your written permission to conduct this study among the practical nurses at your hospital? This would involve the practical nurses completing a short mail questionnaire.

May I also ask your assistance in providing me a list of the names and home addresses of these practical nurses? The questionnaire could then be mailed to each practical nurse at her home so that she might complete it on "off duty" time. Participation in the study would be, of course, the decision of the individual practical nurse.

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May I hear from you as to your decision about granting permission for this study? If your answer is affirmative, would you include the list of names and home addresses of the practical nurses in your employ? I have enclosed a stamped envelope for your convenience.
in replying.

Thank you for your consideration of this request.

Very truly yours,

__________________________
Virginia L. Hockens, R.N.

Miss Virginia L. Hockens is a graduate student at the University of Colorado, Department of Nursing. Your assistance in the completion of this problem will be appreciated.

__________________________
Thesis Director
Virginia L. Hockens
200 East 9th Avenue
Denver, 20, Colorado

Dear Miss Hockens:

APPENDIX C

You may conduct a study of the activities performed by practical nurses at the hospital that are related to patient teaching and ward management.

I am enclosing a list of the names and addresses of the Licensed Practical Nurses employed here.

I would be very interested in receiving a summary of the findings of the study, and hope you have much success in making this study.

Sincerely,

{Signature}

Assistant Director of Nursing Service
Virginia L. Hockens
1200 East 9th Avenue
Denver 20, Colorado

Dear Miss Hockens:

You may conduct a study of the activities performed by practical nurses at [Hospital] that are related to patient teaching and ward management.

I am enclosing a list of the names and addresses of the Licensed Practical Nurses employees here.

I would be very interested in receiving a summary of the findings of the study, and hope you have much success in making this study.

A summary of the findings of the study would be appreciated.

Thank you for this opportunity to participate.

Sincerely,

[Assistant Director of Nursing Service]
Miss Virginia L. Hockens  
1200 East 9th Ave.  
Women's Residence  
Denver 20, Colorado  

Dear Miss Hockens:

Your proposed Study of Activities of practical nurses in the Hospital area interests me. I feel the (licensed) practical nurses employed by the Hospital would benefit from analysing their activities. You have my permission to send questionnaires to them. A list of their names and addresses is enclosed.

A summary of the findings of the study would be appreciated.

Thank you for this opportunity to participate.

Very Truly Yours,

[Signature]

Associate Director,  
Nursing Service
Miss Virginia L. Hockens  
4200 East 9th Avenue  
Women's Residence  
Denver 20, Colorado  

Dear Miss Hockens:

The following are the licensed practical nurses employed here. The Department of Nursing Service at the Hospital would be very happy to participate in your study regarding practical nurse activities. Enclosed you will find a list of licensed practical nurses employed here and their addresses. Much luck to you in obtaining the information you desire.

Sincerely yours,

Director,  
Department of Nursing Service
Virginia L. Hockens
1200 E. Ninth Ave.
Denver 20, Colorado

Dear Miss Hockens:

The following are the Practical Nurses employed here. It is fine with me to have them participate in your study.

I would enjoy seeing the results of your study. Good luck.

Sincerely,

________________________
Director of Nursing Service