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To What Extent Current In Service Education Programs at Hospital Level in Puerto Rico Help the Newly Professional and Technical Nurse in the Development of Practical Nursing Skills

Andrea Guzman Berrios

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WALDEN UNIVERSITY
DISSERTATION APPROVAL

TO WHAT EXTENT CURRENT INSERVICE EDUCATION PROGRAMS
AT HOSPITAL LEVEL IN PUERTO RICO HELP THE NEWLY
PROFESSIONAL AND TECHNICAL NURSE IN THE DEVELOPMENT
OF PRACTICAL NURSING SKILLS

Andrea Guzman Berrios

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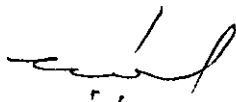
ABSTRACT

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HEALTH SCIENCE PROGRAM
UNIVERSITY OF PUERTO RICO, 1966



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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
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DOCTOR OF PHILOSOPHY

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ABSTRACT

THE PROBLEM

This study was directed to determine to What Extent Inservice Educational Programs in Puerto Rico help the Newly Professional and Technical Nurse in the Development of Practical Nursing skills and Fulfillment of Needs.

PROCEDURE

Eight current inservice educational programs were analyzed from four private and four state hospitals.

The sample was composed of two hundred professional and technical nurses both sexes, plus a number of forty seven administrative nursing personnel included in the study, based on their relationship within inservice programs and graduate nurses' performance in practice.

The main instrument used in the study was a questionnaire validated by six nurses from another hospital not included in the study. The instrument was geared to evidence if nurse's needs were considered prior to inservice education. It will evidence also if the inservice programs had a direct relationship with a qualified nursing care provided by nurses.

Three private hospitals evidenced excellent inservice programs. The other four were rated as average. The last two programs were incompleated. A number of 100% participants indicated that a relationship exist between

the nursing care provided to patients and inservice education.

77.3% agreed that newly professional and technical nurses had limited practical nursing skills upon graduation.

A number of 68% agreed that follow up evaluations after inservice improve nursing care and inservice programs.

A 67.6% responded that adequacy or inadequacy staffing affect attendance to inservice activities.

This implies that the four hypothesis were acceptable by the majority of participants in the study.

Recommendations from all participants in the study to improve inservice programs:

- a. assess nurse's need prior to inservice
- b. diagnose mastered skill and practice already gained
- c. provide practice in all clinical areas prior to ward assignment
- d. use individualized learning in procedures as:
 1. intravenous therapies
 2. catherization
 3. nursing reports
 4. doctor's orders

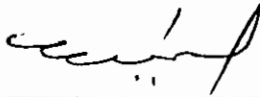
Findings were reported in numbers, percentages and descriptive tables.

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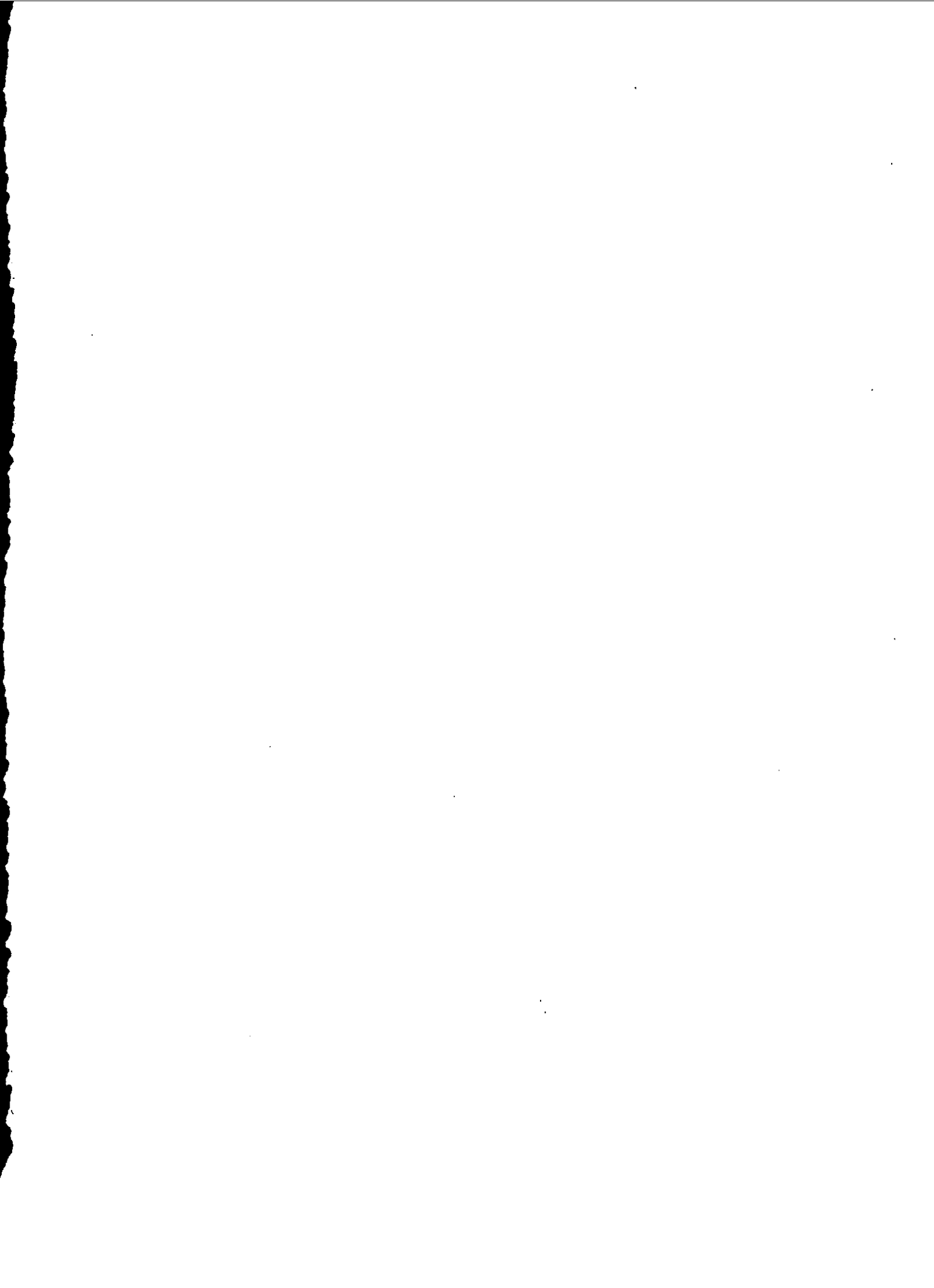
My highest admiration, gratefulness and deepest love to God, who gave me the health and strength needed to continue my work and studies simultaneously for the achievement of this goal.

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CHAPTER I
STATEMENT AND SIGNIFICANCE OF THE PROBLEM

Introduction

The accumulation of scientific knowledge, the impact of education, new changes in the medical practice, research in the field of nursing, and the expanded role in patient care are some of the factors that demand a more competent professional and technical nurse for additional responsibilities in the administration of medical treatments and nursing procedures, that will capacitate them in providing a high quality care and service to all patients sick or well.

At present, it can be observed experienced nurses who are substituted and promoted to administrative positions leaving the patient care to graduate nurses from college and universities. It is a reality that these nurses have limitations in practical nursing skills although they have acquired plentiful of theoretical knowledge; Baccalaureate and Associate Degree nurses need to complete their professional formation within an inservice education that include most of the current nursing procedures and new ones related with acute illness. They are responsible of the coordination and participation of paramedical services to each patient for their full recovery. The effective use of these disciplines require knowledge, skills and competences of nurses while on duty. The counseling and guidance of nursing supervisors along with the inservice educator will enable them to deliver a qualified nursing service to health recipients.

It is obvious and widely known that inservice educational programs in most hospitals and institutions are designed for the diploma nurse,

who was trained with fully, practice and skills than the professional and technical nurses at the present days.

Each hospital had a different way of providing inservice education to its personnel. Methods frequently used were on the job training, orientation and lectures.

It is a reality that nurses, upon graduation from baccalaureate and associate degree programs, do not have the required skills and experience equal to the former nurse. However, they possess a body of knowledge that enables them to provide a safety nursing care, if hospital institutions provide the opportunity to gain nursing experience and skills through a well qualified inservice educational program, whose philosophy, objectives, content and learning experience are tailored to each level of nursing needs at each level of functions, this population of nurses would be highly qualified.

It is the hospital's responsibility to maintain an actualized educational program throughout the years to capacitate them with the specification indicated.

At present, the Government is confronting social problems that affect the health industry and demands for increased number of health personnel. Some of these problems are as follows:

- a. increased population
- b. new constructions and expansion of hospital facilities
- c. implementation of new health programs
- d. increased geriatric and youth population
- e. shortage of nursing personnel to work in hospital

institutions

- f. increased number of patients admissions
- g. legal pressure for continuous education to health personnel for relicensure.

The above problems demand a greater number of professional and technical nurses which places a greater responsibility for staff development at different levels.

Research studies in Puerto Rico have revealed that 80% of present register nurses from the traditional diploma programs, are still occupying administrative nursing positions that must be occupied by professional nurses. They should be reeducated through a staff development program, which include the inservice educational programs.¹

Recent changes in the health care of individuals and the impact of education in the continued education for paramedical personnel were some of the factors that motivated the discovery of scientific knowledge, which made possible the movement of nursing programs from hospital's institutions to college and university levels.

Revision and changes in the content of nursing curriculums were done in such areas as objectives, philosophy, conceptual framework, and clinical experiences that affected the professional personality of nurses.²

Although the nursing program curriculum has been able to integrate clinical practice, it seems to be insufficient to meet the graduates' needs.

¹Junta Examinadora de Enfermería. "Estudio de Niveles de Enfermería". Boletín Informativo. Puerto Rico - (Junio, 1966). 5:1:14.

²Kane, Maureen. "An Inservice Program for Professional Nurse". Nursing Outlook. (July, 1965). p. 13:5 - 38:39.

Hospital's institutions have the responsibility to maintain an updated inservice education program through the year to fill those gaps that nurses bring from their former clinical experiences as college and universities students.

This continued training maintain a safe minimal practice level by current standards. The inservice educator must have a variety of forms to identify the professional needs of nurses from all levels of education in order that she can plan meaningful learning offerings.

The higher cost of health care have encouraged hospital's administrators to look closely for nurse's performance work to justify the need of maintaining the person in that position.³ There are many preparatory nursing programs of different levels and quality, none of them can insure that their practitioners will maintain a safety nursing care through their careers.

The use of staff committees has proved to be very effective in the staff development and inservice activities, if there are limited number of inservice educators. Guidelines in advance should be developed to define the purposes and goals of the committee.

These can be temporary or standing if its going to be permanent. The inservice educator is a change agent motivator and should know that the success of the program will be achieved if there are changes in behaviors.⁴

³Helen, Tolien. Pat Yoder and Peggy Hill. "Roles and Relationships". Staff Development Process. St. Louis: Mosby, Co. 1979. p. 44:47.

⁴Ibid.

The role of change agent will be effective only if educators demonstrate a caring attitude toward newly graduates and a sensitivity to what inservice and re-learning means to them. Active participation of the graduate is required to assume responsibility for learning and fulfilling their needs.

SIGNIFICANCE OF THE STUDY

This study will be of great significance to coordinators and inservice personnel to develop awareness and insight towards change in the methodology of planning and learning activities used in the inservice educational programs according to new trends and technological changes in nursing care of patients. It will help in the planning of clinical experiences for the development and understanding of specific nursing skills in the management of certain patient's aconditions that require special medical equipment and nursing care.

A contribution is needed from research to help in the development of a sense of responsibility in hospital institutions and nursing administrators to modify working schedules for nurses so they will be able to attend inservice activities. This study may help inservice coordinators to develop selected activities that help graduates in the development of physical and mental skills needed to become nursing leaders in ward units.

It will be of great significance for the inservice coordinator and research student to analyze together the strengths and weaknesses of the programs that result in benefit for all nurses.

This study may be a motivation point toward a further intensified research study related with the staff development components such as orientation, inservice and continuing education. It can be observed at

present, that continuing education is limited to a group of nurses. It may be possible that graduate nurses can't cope with this legal requirement for the year 1983, as indicated by the College Board Nurses.⁵

NATURE OF THE PROBLEM

The problem in this study was structured to visualize "To What Extent Current Inservice Educational Programs at Hospital Level in Puerto Rico help the Newly Professional and Associate Degree Nurse in the Development of Practical Nursing Skills and Fulfillment of individual Needs".

The investigator's motivation was based on asseverations voiced by some paramedical personnel after current clinical evaluation when they expressed their preoccupation toward the limited practical nursing skills and experience develop by professional and associate degree nurse as persons with much knowledge, but having difficulty in clinical competences. The researched administrative nursing personnel judged the newly graduates as professional with limited practical skills.⁶

⁵Ley 11. "Reglamento de Educación Continuada para Enfermeras". Boletín Informativo. San Juan, Puerto Rico: (Junio, 1979).

⁶Paramedical personnel. "Post Clinical Practical Evaluation's. San Juan, Puerto Rico: Doctor's Hospital. December 1978-1979.

EVALUATION ACTIVITIES

Evaluation is the process of ascertaining or appraising the value of something. The purpose of the evaluation is to acquire information to determine the effectiveness of the inservice education in achieving better nursing care. Follow-up evaluation activities are expected to improve the nurses performance and the inservice educational programs. Nursing personnel may be evaluated in terms of the total changes they effect because it is an ongoing evaluation of the nurses that occurs over a period of time and not at one specific point.

The following study is an analysis of some researched inservice educational programs for newly professional and technical nurses from eight hospitals in the northern part of Puerto Rico close to the Metropolitan Area.

TABLE I

HOSPITALS INSTITUTIONS SELECTED FOR THE STUDY

| HOSPITAL INSTITUTIONS | GEOGRAPHICAL | CLASSIFICATION |
|---------------------------|--------------|------------------|
| University Hospital | Río Piedras | Governmental |
| Bayamón Regional Hospital | Bayamón Area | Governmental |
| Municipal Hospital | Río Piedras | Governmental |
| Caguas Regional Hospital | Caguas | Governmental |
| Teacher's Hospital | Hato Rey | Private |
| Auxilio Mutuo Hospital | Hato Rey | Private Catholic |
| Metropolitan Hospital | Las Lomas | Private |
| Doctor's Hospital | Santurce | Private |

This table shows the hospitals selected for the description of their Inservice Education Programs in this study.

Nurses seems to be in need of understanding and making adequate use of technological complex equipment used in hospitals. They need socializing inservice period. They are perceived with limited competences in practice to comply with their responsibilities.

Some theories of learning indicate that people learn when they are in great need of learning. This need creates anxiety that produces motivation, which is further guided to learning.⁷

Upon graduation, most nurses are unable to fulfill their needs, resulting these weaknesses in anxiety and insecurity in their jobs.

Skinner describes in his theory of motivation that the involvement in activities becomes a learning process.⁸ This motivation enhanced by Skinner is seen in nursing practice. Nurses need to be involved in different activities during her inservice education that help in the development of practical nursing skills.

Most graduate nurses, in their previous clinical laboratories as nurse's students, do not have meaningful experience to practice certain nursing procedures because actual experiences with patients does not occur. If it occurs it is limited to one or two students only. The clinical instructor keep in mind the patients' privacy and rights in the distribution of patients. She cannot assign many nurses to the same patient for nursing care because the patient's privacy is altered.

⁷Hull, Dollard. "Learning Theories". Theoretical Frame Works. mimeographed conferences for nursing educators. Sheraton Hotel. San Juan, Puerto Rico. (December, 1980).

⁸Skinner, B.F. Motivational Theory. New York: McGraw Hill. Programed Series in Psychology. 1970. p. 1:165.

All inservice education programs should be geared to the development of skills in the clinical setting by determining the personnel needs prior to inservice and further on providing supervised activities to correct or reinforce the knowledge already acquired. The reward system becomes their own satisfaction. Pleasure and anxiety is reduced with their goal achievement which is self experienced.

TABLE 2

NURSING EDUCATION PROGRAMS IN PUERTO RICO
1981 (U.P.R. *) - CAMPUS FROM THE UNIVERSITY OF
PUERTO RICO

| COLLEGE/UNIVERSITY | CITY | BACCALAUREATE NURSING PROGRAMS 1982 |
|---|------------|-------------------------------------|
| School of Medicine (U.P.R.) | San Juan | B.S.N. & M.S.N. |
| Humacao (U.P.R.) | Humacao | B.S.N. & A.D.N. |
| Mayaguez (U.P.R.) | Mayaguez | B.S.N. & A.D.N. |
| Arecibo (U.P.R.) | Arecibo | B.S.N. & A.D.N. |
| Metropolitan University | San Juan | B.S.N. & A.D.N. |
| Technological College | San Juan | A.D.N. |
| Sacred Heart University San Juan, Campus | San Juan | A.D.N. |
| Inter-American University of Puerto Rico San Germán, Campus | San Germán | B.S.N. |
| Inter-American University College Guayama College | Guayama | A.D.N. |
| Catholic University of Puerto Rico | Ponce | B.S.N. |
| Antillian College | Mayaguez | A.D.N. |

The table above shows that most educational nursing programs are located within the metropolitan area, in San Juan, Puerto Rico. The increased number of nursing programs demands an increased number of inservice educational programs in all hospitals.

In the past, nursing educational programs were offered in traditional hospital institutions at the diploma level. Students worked and studied simultaneously, because hospitals were dependent on student nurses for patient care in all services at clinical setting.

Upon graduation, at the end of three years, students were examined by the State Examining Board of Nursing as registered nurses. The traditional nursing curriculum was based on disease orientation, prevention, treatment, and ethical concepts. The work scheduled at the hospital setting included laboratory experiences for the student nurse. The main practice at the clinical areas was the application of medical procedures prescribed by physician and the development of technical skills and ethical concepts. They were limited in behavioral sciences, liberal arts courses, and scientific principles.⁹

Diploma nurses are compared today with professional and technical nurses. Differences can be observed in the unlimited practical nursing skills of baccalaureate and associate degree nurses. Former doctors seem to be satisfied with their job performance because the diploma nurses can work in all hospital settings with a minimum of orientation from the hospital supervisors.

⁹Oscar Costa Mandry, M.D. - Apuntes de medicina en Puerto Rico. Departamento de Salud. San Juan, Puerto Rico: - 1971.

Some doctors delegate some medical functions to register nurses in the clinical areas; some of the functions delegated were;

- a. daily treatment of patient's injuries
- b. delivery of normal babies
- c. administration of intravenous therapy

The everchanging requirements of the rapidly growing health sciences has determined that graduate nurses at all levels, show insufficient knowledge and skills to cope with complex medical equipments. It is the researcher intention to explain in this study that a good inservice education followed by evaluation, activities, improve the quality of nursing care. This is a basic component in their work practice.

It is the main process of ascertaining and appraising the value of the specific learning offerings and the effectiveness of the general effect.

Learning brings changes, and performance is the end result of the staff development process. Follow up evaluation activities must be planned in an atmosphere of mutual trust to reinforce positive behavior and redirect the negative one.

Inservice educational programs must be structured by the inservice educator together with the participation of the director of nursing service, nursing supervisors, and staff nurses.

The programs has its own philosophy in harmony with the nursing service philosophy. There are some factors that have been found by experience to have direct implication in the development of inservice programs.¹⁰ These factors were:

- a. shorter work week - Traditional nurses worked twelve hours daily. At present, laws have been modified to work forty hours weekly.¹¹

Nursing services require often part time service from nursing personnel. Most of these nurses are retired and inactive.

- b. increased number of hospitals - Population rate is going up and new illness have emerged. It is the hospital's responsibility to recruit more inservice educators to cope with the great demand of inservice education.
- c. shortage of professional nurses - Many nurses are graduated annually from nursing schools. Most of them migrate to other places for better salaries and working conditions. Nurses in Puerto Rico are poorly paid.

¹⁰Melinda, Murray. "Who is the Nurse". Fundamentals of Nursing. New Jersey: Prentice Hall, Inc., 1970. p. 23;30.

¹¹Labor Department of Puerto Rico. Law 379. Puerto Rico, 1979.

- d. entry of non-professional Personnel to health services -
This number increases each year. Definitions and interpretation of roles are explained by inservice educators.
- e. different levels of nursing programs - The variation in the basic preparation of professional nurses (i.e.) two years, four years, one year. Each level has their own needs. Inservice plan to meet these needs.
- f. increased expectation on the part of the public for quality care - People know their rights as citizens and the Patient's Bills of Right. They are aware of their benefits and have a better understanding of their illness and medicate treatments.¹²

Important changes that demand continuing education through inservice educational programs in hospital institutions are;

- 1. scientific advance and growth of technology.

As medical knowledge increases it presents the necessity for continous efforts to re-educate nursing personnel in new procedural and technical skills.

¹²Imogene, King. "Health a Goal of Nursing". Toward a Theory of Nursing. New York; John Willey and Sons, Inc., 1970. p. 71;72.

There are new medical equipment and nursing procedures that nurses at all levels of education should know. Some of this equipment are: automatic monitoring devices, artificial Kidney, the heart pacemaker, cardioscope, and others. Some of the new nursing procedures are related with the nursing care and interpretation of cardiac monitors, prenatal monitors, electrocardiograms, management of patients in artificial kidney machines, and others. Nurses who care for individuals with complex surgery and complex equipment for special treatments and procedures prescribed, in post-operations, need special courses in intensive care of these patients prior to assignments that require special responsibilities and skills.

2. Specialization.

This trend toward more specialization provides nurses the opportunity to develop their capacities and knowledge within an area of a special disease in order to become expertise. Some of these areas are the intensive care units of psychiatric, coronary care, renal, intensive medical unit, surgical, and pediatrics units.¹³

¹³Ann, Pirnie. MA. "Why and How of Inservice Education". Nursing Outlook. (January, 1964). p. 45:47.

3. Supervision and complexity of human relationships.

The role of the professional nurse is changing from that of providing patient care toward that of directing others to provide it. It takes an understanding of self-care roles of other members of the nursing team, and the principles of human relationships build a cooperation with leadership, and skills to achieve effective patient care.¹⁴

4. Turnover.

At present, nurses have the opportunity to make selection of different positions and job locations. Nurses want to sample several areas of specialization prior to selecting one position. This provides more opportunities for in-service education that motivates the staff nurse and provide job satisfaction. Many college nurses are leaving their jobs for different reasons.

The Government has taken action to control the nursing shortage in Puerto Rico. There is legislation approved that prevents that newly graduate nurses desert to other health institutions for employment, until they work at least one year with the Government.

¹⁴Ibid.

5. Law No. 11.

This law affects all levels of nursing. It requires continuing education activities for the renewal of nursing licenses. Registered nurses must accumulate seventy five credits (75) or twenty five (25) contact hours per year.¹⁵ The licensed practical nurse must accumulate thirty (30) contact hours, or ten (10) hours per year. This law brought sharp reactions from nurses who refused to be enforced to take continuing education. Some of them preferred continuing education to be at a voluntary basis. Another group insist that the law must be enforced for all nurses at all levels. They demand penalties for those who refuse to comply with the requirements. This issue has affected all nurses and suggested a modification of the law.

6. Law No. 121.

Law 121 was legislated on June 1965. It created and regulated the nursing practice in Puerto Rico. This law describes the role of nurses at all levels; It describes the requisite for nurses to practice on the Island and provides information to foreign nurses on how to take the State licensing examination.¹⁶

¹⁵Adelaida, Sanavitis. Ph. D. "Reglamento para Educación Continua". Boletín Colegio Enfermería. Puerto Rico, (Junio, 1980). p. 1.15.

¹⁶Professional Nursing College. Nursing Laws. Puerto Rico: June, 1979, p. 1:25.

The Senate is working on revisions and modifications on this law. It intends to describe the different levels of nursing practice in Puerto Rico and their specific roles. The law will define new concepts in the nursing profession. Some of the concepts to be described and defined are the followings: professional nursing, technical nurse, nurse practitioner, and other terminology relevant for nurses.

7. Law No. 82.

Law 82 is a recent law approved in 1977 in Puerto Rico. It requires from nurses upon graduation to become members of the Professional Nursing College, prior to the practice of nursing.

The nurse is accepted as a college member when provisional license is provided by the Nursing Examination Board upon graduation to practice nursing, until they are legally licensed.¹⁷

The newly graduate from baccalaureate and associate degree nursing programs experienced limited opportunities to socialize in their transitional period from student to graduate nurse. The socialization process is the means by which the new graduate nurse is oriented to general nursing procedures in each unit and the approach to get acquainted with each patient and floor personnel.

¹⁷Ibid. p. 30:50.

They learn to perform the nursing role adequately and understand what her peers will expect from her while on duty. Her former socialization at college level was focused on normal values and professional behavior. Upon graduation, and after the inservice education, the head nurse of the nursing unit and the supervisor are the ones that judge her competencies and technical skills demonstrated in the clinical areas.

Prior to World War II, complex medical equipment, such as the artificial heart, lung machine, artificial kidney, were not developed. After War II, the scientific and technical revolution expanded everywhere and new electronic equipment emerged in the health industry. Changes and new knowledge demand a twentieth century approach for implementation of man's search toward the future. Paramedical disciplines are in a great need to keep with continuing education. Today, nurses, as members of the health disciplines can't take care of patients with antiquate nursing procedures and knowledge.

Knowledge, creativity and imagination are needed in large supply for people to fulfill their responsibilities. Emerging values emphasizes man's right to benefit from the findings of science by obtaining maximum physical, physiological and psychosocial well being. Health education of nursing personnel has changed in response to the increased demand for scientific and technological clinical competencies.

These changes altered the relationships between the institutions for nursing education and the institutions for patient care. Since only institutions for education can deal with scientific preparation, a great deal of responsibility is placed upon health institutions for technological and clinical services.

Since the beginning of patient care there has always been new things to learn. The demand for public accountability has increased and the evaluation performance on the job has become more important for nurses. In the past, School of Nursing did not emphasize lifelong learning as a requirement for a professional. The employing agencies did not expect the revolution of continuing education and the continued learning went generally unplanned.

In 1967, the National Advisory Commission on Health Man Power called for examining relicensure and continued education. Since then, some health agencies allow liberal time off for continuing education paying all expenses, while others don't offer any thing. These concerns are heightened in the center of the Island where the number of qualified nursing personnel are limited to continuing education opportunities.¹⁸

The concept of inservice education has evolved and changed to the concept of staff development. It includes the traditional orientation, the actual inservice education, and the new trends of continuing education for all nursing personnel. This should foster innovative and creative nursing care of patients for the purpose of achieving quality in the nursing service provided to clients. "So... let us never consider our self as finish nurses".

¹⁸Tobin, Helen and Peggy, Hull. Staff Development. St. Louis: Mosby Co., 1979. p. 122:124.

This statement from the pionner of professional nursing, reminds us that in the past, Florence Nightingale was viewing nursing education as a continuous process that envolved throughout the years.¹⁹

The National Commission for the Study of Nursing Education, has stated that problems in continuous education in nursing may be greater than in other professions due to the variety of pre-service educational programs used in the preparation of nurses.²⁰

In Puerto Rico, there are few institutions providing continuing education to nurses. This is a barrier that limits the legal requirements to nurses at all levels to practice nursing in the Island.

In the following study, a group of hospitals have been surveyed and a research study was conducted about the inservice educational programs provided to new graduate and associate degree nurses employed upon graduation.

¹⁹Tobin, Helen, Yoder Pat, and Peggy Hull. "Competence and Staff Development". The Process of Staff Development. St. Louis: Mosby Co., 1979.

²⁰Ibid. p. 1:2.

PURPOSES OF THE STUDY

The purpose of this study is an attempt to:

1. Analyze the inservice programs content and teaching strategies, that help nurses in the development of practical nursing skill an understanding of patient's care according to new trends in nursing education and changes in the health technology.
2. Identify the philosophy and objectives of inservice educational programs to find out if there are essential components of the Inservice Educational Programs.
3. Determine if the professional nurse's needs are considered prior to the planning of practical activities in clinical setting.
4. Explore the participation of other experienced nursing personnel as socializing agents in the inservice educational process of newly graduate nurses.

DELIMITATION OF THE STUDY

The following delimitations were recognized in this study:

1. The time factor. It covered ten (10) months from September 1980 to May 1981.
2. The study was limited to a total of eight (8) hospitals, four (4) private institutions and four (4) governmental hospitals.
3. The group of nurses participating in this study were selected from a day work schedule only (7:00 a.m. to 3:00 p.m.).
4. Nurses in the study were graduates from baccalaureate and associate degree programs.
5. The sampled nurses were represented by both sexes within different ages.

CHAPTER II

REVIEW OF LITERATURE

In a preliminary review of literature, it becomes apparent that the topic under study has not been investigated before, however, many studies on nursing education have been conducted but none of them have been related to a specific inservice educational program for nurses graduated from colleges and universities.

Literature enunciated by Maslow (1971), revealed that the self actualized person has been identified as one with qualities needed to function effectively in today's nursing world. Nurses from baccalaureate and associate degree programs had great body of knowledge obtained from their respective nursing programs but they lack more experience in clinical nursing practice. This place a great responsibility on service agencies that employ nurses, because they should respond the patient and their families for a qualified nursing care in the hospital.

The beginning practitioner cannot be expected to perform their roles with the skill and insight of experienced nurses until the hospital institution provides and inservice education. Many nurses judge the newly graduate by the competency in performing their work. This create frustration to new nurses when they are faced with the reality in the clinical setting. They feel unable to perform some nursing procedures.

that are unknown to them or have limited experience to apply them adequately.

A qualified inservice education is the solution to such situations. In reviewing educational literature, Joan Fognot, describes how nursing administrators can assist the nursing personnel with inservice education or a staff development program.²¹ This is one way in which hospitals can show concern for the welfare of new practitioners providing them with specific assistance for improvement.

Maslow's theory of needs supports that a less anxious and self actualized nurse will have the intellectual and personal energy needed to develop skills and values that have true professional security for the nursing care of patients and work interdependently and share experiences with other health professionals.

The National League of Nursing has stated that:

"...progressing toward acceptance or greater share of responsibility in the provision of health care services, by developing more productive methods of working independent in a peer professional group, realizing a broad scope of practice".

(National League of Nursing²²).

²¹Joan, Fognot. - "Inservice Concerns Everyone". American Journal of Nursing. (November, 1963). p. 85:86.

²²Issac, Delowney. "National League of Nursing". History and Trends of Nursing. St. Louis: Mosby Co., 1977. p. 235:240.

This statement can be applied to nurses at the present time as it serves as a point of reference for the organization of inservice educational activities. Joan Fognot maintains that inservice education provides for reinforcement and deepens former experience acquired from former school programs or any other health institution.²³

Literature on professional and associate degree nursing programs shows that the first associate degree in nursing in Puerto Rico were initiated at the Mayaguez College (1965) under the direction of Josefina Torres, a registered nurse with Ph. D. in nursing education.²⁴

The catalogue for that program states that in 1966 there were two baccalaureate nursing programs in the Island one in the School of Medicine of the University of Puerto Rico, and the other at Catholic University of Puerto Rico. Later on, more associate degree programs were established. There are a total of eight associate degree nursing programs in Puerto Rico.

²³Joan, Fognot. "Inservice Concerns Everyone". American Journal of Nursing. (November, 1963). p. 83:84.

²⁴University of Puerto Rico. Catalogue. San Juan, Puerto Rico. p. 30:31.

HISTORIAL PERSPECTIVE

The first professional nurses in Puerto Rico were graduated from traditional diploma programs in hospital institutions. These nurses were required to pass a state board examination upon graduation to obtain their nursing license and become a register nurse.²⁵ This level of nursing was the highest one prior to 1959. There were no nursing programs in higher institutions at baccalaureate not associate degree levels.

The last diploma nursing program to be closed in Puerto Rico, was the one at the Medical Center in Río Piedras in 1976.

The baccalaureate and associate degree nursing programs were started in 1965. The American Nurses Association prepared a proposal called "Project Eighty Five", in which they recommend the baccalaureate degree for entry into professional nursing and the associate degree as the minimum requirement for technical nurses. This proposal has been supported in thirty four states. Other states are working on this issue.²⁶

²⁵Oscar, Costa Mandry. Apuntes de la medicina en Puerto Rico. San Juan, Puerto Rico: 1975. p. 120:125.

²⁶American Nurses Association. "Standards of B.S.N.". - Taken by 34 States Association". American Journal of Nursing. (April, 1980). p. 582:584.

The Graduate Nurses Association of Puerto Rico supported this position presented by the American Nurses Association in 1967. They sustained that nursing education in Puerto Rico should be in institutions of higher education. This decision was based also on the Spalding Report of 1943: Spalding reported on a survey of the University of Puerto Rico that nursing programs were not at a professional level. She recommended the establishment of a school of nursing at the University of Puerto Rico to give nursing, a professional and social status. The Spalding report was presented to the Department of Health of Puerto Rico in 1943. The study was a great motivation for the development of professional nursing programs at higher educations.²⁷

THE CONCEPT OF INSERVICE EDUCATION

As the demand for public accountability has increased, evaluating performance on the job has become more important to employers. The importance of continued professional competence has been discussed in a variety of circles to maintain a safe minimal practice level by current standards.

Traditionally, the entry into nursing practice was guarded through a licesure process.

²⁷Eugene, Spalding. Report of Survey of the University of Puerto Rico. San Juan, Puerto Rico. 1943. p. 1:70.

At present the variety of nursing roles in the three types of nursing educational programs are the main motivation to keep inservice education programs in all hospitals, to train nurses from different levels in the current nursing care to patients and delegate complex nursing procedures to the baccalaureate nurses. The new concept of staff development for inservice education was carried within the confines of all hospitals institutions and health programs.

The ever increasing rate of technological discovery altered education. There is a vast amount of knowledge to be learned. It is estimated that half life of science and technology used in today's nursing care is between three and five years old. There is a great emphasis for reeducation in new skills and knowledge.

Patient education has also taken new dimensions. Formalized classes are offered by graduate nurses to deal with the complexity of health problems with the goal of involving patients in their own care in order that they learn the management of their medications and treatments when they are discharged.

In revised literature, it was found that a study related to nursing personnel was done in Puerto Rico in 1976. This study surveyed 4,992 nurses. It revealed that 80% of these nurses who answered the questionnaire were graduated from diploma programs. An important detail showed that 112 nurses from this population were still working in administrative

positions as supervisors, head nurses, and directors of nursing services.

These findings showed the rationale to maintain inservice education programs not only for graduates of professional and technical nurses, but for nursing personnel at all levels.²⁸

MASLOW THEORY OF NEEDS

The individual initiates his learning since he makes his debut through birth to his family group.

Family, as the first group, is also a social system that exhibit characteristics of status, roles, and social interactions to be learned. One of the most important roles of the family is to provide its members with the means, setting, and knowledge needed to promote health. Basic needs of individuals are usually met within the family structure. These basic needs are interrupted at times and are beyond the competency of the family to supply them. Nurses and other members of the health personnel face the situation to help the individual to meet their physical, psychological and social needs in the delivery of health services.

²⁸Aida, Deplet. "Hacia donde va la enfermería en Puerto Rico". Boletín Colegio de Enfermería. Vol. X, (Junio, 1977).

Maslow stresses the concept of motivation in the individual learning that emerges from different needs. He describes the satisfaction needs as important points for a complete mental and physical health of the person.²⁹

The theoretical frame for this study is based on Maslow's theory of needs, and might help to understand also the nurse's needs as a person and her patients. Nurses are human beings and have individual needs to fulfill in order to function normally. They reflect anxiety and insecurity when they enter their first nursing position. They are worried about their limitations in experience and nursing skills. They expect that hospital institutions help them to fulfill these personal gaps, prior to assuming responsibilities.

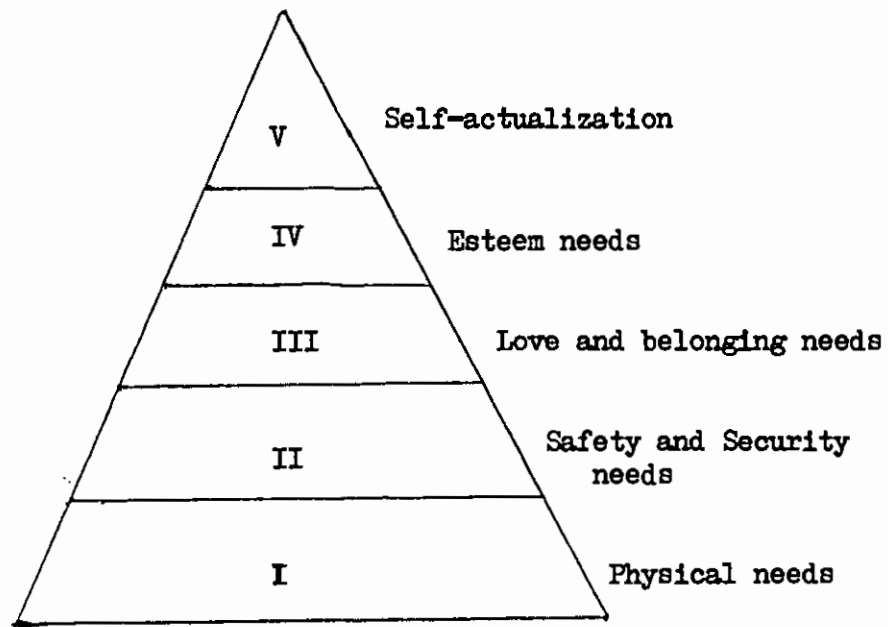
Educational programs in hospitals, should prevent nurses frustration by providing comprehension and satisfaction to deliver the best nursing care to patients. Satisfaction is a sign of disposition and mental health in a person. Health is a state of complete physical and psychosocial well being in the individuals.³⁰

²⁹ Abraham, Maslow. Motivation and Personality. New York; Harper and Row, 1954.

³⁰ World Health Organization. "Stress of illness and Hospital". Fundamentals of Nursing. New York: McGraw Hill, 1980. p. 173:176.

Maslow states that if lower needs are met, actions that require higher needs will take place. Maslow's hierarchy of needs provides a useful frame work for differentiating between problems and needs according to priority. There are problems, that threaten life. For example, suicidal behavior and oxigen deprivation are critical ones, and require emergency action.

TABLE 3
MASLOW'S HIERARCHY OF NEEDS



This pyramidal figure illustrates the cronological order of Maslow's hierarchy of needs, which he understands has major relevance in the nursing care of patients.

The hierarchy of needs are used in some health institutions by the nursing staff as a guide for the nursing in the determination of patients physical and mental needs. Nurses, evaluated the patients' physical condition by the physical examination, interviews, monitoring of vital sings, and observation. She estimates the patient's needs and problems through data collection from different sources. The nursing process is a set of actions directed to determine, plan and implement the nursing care.

Maslow describes his hierarchy of needs as follow;

1. Physical needs

These needs are often called physiological driver on primary motivators. They are basic to survive. If they are satisfied they serve to preserve the integrity and function of the body. Needs are grouped as physical, emotional and social needs. Maslow places physical needs at the foundation of his hierarchy because they are important to survive. If they are impaired the mental status is affected also, because mind and body are interrelated, (i.e. oxygen, water, food and other).

2. Safety and security needs

The security of needs besides oxygen, water and food, is the assurance of protection from physical violence, loss of those things and persons that offer us physical protection and the loss of those things valued materially and psychologically by each individual.

3. Love and belonging needs

This third need demands interaction with others in the environment within the context of mutually satisfying relationships. Persons move more actively to seek satisfaction of the needs for love and belonging. Any impairment in the ability to establish at least one mutually satisfying relationship, and to acquire sufficient social skills to interact reciprocally with others as a member of a social group or system, jeopardize the ability to satisfy love and belongingness needs and leave a feeling of isolation and alienation.

Nurses need to interact reciprocally with others at work for mutual understanding. They feel insecure when they view their practice as limited to help others.

4. Esteem needs and status needs

Esteem or status needs are divided into two groups. The first group is related to the manner in which we are regarded, experienced or evaluated by others. The second group of needs is related to the manner in which we experience ourselves as a person. The former are desires for status, prestige, dominance, and respect, as well as recognition, attention and appreciation from significant people in the environment. The newly graduate nurses feels frustrated when she experiences poor evaluation and appraisal from her performance as a professional nurse with limited experience that cannot fulfill the expectations of others.

5. Self-actualization needs

Maslow placed self-actualization needs at the top of his hierarchy. The need to self-actualize motivates the person to grow and to develop his/her talents. It includes the need to know, to understand, the ability of self and the achievement of goals. It has been observed that nurses upon graduation do not feel self-actualized. Maslow's (1970) view of man is humanistic and holistic. Health is not dichotomized as physiological or psychological only. It is a total state of the human organism. The self-actualizing level has met prior needs and achieved a level of health that permits working on the personal goals that will actualize his or her potential.

A great deal of stress is encountered by the new graduate nurse in the course of adjusting to a rigorous work schedule. This is true on every level regardless of the nursing program that formed her. As a new graduate she should be placed in an inservice educational program, prior to assignment of nursing duties where she can initiate her socialization process that prepares her to deliver a qualified nursing care.

This theoretical rationale sustains that a less-anxious self actualized nurse should have the intellectual and personal energy needed to develop skills and values that are truly professional.

Patients have basic needs that may not have a direct relationship with the present illness, but indirectly may affect their recovery. It is observed that a chronic alcoholic man hospitalized as a result of an injured foot, obviously has psychosocial needs, others than those related to his injury.

In the same way, the staff development educator must be concerned with an understanding of the influence of basic human needs on the teaching-learning process. The educator must be cognizant of the organizational and societal factors and changes that influence learning. Need of change in the health care influence greatly the role of all health workers.

CONCEPTUAL COMPONENTS

In Maslow's theory man is described as a bio-psychosocial being that responds as unified whole. Man cannot be separated from his body or mind as separate entities, neither from his internal or external environment, because the entities are found in a continuous dynamic state of vital interrelations. Abraham Maslow stated that: "man possesses a potential to grow and is basically in a state of movements toward a dynamic equilibrium as a unified whole".³¹ Motivation factors are directed to satisfy basic needs. This search is continuous, fluctuant, complex and common to all human beings. He stated that "when basic needs are satisfied, they result in a dynamic equilibrium of man with himself and his environment".

³¹Maslow, Abraham. Motivation and Personality. New York: Harper and Row 1978. p. 200:215.

There are situations and problems that affect the satisfaction of basic needs in promoting health: Man overcomes the threats and interruptions of his dynamic equilibrium: If his equilibrium is interrupted, illness will occur. Man, as part of the external environment, utilizes resources to maintain an optimum state of health. Nursing is one of those resources which man used for this purpose, because it is a human service provided to assist man of any group.

Man, as a consumer of nursing services enters in the nurse patient relationship, searching for strength and knowledge to prevent illness.³²

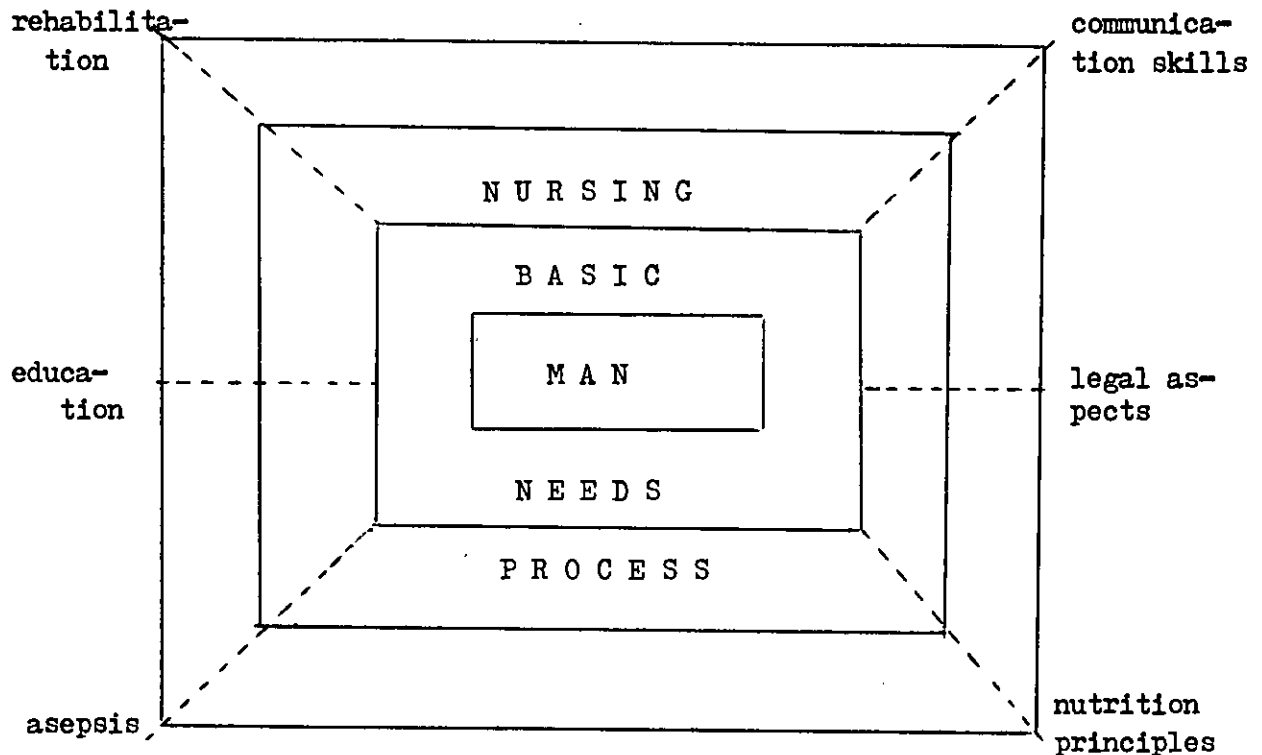
Nurses uses the nursing process as a scientific method to identify problems and provide solutions. They follow organized steps and arrive to conclusions. This process for searching the truth in patient's conditions has similarities with the scientific method. A marked difference is that scientists look for new knowledge and nurses for answers and actions to nursing problems to determine immediate actions.

³²Ibid.

She executes a nursing care plan and evaluates its effectiveness. This scientific method of problem solving, allows the nurse to provide specific nursing care to patients based on his psychosocial needs. The nursing process provides the guidance for development of nursing skills. The following concepts related with patient's needs are used in the theoretical frame work in most nursing curriculums.

TABLE 3

MASLOW'S CONCEPTUAL FRAMEWORK



This schematic table illustrates relevant concepts that nurses should keep in mind during the patient's assessment for the identification of those needs and health problems that she will be able to satisfy by designing a nursing care plan tailored to each patient's needs. These are;

- a. communication skills
- b. legal aspects
- c. education
- d. asepsis
- e. nutrition principles
- f. rehabilitation

Swamburgh, states that the traditional inservice concept and continuing education are synonymous. He describes the main components of an inservice educational program and recommends that the content should be based on new changes in the education of nurses. The program should have a philosophy and objectives based on the hospital nursing services' philosophy.³³

Historically, in service education has been a part of hospital nursing services. It has served to identify and meet learning needs. Today, there are hospitals that still focus their energies on orientation skill training services. Others, have developed additional activities sharing both personnel and equipment with other institutions. They use internal and external resources. The concept of "in-service education" (within the agency) has been transformed into that of "staff development". (within and outside the agency).³⁴

³³Swamburgh, Russel. Inservice Education. New York: Putman and Sons. 1978.

³⁴Tobin, Helen and others. "Continued Competence". Staff Development. St. Louis: 1979. p. 1:5.

In the Post War period, many changes were taking place. Nursing was responsive and receptive to in-service education. The need for directors of in-service education was gradually organized in the hospitals. Drusilla talks in her book about change behavior. It is hard to change behavior and attitudes in people.

Nursing administrators concerned with motivation for change verbalized frequent failure to elicit participation. This concern may lead nurses to look for more effective motivators and strategies for change. In meetings and nursing seminars, motivation is a significant topic for practice. Drusilla, states that people need motivation to change behaviors for one of two reasons, to gain increased need of satisfaction or to avoid decreased need of satisfaction. The basic motivation for all individuals is the desire for ego satisfaction.³⁵

Man's ultimate response is self fulfillment according to what he is potentially capable of becoming. Maslow describe this growth motivation.

³⁵Woodruff, Drusilla. "Behavioral Changes". Staff Development. St. Louis: Mosby Co., 1979. p. 127:129.

Gagné states that learning is a process of change in knowledge, skills or attitudes. Inservice educators must realize that people learn better when they feel the need and are involved actively in the learning experience. They must realize that the success of the inservice program planned to change, depends on motivational factors that operates in the nursing setting.³⁶

Woodruff indicates that the accomplishment of work for staff development on inservice education, has three important areas which are considered as the input, the process and the output. Input includes all the givens in the environmental setting, the learner, material, resources equipment and resources.³⁷

The process includes how the input is going to work in the clinical setting and the planning mechanism. The third phase is the output, which is demonstrated in the performance behavior that will identify success or failure of the nursing personnel.

³⁶Gagné, R.M. The Condition of Learning. New York: Holt, Rinehart and Wiston, 1965.

³⁷Woodruff, Drusilla. "Behavior". Staff Development. St. Louis: Mosby Co., 1979. p. 127:128.

Miller, in 1958 wrote the first model for inservice education that the National League for Nursing publication has called the Bible of Inservice Education. She divides inservice education into four important areas of personal needs. These are;

1. a need for an introduction to their job.
2. a need for training in both manual and behavioral skills associated with their job.
3. a need for development of leadership and management abilities.
4. a need for continuing investigation of the potentialities of their jobs.

The needs were designated as orientation, skill training, leadership management development, and continued education.³⁸

Stopera and Sculley model for inservice education, proposed five major components:

1. general orientation and unit orientation.
2. technical professional training program.
3. leadership management training program.
4. safety training program.
5. continued education program.

³⁸ Miller, M.A. Inservice Education for Hospital Personnel. New York: National League for Nursing Education, 1958.

They identified specific curriculum content that is self directed.³⁹

Kent describes a third model for inservice education which focuses on a development approach. This model is individual needs assessment, individual growth, promoting growth of self and expansion of professional competencies and continued education.⁴⁰

Loder describes different ways of providing inservice education to nursing personnel that works on evening and night shifts.

She suggest a time schedule from 7 to 8 p.m. during visiting hours. Family take care of their patients and ward vigilance can be done with the vocational nurses attention during an hour. If any emergency occurs, the graduate nurse must be called and report to the clinical area immediately. She recommends that if evening and night personnel should attend today's seminars, this time must be compensated with time off.⁴¹

³⁹Stopera V. and Sculley D. "Workable Organizational Model for Staff Development". Continue Educational Nursing. (November and December, 1972). p. 3:14.

⁴⁰Kent, L.A. "The Department of Nursing Service and Staff Development". Nursing Administration. (Winter, 1973). p. 2:8.

⁴¹Loder, Eileen. "Group in service with evening shifts". Nursing Outlook. "15". (July, 1978). p. 13:15, 38:39.

Pirnie talks about complex equipment used for certain patient's illness. All nurses must be trained and educated to use all hospital equipment used in patients treatment. The newly graduate from baccalaureate and associate degree nurse, both are taught the management of this equipment.⁴²

Willianson directs the nurse attention toward research as part of inservice education. Nursing research is one of the new trends for scientific investigation. Nurses cannot care for to days patients and illness with knowledge used in the past year. Today, we have new health problems, medications, treatments and new discoveries which have changed the concept of nursing care. The nurse educates and directs patient to provide his own care under the nurse and doctor's supervision.⁴³

Sanavitis relates in her literature, the norms, procedures, and requirements in the process of relicensing for nurses in Puerto Rico. She outlines the regulations of the examining board that will review licenses to all graduate personnel.⁴⁴

⁴²Pirnie, F. Anne. "Why, What and How of inservice education". Nursing Outlook. (January, 1964). p. 12:1:45:15.

⁴³Ivonne, Willianson. Research Methodology and its Practice is Nursing. New York: John Wiley and Sons, 1981.

⁴⁴Sanavitis, Adelaida. "Reglamento de Educación Continuada". Boletín de Enfermería. (Junio, 1979). Colegio Enfermería Profesional, Puerto Rico

Faye, stressess the importance of research in nursing to search for new knowledge. All nurses must do research in their clinical settings. New theories in nursing education and practice are needed in this technological area, we can't depend on old concepts. She describes all the research step individually and direct the nurse to apply for federal grants available for research.⁴⁵

Jacox, states that nursing must base its practice on scientific knowledge in order that the expertise clinical practitioners could identify significant problems for study. The scientific content taught to students remain in the realm of untested theory and nursing approaches that have not been systematically examined. Most of the research reported at national conferences has been carried out to fulfill degree requirements, and once the degree has been achieved few nurses continue to conduct nursing research.⁴⁶

Marrero, described in her doctoral dissertation, 1974, that Puerto Rico was in need of more and better nursing programs on baccalaureate level.

⁴⁵Abdella, Faye. Better Patient Care Through Nursing Research. 2nd. Ed. New York: McMillan Co., 1979. p. 15:99.

⁴⁶Jacox, Ada. "Nursing Research and the Clinical". Nursing Outlook. (June, 1978). Num. 19. p. 22:6.

She analyzed the educational changes in Puerto Rico, the increased population in the Island, and how these factors affected the nurse role. She stated that life expectancy has been increasing gradually resulting this in an increased of home care programs for the elderly.⁴⁷ The technological changes, stress and society pressures have resulted in an increased number of heart conditions, that rank number one in the mortality rate of Puerto Rico. Continuing Education in the nursing care of heart conditions is one of the main topics discussed in most seminars for nurses.⁴⁸

The National Nursing Commission revealed that a better nursing service is needed in Puerto Rico. There is community awareness of its right for better health services and more participation in health policy and decision making. The community demands for better utilization of human resources in the health area.⁴⁹

⁴⁷ Marrero, Jovina, *Acceptability of Beginning Nurses Specialist from Baccalaureate Nursing Program*. Puerto Rico: 1974.

⁴⁸ Ibid.

⁴⁹ National Commission for the study of Nursing Education. *Abstract for Action*. New York: McGraw-Hill, Co., 1970.

In 1979, the study made by the University of Puerto Rico, through its program "Medico Regional", determined a shortness of one hundred fifty-seven and four tenths nurses (157.4) at all levels Per one hundred thousand habitants in Puerto Rico. There was a great concentration of nurses and other health personnel in the metropolitan area. It indicated also that seventy-four percent (74%) graduate nurses were from the traditional diploma program. It reflects also that a great demand for additional educational nursing programs was needed.

Each time that a nursing program is developed, inservice educational program need to be increased as well as clinical instructors.⁵⁰

In 1975, the Professional Nursing College in Puerto Rico presented a report to Puerto Rico Legislature, the project one thousand six hundred twenty three (1623), to ammend the Law one hundred twenty one (121) that control the nursing practice in this Island. In this project, the Professional Nursing College demanded that the expanded role of the professional nurse be recognized and legalized in Puerto Rico.⁵¹

⁵⁰University of Puerto Rico. Iventario de Personal Paramédico. Puerto Rico, Chapter V., 1979.

⁵¹Nursing College. Report Proyect 1623. Puerto Rico, 1975.

The recognition of the expanded role for professional nurse means reeducation by continuing education and inservice activities in all health institutions.

The lack of knowledge, and adequate supervision resulted in a higher mortality rate.

In the Spanish culture in Puerto Rico, during the nineteenth century, nursing care was absent. The patient care was in the hands of untrained people that took care of them voluntarily. Mental patients were totally abandoned and nobody took care of them. The mentally high risk cases were institutionalized providing them with survival services, and custodial care.⁵²

In 1898, after the arrival of Americans to Puerto Rico, graduate nurses were brought to the Island to take care of sick people and help in the training of Spanish nurses. They developed nursing programs at hospitals levels.

Some of the epidemic diseases in those days were: syphilis, tuberculosis, chicken pots, and others.

⁵²Costa Mandry, Oscar. Apuntes historial de medicina en Puerto Rico. Departamento de Salud. San Juan, Puerto Rico, 1971.

In 1940, tuberculosis and syphilis were among the most common causes of death in Puerto Rico.⁵³ Later on, in the twentieth century, heart conditions and cancer ranked as the main ones.

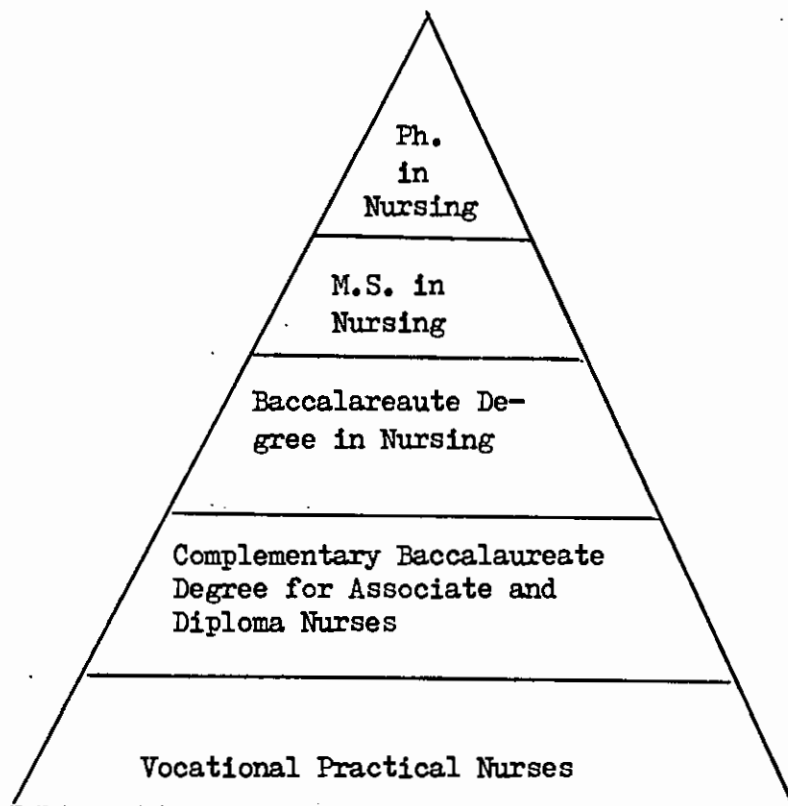
In 1982, heart conditions continue in the first place and cancer in the second place, as main causes of the death rate in this Island.⁵⁴

Health care recipients tend to be more aware and updated in the different diseases and their respective treatments. This has been possible with the advanced new technology in communication and accelerated means of transportation.

⁵³Ibid.

⁵⁴Dr. Jaime Rivera Dueno. "El Mundo". San Juan, Puerto Rico. (September, 1982).

TABLE 5
LEVELS OF NURSING EDUCATION



The above pyramidal illustration shows all education levels in nursing. Inservice educators should keep in mind all these levels in the development of activities for nurses. There are common and different needs at all levels of nursing. Others needs depend on specific nurses roles in the clinical setting.

23

Doctoral programs in nursing science or education are not develop in Puerto Rico. However, there are some nurses with doctoral degrees working as nurse educators at higher education institutions.

There are graduate nursing programs at master level in the University of Puerto Rico and the Catholic University of Puerto Rico. Many professional educators in Puerto Rico are graduated from these programs.

Baccalaureate nursing programs admits students for a period of four years study to earn a degree in nursing. The complementary baccalaureate nursing program is a special program, offered to associate degree and diploma nurses to help them finish the baccalaureate degree in a shorter period. This program convalidates past experience in nursing already gained and assist them to plan a flexible schedule to study other subjects required to earn a baccalaureate degree.

DEFINITION OF TERMS

associate degree nurse:

A person, male or female, graduated from an associate degree nursing program of two years. She/he is required to pass the state licensing examination to become registered nurses. The associate degree nurses provide direct nursing care to patients upon graduation under the supervision of professional nurses.

anxiety:

State of uneasiness, apprehension or tension caused by an non specific danger.⁵⁵

diploma nurses:

The former graduate nurse from a hospital nursing program. The hospital depend upon student nurses for the total nursing care of their patients. Diploma nursing programs were integrated in hospital's institution and had a duration of three years. Nurses were required to approve the Board Examination to get a licensure to practice nursing.

⁵⁵Miller, and Keane. Encyclopedia and Dictionary of Medicine and Nursing. Phila: W.B. Sawders. No. 157: p. 70:71.

inservice education of nurses:

An inservice education program provided to newly graduates in nursing that includes orientation, inservice education and the new trend of continuing education. In this program general nursing content is reviewed and the nursing personnel is familiarized with hospital personnel, clinical settings, current nursing procedures, and medical equipment.

inservice education:

An educational program within the agency that helps the newly personnel to get acquainted with the hospital facilities and management of medical equipment, and patient care.⁵⁶

law number 11:

The law that controls and regulates the quality of health care provided by paramedical personnel in Puerto Rico.⁵⁷

⁵⁶ Ibid. p. 1:25.

⁵⁷ Nursing College of Puerto Rico "Law 11". Mimeographed Laws for Nurses. San Juan, Puerto Rico. 1979. p. 1:20.

law number 121:

The law that controls and regulates the nursing practice in Puerto Rico. Identifies the requisites to native and foreign nurses to practice nursing on the Island.

law number 82:

The law that created the Professional Nursing College in Puerto Rico in 1977. All graduate nurses become active members upon graduation.⁵⁸

nursing:

The art of caring for the sick and disabled in their daily living activities. The nurse administers medications and medical treatments. Interpret medical orders and identify patient's needs for the nursing care plan.⁵⁹

nursing process:

Is a set of actions used to determine, plan and implement the nursing care. The sequence influence each others. The purpose of the nursing process is to give a care that aid the patient to attain and maintain high level of wellness.⁶⁰

⁵⁸Nursing College - "Law 82". Health Law for Nurses. San Juan, Puerto Rico, 1977. p. 40:46.

⁵⁹Ibid. p. 1:5.

⁶⁰Ibid. p. 150.

need:

Something useful, required or desired that is lacking.

newly graduate:

The most recent graduate nurse. This nurse does not have any previous work experience.

own care:

Is the action of self care. Nurses educate patients to provide their own care under the doctor's and nurse's supervision.⁶¹

professional nurse:

A person male or female graduated from a baccalaureate nursing program. This nurse is required to pass the State Licensing Examination to become a registered nurse. A professional nurse holds such positions as team leader, head nurse, supervisor and others.⁶²

practical nursing skills:

The ability of the nurse to use correct knowledge and technique in the administration of current medications and treatments. Skills are acquired with effort and repetition to master the conditional reflex repetition of a procedure to develop skills.⁶³

⁶¹Ibid. p. 200.

⁶²Fuerst, and Wolf. Fundamentals of Nursing. Phila: Lippincett, 1978. p. 30:31.

⁶³Ibid. p. 70.

quality of care:

The optimal care provided for patients based on the nurse's standard of care for nursing practice.

staff development:

A new concept for the former inservice education. It includes orientation, inservice, and continuing education.

stress:

A physical or emotional factor that causes mental tension and readies the person to act.⁶⁴

⁶⁴Ibid.

CHAPTER III
METHODOLOGY AND PROCEDURE

Inservice education for nurses has been considered of great relevance for hospital's institution and health programs. This keep the nursing personnel up-dated with the knowledge, and nursing trends in the changes of patient care.

In nursing, it is very important to known which is the best result occurred to clients and what does the provider institution performs to insure the best medical and nursing care to patients for a positive outcome from his physical or mental condition. A qualified nursing care may be relationed with a qualified inservice education. This is the motivation to assume that inservice education for nurses should have relevance, prior to responsibilities as a floor nurse.

Inactive nurses that return to work should have a reorientation together with newly graduates in the inservice activities, to gain new experience in patient care and development of nursing skills in the management and use of complex medical equipment prescribed for certain patients' condition.

It is assumed that an inservice education should be organized carefully considering the individual need's presented by professional and technical nurses. It is also assumed that this inservice program should provide more clinical practice than theory. Nurses, at college, levels, spend few hours in nursing practice. That's why it's assumed that newly professional and associate degree nurses have limited practical nursing skills upon graduation. The following study will be based on the above assumptions.

STUDY SAMPLE

This is a descriptive research study. It tries to find out to What Extent Current Inservice Educational Programs at Hospital Level in Puerto Rico Help the New Professional and Associate Degree Nurse in the Development of Practical Nursing Skills.

The subjects for this study was a group of two hundred professional and associate degree nurses, eight directors of nursing service, eight inservice coordinators, and thirty one nursing supervisors. All subjects were employees at eight selected hospitals for the study. Four of these hospitals were private institutions, and the others were public. A sample of eight inservice programs from the selected hospitals were described and analyzed in this study.

The studied group of administrative personnel were requested to express their opinions in relation with the effectiveness of inservice education in the development of practical nursing skills and their professional performance after the inservice training. The administrative personnel group was divided as follows; eight directors of nursing service, eight inservice programs coordinators and thirty one nursing supervisors from different clinical services.

The administrative personnel selected was directly or indirectly related with the inservice programs and the performance of newly graduates with patient care after the benefits of inservice educational programs.

The hospital selection was based on the following requirements and criterias:

1. All selected hospital's institution were geographically localized in the northern part of Puerto Rico, close to the metropolitan area. See Appendix 1.
2. These hospitals would have an actualized inservice program.
3. The sampled nurses from these hospitals were professional and associate degree nurses.
4. The sample group would include both sexes and different ages.

5. Their participation would be based on a voluntary basis.
6. Nurse's participation in the study would be working on a day schedule, (from 7 A.M. to 3 P.M.).
7. The research student would make arrangements with administrative personnel either by telephone, interviews or mailing letters, prior to the study. See Appendix 2.
8. The research student should have the hospitals approval prior to research. See Appendix 3.

An extra group of six professional and associate degree nurses were selected to validate the main instrument for data collection by means of a questionnaire. See Appendix 4. This validated group were selected from another hospital. Not included in the study.

The questionnaire was pretested with a validity instrument structured by the researcher. (V.I.O.). See Appendix 5.

This instrument was based on the Linkert Scale.⁶⁵

⁶⁵Best, J.W. "Escala de Linkert". Cómo investigar en la educación. Madrid: Ediciones Morata, 1979.

A four point scale was used to indicate the level of validation for each question. Questions were evaluated with the following scores:

four points (4) - excellent questions

three points (3) - good questions

two points (2) - need improvement

one point (1) - elimination of the question

Questions rated with three or four points in the scale were not altered by the research student. Questions scored with two points were revised and rephrased. Those questions rated with a score of one point, were eliminated from the questionnaire.

Nurses were requested to provide some recommendations to improve the questionnaire. Some recommendations suggested were:

- a. the questionnaire should be translated to the Spanish language.
- b. elimination of two questions similar in content.
- c. re-write the cover letter.

All the above recommendations were implemented.

The questionnaire instrument was directed to collect opinions from baccalaureate and associate degree nurses about the effectiveness of the inservice educational program in the fulfillment of their needs and the development of practical nursing skills.

They were asked to describe if the inservice education had direct relationship with the quality care provided to patients.

The questionnaire instrument had a written list of nursing procedures and medical equipment which nurses should master on their professional intervention with patient care.

Another instrument used was a group of closed questions designed to be use during the interviews with the administrative personnel.

All interviews were made through the use of these guided questions. They were directed to determine the administrative nursing personnel participation in the inservice programs and the effectiveness of the program on graduates performance at work.

All instruments for data collection had similar questions who were directed to test the hypothesis. The analysis of the inservice educational program was done with a criteria guide designed by the research student. See Appendix 4. It was based on a three point scale, four (4) excellent; three (3) average; one (1) incomplete.

The administrative personnel contacted prior to the research study were;

- a. hospital administrators and medical directors
- b. directors of nursing service.

- c. inservice - coordinators
- d. a group of nursing supervisors

HYPOTHESIS

The hypothesis of this study are the following:

- a. A relationship exist between a qualified inservice educational program and the quality of care provided to patients by nurses.
- b. Follow up evaluations of nurse's performance after participation of inservice, help to improve inservices activities and the nursing care to patients.
- c. The adequacy or inadequacy of staffing has its effects on the attendance and participation of nurses to inservice education.
- d. Newly professional and associate degree nurses have limited practical nursing skills prior to inservice education.

PURPOSES

The purposes outlined in the study were an attempt to:

1. Analyze and describe a sample of current inservice educational programs in eight hospital institutions to verify if they were providing specific content and learning experiences to newly professional and technical nurses, and if it develops practical nursing skills, according to new trends in nursing education, and changes in the health technology.
2. Identification of the philosophy and objectives of inservice educational programs to find out if they were considered prior to the planning of practical activities in clinical setting.
3. Exploration and participation of other experienced nursing personnel, and other socializing agents in the inservice educational process for newly graduates will be described also.

The data was collected during the second semester of 1981.

Key questions were asked to all participants in the study guided to investigate the outlined hypothesis.

The following questions were asked to all participants in the interview and questionnaires.

1. Do you think that a relationship exist between inservice education and the quality of nursing care provided to patients?
2. Do you account with specific number of staff nurses in this hospital?
3. Were the needs of newly graduates considered prior to inservice education?
4. Do you observe that nurses projected more security and better practical nursing skills after the completion of inservice?
5. Do you have an actualized year round inservice program?
6. Do you participate in the planning process of inservice education?
7. For how long did your inservice education last?
8. Does the newly graduate nurse has a role model nurse to consult when needed?
9. Do you consider that the former inservice education fulfilled newly graduat's needs?
10. Do you consider that your inservice provided more conferences than practice?

11. Was the philosophy and objectives explained prior to inservice?
12. Did you have any follow-up evaluations since your last inservice education?
13. Do you consider that professional and technical nurses had limited nursing skills prior to inservice education?

The above questions were asked to find out if their responses coincided with each other. Responses have been illustrated in the study. See Table 7.

METHOD PROCEDURE AND DATA SOURCE

As described previously, the study comprised eight current inservice educational programs, eight directors of nursing service, eight inservice educators, two hundred nurses from associate degree and baccalaureate nursing programs, and thirty one nursing supervisors from the selected hospitals in the study from the northern part of Puerto Rico.

The study included four basic phases:

phase no. 1:

During the first phase. The hospitals and administrative personnel were contacted. Permission was obtained from hospital's administrative personnel. See Appendix 2.

phase no. 2:

This includes the interviews with nursing administrative personnel, directors of nursing services, inservice educators, and supervisors. The purpose of these interviews was guided to determinate their participation in the inservice programs of their hospitals and their opinions related to the effectiveness on newly graduate nurse's performance. All interviews were scheduled for one hour. The interviews for inservice educators lasted for two hours. The questions were guided to discuss the development of the inservice education programs. See Appendix 7.

Evaluation and analysis of inservice education programs were refer to evaluation and analysis made with a designed criteria instrument developed by the researcher. See Appendix 8.

A question guided instrument was used with the hospital's nursing supervisors. This was designed by the investigator (S.G.Q.). See Appendix 9.

Another guided question instrument was used with the nursing service directors. See Appendix 6.

The interviews with nursing supervisors were directed to determine their participation in the development and implementation of the inservice education program.

Four to five supervisors were interviewed in each hospital.

phase no 3:

This phase consisted of a pre-test of the questionnaire which was the main instrument to be used with the nursing personnel from baccalaureate and associate degree programs. This pre-test was validated by a group of six nurses from a hospital not included in the study.

The instrument consisted of five parts. See Appendix 11.

phase no. 4:

In this phase, all questionnaires were administered to professional and associate degree nurses. See Appendix 4 and 5.

A total number of two hundred sixty eight questionnaires were distributed.

A total number of two hundred questionnaires were collected. The main reason reported by some nurses for not responding was the lack of time.

All hospitals in the study were identified with a coded initial to protect the hospital's identification as requested by hospital administrators. All nurse's participant had enough time to answer the questionnaires (eight hours).

The research student spend a whole day in each hospital to distributed the questionnaires in each floor unit and collected them in the late afternoon.

One hundred percent nurses agreed that professional and technical nurses had limited experience prior to inservice education. All agreed that the adequacy or inadequacy of staff attendance affected the educational activities of inservice educations.

Seventy five percent of the nursing personnel agreed that personnel needs, must be determined prior to inservice. Follow up evaluations must be conducted each month to help nurses in the improvement of their skills.

The investigator distributed the questionnaire at 8:00 a.m., and collected at 3:00 p.m. Enough time, eight hours was provided for the administration of questionnaires to each participant. The investigator was available at the hospital grounds all the time to answer questions and doubts of any one of the items.

TABLE 6

HOSPITAL CODE AND NURSING PERSONNEL RESEARCHED IN EACH HOSPITAL

| HOSPITAL CODE | NUMBER OF QUESTIONNAIRES DISTRIBUTED | QUESTIONNAIRES COLLECTED | BACCALAREAUTE NURSES THAT ANSWERED THE QUESTIONNAIRE | ASSOCIATE DEGREE NURSES WHICH ANSWERED QUESTIONNAIRE | QUESTIONNAIRE NOT ANSWERED |
|---------------|--------------------------------------|--------------------------|--|--|----------------------------|
| C.A.R. | 30 | 25 | 14 | 11 | 5 |
| E.M.S. | 13 | 10 | 3 | 7 | 3 |
| L.N.H. | 40 | 20 | 14 | 6 | 20 |
| D.H.U. | 55 | 46 | 31 | 15 | 9 |
| H.A.U. | 30 | 21 | 8 | 13 | 9 |
| B.A.R. | 35 | 31 | 12 | 19 | 4 |
| T.H.H. | 25 | 22 | 7 | 15 | 3 |
| O.M.M. | 40 | 25 | 12 | 13 | 15 |
| 8 Hospitals | N 268 | N 200 | N 101 | N 99 | N 68 |
| 100% | 100% | 74.6% | 37.7% | 36.9% | 25.4% |

The above table illustrates the number of hospitals and nurses researched and the total number of questionnaires distributed and collected by the research student.

Result from the study were detailed in quantitative tables with numbers and percentages.

CHAPTER IV

FINDINGS AND DATA ANALYSIS

This chapter shows the data collected. It is presented in numbers and percentage. Questionnaires questions were analyzed individually and expressed in percentage.

The hypothesis were divided in four parts, were analyzed individually and presented in number and percentage as responded by all participants in the study.

TABLE 7
HOSPITALS CODES AND PARTICIPANTS IN THE STUDY

| Hospital Code | Nursing Directors | Inservice Coordinators | Supervisors | Newly graduate nurses |
|---------------|-------------------|------------------------|-------------|-----------------------|
| C.A.R. | 1 | 1 | 4 | 25 |
| E.M.R. | 1 | 1 | 3 | 10 |
| B.A.R. | 1 | 1 | 5 | 31 |
| T.H.N. | 1 | 1 | 5 | 22 |
| D.H.U. | 1 | 1 | 4 | 46 |
| L.N.H. | 1 | 1 | 5 | 20 |
| H.A.H. | 1 | 1 | 4 | 21 |
| Q.M.M. | 1 | 1 | 1 | 25 |
| TOTALS | 8 | 8 | 31 | 200 |

The above table illustrates the hospital identification code and the total number of participants from each hospital.

TABLE 8

HOSPITAL CAPACITY AND NURSING PERSONNEL

| HOSPITAL | CATEGORY | HOSPITAL'S CAPACITY | PROFESSIONAL NURSES | TECHNICAL NURSES | WORK SCHEDULE |
|--------------------|----------|---------------------|---------------------|------------------|---------------|
| C.A.R. | Public | 498 | 14 | 11 | 7-3 |
| E.M.R. | Private | 208 | 3 | 7 | 7-3 |
| B.A.R. | Public | 504 | 12 | 19 | 7-3 |
| T.H.H. | Private | 318 | 7 | 15 | 7-3 |
| D.H.U. | Public | 520 | 31 | 15 | 7-3 |
| L.N.H. | Public | 612 | 14 | 6 | 7-3 |
| H.A.H. | Private | 405 | 8 | 13 | 7-3 |
| O.M.M. | Private | 164 | 12 | 13 | 7-3 |
| N 8 Hos- pitals | 4p./4p. | 329 | 101 | 99 | 7-3 |

The above table illustrate the patients capacity in each studied hospital and the number of nurses assigned in a day work schedule described by the research student on a one day visit.

TABLE 9

VISITS TO SELECTED HOSPITALS IN THE STUDY BY THE RESEARCHER

| HOSPITAL AND CODE IDENTIFICATION | JULY | AUGUST | SEPTEMBER | SCHEDULE TIME |
|----------------------------------|----------------|--------------|----------------|---------------|
| C.A.R. | 7/3 - 7/4/81 | | | 8-5 p.m. |
| M.E.H. | 7/24 - 7/25/81 | | | 8-5 p.m. |
| B.A.R. | | 8/10/8/11/81 | | 8-5 p.m. |
| T.H.H. | | 8/14-8/15/81 | | 8-5 p.m. |
| H.D.U. | | | 9/7-9/8/81 | 8-5 p.m. |
| L.N.H. | | | 9/18-9/19/81 | 8-5 p.m. |
| A.U.M. | | | 9/25-9/25/81 | 8-5 p.m. |
| O.M.M. | | | 10/12-10/13/81 | 8-5 p.m. |

The above table illustrates the scheduled dates on which the research student visited the hospitals in the study.

Programs were evaluated as follow:

Excellent (4) four points

Adequate (3) three points

Incomplete (1) one point

The programs scores as excellent had the following characteristics:

- a. Program content and up-dated learning strategies.
- b. In-service class rooms for inservice training.
- c. Modern audiovisual equipment as T.V. circuit, projectors and others.
- d. An inservice philosophy and objectives.
- e. Follow-up evaluation instruments.
- f. Current instruments for the determination of nurse's needs, prior to inservice education.
- g. Professional clinical instructors.⁶⁶

Adequate was the classification given to those programs which met the following criteria:

- a. Up-date teaching methods
- b. Philosophy and objectives
- c. Class-room
- d. Current audiovisual aids equipment such as projectors, films, slides and others. They lack a permanent class rooms and had some limitation with audiovisual aids.

⁶⁶Swanmsburgh, Russel. Inservice Education. New York: Putman and Sons. 1978.

Incomplete programs, were considered those which had limitations in half of the components necessary to initiate an inservice educational program, such as philosophy, objectives, content, classrooms, library, a scheduled program for inservice educational activities.

TABLE 10
ANALYSIS OF RESPONSES FROM EIGHT DIRECTORS OR NURSING SERVICE

| QUESTIONS TO DIRECTORS | YES | PER- CENT | REGU- LARLY | PER- CENT | RARELY | PER- CENT | NO | PERCENT |
|---|-----|--------------|----------------|--------------|--------|--------------|----|---------|
| 1. Do you participate in the inservice education? | Yes | 6-75% | 1 | 12.5% | 1 | 12.5% | 0 | |
| 2. Do many nurses leave annually from your hospital? | Yes | | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Do you have the complete number of nurses? | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 100% |
| 4. Do you have the estimated number of nurses needed in this hospital? | Yes | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Do you believe that a relationship exists between inservice education and quality of patient care? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Would you say that professional and technical nurses have limited practical nursing skills prior to inservice education in the hospital? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |

| CONT. QUESTIONS TO DIRECTORS OF NURSES | YES | PER-CENT | REGU-LARLY | PER-CENT | RARELY | PER-CENT | NO | PERCENT |
|---|-----|----------|------------|----------|--------|----------|----|---------|
| 7. Are you satisfied with the competencies demonstrated by professional and technical nurses after the inservice education? | Yes | 7-85.5% | 1 | 12.5% | 0 | 0 | 0 | 0 |
| 8. Does the adequacy of inadequacy of nurse staffing affect the inservice education? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Do you agree with law 11 force continuing education? | Yes | 4-50% | 4 | 50% | 0 | 0 | 0 | 0 |
| 10. Do you have a budget for inservice educational programs? | 0 | 0 | 0 | 0 | 0 | 0 | no | 8-100% |

Table number 10, illustrates that part of the objectives of the study and variables in the hypothesis were accomplished. Responses from all nursing service directors (100%) in each hospital agreed, that a realitonship existed between inservice educational programs at hospital level and the quality of nursing care provide to patients. Nursing directors (100%) agreed newly graduate nurses had limited skills and experience in the treatment and cares of patients, and that consequently, graduate nurses take too much time to provide adquate nursing service to patients while on duty.

All directors of nurses (100%) expressed satisfaction with the performance of professional and technical nurses after the inservice.

The increased number of nurses that leave hospital's services per year plus the limited number of nurses providing nursing care at hospitals levels has showed an urgent need for a staff development program within the hospitals that includes orientation, inservice education and continuing education for professional and technical nurses working full-time, part-time or per diem.

Hospitals which are unable to fulfill these requirements take the risk to have a continuous turn over of nurses. One of the main reasons expressed by nurses in the study to refuse educational opportunities as inservice is the lack of nursing staff to meet patients health needs.

TABLE 11
ANALYSIS OF RESPONSES FROM INSERVICE EDUCATORS IN CHARGE OF INSERVICE PROGRAMS AT EIGHT
HOSPITAL'S INSTITUTIONS

| QUESTIONS TO INSERVICE EDUCATORS | YES | PER- CENT | REGU- LARLY | PER- CENT | RARELY | PER- CENT | NO | PERCENT |
|--|-----|--------------|----------------|--------------|--------|--------------|----|---------|
| 1. Do you use community resources for your inservice education activities? | Yes | 2-25% | 4 | 50% | 2 | 25% | 0 | 0 |
| 2. Do you have enough audiovisual methods according to new technology? | Yes | | 3 | 32.5% | 5 | 62.5% | 0 | 0 |
| 3. Do you provide participation to experienced nurses in the inservice activities? | Yes | | 8 | 100% | | | | |
| 4. Are you satisfied with nurse's performance at work after the inservice education? | Yes | 4-50% | 4 | 50% | | | | |
| 5. Do you have conferences room for inservice education? | | | 5 | 62.5% | 3 | 37.5% | | |
| 6. Do you have a separate budget for all expenses of inservice program? | | | | | | | 8 | 100% |
| 7. Do you provide administrative experience to newly graduate at clinical setting? | 0 | 0 | 6 | 75% | 2 | 25% | | |

| CONT. QUESTIONS TO INSERVICE EDUCATORS | YES | PER-CENT | REGU-LARLY | PER-CENT | RARELY | PER-CENT | NO | PER-CENT |
|---|-----|----------|------------|----------|--------|----------|----|----------|
| 8. Do you provide follow up evaluation to newly graduates after inservice education? | 0 | 0 | 5 | 62.5% | 2 | 25% | 1 | 12.5% |
| 9. Do you feel that some graduate nurses present gaps after the inservice education? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Do you believe that all nurses must be provided With inservice education prior to ward assignment? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Do you believe that most inservice Educational programs in Puerto Rico must be revised in the light of new trends and changes in the technology of education and patient care? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Do you provide inservice education to nurses in evening and night shift? | 0 | 0 | 0 | 0 | 0 | 0 | NO | 8-100% |
| 13. Do you make a rotation schedule for newly professional and technical nurses to have enough practical clinic that help them development of skills in patient care and management of complex medical equipment? | Yes | 2-25% | 4 | 50% | 1 | 12.5% | 0 | 0 |

| CONT. QUESTIONS TO INSERVICE EDUCATORS | YES | PER-CENT | REGU-LARLY | PER-CENT | RARELY | PER-CENT | NO | PER-CENT |
|--|-----|----------|------------|----------|--------|----------|----|----------|
| 14. Do you believe that a relationship exist between a qualified inservice education program and a qualified nursing care to patients? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Do you think that the adequacy or inadequacy of nurse staffing affect the attendance and education? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Do you believe that newly graduates have limited practical nursing skills prior to inservice education? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Do you stress the philosophy and objectives prior to inservice education? | Yes | 8-100% | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Do you believe that the content and learning strategies are fulfilling the needs of professional and technical nurses? | Yes | 5-62.5% | 2 | 25% | 1 | 12.5% | 0 | 0 |

Table number 11 indicated the responses obtained from a total number of eight inservice educators in the hospitals selected. An important finding from inservice educators is the lack of inservice education for the evening and night shift personnel as reported by 100% responses. It was also evidenced by their responses that hospitals do not assign any budget for inservice expenses. There are some hospital inservice programs that are assisted financially with the same nursing service budget. Most inservice programs have a length of time of three months as stated by the group of inservice educators (100%).

TABLE 12

ANALYSIS OF DATA COLLECTED FROM A TOTAL NUMBER OF THIRTY ONE
NURSING SUPERVISORS FROM THE HOSPITALS SURVEYED.
THE INSTRUMENT USED WAS (S.I.Q.)

| SUPERVISORS RESPONSES | YES | PER- CENT | NONE | PER- CENT |
|---|-----|--------------|------|--------------|
| 1. How many newly professional and technical nurses are usually assigned to your floor for the development of practical nursing skills during the inservice education period? | 2 | 25% | 6 | 75% |
| 2. Do you get acquainted with nurses objectives from the inservice coordinator prior to the assignment of nursing personnel to your floor unit during inservice period? | 4 | 50% | 4 | 50% |
| 3. Do you identify the newly graduates needs prior to assignment of clinical responsibilities? | 7 | 87.5% | 1 | 12.5% |
| 4. Do you follow the philosophy and objectives of the inservice education program when teaching newly graduates? | 8 | 100% | | |
| 5. Do you observe anxiety and fear of newly graduate nurses in their nursing intervention during the inservice education? | 8 | 100% | | |
| 6. Do you agreed that professional and technical nurses have limited practical nursing skills after inservice education? | 8 | 100% | | |
| 7. If you get sick, which nurse will you select to take care of you in a free status at the hospital? | | | | |
| a. Associate degree after inservice | 8 | 100% | | |
| b. Professional nurse after inservice | | | | |

| CONT. SUPERVISORS RESPONSES | YES | PER-CENT | NONE | PER-CENT |
|--|-----|----------|------|----------|
| 8. Do you believe that the quality of nursing care has a direct relationship with inservice education program? | 8 | 100% | | |
| 9. Do you provide follow up evaluation after inservice education? | 5 | 62.5% | 3 | 37.5% |
| 10. Do you think that evaluations after the inservice education improves the quality of inservice and nursing care to patients? | 3 | 37.5% | 5 | 62.5% |
| 11. Do you feel that inservice programs in Puerto Rico are fulfilling the need of newly professional and technical nursing in development practical skills? | 5 | 62.5% | 3 | 37.5% |
| 12. Do you believe that the adequacy or inadequacy of nursing staffing affects the attendance and participation of graduates nurses to inservice activities? | 8 | 100% | | |

The analysis of data illustrated in table 12 shows that newly professional and technical nurses were not assigned to different clinical settings during the inservice period to provide them specific nursing practice needed to develop the experience and skills. The specific description of supervisor responses are included in Table 20.

TABLE 13

ANALYSIS OF DATA COLLECTED FROM TWO HUNDRED NEWLY GRADUATES
NURSES FROM BACCALAUREATE AND ASSOCIATE DEGREE
NURSING PROGRAMS FROM HOSPITAL STUDIED.
THE INSTRUMENTS USED WAS A QUESTIONNAIRE CALLED (N.I.Q.)

| NEWLY GRADUATE NURSES RESPONSES FROM BACCALAUREATE AND ASSOCIATE DEGREE NURSES | YES | PER- CENT | NO | PER- CENT | PAR- TIALY | PER- CENT |
|---|-----|--------------|-----|--------------|---------------|--------------|
| 1. Do you believe that your profes- sional needs were considered prior to inservice education? | 160 | 80% | 40 | 20% | 0 | |
| 2. Do you agree that the profes- sional and technical nurses have limited practical nursing skills prior to the entry of nursing positions? | 200 | 100% | 0 | | 0 | |
| 3. Were you satisfied with the guidance and help received by the person assigned to you at the clinical setting? | 115 | 57.5% | 40 | 20% | 45 | 22.5% |
| 4. Were you familiarized with the philosophy and objec- tives of the inservice educa- tional program prior to assignment responsibilities? | 192 | 96% | 8 | 4% | 0 | |
| 5. Did you feel anxious and insecure the first months worked at the clinical area? | 160 | 80% | 40 | 20% | 0 | |
| 6. Did you rotate to all clinical areas while you were in the service? | 10 | 5% | 190 | 95% | 0 | |

| CONT. NEWLY GRADUATE NURSES' RESPONSE | YES | PER- CENT | NO | PER- CENT | PAR- TIALY | PER- CENT |
|--|-----|--------------|-----|--------------|---------------|--------------|
| 7. Do you agreed that your most urgent needs expressed prior to inservice education were fulfilled during the inservice education? | 75 | 37.5% | 125 | 62.5% | 0 | |
| 8. Was your inservice educational practice supervised? | 105 | 52.5% | 17 | 8.5% | 78 | 39% |
| 9. Are you satisfied with the activities provided is the inservice for the development of practical nursing skills? | 50 | 25% | 150 | 75% | 0 | |
| 10. Can you evaluate your inservice as: | | | | | | |
| a. Excellent | 10 | 5% | | | | |
| b. Good | 160 | 80% | | | | |
| c. Poor | 30 | 15% | | | | |
| 11. Did you have follow up evaluations? | 150 | 75% | 30 | 15% | 20 | 10% |
| 12. Will you evaluate your nursing skills after inservice education as: | | | | | | |
| a. Excellent | 40 | 20% | | | | |
| b. Good | 150 | 75% | | | | |
| c. Average | 10 | 5% | | | | |
| 13. Do you feel more secure in the safety management of complex medical equipment after the inservice? | 140 | 70% | 20 | 10% | 40 | 20% |

| CONT. NEWLY GRADUATE NURSES' RESPONSE | YES | PER- CENT | NO | PER- CENT | PAR- TIALY | PER- CENT |
|--|-----|--------------|-----|--------------|---------------|--------------|
| 14. Do you still feel that you need practice in some nursing procedures and management of medical equipment? | 30 | 15% | 160 | 80% | 10 | 5% |
| 15. Do you consider that the adequacy or inadequacy of staff nurses affected the inservice education? | 200 | 100% | 0 | 0 | 0 | 0 |
| 16. Did you have clinical practice in all intensive care units for patient in critical conditions? | 70 | 35% | 130 | 65% | | |
| 17. Do you agreed that there is a relationship between inservice education and the quality of nursing care provided to patients? | 200 | 100% | 0 | 0 | 0 | 0 |
| 18. How long was your inservice education | | | | | | |
| a. Less than four weeks | 160 | 80% | 0 | 0 | 0 | 0 |
| b. Eight weeks | 25 | 12.5% | | | | |
| c. More than eight weeks | 15 | 7.5% | | | | |
| 19. Do you consider that the inservice education provided you: | | | | | | |
| a. More conferences than practice | 150 | 75% | 0 | 0 | 0 | 0 |
| b. Balanced | 20 | 10% | | | | |
| c. More practice than conferences | 17 | 7.5% | | | | |

| CONT. NEWLY GRADUATE NURSES' RESPONSE | YES | PER- CENT | NO | PER- CENT | PAR- TIALY | PER- CENT |
|--|-----|--------------|----|--------------|---------------|--------------|
| 20. Which of the following strate- gies were used in your inser- vice | | | | | | |
| a. Conference | 170 | 85% | 0 | 0 | 0 | 0 |
| b. Modules | 4 | 2% | | | | |
| c. Demonstrations | 25 | 12.5% | | | | |
| d. Individualized instructions | 1 | 5% | | | | |
| 21. Do you consider that the adequacy or inadequacy of staff nurses affect the inservice program? | 120 | 60 | 20 | 10 | 60 | 30 |

Table 13 presents the following findings:

Question #1 - Although the majority of nurse's responses 80% were positive there are some inservice education programs that are developed, without taking into consideration the staff's needs. A total number of 20% nursing participants expressed in the study that their needs were not identified prior to the inservice education.

Question #2 - A total number of two hundred sampled nurses 100% in the study agreed that the inservice educational programs affect positive or negatively the quality of patient care.

Question #3 - A small number of 20% nurses were not satisfied with the person assigned to assist them in the clinical practice. Some nurses, 22.5% were partially satisfied.

Question #4 - As expressed by one hundred ninety two nurse 96% they are familiarized already with the philosophy and objectives of the inservice program.

Question #5 - In the first week on the job, most nurses showed insecurity and fear. These emotional factors may develop when nurses have an overload of responsibilities in their work and limited assistance.

Question #6 - It can be concluded by the results of one hundred ninety, 96% nurse's responses that they were not rotated to the different clinical areas. They were placed only in one area for their practice during the inservice experience.

Question #7 - As responded by one hundred twenty five participants 62.5% in the study the expressed needs prior to inservice education, were not met.

Question #8 - A number of 8.5% nurses expressed that their clinical practice were not supervised. Another group of 39% explained that they were partially supervised. A total of one hundred fifty, 75% nurses showed insatisfaction with the methodology used to assist them in the development of skills in the clinical setting and classroom.

Question #9 - A 100% responded showed that all technical and professional nurses showed gaps before inservice education.

Question #10 - The majority of nurses 80% evaluated inservice educational programs in their hospital's institution as good. Another number evaluated them as poor 15% which may require the revision of some inservice programs.

Question #11 - A total number of one hundred fifty 75% expressed that they had follow-up evaluations after they finished their inservice education. Another group 15% expressed that they didn't have any evaluations. Twenty nurses 10% showed that their evaluations after inservice were rarely. Considering the importance of nursing skills in their professional role, the percentage is below the acceptable level.

Question #12 - The greatest number of nurses in the study 75% evaluated their nursing skills after their inservice as good. Forty nurses evaluated as excellent 20% and ten nurses average 5%.

Question #13 - A number of 70% nurse's responses evidenced that they feel more security in the management of complex equipment after the inservice education. A small group of twenty 10% were still not sure and forty nurses 20% were partially sure.

Question #14 - A group of thirty nurses 14% expressed that they still need practice in some nursing procedures and management of medical equipment.

Question #15 - The majority of nurses 65% expressed that they didn't have any experience in the intensive care units. The intensive care unit is highly recommendable for inservice practice, since it is equipped with the most sophisticated technological equipment. Patients with high risk conditions were placed in these areas, all of them need a high qualified nursing care.

Question #16 - All participants in the study 100% agreed that the quality of patient care is dependable on the quality of inservice educational program in each hospital and that a qualified nurse deliver a qualified nursing care.

Question #17 - Although three months are recommended to be the time needed for a qualified inservice educational program, the majority expressed that they had four weeks or less.⁶⁶ Hospital's administrators must be alerted to find solutions. Responses to this

⁶⁶Swanmsburgh, Russel. Inservice Education. New York: Putman and Sons, 1978.

may be different at different levels of administrators in nursing positions. The majority of the hospitals have designed their program for three months length, but due to nursing shortage, the inservice is shorten to assign nurses to work.

Question #18 - Most responses to these questions supported that the conference method was the favorite learning method. However, it is well known that conference must be the lest used method. Individuals are highly motivated when they are active participants in the classroom.

Question #19 - As evidenced in question nineteen (19), they had enough theory conferences 85%. Demonstrations were limited 12.5% as expressed by twenty five nurses.

Question #20 - A total number of 60% nurses expressed that the adequacy of inadequacy of staff nurses in the clinical area affected the inservice education programs because they were unable to attend to the educational activities. Evenings and night nurses work most of the time with vocational nurses. In the day time they need to rest and sleep.

TABLE 14

MEAN AGE OF NURSING PARTICIPANTS IN THE STUDY

| VARIABLE | | PERCENT |
|-----------------|-----|---------|
| AGE | NO. | |
| 18 - 22 | 20 | 10% |
| 24 - 27 | 40 | 20% |
| 28 - 35 | 20 | 10% |
| 36 - 40 | 70 | 35% |
| 41 - 45 | 30 | 15% |
| 46 - 50 | 10 | 5% |
| 51 - 60 | 10 | 5% |
| TOTAL NO. — 200 | | 100% |

The above table illustrates the number and percent of different ages of nurses participant. The mean age was from 36 to 40 years.

TABLE 15
ANALYSIS OF COMPARISON RESPONSES NUMBER FROM EIGHT INSERVICE EDUCATORS AND TWO HUNDRED OF NEWLY PROFESSIONALS AND TECHNICAL NURSES RELATED WITH THE MANAGEMENT, USE AND DESCRIPTION OF THE FOLLOWING PROCEDURES AND EQUIPMENT

| PROCEDURES AND COMPLEX EQUIPMENT | EDUCATORS RESPONSES | | | | | | GRADUATE NURSES | | | | |
|--|---------------------|-----|-------|----|-------|-----|------------------|-----|-----|------|---|
| | NUMBER OF EDUCATORS | YES | % | NO | % | | NUMBER OF NURSES | YES | % | NO | % |
| 1. Cardiopulmonary resuscitation | 8 | 6 | 75% | 2 | 25% | 200 | 140 | 70% | 60 | 30% | |
| 2. Monitoring of prenatal electronic equipment | 8 | 4 | 50% | 4 | 50% | 200 | 60 | 30% | 140 | 70% | |
| 3. Interpretation of cardiac monitors | 8 | 5 | 62.5% | 3 | 37.5% | 200 | 70 | 35% | 130 | 65% | |
| 4. Nursing care to patients with artificial kidneys | 8 | 0 | | 8 | 100% | 200 | 0 | | 200 | 100% | |
| 5. Nursing care to patients with peacemaker | 8 | 0 | | 8 | 100% | 200 | 70 | 35% | 130 | 70% | |
| 6. Monitoring of electronic incubators for babies | 8 | 5 | 62.5% | 4 | 37.5% | 200 | 120 | 60% | 80 | 40% | |
| 7. Nursing care to patients after amnioscopy | 8 | 3 | 37.5 | 5 | 62.5% | 200 | 50 | 25% | 150 | 75% | |
| 8. Interpretation of electronic thermometers and blood specimens to patients | 8 | 0 | | 8 | 100% | 200 | 0 | | 200 | 100% | |

| CONT. PROCEDURES AND COMPLEX EQUIPMENT | EDUCATION RESPONSES | | | | | | GRADUATE NURSES | | | | |
|--|----------------------------|-----|-------|----|-------|---|-------------------------|-----|------|-----|------|
| | NUMBER OF EDU CATORS | YES | % | NO | % | | NUMBER OF NUR SES | YES | % | NO | % |
| 9. Take blood specimens to patients | 8 | 8 | 100% | 0 | | — | 200 | 180 | 30% | 20 | 10% |
| 10. Use of disposable equipment for nursing procedures | 8 | 8 | 100% | 0 | | — | 200 | 200 | 100% | 0 | |
| 11. Management of eyetone to use in emergencies of hipergli- cemias | 8 | 0 | | 8 | 100% | — | 200 | 0 | | 200 | 100% |
| 12. Problem oriented and S.O.A.P. system | 8 | 6 | 75% | 2 | 25% | — | 200 | 140 | 70% | 60 | 30% |
| 13. Admission and discharge procedures | 8 | 8 | 100% | 0 | | — | 200 | | 100% | 0 | |
| 14. Administration of intra- venous therapy | 8 | 7 | 37.5% | 1 | 12.5% | — | 200 | 100 | 50% | 100 | 50% |
| 15. Pre and Post operative education to surgical pa- tients | 8 | 8 | 100% | 0 | | — | 200 | 190 | 95% | 10 | 5% |
| 16. Dialysis procedures | 8 | 4 | 50% | 4 | | — | 200 | 0 | | 200 | 100% |
| 17. Description of electronic equipment to diagnose congenital defects | 8 | 0 | | 8 | | — | 200 | 10 | 5% | 190 | 95% |

| CONT. PROCEDURES AND COMPLEX EQUIPMENT | EDUCATION RESPONSES | | | | | | GRADUATE NURSES | | | | |
|--|----------------------------|-----|-------|----|---|--|-------------------------|-----|-------|-----|-------|
| | NUMBER OF EDU CATORS | YES | % | NO | % | | NUMBER OF NUR SES | YES | % | NO | % |
| 18. The nurses expanded role | 8 | 5 | 62.5% | 0 | | | 200 | 160 | 80% | 40 | 20% |
| 19. Management of electrocardiograms | 8 | 5 | 62.5% | 3 | | | 200 | 99 | 49.5% | 101 | 50.5% |
| 20. Physical assessment | 8 | 6 | 75% | 3 | | | 200 | 65 | 32.5% | 35 | 17.5% |
| 21. Description of computerized X-Ray to patients | 8 | 0 | | 8 | | | 200 | 0 | | 200 | 100% |
| 22. Catheterization procedure | 8 | 8 | 100% | 0 | | | 200 | 190 | 95% | 10 | 5% |
| 23. Continuous education | 8 | 8 | 100% | 0 | | | 200 | 140 | 70% | 60 | 30% |
| Nursing care to patients with organs transplant | 8 | 5 | 62.5% | 2 | | | 200 | 70 | 40% | 120 | 60% |

The above table illustrates that inservice education is not emphasizing the nursing care, knowledge and understanding of electronic equipment.

Nurses benefited with this knowledge are the ones assigned to certain areas Ex. a nurse is scheduled to work in an out patient department or a general patient ward, she is not dealing with the modern content and change.

TABLE 16

GRADED SCORES GIVEN TO THE DIFFERENT INSERVICE EDUCATION PROGRAMS

| HOSPITAL CODE | EXCELLENT | SATISFYING | INCOMPLETE |
|------------------|-----------|------------|------------|
| B.A.R. -Hospital | | B | |
| E.M.S. -Hospital | | | 1 |
| C.A.R. -Hospital | | B | |
| A.U.H. -Hospital | A | | |
| L.N.H. -Hospital | A | | |
| T.H. -Hospital | A | | |
| H.U.D. -Hospital | | B | |
| O.M.M. -Hospital | | | |

The above table illustrates the grade given by the research student to inservice programs evaluated through a criteria guided instrument. See Appendix 6.

This study has shown that some inservice programs keep teaching traditional nursing content and procedures. This places a great responsibility in directors of nursing services and hospital's administrators. The inservice educator is a change agent. She must be up to date with the last equipment and knowledge in nursing care and education. Hospital institutions must employ inservice educators with master degrees and up-date experience.

The patient is the most important person for paramedical people. They have the right to live, to know to be benefits from the science discoveries and new methodology in medical and nursing care.⁶⁷

⁶⁷Tobin, Helen and others. Staff Development. St. Louis - 1979.

TABLE 20

RESPONSES TO TESTED HIPOTHESIS BY ALL PARTICIPANTS
IN THE STUDY

| | YES | % | RARELY | % | NO | % |
|--|-----|-------|--------|-------|----|------|
| 1. A relationship exist between a qualified inservice education program and the quality care provide to patient by nurses. | 247 | 100% | - | - | - | - |
| 2. Follow-up evaluation of nurse's performance after the participation in inservice education help to improve the inservice activities and the nursing care to patients. | 168 | 68% | 79% | 32% | - | - |
| 3. The adequacy or inadequacy of staffing has its effects on the attendance and participation of nurses to inservice education. | 167 | 67.6% | 80% | 32.4% | 13 | 5.3% |
| 4. Newly professional and associate degree nurses, have limited practical nursing skills prior to inservice education. | 191 | 77.3% | 56% | 22.7% | - | - |

The above table shows the numbered percentage of all participants responses in the study from directors of nursing, inservice educators, nursing supervisors and newly graduates from baccalaureate and associate degree nurses.

DESCRIPTION OF TABLE 20

The tested hypothesis in this study were divided in parts 1, 2, 3, and 4. In the first hypothesis, the total number of participants (100%) responded that there is a relationship between a qualified inservice education program and the quality care provided to patient by nurses.

This implies that hypothesis number one was accepted by all participants that agreed that there is a relationship between a qualified inservice education program and the quality care provided to patients by nurses.

In can be infered from these results that hospitals should mantain a well develop inservice education for newly graduates and retired nurses that work full or part time.

In the second hypothesis, a total number of 68% agreed that follow-up evaluations of nurses performance after the participation in the inservice education help to improve the inservice activities and the nursing care to patients. This figure accounts for more than fifty percent of the participants responses which implies that the hypothesis was acceptable by the majority in the study. However there is a small number 32% that responded that rarely follow-up evaluations of nurses performance help to improve the inservice activities and the nursing care to patients. This implies that a minority group should be educated in the inservice education programs relationed with evaluations content. This group should

be aware of the improvement obtained when follow-up evaluations activities are scheduled for nurses.

In hypothesis number 3, 67.6% responded that the adequacy or inadequacy of staffing has its effects on the attendance and participation of nurses to inservice education. This number express the feelings of more than 50% of subjects in the study. This implies that the third hypothesis has been accepted by most participants in the study in which they agreed that the adequacy or inadequacy of staffing its effect on the attentendance and participation of nurses to inservice.

There is a small number 32.4% that believe that adequacy or inadequacy of staffing rarely affect the attendance and participation of nurses to inservice education. A figure of 5.3% reject the hypothesis. This implies that 32.4% plus 5.3% of the study participants should be contacted to hear suggestion that may benefit the attendance of nurses to inservice education.

In hypothesis number 4, 77.3% responded that newly professional and associate degree nurses, have limited practical nursing skills prior to inservice education. This implies that hypothesis number 4, have been acceptable by most participants in the study in which their responses demostrated that newly professional and associate degree nurses, have limited practical nursing skills prior to inservice education.

A number 22.7% responded that rarely professional an associate degree nurses shows limited practical nursing skills prior to inservice education. This means that newly graduates should be oriented to analyze their needs prior and during the inservice period to get the benefit from it.

Hospitals and nursing administrators should keep in mind nurses needs and hospital's needs in the orientation, training, and re-education of nurses to fulfill the expected roles and competencies in the nursing care of patients.

CHAPTER V

SUMMARY OF THE STUDY

This was a descriptive research study conducted to find out if the inservice educational programs at hospital level were helping the newly graduate nurses from associate degree and baccalaureate programs in the development of practical nursing skills and fulfillment of needs.

It was conducted in eight hospitals close to the metropolitan area. These hospitals inservice educational programs were examined through a criteria guide to find out if they were structured with the main components of an inservice education program, such as philosophy, objectives, content, strategies, and follow-up evaluation activities.

The main instruments for data collection from nurses was a questionnaire and question guide instrument for the administrative nursing supervisors. The questionnaire was used for the sampled number of graduate nurses.

The sampled subjects were two hundred professional and graduate nurses from the selected hospitals and forty seven subjects from administrative nursing personnel. One hundred percent (100%) nurses' responses showed that there is a relationship of the inservice educational programs and the quality of nursing care to patient.

This study was also directed to explore the participation of nursing supervisors and staff nurses in the development and planning of the inservice program at hospital level.

The main hypothesis of this study was an attempt to study that a relationship exist between a qualified inservice education program and a qualified nursing care to patients. Additional hypothesis was studied to verify if nurses' needs were determined prior to inservice and to detect nurse's opinions in relation to the limitation of practical nursing skills of new graduates prior to inservice. The lack of nurses' attendance to educational activities was another factor surveyed in this study.

A hundred percent of nurses' responses (100%) described the main hypothesis and purposes outlined in the study.

GENERAL FINDINGS

1. A 100% of the study participants agreed that inservice programs of the highest quality, should provide high quality nursing care.
2. Follow-up evaluation activities should be provided after inservice education to nursing participants as responded by 68%.
3. There is a general agreement among most participants 77.3% that newly graduates from baccalaureate and associate degree programs have limited nursing skills prior to inservice education.
4. A 100% agreed that nurse's needs must be identified prior to inservice education.
5. Findings in this study showed that the main factors that influences lack of practical nursing skills during inservice education were:
 - a. Clinical practice is provided in one selected are only. They are not scheduled to practice in all clinical setting. They gain experience in a service only. Example: If the graduate nurse is assigned to a pediatric unit, she will be familiarized with pediatric procedures only. If later on she is assigned to a maternity ward to work, she get lost and will need a lot of help from supervisors.

- b. Nurses needs are not identified adequately.
 - c. The lengh of time for inservice is less than three months.
 - d. Nurses can't practice in other clinical areas if they desire.
 - e. Lack of written criteria or procedure list to confirm their daily activities in practice.
6. There is a shortages of nursing educators in the hospitals and overloaded number of paramedical disciplines to be trained.
 7. Traditional teaching methods are being used in hospital's classroom.
 8. Inservice education is not provided for evening and night shifs.
 9. There is a shortage of nurse staffing in all hospitals.
 10. There is a small number of hospitals that doesn't provide any inservice education to graduate nurses.

PROFESSIONAL AND ASSOCIATE DEGREE NURSES RECOMMENDATIONS
TO IMPROVE INSERVICE PROGRAMS

1. Identify nurses needs prior to development of inservice education.
2. Divide the staff development curriculum in three components.
 - a. Orientation
 - b. Inservice
 - c. Continuing education
3. Provide more clinical practice than conferences at hospital level.
4. Schedule clinical practice in the most important health and nursing services. These are emergency, medical unit, surgical unit, intensive care units, pediatric, renal units and maternity units.
5. One day experience should be given in the diet kitchen and pharmacy unit.
6. Two days seminars in the practice of S.O.A.P., nursing care plan, admissions and discharge.
7. Scheduled individualized practice in the following procedures:
 - a. Cathererization
 - b. Intravenous therapy
 - c. Nursing care to patients in tractions
 - d. Draw of blood specimens

RECOMMENDATIONS FROM NURSING ADMINISTRATIVE PERSONNEL

To Improve Inservice Education

1. That Government should centralize inservice education and assume responsibility for this.
2. To share teaching resources and equipment with other hospitals institutions.
3. Universities and colleges should provide an evaluation and a check list to the student in her senior year to confirm her needs with the inservice educator prior to inservice education in order to meet them in clinical area.
4. Provide additional clinical laboratory as student nurses.
5. Hospitals and universities should share responsibility in the professional performance of the student.

RESEARCHER RECOMMENDATION TO IMPROVE THE INSERVICE
EDUCATION PROGRAMS AT HOSPITAL LEVEL

1. Discuss the study findings in a meeting with the inservice association members to analyze its content.
2. To increase inservice educators.
3. Centralize inservice education in a specific institution.
4. The Government should assume responsibility for this legal requirement of relicensure.

5. Hospital administrators should keep a close relationship with educational institutions at high level to share and coordinate practical experience for nurses.
6. Hospital should acquire modern audiovisual equipment for the inservice education.
7. Inservice educators should provide evening and night inservice experienced to nursing personnel. They can use teaching modules, and recorders for individualize learning.
8. Hospitals should create an educational cooperative and share the educational material, equipment, cost, resources and responsibilities.
9. Hospital should develop internship programs in short periods for newly graduates to develop practical nursing skills.
10. Hospitals should share with high level educational institutions for the continuing education of nursing personnel to provide the the legal requirement of contact education hours to renew their licences.

11. Nurses in administrative positions as head nurses and supervisors, should take courses in ward administration, human relationship and communication. They are role models for newly graduate nurses.
12. Teach medical students to use the aseptic technique while on delivery room.

CONCLUSIONS

1. Inservice education are in need for an immediate revision an updated action plan.
2. There is a great demand for additional inservice educators.
3. Hospitals need advising services to update their inservice educators.
4. There is a small number of hospitals that does not provide any inservice education to the newly graduate nurse.
5. Inservice educators are not all active in the inservice association,
6. Hospitals administration are not providing a budget to inservice program for the purchase of equipment and materials to be used in the program.
7. Individualize teaching has not been used in the hospitals.
8. Hospitals administration are using the inservice classroom for other purposes. This creates a situation to inservice educators.
9. Electronic equipment is unknown for most nurses. They keep using traditional equipment.
10. Modern nursing technique in charting is unknown to some nurses.

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APPENDIXES

Calle San Jacinto #1385
Altamesa, Rio Piedras 00921

30 de enero de 1981

Dr. José Garrido
Director Médico
Hospital Auxilio Mutuo
Rio Piedras, P. R.

Estimado doctor Garrido:

Solicito de usted por este medio, su aprobación por escrito, para llevar a cabo un estudio descriptivo del Programa de Educación en Servicio para las enfermeras profesionales y de grado asociado, en el Hospital que usted dirige.

Esta actividad, incluye un total de nueve hospitales privados y del gobierno en la zona metropolitana y pueblos limítrofes. El estudio es requisito indispensable para completar mi grado de Doctor en Filosofía de la educación de enfermería.

El estudio promete ser de gran provecho y beneficiará su institución y personal de enfermería, ya que el mismo ayudará a identificar los puntos positivos y otros, que necesiten ampliación en conocimientos y destrezas en el personal de enfermería nuevo, que tiene limitaciones en la práctica de enfermería. Un cuidado eficiente en enfermería tiene relación directa con el programa de educación en servicio que se le provee a la enfermera antes de iniciarse en su posición.

Lo anterior es posible si el programa está a tono con las necesidades individuales del personal y con los cambios en la tecnología moderna del campo de la salud, educación y servicio al consumidor.

Las instituciones participantes, serán identificadas con un número específico para fines descriptivos. Un resumen de este estudio le será enviado si es solicitado por su agencia.

Su cooperación en este estudio ayudará a posibles soluciones de problemas presentados en los programas de adiestramiento en servicio, que impiden en ocasiones, el logro de su objetivo específico.

Altamesa, Río Piedras, P.R.
12 de marzo de 1981

Sr. José Luis Suárez Fonseca
Administrador
Hospital del Maestro
Hato Rey, Puerto Rico

Estimado señor Suárez Fonseca:

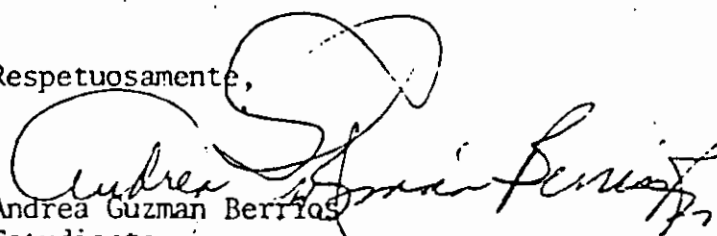
Me place solicitar de usted, por este medio, su aprobación para hacer un estudio descriptivo del Programa de Educación en Servicio de su Hospital.

El mismo es requisito indispensable para terminar una tesis doctoral en Filosofía de la Educación. El estudio incluye nueve hospitales a nivel privado y gubernamentales de la Zona Metropolitana y pueblos adyacentes.

Este estudio promete ser de gran beneficio para las coordinadoras de estos programas, ya que señalará si el contenido y experiencias de aprendizajes del mismo llenan las necesidades de práctica clínica para enfermeras profesionales y de grado asociado, que presentan limitaciones en su práctica al iniciarse como empleadas.

Gracias anticipadas,

Respetuosamente,



Andrea Guzmán Berríos
Estudiante-
Programa Doctoral
Walden University
1385 Jacinto St.
Altamesa, Río Piedras 00921

Sr. Ivan Soler - Hospital Metropolitano - Enero 30 de 1981

Agradeceré su contestación tan pronto como le sea posible, para hacer los trámites pertinentes con la Directora del Programa de Enfermería y la Coordinadora del Programa de Educación en Servicio de su Hospital.

Gracias anticipadas,

Respetuosamente,

ANDREA GUZMAN BERRIOS, R.N.-M.S.N.
Estudiante - Programa Doctoral
Walden University, Florida

AGB/anv

Calle San Jacinto #1385
Altamesa, Rio Piedras, 00921

30 de septiembre de 1980

Sr. Arturo Cardilla
Director Ejecutivo
Hospital Regional
Bayamón, P. R.

Estimado señor Cardilla:

Solicito de usted por este medio su aprobación por escrito, para llevar a cabo un estudio descriptivo del Programa de Educación en Servicio para las enfermeras profesionales y de grado asociado, en el Hospital que usted dirige.

Esta actividad, incluye un total de nueve hospitales privados y del gobierno en la zona metropolitana y pueblos limítrofes. El estudio es requisito indispensable para completar mi grado de Doctor en Filosofía de la educación de enfermería.

El estudio promete ser de gran provecho y beneficiará su institución y personal de enfermería, ya que el mismo ayudará a identificar los puntos positivos y otros, que necesiten ampliación en conocimientos y destrezas en el personal de enfermería nuevo, que tiene limitaciones en la práctica de enfermería. Un cuidado eficiente en enfermería tiene relación directa con el programa de educación en servicio que se le provee a la enfermera antes de iniciarse en su posición.

Lo anterior es posible si el programa está a tono con las necesidades individuales del personal y con los cambios en la tecnología moderna del campo de la salud, educación y servicio al consumidor.

Las instituciones participantes, serán identificadas con un número específico para fines descriptivos. Un resumen de este estudio le será enviado si es solicitado por su agencia.

Su cooperación en este estudio ayudará a posibles soluciones de problemas presentados en los programas de adiestramiento en servicio, que impiden en ocasiones, el logro de su objetivo específico.

Sr. Arturo Cardilla - Hospital Regional de Bayamón - Sept.30/80

Agradeceré su contestación tan pronto como le sea posible, para hacer los trámites pertinentes con la Directora del Programa de Enfermería y la Coordinadora del Programa de Educación en Servicio de su Hospital.

Gracias anticipadas,

Respetuosamente,

ANDREA GUZMAN BERRIOS, R.N.-M.S.N.
Estudiante - Programa Doctoral
Walden University, Florida

AGB/anv

11 de agosto de 1980

Dr. JOSE BURGOS
Director Médico
HOSPITAL UNIVERSITARIO RIO PIEDRAS; PUERTO RICO.

Estimado Doctor:

Solicito de usted respetuosamente su aprobación, para iniciar un estudio, junto a otros hospitales, relacionado con los programas de educación en servicio para personal de enfermería profesional y técnico.

Este estudio, es parte integrante de una tesis doctoral que debo presentar el próximo verano, a la facultad del Programa doctoral de la Universidad de Walden, Florida.

En esta actividad se describirá el Programa de Educación en Servicio para las enfermeras y se determinará si el mismo está preparado para llevar las necesidades de la enfermera de B. S. N. y A. D. N. que emerge de Universidades y Colegios de Puerto Rico, teniendo en cuenta las nuevas tendencias en enfermería y cambios tecnológicos.

El nombre de su institución y personal, no será divulgado ni señalado en el estudio. Su institución será identificada con un número para fines narrativos en la investigación.


El resultado de este estudio promete ser de gran beneficio para los programas de educación y para el personal de coordinación del mismo, ya que ayudará a mejorar la calidad de enseñanza. Por otro lado, la información obtenido le servirá como evidencia para solicitar fondos federales para adiestramiento de este personal en servicio, si fuera necesario por su agencia.

Luego de recibir su aprobación por escrito, visitaré a su directora del servicio de enfermería y coordinadora de Educación en Servicio para explicar detalladamente los objetivos específicos y los instrumentos de colección de data a usarse en el estudio.

Su cooperación y la del personal de enfermería en esta actividad redundará en mejoramiento al cuidado del cliente que es la meta final de todos.

Gracias Anticipadas

Respectuosamente,


Andrea Guzmán Berrío -RN-BSN-MSN
Estudiante Programa
Doctoral Universidad
Walden, Florida.

dca/AGB

CC:

Directora Programa de Enfermería MARGARITA ORTIZ.
Administrador LCDA. LETICIA COLON DE ORTIZ.
Coordinadora de Educación en Servicio SARITA FLORES.

Calle San Jacinto #1385
Altamesa, Rio Piedras 00921

30 de enero de 1981

Dr. Francisco Murcia Valcárcel
Director Médico
Hosp. Ntra. Señora de los Angeles
Cupey, Rio Piedras, P. R.

Estimado doctor Murcia:

Solicito de usted por este medio, su aprobación por escrito, para llevar a cabo un estudio descriptivo del Programa de Educación en Servicio para las enfermeras profesionales y de grado asociado, en el Hospital que usted dirige.

Esta actividad, incluye un total de nueve hospitales privados y del gobierno en la zona metropolitana y pueblos limítrofes. El estudio es requisito indispensable para completar mi grado de Doctor en Filosofía de la educación de enfermería.

El estudio promete ser de gran provecho y beneficiará su institución y personal de enfermería, ya que el mismo ayudará a identificar los puntos positivos y otros, que necesiten ampliación en conocimientos y destrezas en el personal de enfermería nuevo, que tiene limitaciones en la práctica de enfermería. Un cuidado eficiente en enfermería tiene relación directa con el programa de educación en servicio que se le provee a la enfermera antes de iniciarse en su posición.

Lo anterior es posible si el programa está a tono con las necesidades individuales del personal y con los cambios en la tecnología moderna del campo de la salud, educación y servicio al consumidor.

Las instituciones participantes, serán identificadas con un número específico para fines descriptivos. Un resumen de este estudio le será enviado si es solicitado por su agencia.

Su cooperación en este estudio ayudará a posibles soluciones de problemas presentados en los programas de adiestramiento en servicio, que impiden en ocasiones, el logro de su objetivo específico.


Enero 30, 1981

Dr. Francisco Murcia Valcárcel - Hosp. Ntra. Señora de los Angeles

Agradeceré su contestación tan pronto como le sea posible, para hacer los trámites pertinentes con la Directora del Programa de Enfermería y la Coordinadora del Programa de Educación en Servicio de su Hospital.

Gracias anticipadas,

Respetuosamente,


ANDREA GUZMAN BERRIOS, R.N.-M.S.N.
Estudiante - Programa Doctoral
Walden University, Florida

AGB/anv



ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
HOSPITAL REGIONAL DR. RAMON RUIZ ARNAU
BAYAMON, PUERTO RICO

Appendix - 2-A

24 de febrero de 1981

Sra. Andrea Guzmán Berríos
Estudiante- Programa Doctoral
Calle San Jacinto # 1385
Altamesa, Rio Piedras 00921

Estimada señora Guzmán:

Acuso recibo de su carta del 25 de enero de 1981 en la cual solicita aprobación para llevar a cabo un estudio descriptivo del programa de educación en servicio para las enfermeras profesionales y de grado asociado.

A tales efectos y después de reunirme con la Directora de Enfermeras, puedo informarle que queda usted debidamente autorizada para llevar a cabo este estudio y a tales efectos agradeceré se comunique con la Sra. María E. de Thurin, Directora de Enfermeras del Hospital, quien tiene instrucciones mías al respecto.

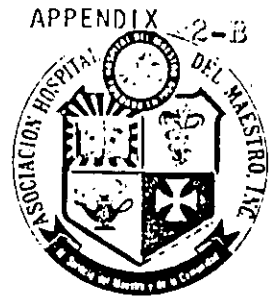
Sin más por el momento, me despido de usted

Cordialmente,

Ing. Alvaro Antadillas
Director Ejecutivo
Hospital Regional Bayamón

Asociación Hospital del Maestro

G P O. BOX 4708 SAN JUAN, PUERTO RICO 00936
TODA CORRESPONDENCIA DEBE DIRIGIRSE AL ADMINISTRADOR



27 abril de 1981

Sra. Andrea Guzmán Berrios
Estudiante-Programa Doctoral
Walden University
1385 Calle Jacinto
Altamesa
Rio Piedras, Puerto Rico

Estimada señora Guzmán:

En relación a nuestra conversación sostenida en el día de hoy, pláceme confirmarle que estoy autorizando la realización del estudio a que usted alude en su carta del 12 de marzo de 1981. El mismo se limitará al contenido y metodología que usted describe en su carta del 10 de abril de 1981.

Le deseo mucho éxito en su estudio y agradeceré nos envíe copia del mismo cuando esté finalizado.

Aprovecho la oportunidad para reiterarme a sus órdenes.

Con un cordial saludo, quedo

Atentamente,

Jose Luis Suarez Fonseca
JOSE LUIS SUAREZ FONSECA, MPA, MHSA
Administrador

cc Sra. María Teresa Ortiz
Directora de Enfermeras

Sociedad Española de Auxilio Mutuo y Beneficencia de P. R.

HATO REY, PUERTO RICO

TELEFONO:
763-9292APARTADO 1227
HATO REY

23 de septiembre de 1980

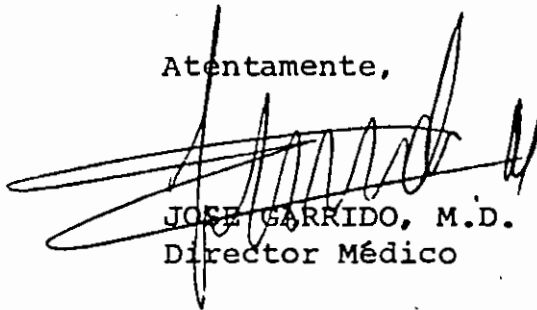
Sra. Andrea Guzmán Berríos
Calle Jacinto #1385
Urbanización Altamesa
Río Piedras, P.R. 00921

Estimada señora Guzmán:

Con relación a la solicitud que nos hiciera en su comunicación del 11 de agosto de 1980, deseamos informarle que la misma ha sido aprobada por la Administración, el Departamento de Enfermería y la Dirección Médica de esta institución.

Favor de comunicarse con la Sra. Ramonita Rodríguez en el Departamento de Enfermería para que fijen una entrevista en una fecha próxima.

Atentamente,



JOSE GARRIDO, M.D.
Director Médico

acn

cc: Sra. Ramonita Rodríguez
Depto. de Enfermería



ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
ADMINISTRACION DE FACILIDADES Y SERVICIOS DE SALUD
REGION DE CAGUAS
APARTADO 5729 - CAGUAS, P.R. 00625

APPENDIX 2-D

Hospital Regional de Caguas
Departamento de Enfermería

4 de marzo de 1981

Srta. Andrea Guzmán Berrios, R.N. M.S.N.
Estudiante - Programa Doctoral
Walden University, Florida

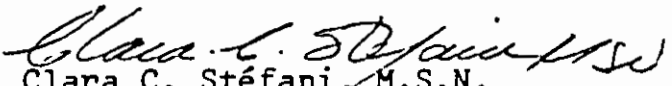
Estimada señorita Guzmán:

Doy contestación a su carta recibida en fecha de 20 de febrero de 1981 donde nos expresa su interés en utilizar nuestro Hospital como parte de la muestra de hospitales de gobierno, para su estudio de investigación.

Estamos en la mejor disposición de colaborar con usted para que pueda realizar su estudio y mediante esta carta le estamos autorizando a utilizar nuestras facilidades

Nos gustaría que al finalizar el mismo nos haga llegar una copia de los hallazgos arrojados.

Atentamente,


Sra. Clara C. Stéfani, M.S.N.
Administradora de los
Servicios de Enfermería
Hospital Regional de Caguas

CCS/csc

cc : Dra. Carmen Feliciano de Melecio
Director Médico
Hospital Regional de Caguas





MUNICIPIO DE SAN JUAN /

SAN JUAN, PUERTO RICO

HOSPITAL MUNICIPAL DR. R. LOPEZ NUSSA
CENTRO MEDICO DE PUERTO RICO
RIO PIEDRAS, PUERTO RICO

22 de mayo de 1981

Sra. Andrea Guzmán Berrios
Estudiante Programa Doctoral
Walden University, Florida

P/C Juan F. Jiménez, M.D.
Director Médico
Hospital Municipal de San Juan
Jorge L. Matta, M.H.S.A.
Administrador
Hospital Municipal de San Juan

Estimada Sra. Guzmán:

La Administración del Hospital Municipal de San Juan y el Servicio de Enfermería la autorizan a llevar a cabo su estudio de investigación del Programa de Educación en Servicio para el personal de enfermería profesional; ya que es un requisito indispensable para usted poder completar el Grado de Doctora en Filosofía.

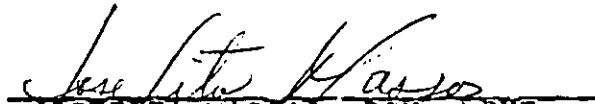
Esta autorización será efectiva los días 3 y 26 de junio del presente año, en los tres horarios de trabajo (7-3, 3-11 y 11-7) con las siguientes observaciones:

- Estar debidamente identificada como estudiante con su alfiler y bata
- Notificar de su presencia a la Supervisora de turno y a la Enfermera Graduada encargada del área seleccionada y presentar esta autorización
- Identificarse con el paciente y/o personal
- No identificar en el estudio al personal de enfermería y al paciente por su nombre
- Entregar copia del estudio al Director Médico, Administrador y Directora del Servicio de Enfermería

- CONTINUA -

Sin otro particular y esperando obtenga el mayor éxito en sus estudios, quedo de usted,

Atentamente,


~~JOSEFITA MASSAS, BSN, MPHE~~
DIRECTORA EDUCACION Y
SERVICIO DE ENFERMERIA
HOSPITAL MUNICIPAL DE SAN JUAN
RIO PIEDRAS, PUERTO RICO

JM/nrs

cc: Sra. Emma P. Ortiz
Asistente Directora en Educación
Servicio de Enfermería

Todas las Supervisoras de Enfermería



ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
HOSPITAL REGIONAL DR. RAMON RUIZ ARNAU
BAYAMON, PUERTO RICO

APPENDIX 2-F

21 de agosto de 1980

Andrea Guzmán Berríos R.M. B.M. M.S.M
Calle San Jacinto #1385
Altamira, Río Piedras P.R.

Estimada Sra. Guzmán:

Por este medio me permito notificarle la aprobación para asistir a los Programas de Educación en Servicios para personal de Enfermería Profesional y Técnico.

El mismo fué solicitado por usted en comunicación del 11 de agosto de 1980.

Sin nada más a que referirme queda de usted,

Cordialmente,

Manuel Martínez Rivera, M.D.
Director Médico

MMR/ks



MUNICIPIO DE SAN JUAN

APPENDIX 2-G

SAN JUAN, PUERTO RICO

HOSPITAL MUNICIPAL DR. R. LOPEZ NUSSA
CENTRO MEDICO DE PUERTO RICO
RIO PIEDRAS, PUERTO RICO

22 de mayo de 1981

Sra. Andrea Guzmán Berrios
Estudiante Programa Doctoral
Walden University, Florida

P/C Juan F. Jiménez, M.D.
Director Médico
Hospital Municipal de San Juan
Jorge L. Matta, M.H.S.A.
Administrador
Hospital Municipal de San Juan

Estimada Sra. Guzmán:

La Administración del Hospital Municipal de San Juan y el Servicio de Enfermería la autorizan a llevar a cabo su estudio de investigación del Programa de Educación en Servicio para el personal de enfermería profesional; ya que es un requisito indispensable para usted poder completar el Grado de Doctora en Filosofía.

Esta autorización será efectiva los días 3 y 26 de junio del presente año, en los tres horarios de trabajo (7-3, 3-11 y 11-7) con las siguientes observaciones:

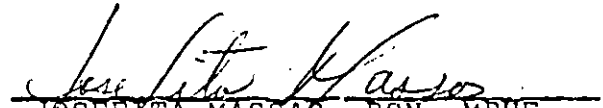
- Estar debidamente identificada como estudiante con su alfiler y bata
- Notificar de su presencia a la Supervisora de turno y a la Enfermera Graduada encargada del área seleccionada y presentar esta autorización
- Identificarse con el paciente y/o personal
- No identificar en el estudio al personal de enfermería y al paciente por su nombre
- Entregar copia del estudio al Director Médico, Administrador y Directora del Servicio de Enfermería

- CONTINUA -

- 2 -

Sin otro particular y esperando obtenga el mayor éxito en sus estudios, quedo de usted,

Atentamente,



JOSEFITA MASSAS, BSN, MPHE
DIRECTORA EDUCACION Y
SERVICIO DE ENFERMERIA
HOSPITAL MUNICIPAL DE SAN JUAN
RIO PIEDRAS, PUERTO RICO

JM/nrs

cc: Sra. Emma P. Ortiz
Asistente Directora en Educación
Servicio de Enfermería

Todas las Supervisoras de Enfermería

WALDEN UNIVERSITY
Naples, Florida

A QUESTION GUIDE INSTRUMENT FOR A PLANNED INTERVIEW WITH
THE DIRECTOR OF NURSING SERVICE: (B.S.N.) (D.Q.Q.)

The main purpose of this interview is to collect information related to the position of the inservice activities and its affectiveness in the nursing care provided by baccalaureate and associate degree nurses.

Part one is concerned with identification data.

Fill the blanks with the information requested.

PART I - Identification data:

Hospital Code No. _____ Date _____

Date of birth _____ Sex _____

Occupation _____

Level of education:

DIPLOMA _____ BSN _____ ADN _____ MSN _____

Date started as director of nursing in this institution _____

PART II - The following questions are related to the Inservice
Education Program:

1. Are you satisfied with the competences demonstrated by professional nurses and associate degree nurses in their work?
2. Do you think that B.S.N. and A.D.N. nurses should have inservice education separated from the one provided to nurses at all levels? Why?

3. Do you receive complaints from Doctors and Head Nurses related to deficiencies in the nursing care provided by A.D.N. and B.S.N.? In which areas of services?
4. Do you think that current inservice programs for college nurses differ from the one provided to traditional diploma nurses? If so, explain the differences.
5. Do you agree that the philosophy of the inservice program communicates the specific message of the nursing service philosophy to graduate nurses?
6. Is the inservice education budget included in the nursing services budget?
7. What is your reaction to Law No. 11 in relation to continuing education?
8. Do you have some plans in mind to help your nurses fulfill this requisite for renewal of their license?
9. Do you expect that this Hospital can be a provider of continuing education for nurses?
10. What are your future plans to improve the inservice education for A.D.N. and B.S.N. at this hospital?
11. Do you participate in the inservice education of the B.S.N. and A.D.N. Nurses?
12. What are the most reported complaints of the B.S.N. and A.D.N. Nurses in their nursing care?
13. What are some of the problems faced by inservice programs of this hospital that prevents it's functioning effectively?

14. Can you provide some suggestions to improve the Inservice Education Programs in Puerto Rico?
15. How many nurses leave work annually, to specialize in different nursing care specialities?
16. Do you have the complete number of nurses needed to take care of nurses' responsibilities in this hospital?
17. If the above question is negative, how many more nurses do you need to fill your vacancies in the nursing staff?
18. How much turn-over of nurses are in this hospital annually?
19. Do you think that a relationship exists between inservice education and patient care?
20. Does the adequacy or inadequacy of nurse staffing affect the inservice program?
21. Would you say that baccalaureate and technical nurses have limited nursing skills upon graduation prior to entering nursing positions?
22. Do you have specific written roles for the associate degree nurse which are different from the roles of the professional nurse?
23. If you observe that there is important information not included in this study, you are welcome to give us your suggestions:

1. _____
2. _____
3. _____
4. _____

A QUESTION GUIDE INSTRUMENT FOR A PLANNED INTERVIEW
WITH THE INSERVICE EDUCATION COORDINATOR (C.Q.G.)

INSTRUCTIONS:

The main purpose of this Question Guide is to collect information from the inservice coordinator in relation to the planning of inservice education program.

Part one is concerned with identification data.

The blanks will be filled according to the information requested.

PART I - Identification data:

Date _____

Hospital Code Number _____ Sex _____

Date of Birth _____ Occupation _____

Level of education:

BSN _____ ADN _____ DIPLOMA _____

Date started in inservice education position _____

PART II - The following questions are related to the inservice education program:

1. Do you have an active inservice education program for the whole year? _____ If not - Why? _____

2. How many baccalaureate nurses do you have in this hospital? _____
3. How many associate degree nurses do you have in this hospital? _____
4. How many new baccalaureate and associate degree nurses started working in 1980 in your hospital? _____
5. Do you provide the same inservice educational program for all nurses levels? If yes- Why? _____

6. Do you structure an inservice education program in such a way that the professional and associate degree nurses participates in all nursing experiences? _____
7. Do you determine the professional and personal needs of baccalaureate and associate degree nurses, prior to the inservice education program? _____
8. For how long are inservice education programs structured for college graduates? _____
9. What audiovisual methods are used in the inservice education program? _____

10. Which community resources participate in the inservice education of this institution? _____

11. What participation is given to staff nurses and other

- personnel at the inservice education? _____
12. Are you satisfied with the work of ADN and BSN nurses after they finish the inservice education? _____
13. How do you introduce the graduate nurses to hospital personnel and clinical areas? _____

14. Do you name a person to give individual orientation to the new nurse, such as housing, shopping centers, religious services, transportation and recreational facilities? _____
15. Does the hospital provide a conference room for inservice education? _____
16. Does the inservice education program have a separate budget for the expenses? _____
17. Do you provide clinical practice as part of the inservice education? _____
18. Do you provide administrative experiences for professional nurses while in inservice? Ex.: charge nurse, supervision, working on work schedule programs and other. _____
19. Do you have an evaluation follow-up methodology for College nurses after the inservice education? If so, explain:

20. Do you feel that some professional and associate nurses present some gaps in their nursing practice after they have taken the inservice education? If so, what action is taken to help these nurses? _____

21. In your experience as an inservice instructor, what are the greatest difficulties and needs presented by baccalaureate and associate degree nurses before the inservice education? _____

22. Do you agree that all professional and technical nurses must be provided with an inservice education program prior to ward assignment? _____
23. What is your reaction toward Law No. 11 in relation to continuing education for the renewal of nursing licenses? _____

24. Do you have a plan in mind to help this hospital in this institution to fulfill the above requisite? _____
25. Do you think that inservice education must be revised in the light of new trends changes and technology in education and patient care? If so, how? _____

26. Do you believe that professional nurses share some of the inservice educational activities, together with other?
27. What barriers or problems are affecting the inservice education program at present? _____
28. What action or arrangement are done to provide inservice education to the evening and night shift nursing personnel?
29. Can you facilitate some suggestions to improve the inservice education Programs? 1. _____
2. _____ 3. _____

PART III - Can you explain if the following nursing procedures and medical equipment are demonstrated and operated during the inservice education period?

1. Cardiopulmonary resuscitation
2. monitoring of pre-natal conditions with electronic equipment
3. reading of cardiac monitors
4. nursing care to patients in artificial kidneys
5. nursing care to patients with pace makers
6. monitoring of electric incubators for premature babies
7. nurse role in amniocentesis procedures
8. use of electronic blood pressure sets and thermometers
9. drawing blood specimens
10. use of disposable equipment in nursing care
11. management of eyetone in emergencies room
12. the problem oriented system as data collection, charting of nursing notes in medical record, implementation and evaluation
13. admission and discharge procedures
14. administration of intravenous therapy
15. intravenous hiper-alimentation
16. education of patients in pre and post-operative
17. nursing care of patients with organ transplants
18. dyalisis procedures
19. description of electronic procedures for diagnosing congenital defects in babies inside the uterus.
20. The nurse's expanded role

21. Electrocardiograms
22. computerized X-rays of patients
23. Have you observed new BSN and ADN with anxiety and stress prior to inservice education? and after inservice education?
24. Do you believe that a relationship exists between a qualified inservice education program and the care provided to patients by nurses? Why? _____

25. Does adequacy or inadequacy of nurse staffing affects the inservice education of baccalaureate and technical nurse in this hospital? Why? _____

26. Will you agree with some health personnel that professional and technical nurses have limited practical nursing skills upon graduation and prior to entering nursing positions? Explain:
1. _____
2. _____
3. _____
4. _____

CRITERIA USED TO EXAMINE THE INSERVICE EDUCATION PROGRAMS (C.I.V.)

The purpose of this criteria is to serve as a guiding tool to identify evidence related to the philosophy, objectives, content, learning activities and the evaluation methodology used in the inservice education programs for B.S. and A.D. nurses.

The researcher will report if the inservice education comply with the following criteria. They will be evaluated with a scale of excellent (exce.), adequate (ade.), and incomplete (incom.).

1. The hospital has an actualized Inservice Education Program.
2. The Inservice Program has his own written philosophy and objectives.
3. The inservice education content shows education in new trends and changes in health technology. The content is related to professional current needs of new graduate at the BSN and ADN level.
4. Modern audiovisual equipment is used.
5. The hospital has a conference room equipped for demonstration.

| Exce. | Ade. | Incom. |
|-------|------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

| | Exce. | Ade. | Incom. |
|--|-------|------|--------|
| 13. The inservice education program provides for follow-up evaluations. | | | |
| 14. A library with reference nursing texts is in existence to be used during the inservice education periods. | | | |
| 15. The written inservice program shows participation of doctors in lectures and demonstrations to nurses. | | | |
| 16. There are written specifications of the different roles for professional and associate degree nurses. They are explained to them prior to work responsibilities. | | | |
| 17. There is a specific budget assigned for the inservice educational program. | | | |

DESCRIPTION OF THE SCALE RATING:

Excellent (Exce.) - Will be considered if evidence shows the inservice education content, learning activities, philosophy, objectives and evaluation methodology; completed.

Adequate (Ade.) - will be considered when the information requested is almost complete.

Incomplete (Incom.)-will be rated when information requested is partially positive or absent.

WALDEN UNIVERSITY
Naples, Florida

A QUESTION GUIDE INSTRUMENT FOR A PLANNED INTERVIEW
WITH NURSING SUPERVISORS

The main purpose of this interview is to find out their participation in the inservice activities at the clinical area and their personal opinions related to the activities and effectiveness of the inservice education to professional and associate degree nurses.

PART I - Identification data:

Date _____

Hospital Code Number _____ Ward _____ Sex _____

Date of birth _____ Occupation _____

Level of education:

BSN _____ ADN _____ DIPLOMA _____ MSN _____

Date started in inservice education position _____

PART II - The following questions are related to the results of inservice education provided to professional and technical nurses in the patient's ward where you supervise.

1. What kind of patients are housed in this ward?

Medical _____ OB _____ Ped _____ Surgical _____

critically ill _____ Ortho _____ Gyn _____ EENT _____

Neuro _____ Cardio _____ CA _____ Urology _____

Nursery _____

2. What is your daily census?
3. How many baccalaureate nurses are usually assigned to this floor for the inservice experience and development of nursing skills? _____
4. Do you get the objectives from the inservice coordinator prior to graduates assignment to your floor? If not-explain.
5. Do you have an interview with the new graduate prior to the inservice clinical practice?
6. Do you follow the nursing service and inservice education's philosophy in mind, when teaching professional and associate degree nurses?
7. Do you observe much anxiety in this professional and associate degree nurses prior to the inservice education and after the inservice education?
8. Do you agree that professional and technical nurses have limited nursing skills upon graduation and prior to entering nursing positions?
9. If you get sick or one of your relatives, which nurse will you select as your special nurse in a free status?
 - a professional nurse with an inservice education?
 - a professional nurse without any inservice education?
 - an associate degree nurse without any inservice education?Why?
10. Are you satisfied that nurses are obligated to take continuing education as a requisite to renew their nursing license? Why?

Carta de Introducción al Cuestionario

13 de julio de 1981

Compañeros (ras) :

El siguiente cuestionario, es parte de un estudio relacionado con los programas de educación en Servicio de los Hospitales. El estudio determinará si estos programas están llenando las necesidades, en el desarrollo de destrezas en la práctica de enfermería clínica a enfermeros (ras) profesionales y de grado asociado.

Las preguntas incluyen conocimiento sobre la filosofía y objetivos del Programa de Educación en Servicio y el de enfermería de este hospital. Otras, están relacionadas con las evaluaciones de seguimiento después del Adiestramiento en Servicios y las estrategias usadas en el período de educación en servicio para desarrollar destrezas en la práctica y manejo de equipo complejo usado en la tecnología moderna de la salud.

Tus respuestas serán de gran valor educativo porque ayudarán a identificar los puntos fuertes del Programa y a mejorar los flojos. Agradeceré tu sincera contestación en este cuestionario. Un resumen de los resultados se le enviará a los participantes que así lo soliciten. Favor de llenar el cuestionario y entregarlos a la Oficina de Enfermería.

Gracias,

Andrea Guzmán Berrios
Estudiante
Programa Doctoral
Walden University

San Jacinto 1385
Urb. Altamesa
Río Piedras, Puerto Rico
Tel. 782-6979

Cuestionario Descriptivo del Programa de
Educación en Servicio

Para Enfermeras (O.E.F)

APPENDIX 7-A

Universo : Enfermeras (ros) de Programas de Bachillerato y
Grado Asociado.

Instrucciones :

El propósito principal de éste cuestionario es obtener las opiniones del personal de enfermería profesional y de grado asociado, relacionado con su educación en servicio, previamente recibido, antes de iniciarse en su trabajo.

Favor de leer las instrucciones en cada parte antes de contestarlas.

Data de Identificación Personal : Parte I.

a) Sexo _____ B) Fecha _____ c) Nivel de Educación:
B.S.N. _____ A.D.N. _____ d) Fecha de Nacimiento _____
e) Ocupación _____ f) Año de Graduación _____
g) Dirección del Hospital _____
(pueblo)

Parte II. Respuestas

Lee las siguientes aseveraciones cuidadosamente y contesta en afirmativa si o en negativa no, con un (✓) en el cuadrado, De ser negativa tu contestación, explica el por qué al lado.

Aseveraciones

1. Mis necesidades profesionales fueron consideradas previamente a mi adiestramiento educación en servicio: si no
Por que: _____
2. La filosofía y objetos del Programa de Educación y Servicio de Enfermería fueron interpretados: si no
Por qué _____
3. Considero que la filosofía y los objetivos del servicio de enfermería y educación están siendo aplicados en las actividades de educación al personal y cuidado al paciente: si no
Por qué _____

4. Mis necesidades profesionales más urgentes expresadas previamente al adiestramiento fueron:

| | |
|----------|----------|
| a) _____ | c) _____ |
| b) _____ | d) _____ |

5. En mi período de educación en servicio tuve la oportunidad de practicar en todas las áreas de cuidado al paciente: si no Porque _____

6. En mi práctica clínica se me facilitó una guía de las actividades a llevar a cabo: si no Porque _____

7. En mi período de práctica tuve el asesoramiento de una graduada para consultarle mis dudas: si no Porque _____

8. Mis necesidades profesionales, expresadas anteriormente fueron llenadas con la práctica : si no. Porque _____

9. Mi práctica en el adiestramiento o educación en servicio fue supervisado: siempre a veces Porque _____

10. Considero mi nivel de seguridad en la práctica clínica después de la educación en servicio como: excelente buena poca Porque _____

11. Mi evaluación para la educación en servicio obtenido es: excelente buena regular

12. Las siguientes personas participaron en mi adiestramiento o educación en servicio:

| | |
|---|--|
| <input type="checkbox"/> directora de enfermería | <input type="checkbox"/> administrados de hospitales |
| <input type="checkbox"/> coordinadora de "In-Service" | <input type="checkbox"/> división de Personal |
| <input type="checkbox"/> supervisoras en fermeras | <input type="checkbox"/> director médico |
| <input type="checkbox"/> recursos de afuera | <input type="checkbox"/> nutricionista |

13. He tenido evaluaciones de seguimiento en mi trabajo después de la educación en servicio: al mes dos meses tres meses otros _____

14. La calidad en cuidado al paciente tiene relación directa con el Programa de Educación en Servicio: muchísima poca Porque _____

15. La rotación por áreas de cuidado intensivo fue: mucha poca ninguna Porque _____

Parte III. : Marque con un la alternativa seleccionada:

1. El Adiestramiento en Servicio de este hospital fue de:
 1 mes 2 meses 3 meses menos de 1 mes
2. Mi programa de educación en servicio contenía: más conferencias que práctica más práctica que conferencias
3. Las siguientes estrategias educativas fueron usadas en el período de educación en servicio: películas conferencias
 demostraciones paneles Tours módulos
 T.V. en circuito cerrado otros _____
4. El hospital provee oportunidades a las enfermeras R.N.S. para:
 educación continuada
 adiestramiento en servicio
 otras _____
5. El hospital provee adiestramiento en servicio en los turnos de 3 a 11 y 11:00 P.M. : mucha poca nada
 Porqué _____
6. El logro de los objetivos en el período de educación en servicio se lograron: totalmente en parte poco
 Porqué _____

Parte IV :

En mi período de educación en servicio fui orientada con demostraciones en los siguientes procedimientos de enfermería:

1. resocitación cardio pulmonar
2. interpretación del monitor pre-natal
3. cuidado al paciente en rífon artificial
4. cuidado a pacientes con marcapaso
5. cuidado a pacientes con transplantes
6. cuidado a pacientes con hemodiálisis
7. administración de terapia hiper-alimentiva
8. toma de E.K.G. a pacientes
9. interpretación de monitors cardiacos
10. Examen físico a pacientes y toma de data

- 11. cateterización urinaria
- 12. admisión y alta del paciente
- 13. manejo de bebés en incubadora
- 14. conectar Foleys
- 15. aplicación de oxigenoterapia
- 16. sacar muestras de sangre
- 17. S. O. A. P. y Problem Oriented
- 18. asistir pacientes en el parto
- 19. cuidado a pacientes quemados
- 20. asistir en amniocentesis

Parte V. : Favor de anotar dos sugerencias para mejorar los programas de educación en Servicio General:

a) _____

b) _____

INTRUMENTO DE VALIDACION

(Q.I.V.)

El propósito de éste instrumento es mejorar el contenido y estructuración de cada pregunta en el siguiente cuestionario, con las sugerencias recibidas por personal de enfermería a nivel de bachillerato y grado asociado. Este personal no será incluido en el estudio descriptivo relacionado con programas de educación en servicio de los hospitales.

I. Parte : Data de Identificación :

Fecha _____ Sexo _____ Fecha de Nacimiento _____
 _____ Nivel de Educación: B.S.N. _____ A.D.N. _____

II. Parte :

Favor de leer cada pregunta y usar la siguiente escala para indicar su evaluación de las preguntas en el cuestionario. Escriba el número de escala al lado del número de la pregunta.

Leyenda de los Número

| | | | |
|-----------|-------|------------------------|------------|
| 4 | 3 | 2 | 1 |
| Excelente | Buena | Necesita Corrección | Eliminarla |

Número de las Preguntas

II - Parte

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

III. Parte

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

IV.- Parte

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

V - Parte

Escriba sus recomendaciones para mejorar el cuestionario :

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CURRICULUM VITAE

Andrea Guzmán Berríos - R.N., B.S.N., M.S.N.

CURRICULUM VITAE

I. Personal Data:

Name : Andrea Guzmán Berríos
Address : Urbanización Altamesa
1385 Jacinto St.
Río Piedras, Puerto Rico 00921
Date of Birth : November 10, 1930
Citizen : U.S.A.
Telephone : 782-6979
Place of Birth : Aibonito, Puerto Rico

II. Academic Background

1. School : Ponce High School, Ponce, P.R.
Degree Earned : High School Diploma - 1947
2. School : Dr. Pila's School of Nursing
Ponce, Puerto Rico
Degree Earned : Nursing Diploma - 1950
3. School : University of Puerto Rico,
School of Medicine
Río Piedras, Puerto Rico
Degree Earned : Public Health Nursing
Certificate - 1952
B.S.N. - 1965 M.S.N. - 1966
4. Present : Ph. D. candidate at Walden's
University, Florida Major in
Nursing Education

III. Research Work:

1. Study related with sexual education within graduate nurses, submitted in partial fulfillment requirement for the master degree in nursing at the School of Medicine, University of Puerto Rico.

2. Student nurse achievement of first and second year from the diploma Nursing Program at the Medical Center Nursing Program in Puerto Rico.
3. At present, as a requirement for the doctoral degree, I am doing a research study as to what extent current inservice Educational Program at hospital levels help the professional and newly graduate nurse to develop practical nursing skills and fulfillment of needs.

IV. Professional Work Experience:

1. Nursing Professor - 15 years at Puerto Rico Junior College, Río Piedras, Puerto Rico - Associate Degree Nursing Program.
2. Psychiatric Instructor - B.S.N. Nursing Program Psychiatric Center (Psychiatric Hospital - Río Piedras, Puerto Rico), 3 years.
3. Director of Nursing Capitation - 1976-77, Puerto Rico Junior College, Río Piedras, Puerto Rico.
4. Psychiatric Instructor - Diploma Nursing Program, one year at Medical Campus, Río Piedras, Puerto Rico.
5. Psychiatric Instructor - Associate Degree Nursing Program; University of Puerto Rico Regional Colleges, Duration: one year.
6. Nurse Instructor, Sacred Heart College, Associate Degree Nursing Program, one semester, 1971.
7. Nursing Instructor - one semester - Inter American University, 1976-77.
8. Head Nurse, Emergency Room, Maryland University Hospital - Two years.
9. Head Nurse at Medical and Surgical Ward - Army Hospital, 3 years, Fort Meade, Maryland and Womack Army Hospital Fort Benning, Georgia, U.S.A.
10. Director of Associate Degree Nursing Program, 1977-78, at Puerto Rico Junior College.
11. Public Health Nurse Supervisor at Guaynabo Hospital One year, 1966.

12. Public Health Nurse - 8 years - U.S.P., Yabucoa, Puerto Rico, 1 year, U.S.P., Río Piedras, 3 years, U.S.P., Ponce 4 years.
13. Head Nurse at Emergency Room - Maryland University Hospital, Baltimore, 1959-60.
14. Staff Nurse at Washington Hospital Center - in Washington, D.C., 1960-61.

V. Professional Associations:

1. Member of Professional Nursing College, Puerto Rico.
2. Member of Public Health Association, Puerto Rico.
3. Member of Nursing Travelers Associates (U.S.A.).

3

1